CHAPTER- 3

ANALYSIS AND INTERPRETATION OF DATA
A. OBSERVATIONS

This chapter deals with the most important aspect of analysis of data and observations made from the two newspapers, the Publications on AIDS collected over a period of eleven years (1997-2007) consisting of 1590 clippings. These data have been analysed in 23 tables, each one consisting of different type of dimension regarding AIDS.

Table B 1 Type of Publications in Newspapers on AIDS

<table>
<thead>
<tr>
<th>Type of publications</th>
<th>Sambad (N=632)</th>
<th>Times of India (N=958)</th>
<th>Total (N=1590)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>News Items</td>
<td>468</td>
<td>74.05</td>
<td>708</td>
</tr>
<tr>
<td>Article</td>
<td>24</td>
<td>379</td>
<td>46</td>
</tr>
<tr>
<td>Editorial</td>
<td>8</td>
<td>1.26</td>
<td>22</td>
</tr>
<tr>
<td>Letter to Editor</td>
<td>34</td>
<td>5.37</td>
<td>18</td>
</tr>
<tr>
<td>Readers' View</td>
<td>12</td>
<td>1.89</td>
<td>4</td>
</tr>
<tr>
<td>Opinion Poll</td>
<td>-</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Open Space (Queries)</td>
<td>2</td>
<td>0.31</td>
<td>2</td>
</tr>
<tr>
<td>Exclusive Photographs</td>
<td>32</td>
<td>5.06</td>
<td>60</td>
</tr>
<tr>
<td>Advertisement</td>
<td>45</td>
<td>7.12</td>
<td>75</td>
</tr>
<tr>
<td>Interviews</td>
<td>4</td>
<td>0.63</td>
<td>18</td>
</tr>
<tr>
<td>Film Review</td>
<td>3</td>
<td>0.47</td>
<td>3</td>
</tr>
</tbody>
</table>

Among the type of publications, maximum were News Items. The total number of news items published were 1176 (73.96%) out of 1590 during the period of study (1997-2007) which is natural and justified because news is the most important segment of any newspaper. In Oriya daily, Sambad 468 (74.05%) and in the English
daily, Times of India 708 (80.16%) publications appeared as news items on AIDS. This observation is quantitatively showing high coverage but qualitatively it also shows that the news reporters are giving priority coverage on any activities held in their locality on AIDS. These activities have been further classified on different aspects and dimensions on AIDS in tabular forms to avoid maximum overlapping of coverage of news and correlated issues.

The next type of publication is the 70 articles on AIDS, 24 in Oriya daily and 46 in English daily show the active concern of writers on this vital issue. They include special correspondents and staff reporters of newspapers, Physicians, Human Rights Activists, Experts on AIDS, Social Activists, Eminent Citizens, Business Analysts, Peoples' Representative etc. Some articles were published on observation of World AIDS Day. All articles are investigative, informative and educative. In 2001, a series of seven articles written by Mrs. Kalpana Jain, an activist, appeared in the Times of India.

The Editorial columns appearing 30 (1.88%) times, on the topic denote the interest, alertness and concern of editors of both the newspapers on this public health sensitive problem. The editorials mainly covered the current issues on AIDS. These editorials with eye catching captions like, "Under playing AIDS", "AIDS business", "War with AIDS", "Trial and Error", "Not a floodgate" etc. definitely draw readers' attention. The editorial columns, the cream and essence of a newspaper covered the untouched parts of the topic and presented analytical comments. These columns raised several important issues before the readers on the growing problem of AIDS.
Synonymous type of publications like Letter to Editor, Readers' view, Open Space (Queries), Opinion Poll projected the responses of readers on various issues on AIDS. During the period of study 48 such publications in Oriya daily and 26 publications in English daily appeared. It shows that not only the news reporters and editors but also the readers are equally concerned about this dreaded disease which reflected in their feedbacks.

Exclusive photographs with captions appeared 92 times (5.78%) i.e. 32 in Oriya daily and 60 in English daily show mostly the functions held, workshops organized, involvement of celebrities and dignitaries. These photographs are either in colour or in black and white. It also shows the keenness of Press Photographers projecting photographic documentation on this vital issue.

During the period of study, a total number of 120 (7.54%) advertisements, 45 in Sambad and 75 in Times of India, appeared. The details of advertisements will be discussed in the next Table B2. Most of these advertisements were of commercial in nature, through which the newspapers were financially benefitted as well as took part in awareness generation programme.

Interviews conducted with various experts and related persons show the procedure for collecting information and latest knowledge etc. on AIDS. During the study period as many as twentytwo interviews were with the Executive Director of UNAIDS, Head of UNAIDS in India, Project Director of NACO, the Scientists and Researchers, Persons living with HIV/AIDS, NGOs' Representatives etc. In the newspapers six film reviews appeared. These educative Hindi feature films on AIDS
are (1) "Phir Milenge", (2) "My Brother Nikhil", (3) "Aisa Kyon Hotahai", (4) "Nidan", (5) "Mrityu- The Truth" and (6) "Ek Alag Mausam". AIDS has gone celluloid to drive home a hard hitting message. All these films deal with the trauma of the patients and for overcoming misconceptions and prejudices attached to AIDS and its prevention. Though made for commercial purposes, films on AIDS definitely carry a social message for wider audiences with educative and preventive value assisting persons living with HIV/ AIDS to overcome the trauma.

The next important column of a newspaper is Advertisement. The newspaper generate funds through advertisement rather it is their main source of income to manage their establishment and infrastructure. The advertisers have shown their choice of selecting these two largest circulated newspapers to fulfill their requirements of reaching wider readers. These two newspapers had the opportunity of publishing 120 advertisements and available financial benefits and had been also an integral part of awareness generation on AIDS. The size range reaches to full-page of newspapers (35 cm x 55 cm) advertisement on the eve of "World AIDS Day-December 1st, celebration" drawing readers attention to read and gain knowledge on AIDS. Type of advertisements are shown in the Table B2.
Table B 2 Type of Advertisements in Newspapers

<table>
<thead>
<tr>
<th>Type of Advertisement</th>
<th>Sambad (N = 45)</th>
<th>Times of India (N = 75)</th>
<th>Total (N = 120)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Job Opportunity</td>
<td>6</td>
<td>13.33</td>
<td>8</td>
</tr>
<tr>
<td>Tender/Quotation</td>
<td>10</td>
<td>22.22</td>
<td>12</td>
</tr>
<tr>
<td>Awareness on AIDS</td>
<td>16</td>
<td>35.56</td>
<td>33</td>
</tr>
<tr>
<td>Messages</td>
<td>10</td>
<td>22.22</td>
<td>15</td>
</tr>
<tr>
<td>Collaboration Proposals</td>
<td>2</td>
<td>4.44</td>
<td>6</td>
</tr>
<tr>
<td>Matrimonials</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Film Show in Theatre</td>
<td>1</td>
<td>2.22</td>
<td>-</td>
</tr>
</tbody>
</table>

During the study period fourteen advertisements were meant for job opportunity i.e. six in local daily and eight in national daily appeared. The job recruitment advertisements were mostly published by NACO, State AIDS Cells and State AIDS Prevention and Control Societies, UNAIDS, BBC WORLD Service Trust and NGOs for appointment in various posts. The six advertisements appeared on local daily were from State AIDS Cell of Orissa for appointment of various jobs like laboratory technician, monitoring and evaluation officer and NGO advisers. In the local daily these job advertisements were in English language, probably to reach educated people. It is observed that with the growing activities in the field of AIDS, challenging career opportunities to serve in this public health sector are coming up with attractive pay and perks in now-a-days' period of unemployment.

Twenty two advertisements (18.33%) for call of Tender and Quotation appeared (10 in Oriya and 12 in English). Tender and quotation call were invited by State AIDS Cell, Orissa in Oriya paper from interested agencies to develop Audio
Spots for Television network and for the supply of "HCV Elisa Kits" and "HIV Rapid KITS". Once, Times of India published a quotation call made by West Bengal State AIDS Prevention and Control Society for supply of Glass/Plastic Wares and other laboratory equipments, Test Kits, Reagents media and Chemicals etc.

From time to time 49 advertisements (40.83%) on Awareness on AIDS (16 in Oriya and 33 in English) appeared. These were mostly published by NACO, State AIDS Cell and State AIDS Control and Prevention Societies, Parivar Seva Sansthan, Public Sector Corporate body like Indian Oil etc. Maximum of these advertisements were published on the occasion of celebration of World AIDS Day to generate awareness. Orissa State AIDS Cell published a series of advertisements in Times of India with the caption "KNOW AIDS FOR NO AIDS". These could also have been published in Oriya language for the benefit of local people. The advertisements published by NACO were designed by Directorate of Audio Visual Publicity (DAVP), Government of India. The advertisement with the title, "Complete and accurate information prevents HIV/AIDS" by NACO ensures that Ministry of Health and Family Welfare, Government of India desire to provide systematically pointwise information for people to learn on how HIV/AIDS spread and how it does not spread.

Messages from dignitaries were 25 (20.83%). These were published on World AIDS Day celebration (December 1st) from Prime Minister of India, Union Health Minister, Chief Ministers, State Health Ministers. The texts were appealing, inspiring and encouraging.
The next item of advertisement is through collaboration proposals. With a goal of reducing the burden of HIV/AIDS cases in the community, the Government joined hands with several national and international voluntary agencies which is clearly observed in advertisements for proposals for collaborative programmes through various projects. NACO is supporting State AIDS Cells in partnership with U.K’s Department for International Development (DFID), USAIDS etc. Advertisements published in newspapers were call for expression of interest by various agencies to manage targeted interventions, mass communication, capacity building in the project management, event management, media monitoring etc.

Mr. X, a HIV Positive, 37 years old executive from Delhi advertised in matrimonial columns of Times of India on May 26, 2002. The advertisement opened up debate on several legal and ethical questions. Times of India brought the issue before its readers, “whether a HIV-infected person should marry or not” and readers’ opinion were published in the newspaper under the heading, “Society can do without a moral guardian”. This advertisement pertains to the advertiser, the newspaper publisher and its readers on this vital issue.

Advertisement on a film show on “Drugs and AIDS” (English) appeared in the Oriya daily. It shows that film distributors are using print media to attract audiences to watch film on AIDS.

The next table deals with publications on knowledge on HIV/ AIDS which is a new dimension added to the existing public health problems and has grown into a
sensitive issue. Print media is always playing the role of a source of information to enhance the knowledge of its readers.

Table B 3 Type of Publications on Knowledge on HIV/AIDS

<table>
<thead>
<tr>
<th>Publications</th>
<th>Sambad (N = 100)</th>
<th>Times of India (N = 213)</th>
<th>Total (N = 313)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Historical Perspective</td>
<td>6</td>
<td>6.00</td>
<td>8</td>
</tr>
<tr>
<td>Anthropological Aspects</td>
<td>4</td>
<td>4.00</td>
<td>4</td>
</tr>
<tr>
<td>Scientific Facts</td>
<td>18</td>
<td>18.00</td>
<td>42</td>
</tr>
<tr>
<td>Knowledge about HIV</td>
<td>24</td>
<td>24.00</td>
<td>54</td>
</tr>
<tr>
<td>Spread of AIDS</td>
<td>48</td>
<td>48.00</td>
<td>105</td>
</tr>
</tbody>
</table>

Fourteen newspaper clippings were collected (6 in Oriya daily plus eight in English daily) on the historical perspective covering the identification of first case of AIDS in the World in USA in 1981 to the detection of first AIDS case in India in Chennai in 1986. The publications also include the identification of AIDS virus in 1986 and about the scientists and their discoveries.

Eight newspaper clippings (4 in Oriya daily and 4 in English daily) show scientists claim on the origin of AIDS with anthropological background from Chimpanzees in South Africa to human species. The American team led by Beatrice Hahn from the University of Albama claimed to have solved the puzzle of the beginning of the AIDS epidemic and has concluded that the virus came to human species via hunters who killed the Chimpanzees for food. The study on
Chimpanzees might be possible to produce both a cure and a vaccine for the disease in humans.

The newspaper published 60 (19.16%) news items on several scientific facts (18 in Oriya daily and 42 in English daily) on HIV/AIDS to avoid misinformation and misconceptions. The print media is trying to enlighten its readers about the scientific fact that AIDS is a combination of syndromes caused by HIV which attack the human immune system of a human being. Several news items were based on scientific facts also to clarify peoples’ perception on AIDS.

HIV which causes AIDS always provide interesting learning topic to readers. 78 publications (24 in Oriya daily and 54 in English daily) were made in these newspapers on knowledge about HIV, its subtypes and different strains. Different types and subtypes of HIV have been discovered, depending on their viability of exposure and resistance. It has been observed that in India alone HIV strains of ten types have been found (Shreedhar, 2002). The scientists have identified particularly the HIV-1, HIV-2 and dual HIV-1 and HIV-2 in subtype C in more quantum in comparison to other types and sub-types in our Indian population. This knowledge is helping in combating the scourge by both attempting to fight against these viruses by suitable combination of multiple drug therapy and also to use the prophylactic measures depending on the specific local HIV- strains.

Publications on spread of AIDS appeared 153 times (48 in Oriya daily plus 105 English daily) to expose people to learn and take appropriate self care practices to prevent this disease. There were also several publications as to how the virus spread to various countries and communities probably by immigration and through tourism industry, globalisation process, growth of drug trafficking during Gulf war, Afghanistan war, Iraq war even since 1981, the unforgettable year of discovery of first case of AIDS in the World.
The following table deals with Publications on various Inventions and Innovations of AIDS. Whenever any findings are made, print media make people aware about these issues immediately.

### Table B 4 Publications on Inventions and Innovations on AIDS

<table>
<thead>
<tr>
<th>Publications</th>
<th>Sambad (N = 98)</th>
<th>Times of India (N = 178)</th>
<th>Total (N = 276)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Research</td>
<td>32</td>
<td>32.65</td>
<td>62</td>
</tr>
<tr>
<td>Drugs' Trial</td>
<td>16</td>
<td>16.33</td>
<td>30</td>
</tr>
<tr>
<td>Vaccines' Clinical Trials</td>
<td>20</td>
<td>20.41</td>
<td>36</td>
</tr>
<tr>
<td>Preventive Measures</td>
<td>30</td>
<td>30.61</td>
<td>50</td>
</tr>
</tbody>
</table>

Publications on Inventions and Innovations on AIDS include 276 items (98 in Sambad Plus 178 in Times of India). On the research front (32 items in Oriya daily and 62 in English daily) for developing various type of blood tests, inventions of indigenous blood testing kits, discovering of different strains of HIV, new findings in the field of homeopathy, ayurvedic, genetic engineering, immune system etc. have been published. Since AIDS is a life threatening disease, scientists are engaged in the research activities for a breakthrough.

As many as 46 (16.67%) Publications were printed on the Drugs' Trials, for HIV/ AIDS. Drugs like 'anti-retrovials' and multiple drug therapy have prolonged the lives of people living with HIV/ AIDS. The imported drugs are not suitable for average Indians' pockets. The cost of these drugs is about a dollar, a day per person. The sophisticated drugs that have turned HIV infection into a manageable condition in the West reach only one in a thousand in Africa, the epicenter of the crisis, to
which most of them can not afford. India is developing drug regimens against HIV. That is specific to its own needs to prevent the existing HIV cases from developing full blown AIDS. There seems to be some hope now that some multinational pharmaceutical companies have decided to explore the possibility of reducing the prices of HIV drugs produced by them. Indian pharmaceutical companies like Cipla, Ranbaxy etc. are coming up with cheaper anti-HIV drugs. However, print media show equal concerns with Physicians and Chemist that with the restriction under the W.T.O. Treaty coming into effect in 2005, all new drugs will become very expensive. Moreover, more drug resistant HIV are appearing showing concerns of the scientists.

Table B4 reveals that 56 news items on vaccines were published show the concerns of the scientists in India and abroad are trying very hard to develop vaccines for prevention of AIDS. India has joined hands with International AIDS Vaccine Initiative (IAVI) for the development of an AIDS vaccine specific to the Indian strain. Several research institutes across the globe are trying their best to develop AIDS vaccine to save the humanity from extinction. However, it is very difficult for scientists for crafting a vaccine that would be effective against the ten major class of HIV-1 identified so far. For a single vaccine to be effective, it must presumably contain samples of all the ten-no easy task in itself (Shreedhar, 2002). The renowned Pharmaceutical Company and vaccine maker Vax Gen has admitted failure in developing a vaccine for AIDS. The outcome of the Vax Gen trials is of particular interest to India as we are the latest developing nation to go in for clinical trials. Great hopes have been pinned on them particularly since the infection rate is steadily climbing up in this country. The Vax Gen debate should alert authorities to the fact that the vaccine possibility may not well exist in the near future (Editorial,
TOI, 04.03.2003). However, the world is desperately awaiting for the invention of an AIDS vaccine.

In absence of the drugs for cure or vaccine for prevention, publications on preventive measures appeared 80 times, (30 in Oriya and 50 in English daily) show that focus must remain on conventional preventive measures, the foremost being spreading awareness on the virus and how to prevent transmission to awaken the persons of all walks of life.

Table B 5 Publications on the Modes of Transmission of HIV/AIDS

<table>
<thead>
<tr>
<th>Modes</th>
<th>Sambad (N = 102)</th>
<th>Times of India (N = 194)</th>
<th>Total (N = 296)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Mother to Child</td>
<td>32</td>
<td>31.37</td>
<td>44</td>
</tr>
<tr>
<td>Sex</td>
<td>42</td>
<td>41.18</td>
<td>70</td>
</tr>
<tr>
<td>Blood Products/Blood Transfusion</td>
<td>16</td>
<td>15.69</td>
<td>56</td>
</tr>
<tr>
<td><em>Infected Syringes and Needles</em></td>
<td>12</td>
<td>11.76</td>
<td>24</td>
</tr>
</tbody>
</table>

In the year 1983 for the first time HIV was detected in a child. In the past few years, reports on cases of transmission from mother to child (vertical) have been increased tremendously. 76 (25.67%) publications on mother to child transmission is recorded in Table B5. There has been rise in HIV cases among the antenatal mother. According to Government, about one percent of women who give birth each year in Delhi alone are HIV positive. The Print media reported from West Africa that benefit through anti-HIV drugs does not appear to extend to women whose HIV positive status is advanced by the time of child birth. The advanced maternal HIV is a "strong determinant" of overall mother to child transmission. As India has about 27
to 28 million deliveries, a year, mother to child HIV transmissions' prevention is crucial.

The next important segment of this table is the HIV transmission through sex. The publications arose to 112 (37.84%) by both the newspapers indicate the alertness of news reporters who have reported through news items from the programmes they attended and reported that the innocent baby acquires the infection from her mother who might have acquired the infection from the father of the child without knowing that he was HIV positive and got infected from other sources. Multiple sex partners are dangerous for HIV transmission. Be faithful to your married partner only, cautioned the news reporters and adopt also safe sex practices.

Blood becomes the medium of transmission, whether it is mother to child, coming in contact with blood products and blood transfusions and also by use of HIV infected syringes and needles. The number of publications through blood products/ blood transmission has gone up to 72 in both the papers constitute 24.32%. Sharing HIV infected syringes/needles even once is a very easy way to be infected with HIV. Sharing needles for intravenous drugs is the most dangerous form of HIV transmission. There were 36 number of items (12.16%) on this type of transmission advising people to use sterilised syringes and needles. Other instruments used for tattooing or ear piercing or nose piercing must be sterilised again and again. This clearly indicates that the stakeholders are keen to educate common men to adopt self care practices. The scourge has now spread to all sections of the society and with preventive measures faulters, the country is threatened by an epidemic. As the virus snow balls, the alarm sets in.
Thought to be effecting only Truckers, Commercial Sex Workers, Migrant labourers, Homosexuals, Street Children and Intravenous Drug Users but the virus has spread also to general population.

**Table B 6 Publications on High Risk Groups of HIV/AIDS**

<table>
<thead>
<tr>
<th>MODES</th>
<th>Sambad (N = 78)</th>
<th>Times of India (N = 190)</th>
<th>Total (N = 268)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Intravenous Drugs Users</td>
<td>12</td>
<td>15.38</td>
<td>30</td>
</tr>
<tr>
<td>Commercial Sex Workers</td>
<td>28</td>
<td>35.90</td>
<td>74</td>
</tr>
<tr>
<td>Homosexuals</td>
<td>14</td>
<td>17.95</td>
<td>22</td>
</tr>
<tr>
<td>Truckers</td>
<td>8</td>
<td>10.25</td>
<td>28</td>
</tr>
<tr>
<td>Migrant Labourers</td>
<td>12</td>
<td>15.38</td>
<td>24</td>
</tr>
<tr>
<td>Street Children</td>
<td>4</td>
<td>5.12</td>
<td>12</td>
</tr>
</tbody>
</table>

In the earlier Table B.5, modes of transmission through which virus is spreading is discussed but in this Table B6, because of the style of living few high risk groups have been identified who acquire easily the HIV virus in them. Virus most easily spread through intravenous drug users. The chances of being infected by this medium have become rampant among the teen agers. Availability of cheap concoctions has led to a preference among drug users for injectables in place of oral consumptions. This is turn has made the drug users highly vulnerable in infections as they share the same needle for months together. With about a lakh Intravenous Drug Users in the country's four metros exposing themselves to HIV infection the
harmful effect is rising for contracting the disease AIDS. The number of publication on this issue has come to 42 (15.67%).

As per statistics of NACO, AIDS spread maximum due to sexual contacts. Therefore commercial sex workers are regarded as the most high risk group of HIV/AIDS. There were publications, efforts to prevent AIDS among the CSWs of Sonagachi, Kolkata, Nammakal (TN), Samalkot (AP and Kamathipura) by NACO and NGOs. According to a report published in the Souvenir of Bharatiya Patita Udhar Sabha, in India there are 23 lakh eighty five thousand CSWs of which 90% are illiterate causing a grave challenge to Government for prevention of AIDS. WHO praised the efforts of Kolkata based NGO, “Institute of International Social Development” to give training to CSWs on the methods prescribed by Vatsayana in his book, “Kamasutra” to protect themselves from the deadly disease AIDS.

Five day long (1st to 5th June 2000) Conference of CSWs was held at Berlin under the Presidentship of U.S. President Bill Clinton for a AIDS free world. On the occasion of World AIDS Day (1-12-2001), about 3000 CSWs went in a rally in Kolkata, demanding their trade to be legalized and recognized their trade union. They demanded rights for the suppression of dreaded disease. It has become a matter of serious debate. It is a known fact that this group is the worst sufferers of sexually transmitted diseases and become highly prone to contacting HIV. The UP government is considering a move to Union government to make necessary amendment in the Central Immoral Trafficking Act (CITA) to recognise the CSWS and issue green cards after medical check up, the risk of the disease spread by them will be minimized. The Table shows 102 publications on CSWS as the highest risk
group of 38.06% among other risk groups. Homosexuals, Truckers and Migrant Labourers' Publications, each show equal number of 36 (13.43%) Publications, totally almost a little more than CSWs Publications alone.

The homosexual pattern of living style refers mostly to behaviour pattern of abroad though rare instances are occurring in our country. These publications refer to our country and several countries where homosexuals have become a risk group of HIV/AIDS.

According to Director General of NACO, Dr. Sujatha Rao,(2002) "The hidden population of homosexuals is at a greater risk of contracting and transmitting HIV infection due to more frequent exposure, highest level of risky behaviour and insufficient capacity or power to decide to protect themselves". HIV prevalence rate among homosexuals is 43% while one out of two persons among transgenders in Mumbai are infected with HIV said Ashok Row Ravi(2002), who heads Hum Safar Trust, a Mumbai based NGO that works with homosexuals and transgenders. Their survey records less than one percent of general population infected with HIV, 8% of total homosexuals are infected with HIV. NACO's sentinel survey of 2001 records HIV prevalence rates among homosexuals are high at 29% in Manipur, 27% in Delhi, 13% in A.P., 11% in Karnataka and 9% in Goa. Out of 2,352,133 homosexuals in the country, U.P. has 3,87,039, W.B. 183280, M.P. 138,981 and Tamil Nadu 138,792. There are also 2.35 lakh male sex workers in our country. The officials of NACO said mapping exercises includes transgenders but excludes sexual acts done by young males who are not necessarily attracted to the same gender but are passive recipients of anal sex for reasons of poverty and earning some money. Truckers include Truck
Drivers and their cleaners, at National Highways' road side motels, enjoy sex with neighbouring CSWS. They are the mobile population group who are at high risk of HIV/ AIDS. In Namakkal district of Tamil Nadu 6,900 national permits have been issued enabling Truck Drivers to move all over India. The HIV infection rate among the truck drivers is 20% (Jain, 2002). NACO has introduced targeted interventions programme for truckers to prevent and check the spread of AIDS.

A migrant worker population, illiterate and ignorant, living away from families, is an ideal breeding ground for HIV. A majority of labourers, mostly migrant workers from Orissa, Bihar, U.P., Rajasthan and Maharashtra are too poor to visit their families back home and usually visit red light areas and easily contract HIV. When they get occasion to visit their homes, infect their partners with HIV, thus the spread is gaining momentum in the country. The involvement of street children in this trade who are forcefully engaged with unsafe sex practices, an unethical phenomenon by tempting these children with financial bargaining is increasing in the metropolitan cities of Delhi, Kolkata, Mumbai and Chennai and also getting foot holds in other cities. The publication on this issue comes to 16 (5.97%) out of the total high risk groups. These street kids are the silent carriers of HIV. Rape cases are multiplying with street children of both sexes. Anal sex with both sexes is rising. NACO has put emphasis on interventions of high risk groups to prevent and control HIV/ AIDS. Street children have easily become targets of sexual abuse and innocently contracting HIV infection.

In the following Table B7, development of various types of blood tests for detection of HIV, the testing kits, mandatory testing is necessary or not and the
number of testing and counselling centres created at prominent hospitals have been tabulated.

Table B 7 Publications on HIV/AIDS Testing and Related Issues

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>Sambad (N = 34)</th>
<th>Times of India (N = 67)</th>
<th>Total (N = 101)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Voluntary Testing and Counselling Centres</td>
<td>9</td>
<td>26.47</td>
<td>22</td>
</tr>
<tr>
<td>Mandatory Testing</td>
<td>5</td>
<td>14.71</td>
<td>12</td>
</tr>
<tr>
<td>Testing Kit</td>
<td>10</td>
<td>29.41</td>
<td>15</td>
</tr>
<tr>
<td>Type of Test</td>
<td>10</td>
<td>29.41</td>
<td>18</td>
</tr>
</tbody>
</table>

Voluntary Counselling and Testing is being encouraged as a strategy for both HIV prevention and on entry point to take self care. There were 31 (30.69%) publications together on both the papers, showing highest number to enlighten people not to neglect voluntary blood testing for HIV positivity. The Voluntary Counselling and Testing Centres have been set up all over the country by the Government in major hospitals to provide free counselling and testing. It helps people to learn and accept their HIV status in a most confidential environment. Trained Counsellors have been appointed for counselling and testing. It has become mandatory for testing HIV status of blood of voluntary donors and all persons, being operated in the hospitals and services of these centres are utilized, financed by NACO. During Phase-II of NACO, 600 Voluntary Testing and Counselling Centres have been established all over the country. The Oriya Paper refer mainly covered the establishment of all the centres by various states.
On the issue of mandatory blood testing there were 17 (16.83%) publications, 5 in Oriya and 12 in English encouraged interesting discussions for HIV status. No person is to be tested without his consent emphasized the National AIDS Policy of Government of India. Patients coming to hospitals for surgery and admissions should under no circumstances be asked to get tested for HIV. Any Nursing Homes, Laboratory, Blood Bank, government or private violating these guidelines are liable to be booked under Consumer Protection Act. Lucknow University made it mandatory for the foreign students seeking admission to the hostels to produce a HIV free certificate. Some people questioned the validity of the new move. The proposed plan of Goa Government to make HIV-testing mandatory before marriage was criticized by experts as an encroachment of human rights. They feel mandatory testing may prove counter productive. Dr. Subash Hira, Director, AIDS Research and Control Organisation (ARCON) says, “A fear psychosis may develop and sexual patterns will change. Only Voluntary Compliance can prove effective”. In Oriya daily, a reader appealed to make a legislation in Orissa Legislative Assembly like A.P. for mandatory HIV testing before marriage. The Indian Army introduced mandatory HIV testing before recruitment but now in 2007, Ministry of Defence, Government of India dropped the idea of making HIV tests mandatory for recruitment of Jawans because the number of cases in the Army has come down drastically from 518 in 2003 to only 158 in 2007, the problem was miniscule and under control.

The first Indian “Western Blot Test Kit” developed by a team headed by Dr. Robin Mukhopadhyay (2001) from Cancer Research Institute, Mumbai has shown 100% specificity. This testing kit is named, “HIV-1 and HIV-2 West Blot” is much
cheaper than imported one. The Kit is used friendly, safe and simple to perform in all types of laboratories and blood banks including those with limited facilities said officials. The NEVA AIDS Kit developed by Prof. V.K.Choudhury (2002) of Delhi University perform the test in 2 minutes by using a drop of blood instead of using plasma and serum. There was a publication in which a NGO member questioned about the efficacy of ELISA test Kit used to test HIV. These testing Kit Publication reached to 25 (24.75%). India has been importing Western Blot Test Kits which are very expensive.

There were 28 (27.72%) Publictions on type of tests available whether ELISA, Western Blot Test or Indian Western blot test. The NEVA (Naked Eye Visible Agglutination) test and ELISA (Enzyme Linked Immuno Absorbent Assey) test are used for detection of HIV but confirmed by a second test, the Western blot test. Minimum 3 Elisa tests of different systems should be conducted before declaring a person HIV positive.

Table B 8 Publications on HIV/AIDS and Other Related Diseases

<table>
<thead>
<tr>
<th>DISEASE</th>
<th>Sambad (N = 15)</th>
<th>%</th>
<th>Times of India (N = 41)</th>
<th>%</th>
<th>Total (N = 50)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV/AIDS and S.T.D.</td>
<td>8</td>
<td>53.33</td>
<td>24</td>
<td>58.54</td>
<td>32</td>
<td>57.14</td>
</tr>
<tr>
<td>HIV/AIDS and T.B.</td>
<td>2</td>
<td>13.33</td>
<td>8</td>
<td>19.51</td>
<td>10</td>
<td>17.86</td>
</tr>
<tr>
<td>HIV/AIDS and Hepatitis-B</td>
<td>2</td>
<td>13.33</td>
<td>4</td>
<td>9.75</td>
<td>6</td>
<td>10.71</td>
</tr>
<tr>
<td>HIV/AIDS and Kala-azhar</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>4.88</td>
<td>2</td>
<td>3.57</td>
</tr>
<tr>
<td>HIV/AIDS and Cancer</td>
<td>1</td>
<td>6.67</td>
<td>1</td>
<td>2.44</td>
<td>2</td>
<td>3.57</td>
</tr>
<tr>
<td>HIV/ AIDS and Diabetes</td>
<td>1</td>
<td>6.67</td>
<td>1</td>
<td>2.44</td>
<td>2</td>
<td>3.57</td>
</tr>
<tr>
<td>HIV/ AIDS and Leprosy</td>
<td>1</td>
<td>6.67</td>
<td>1</td>
<td>2.44</td>
<td>2</td>
<td>3.57</td>
</tr>
</tbody>
</table>
The Table B8 reflects publications of 56 items (15 in Oriya and 41 in English) relating HIV/ AIDS with other related diseases. Maximum Publications were on HIV/ AIDS and Sexually Transmitted Diseases (STD) 32 (57.14%) out of 56 in both papers, probably because both diseases are through sexual transmission. STD stands for diseases like syphilis, gonorrhoea, herpes genitalis and other such infections transmitted through unprotected sex. There is also definite evidence to suggest that people with active STD are 2 to 5 times at a higher risk of contacting HIV/ AIDS than those without STD. In India one of the factor influencing the spread of HIV is the high prevalence of STD. STD is highest among CSWs and are therefore included in high risk group of HIV/ AIDS. Government of India has launched Family Health Awareness Campaign to generate awareness among common men on HIV/AIDS as well as S.T.Ds.

There were 10 publications (17.86%), the next highest in this Table for discussion on HIV/AIDS and Tuberculosis. People with HIV are far more likely to become sick with T.B. and unless treated are likely to pass on to others. T.B.’s deadly association with HIV/ AIDS Pandemic and its growing drug- resistance create several problems. Directly observed treatment short course (DOTS) is a five-point strategy to tackle multi drug resistance TB is also effective among HIV-infected persons with T.B. Dr. David Heymann of WHO said T.B. can be treated effectively and prevent its spread to non-HIV infected persons or to HIV infected persons (WHO..., TOL, 19.05.2001).

Till now no co-relation has been found between HIV/ AIDS and Hepatitis- B though both are considered dangerous. It was believed that Hepatitis- B just like
HIV, spreads through contact with body fluids and from mother to infant. However, Prof. N.K. Arora of All India Institute of Medical Sciences, New Delhi says, sharing clothes, razor, combs and bed-sheets can also transmit the virus of Hepatitis-B. Unlike HIV, Hepatitis-B Virus can remain alive for 3 to 4 months outside the body. It gets destroyed if it comes in contact with a detergent. According to Dr. Anupam Sibal, a Consultant Pediatric Lepatologist, “although Hepatitis-B is 200 times more infectious than HIV and has been more common, little has been done to create awareness against it”. According to Dr. S.K. Acharya of AIIMS, New Delhi, “even a child in any village will tell you about AIDS due to intensive campaign against AIDS but rarely a grown up will tell you about Hepatitis-B which is responsible for 2 lakh death a year, as compared to 600 from AIDS till date” (Hepatitis..., TOL 08.06.2000).

Two Publications deal with HIV and its deadly new companion Kala-azar, a potentially fatal disease affecting the immune system to pose a major challenge in certain parts of India and the world. Dr. V. Ramalinga Swami says that “Kala-azar patients are more likely to develop AIDS and HIV infected persons are more likely to develop Kala-azar. In fact in endemic areas, Kala-azar infections are known to get reactivated with HIV. We expected the rise in these co-infections, treatment for co-infections are very difficult”.

The two newspapers published two news items, one in Oriya and the other in English on a research finding that AIDS drugs can lead to diabetes. Mike Mueckler et al (2000) at Washington University in St. Louis found that human fat cells absorb less glucose after they are exposed to HIV drugs, known as protease inhibitors. The Protease inhibitors stop a protein called glut 4, which is a fat transporter, from
working properly, the protein serves as a porthole to let glucose in to fat or muscle cells. Thus HIV drug cocktails that keep patients alive and healthy can cause diabetes by blocking the body's ability to store (AIDS..., TOI, 20.05.2000).

Two news items were published on HIV/AIDS and Cancer, one in each paper. It was observed that some HIV positive persons develop certain type of Cancers. The Surgeons at A.I.I.M.S, New Delhi successfully conducted a major Surgery for Cancer in the Kidneys of a HIV positive person. A.I.I.M.S sources claim this was the first instance of a HIV infected person being operated for ailments other than AIDS (HIV..., TOI, 26.08.2003).

Two more news items were published, one in each paper on HIV/AIDS and Leprosy. While AIDS is caused by Human Immuno Deficiency Virus, Leprosy is both a Immuno deficiency and microbacterial (Leprae) disease caused by microbactorium Leprae. When the disease AIDS was discovered, it was thought that Leprosy Patients would rapidly get infected with HIV but this did not happen. In South India, following 4 multi bacillary leprosy cases for a period of 3-5 years after diagnosis of dual infection, it was found that neither leprosy worsened nor HIV progressed to AIDS. Following 22 leprosy cases among 581 HIV cases (3.8%) in Ethiopia, it was noted that there is no association of HIV with impairment development and also no higher risk of multibacillary leprosy in HIV. In Brazil too, co-infected cases are being followed up.

For study purpose, broadly the community has been divided in to 5 social groups of varying ages but with both genders together for children, young people and elderly people. The first two groups relate to women and men separately as gender issues are inherent in these two groups.
Table B 9 Publications on HIV/AIDS Problems for Various Social Groups

<table>
<thead>
<tr>
<th>Group</th>
<th>Sambad (N = 47)</th>
<th>Times of India (N = 82)</th>
<th>Total (N = 129,)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Women</td>
<td>15</td>
<td>31.91</td>
<td>28</td>
</tr>
<tr>
<td>Men</td>
<td>6</td>
<td>12.76</td>
<td>8</td>
</tr>
<tr>
<td>Children</td>
<td>16</td>
<td>34.04</td>
<td>22</td>
</tr>
<tr>
<td>Young People</td>
<td>8</td>
<td>17.02</td>
<td>20</td>
</tr>
<tr>
<td>Elderly People</td>
<td>2</td>
<td>4.26</td>
<td>4</td>
</tr>
</tbody>
</table>

In Table B9, the highest number of publications in both the papers reaches to 43 (33.33%) out of 129 of HIV problems for women. They are neglected and their empowerment is essential to emphasize gender issue in the stigmatised disease of present day. While government and other organizations work at spreading awareness among high risk groups, behind the walls of many women, living shadows live coping with the disease and the inevitability of succumbing to it. Having contracted the fatal virus from their husbands, they also grapple with guilt, some of them have passed the virus on to their children. While struggling to keep their 'secret' from the prying eyes of every day existence, they battle for survival, hoping that they live long enough to see their children settled. Widows of AIDS victims are subjected to social boycott. "HIV positive men get due support and care from the family but women are unable to receive the same kind of support and care within the family", says a study conducted by Pune based Stree Aadhar Kendra (SAK), in 2001. Studies in Assam, Tamil Nadu also came up with similar findings. In Delhi it is the parents who provide economic support to their AIDS-affected daughters, according to the Institute of Social Studies Trust (ISST).
of countrywide studies sponsored by United Nations International Female Empowerment (UNIFEM) in 2001 shows that not only are women at a greater risk of getting infected because of their subordinate position in the family but they also carry a greater burden of its impact, "the conspiracy of silence" surrendering AIDS makes it difficult for women to get timely treatment (Katyal, 2001). In its landmark declaration, United Nations General Assembly has said that the key in the battle against the pandemic lies in protecting women from exploitation and preventing them from being forced in to unsafe sex. UN Secretary General Kofi Annan said, "Women must be allowed to enjoy their full human rights if the disease is to be stopped".

There are only 14 (10.85%) publications on problems of HIV/AIDS for men. UN Secretary General Kofi Annan said, "Men can make a particular difference – by being more caring by taking fewer risks and by facing the issue of AIDS head-on". For the first time the Government of Delhi has shifted its attention from women to men in an attempt to curb the spread of AIDS. In the ongoing AIDS awareness campaign, the government has devised means of getting more men to visit the check up centres and camps. Male doctors have been posted at the camps so that patients are able to speak to them freely. Major changes were made in the campaigns as more males are contracting STDs and it is a known fact that those suffering from these diseases become highly prone to HIV.

The second highest publication next to women were for children with HIV/AIDS problem goes to 38 (29.46%), close to 3 million children under 15 years of age are believed to be infected with the virus, that causes AIDS and many more have lost their parents due to this disease. In Africa, AIDS is breaking down the social
structure when parents are infected or die. They leave behind either healthy or sick children. Nearly two million children in Asia have lost one or both parents in AIDS. But India reportedly refuse to furnish its count of AIDS orphans because it felt “too much uncomfortable”. The Project Director, NACO called for the need for an effective mechanism to estimate the number of AIDS orphans, who said we need to educate the community not to forsake the responsibility of caring for orphans because their parents perished in an epidemic. The NACO Director also strongly beliefs that the joint family system should continue for caring such children (AIDS....TOI, 01.09.2002). Paediatrician Nitin Shah said, “Around 200 HIV positive children are born every year in the country. Of these 40% do not live to see even their first birth dates”. He further said there were reports of refusal to HIV positive children to take admission in schools.

There were 28 (21.70%) publications on Young Peoples' problems of HIV/AIDS. According to an UN report (1999) there are around 10 million young people between the age of 15 to 24 world wide infected with HIV/AIDS. UNICEF called for an action plan to control AIDS among the group. They should not indulge in unprotected sexual activities or take intravenous drugs. UNICEF says 74% of young girls and 62% of young boys between 15 to 19 years in Mozambique donot know about any preventive measure. A report (1999) says young people in the Western World were still living life style almost in ignorance of the threat of AIDS. AIDS is different from other health issues because it targets the younger generation who are also the pillars of the community and society. An UN report, “Young People and HIV/AIDS: Opportunity in crisis”, prepared by UNICEF, UNAIDS and WHO (1999) says that majority of world’s young people have no idea how HIV/ AIDS is
transmitted or how to protect themselves from the disease and half of the newly infected are between 15 and 24 years. Even after 2 decades of the epidemic, nearly 6000 young people become infected every day with HIV. The survey report from 40 countries indicate that more than 50% of young children harbour serious misconceptions. UN stressed the need for interventions to stem HIV amongst young and involve them in AIDS prevention campaigns. There were six publications on the problem of HIV/AIDS amongst the elderly people. Previously it was believed that elderly people were at the less risk of contacting HIV/AIDS but records in the past few years show that there is an ominous climb in the rate of infection among them. People belonging to 50 years and above accounted for a 11.6% in 1997, 12.7% in 1998 and 13.4% in 1999 of all new cases diagnosed annually. The firstest rising routes of transmission in this age group are heterosexual contacts. Brazil was worried by AIDS among elderly people as in the past five years 86 cases of AIDS were diagnosed among geriatric crowd. The growth of HIV among senior citizens is also forcing public health officials to rethink the attitude of these people.

Targeted interventions were introduced to control and prevent HIV/AIDS among the vulnerable homogeneous population groups and publications on these groups have been reflected in Table B10.
Table B 10 Publications on Targeted Interventions Among Various Vulnerable Homogeneous Population Groups

<table>
<thead>
<tr>
<th>Vulnerable Group</th>
<th>Sambad (N = 50)</th>
<th>Times of India (N = 90)</th>
<th>Total (N = 140)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Commercial Sex Workers</td>
<td>10</td>
<td>20.00</td>
<td>26</td>
</tr>
<tr>
<td>Intravenous Drugs Users</td>
<td>8</td>
<td>16.00</td>
<td>14</td>
</tr>
<tr>
<td>Migrant Labourers</td>
<td>7</td>
<td>14.00</td>
<td>10</td>
</tr>
<tr>
<td>Street Children</td>
<td>2</td>
<td>4.00</td>
<td>4</td>
</tr>
<tr>
<td>Man having sex with man</td>
<td>-</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Truckers</td>
<td>8</td>
<td>16.00</td>
<td>14</td>
</tr>
<tr>
<td>Railway Employees</td>
<td>6</td>
<td>12.00</td>
<td>8</td>
</tr>
<tr>
<td>Army Personnel</td>
<td>2</td>
<td>4.00</td>
<td>3</td>
</tr>
<tr>
<td>Navy Personnel</td>
<td>1</td>
<td>2.00</td>
<td>1</td>
</tr>
<tr>
<td>Police Personnel</td>
<td>2</td>
<td>4.00</td>
<td>2</td>
</tr>
<tr>
<td>Factory Workers</td>
<td>2</td>
<td>4.00</td>
<td>3</td>
</tr>
<tr>
<td>Prison Inmates</td>
<td>2</td>
<td>4.00</td>
<td>3</td>
</tr>
</tbody>
</table>

Targeted Interventions (TI) aim at reducing the spread of HIV among vulnerable homogeneous population groups by providing peer counselling, condom promotion, treatment of sexually transmitted infections (STIs). Both NACO and States with NGOs place a high priority upon full coverage of the state with targeted interventions. At present 570 T.I. Projects are being implemented in the Country. The highest publication 36 (25.71%) for commercial sex workers on T.I. indicates highest priority given to this and the newspapers also give priority for publication. Out of 570 T.Is. 138 were meant for CSWs for promoting condoms as well as treating sexually transmitted infections. Several crores of rupees are being spent on making sex workers understand the mechanics of condom use, right from
checking the quality, expiry date, negotiating usage with the clients in red light areas. The red light area of Bhubaneswar has been deprived as the NGO, Patita Udhar Samiti has not been given the requested funds. As per NACO guidelines, the T.I. Project should continue for 3 years but has been stalled in the midway and also the STD clinic in Malisahi has been discontinued for treatment of S.T.Is.

There were 17 (12.14%) publications on T.Is for migrant labourers. These labourers remaining away from their families, visit red light areas and contract HIV. 189 T.I. Projects for this group have been introduced. Majority of migrant labourers are illiterate and ignorant. Stake holders are showing seriousness and conducting awareness among the group as evident from publications.

Targeted interventions show 22 (15.71%) publications for Intravenous drug users groups. The Government of India has introduced 35 T.Is for them to check the spread of AIDS. NGOs are working for rehabilitation for these groups and providing psychological support. There were reports of increasing use of intravenous drugs in north eastern states. It is high time to gear up interventions to save the lives of younger generation. For habitual drug users sterilised syringes and needles are provided and awakened them to give up the habit in rehabilitation centres.

Street children group have six publications (4.29%) on T.I. conducted for them. They are believed to be the silent carriers of HIV. T.Is are being implemented for street children through N.G.Os to safeguard their lives. 1100 children between 8 to 14 years were surveyed at Bhubaneswar and claimed to bring behavioural changes among 80% children. However, Director General of Police B.B.Panda mentioned in
his report that there was not a single child sex worker in Bhubaneswar. Therefore, no NGO was given child related project in 1999 (Bichitra..., Sambad, 07.05.2002).

There were 2 publications on targeted interventions conducted for man having sex with man. During National AIDS Control Programme (NACP), the National Government has planned 17 T.I. programmes for this sensitive group for the NGOs to implement. This type of sexual behaviour pattern and life style is rare in India as compared to abroad. However, the T.I. aimed at dissuading such habit by creating awareness among them and come to the mainstream of Indian life style.

There were 22 (15.71%) publications on truckers targeted interventions appeared in both the newspapers. They are the mobile carriers of HIV. They are responsible for the vertical transmission of HIV in their families and making the lifed of their wives and children miserable. The Government of India has planned 131 targeted interventions for NGOs to implement. The national highway projects promote awareness among the truckers and encourage them to adopt prophylactic measures. The Bill and Melinda Foundation would work with district wise focus as also have a national highway programme. It has planned partnership with Indian Oil Corporation (IOC) and the Truckers Corporation of India (T.C.I.) to provide T.I. at 50 to 75 halting points for trucks on national highways. Mobile clinics would be set up to treat HIV as well as S.T.Is. Private sector giant Tata Steel has also partnered with Orissa State AIDS cell in a safe highway programme where the company will be responsible for AIDS awareness, education and services along national highway truckers halting points in Orissa.
There were 14 (10%) publications for programme conducted for Rly employees. The UNAIDS Executive Director praised AIDS programme of Indian Railways. The Director General of Health Services for Railways says that about 1800 railway employees are suffering from HIV and 200 employees died due to AIDS. He said the Union government have sanctioned Rs.50 crore to intensify targeted interventions and awareness programme among the railway employees to save them from the killer disease (One..., TOL, 18.05.2000).

Indian Army’s targeted interventions and awareness programme were reflected in 5 programme published in both the papers. UNAIDS praised earlier for Indian Army AIDS Programme as one of the best in the world. India’s leading company Tata Steel has planned a special intervention programme for Indian Army.

Two publications appeared for Indian Navy, though a small number is meant for a highly potential group. Government of India organised AIDS awareness and targeted intervention programme at INS, Chilka, Orissa, attended by 1200 naval trainees. During interactions with the sailors and officers it was revealed that 85 percent cases were contracted due to relationship with CSWs. The intervention programme was conducted in other places for prevention of AIDS among navy personnel.

There were 4 publications traced out in the two newspapers on programme conducted among police personnel. In South Africa and Kenya 40% of army and Police Staff were reported to be infected with HIV, however, in India the figure is comparatively less. Attempts are being made for targeted interventions for Indian Police. Such programmes to attend is compulsory and in a most discipline way the participants of navy, army and police personnel get involved. It is reported that due
to targeted interventions, % of HIV positives is declining. They are adopting to use condoms regularly as a measure of targeted intervention. Among the factory workers targeted intervention for use of condoms is accepted to prevent from HIV infection. The bigger factory like steel plants have their own AIDS Programme as revealed from 5 publications appeared in both the newspapers. Exhibitions are conducted as part of awareness generation among factory workers and their family members.

5 publications on targeted interventions for the prison inmates were traced out from two newspapers. Reports reveal that large number of HIV positive prison inmates are taken care by STD and HIV/ AIDS clinics. 30 T.I. Projects at present are being implemented. These cases are found more in Andhra Pradesh and Maharashtra prisons. Deaths are reported due to AIDS from Berhampur, Jagatsinghpur, Puri, Chowdwar and other prisons from Orissa. HIV positive cases are reported even from the foreign under trials. However, man to man sex is growing rapidly among the prison inmates in abroad as well as in India. Demands are being made to repeal section 377 of IPC which prescribes 10 years of imprisonment for the persons involved in Man to Man sex. Arguments are made that AIDS victims hesitate to disclose their sickness due to the law. NGO activists, often working in the field were harrased and victimized due to the law.

Table B 11 speaks about publications in two newspapers regarding medium of mass communication for creating awareness on AIDS. These mediums communicate with millions of people on AIDS, which have excelled comparing to all other public health issues in India and abroad.
### Table B11 Publications on Medium of Mass Communications for Creating Awareness on AIDS

<table>
<thead>
<tr>
<th>Medium</th>
<th>Sambad (N = 33)</th>
<th>Times of India (N = 73)</th>
<th>Total (N = 106)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Television/ A.I.R.</td>
<td>6</td>
<td>18.18</td>
<td>20</td>
</tr>
<tr>
<td>Feature Films</td>
<td>6</td>
<td>18.18</td>
<td>6</td>
</tr>
<tr>
<td>Film Festival</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>T.V.serials/ Chat Shows</td>
<td>1</td>
<td>3.03</td>
<td>3</td>
</tr>
<tr>
<td>Websites</td>
<td>2</td>
<td>6.06</td>
<td>8</td>
</tr>
<tr>
<td>Help Line</td>
<td>2</td>
<td>6.06</td>
<td>5</td>
</tr>
<tr>
<td>Books/ Booklets</td>
<td>-</td>
<td>-</td>
<td>5</td>
</tr>
<tr>
<td>Pamphlets</td>
<td>4</td>
<td>12.12</td>
<td>6</td>
</tr>
<tr>
<td>Stage Play</td>
<td>2</td>
<td>6.06</td>
<td>3</td>
</tr>
<tr>
<td>Street Play</td>
<td>1</td>
<td>3.03</td>
<td>3</td>
</tr>
<tr>
<td>Banners</td>
<td>5</td>
<td>15.15</td>
<td>5</td>
</tr>
<tr>
<td>Posters</td>
<td>4</td>
<td>12.12</td>
<td>8</td>
</tr>
</tbody>
</table>

The Publications of Television network and All India Radio comes to 26 (24.53%) out of all 12 types or mediums during the study period reflected in two newspapers. In this electronic media, telecasting and broadcasting have been extensively used over the last decade in AIDS Programme. NACO broadcast a special interactive radio programme aimed at urban population on FM Radio. Another weekly programme in 20 languages all over the country for both urban and rural mass and jingles are regularly telecasting for creating awareness on AIDS. British Broadcasting Centre (BBC) World Service Trust has launched a 2-years long media project in support of NACP, Phase-II. It has established a major production partnership with Prasar Bharati to campaign for HIV/ AIDS awareness and
prevention on behalf of NACO. High quality of innovative programmes like drama series, studio shows, advertisements are appearing both by Doordarshan and All India Radio regularly. The two newspapers by printing as news items are highlighting these programmes. The Doordarshan and All India Radio’s regional centres also broadcast and telecast in local languages. The radio jingles (30 seconds to one minute) and messages from dignitaries (one to two minutes), recorded properly and mastered digitally on 4/8 track and TV spot (30 seconds to one minute), short dramas (10 to 15 minutes) which are shot on Beta, edited and mastered digitally. These programmes on AIDS are produced in association with State AIDS Control Cells and NACO for the benefit of people at large. There were 12 publications in both the newspapers on feature films. Now a days films are the most effective mediums of communications. Eminent film producers like Mahesh Majrekar, R.V. Pandit, K.P.Joshi are taking keen interest for producing films on AIDS awareness. Names of six Hindi films on AIDS have been earlier mentioned in Table B1 as an item of publications in both the newspapers under study with the subtitle issue of film review. Nave’s Mirabai Films with Bill and Melinda Gates Foundation has produced 4 films which will go into Theatrical distribution for educating film viewers on AIDS. Farhan Akhtar’s film “Positive”, Santosh Sivan’s in Kanada Language “Parambha” are in the pipe lines on HIV positive persons. Unveiling her film on AIDS in India, Mira Nair says Indian Stars shied away at Toronto Film Festival.

Next item for discussion in this Table B 11 is Film Festival on which only one review appeared in Times of India, though only one publication, it is a unique medium of organizing film festival on “AIDS, sexual health” at Kolkata held on
19.4.2003 by an NGO of New Delhi based- namely “SATHI” formed be the friends of Sidhartha in the memory of Human right activist, Sidhartha Gautam who started the AIDS Bhedbhab Virodhi Andolan with the active participation of 2 NGOs, BANDHAN and PRAJAAK of Kolkata. The films on AIDS shown on the film festival were “Suhana Safar”, a film in Hindi which uses popular Bollywood hits to spread the message among Truck drivers and their helpers, “TEHDILAKEER” by students of Mass Communication Research Centre, New Delhi, “VISMITA GUPTA- SMITH’S FOR STRAIGHTS ONLY” and “The Goddess Method”, a film from Canada drawn-attention of thousands of viewers to learn AIDS. This film festival is organized each year in Delhi on the memory of Sidhartha Gautam.

T.V. serials and Chat Shows account for 4 publications appeared in these two newspapers though there may be many more in other newspapers in the country. Delhi AIDS Control and Prevention Society have been telecasting a special programme in Hindi, “AIDS EK CHUNAUTI” on Sundays at 6.30 P.m. on DD-1. One of the popular serials Doordarshan named “JASSOS VIJAY” is telecasting messages on AIDS prevention. Renowned film star Om Puri has been anchoring the serial and answering viewer’s querries on AIDS. A TV Chat Show was produced in Hindi and English, enabling an open discussion on all the sensitive issues on AIDS. However, T.V. spots were dropped because those faced criticisms on condoms’ advertisements of uncomfortable nature.

Publications of Website were 10 (9.43%). With the opening up of a number of websites on the internet, one could get more information on HIV/AIDS. UNAIDS has its own website named www.youandaids.org. NACO has its own website
There were 7 Publications of Helpline on AIDS. A toll free national AIDS telephone has been set up to provide information, clarify doubts and access testing facilities. Help line, the number, 1097 have been established by end of 2001 with 77 national AIDS telephone facilities all over India. People of Orissa could avail the opportunity of getting information on AIDS by dialing ‘1097’ toll free telephone number placed at the head office of Orissa State AIDS Cell at Bhubaneswar. One could also get information on HIV/ AIDS confidentially from Naz Helpline numbers, 26851970 and 26851971 from Monday to Friday between 10 to 6 P.M. This service is also provided by Naz Foundation India Trust with toll free of cost. West Bengal State AIDS Prevention and Control Society has requested to dial ‘1097’ for help free of toll cost of telephone for counselling on AIDS called ‘JIGYANSHA’ or Query.

There were 5 publications as news items of Books and Booklets on HIV/AIDS appeared in the two newspapers under study. Abraham Verghese, an expert on HIV/AIDS in the U.S. has written a no-holds-barred book named “My own country” on his encounter with this killer disease. The newspapers also published about a book named, “The Looming Epidemic : The story of Ashoka and others with HIV”, United Nations has published a 53-page special hand book with ‘do’s and don’ts” to protect its staff members from HIV (Jain, 2000).
A controversy has erupted over a booklet, “AIDS AUR HUM” brought out by an Almora-based NGO, Sahayoga. The local people became angry as the booklet gives details of the alleged sexual behaviour of the people in Uttarakhand. NACO, AIDS Cells and other NGOs have also published several booklets, however sometime many controversies also occurred.

The next item for discussion is of Pamphlets on which 10 publications in both the newspapers appeared. Organisations working on AIDS awareness distribute pamphlets to persons vulnerable to AIDS and also to general people. Pamphlets are one of the most effective method of communication. As a part of AIDS awareness programme pamphlets are mostly distributed to truck drivers on national highway points, school and college students and others. Majority of the handouts prepared in English by NACO are translated and reproduced in local languages by State AIDS cells and distributed on World AIDS DAY functions and on other seminar, symposium, workshops, conferences etc.

Stage play or drama is another medium of communication. The Directorate of Field Publicity, Government of India at several places staged dramas on AIDS awareness on the occasion of World AIDS Day. The Song and Drama Division of Union Ministry of Information and Broadcasting organises stage play. The Field Publicity Wing at Bhubaneswar sponsors such programme in Oriya language. They also conduct “Daskathia” for the rural mass on AIDS. Several Youth Clubs, National Service Schemes (NSS) of colleges organise street plays on theme concerning AIDS to educate people on AIDS. They move as mobile teams and contribute to AIDS awareness programme. In Orissa such programmes are getting successful.
The publications appeared on the medium of communication through Banners. On World AIDS Day, 01.12.2002, Orissa State AIDS Cell had put up a six kilometer long banner, signature collected from one lakh persons. Rs.20 lakh was spent and eminent citizens, members of Orissa Legislative Assembly criticized for the wastage of money. The sex workers too took out a rally against this rally. Small size banners are being fruitfully displaced at prominent places to educate people on AIDS in other places.

12 publications of Posters (11.32%) appeared in both the newspapers during the period of study. Attractive multicolour posters are produced by UNICEF, UN AIDS, NACO and State AIDS Cells in English as well as in regional languages. The titles are eye catching like, “AIDS FREE India- Let us make it happen; “MOVE TOWARDS AN HIV/AIDS FREE LIFE”; “There is life beyond HIV/AIDS”, “Dear voluntary Blood donors, Thank you”.

AIDS has become a global menace both for developing and developed countries. The two newspapers under the study period between 1997 to 2007 have published 241 items of news (94 by Sambad,Oriya daily plus 147 by Times of India, English daily) on 50 hyper prevalent countries on HIV/AIDS. For convenience of analysis purpose these 50 countries have been divided into 9 groups alphabetically and the publications have been tabulated under Table B 12 excluding India.
### Table B12 Publication on HIV/AIDS Problems In Various Countries: A Global Menace

<table>
<thead>
<tr>
<th>Group of countries</th>
<th>Number of countries</th>
<th>Name of countries</th>
<th>Sambad (N=94)</th>
<th>Times of India (N=147)</th>
<th>Total (N=241)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>I</td>
<td>3</td>
<td>Afghanistan, Austria, Australia</td>
<td>3</td>
<td>3.19</td>
<td>7</td>
</tr>
<tr>
<td>II</td>
<td>5</td>
<td>Bangladesh, Belgium, Bhutan, Botswana, Brazil</td>
<td>5</td>
<td>5.32</td>
<td>10</td>
</tr>
<tr>
<td>III</td>
<td>4</td>
<td>Cameroon, Cambodia, Canada, China</td>
<td>8</td>
<td>8.51</td>
<td>14</td>
</tr>
<tr>
<td>IV</td>
<td>6</td>
<td>Ethiopia, France, Germany, Ghana, Greece, Haiti</td>
<td>6</td>
<td>6.38</td>
<td>7</td>
</tr>
<tr>
<td>V</td>
<td>6</td>
<td>Indonesia, Italy, Japan, Kenya, Libya, Maldives</td>
<td>6</td>
<td>6.38</td>
<td>12</td>
</tr>
<tr>
<td>VI</td>
<td>7</td>
<td>Morocco, Mozambique, Myanmar, Namibia, Nepal, Netherlands, Nigeria</td>
<td>8</td>
<td>8.51</td>
<td>8</td>
</tr>
<tr>
<td>VII</td>
<td>10</td>
<td>Pakistan, Papua-Newguinea, Phillipines, Russia, Senegal, South Africa, Spain, Sudan, Swaziland, Switzerland</td>
<td>25</td>
<td>26.60</td>
<td>36</td>
</tr>
<tr>
<td>VIII</td>
<td>4</td>
<td>Tanzania, Thailand, Tunisia, Uganda</td>
<td>9</td>
<td>9.57</td>
<td>20</td>
</tr>
<tr>
<td>IX</td>
<td>5</td>
<td>UK, USA, Vietnam, Zambia, Zimbabwe</td>
<td>24</td>
<td>25.53</td>
<td>33</td>
</tr>
</tbody>
</table>

In Table B12, the first Group I, consists of 3 countries- Afghanistan, Austria and Australia. There were 10 Publications on AIDS, 3 by Sambad and 7 by Times of India on problems of these 3 countries.

**Afghanistan**, a land locked republic in Central Asia is the largest opium exporting country of the World. During Afghanistan War (2001) it was feared that AIDS would spread quickly as due to the banning of opium export, the price of heroine could go high and drugs addicts would be compelled to share the same syringes and needles, which happened subsequently.

**Austria** is a republic in South Central Europe. Austrian government made efforts to fight against HIV/AIDS in their country as revealed from news item publications in the newspapers under study.
Australia occupies the whole of the island continent of the same name and is a multicultural society. There were scientific research report on “male circumcision and AIDS” by Roger Short, Australian scientist, Professor of Obstetrics at Malbourne University and his colleague, Dr. Robert Szabo. According to Justice Kirby who visited India as a result of political help in 1984 despite opposition from conservative groups Australia started sex-education in schools, legal restrictions for distribution of condoms was removed, a needle exchange programme was started where by people could walk into any pharmacy and exchange a used needle with a new one. All these helped to check rapid spread of AIDS, Kirby said. John Haward, Prime Minister of Austria later said Australia should ban refugees and migrants who carry HIV to enter their country (Australia...,TOI, 14.04.2007). The AIDS cases in both Austria and Australia are rampant.

Group II includes five countries such as Bangladesh, Belgium, Bhutan, Botswana and Brazil occupied 15 news items in both the newspapers, 5 appearing in Sambad and 10 appearing in Times of India regarding HIV/AIDS Programme.

Bangladesh is the second largest Muslim country in the world. According to “Progress of Nations-2000” report published by UNICEF, Bangladesh has 1600 male and 840 female HIV positive cases. Illiteracy and poverty make the situation worst in that country.

There was just one publication on HIV/AIDS problem in Belgium and the prevalence rate is very low.
Bhutan is a small Asian country where the prevalence rate of HIV/AIDS is also very low.

Botswana is located in Southern Africa. Among its people between the age of 15 to 49 years, 35% are affected by HIV. Due to AIDS, the life expectancy of its people decreased unexpectedly. By 2001, the average life expectancy of Botswanan was 36 years (Das, 2002). This is a critical situation.

Brazil was one of the earliest AIDS affected countries where the disease rapidly spread due to homosexuality and intravenous drug users (Swain, 2002). Brazil was worried by AIDS among the elderly citizens over 60. There was a rise of AIDS among elderly Brazilians. However, it is the only developing country to have adopted the policy of providing free and subsidized antiretroviral treatment to any citizen who needs it. This move greatly destigmatised healthy but also on how to avoid spreading infection to others. By adopting emergency measures Brazil reduced its projected AIDS patients by half, in its capital, Brasilia.

Cameroon is situated between west and central Africa. HIV/AIDS cases are in highest numbers in almost all African countries. Cameroon is not an exception.

Cambodia is situated in the south-east Asia. According to WHO, 2.8% of Cambodian adult population are HIV carriers. Cambodia was one of the earliest AIDS hit countries of Asia. There was report that Cambodian men who fear contracting AIDS from CSWs are turning to raping virgin girls, a local human rights organization, ADHOC has said (AIDS Fear... , TOI, 23.04.2000).
Canada is a northern American country. To save its country men from HIV/AIDS, Tourism Department of Canada banned entry of AIDS affected persons. Canada always welcome foreign tourists but the government took this step as majority of tourists come from AIDS affected countries of south east Asia and Africa. As per a government of Canada report one out of 1000 tourists is found AIDS affected and that single person infect 36 persons. 1000 new doctors have been appointed to treat HIV/AIDS cases.

There were 13 news items on China only out of 22 publications of III group of 4 countries, means HIV/AIDS problem is rampant there. China is most populous country in the world. It has diverse sources of HIV and localized pockets of infection, that are a potential source of spreading the virus across the country. By end of 2000, more than 6,00,000 people in China were estimated to be affected by HIV, said its health minister and the number was increasing by 30% annually. To tackle the situation, government had launched 5 year plan for AIDS awareness including sex education for 15 year odds, programmes at all leadership levels. According to UNAIDS report, “HIV/AIDS: China's Titanic Peril”, China is on the brink of an HIV/AIDS catastrophe of unimaginable proportions which could result in human suffering, economic loss and social devastation (China..., TOI, 29.06.2002).

A growing commercial sex industry, rampant, drug use and large scale migration to cities are now being seen as the significant factors in the spread of AIDS virus. UNAIDS warns Chinese administration that unless proper step would have been taken, the current HIV cases of 1.5 million would reach 10 million by 2010.
The next group IV for discussions relate to 6 countries named Ethiopia, France, Germany, Ghana, Greece, Haiti covering 13 publications appeared in both the newspapers.

**Ethiopia** is an African Country with prevalence of HIV infection. This is one of the most backward and poorest countries of the world. AIDS problems is quite high because of the homosexuals, CSWS, intravenous drug users and their poor unhygienic living conditions besides multiple sex partners.

**France** is among the most developed countries of the world. The HIV/AIDS problem is growing in this European nation but they are taking measures to change their life styles which may control the situation. The scientists of France are engaged in the field of research on HIV/AIDS.

**Germany** is situated in the Central Europe. Many foreigners visit this country every year, so there is danger of spread of HIV infection. To save the world from HIV/AIDS, a five day long conference of commercial sex workers including the CSWS from sponsored countries, was organized in Germany in June 2000 (Biswa...,Sambad, 07.06.2000). Here the strategy to fight against HIV through CSWS, the use of condoms and related issues were discussed.

**Ghana** is an African Country where the problem of AIDS is rampant, which is one of the highest HIV infected countries of the world. The problems of multiple sex partners are the measure issue in Ghana, through this medium HIV/ AIDS is spreading rapidly.
Greece is situated in south east Europe. The problem of HIV is growing but steps are being taken to curb it.

**Haiti** is an island nation in West Indies. It has high rate of HIV infection. As the black colour people of this country from an early age become sexually active, the HIV infection is spreading quickly.

**Indonesia** is the biggest Islamic nation. Indonesia has lowest rate of HIV infection but if no proper preventive action would be taken, the situation will be critical. The main reasons for growth of HIV infection in Indonesia are the widespread drug addiction and commercial sex industry. According to UNAIDS, in the capital city Jakarta, among the drug addicts, 40% are AIDS victims.

**Italy** is an European country. The news appeared in two newspapers indicate that Italy has taken a lot of preventive steps to check HIV infection. The scientists of Italy at the National Institute of Health are undertaking a lot of researches and trying hard to develop vaccine for HIV prevention.

**Japan** is one of the great countries of the world, situated in Asia. The publication deals with the problems of HIV/AIDS in Japan. The government is taking integrated approach within the existing infrastructure of health department and associating all other departments to get involved in dealing with HIV/AIDS awareness.

**Kenya** is in east central Africa and one of AIDS prevalent countries of the world. Among its three crore population, 22 lakh persons are infected with HIV. The
President Daniel Arap Moi has appealed the people not to indulge in sex for at least 2 years to control AIDS. Kenya government have decided to import 30 crore condoms from abroad for successful implementation of AIDS control programme. Some Muslims and Christian leaders opposed government’s move. The President Mr. Moi however, feels personally ashamed to import condoms worth crores of rupees. Since the situation is alarming, there is no other alternative, 700 persons are dying daily due to AIDS. The religious bodies object that use of condoms will encourage people to control their sexual activities. By observing unprecedented growth in AIDS cases, Kenya government formed National AIDS council in 1999 to work hard to control and prevent this national calamity.

Libia is an Arabian state. As an Islamic state, due to strict provisions against free sex, HIV infection rate is very low, however, Intravenous Drug Users are found.

Maldives is an island nation in Asia. Maldives government joined hands with SAARC nations to fight against AIDS as revealed from newspapers under study. It’s an island for tourists to enjoy.

Group VI has 7 countries. They are Morocco, Mozambique, Myanmar, Namibia, Nepal, Netherlands, Nigeria which were reflected in 16 publications on AIDS problems of their countries. Morocco is situated at the extreme north-west of Africa. It is also an Islamic nation. The HIV infection is reported to be very low because of their restrictions of sexual practice. Mozambique is an African country and like other African countries have highest rate of HIV infection. Maximum young men and women are ignorant about the disease and about its preventive measures as
found in a survey conducted by UNICEF. **Mynamar** is an Asian country. When the earliest cases were detected in 1980s, HIV infections were very low in Mynamar, like India and China but during these years, there was a rise in AIDS cases. In some areas of Mynamar AIDS cases have reached to 13%. **Namibia** is situated in south west Africa which have high rate of HIV infection as revealed from newspaper publications. **Nepal** is an Asian country. The HIV infection is very low in this small country. Nepal also joined hands with SAARC nations to fight against AIDS. **Netherland** is situated in north-west Europe which AIDS problem is not very high. **Nigeria** is an African country of tribals. Their HIV status has drawn Bill Gates attention who has donated $225 million to the Harvard School of Public Health which is doing an AIDS prevention programme to profile the nature of HIV infection in Nigeria. The rate of HIV/AIDS affection was low and the School's officials hoped that the rate can be kept well below 25% to 30% infection level in comparison to some other African nations. Indian company 'CIPLA' has signed an agreement with the Nigerian government to sell low cost anti-AIDS drugs (Editorial, Sambad, 04.05.2002).

In **Papua and Newguinea** the problem of HIV/AIDS is so worst and inhuman that some AIDS victims are burnt alive there (AIDS..., TOI, 28.08.2007).

**Phillipines** is a nation of islands, situated in the Western Pacific ocean, over 800 KM off South east Asia. Their HIV problem has been reflected in only one news item which shows low prevalence.
Russia is the largest country in the world saw an unprecedented rise in AIDS cases in the past few years. 6 Publications on HIV/AIDS problem appeared in both the newspapers. As per UNICEF’s Progress of Nations report, 27,000 men and 14,000 women are found to be infected with HIV (Bharat..., Sambad 01.08.2000).

Senegal lies on the West African bulge. In Senegal the Friday Prayers focus on themes like HIV/AIDS. The target prevention programme launched by Harvard School of Public Health stable the infection rate at 2% in Senegal.

South Africa has the highest AIDS cases in the world. There were 35 publications only on AIDS problem in South Africa out of 61 publications of this group of countries appeared in both the papers show the HIV/AIDS problems must be highest comparing to other nations. In 2000, 12.9% South Africans were HIV positives and in 2002, the percentage has reached to 19.9%. Nearly 42 lakh people are now HIV positives, the highest figure in the world. South Africa was under the British rule for many years and its representatives were always complaining about the discrimination made to black people for blood testing (Swain, 2002). A majority of people of South Africa even unknown of the fact that they are suffering from the life threatening disease. Free sex is the major cause of HIV infection among them. Poverty and ignorance doubles the problem. The HIV positive cases are rising day by day. Lakhs of children became orphan in the past few years. The drugs are expensive so the Africans can not afford to buy them. However, some Indian Pharmaceuticals are able to seek cheap anti-AIDS drugs and are supplying to South Africa. AIDS has been the main reason for break down of social structure in the country. Here a proper burial is considered the last decent thing you can do for a
person. Poor families spend up to six month's wages to bury AIDS victims. AIDS funeral which could cost a family as much as $2000 become business in South Africa. Here one in 5 adults is HIV positive or has full blown AIDS. In 2001, 360,000 South Asians died of AIDS and according to UN calculations and the country counts some 6,60,000 become AIDS orphans (AIDS..., TOI, 21.09.2003). Rise in AIDS cases is due to rape cases in prisons where no separate cells for male and female are available.

In Durban, due to shortage of space in cemeteries, earlier graves of HIV positives are being dug out and death HIV positives are buried called “Recycling of AIDS Victims” and entering fresh bones atop the old ones. The diggers are getting night mares, 5 years ago, there were 120 funerals once a week, now this number has jumped to 600 (Graves..., TOI, 01.08.2004).

Roman Catholic Bishops in South Africa strongly condemned HIV prevention programme that recommend condom use but said married couples with the virus could use condoms in very limited circumstances. The South Africa Catholic Bishops Conference said the widespread promotion of condom use was “an immoral and misguided weapon in our battle against HIV/AIDS”. South Africa was the host of 13th International AIDS Conference held from July 9, 2000 at Durban.

Spain is an European nation. Barcelona (Spain) was the venue of 14th International Conference on AIDS and the steps being undertaken by the Government have been published in the two newspapers to control and prevent the disease.
Sudan is an African Islamic Country where rate of HIV infection is not very low as per AIDS problem published in the two newspapers. Intravenous Drug Users and typical sexual behaviour are found here.

Swaziland is surrounded entirely by South Africa. There is a higher rate of HIV infection in the country. While addressing the UN General Assembly Summit on HIV/AIDS, King of Swaziland, M Swati III has said, “The survival of my own nation and of many others facing the same fate hangs in the balance. The success of this summits and justifications will be measured in terms of a reversal in the number of the dead and the dyeing. Our people can expect nothing less than that”. Swaziland’s one fourth citizens between the ages of 15 and 49 are infected with HIV. The disease has cut life expectancy there by atleast 17 years. Economic condition is also very severe due to spread of AIDS. In the past 20 years, the economic growth rate has cut off by 25%. A total of 33.7% people of Swaziland are HIV infected. In the mean time an interesting news was heard. The 36 years old king of Swaziland has decided to marry for eleventh time. The health workers of this sub Sahara African country warned the King that by this decision he is setting a bad example. It will have bad impact on the growing AIDS problems and encourage multiple sex partners in the country for spreading HIV infection to common men and women.

Switzerland is a mountainous European nation. It is the headquarter of many UN and International agencies like global fund to fight HIV/AIDS, T.B., Malaria. However, the problem of HIV/AIDS among its population is not zero which is tackled through integrated approach of its health system.
The next group of countries, VIII are Tanzania, Thailand, Tunisia and Uganda together have 29 Publications appeared in both the newspapers during the period under study. Oriya daily have 9 publication items and English daily have 20 publication items which reflects the HIV/AIDS problems in these four countries mentioned in Table B12.

**Tanzania** is an African Country with high rate of HIV infection. The uncontrolled sexual behaviour pattern and Intravenous Drug users among the young people led to increasing rate of HIV infection. However, the impact of preventive strategies targeting young people in this country is showing positive results (Piot, 2002).

**Thailand** is a south-east Asian country. It is one of the countries where HIV/AIDS cases were detected first. Thailand, a famous tourist destination faced the problem of HIV/AIDS tremendously. Thailand’s typical sexual behaviour also is mainly responsible for the spread of HIV infection. In Asia, Thailand has made remarkable progress against HIV/AIDS, thanks to a scientific and pragmatic and a public awareness campaign with no moral baggage attached. The result has been a decline in HIV infection rates which one time earned Thailand the sobriquet of being the World’s AIDS capital. Thailand’s capital city sponsored venue for a International Conference on AIDS. In Thailand Buddhist monasteries have done a great deal to disseminate information and even provide care and treatment to AIDS patients, Buddhist Monks have opened one AIDS hospital named as “AIDS Temple” and a “museum”, for treatment and creating awareness among the living dead.
Tunisia is situated in North Africa. Its problem is not much highlighted in the newspaper but because it is an African country, the prevalence of HIV/AIDS might not be negligible because, free sex practice is common here.

Uganda is a country in east Africa. There were 60,00,000 adults and children infected with HIV by the end of 2001. According to UNAIDS, at least 84,000 adult and children died of AIDS during 2001. Uganda has formulated a concerted awareness plan to tackle the disease. However, international health bodies say infection rates would have been far higher till the country not taken preventive measures during the 1980s and 1990s. In Uganda, we have brought a severe HIV epidemic under control through the use of abstinence education, condom promotion, voluntary HIV counselling and testing and STD, says David Serwadda of the Institute of Public Health at the Makeleale University in Kampala, Uganda. Life expectancy is 45.3 years for male and 46.8 years for female and the total population is 25 million growing at a rate of at least 3 percent annually, "People are dying in thousands", said Rosette Mutambi, Co-ordinator of the Uganda Access Coalition, campaigning for cheaper drugs for an estimated 1.5 million Ugandan with HIV. During his visit to Uganda, US President George Bush proposed to help Uganda in fighting against AIDS, said while he was visiting an AIDS organization in Uganda. Uganda is a pioneer in fighting AIDS. It has reduced the infection rate from about 30% in 1992 to 6% in 2000, according to government figures. In Uganda in the early 1980s, a public appeal for HIV testing was made after 40% of the population was found to be HIV positive. Here, clergy has played a great role in creating awareness on HIV/AIDS. Uganda is taken as a model case in fighting AIDS, but the US is
pushing pharmaceutical companies to make profits here said Douglas Kirurubi, a resident of Kampala. Uganda hosted XV International AIDS Conference in July, 2004 emphasised on morality than the use of condoms.

The last group, IX has United Kingdom (UK), United States of America (USA), Vietnam, Zambia and Zimbabwe whose AIDS problem appeared 57 times in both the newspapers consisting of 23.65% of total 241 publications. Group VII had the highest number of publications (25.3%). This means the countries belonging to both the groups have severe problems of AIDS.

New nurses and doctors in England of UK may be subjected to HIV tests amid fear that 737 HIV positive nurses were recruited to Britain in 2001 from which 727 were from Africa, where the disease has reached epidemic proportions as reported by British daily “The Time”. However, the health ministry said no decision had been taken so far for taking any action.

Trainee African nurses and other staff from overseas diagnosed as HIV positive are working in British hospitals. The authority reassured the public that the group of HIV positive staff would not be allowed to carry out “high risk procedures” such as operations. The identity of the group would be kept secret from colleagues because of employer’s confidentiality. They were asked about their state of health before applying. Under National Health Services Guidelines, there is nothing to stop them either applying for a staff position or a place in a nursing course. The local problems of UK however, have not been highlighted in the two newspapers but if the migrant nurses and doctors from Africa to England have been migrated for jobs, there is
possibility of HIV infection spreading in England and U.K. There may also be reservations for exposing news of HIV status in U.K.

U.S.A. is the first country in the world where the first case of AIDS was detected as early as in 1981 by US centre for disease control and prevention. The disease was widespread among its people 7 to 8 years back. The U.S. President declared drug addiction for AIDS as a major enemy of U.S.A. As the most developed and rich nation of the world, it adopted a systematic approach and strategic plan to control the disease. Now a days the situation is under control. Homosexuality, growing sex industry and growth of drug addiction are major causes of prevalence of HIV infection in U.S.A. To-day U.S.A. has extended its hands to help other countries to fight against the AIDS pandemic. It is helping European nations and Japan to prevent AIDS in those countries. However, the U.S. Ambassador, Robert D.Blackwill has said his country is facing an enormous problem of HIV/AIDS infection. There have been 40,000 new cases, despite the best prevention programmes. Asked what was impeding the control of HIV in U.S., he said “human behaviour”.

U.S.A. has planned to spend $ 1.5 billion to fight AIDS in Africa and Caribbean. US Secretary of Health and Human Services has pledged his full support to the American Association of Physicians of Indian Origin (AAPI) for combating AIDS in India. The AAPI task force on AIDS held special meeting with some top AIDS researchers at John Hopkins University in Baltimore. Maryland and US law makers, particularly, Rep Jim, Mc. Dermott who visited red light areas in Mumbai and Kolkata several times, to involve the US government to help in their efforts.
Vietnam is situated in South-east Asia. The news appeared indicate the problem of AIDS in country accounting for free sex industry and intravenous drug users among the young population. The HIV infection is spreading here.

Zambia is situated in South Central Africa. There were almost problems in this country like Vietnam and Zimbabwe. Here also young people are being targeted for HIV/AIDS prevention.

Zimbabwe is situated in South Central Africa. It is among the worst affected countries in the World. A total of 33.7% of adult population of Zimbabwe is affected by AIDS.

Vast and populous, India has second highest HIV positive cases in the world. It has diverse sources of HIV and localized pockets of infection that are a potential source of spreading the virus across the country as per an UNAIDS report. Some of the factors influencing the spread of HIV in the country are the high prevalence of STDS, commercial sex workers and large scale migration from rural to urban areas. Stigma and discrimination continue to be the greatest challenges for the prevention and control efforts in the country. According to Peter Piot, executive director of UNAIDS, “India’s efforts to combat AIDS were patchy, with some States taking up the campaign vigorously, while others were still in denial” (Country’s..., TOL, 26.07.2003).

Publications on HIV/AIDS problems in various States and UT of India is shown in Table B13, these States and Union territories have been divided into 5 groups alphabetically, Group A consists of 6 States (Andhra Pradesh, Arunachal Pradesh, Assam, Bihar, Chattisgarh and Delhi) had 142 publications, 26 appeared in
Oriya daily and 116 in English daily on AIDS. Group B has grouped with 7 States—Goa, Gujarat, Haryana, H.P., J&K, Karnataka, Kerala with 74 publications, 22 in Oriya daily and 52 in English daily projecting AIDS programme of these 7 States. Group C has 6 more States of M.P., Maharashtra, Manipur, Meghalaya, Mizoram, Nagaland having 26 Oriya publications plus 58 English publications carrying to a total of 84 publications on AIDS in these States. The next Group D has 7 more States such as Punjab, Rajasthan, Sikkim, Tamil Nadu, Uttarakhand, U.P. and W.B. having 135 publications, 16 in Oriya language and 119 in English publications projecting AIDS work of this group. The fifth Group E consists only one State i.e. Orissa State having 204 publications (69.35%) in Oriya language, Newspaper is just but natural that the local daily news reporters all over the State have given attention on AIDS prevention and awareness programme in every nook and corner of the State. The English paper, Times of India has only 50 publications on Orissa AIDS work because the paper covered majority publications on other States for its All India circulation.
Table B13 Publications on HIV/AIDS Problems in Various States and Union Territories in India

<table>
<thead>
<tr>
<th>Group</th>
<th>Number of States</th>
<th>Name of the State</th>
<th>Sambad (N = 294)</th>
<th>Times of India (N = 395)</th>
<th>Total (N=689)</th>
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<tr>
<td></td>
<td></td>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>A</td>
<td>6</td>
<td>A.P., Arunachal Pradesh, Assam, Bihar, Chattisgarh, Delhi</td>
<td>26</td>
<td>8.84</td>
<td>116</td>
</tr>
<tr>
<td>B</td>
<td>7</td>
<td>Goa, Gujarat, Haryana, H.P., J &amp; K, Karnataka, Kerala</td>
<td>22</td>
<td>7.48</td>
<td>52</td>
</tr>
<tr>
<td>C</td>
<td>6</td>
<td>M.P., Maharashtra, Manipur, Meghalaya, Mizoram, Nagaland</td>
<td>26</td>
<td>8.84</td>
<td>58</td>
</tr>
<tr>
<td>D</td>
<td>7</td>
<td>Punjab, Rajasthan, Sikkim, Tamil Nadu, Uttaranchal, U.P., W.B.</td>
<td>16</td>
<td>5.44</td>
<td>119</td>
</tr>
<tr>
<td>E</td>
<td>1</td>
<td>Orissa</td>
<td>204</td>
<td>69.38</td>
<td>50</td>
</tr>
</tbody>
</table>

Andhra Pradesh is the fifth largest State in India, both in area and population having high prevalence rate of HIV infection. Truck drivers, Fishermen along the coast, street children, slum dwellers, sex workers, ante-natal women, prison inmates and even blood donors are considered to be the high risk groups. The first AIDS case in the State was detected in 1986 (AIDS...,TOI, 25.07.2001). Andhra Pradesh came with an AIDS education programme, comprehensive in nature without much opposition. School education is going on in AP Schools. The HIV infection rate among pregnant women who attended antenatal clinics was more than 2% as reported by UNAIDS. Of course in Samalkot area, children of HIV positive families are pulled out of schools. Perceptible societal changes have started taking place. There were one million HIV positive cases in A.P. The MLAs in the Assembly condemned condom exhibition proposed by Chandra Babu Naidu, Chief Minister.
Arunachal Pradesh is a thinly populated hilly tract on the eastern most part of India. The AIDS problem is not very severe. Arunachal Pradesh joined the rest of the world to observe World AIDS Day, organizing huge rally involving people from all walks of life at the capital town Itanagar.

In Assam, by March, 2000, 71 people have been affected by AIDS while 295 have tested HIV positive, of these 61 were males and none were females, 42 were due to sex trade, 17 were Intravenous Drug users, 13 by prenatal nexus and 162 were unspecified. Assam has made various campaigns to sensitise people. Janhabi Goswami is the first living person in Assam to publicly declare herself HIV positive having contracted the virus from her late husband. Tarun Gogoi, Chief Minister allotted a flat to her. AIDS activities were worried over the rising instance of college girls and housewives entering the sex trade in Guwahati, more so because of their vulnerability to the killer disease AIDS. Sajjad Ahmad of the North East Society for Promotion of Youth and Masses (NESPYM) feels that a campaign on prevention of AIDS should be carried out among students of private hostels.

Bihar remains a low prevalence state, officially reported only 44 cases of HIV. To control population growth and check HIV infection, Bihar Government has decided to install 500 condom vending machines at crucial points like highways', dhabas, railway stations, cinema halls etc. Health guides in Bihar getting Rs.50/- a month for the last 23 years though they are engaged in various health programmes particularly on AIDS.

Chattisgarh is situated in the central part of India, remaining almost silent on their AIDS programme. The people appear to be more conservatives, hence the
problem is not so severe but HIV positive cases have been traced in the capital, Raipur.

**Delhi** is the capital of India, declared itself as a State. In the past few years there has been a rise in AIDS cases. The fact file of Delhi state says that the city has 45 cases of AIDS in 1993, 64 in 1994, 89 in 1995, 153 in 1996, 219 in 1997, 287 in 1998, 359 in 1999, 498 in 2000 and 646 in 2001 (Government..., TOI, 08.02.2002). By 2001 there was over 22000 HIV positive cases. Out of 646 AIDS patients, 557 are males and 89 were females. A total of 167 infected people have died since 1993. Delhi has taken a lot of steps for prevention of mother to child HIV infection. For the first time in 2002, the city government has shifted its attention from women to men in an attempt to curb the spread of AIDS as more seem to be contracting STDs. There was a report about the poor turn over at the antenatal clinics by most women who approach government hospitals. According to the government report, about 0.16% of women who give birth each year in Delhi alone are HIV positive.

**Goa** belongs to B group of States, which is the smallest state of Indian Union. Goa attracts tourists from all over the world. It was a high risk zone for AIDS. There was an alarming rise in AIDS cases. Experts have treated with skepticism, the proposed plan of Goa Government to make HIV testing mandatory before marriage. Though more and more people between 25 and 35 years in Goa being identified as HIV victims, the experts feel mandatory testing may prove counter-productive.

**Gujarat** is a low prevalence state but due to increasing sex trade, migrant labourers and truckers do acquire the HIV infection. The two governments, Gujarat and Orissa have made a joint plan to curb migrant labourers HIV issue status.
Gujarat is taking steps for the prevention and control of AIDS and introduced targeted interventions among high risk groups. According to Dr. Bharadwaj Desai, a private practitioner of Vadodara, government should have a special health policy on the matter of HIV so that secrecy of the patients who go to private doctors is also maintained and detail records are made available (Official..., TOI, 01.04.2001).

Haryana's AIDS programme has not been much reflected in the two newspapers, it shows that AIDS might not be a serious problem or its government is working silently.

Himachal Pradesh is situated in the North West corner of India. In Hamirpur district, the first AIDS case was detected in 1992. In 2002, there were 72 AIDS victims, in 2003 there were 4000 HIV positive suspects. Out of 12 districts, the two tribal districts of Lahaul and Spiti and Kinnaur have not reported any case. Incidentally, there have been 12 deaths of full blown AIDS.

Jammu & Kashmir has witnessed a rise in the HIV positive cases in the past few years. According to reports, 14,589 people affected by the disease, 3334 are women, around 39 persons have died of AIDS. The inter-state truckers, believed to be the HIV carriers is reflected in a report of conducting survey in this region. During the year 1994, only 70 cases of HIV positives were identified while the number rose to 2,162 in 1996. In J & K, the clergy is playing a great role in the AIDS Control and Prevention Programmes. Here 80% HIV infection transmitted through unprotected sex and homosexuality. The Imams of Masjids were trained by the government to involve in AIDS awareness programmes. They go to rural areas and
teach people on prevention of AIDS. For this work, World Bank has allotted rupees 1.49 crores for five years. The clergy had declared jehad (religious war) against AIDS.

Karnataka's AIDS work is not much reflected in the papers. The infection rate of HIV among the pregnant women who attended antenatal clinics was at least 1%. This means the problems of AIDS might be rising in the common people in the coming years.

Madhya Pradesh grouped under C has also not been very much projected in these two daily papers, however the migrant labourers, sex trade and truckers on national highway specific points are the main sources of spread of HIV virus besides Intervenous Drug Users.

Maharashtra State has become very active for AIDS works. The State has the highest number of AIDS cases in India. The HIV positives were highest too. Around 12 million people were HIV positives in 2001. The rate of HIV infection among pregnant women in antenatal clinics is around one percent. Governor, P.C. Alexandar said 58,392 were HIV positive out of 442,734 tested during 1986-2000 (AIDS..., TOI, 13.06.2000). Maharashtra is regarded as the heaven of AIDS cases. In 2001, there were 10,492 AIDS cases of which 2035 were women, of all the AIDS cases 50% belong to Mumbai which is called the “AIDS capital of India”. Among the CSWs 60% were HIV infected. In Maharashtra, amongst the AIDS cases, 75% were below 24 years. 240 NGOs are working to aware people on AIDS between the age of 15 to 45 years. By paying Rs.10/- HIV testing is available at 18 hospitals in the State.
AIDS is a major concern in Manipur. In all 13,979 people including 2030 women have tested HIV positive till September, 2002 in Manipur, where 246 of the 1457 AIDS patients have died so far. This is only the official figure and there may be many more unregistered cases. From sex workers to drug users, HIV has entered homes of the ordinary people. Chaoba Singh, a senior woman footballer from Manipur says number of AIDS cases were exaggerated by NGOs to receive higher amount of grant. In Manipur, the Church has been involved in the battle against HIV/ AIDS. The infection rate among pregnant women who attend antenatal clinics was about one percent.

Meghalaya's drug addiction is the major cause of HIV infection. Commercial sex trade is also alarming for the spread of HIV in this hilly state.

Mizoram is a north eastern State. In the past few years it was experiencing a galloping increase in the incidence of HIV infection. The main mode of transmission appears to be drug abuse.

Nagaland is also situated in the north eastern India. It witnessed an increase in AIDS cases. There is a need to gear up intervention programme amongst ‘Youth’. Drug abuse is the main mode of transmission of HIV here.

Punjab's a fortnight long health programme concluded in Patiala on 15.6.2000. Christened the “Family Health Awareness Campaign” under the AIDS prevention programme, it did not use the word AIDS. The officials say that this scheme initially could not yield any substantial results due to the direct use of dreaded word AIDS and the fear of physical examinations.
Rajasthan is a low prevalence state. The India Canada HIV/AIDS Project (ICHAP) has been working for the prevention, care and support programme at zonal levels in Jodhpur, Jaipur, Udaipur, Kota, Ajmer and Bikaneer.

Sikkim has identified 24 HIV positive and six full blown AIDS cases. The government called for tackling the deadly disease head on. Out of the affected persons in the 25 to 65 years age group, four were female. Majority of them belonged to the lower middle class groups according to the Project Director of Sikkim State AIDS Control Society who said the State government is working on two mega projects of intervention programme for migrant labourers. Working with the National Hydroelectric Power Corporation, Teesta Hydrel Project, Two more diagnostic centers in East Sikkims Singtam (which could cover the NHPC work areas) and south districts Namchi hospitals were being opened. At present only one such was operating from Gangtok's STNM Hospital (N.E..., TOI, 02.12.2002).

Tamil Nadu is a southern state with high prevalence of AIDS. It is the first State in India where the first AIDS case was detected when Suniti Solomon, Professor of Microbiology, asked one of her students, Nirmala to look for evidence of HIV, she was sceptical. This 1986 project however went on to unearth the first case of HIV in the country (Solomon, 2001). To-day Tamil Nadu is one of the highest incidence of AIDS in India. There were news items on growing HIV positive cases in Namakkal district. Arivold Jayakkam, the organisation running the T.N. Government's awareness programme estimates that in Namakkal district alone 10,000 people are infected. There was a rise in the number of widows and like
Manipur they were not organized themselves in to groups. HIV is speeding up a process of change. There are demands for HIV free certificates before marriage. In T.N. around half a million people were HIV infected in 2001.

**Uttaranchal** is a low HIV prevalence State. However there were rising of HIV infection in Dehradun due to influx of tourists.

**Utter Pradesh**'s first case of AIDS was detected in 1987. Since then the disease has spread manifold with a total number of reported cases going up to 238. persons testing for HIV reached 1738 in the year 2006 and this is believed to be only a tip of the iceberg. The number may be much more as one senior officer puts it, “we are on the verge of a new epidemic rather than at its peak.” There was a news item on negligence by the State Government to provide much hyped post exposure prophylaxis (PEP) kits to the public health bodies. In order to ensure safety, there were confirmed reports that faculty members in KGMG and Kanpur Medical College had fallen victim to it (Hospitals...,TOI, 18.09.2001). PEP if administered immediately after an accidental exposure, negates the chances of contracting the virus. It is a low HIV prevalence state. For admission in the hostels of Lucknow University, the foreign students are required to submit HIV negative certificates.

**West Bengal** identified its first AIDS case in the State in 1986. The State government started the surveillance activities for AIDS in 1987. The States NACP is being implemented in the state in full swing from 1992 through West Bengal State AIDS Control Society. The serum- surveillance, a medium term plan (MTP), programme was introduced in the state during April,1991 with support from WHO.
and Government of India. A report of West Bengal said the total number of sample tested as on September 2002 was 143,371, the total number of HIV positive were 4032 and total number of HIV/AIDS symptomatic cases were 1734. The situation in the metropolitan city of Kolkata is no doubt alarming Prof. D.K. Neogi, Head of Virology Department, School of Tropical Medicine, Kolkata says, "HIV/AIDS is no longer in West Bengal, a disease of red-light areas and is spreading to families and households. The rate of vertical transmission from mother to child has also increased (State..., TOI, 17.11.2002). Transfusions of contaminated blood has led to the spread of HIV virus in many cases in W.B. There was a rise in AIDS cases in Durgapur industrial belt and Assansol. There were several publications on scarcity of blood and problems of blood banks in Kolkata and other places of W.B. The percentage of red light areas, gone upto HIV positive persons from 18% in 1993, to 23% in 2002. A large number of teaching and learning materials were published in Bengali language by the state government and State AIDS Control Society for creating awareness on HIV/AIDS for the Bengalees in West Bengal.
Orissa State is shown separately as Group E, having 204 publications as mentioned early in Oriya daily. The first case of HIV was detected in the state at Berhampur in Ganjam district in 1993 and also the first casualty due to AIDS found in 1994 in Ganjam. Since then the HIV/AIDS problem steadily increased. As per a recent compilation of various sources including blood bank reports in Orissa. There are 902 HIV positive cases throughout Orissa out of which there are 598 from the districts of Cuttack, Puri, Ganjam, Khurda and Kendrapada. In Ganjam the highest figure reaches to 308 followed by Cuttack-106, Puri-70, Kendrapada-69 and Khurda-45. There are many more undetected HIV positive persons in these areas as per the opinion of surveillance workers. The death rate is also alarming. So far 685 AIDS patients have already died in Orissa out of which the highest number 238 in Ganjam district, 68 in Kendrapada, 63 in Puri, 37 in Khurda and 32 in Cuttack district. These five coastal districts have highest prevalence, Ganjam leading the top. The reason might be that around 5 lakh migrant labourers including the truck drivers go to Gujrat and Andhra Pradesh, get infected, come back home and easily infect their wives. AIDS being a vertical disease, their children born with HIV positive status. The reason for Kendrapada figure of AIDS cases is due to the infiltration of Bangladesi and for Puri may be due to foreign tourists but the reason for increase of cases in Khurda and Cuttack is not yet traced out by surveillance workers. The rest of 25 districts have low prevalence cases. In Orissa the family members of AIDS patients besides the patient himself are being ostracized and driven out from the villages. HIV infected children are removed from the schools. Several persons are losing their jobs. Recent incident of fear among the doctors in V.S.S. Medical College, Burla is really alarming. The increase of HIV positive cases in Berhampur town is
due to the thriving commercial sex business. Some sex workers arrested under the Immoral Traffic Act also tested HIV positive. Experts are worried over the detection of HIV-2 positive case which is more lethal than HIV-1. Orissa government in association with Gujrat counterpart signed an MoU to launch a joint campaign to check AIDS among migrant labourers. The two governments would take help of N.G.Os. to sensitive migrant labourers on AIDS threat. Leading N.G.Os Aruna, Saswat, CARD and Indian Medical Association jointly organized a seminar on “Young people of Ganjam and HIV/AIDS”.

As a part of prevention programme Kandhamal district organized seminar of barbars some time in 1998. Utkal Sevak Samaj arranged one awareness campaign for 500 labourers at Chowdwar in Cuttack district. Voluntary Counselling and Testing Centres have been opened by Orissa State AIDS Control and Prevention Cell in all the district hospitals and medical colleges. There has been a rise in the HIV positive cases in the capital. Bhubaneswar due to Malisahi C.S.W. area prominently known for its increase in sex work and the drugs users of Chandrasekharpur and Unit-III locations. The N.G.Os in the state as a routine during celebration of World AIDS day conduct seminar, workshops when they receive grants in advance from state AIDS cell as number of publications in Sambad during first few days of December increased for their activities of creating awareness only. AIDS cell in the state has initiated steps to provide Health Cards to all the 60 lakh families in the state in a bid to check incidence of HIV positive cases. The State Government declared Rs.200/- as pension for AIDS cases and Rs.2000/- each for AIDS treatment. This Madhu Babu
Pension Scheme will be applicable from 30.10.2007 to families of AIDS victims after their death also.

The Table B14 is meant for Agencies involved in programme management on AIDS. Programme management has mainly two aspects, one organizational and technical and the second aspect deals with financial management. There were 309 publications, 121 in Oriya and 188 in English daily on various agencies.

Table B14 Agencies Involved in Programme Management on AIDS.

<table>
<thead>
<tr>
<th>Agency</th>
<th>Sambad (N = 121)</th>
<th>Times of India (N = 188)</th>
<th>Total (N = 309)</th>
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<td>No.</td>
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<tr>
<td>NACP/ NACO</td>
<td>25</td>
<td>20.66</td>
<td>60</td>
</tr>
<tr>
<td>NGOs in India</td>
<td>16</td>
<td>13.22</td>
<td>42</td>
</tr>
<tr>
<td>NGOs in Orissa</td>
<td>36</td>
<td>29.75</td>
<td>14</td>
</tr>
</tbody>
</table>

UNAIDS is the joint United Nations Programme on HIV/AIDS. It is the apex body in the World, formed in January 1996 with Peter Piot as its Executive Director since its inception to fight against HIV/AIDS. Seven International bodies like UNICEF, UNDP, UNFPA, UNDCP, UNESCO, WHO and WORLD BANK jointly formed UNAIDS for campaigning HIV/AIDS awareness and prevention in almost all countries of the world. The agency is spearheading global battle against AIDS. UNAIDS encourages beneficial disclosure, ethical partner counselling and appropriate use of HIV case-reporting. There were 65 publications, 20 in Sambad and 45 in Times of India on UNAIDS involvement on HIV/AIDS. From these publications it is revealed that UNAIDS inter-country programme for South East
Asia is based at New Delhi, encourages qualified women and HIV positive persons to work in its staff. UNAIDS provided infrastructural support to national and State Governments in India to strengthen their AIDS control programme. It has also provided technical expertise to State Government as well as to centre and funds to computerized network between the States and Centre.

A special 53-page hand book with all “dos and don’ts”, a kit reveal more than just a first aid kit, disposable syringes, needles, life saving drugs and fluids like plasma expanders, look like a UN emergency kit for a war ravaged zone produced and supplied to UN employees against HIV infection. The hand book leaves an ordinary reader feeling utterly unprotected against AIDS. For example, it advises UN employees against using locally manufactured condoms where high quality ones from Private sector are not available. Described as a “Prophylactics that can prevent AIDS”. The booklet says condoms should be made available through UN Population Fund or WHO. Experts say what good for UN employees, should hold good for others too when it comes to prevention of HIV/AIDS (Jain, 2000).

Publications on global agencies comes to 51, 24 appeared in Oriya daily and 27 in English daily projecting global agencies involvement in AIDS works in India through various states. World Bank issued a soft loan of US $250 million from 1999 to 2003 and also continued further loan to continue work till 2007 and further US AIDS and AUS AIDS are bilateral donors’, projects for counselling, women and childrens’ health and capacity building for AIDS programme. European Union funds for NGOs’ projects while Japan AIDS funds for blood safety and interstate study tours. UNICEF works for more than 13 million children who became orphaned due
to AIDS around the World (UN..., TOI, 13.12.2000) and work continues further. The 
global fund is a financial institution set up during the G-8 Summit in 2001 and 
allotted Rs.500 crores to fight against AIDS. The earlier grant was meant for works 
before 2001 with separate provisions. The Canadian International Development 
Agency (CIDA) financed the India Canada Collaboration Project (ICHAP) to 
enhance the capacity building of Rajasthan State AIDS Control Society (RSACS) 
involving 3 Canadian Institutions and government of India. British Broadcasting 
Centre (BBC) World Service Trust, London partnership with Prasar Bharati 
campaign for HIV/AIDS awareness and prevention on behalf of NACO in UP, 
Uttaranchal, Rajasthan, Delhi and Haryana. Bill and Melinda Foundation tops the 
list among the financial agencies for fighting against AIDS and contributing billions 
of dollars all over the world including India.

National AIDS Control Programme is organized and conducted through 
National AIDS Control Organisation in India. There were 85 publications on 
NACP/NACO, 25 in Oriya daily and 60 in English daily projecting their 
involvement in programme management of all state AIDS cells all over the country 
who work in close association of respective State Government and their territories, of 
India. (Refer Table 13 for details of individual States and Union Territory). The 85 
highest number of publications reflect the enormous work being publicized by these 
two newspapers on NACP/NACO's involvement in India. The State AIDS Control 
Cells/State AIDS Control and Prevention Societies are funded by NACO. Even 
information, education and communication teaching and learning materials are 
prepared by NACO and distributed to each state for organizing training 
programme for various categories of staff involved in the work and for general
people for creating AIDS awareness among them. The next publication on work of NGOs in India comes to 58, 16 in Oriya and 42 in English daily and publications on work of NGOs in Orissa are covered by 36 items in Oriya daily and 14 in English daily making a total of 50 publications. All NGOs at national level and respective state level are funded by NACO from the funds they derive from UNAIDS or directly from some global bodies or philanthropists. The NGOs are mainly responsible for creating awareness and prevention of AIDS in their area. (List of NGOs in India and Orissa in the Annexture).

The next Table B15 deals with publications on State AIDS Prevention and Control Societies. Out of 27 States and Union Territories only 14 SACS' work has been reflected in this Table. Here the coverage of Oriya daily and even English daily show that they do not publish all the societies work but these two papers have published other coverages in respect of targeted interventions of high risk groups and programmes of creating awareness in some form. Some states have designed name of their society as State AIDS prevention and Control Society while some have termed as State AIDS Control Society (SAPCS/SACS).
Table B15 Publications on State AIDS Prevention and Control Societies: SAPCS

<table>
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<tr>
<th>Society</th>
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<th>Times of India (N = 50)</th>
<th>Total (N = 90)</th>
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<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>APSAPCS: A.P.</td>
<td>-</td>
<td>-</td>
<td>6</td>
</tr>
<tr>
<td>KSACS: Karnataka</td>
<td>-</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>ASAPCS: Assam</td>
<td>-</td>
<td>-</td>
<td>10</td>
</tr>
<tr>
<td>DSAPCS: Delhi</td>
<td>-</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>TNSACPS: Tamil Nadu</td>
<td>-</td>
<td>-</td>
<td>6</td>
</tr>
<tr>
<td>J&amp;K SAPCS: JK</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>KSACS: Kerala</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>MSAPCS: Maharashtra</td>
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<td>05.00</td>
<td>4</td>
</tr>
<tr>
<td>MSACS: Manipur</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>OSACS: Orissa</td>
<td>34</td>
<td>85.00</td>
<td>8</td>
</tr>
<tr>
<td>RSACS: Rajasthan</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>SAPCS: Sikkim</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>UPSAPCS: U.P.</td>
<td>-</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>WBSAPCS: W.B.</td>
<td>2</td>
<td>5.00</td>
<td>12</td>
</tr>
</tbody>
</table>

Out of 14 state AIDS Prevention and Control Societies, in Oriya, Orissa’s publications stands at 34 (85%), the rest of 13 States have been reflected with 6 only (15%) because Oriya paper highlighted Orissa State Prevention and Control Society work for the benefit of Orissa people. The news reporters of Oriya daily though small quantity have covered in States’ work only but in English daily Orissa’s State AIDS Prevention and Control Society has been reflected in 8 publications. “The English daily on the other hand covered news on other 11 States’ work in 42 items of publications together. Analysis may be done on some of the innovative work of these states conducted through SAPCS/ SACS. However, 14 other states/7 Union Territories Societies’, HIV/AIDS work have not been published in these two dailies.
Andhra Pradesh SAPCS: The SAPCS receives funds (partial) from World Bank and established several “Care and Support Centre” for AIDS patients and Voluntary Counselling and Testing Centres (VCTS) for testing of blood to detect HIV status. Toll free Tele counselling is available at number 1097 on AIDS. A detail “Strategic Response” to contain AIDS has been drawn by APSAPCS. In 1998 only 24% people were tested HIV positive who attended STD clinics. The society is targeted at CSWS, slumdwellers, prison inmates, street children. Some of them are chosen as peer educators by the society to educate others on STD/AIDS. Social marketing of condoms was introduced. Partnership Projects for sexual health, Prison Projects in 12 Prisons including Chanchalguda Prison where nearly 1600 inmates stay were getting success. APSACS advocates for admission of HIV positive children in Schools.

Karnataka SACS also have similar problems like Andhra Pradesh.

Assam SAPCS have drawn up action plan to involve grassroot level workers and sensitise targeted population on AIDS. Efforts were made to involve the community in the Family Health Awareness Campaigns. Services of village leaders like Panchayat members, teachers, community based organizations such as Mahila Swasthya Sanghas, Zillaparishads, Swakshyarata Samities, Nehru Yuva Kendra field workers, volunteers were mobilized for communication drive in house to house campaign on AIDS education.

Delhi SACS launched its control programme on AIDS in 1993 as a part of Delhi Government. Every year it organizes family health awareness campaign with
the motto, "Healthy family is a happy family". Counselling on AIDS is provided on
toll free tele No.1097. The society has started one innovative way of AIDS awareness
to messages printed on water and electricity bills. It launched targeted
interventions for CSWs, street children, migrant labourers and Intravenous Drug
Users by involving local NGOs for implementation. A good number of VCTC have
been set up in and around Delhi.

**Tamil Nadu SACS** have serious problems like Delhi Society.

**J.K.SAPCS** is working vigorously on AIDS by launching state wide family
health awareness campaign. It involved the Imams of Masjids in its fight against
AIDS. These religious preachers are trained by JKSAPCS to create awareness among
the rural people also. The society is also preparing posters and banners in
collaboration with the State Academy for Art and Culture for the preachers to
utilize. The preachers are provided salaries like teachers. The World Bank has
provided 1.49 crores of rupees for five years. The society is hopeful with this unique
idea and continue further period of another 5 years.

People of Kerala can know their HIV status by paying just rupees ten which is
possible due to the testing kit provided by KSACS, funded by NACO. The testing
facilities are available in ten VCTC including 6 centres at Medical Colleges of Kerala.
The society has produced a poster, a booklet on AIDS in Malayalam besides a
manuel on “Family life education for adolescents” both in English and Malayalam
describing at length, the physical and emotional changes that occur in an individual
during adolescence, the strong peer pressure adolescence face, their problem solving
attitude etc. This way it hopes that parents and teachers will emphasize with the
The AIDS situation continues to be serious in Maharashtra. The MSAPCS is taking a lot of steps to check the spread of the disease. Targeted intervention programmes started among CSWs, transport workers, youth, industrial workers and migrant labourers. The Avert society, a joint project of USAIDS, NACO and Government of Maharashtra works with the collaboration of NGOs and community based organisations to reach individuals and groups vulnerable HIV infection. The literature produced by society and other NGOs emphasise the most crucial area like problem of asymptomatic HIV-infected person who cannot be spotted out easily and move freely in the crowd, among the healthy persons in offices, institutions, factories because virus may take several years to show its effects, awareness about the disease is dismal even in the medical community. However, the experience of AIDS counselling centres show that many people labeled “HIV Positive” are well, alive and engrossed in their normal work and life. Beauty queens, Lara Dutta and Priyanka Chopra are involved by the State Government on people’s awareness programme on AIDS.

MANIPUR SACS and SIKKIM SACS: Both the states are facing same problems of Intravenous Drug Users most rampantly published in one publication each in Times of India only. The other two states Meghalaya and Nagaland also have similar problems (Table B.13.) NACO has produced a communication package for intravenous drug users and the community of 4 north-eastern states: Manipur, Sikkim, Meghalaya and Nagaland. The package will also be applicable to Tripura in
the same region. All these 5 states have been supplied with this communication package, produced in close collaboration with NGOs working with IDUs. This generic package of communication materials includes flip cards- 2 sets, posters-5, leaflets-4, stickers-5 and a user guide. These materials reflect the fears, concerns and hopes of IDUs. The user guide instructs how to use the materials, prepare for and conduct sessions, demonstrate sterilisation of needles and syringes and also teach the proper use of condoms. It also gives practical hints on how to adapt and reproduce materials in the package to suit varied conditions and needs.

Orissa SACS: The OSACS has maximum of 42 publications (46.66%). 34 in Oriya daily and 8 in English daily. Maximum publications in Oriya paper is natural because it reflects OSACS activities in local language. To ensure that AIDS remains as a controlled disease in Orissa, the Centre for Human Development (CHD) comprising a group of young people in the state is working with UNICEF, WHO and Orissa SACS/ Orissa State AIDS Cell to launch a campaign for debate, essay, poster and quiz competitions for school children at various places. The government has decided in collaboration with OSACS to open "Take Care Centre" for HIV positives. According to experts working in NACO and OSACS, Orissa would be comparatively a safer place in respect of AIDS. They attribute this to less of migrant labourers and rampant trafficking of drugs in the state is likely to change the vulnerability of this killer disease. However, there is a controversy over the migrant labourers because around 22 lakh migrant labourers from Orissa are working in 21 states outside Orissa as per a report of government of Orissa which will create the
problem of increase of AIDS cases because it is a vertical disease. All blood banks are being provided with financial grant from NACO through State AIDS Cell/ AIDS Society. HIV testing has been made mandatory by government of Orissa for all blood banks to ensure supply of safe blood to those who need during operations or for ailments. All district headquarter hospitals, capital hospital, Bhubaneswar and the 3 medical colleges at Cuttack, Burla and Berhampur have the blood bank facilities besides some private nursing homes attached with Testing and Counselling Centres in respect of HIV/AIDS with grants from NACO/ OSACS. 6 condom vending machines are installed in Bhubaneswar. The society launched AIDS awareness campaign in a massive scale, focusing changing risk behaviour of the vulnerable lot and through peer education coupled with availability of STD services. OSACS funds 24 selected NGOs to work in AIDS awareness program, with the aid of large quantity of educational materials prepared by UNICEF and WHO in collaboration with NACO. Dial 1097 for free telecounselling on AIDS. OSAC also have IEC materials published to its credit, the quantities being posters (87,500), leaflets (3,20,000), stickers (47,000) and booklets (65,000) in English/ Hindi/ Oriya/ Telugu/ Bengali languages as per advertisement for using to create awareness on AIDS among the multiple language group of population in Orissa.

Rajasthan SACS financed by India Canada Collaborative Project is heading towards control of HIV/AIDS is Rajasthan on Zonal basis as mentioned in Table B13. The State Government and State AIDS Control Society have produced 2 manuels, "AIDS EK CHUNAUTI", one specially on the vulnerability position of Rajasthan brought out with the help of details about local conditions and the second
manual contains detail information on how HIV passes from an infected woman to her unborn child and advises HIV positive woman regarding pregnancy, breastfeeding, immunization and care of HIV positive child. The manuals are informative, have simple illustrations and provide clear guidelines to AIDS workers. The manual is meant for target audiences like community organizers/ NGOs/ Teachers/ NSS Volunteers/ Youth/ Tourism Department Personnel and Hotel Industry for creating awareness of their contacts. The State Government in association with SACS have also produced one poster, “AIDS KARAN AUR BACHAV” and two stickers. One in four radial segments on the circular sticker show the ways to prevent the spread of AIDS; restricting one sexual partner life long; use of HIV-free blood for transfusion, sterilizing syringes and needles and use of condom. The second sticker titles PURI SURAKSHA KE LIYE NIRODH ISTEMAL KAARE, AIDS LA ILAJ HAI- BACHAV HI UPACHAR HAI and one handout. The stickers and poster is meant for common people to learn on AIDS and protect themselves from its spread.

UPSAPCS : This society has provided post exposure prophylaxis (PEP) Kits to public health bodies to ensure safety. The Human rights Activists are fighting for the basic entitlement accorded to every human being for their right to health, education, shelter, employment. AIDS being associated with human rights, the activists work for the all-round development of HIV positive persons and AIDS patients in collaboration with State AIDS Prevention and Control Society in Uttar Pradesh. The society has also produced AIDS awareness literature consisting of two booklets, one “AIDS KI JANKARI”, Second, “AIDS KI ROKTHAM JAN JANKA SANKALP” and two handouts, “AIDS KI ROKTHAM KARAN SIKHE” and
"RAKTADANSE BHAYABEET KYON"? for community organizers, adult learners and general public.

West Bengal SAPCS has 14 publications (15.55%), the second highest among all the 14 states while 2 publications were from Oriya daily and 12 from English daily. As per guidelines of NACO West Bengal SAPCS after completing Phase-II, has entered into Phase-III Programme in 2007. HIV testing and counselling has been started in 19 VCTC centres and 68 blood banks in the state with financial help from State AIDS, opened by the society in Kolkata. A day-care support centre called “BHALOVASHA” funded by WBSAPCS is functioning under Public Welfare Trust. A diagnostic test for HIV positive person to ascertain level of CD4 count in blood is available at the Kolkata Medical College. Appointment can be made by dialing 033-22198271. Since half the HIV infectors world wide are in the age group of 10 to 27, WBSAPCS on World AIDS DAY (01.01.2002), launched “Project Class” covering atleast 100,000 students each year.

In the next Table B16, there were 112 publications only on Conferences Workshop, Seminars of International, National and State level (Orissa) comprising of 60 publications in Oriya daily and 52 in English daily. Out of 60 in Oriya, 30 publications were only for State Conference, Workshops, Seminar because Oriya paper gave more emphasis for local programmes. The period of study was from 1997 to 2007, hence not much information on earlier conferences were collected because those information were not published in these eleven years, however, salient decisions have not been missed in the present study of print media collection.
Table B16 Publications on Conferences, Workshops, Seminars on HIV/AIDS

<table>
<thead>
<tr>
<th>Level</th>
<th>Sambad (N = 60)</th>
<th>Times of India (N = 52)</th>
<th>Total (N = 112)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>International</td>
<td>20</td>
<td>33.33</td>
<td>25</td>
</tr>
<tr>
<td>National</td>
<td>10</td>
<td>16.66</td>
<td>15</td>
</tr>
<tr>
<td>State (Orissa)</td>
<td>30</td>
<td>50.00</td>
<td>12</td>
</tr>
</tbody>
</table>

Both the Oriya daily and English daily have published maximum number 20 and 25 respectively and covered International Conference outcome of discussions constitute 40.18% of publications.

The 6th Conferences of “Retrovirus and Opportunistic Infections” (ROI) was held at Birmingham, U.S. in January, 1999. Beatic Hahn from Alabama University emphasized to solve 20 years puzzle of the beginning of AIDS epidemic.

A Monitoring AIDS Pandamic (MAP) meeting was held at Kualampur, Malaysia where India's efforts to curve-spread of AIDS was discussed in October 1999. The 7th Conference of R.O.I. held at San Francisco, U.S. in February, 2000 discussed problems of States and their achievements in relation to STD and HIV infections. 13th International AIDS Conference held at Durban, South Africa from 9th to 14th June, 2000 inaugurated by its President, Mr. Thaba Mbeki with the theme, "Break the silence" with explicit reference to homosexuals, CSWs, Intravenous Drug Users which faced terrible opposition from the Christian and Muslim Communities because of propaganda for extensive use of condoms which damage the morality and ethics.
The 14th International AIDS Conference at Hanover in Canada in July 2001 discussed widely in support of safe sex and encourage people for the use of condoms to save themselves from HIV infection. The next 15th International Conference held at Thailand's Capital City, Bangkok from 12th & 16th July, 2004, attended by over 20,000 odd people where Uganda's achievement to curve down AIDS prevalence was discussed at length Dr. Sam Okware Commissioner of Health Services, Uganda said, "while fighting against AIDS is condom-centric by all countries, in Uganda Condom comes last and morality comes first. He advocated 'ABC' of AIDS. A for abstinence or delaying the age of sexual activity, B for being faithful to one's partner only and C for correct and consistent use of condoms. A, B have major components and C does not have much use in Uganda, it comes only after 2 fails". Uganda has dramatically reversed the epidemic begun with first 2 suspected AIDS cases in 1982, touched 1000 mark in 1987 and then reversed the process. According to statistics, seroprevalence rate (number of positive cases) of HIV, among pregnant women in antenatal clinics has dropped from 30% to 6.9%. However, condom use in urban areas has increased from 5% to 60%, Dr. Okware confirmed. Uganda society is very open about sex. Infidelity and multiple partners is a norm. There is a concept like inheriting woman like taking brother's widow during some festival. There were 15 publications on Uganda issue in both the Oriya and English newspapers which highlighted in Bangkok Conference. The 8th Conference of R.O.I. held at Chicago, US in February 2001 in which Dr. AC Mc Naughtin Atlanta Centre for Disease Control and Prevention Presented on HAART- Highly Active Anti-Retroviral Therapy leading to hopeful results.
The 9th Conference of Retrovirus and Opportunistic Infections was held at Seattle, USA on 28.2.2002. A team of researchers from Institute for Research Development, at Montpellier, South West France presented their findings on SIV virus in 14 monkeys in Cameroon. At the International Conference on AIDS at Berlin, Germany (01-5 June 2000), hundred of CSWs were the participants from 14 countries inaugurated by USA President Bill Clinton. Here, use of condoms were freely discussed but it was also noted that the clients refused to use condoms and tempted CSWs with money ranging from 1000 to 2000 marks daily which the CSWs receive happily. An International Conference on "Molecular Epidemiology and Evolutionary Genetics of infectious diseases" was held at Hyderabad, India (12-14 Nov.2000). Dr. S.K.Hira said, "HIV disease progression and death in Mumbai is twice faster than reported in gaymen" in San Francisco Conference. Dr. Robert Bollinger from John Hopkins Medical School, USA suggested India should try vaccine instead of waiting for a perfect vaccine (AIDS..., TOI, 16.11.2000).

The International Conference in Asia and South Pacific held on Melbourne, Australia (5-9 Oct.2001) attended by around 3000 delegates. The experts discussed spread of AIDS rising exponentially and pressed for taking renewal of preventive measures.

UNO General Assembly special session on Children and Young people held at Newyork (8-10 May 2001) participated by representatives from 180 countries and 400 children and young people in which USA donated 50 crore dollars to global fund to fight against AIDS.
“International Policy Makers Conference towards a World without AIDS” (11-12 May-2002) inaugurated by Prime Minister of India, Atal Behari Bajpayee. The leader of the opposition and political leaders crossing across party lines conveyed their resolve to check the spread of AIDS in India. WHO, UNICEF, UNAIDS, NACO representatives participated.


World Bank President James Ulfension said, "UNO has planned to create a global fund of $ 8-10 billion for prevention of AIDS" but emphasized, "Fighting AIDS is not a matter of charity but of self interest". USA President George Bush declared 20 crore dollars to global fund. Companies of America’s “Cocacola”, "American on lines", "Time wanter" and Europe’s "Uniliver" and "Viacome" came forward to fight against AIDS.

The 7th Asian Pacific AIDS Conference held in Kobe, Japan (01-5 July 2006) discussed HIV infected blood selling scandals which arouse fear of stigmatization has prevented many victims from getting tested- a situation echoed across many parts of Asia. China has 8,40,000 HIV Cases, discussed empowerment of women who make up half of new HIV infections World wide, need to promote use of condoms educating sex workers.

16th International Conference on AIDS held at Toronto, Canada (14-18 Aug’06). World Bank reported that 60% HIV cases of South Asia are in India. 20% of
gays in Chennai and Mumbai are HIV infected. A new bill in India is being prepared to protect rights of AIDS victims. The legal impediments like section 377 prohibiting men from indulging homosexuality were being tackled. Dr. Charles Rinaldo from University of Pittersburg said the virus gets into the cells using two molecular doorways, called receptors. They are CD4 and either CCR5 or CXCR 4 and are found only on T Cells. Other immune cells make a protein called DC- SIGN that seems necessary for HIV to ever infect a cell. The researchers found a compound that blocks DC-SIGN that seems necessary for HIV to ever infect a cell. Drugs can help control it but virus cannot be eradicated from the body. Understanding how it infects cells may help scientists discover how to clear it from the body or prevent infection in the first place (HIV..., TOI, 14.08.2006). Ministerial level workshop was held at Kathamandu, Nepal, organised jointly by UNICEF and UNAIDS at time of South Asia Association for Regional Co-operation, SAARC summit on 3-4 Feb.2003. Participants jointly signed a resolution called, “Kathamandu Call” to fight against HIV/AIDS in their respective States to check the spread of the epidemic and pleased to address issues of stigma, gender, inequalities, poverty, illiteracy, lack of awareness as well as violation of human rights.

25 Publications (22.32%), highlighted by Oriya daily 10 and English daily 15 on National Conferences, Workshops etc. A National level meeting on HIV/AIDS was held at New Delhi on 11.12.1998 addressed by Prime Minister Atal Behari Bajpayee who said, “since HIV/AIDS affliction is mostly in the productive age group of 18-40, this could have given consequences on our economy. Awareness is the only weapon to fight against HIV/AIDS”.
The Prime Minister conveyed a meeting of M.Ps. and political leaders at New Delhi on 19-12-1998 to check out a strategy to combat spread of AIDS to implement by NACO.

A National Conference on “challenges of HIV/AIDS in the next millennium” was held at New Delhi (25-27, Feb.1999) chaired by Dr. J.P. Walli, Head of Medicine Department, All India Institute of Medical Sciences. The participants expressed worry on the high treatment cost and brought government attention.

The Prime Minister again conveyed a meeting of members of Confederation of Indian Industries on 29.4.2000 and discussed the cooperation of Corporate Sector involvement in AIDS control at New Delhi.

The National Human Rights Commission along with the National AIDS Control Organisation, UNAIDS and Lawyers Collective organized a conference (24-25 Nov.2000) at New Delhi and discussed regarding the rights of HIV patients and the discrimination in health care given to them.

A National level seminar on “Children and AIDS” was held at New Delhi (3-5 Nov.2001) organised by Paediatric Academy. The experts from WHO, UNICEF, NACO, UNAIDS participated along with 300 delegates from India and abroad. The topics discussed were prevention of mother to child HIV transmission, detection of prenatal HIV cases, AIDS in children and adolescents.
A National Convention on Indian Network of NGOs (INN) was held at Bhubaneswar on 2.3.2002 attended by 150 participants where free discussions on sex related topics were discussed.

The Federation of Indian chamber of Commerce and Industry organized two days workshop in May 2002 at New Delhi and discussed the need to follow multiple approach to save the workers from the scourge of AIDS.

The Jaya Prakash Institute of social change, Kolkata organized a workshop on AIDS: Role of telephones in Asansol in West Bengal attended by representatives from NGOs, NACO and WB State AIDS and Prevention Society and Government Health Department. It was noted that “AIDS was spreading from Metropolitan Cities to remote villages”.

The first national workshop for Women’s Rights was organized on 15.11.2002 by Kolkata based NGO Sanlaap. The international social and environmental activist Bianca Jagger discussed on women’s rights in relation to their association with AIDS. Dr. D.K.Neogi, H.O.D. Virology department, School of Tropical Medicine, Kolkata addressed the gathering and highlighted on women’s issue on AIDS (State...,TOI, 17.11.2002).

Some selected workshops of state level have been mentioned here depending on specific topics of interest on AIDS Prevention and Control in Orissa. Those are:

Under the auspicious of United Nations Development Programme the Council of Professional Social Workers, a NGO organized a state level workshop on 28-29 Oct.,1998 at Bhubaneswar. NGOs’ representatives, women activists,
researchers and media persons participated on their role in AIDS prevention in their own areas.

Government of India’s National Service Scheme Unit and Nehru Yuva Kendra, Sambalpur organized a AIDS awareness workshop on 26-27 February,1999 at Sambalpur participated by 200 youth discussed the role of youth on AIDS prevention.

On 30.06.2000, the first Family health awareness campaign was inaugurated by Mrs.Kamala Das, Minister of Health and Family Welfare, Government of Orissa at Patrapada. The speakers stressed on awareness of STD and AIDS. It was followed by a street play on AIDS by EKTA, a NGO from Koraput.

Orissa State AIDS Cell and Indian Medical Association of Orissa Branch jointly organized a workshop at Bhubaneswar inaugurated by State Health Minister, Mrs. Kamala Das on 08.03.2000 on AIDS. She also inaugurated web site and 1097 Hotline of OSAC. AIDS being the most terrible challenge of the century was discussed at length.

An AIDS awareness workshop was arranged at Hatibari in Jhankarpali Panchayat, Sambalpur on 03.01.2002, the Director of Field Publicity, government of India inaugurated the workshop which was attended by only young people and their role in AIDS awareness was discussed. A drama on AIDS was staged.

A workshop for Dhaba and Hotel owners was held at Puri on 26-8-2001. The Chief Guest was Sri Debiprasad Mishra, Minister of State for Health, Maheswar
Mohanty, M.L.A. and Miss Ranjana Chopra, Project Director, State AIDS Cell were the speakers who highlighted how to stop spread of AIDS in Dhabas and Hotels.

The State AIDS Cell organized a four day long sensitization workshop on AIDS for prison functionaries at Bhubaneswar inaugurated by Sri N.C. Padhi, Director General of Police on 03.05.2002, which continued till 06-05-2002. Mrs. Meena Gupta, Secretary, Health and Project Director, State AIDS Cell and Additional Director General of Police Sri B.B. Mohanty focused on how to stop spread of AIDS among the prisoners.

The experts from NACO, New Delhi and State AIDS Cell declared launching of Phase-II of NACO at Cuttack on 10.10.2001. Dr. B.K. Das, Nodal Officer of State AIDS Cell said there was an attitudinal change noticed in Orissa observed to be encouraging. The workshop was attended by representatives of NGOs, Government Officials, health personnel and some citizens of Cuttack.

Song and Drama, division of Eastern Zone, Government of India in association with State AIDS Cell organized two days training workshop on AIDS awareness programme for the youth at Bhubaneswar (23-24 January, 2001) to train them on arranging stage play and street play on AIDS to make people aware on AIDS. All the participants in YMCA house at Bhubaneswar were delighted to equip themselves on the new venture. Orissa State AIDS cell organized a workshop on AIDS awareness on 27-8-2002 for 40 police officers of Khurda district, inaugurated by Sri Tarunkanti Mishra, Secretary Home Department in which the role of police officers involvement in AIDS Awareness Programme was discussed.

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A leading NGO, TYAGA, Burla organized one AIDS awareness workshop on 04.09.2002. TYAGA stressed the urgent need of taking safety measures to protect from developing HIV infection. It was attended by 55 youth and women.

The next Table B17 deals with Publications on World AIDS Day Campaigns. Worlds AIDS day celebration started w.e.f. 01.12.1988, each year emphasizing a theme. (Annexure for WORLD AIDS DAY Theme from 1988 to 2009). The present study restricts from 1997 to 2007 analysing various programme published in both the daily newspapers during this period only.

Table B17  Publications on World AIDS Day Campaigns

<table>
<thead>
<tr>
<th>Type</th>
<th>Sambad (N = 141)</th>
<th>Times of India (N = 94)</th>
<th>Total (N = 235)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Comprehensive Programme</td>
<td>40</td>
<td>28.37</td>
<td>20</td>
</tr>
<tr>
<td>Rally</td>
<td>18</td>
<td>12.76</td>
<td>12</td>
</tr>
<tr>
<td>Blood Donation Camps</td>
<td>17</td>
<td>12.07</td>
<td>15</td>
</tr>
<tr>
<td>Banners/Posters Exhibitions</td>
<td>29</td>
<td>20.57</td>
<td>20</td>
</tr>
<tr>
<td>Painting/ Debate, Essay, Poster, Quiz, Sports Competitions</td>
<td>17</td>
<td>12.07</td>
<td>17</td>
</tr>
<tr>
<td><em>Pala, Daskathia, Stage Play, Street Play, Star Nights</em></td>
<td>20</td>
<td>14.18</td>
<td>10</td>
</tr>
</tbody>
</table>

There were 60 publications, 40 in Oriya and 20 in English daily newspapers collected on comprehensive programme of workshop combined with banners, posters or meetings with rallies etc. Very few publications appeared either in Oriya or English for the World AIDS Day celebration conducted outside Orissa and

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majority are from Orissa. Programmes for other states must have highlighted in their respective state languages.

The Field Publicity Unit Govt. of India at Bhubaneswar and at the district towns covering the entire state involved themselves, organized comprehensive programmes with co-ordination of Nehru Yuva Kendras and local NGOs, conducted meetings for school and college students and members of clubs, libraries and also conducted stage plays and street plays to create awareness on AIDS on the occasion of World AIDS Day throughout Orissa each year on December First regularly since 2000 till 2007 with their budget. Those programme were also conducted for migrant labourers particularly at Bhadrak, Balasore, Ganjam districts, including Keonjhar, undivided Koraput, Bolangir districts. It may be noted that to attempt to solve migrant labourers' problem, government of Orissa and Gujrat have signed a memorandum of understanding on 03.12.2002 on the eve of World AIDS Day Celebration. Following the signing of MoU, computer KIOSKS, 26 each, have been opened both in Gujrat and Orissa at Surat (Gujrat) and Berhampur- Aska (Orissa) to keep detail of records of all migrant labourers. What is important is labourers from these KIOSKS could pass messages to either near or dear one. The two governments would take help of NGOs to sensitise migrant labourers on AIDS threat.

Similarly the Information Education and Communication (IEC) Bureau of Government of Orissa in association with State AIDS Cell/Society mainly developed IEC materials to use as aids for AIDS awareness programme through various NGOs all over Orissa in the languages of English, Hindi, Oriya, Bengali and Telugu. Their staff also at district level co-operated with NGOs to conduct local programmes
besides the State Directorate of Field Publicity Units mostly for a month from World AIDS Day 1st December to 31st December each year.

The Indian Red Cross Society, Orissa Branch, Bhubaneswar and their district branches too in association with local NGOs, financially supported by State AIDS Cell/ Society conduct comprehensive programmes all over Orissa which include Seminar, Workshop, Symposiums and Essay, Debate competitions among school and college students between the ages, 14-17 and 18-21 for the youths to change their life style. The winners of competitions on debate essay were given prizes: First Rs.5000/-, Second Rs.3000/-, Third Rs.2000/- on 01.12.2007. The Oriya paper under study has also taken initiative for comprehensive programme on AIDS in association with Rotary Clubs in various places of Orissa. Even T.A. & D.A. were given by Red Cross Society to the winner along with one guardian for each winner to attend the state function at the capital, Bhubaneswar.

The comprehensive programme was also initiated and conducted by OIL India Ltd. for Truck Drivers, Industrial Workers at Jharsuguda and Sambalpur on National High Way Truckers points, NGOs like SARS, TYAGA, Sambaleswari Institute, Lutheran, Prerana, Orissa Voluntary Health Association, Basanti and other 30 NGOs'75 representatives equipped themselves with knowledge on various aspects of AIDS in a training programme and all of them started Awareness Camp w.e.f. 1.12.2002.

The Central Reserve Police Force (CRPF) also had 3 days Training on AIDS to adopt self care practices w.e.f. 1998.
OXFAM has started a 10 days activism in 50 schools in a lot to sensitise school children on AIDS on gender based violence. To overcome the peer group pressure and clear their doubts on gender based violence, specially domestic violence such programmes are being conducted supported by OXFAM and local NGOs to overcome the psychological problems of adolescence while learning on sensitive issue like AIDS. These programme are planned and conducted by OXFAM support during World AIDS Day Celebrations each year from 01.12.1997 and continues further. Government of Orissa decided to observe World AIDS Day Programme not only for a day on 1st December but also to observe for a month-long AIDS awareness campaigns to bring impact in the community and all vulnerable groups. In association with State AIDS Cell it was planned to conduct 8000 programmes starting from State level to District level to Block level to Panchayat level w.e.f. 01.12.2003 to 31.12.2003 and continue subsequent years. One at State; 103 at Municipality/NAC; 314 at Block; 6234 at Panchayat and 1349 by NGOs and others coming to a total of 8000 out of which 555 only in Ganjam district having highest prevalence on AIDS. These 8000 camps to cover 76 lakh families and Health Cards are being distributed by Multipurpose Health Workers (Women) and Anganwadi Workers. With the health card one can get his blood examined for AIDS. This is called Family Health Awareness Campaigns planned by Government on 29.11.2003 known from Sambad Publication. Orissa AIDS Society with support from U.S. would take up promotion of rehabilitation of Orphans due to HIV/AIDS, Livelihood Projects for PLHA, condom promotion, establishment of Paediatric ART centres to be boosted up said US Consul General Henry V. Jordiana at Bhubaneswar interacting KIIT University students on 01.08.2007 to take up these activities from
01.12.2007 on World AIDS Day. Orissa Government planned a coordinated war against AIDS by all its departments by forming a State Council on AIDS with Chief Minister as Chairman and Secretaries of all administrative departments as members. Each department to conduct AIDS awareness campaigns from their own departmental budget to start with on 01.12.07 and continue further years. The technical support from State AIDS society may be taken but not depending on society's financial budget. This integrated and co-ordinated project by administrative departments is a unique venture in Orissa. The State AIDS Project planned to establish Community Care Centres for PLHAs encouraging NGOs in Ganjam, Khurda, Koraput, Cuttack districts (AIDS Sachetanata..., Sambad 31.10.2005).

"Truckers Utsav" at Jamsola Checkgate organized where Chennai-Kolkata and Mumbai-Kolkata Truckers meet at the junction. The "Truckers Utsav" with Banners, Posters and conduction of programmes on meeting encouraged them to adopt safe sex practices, an announcement made for World AIDS Day celebration for benefit of thousands of Truckers, where condoms were distributed free. The Indian culture to be followed to restrict sex with own partner only. It was announced by government of Orissa that people should take advantage of testing their blood for AIDS free of cost through any 93 Integrated Counselling and Testing Centres established in Orissa.

During 1998, one Oriya boy started Bicycle Rally from Christian Medical College Hospital, Vellore with play cards hanging on his body and cycle on AIDS messages, reached his destination New Delhi on 01.12.1998 covering several states in the country. This was followed by a group of six Cyclists’ Rally on AIDS starting
from Puri, Orissa to reach New Delhi in the subsequent year. Sameer Dey, Higher Education Minister, Orissa took leading a Cycle Rally in Bhubaneswar followed him by hundreds of young enthusiastic with play cards on AIDS.

The State AIDS Cell on 01.12.2002 organised a noble way of conducting AIDS awareness rally involving thousands of school children in association with local NGOs in various districts of Orissa with play cards and banners to create awareness in the community on AIDS. The CSWs' Rally of Malisahi, Bhubaneswar has become a regular affair of conducting AIDS Awareness Rally each year on 1st December since 1997 as revealed from Sambad and Times of India Publications till 2007 and the same will continue in future years. These CSWs with play cards, slogans, expressed no entertainment of sex without using condoms by their clients. Some CSWs expressed that they were even tempted not to ask to use condoms by some clients and prompted them to take even Rs.5000/- to Rs.50,000/- but the CSWs have made vows to be fined Rs.500/- each for those whose clients do not use condoms. This is encouraging for all CSWs to follow to protect themselves from AIDS. Bhubaneswar, the capital of Orissa on 01.12.2003 witnessed a unique rally when hundreds of women from different walks of life along with CSWs walked down the streets holding multiple colour umbrellas over their heads symbolizing umbrella as protection from sun and rain, to also protect them from AIDS organized by Field Publicity Unit Government of India, Bhubaneswar State Unit led by Smt. Manorama Mohapatra, Editor, The Samaj, Cuttack.

Another innovative way of conducting AIDS Awareness Rally on 01.12.2004 by hundreds of women called “MEHENDI CAMPAIGN” painted “AIDS LOGO”
with Mehendi on their forearms, hands and palms at Hinjilicut, Berhampur made a thrilling sensation created on AIDS problems.

On each year, free distribution of condoms are arranged at the Truckers halting points on National Highway passing through Orissa, the one from Kolkata to Chennai and the other from Kolkata to Mumbai by NGOs in association with State AIDS Cell/Society on World AIDS Day 1st December each year. The condoms can also be available from the Condom Vending Machines installed several points in the capital including Bhubaneswar Railway Station. Because too much of advertisements made on the issue of condoms all over India and abroad through Prasara Bharati, was highly objectionable and some M.L.As. of Andhra Pradesh and M.L.As. of Orissa made a complain to Broad Casting Minister Sushama Swaraj to withdraw condom advertisement by the Television Network which is derogatory to Indian Culture. Accordingly the same advertisements of condoms were condemened and finally the T.V. dropped these advertisements. The GRAMSAT Programme by Orissa State AIDS Cell was conducted by Dr. P.N. Swami, a live telecast in the form of questions and answers as a part of AIDS Awareness Campaign in the year 1993 to clear doubts on AIDS management in Orissa. Hundreds of CSWs from Malisahi, Bhubaneswar marched on a Rally with slogans against two IAS officers, Mrs. Meena Gupta and Mrs. Ranjana Chopra making two dogs on their names by hanging names on their necks for their responsibility of wasting Rupees Twenty lakhs on putting up a six KM Long Banner from Vani Vihar Square to Rajmahal Square and made a signature campaign on World AIDS Day on 01.12.2002, was a mere waste of money of Orissa State AIDS Cell/ Society.
This type of World AIDS Day celebration was vehemently opposed by MLAs in Orissa Legislative Assembly. The Objective of such a campaign as explained by the organizers was to aware around one lakh signatories on 01.12.2002. If collection of signatures will be the method of creating awareness on AIDS then people engaged in the programme are not fools to follow other methods of Information, Education and Communication.

Railway employees rallies by different divisional level were conducted including one at Sambalpur on 01.12.2005 to make the employees, their family members and the community aware about the dreadful disease, AIDS. In one Rally called Kalyani Peoples Awareness Camp (KPAC) was held in Kolkata on 01.12.02 along with exhibition of AIDS Posters with the caption, "JAUNO BISAYA MAUNO KYUN?" meaning the Bengali rendering English saying, "why remain silent on sex?"

The Rallies of CSWs; orphans, women and children, girl students of schools, boys and girls of schools, college students, NSS Volunteers, Nehru Yuva Kendra Youth Groups, NCC cadets, community in general, all sections of people walked down the streets of towns and villages on World AIDS Day each year, create a sense of learning on AIDS and adopt measures to protect themselves. The space does not permit here to mention each rally for each year for the last 11 years of study (1997-2007), however, the objective is same for all the rallies to create awareness on AIDS. The torch light Rally in Kolkata, Candle light rally in Bhubaneswar, Bhopal Rally where a member of Mahatma Gandhi Peace Council Walks down painting his face
with slogans, "AIDS FREE WORLD" and "Use of condoms to protect from AIDS", more than 1000 school children holding play cards at New Delhi organized by Ministry of Health, Government of India - all these were encouraging. Not only on World AIDS Day, but also on other occasions like Red Cross Day, International Youth Day, Childrens' Day, rallies on AIDS awareness were also conducted. These comprehensive and coordinated programmes appeared to be most enthusiastic and enlightening, show the concern of all sections of community and various occasions were fruitfully utilized.

Blood donation camps claimed 32 publications and arranging Banners, Posters and Exhibitions were 49 publication indicate involvement of active participation of local NGOs to create awareness through these mediums. Mention may be made for "AMA ODISHA" and "TYAGA" conducting blood donation camps. Both these two NGOs are collecting blood from voluntary donors and on each camp awareness on AIDS is highlighted and at the same time Banners, Posters and Exhibitions are conducted. Other local NGOs, S.H.G. groups, Youth clubs, NSS/NCC/Bharat Scouts and Guides and Red Cross Society district branches are also co-operating on this endeavour on World AIDS Day for the last one decade. The voluntary spirit of administrators and government officials for the cause of creating awareness on AIDS is remarkable.

The next section of publications reaches to 34 on conducting Painting, Debate, Essay, Poster preparation, Quiz and Sports Competitions organized in Schools and colleges by State AIDS Cell/ Society in association with local NGOs, Field Publicity Units of Government of India at the district and state level and also by WHO/UNICEF/OXFAM, Centre for Human Development (CHD), Orissa Voluntary Health Association conducted during 2000 to 2007 were entertaining, encouraging
for the participants of young generation to develop their artistical and cultural activities were coordinated with AIDS awareness campaigns. The last item of publication is 30 on creating AIDS awareness through PALA, DASKATHIA, Stage Play, Street Play and Star Night were most charming and learning AIDS by entertainment. The Stage Play “Hasiba Sakala”- “Pahiba Raati” at Jharsuguda, Lutheran group at Birmaharajpur and local NGO’s participation in Street Play need special mention and congratulations. The Field Publicity Unit, Government of India at the State Unit at Bhubaneswar and district units have trained their troops on themes on AIDS awareness, move round the villages and on their own expenses conduct these evening/night shows with the help of local NGOs and women groups through out Orissa routinely during December starting from 1st December. Is it not colourful and charming to decorate the sports’ fields all around with Banners, Posters on AIDS while foot ball matches are going on or decorating the stages or streets with AIDS Banners and Posters to stage a play or conduct street plays in streets of towns or villages by the enthusiastic youngsters both boys and of girls. All these occasions are fruitfully utilized to create AIDS awareness among the people.

On the occasion of World AIDS day, 2007, the “RED RIBBON EXPRESS” train symbolizing AIDS awareness mobile campaign started from New Delhi on 01-12-2007 for a period of 365 days, travelling across 70,000 Km over 24 States and 163 districts returned to New Delhi on 01.12.2008. This train halted at 180 railway stations and created awareness among 75 lakhs of people of 43, 200 villages. In Orissa it halted at 7 stations and arranged exhibitions, street plays for 15 days by 6 troops travelling in the train along with local troops joining them entertained and created awareness on AIDS. The objective is to encourage the younger generation, school and college students to witness the exhibition and the villagers to watch the
street play, pala, daskathia to learn on AIDS in local and tribal languages and take appropriate steps to prevent them from AIDS.

Table B 18 Publications on AIDS Related Issues: Negative and Positive Trends.

<table>
<thead>
<tr>
<th>Issue</th>
<th>Sambad (N = 95)</th>
<th></th>
<th>Times of India (N = 111)</th>
<th></th>
<th>Total (N = 206)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>NEGATIVE TREND</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suicide/ Buried HIV + persons</td>
<td>8</td>
<td>8.42%</td>
<td>8</td>
<td>7.21%</td>
<td>16</td>
</tr>
<tr>
<td>Death</td>
<td>20</td>
<td>21.05%</td>
<td>26</td>
<td>23.42%</td>
<td>46</td>
</tr>
<tr>
<td>Out caste, Boycott from family, village</td>
<td>14</td>
<td>14.74%</td>
<td>14</td>
<td>12.61%</td>
<td>28</td>
</tr>
<tr>
<td>Boycott from schools</td>
<td>4</td>
<td>4.21%</td>
<td>4</td>
<td>3.60%</td>
<td>8</td>
</tr>
<tr>
<td>Spread of rumours, loss of jobs</td>
<td>3</td>
<td>3.16%</td>
<td>3</td>
<td>2.70%</td>
<td>6</td>
</tr>
<tr>
<td>Stigma among medical professionals (Refuse to admit HIV+ Persons, other ailments, operations, post-mortem, delivery etc.), allotment of beds for HIV+ persons.</td>
<td>10</td>
<td>10.53%</td>
<td>17</td>
<td>15.32%</td>
<td>27</td>
</tr>
<tr>
<td>POSITIVE TREND</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acceptance of HIV+ Persons in hospitals, allotment of beds, conduct operations, delivery, building AIDS Hospitals.</td>
<td>20</td>
<td>21.05%</td>
<td>20</td>
<td>18.02%</td>
<td>40</td>
</tr>
<tr>
<td>Acceptance of HIV+ Person in jobs</td>
<td>4</td>
<td>4.21%</td>
<td>4</td>
<td>3.60%</td>
<td>8</td>
</tr>
<tr>
<td>Acceptance of HIV+ students in schools</td>
<td>4</td>
<td>4.21%</td>
<td>4</td>
<td>3.60%</td>
<td>8</td>
</tr>
<tr>
<td>Acceptance of HIV+ children for home based care, Hospital based care homes</td>
<td>8</td>
<td>8.42%</td>
<td>11</td>
<td>9.91%</td>
<td>19</td>
</tr>
</tbody>
</table>

There were 206 publications in both the newspapers on AIDS related issues: Positive and negative trends. Positive trend goes in favour of AIDS patients and negative trend goes against the AIDS patients. Society's attitude is reflected here.
NEGATIVE TREND:

People look at AIDS patients unwanted for the society but at the same time they are also afraid to mix with them because of getting infection. Thus these patients automatically become isolated. Some of them develop severe psychological trauma and even commit suicide. There were 16 publications on suicide cases and patients being buried alive.

46 publications, 20 in English daily appeared on issue of death of AIDS patients. Millions of such persons with HIV/AIDS around the globe have died and are now dying due to non-availability of treatment, uncared for and even made unwanted by the society. It is natural that everybody born will definitely die one day but in case of HIV/AIDS, death becomes unnatural. The life of AIDS victims consuming ART gets lingering to at least 10 to 15 years. It is unfortunate that these millions of people died due to AIDS, could have lived a longer period.

As a result of large number of adult males died due to HIV positive status/AIDS patients are leaving behind “HIV positive widows”, a new class formed in the society along with their orphan children, majority of them being “HIV Positive Orphans”, only few escaped from HIV infection. All these widows and orphans are forced to live with social stigma, poverty, loneliness and at times the virus too.

28 publications are found, 14 each in both papers for the group of out caste, boycott from family and village.

The next issue crops up on boycott from schools have eight publications. APSAPCS and NACO failed to admit 3 HIV Positive Children in Hyderabad School. A young HIV positive widow was refused admission in Tirtol School. Nagpur
Schools withdrew 22 HIV positive students. The next section is on spread of
rumours and loss of jobs, groups together consist of 6 publications. In Poonchanealee
taluk, Tamil Nadu rumours spread on an alleged AIDS gang on the Prowl in villages
in and around Cheeneerkupam. As a damaged control measure, the taluk
administration launched an intensive campaign against the further spreading of
rumours. Marriage proposals turned down from Tatapadar village of Bolangir
district, Orissa for nubile girls as rumour spread that some youth of the village died
due to an unknown disease attributed to AIDS. Parents died rumoured to be AIDS,
the off spring Gajanan (12) out casted. For him ostracism became worst than
affliction. Stigma among medical fraternity constitute 27 (13.10%) publications
appeared, 10 in Oriya and 17 in English daily. A few incidences were a young man
was refused admission in AIIMS and Safdarjarg Hospital, New Delhi on the ground
that no bed was available for HIV positive cases. Sambad has reported refusal of
delivery case of HIV + in Bhadrak hospital and admission for other ailments of HIV
& cases were refused in MKCG and VSS Medical Colleges in Orissa. Shunting of
patients of AIDS from one to another hospital in Gujrat and Mumbai were common
affairs. Doctors are now beginning to treat AIDS as any other contagious disease.
POSITIVE TREND:

It has been a transition that has come for the doctors, and also gradually for nurses and paramedicals. The beds of these patients (AIDS) are no longer considered ghosty section in one corner of the hospital. Experts claim to be the first operation on a 65 year old man with HIV infection has undergone a major surgery for Cancer in his Kidney at the AIIMS, New Delhi. The surgery for a renal tumour is being considered as a landmark primarily because of the general reluctance of the doctors to perform surgery on AIDS victim for fear of blood contact with him and getting infected. Beds are allotted in major hospitals in New Delhi, Mumbai to admit patients of AIDS with other ailments. Rehabilitation care homes have been built up by the State AIDS Societies with UNDP funds in several states. Arrangements for treatment of AIDS patients have been made in general hospitals along with facilities for laboratories to test blood of all types of surgeries to be undertaken in hospitals before confirming HIV status. Voluntary Counselling and Testing Centres in almost all hospitals along with development of blood bank facilities are made by NACO all over the country. People have been asked to report voluntarily to donate blood and tested to know their HIV status at the cost of Rs.10/- or even free of cost in some states. AIDS hospital in Thane district, Maharashtra has been built up with 60 beds, the villagers of Rahatoli village earlier opposed saying, “Let them die, but donot bring them to this village”. However, Dr. Kishore Shantabai Kale succeeded in convincing the villagers and set up the hospital. In Thailand AIDS hospital has been named as AIDS-Temple. Here in addition to medication to AIDS victims, they are engaged in prayers and entertainments.
Trainee African nurses diagnosed as HIV positive are working in British hospitals in Central England on completing 3 years nursing course. However, the authority assured the public that the group would not be allowed to carry out “high risk procedures” such as operations. In 2001, 737 HIV positive nurses were recruited in Britain out of which 727 were from Africa (UK...,TOI, 24.07.2002).

The next item for discussion is on the positive trend taking place in schools. Following a report in the newspaper not allowing HIV/AIDS affected children from Bhagini Nibedita hostel to enter class rooms, the West Bengal Government and district administration swung into action and 28 of the 40 HIV affected children were permitted to enter classes in two schools at Sangli, welcomed with flowers, chocolates and books. Moreover, it was decided that eleven children aged around 4 years, will remain in the hostel for one year more.

The issue of matrimonial of HIV positive mates, HIV positives with healthy persons, families adopt HIV positive children for home based care and hospital based care homes together appeared in 19 Publications in both the papers.

Three healthy women, Meher, Indrani and Rina married 3 HIV positive persons from Mumbai, Chennai and Delhi respectively. These women are well educated, employed and belonged to middle classes, Meher, a counsellor married to a social worker, Indrani works in an NGO, married to a doctor and Rina, a business woman married to a writer. An HIV Positive woman married a healthy person in summer palace on the eve of world AIDS day in Beijing on 28.11.2002. The couple
identified as “Little Ring” and “Little Ming” as the first wedding between a healthy and HIV positive was officially allowed in China.

Matrimonial advertisements by HIV carriers, Sushama, a preprimary school teacher, Nayan, an autorickshaw mechanic, Hitesh (32) an autorickshaw driver and one 29 year women from a upper middle class household and also 3 other HIV carriers from Ahmedabad, Vadodara and Surat appeared in the column. Marriage bureau have started in Chennai, Delhi and Mumbai advertised by HIV positive contacts and the marriages between positive mates are taking place. It is learnt that these HIV positive couples are adopting family planning procedures to save their off springs from getting infected with HIV. It will not be out of place here to mention that Mr. Jeorge Kota Ram from Kojhi Road, Kerala opened one Marriage Bureau with Phone No.9895069001 received 360 phone calls from HIV positives offering to marry HIV positives and even a Navy personal, HIV positive wrote a letter that he and his 10 HIV positives colleagues offer to marry HIV positives. A welcome change reported Times of India.

Families adopt children with HIV positivity status is a thrilling change taking place in the society. In 2001, Freedom Foundation, a Bangalore based NGO has been able to find adopted homes for six children living with HIV. Couples who have come forward to adopt these 3 to 7 years old, belong to different background from a rich business family in Rajasthan to a small plantation owner in Chikmangalur, from a software professional in Maharashtra to a public sector executive, from a Charted accountant in Bangalore to a lower middle class couple in Udipi. Not all of them are childless. Three have children of their own but chase to adopt a HIV positive child
because they felt strongly about it. “It is quite a break throw in a society where there is so much stigma attached to AIDS and HIV positives”, says Ashok Rau, founder trustee of the Freedom Foundation. As part of the agreement, a representative of the Foundation visits the child every month to make sure he is doing well in his new home (Families...,TOI, 19.06.2001). As mentioned earlier, Thailand’s, “AIDS-Temples” is the best example of hospital based care home where hundreds of AIDS victims are being taken care. The care taker act as their hospital head as well as family head like a priest who conducts prayers in the “AIDS-Temple” designated for AIDS hospital. Hospital based care homes are being designated in Orissa for treatment and rehabilitation of HIV/ AIDS orphans; street children and also livelihood projects for PLHAs particularly the HIV + widows through the active local NGOs in various districts, fund being supported by U.S. channelized by OSAC Society, Bhubaneswar. These Hospital based care homes along with condom promotion and establishment of Paediatric ART Centres to be boosted up told by United States Consul General Mr. Henry V. Jardiana at Bhubaneswar interacting KIIT University students.
### Table B 19 Publications on HIV/ AIDS Related Socio-Economic Issues

<table>
<thead>
<tr>
<th>Issue Reflecting</th>
<th>Sambad (N =42)</th>
<th>Times of India (N = 72)</th>
<th>Total (N =114)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Social Insecurity</td>
<td>8</td>
<td>19.05</td>
<td>15</td>
</tr>
<tr>
<td>Economic Unstability</td>
<td>10</td>
<td>23.81</td>
<td>14</td>
</tr>
<tr>
<td>Education (Special course, RHE in Schools)</td>
<td>6</td>
<td>14.28</td>
<td>15</td>
</tr>
<tr>
<td>Human rights for AIDS victims.</td>
<td>10</td>
<td>23.81</td>
<td>18</td>
</tr>
<tr>
<td>Pre-marital HIV tests</td>
<td>4</td>
<td>9.52</td>
<td>6</td>
</tr>
<tr>
<td>Tourism</td>
<td>4</td>
<td>9.52</td>
<td>4</td>
</tr>
</tbody>
</table>

HIV/AIDS is ruining our social structure. Women are losing social status, children becoming orphans. Social devastation is a major concern for all, AIDS being a serious problem. If no proper step is taken there is a greater chance of social devastation. National AIDS control policy aimed to provide an enabling socio-economic environment. HIV/ AIDS individuals and families need community support. In foreign countries the situation is almost the same except more cases of divorce occurring. HIV positives are considered as a new group of untouchables. They prefer to die in exile. Ignorance about AIDS knowledge has developed fear among the people. The HIV positives therefore conceal their HIV status for fear of boycott. If the neighbours and colleagues know then these victims prefer to leave the locality to avoid ridicule. Peoples’ perception on AIDS should be changed, considering them as social burden, stigma and discrimination must be stopped. In African countries AIDS is rapidly spreading due to ignorance, poverty and superstitions.
In India, the then Union Minister of Health, Mr. Shatrughna Sinha emphasized World AIDS Day Theme "Live and let live" and asked people to develop humanitarian concern encouraging them to accept HIV/AIDS victims as normal human being. On social insecurity 23 publications reflect all the above points while 24 items were published on the question of economic unstability.

UN foresighted rapid detoriation in economy of countries due to health conditions of labourers deteriorating in factories/plants by 2010. The UNO and World Bank planned two projects to tackle, one, Public Welfare like Health Care and another Social Security. Economic loss and unstability are major problem arised due to emergence of AIDS. AIDS drugs are too expensive that people affected with it cannot afford to buy to increase their life span. According to a report of International Labour Organisation (ILO), AIDS is not only causing serious human and social problems but also drastically reducing the production potentiality of labour class. It is also ruining the production value of various countries and destroying their economic structure. AIDS is putting negative influence on national economy business, labour class and their families. According to ILO report, due to AIDS in the past two decades in countries like Tanzania, Cameroon, Zambia, Swaziland, Kenya and other Sub-Sahara African nations, the economic growth was reduced by 25%. Due to its pandemic nature in the next 15 years the expected population growth will be reduced to nearly 20%. The fall in the population growth will also put adverse affect on the labour class. By 2020, 15 African countries will loose 24 million labourers. Due to the squeezing of labour market which will put great effect on national production of economic growth and the investors. Due to reduction in the
production selling prices of goods in the market will be raised and the consumers will suffer a lot. Till now there is no treatment for cure of AIDS, therefore the experts of ILO stressed the awareness on preventive measures. India's hopes of emerging as an economic superpower one day rest on the young population of the country and it is a great pity that it is this section which is vulnerable to HIV/ AIDS.

21 publications appeared on Education (Special Courses, RHE in Schools) constitute 6 in Oriya and 15 in English paper. UNICEF says education is the medium through which AIDS, in Africa, education succeeded in creating awareness on AIDS. In India a specific programme has been developed for the students to help them resist peer pressure and adopt a safe and responsible life style. The government of India planned to cover all the secondary schools in the country. To ensure uniformity in the approach, a training module has been prepared and distributed to all states. Social taboos and sexuality prevent open discussion and effective prevention education. AIDS education through schools may be necessary to check the spread but special care should be taken to plan the programme scientifically. Mrs. Radium Bhattacharya, President of Indian Network of NGOs (INN) admitted that "discussing sex was difficult in the Indian social structure", but we must evolve ways to tackle the problem. Not many people like the term sex education, so government is introducing it as Reproductive Health Education (RHE). UNAIDS Executive Director says there is evidence that when young people are given sex education, they do not become more promiscuous (Piot- 2002). NCERT, New Delhi introduced sex education experimentally in schools of 30 districts in Orissa, Gujrat, Kerala, M.P., Maharashtra and Rajasthan. For this UNDP has prepared a state list.
Sex education has been introduced in Class VII to XII. Oriya daily Sambad published a full page on 1.12.2003 on Readers' views on introduction of sex education in schools. Few supported but many readers strictly went against the move. However, from the domain of government, NGOs AIDS awareness programme seems to have made a leap in the academic curriculum. IGNOU, New Delhi has become the pioneering institute in the country to start a special course of HIV/AIDS and family education from 2003. IGNOU sources said the education and awareness programme on AIDS needs to be expedited in view of the growth of the fatal disease in the country. Their intension is to produce a group of professionals who will educate the people about the various aspects of the disease and its remedies (IGNOU...,TOI, 29.04.2003). In a two days seminar organized at IGNOU Regional Centre, Bhubaneswar, Project Director Prof. Gracious Thomas spoke about the need of such courses. The school health awareness programme focus on developing skill to improve the self confidence of young people and make them assertive to safeguard their future health status.

There were 28 publications, 10 in Oriya and 18 in English paper appeared on Human Rights for AIDS victims, constitute highest number of publications in the Table (24.56%). AIDS has become a human rights issue. NACO policy stresses on human rights of PLHAs. Particularly the vulnerable and marginalized and it takes on the formidable challenge of prevention and control of HIV/AIDS in India. The NACP phase II is aimed to protect human rights by encouraging mandatory testing. Only those individuals who volunteer should be tested for HIV. Increasing demand for assess to treatment and rise of consciousness about human rights of PLHAs have found a collective hard- to ignore voice at the 13th International AIDS conference at

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Durban in South Africa. Activists and PLHAs made their demands loud enough at the conference. Equality is regarded as the core of the constitutional values. Discrimination practiced on the grounds of sex, religion, race or caste is one of the deadly sins. Unfortunately it is not realized that the actual potential victims of AIDS are subjected to severe discrimination which in some cases infringes their basic human rights. The subject was discussed during the recent Durban racism conference. According to UNAIDS, fear of discrimination prevent people from seeking treatment for AIDS by acknowledging their HIV positive status publicly. The worst part is that some doctors refuse to treat them and nurses avoid attending on them. The main factors for this phenomenon are prejudice and intolerance on which HIV thrives. The regrettable consequence is that people deny this HIV status in the community. Speaking at a national conference on HIV/AIDS, jointly organized by NHRC, NACO, UNAIDS, Lawyers collective, the Chairman of NHRC J.S. Verma at New Delhi on 24.11.2000 told, “the government should improve its perception towards issues of HIV/ AIDS and consider as serious human issues”. Every patient should be provided the drugs and they should be treated as a state obligation. If it spreads, we donot know who would be the next victim. The legal and human right aspect of the disease should be explored. As per NACO, HIV positives should not be deprived of counselling as it is mandatory. No discrimination in hospital and work place should be made. UN General Assembly has said that HIV/AIDS is not just a medical problem but an economic, social and human right issue. UNO Secretary, Mr. Kofi Annan said in a land mark declaration that in the fight against HIV/AIDS, their human rights must be respected regardless of their religious belief and the discrimination must end.
UNICEF says women are the worst sufferers and their chances of HIV infection are four times greater than men. Therefore, the responsibility of AIDS prevention is greater for women. The educated women could make a difference. Women are at a greater risk of getting infection because of their subordinate position in the family and carry a greater burden of its impact when the head of the family, the sole earner dies, the responsibility is shifted to the house lady to look after the children. In several African countries therefore, to earn money the women are forced to indulge in sexual activities. The land mark declaration of UNGA has said that the key in the battle against the pandemic lies in protection of women from exploitation and preventing them from being forced to unsafe sex practices. Kofi Annan said women must be allowed to enjoy their full human rights if the disease is to be stopped. Teenager girls are 5 times more likely to be infected than boys. Girls are often denied schooling and women have little access to condoms. He said, it is a fight we can not afford to lose. Education is an essential part of the solution. According to P. Kamalaya, an HIV + and President of HIV + Human Network, there is far greater discrimination against them. Socially they are shunned as immoral, economically they have far lesser access to the medication. The next groups are the children, the innocent sufferers of HIV/AIDS. AIDS virus quickly and easily attacks the tiny tots. They are living in a grim at present with a grimmer in future. NACO reported at the Indian Paediatric Conference held at New Delhi (3-4 Nov. 2001) that more and more new born babies are getting HIV infections from their mothers. In India among the 2 crore one lakh 30 thousand are HIV positives, annually. By proper diagnosis and treatment mother to child transmission could be averted. The Prime Minister A.B.
Bajpayee said that we should not hesitate to tell the children about the process of their growing up and its implications. The growing threat of HIV/ AIDS in the country points to the urgency of doing awareness sooner than later, he pointed out in a meeting of National Programme for prevention and control of AIDS. The painting competition among children organized at New Delhi on 1.12.2001, depicted pain due to HIV/ AIDS by most of the competitions, in their paintings, expressed Dr. Tripti Pensi, Unit Head of Paediatric department of Ram Mohan Lohia Hospital. She further said 90% of children get AIDS from their mothers, others from transfusions. Another social negative effect of AIDS is the rise of child labour. The children of AIDS affected families are forced to engage in labour activity. They get deprived from education and health services. The street kids are regarded as the silent career of HIV/ AIDS. They are regularly forced into homosexual, commercial sex activities and drug abuse.

The next segment on pre-marital HIV test appeared in 10 publications, 4 in Oriya and 6 in English daily. With an unprecedented increase in HIV cases, there is necessity for premarital HIV test. Goa Government has planned to make HIV test compulsory before marriage in a bid to combat the growing threat of AIDS in the state. Chief Minister Manohar Parikar felt it necessary to introduce because of the alarming rise in AIDS cases in this tourist state. Once Goa has a uniform civil code for marriage through registration, the HIV test as a precondition was easier to implement which will help to tackle the menace. Experts however have treated with skepticism the proposed plan. They point out that mandatory HIV testing is an encroachment on human rights and it may prove counter productive. A fear
Psychosis may develop and sexual pattern may change says Dr. Subash Hira, Director, AIDS Research and Control Organisation (ARCON), only voluntary compliance would prove fruitful. Like Goa, Andhra government has also planned. The matter has been discussed in Andhra Cabinet meeting and the Government of A.P. is preparing for a Bill. It is a right step says its Health Minister to save the future generation. In a letter to the Editor, a reader called for a similar legislation in Orissa.

The residents of Hirare bazaar, a village 16 Km off Ahmednagar, Maharashtra set up an example. They have decided that any outsider trying to knot with their children have to undergo a HIV test before marriage. According to the village Sarpanch, Popatrao Paware, despite the NACO guidelines which does not allow mandatory HIV testing, the village decided to go for HIV test as their state, Maharashtra tops all the states in India in AIDS cases. The idea came when a village girl wrote to the elderly people if there could be any mechanism to prevent the spread of AIDS in the village. Fortunately, the village has not a single HIV positive case (Maharashtra..., TOI, 03.11.2002). Mrs. Purnima Advani, the Chairperson of National Commission for Women (NCW) says, “We are working on raising awareness about the importance of a premarriage test”. A woman should know if she is marrying a HIV positive man and endangering herself and her future children.

The last segment in the Table Tourism appeared in 8 publications, 4 each in both the papers. One of the main reasons of the rapid spread of AIDS is tourism. AIDS spread from one place to another through HIV infected tourists. Due to rapid spread of AIDS in Canada, its tourism department has taken a decision in the year 2000 to ban entry of AIDS affected tourist in Canada. Maximum tourists come from
South East Asia and African Countries. Canada Government made this to ban because half of the population of these countries are HIV infected. In India, Goa is the paradise of tourists is regarded as a high risk zone of AIDS as the infection rate is increasingly alarming. In Malkangiri district of Orissa, the district administration has banned foreign tourists who visit the district and mix with the tribal, as a precautionary measure to stop spread of AIDS among the tribals. As per a compilation report of OSACS and Blood Banks increasing number of HIV/ AIDS cases in Puri district, Orissa may be due to large number of tourists visiting from within India and abroad.

While the law cannot by itself halt or even slow down HIV epidemic, it can play a vital role in the overall strategy adopted to combat the spread of HIV/AIDS.

Table B20  Publications on Legal Issues on HIV/AIDS

<table>
<thead>
<tr>
<th>Legal Issue</th>
<th>Sambad (N = 6)</th>
<th>Times of India (N = 23)</th>
<th>Total (N = 29)</th>
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<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Employment, Recruitment</td>
<td>-</td>
<td>-</td>
<td>4</td>
</tr>
<tr>
<td>Marriage, Divorce</td>
<td>3</td>
<td>50.00</td>
<td>6</td>
</tr>
<tr>
<td>Mislead Advertisement &amp; Miraculous Cure</td>
<td>-</td>
<td>-</td>
<td>5</td>
</tr>
<tr>
<td>Domestic violence- Discrimination Physical, mental torture, passing on HIV to spouse/ children</td>
<td>2</td>
<td>33.33</td>
<td>5</td>
</tr>
<tr>
<td>Compensation for wrong treatment of HIV</td>
<td>1</td>
<td>16.66</td>
<td>3</td>
</tr>
</tbody>
</table>

The Table B20 publications deal with various legal issues in respect of HIV/AIDS. Though their number comes to a total of only 29 in both the daily newspapers,
the legal aspects are important to preserve human rights of PLHAs. A defining moment came in 1997 in case of MX v. ZY when the Bombay High Court decided that HIV positive persons cannot be denied recruitment in public employment merely on account of their HIV positive status and that they can pursue litigation by using a pseudonym to suppress their identities. In another judgement Bombay High Court directed the New India Assurance Company to give permanent employee status to an HIV positive woman, having 3 minor children after her husband's death who was tested HIV positive in 1997 (HC..., TOI, 22.01.2004). The Court had held that the state and Public Corporations "cannot adopt a ruthless, inhuman stand" by not employing a person merely because of HIV positive status.

The Project Director, HIV/ AIDS Unit of Lawyers' Collective said that they handled 50% of HIV cases were employment and recruitment related. In Delhi these are largely to do with Armed Forces but in Mumbai, both private and public sector companies are involved. Last year an International Labour Organisation study in India found that most employees hide their HIV status for fear of being sacked.

The next item is on marriage, divorce consists of 9 publications, 3 in Oriya and 6 in English daily, the highest number out of total 29 (31.03%). While there has been major gains in courts on employment issue, a major set back was the decision of Mr. X v. Hospital Z in 1998, when the Supreme Court suspended the right of a HIV positive person to marry. It took nearly four years to reverse the effect of that decision. Lawyers' Collective and Naz Foundation strongly opposed regarding Supreme Court decision in 1998. A senior lawyer and a member of the Collective said, courts have no jurisdiction to abridge or suspend the fundamental rights to life
and liberty. He pointed out that if a man admits to his health condition and a woman agrees to marry him, the court order is not violated.

A recommendation by National Commission for Women (NCW) that "marriage laws be amended to make HIV/AIDS grounds for divorce" has resulted in considerable confrontation among women's groups. The recommendation seeking amendment both in Special Marriage Act and Hindu Marriage Act has been forwarded by the centre to the state governments for their comments, it was officially stated. The various women groups' activists argued that such a provision would not only stigmatise HIV/AIDS patients but can also be misused against women would be labelled as being "sexually loose" when they could have been contracted AIDS by blood transfusion. These women would be further ostracized both by her family and the community said Mohini Giri, the earlier Head of NCW (Women Say...,TOI, 12.05.2003). The decision on recommendation is pending now!

There were five publications on mislead advertisement and miraculous cure in Times of India. A division bench of Kerala High Court banned production of Immuno-QR, a drug in the form of syrup and tablets, claiming to be ayurvedic production, costing Rs.8400/- per course, manufacturing prescribing and selling without a valid licence and without any authority since 1989. T.A. Masjeed, Proprietor of Fair Pharma, Ernakulam, Kerala does not give any receipt or bill to the patients. The drug has not been clinically tested by expert bodies like National Institute of Virology, Pune, National Institute of Communicable diseases, New Delhi and Centre for Advanced Research in Virology, Vellore and without observing any protocol and approved by any Medical Ethics Committee. The Petitioner laws, the
State Unit of People's Union for civil liberties. In absence of a true medicine for cure, PLHAs were attracted by the advertisement for miraculous cure but the result was in vain.

The next item for study to examine the domestic violence of discrimination, physical, mental torture, passing on HIV to spouse/child appeared in 7 publications, 2 in Oriya and 5 in English daily newspaper.

Thrown out of matrimonial home, Sheela Verma, a HIV positive woman, whose husband succumbed to AIDS, has knocked the door of a Delhi Court seeking custody of her 17-month old son, unaffected by HIV. She filed her complaint under protection of women from domestic violence Act for her son's release from the custody of her in-laws (HIV...TOI, 10.12.2007).

In retaliation for his dowry demand not being made, a doctor in a Maharashtra town allegedly injected his wife and 5 years old daughter with HIV, police said, Ajaya Sharma from Nandabar town fled to Baruch in Gujrat. Police have launched a man hunt. Mean while Sharma's wife has taken her daughter to an unknown place.

A HIV positive woman, Arnapurna Maharana (27) of Keshapur village of Kendrapada district, Orissa knocked the High Court's door, alleging exploitation and harassment.

The fate of a U.S. man Brian Steward (32) accused of injecting his infant son with tainted blood in February 1992 to avoid making child support payments rested with a Jury at St. Charles in Missouri.
HIV positive teacher, Venkat Raman from Muniguda Hata of Rayagada district Orissa in 2001 arranged injecting with help of 3 persons the HIV contaminated blood to his wife Rajani Kumari. A PIL case has been filed in High Court. Pending decision High Court Chief Justice has asked Rayagada Superintendent of Police as to what action has been taken against this teacher.

A dozen cases have come to the notice of Andhra Pradesh Women's Commission, where marriages have been fixed without bride knowing that the groom has been infected by HIV. Later when he dies, her in-laws refuse to keep her at home and also take control of her property. The A.P. Government on the advice of A.P. Women's Commission asked for an amendment of Indian Penal Code to severely penalize people who marry without telling partners if they are infected with HIV. The only punishment under the I.P.C. at present are the two sections, 269 and 270 for those who "malignantly" do something which spreads a life-threatening infection. The punishment is a fine with/ or jail term up to six months in one case and upto 2 years in the other. The A.P. Women's Panel is proposing jail term upto 10 years and punishing those who act "willfully" in spreading infection. Five Bulgarian nurses and a doctor were imprisoned for 8 years for infecting Libyan children with HIV were freed under a deal to improve Tripoli's ties with European Union.

Next item is compensation for wrong treatment of HIV appeared in four publications. A jury has awarded $2.5 million in damage to a women who received HIV treatments for almost 9 years before discovering she never actually had the virus that causes AIDS In her Lawsuit against a doctor who treated her Audrey Serrano said the powerful combination of drugs she took triggered as string of
ailments, including depression, chronic fatigue, loss of weight, appetite and inflammation of the intestine. Serrano’s attorney, David Angueira said, Dr. Kwan Lai, who treated his client at the University of Massachusetts Medical Centre in Worcester’s HIV Clinic, repeatedly failed to order definite tests even after monitoring of Serrano’s treatment did not show the presence of HIV in her body. Serrano (45) cried after hearing the verdict of Superior court and was gratified that the jury believed her.

Table B21 Publications on Different Political Issues on HIV/AIDS.

<table>
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<tr>
<th>TYPE</th>
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<tr>
<td></td>
<td>No. %</td>
<td>No. %</td>
<td>No. %</td>
</tr>
<tr>
<td>Political Commitment</td>
<td>06 28.57</td>
<td>14 37.84</td>
<td>20 34.48</td>
</tr>
<tr>
<td>Election Manifesto</td>
<td>-  -</td>
<td>01 02.70</td>
<td>01 01.72</td>
</tr>
<tr>
<td>Budgetary Provision</td>
<td>01 04.76</td>
<td>02 05.40</td>
<td>03 5.17</td>
</tr>
<tr>
<td>Discussion in the Parliament and Assemblies</td>
<td>06 28.57</td>
<td>06 16.21</td>
<td>12 20.69</td>
</tr>
<tr>
<td>Sensitisation of Peoples’ Representatives</td>
<td>04 19.04</td>
<td>06 16.21</td>
<td>10 17.24</td>
</tr>
</tbody>
</table>

A Global Business Council on HIV/ AIDS was launched in 1997 with Nelson Mandela as its Honorary President (PM...TOI, 24.04.2000). India developed its own strategies. Table B21 deals with different political issues on HIV/AIDS. On the major head of political commitment issue, there were 20 publications, 6 in Oriya and 14 in English daily paper. The President of India, APJ Abdul Kalam urged Members of Parliament to sit together and pass a legislation which would prevent discrimination
against AIDS patients in their day-to-day life. He urged the Government to work towards making the cost of Anti retroviral drug for the treatment of HIV/ AIDS patients more affordable (MPs...,TOI, 02.12.2006).

To emphasise political will and commitment, the Prime Minister of India, Atal Behari Bajpayee announced his decision to write letters to all the Chief Ministers on the urgency of taking immediate steps to combat HIV/AIDS in a function on World AIDS Day at New Delhi on 01.12.2000. Earlier on the occasion of Independence Day speech to the Nation, the P.M. expressed his concern by telling that the rapidly spreading disease of HIV/AIDS has become a grave challenge for the nation and called for the Government and people to join together to fight for it.

The Prime Minister Office (PMO) criticized NACO Draft Policy on AIDS as too vague which did not even contain an outline of our Action Plan. After several modifications, the same is waiting for cabinet approval (NACO...,TOI, 28.02.2002). The Union Cabinet approved the National Policy for prevention and control of AIDS and the National Blood Policy for safe use of blood from voluntary donars.

Mr. A.B.Bajpayee seeks corporate help for AIDS Control by calling a meeting of members of Confederation of Indian Industry (CII) on April, 29, 2004. The representatives of Sugar Mills were urged to take up prevention not just within their own work force but also with the migrant labourers employed by cane growers. It was suggested that the Larsen and Toubro, Glaxo, Mahindra and Mahindra, Tata-Tea, Bajaj, Tisco, SAIL to evolve a Tripartite mechanism involving employers, trade unions and government in AIDS prevention efforts.
Next item is inclusion of AIDS prevention in Election Manifestos though appeared only one publication, it is most important to show political will of government and political parties. AIDS goes to Election Manifestos in which HIV/AIDS prevention is one of the focus area. The Democratic Peoples Party (DPP) promises maximum autonomy to Manipur AIDS Control Society, subsidy in medicine and allotment of more funds to NGOs. The Manipur Peoples Party (MPP) also said definite time frame will be set to tackle HIV/AIDS problems. Bharatiya Janata Party (BJP) even assures, “we will recast the AIDS and drugs programme to make its more efficient”. Health was never considered as an issue to fight for election but now HIV/AIDS has been included to draw attention of voters to catch votes by various political parties.

Three publications appeared on Budgetary provision to fight against HIV/AIDS. US President George Bush urged lawmakers of USA that 15 billion dollars set aside for HIV/AIDS is due to expire by September 2008 and so he requested to double the amount to 30 billion dollars to fight HIV/AIDS World over for the next 5 years.

The financiers like UNDP, UNICEF, WHO, SIDA, Austrian AID, Australian AID, UK, Sweden, US, Nippon Foundation, Japan, OXFAM, FORD Foundation, Salvation Army, Mac Arthur Foundation, Elton John, Bill and Merinda Gates Foundation, Bill Clinton Foundation have been financing specific projects strategy wise to India since 1992, when National AIDS Control Organisation as a Government of India body was formed with the proposal of budget centralized...
along with guidelines for action plan but work being decentralized to State and Union territory level and now in Phase III, the decentralisation reached to district as an unit. Besides these millions and billions of dollars, the Union made budgetary provision of Rs.2.92 crore in 1992 and Rs.5.50 crore in 1993. World Bank $84 million is considered as a loan, while others are considered as grant. During 1999 to 2004 Rs.1425 crores were allotted in Union Budget plus US $ 250 million. Bill Gates made provision during 2006 for $23 million for the next 3 years grant and Avahar Project grant is $250 million.

Similarly besides NACO grant to various states, individual states have made certain budgetary provisions but in Orissa, the State Government have directed all its departments to organise various strategies from its departmental budget and co­ordinate with State AIDS Control Society for the technical guidance. Orissa government announced Rs.200/-p.m. to each HIV/AIDS patient as Madhu Babu Pension. Prime Minister, A.B.Bajpayee asked for commitment of all the political leaders and Manohar Joshi, Speaker, Lok Sabha favoured a debate in Lok Sabha on HIV/ AIDS. He expressed his readiness for making change in the norm of M.P. local area development fund to see a part is diverted towards combating HIV/ AIDS.

Discussions in Parliament and Assemblies appeared in both the papers with 12 publications. The Lok Sabha USQ No. 3602, dated 21.3.2001 elicited the answers as
(1) NACO reported 3.7 million people are infected with HIV in the country by 1999,
(2) The cumulative number of death due to AIDS comes to 1722 by December 2000,
(3) Mandatory of HIV testing is not a strategy for prevention and control of HIV infection in the country because of the following reasons. (a) there is no cure for HIV
infection (b) HIV testing should be voluntary with pre-test and post-test counselling in order to interrupt the chain of transmission of infection. (c) mandatory testing would force risk groups to go underground. Members of Parliament from both Houses met in the GMC Balajogi Auditorium, Parliament House on 01.12.2006 to reaffirm their commitment to fight against HIV epidemic. President APJ Abdul Kalam, B.S. Sekhawat, Vice-President, Somnath Chatterjee, Pranav Mukherjee, L.K. Advani, Dr. Ambumani Rama Doss, George Oscar Fernandes, Mrs. Pranabaka Laxmi addressed the M.Ps. two days ahead on 30.11.2006, National Paediatric HIV/AIDS initiative was launched at Lady Hardinge Medical College, New Delhi by Smt. Sonia Gandhi in which W.J. Clinton, Former President of U.S.A. delivered key note address and Dr. Ambumani Rama Doss, Minister for Health & F.W. presided. The features of the programme were (a) Initially 86 ART Centres and 7 regional centres being operated, (b) Free CD4 monitoring (c) Free DNA PCR test for children upto 18 months, (d) Liquid formulations for babies weighing less than 5 Kg, (e) Diagnosis and treatment supplementation. Mrs. Sonia Gandhi, Chairperson UPA asserted that the leadership and government is committed to fight against HIV AIDS epidemic. This requires urgent and sustained efforts and the government is determined to expand HIV/AIDS Programme.

The last item in the table appeared in 10 publications on sensitization of peoples' representatives on HIV/AIDS. Decentralised response through the elected and political leaders like the Zilla Parishad Adhyakshas and Mayors is the key to halting and reversing HIV/AIDS epidemic. Being closest to the communities, they are best placed to make the biggest impact, said Oscar Fernandes, Convenor,
Parliamentary Forum on HIV/AIDS, who called the National Convention of Zilla Parishad Adhyakshas and Mayors for strengthening local response and coordination to fight HIV/AIDS at Vigyan Bhavan, New Delhi on 08.08.2006 with the key aims as follows (a) Providing political leadership at all levels for strengthening decentralizing response to the epidemic in raising awareness and life skills through the engagement of district health system and its front line workers (b) Building the strength of Panchyati Raj Institutions to make the Indian society HIV resilient (c) Making HIV/AIDS prevention, treatment, care and support an integral part of district level planning, (d) Ensuring co-ordination of all the social, health and developmental sector activities and the NGOs for providing synergies at district and sub-district levels.

The Prime Minister of India, Dr. Manmohan Singh, Health Minister for Health and Family Planning, Dr.Ambumani Rama Doss, Minister for Urban development, S.Jaipal Reddy and Minister for Panchayati Raj, Manishankar Aiyer addressed the peoples representatives and sharpen their commitment to make their local areas free from HIV/AIDS.

This idea has been percolated to Panchayat level, Block level and Municipality/ NAC level through an action plan of 8000 AIDS awareness campaigns being organized in Orissa through the Family Health Awareness Programme as per announcement of Orissa State AIDS Control Society. Orissa Government has formed a State Council with Chief Minister as Chairman and all Departmental secretaries as Members and declared a coordinated war against HIV/AIDS. Other states are also fighting through their grass root workers at Panchayat level and NGOs.
Table B 22  Publications on Involvement of Celebrities for Prevention and Awareness on HIV/AIDS

<table>
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<tr>
<th>TYPE</th>
<th>Sambad (N = 105)</th>
<th>Times of India (N = 177)</th>
<th>Total (N = 282)</th>
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<tr>
<td>Political dignitaries</td>
<td>20 (19.05)</td>
<td>32 (18.08)</td>
<td>52 (18.44)</td>
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<tr>
<td>Film stars, Pop Stars, Singers, Beauty queens</td>
<td>25 (23.81)</td>
<td>35 (19.77)</td>
<td>60 (21.28)</td>
</tr>
<tr>
<td>Social activists, Poets, Writers</td>
<td>10 (9.52)</td>
<td>30 (16.95)</td>
<td>40 (14.18)</td>
</tr>
<tr>
<td>Scientists, Physicians</td>
<td>15 (14.28)</td>
<td>31 (17.51)</td>
<td>46 (16.31)</td>
</tr>
<tr>
<td>Academicians, Administrators</td>
<td>09 (8.57)</td>
<td>12 (6.78)</td>
<td>21 (7.45)</td>
</tr>
<tr>
<td>Judges, Lawyers</td>
<td>08 (7.62)</td>
<td>13 (7.34)</td>
<td>21 (7.45)</td>
</tr>
<tr>
<td>Sport Stars, Role-models, Sand artist</td>
<td>10 (9.52)</td>
<td>12 (6.78)</td>
<td>22 (7.80)</td>
</tr>
<tr>
<td>Religious heads, Philanthropists</td>
<td>08 (7.62)</td>
<td>12 (6.78)</td>
<td>20 (7.09)</td>
</tr>
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</table>

Celebrities from all walks of life have shown their concern towards the dreaded disease AIDS and their involvement have been very well reflected in 282 publications, 105 in Oriya daily Sambad and 177 in English daily Times of India. The highest political dignitaries of various countries like the first President of Zambia, Mr. Kenneth Kaunda, President Thobo Mbeki of South Africa, President of USA George Bush, Former President of USA Bill Clinton and Former President of India, Dr. A.P.J. Abdul Kalam inspired the people and HIV infected persons, were documented in these papers. The other dignitaries include Jim Mc Dermott, USA Congress man, French Foreign Minister Phillipe Douste Blazy. These and other political dignitaries appeared in 52 publications, 20 in Oriya and 32 in English. The first President of Zambia Kenneth Kaunda addressed a Press Conference to pledge support for fighting HIV/ AIDS in Mumbai on 11.3.2005 shows his determination.
praiseworthy. President Thabo Mbeki of South Africa expressed his deep concern to the delegates of 13th International AIDS Conference held at Durban in early July 2000. President of USA, George Bush appealed to his law makers to double the amount from $15 billion to $30 billion to fight HIV/ AIDS world over shows that he committed for the cause. Former President of USA Bill Clinton inaugurated the National Paediatric HIV/ AIDS initiative along with Mrs. Sonia Gandhi, Dr. Ambumani Rama Doss and French Foreign Minister Phillipe Douste Blazy at New Delhi on 30.11.2006 and in his keynote address called the developing countries to show political will and commitment to provide ART to all HIV/AIDS patients requiring it. Mrs. Sonia Gandhi asserted that the leadership and government is committed to fight HIV/ AIDS and called women SHGs in AIDS Control Programme. HIV/AIDS- affected children tie “Suraksha Bandhan” on President APJ Abdul Kalam’s wrist at the launch of “Global campaign on children and HIV/ AIDS” in New Delhi on 25.10.2005, smiles expressing his blessings to give them protection is inspiring. Nelson Mandela, 85 years old joined with his 40,000 fans of all races at green point stadium in South Africa and called them to donate in the AIDS benefit concert in Cape town organized by Pop singer Bob Geldof and participated by US singer Beyonce Knowles, on 27.11.2004 is worth recording. Prime Minister Atal Behari Bajpayee embraces two children of HIV positive parents with his both hands and shoulders at the Parliament House on World AIDS Day on 1.12.1998 depicts his personal involvement for the cause, is worth mentioning. Norwegian Royal couple, Prince Haakon and Princes Mette- Marit visited India, among other engagements, Mette- Marit has been engaged in HIV/ AIDS for a long time and is now a UNAIDS special representative. They met AIDS patients in
Mumbai during last week of October, 2006. Elizabeth Hurley with Arun Nayar, Indian Millionaire hosted a star studded AIDS fund raiser with Elton John and Lionel Richie for the annual cinema against AIDS gala for the American Foundation for AIDS Research (AMFAR), raised more than $1.3 million by auctioning off anything from tennis lessons with Monica Seles to a Vanity case designed by Sharon Stone in 22.5.2003 at Cannes.

Marion Jones at the Macy's and American Express Passport 20th anniversary HIV/AIDS in Santa Monica on 29.09.2002 was responsible for fund raising to fight against HIV/AIDS shows his commitment. Beauty Queen Diana Heden in the midst of HIV positive children, smiles and make the children smile for their future not to worry, is a real consolation. Richard Gere, the US actor along with Amitabh Bachchan appears at a charity event for children suffering from AIDS in Mumbai on 20.12.2002, Richard again appears with Kamal Hassan at a Press Conference in Chennai on 21.10.2005 and Gere speaking at a panel discussion on HIV/AIDS in Davos on 27.01.2005, two months earlier on 30.11.2004, Gere walks down a street in a prominent red light area in Mumbai and was present at the inauguration of an AIDS care home in New Delhi on 18.12.2002, praises happiness with government attitude towards AIDS and contributed from fund raising events. Hollywood actress Ashley Judd and Star Coco Lee kiss an HIV patient at an AIDS hospital (temple) in Lop Buri Province near Bangkok while both the actresses were in Thailand to attend 15th International AIDS Conference in July, 2004 show their real consolation and most inspiring attitude. Amitabh Bachchan joined the Nelson Mandela Foundation as Ambassador with a black T-shirt, 46664 number imprinted in bold white being,
Mandela's identification number at Robin island where he was jailed during his fight against apartheid. The other Ambassadors are Hollywood Star Brad Pitt and Will Smith, Singer Beyonce Knowles. Irish rock band U2's lead Vocalist Bono fighting through fund raising. Amitabh announced on 01.12.2004 that the entire fee for the film of Abhishek, "Phir Milenge" would be given to a school that houses children with HIV/AIDS to-day. In this film, Tamanna (Shilpa Shethy) meets Rohit (Salman Khan), both turns out to be AIDS patients. Actress Aditi Gowitrikar with a boy walk for life show organized for AIDS awareness in Mumbai on 21.8.04 was most attractive to collect funds for HIV/ AIDS.


Dev Anand inaugurates AIDS awareness rally in Hyderabad organized by N.C.C. and other organizations on 18.12.2005. Indrani Haldar carries a HIV positive child on an awareness campaign in February, 2006 in Kolkata with a gracious smile. Sharmila Tagore, Chairperson, Censor Board embraces Kaushalya, Secretary of Positive Women's net work after inaugurating a national meet on children orphaned by


Miss Universe Amelia Vega smiles at a felicitation ceremony in New York in June, 2003. She was feted for her efforts to increase the HIV/AIDS awareness. Lara Dutta again appears as a model with two kids at a fashion show to raise funds in Bangkok for HIV/AIDS on 23.08.2000, a few months before her previous appearance. Miss Universe Natalia Glebora and popular singer Usha Uthup at a press conference in Kochi on AIDS awareness show on 21.11.2005 encouraging press
reporters with smiles to highlight AIDS prevention in their publications. Miss Universe 2006, Zubbyka Riverta Mendoza of Puerto Rico and Indian designer Sanjana Jon visited on a 2 weeks IG International AIDS awareness campaign at Chennai, Chandigarh, Ahmedabad, Mumbai, Bangalore, Kochi, Goa, Kolkata, Guwahati besides New Delhi during last week of October 2006 to first week of November 2006 with the message "Get tested for AIDS, it is the fashion". Actress Nandita Das hands out free contraceptives to sex workers at a function in Bhubaneswar on 03.07.2002. Cine stars Bhagyashree, Chunkey Pandey and Nagma with Former Chief Minister Lalu Prasad Yadav appear at a star show 2002 for AIDS awareness in Patna on 13.05.2002. Lalu Prasad later become Indian Railway Minister and introduced Red Ribbon Express on 01.12.2007 to go around various states in India to create awareness on AIDS and reach New Delhi on 01.12.2008. Shatrughna Singha both film actor and Minister Health & Family Welfare, Government of India and Sabana Azmi, a film star and Member of Parliament made their presence felt during question hours on questions relating to HIV/ AIDS. Jessica Taylor, noted singer drawn crowd as well as collecting funds for AIDS at a crucial fund raising concert in England on 01.12.2004. A group of six Boul singers in a function too were responsible for raising funds for AIDS. The second group of celebrities of film stars, singers and beauty queens, pop stars appeared in 60 publications, 25 in Oriya and 35 in English constitute highest number in this Table B22 show their maximum involvement in creating HIV/ AIDS awareness as well as contribute funds through campaigns.
The third group of social activists, poets and writers appeared in 40 publications, while scientists and physicians appeared in 46 publications. Radheshyam Yadav, Vivek Deshpande, Manjin Dalmia, Sidhartha K. Kashyap, Ritupurna Sengupta, Damini D. Souza, Anita Katyal, Chitra Sidhartha, Poornima Advani, Sajjad Ahmed, Nafisa Ali, Elizabeth Selhore, Sanjaya Sharma, G. Balaji, Arundhati Roy are all noted social activists who presented their views on fighting HIV/AIDS. Even Urdu poet Gulzar from India in Newyork raised more than $60,000 through his presence and his poems were sang by several other singers in a concert for the cause of AIDS. A noted social activist Marabe Margaret visited Papua New Guinea and witnessed AIDS victims buried alive. Social activist Bianca Jaegger has been HIV/AIDS ambassador for Christian Aid, London. Suchitra pillai studied HIV/AIDS victims and expressed their life style in writing. Sex workers take out a rally, lighting masals and shouting slogans along with social activists in Kolkata on the eve of World AIDS Day, 2004. Two Australians participated in a candle light ceremony to remember already died HIV/AIDS patients organized by “Initiatives of HIV/AIDS- NET (IHN)” in Chennai on 09.11.2006. Children activists at an International AIDS candle light memorial in Kolkata on 19th May, 2002 along with adult activists, conveyed by Astha, an NGO. School children activists decorated with Red Ribbon by their teachers took part in AIDS awareness campaign on 10.12.2006 at Bargarh, Orissa. An AIDS affected four year old girl swings with an unaffected girl express no discrimination while playing together as innocent children at a healing centre in Phenom Pehn on 29.11.2006. A group of HIV positive children are playing smilingly in a child care centre in Chennai run by one NGO on 01.12.2004. Chinese girls have their faces painted with red ribbon Anti AIDS symbol at the Beijing
University on 27.11.2004. University students stand near a giant red ribbon, the international symbol of HIV/AIDS awareness, made from 10,000 balloons during an awareness campaign in Kuala Lumpur on 30.11.2004. Girls march in a rally wearing traditional Punjabi dress at an AIDS awareness campaign in New Delhi on 29.02.2004. School children take part in a rally organized by Ministry of health to mark World AIDS day on 01.12.2002. An AIDS awareness rally being taken out by street children on World AIDS Day in Bhubaneswar on 01.12.2004, organized by NGO, social activists. These children used red ribbons on their foreheads, tieing as symbol of AIDS. An AIDS afflicted woman activist express her love by marking "Bhai Phota", a mark on the forehead praying for the long and well being of brothers to the street children in Kolkata on 06.11.2002, and also entertained them with sweets. Cambodian girls perform a dance during a march to mark World AIDS Day in Phenom Penh on 01.12.2002. The CSWs of Malisahi at Bhubaneswar entertaining people at the PMG square by dancing together to observe AIDS awareness on 01.12.2005, directed by social activists. Even 7 eunuches take part as activists by dancing and singing on HIV/AIDS prevention in various trains like Tata-Kharagpur Passenger and Steel Express on 20.10.2005 and shared their concern. A sex worker dances as other CSWs and health workers activists watch after a group discussion on AIDS prevention for the use of contraceptives in Sonagachi, the red light area of Kolkata on 28.11.2003. The CSWs took out a rally with play cards written "Practice safe sex" and wearing white sarees with red borders, putting the border around their heads symbolizing Red Ribbon as AIDS prevention on 01.12.2004, organized by local social activists. A group of CSW activists, on behalf of a NGO attended a conference on AIDS in Beijing on 01.12.2005. Even a traffic police
official wrote a message on the six-km-long-banner put on the occasion of World AIDS day in Bhubaneswar on 01.12.2002 and expressed himself as a social activist. Among the writers who contributed articles on HIV/AIDS were Milind Ghatwari, Saibal Chatterjee, Rama Nagar, Sishir Panigrahi, Rahul Sagar, Jayanta Ghosh, Sachidananda Jha, Sri Panicker, Sri Shrivastava, Kasturi Roy, Liani Tlaie, Abraham Verghes.

The scientists and physicians constitute the fourth group of celebrities who have contributed tremendously, their findings on historical, anthropological, scientific research on HIV discovery to drugs for treatment and vaccine for prevention. Some of their names are worth mentioning. They are Dr. Robert Challes Gallo, Dr. Luc Montagnier, Dr. Beatrice Hahn, Dr. Feng Gao, Dr. George Shaw, Dr. Swami Rama, Dr. Robert Dues Barg, Dr. Jonathan Mann, Dr. Suniti Solomon, Dr. Bhanidhar, Dr. Peter Piot, Dr. David Miller, Prof. Roger, Dr. Jukka Suni, Dr. P.Jeorge Babu, Dr. Ravi Kumar, Dr. Garg J.Nabel, Prof. A.K.Mukherjee, Dr. Seth, Dr. Eknath Naik, Dr. John Sinnot, Dr. Bharadwaj Desai, Dr. Hing Sham, Dr. Diane Havlier, Dr. Anthony Fauci, Dr. David Cooper.

Academicians and Administrators appeared in 21 Publications. India marched ahead with Meenakshi Dutta Ghosh, I.A.S., NACO Director General, her deputy Dr. N.S.Dharmashaktu, as Additional Project Director along with four joint Directors, Dr. Sadhana Rout, I/C. of IEC, Dr. Mohammad Shaukat, I/C of Surveillance, Dr. P.Salil, I/C blood safety and Dr. A.S.Rathore responsible for training. The physicians include Dr. Baldev Singh, Dr. Sulochana Gunasheela, Dr. JVR Prasad Rao, Dr. S.K.Kobra, Dr. Debadatta Mishra. Among the academicians, Nobel
Laureate Amartya Sen gestures at Kala Mandir on 22.8.2002 organised by the English paper under study, The Times of India at Kolkata among a students' audience said that Intellectual Property Rights (IPR) should not be allowed in case of life saving medicines on HIV/ AIDS. He further said "Knowledge should be free, not a commodity". Lawrence K. Atman, Ann M. Veneman, Executive Director, UNICEF, India, Meena Gupta, I.A.S. (made her contributions towards HIV/ AIDS as Orissa's Health Secretary) and Ranjana Chopra, I.A.S. as Director, OASC, did their best for prevention of HIV/ AIDS. The Academician Manoroma Mahapatra, Editor, The Samaj associated herself in a AIDS Rally at Cuttack, Soumya Ranjan Patnaik, editor of the Oriya daily, Sambad under the present study shown his keen interest appeared at a huge mass awareness campaign along with Oriya film star Aparajita Mohanty in a remote village Bhalia in Mayurbhanj district, Orissa. The other prominent Academicians and Administrators were Prof. S.P. Wali, Dr. N.K. Ganguly, Director, ICMR, New Delhi, Prof. Mike Mucckler, Washington, Prof. Das Deepak, Lucknow, Dr. Hermann Staats, Dr. Alexander Karaser and Dr. Subash Hira were shown their concern on HIV/ AIDS is praise worthy.

Judges and Lawyers contributions regarding legal issues and their implications come to 21 publications. Justice I.M. Quddusi addressed the inmates of special jail in Bhubaneswar on Wednesday, May 2, 2007 along with Dr. Jayadev Sarangi, prison expert with UN Office on drugs and crime (UNODC) and Tarun Kanti Mishra, I.A.S. Home Secretary, Orissa. Others who took interest in the Programme were V. Tyagarajan, I.A.S., I.G. (Prisons), Tarashankar Chakraborty, I.A.S., A.I.G. (Prisons), G.B. Patnaik, O.S. Legal AIDS Service Authority (OSLASA) and Special Jail
Superintendent, Prasanta Das. All of them emphasized peer guide system to help reform process in jails for drugs' use to prevent HIV/AIDS. Justice Michael Kirby, Justice Edwin Camaron, Lawyers Anand Grover, Triti Tandon, Kajal Bhardwaj, Julie George, Vivek Diwan, Veena Johari, Surabhi Kukke, Shehzad Mansuri took lot of pain for producing legal literatures on HIV/AIDS and most of them were responsible to form the Lawyers collective published a guide book on "Legislating an epidemic HIV/AIDS in India" in the year 2003 with Vivek Dewan as Project Coordinator of HIV/AIDS Unit based at New Delhi.

Publications on Sport Stars, Role models, Sand artist were 22. Cricketers like Kapil Dev, Rahul Dravid were engaged in advertisements on HIV/AIDS. Virender Sehwag, another cricketer ties a friendship band to a HIV/AIDS patient while Coach John Wright looks on during an HIV/AIDS awareness programme organized by UNICEF in Bangalore on 22.3.2005 shows his involvement. Michael Jackson has become a role model for all music lovers who was seen at a fund raising event for children with AIDS at Devon in mid June 2002. Janhabi Goswami, a HIV positive widow declared publicly herself as the first AIDS victim in Assam became a role model for developing confidence for AIDS victims to live longer who acquired the disease from her late husband who suffered in AIDS. Koshi Johnson, 12 years old boy, an AIDS victim from birth became the role model for all AIDS patients all over the world, declared "Messiha" by Nelson Mandela, unfortunately died later on. An HIV positive child wearing spider web make-up rides on a merry-go-round at a Christian party in Sandton, Johannesburg on 01.12.2003. A nurse plays with a HIV positive child, who lost her parents (died due to AIDS) at the freedom foundation HIV/AIDS
care and support facility in Bangalore on 29.11.2003. She becomes a hope for other orphan's HIV positive children. 100 HIV positive youth are being trained in Leadership And Managerial Proficiency (LAMP) organized by UNDP and Xavier Institute of Management, Bhubaneswar will be model source of inspiration for rehabilitation, the first batch commenced with 25 students. “Little Qing” and “Little Ming”, HIV couple married on 01.12.2002 in China, officially allowed, inspires as models for prospective couples. Renowned sand artist Sudarshan Patnaik makes a sand sculpture at Varca beach in Goa on 31.10.2006, to create awareness among the tourists and youth on the threat posed by HIV/AIDS across the globe. He also made such several sand sculptures on HIV/AIDS at Puri sea shore for the tourists and people visiting all over the world on several occasions almost one, each year.

The last group of religious heads and philanthropists appeared in 20 publications showing their concern on HIV/AIDS while the Pope Benedict of Vatican city opposed to advertisements of condoms, other religious heads also opposed. The muslims mainly opposed male circumcision. The Philanthropist Bill Gates with Anjali Gopalan, Naz Foundation Trust Executive Director visited CSWs at New Delhi. Melinda and Gates were impressed with their safe sex practices which becomes a model in six other states supported by Melinda and Bill Gates Foundation. They contributed 100 million dollars to Global Fund on AIDS, Malaria and T.B. on 19.6.2001. The Microsoft Chief Bill Gates during his visit to India announced 100 million dollars as grant for our AIDS Control Programme on 11.11.2002. He again announced to donate $287 million to help 165 scientists in 19 countries who work on AIDS vaccine on 20.07.2006.
Table B 23  Publications on Mismanagement and Misappropriation of Funds

<table>
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<tr>
<th>ISSUE</th>
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<th>Times of India (N = 35)</th>
<th>Total  (N =56)</th>
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<td>Misappropriation of Funds</td>
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<td>23.81</td>
<td>12</td>
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<tr>
<td>Media Hype</td>
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<td>09.52</td>
<td>5</td>
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<tr>
<td>Anti- AIDS Drugs Pricing</td>
<td>6</td>
<td>28.57</td>
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The last Table B23 deals with mismanagement on HIV/ AIDS related issues. The total publications were 56 out of which 15 were related to misappropriation of funds. All human beings are not honest and sincere, crores of dollars are spent, allegations may be there but not found very serious in nature. However, whatever happened have been analysed in this table.

Samajbadi Party Chief Baishnava Parida said when DFID speaks about reform in dealing financial support in what way DFID grants Rs.92 lakhs per annum to a NGO “Care” may be elicited and whether all NGOs are following NACO guide lines or not may be traced. He further demanded CBI enquiry regarding NACO’s grant of Rs.72 crores for a seven years period (1998-2004) to OSAC to know misappropriation of funds. The Orissa Legislative Assembly raised a huge cry and objection regarding misutilisation of Rs.20 lakhs on putting a six km. long banner from Vanivihar Square to Raimahal square on World AIDS dav (01.12.2002) to create awareness on AIDS in the hope of collecting one lakh signatures on the banner, mismanaged by two IAS Officers, Anjana Chopra and Meena Gupta, the M.L.As objected vehemently, in a session of O.L.A., Bhubaneswar. CSWs of Malisahi, Bhubaneswar complained to
Chief Minister, Orissa with a Fax on 04.07.2002 regarding misappropriation of funds by a NGO, Peecock in association with OSA Cell, Bhubaneswar. Their staff members never visited even once to Malisahi earlier but tempted people particularly woman to attend one health camp where film star Nandita Das was to distribute Sarees, they announced but the organizers collected a group of daily labourers and girls, projected them as CSWs. The money spent was misutilised in the name of health camp. Nandita Das of course distributed some contraceptives to some girls!! The Chief Minister was requested to take serious action against the organizers of mismanaged health camp. Orissa Legislative Assembly discussed misappropriation of AIDS funds on 10.12.2002. MLA Kartik Mahapatra, MLA Santosh Singh and MLA Anup Kumar Sai complained misappropriation of funds allotted to OSAC. The health minister Prafulla Ghadei said OSAC was allotted from NACO Rs.72 crores 44 lakhs (1998-2004) as planned for expenditure projected. But received Rs.17 crore 67 lakhs, spent Rs.14 crore 44 lakh, 42 thousand. The balance of Rs.3 crore 22 lakhs and 58 thousand were deposited in civil deposit. Rest of the money on receipt from NACO will be spent said the health minister. There was a great furore in the house regarding civil deposit showing NACO’s money cannot go to government account and Government must form a Orissa State AIDS Control Society ;with a separate registration number as per NACO’s guideline and not work as Orissa AIDS cell as a Government body. Subsequently OSAC society was formed.

At the International AIDS Conference Meenakshi Dutta Ghosh, New Delhi was allowed to highlight the Government Policies on AIDS. Ghosh’s claims were, however, contested by Delhi Chief Minister Sheela Dixit, who said that bureaucrats
were not dispensing the funds, though there was no paucity of funds to fight the disease. "The bureaucrats fear that funds might be misutilised but if 10 to 20% funds are misutilised, the rest can at least be used", the Delhi Chief Minister said.

In Maharashtra Government has no control over NGOs receiving grant from NACO and foreign agencies regarding the manner in which the money is utilized. The Maharashtra Government estimate committee lamented. Rs.24.27 crore was spent out of Rs.26 crore for 5 years w.e.f. 1992 to 1996 and again Rs.6.82 crore spent from a provision of Rs.9 crore for 1996-97. There is no accountability. Government have no control over expenditure of Maharashtra State AIDS Prevention and Control Society. Government Officers are engaged or deputed for AIDS work. Rs.3.71 crore remained unspent indicate inefficiency of poor management.

World Bank assistance for AIDS programme for India was 84 million dollars from 1992 to 1997. Union Cabinet approved Rs.1,425 crore for AIDS Control in August 1999. Under 8th five year plan Rs.280 crore was also allocated for AIDS work. NACO said till 31.03.1999, around Rs.505 crore was spent.

17 publications were on exaggerated figures on HIV/AIDS. Representative of Time of India after participating in a Press Conference on 29.05.2001 reported, (a) In 1998 there were 3 to 4 million HIV positives in India, predicted by UN AIDS/NACO, (b) By December 1998, the figure swelled to 8.5 million by the Parliamentary Standing Committee, (c) In June 1999, the figure increased to 16 million plus 7 million full blown AIDS cases reported by a group of NRIs, (d) The figure in September 1999 reported 8.5 million by UN Secretary General in a UN
Session, (e) High Commissioner of Britain confirm 8.5 million in November 1999 but NACO in 1999-2000 reported 3.89 million HIV positive persons. The figure dramatically reduced from 8.5 million to 3.89 million. Even the number of death reported on AIDS donot indicate high prevalence. In the Parliament, Mulloli answered to a question of Prabhunath that in 1997, 257 persons died due to AIDS, in 1998, 265 died and in 1999, 214 died. When death rate is reduced why call it a deadliest disease and making people scared ? Again a Press reporter of Times of India reported on 23.06.2001 regarding a controversy arisen over number of AIDS related death in India. NACO puts the death figure at 17000 but UN AIDS (in a fact sheet to be presented in UN General Assembly special session from 25-27 June,2001) said that there were 5.6 lakh children orphaned due to AIDS. This means more than 11 lakhs people have died due to AIDS. The discrepancy came to light during a press conference hosted by UNAIDS where a furore broke out among journalists. When questioned on mismatch of figures, UNAIDS country programme Advisor David Miller refused to comment. NACO Chief JVR Prasad Rao said, there were no estimates of AIDS orphans in India. Later in the day, a UNAIDS statement faxed to Times of India Newspaper Office said the number of orphans given in the fact sheet due to an “oversight”. It also said NACO and UNAIDS were currently in the process of estimating figures for HIV/ AIDS orphans which should finish by end of this year (2001). Times of India again published on 16.03.2002 that estimates during 2000 was 1,60,000 HIV positives, 1,10,000 in 2001 and now by 16.3.2002 the total estimate comes to 3.97 million HIV positives as per NACO Director JVR Prasad Rao who said the rate of increase is coming down and within next 3 to 4 years the epidemic could stabilize. To this statement Ashok Pillai of Indian network of PLHA
Plus and other NGOs disagreed and questioned validity of Government figures cannot be trusted. US Ambassador, Robert D. Black will, while speaking to a group of reporters said human dimension of HIV/AIDS epidemic should not get distracted to “numbers game” reported by Times news network of Times of India on 30.11.2002 at New Delhi. An earlier report by National Intelligence Council of US, saying that India could have an estimated 25 million HIV infected people by 2010, had drawn sharp reactions from Government. NACO had questioned the scientific basis of coming up with such projections. The numbers are based on “Linear Projection” said Black will. The National Intelligence Council Report of US said that the next wave of AIDS epidemic will hit populous countries like India (among other countries) will have 15 million cases by 2010.

“We need to get passed the number-game”, he added. US too is facing enormous problem of HIV/AIDS infection, there have been 40,000 new cases. Asked what was impending the control of HIV/AIDS in US, he said “human behaviour”. Times of India on June 6, 2005 published that figures seem to show, there are less HIV/AIDS cases being reported in the country but it is not a dramatic decrease expert say. WHO and UNAIDS urged Government to come up with figures for number of deaths in the country due to HIV/AIDS so far so we cannot know the new infections are, said Ruben Fidel Prado, deputy UNAIDS Country co-ordinator. In what had seemed like positive news, only 28,000 new HIV/AIDS infections in the country were sited in 2004, compared to 5.2 lakh in 2003 but the experts say the figures cannot be compared. UNAIDS and WHO insist that “the new infections are 28000 plus number of death due to HIV/AIDS. The communiqué issued by Ministry
of Health and Family Welfare jointly with NACO that last year's (2004) figures of 5.134 million cannot be compared with previous year (2003) was 5.1 million as the methodology of arriving at the estimates has changed. It may be remembered that NACO reports 5.2 million HIV positives as Times of India published on 23.04.2006. The figures came down to 2.47 million HIV positives cases in India which was accepted by UNAIDS as the National Family Health Survey figures (AIDS..., TOI, 07.07.2007).

Media Hype was published through 7 publications. On 22.4.2002, Sambad, Oriya daily under the present study published on its front page that VSS Medical College, Burla, Orissa identified 12 AIDS patients. The medical college authority however diagnosed and said that the cases were Hepatitis-B and not AIDS, the next day corrected news was published. On 29.4.2002, the present researcher met Prof. S.K. Ghosh, HOD I/C, Department of Microbiology and confirmed validity of corrigendum news item. This is a clear instance of media hype.

Human Development Research Network, UNDP/OSAS Organised a media workshop at Bhubaneswar on 10.12.2006 and called for "positive media coverage". On HIV/AIDS, in a workshop titled "Initiation of lose trafficking and lose AIDS" aimed at serving a platform for discussion on various facts of the programme and in the process develop a comprehensive solution to mitigate vulnerability. The workshop discussed these and bring forth media's role in making the whole process of destigmatisation effective and not publish any issue as a media hype to frighten the people on AIDS.
The last issue for discussion is Anti-AIDS Drugs Pricing in the Table B.23 cover 17 publications of various companies. Due to shortage of space only the important points are discussed. In the earlier Table for involvement of celebrities, the name of the Nobel Laureate Amartya Sen was mentioned as an Academician and Scientist. His views on Anti-AIDS drug pricing is quoted here. Intellectual Property Rightes (IPR) should not be allowed in case of life saving medicines. The poor in India could not afford medicines for AIDS. In Africa, life expectancy had fallen after the spread of AIDS because poor people can not buy expensive medicines. Prices for medicines meant for AIDS were high because the drug companies charged for IPR. Amartya Sen advocates that “Knowledge should be free” (Sen, 2002). If the companies do not charge IPR, the cost of drugs will go down drastically to suit every one’s Pocket who may be infected with HIV. The poor AIDS victims should be given the necessary medicines free of cost by the Government. Anti-Retrovial Treatment cost the Government Rs.10,000/- for AIDS Patient per year in 2004, reduced the cost to Rs.8000/- in 2005, further reduced to Rs.7,000/- in 2006 and now in 2007 it costs Rs.5000/-. NACO Director, K.Sujata Rao told T.O.L, “We have 1.3 lakh HIV positive people on ART. Our target is to reach 1.75 lakh HIV positive people by 2009.” India uses two-drug and three-drug combinations under the ART programme. Drugs like Starvudine, Lamivudin, Nevirapine, Efavirenz and Zidavudin are given in combination to decrease resistance among HIV Positive cases. At present seven Indian companies make generic line ART drugs. NACO spent Rs.60 crore on just procuring drugs in 2006. Meanwhile India is all set to roll out second-line ART to over 3000 HIV positive cases from January, 2007 in two centres- Mumbai’s J.J. Hospital and Chennai’s Tamburam ART Centre. These patients were facing
imminent death because they had become resistant to the first-line treatment. Second-line therapy will cost NACO Rs.8000/- per patient on ART per month. Clinton Foundation will provide the drugs free to NACO for the next two years, the Foundation in turn gets the drugs from UNIT AID, an international drug purchasing facility (Cost..., TOI, 24.12.2007).
B. BRIEF REPORTS

(1) United Nations Commission on Human Rights (fifty second session). HIV/AIDS in prisons—statement by the Joint United Nations Programme on HIV/AIDS (UNAIDS) Geneva, April, 1996: The situation of HIV/AIDS in prisons is an urgent one. It involves the rights to health, security of a person, equality before the law and freedom from inhuman and degrading treatment. It must be urgently addressed for the sake of the health, rights and dignity of prisoners for the sake of the health and safety of prison staff and for the sake of the communities from which prisoners come and to which they return. (UNC HR-1996).

(2) UNAIDS, Children’s Rights in a World with HIV/AIDS, World AIDS campaign, 3 November, 1997 emphasised that “No discrimination should be suffered by children on any ground, including in education, leisure, recreational, sports and cultural activities because of their HIV/AIDS status. Children have a right to assess health and social services on an equitable basis, irrespective of their HIV/AIDS status or that of members of their families.” (UNAIDS-1997).

(3) WHO says, Tuberculosis (TB) is now the most important, life threatening, opportunistic infection associated with HIV in man. The statistics are alarming: 56% of AIDS patients in India, 80% in Myanmar, 75% in Nepal and 60% in Thailand suffer from Tuberculosis. (HESEA, 1998).
(4) About 1800 railway employees throughout India are suffering from AIDS with HIV positive symptoms and 200 employees died due to this disease as said by Bani Dhar, Director General of Railway Health Services (One..., TOI, 18.05.2000).

(5) Data collected by the Institute of Human Behaviour and Allied Sciences in Delhi over past three years indicate about 10% of the patients with psychiatric disorders with a history of 'high risk behaviour such as drug addiction, having multiple sex partners, sexual exploitation were infected with HIV. (Study..., TOI, 13.06.2000).

(6) According to "Progress of Nations-2000 Report" of UNICEF, amongst the AIDS patients of India majority are between the ages of 15 to 24 years (Bharatare..., Sambad, 01.08.2000).

(7) U.S. Scientists have unveiled a new method of fighting viral replication in AIDS, which they believe could help combat the deadly disease. The new approach involves inserting small molecules between protein segments preventing them from forming an enzyme used by the AIDS virus to reproduce and spread. (New..., TOI, 24.08.2000).

(8) A group of Chinese Scientists headed by Luoshide, a Professor at the Kunming Botanical Research Institute (KBRI) made clinical experiments in the Thailand on 28 AIDS patients have shown the effectiveness of a herbal medicine called FUFANGSH. The HIV virus content of the blood in 9 AIDS patients was reduced considerably after they took the medicine for 3 months.
while the virus level in another 16 remained stable which suggested that virus was under control (AIDS Report..., TOI, 09.05.2000).

(9) A few year study coordinated by Prof. S.K.Kobra at All India Institute of Medical Sciences, New Delhi have found that of 27 HIV positive children, as many as 12 got infection from contaminated blood transfusion (Treating..., TOI, 08.11.2000).

(10) According to South African Officials, among the death cases of criminals in jails, 90% are due to AIDS (Dakshina..., Sambad, 09.11.2000).

(11) S.K.Hira, Director of Research and Control Centre, who studied the natural progression of the disease in 1,077 HIV infected persons in Mumbai said that while HIV infection took about 13 years to kill an American in San Francisco, Mumbaites on an average died in 7.2 years. In fact they survived for hardly 13.5 months after being diagnosed as full blown AIDS patient. (AIDS Kills..., TOI, 16.11.2000).

(12) According to UNICEF, AIDS has orphaned more than 13 million children around the world (UN..., TOI, 13.12.2000).

(13) A review of HIV drug advertising in USA found that many promotions are misleading because they donot make clear that the medicines can not cure infection or reduce viral transmission. The food and drug administration said it had changed its position and now consider it a violation of federal law to
run promotions that fail to depict medicines’ limitations or use “images not generally representative” of HIV-Positive patients (Many...,TOI, 03.05.2001).

(14) According to experts of UNO, daily 15,000 are infected with HIV, of which 2000 are children (AIDS Chinhata...,Sambad, 19.06.2001).

(15) In a landmark declaration, the United Nations General Assembly has said that HIV/AIDS is not just a medical problem but an economic, social and human rights issue. The key in the battle against the Pandemic lies in protecting women from exploitation and preventing them from being forced into unsafe sex. Women account for 52% of the 17.5 million adults who have died of AIDS since the epidemic began 20 years ago (AIDS More...,TOI, 30.06.2001).

(16) Seven doctors of Ganesh Shankar Vidyarthi Medical College got infected with HIV while coming in contact with the blood of AIDS patients in the hospital (Saata...,Sambad, 30.08.2001).

(17) According to sero-surveillance for HIV infection it was found that states like Manipur and Maharashtra have maximum number of sero positive, (155.24 and 113.65) per 1000 persons screened, while Orissa has the least (only 2.61) positive cases per 1000 persons, comparatively the lowest in country except Arunachal Pradesh and Tripura. (Poor...,TOI, 11.10.2001).

(18) An UN report released on the eve of World AIDS day, revealed that in 2001, 1.07 million adults and children were newly infected with the HIV in Asia
and Pacific bringing the total of HIV/AIDS case in the region to 7.1 million 
(Combs..., TOI, 30.11.2001).

(19) AIDS has spread among the general population in India and not among just 
high risk groups which is why National AIDS Control Organization (NACO), 
in collaboration with the State AIDS Control Societies launched the "Family 
Health Awareness Campaign". In the campaign held between April-June 
2007, more than 70 million people in the age group of 15-49 were reached. 
(World..., TOI, 02.12.2001).

(20) Of the 9,833 persons, who have undergone blood tests at the microbiology 
department of MK CG Medical College, Berhampur between 1994 and 2001 November, 447 have been found HIV positive. Of them 97 are women 
according to official sources. (Migrant..., TOI, 29.12.2001).

(21) The Government of India exempted excise duty from drugs for HIV/AIDS 
from March 1st, 2002. (Budget..., TOI, 02.03.2002).

(22) The Union Cabinet has approved the National Policy for prevention and 
control of AIDS and the National Blood Policy for safe use of blood. 
(Cabinet..., TOI, 04.04.2002).

(23) UNAIDS in its report, 'HIV/AIDS : China's Titanic Peril' says China is on the 
brink of an HIV/AIDS Catastrophe on unimaginable proportions. By the end 
of 2001, 800,000 to 1.5 million Chinese were infected with HIV (China..., TOI, 
29.06.2002).
UNAIDS Executive Director Peter Piot says, across the world, the clergy has played a positive role in HIV/AIDS prevention. Immams have used their sermons and quotations from the Quran to create awareness of HIV/AIDS. In Uganda, it has worked. In Senegal, the Friday Prayers focus on themes like HIV/AIDS. In Manipur, India, the Church has been involved in the battle. In Thailand, Buddhist monasteries have done a great deal to disseminate information and even provide care and treatment to patients (AIDS Alert..., TOI, 04.07.2002).

A clinical study conducted in Africa between 1994 and 1997 by a US doctor exemplifies the issue of ethics of clinical AIDS research in developing countries. The research, a community-based, randomized control study identified 415 couples in which one partner was HIV positive. As a result, 90 of the initially HIV negative partners (21.7%) seroconverted during a follow-up period of 30 months. Such a trial would not have been possible under US regulations but took place in a country where ethics and legal controls of clinical trials are not enforced (Clark, 2002).

China has faced international condemnation for disguising the scale of its AIDS epidemic, neglecting patients and arresting activists and journalists. But last year premier Wen Jiabao took active role for the state cabinet issuing a 12-pages circular to all levels of Government by emphasizing that those officials breaching duty or hiding epidemic reports will be severely punished. Railway, aviation and other public transportation departments were ordered
to publicise AIDS prevention and condom use and pregnant women would get free prevention services to reduce the possibility of mother to infant transmission. Health Agencies say it could have 10 million victims by 2010 if it fails to take the threat seriously (China’s...,TOI, 10.05.2004,).

(27) In a highly controvertial decision NACO is formulating a Bill to be effective in Phase-III of NACP, that will seek to legalise a national drug substitution and needle exchange programme under which known addicts will be supplied with clean syringes and drugs like Methadone and Bupernorphin for intravenous use. According to NACO, while the clean syringes will help reduce the risk of addicts getting infected with HIV through sharing needles, these two less addictive drugs will help them get over hard substances like heroin and cocaine. This exercise has worked for China, US, Holland, Germany and Australia and proved a success revealed by Dr. Kurian Thomas of Christian Medical College, Vellore who is one of the five designers of Phase-III, is expected to make a success in India. NACO is allotting Rs.50 crore just for working towards changing the law. (Government...,TOI, 14.08.2006).

(28) Vice-Admiral V.K.Singh, Director General of the Armed Forces Medical Services said, “HIV/AIDS is enemy number one for the Armed Forces”. He further said to media persons on the eve of the Foundation day of Army Medical Corps that as soon as officials learn a Jawan has visited a sex worker, he is immediately put on ART for 21 days before we do a test to confirm whether he has HIV because we donot want to give any window of
opportunity to virus. The Armed Forces had lowered the HIV infections from over 300 cases in 2003 to 37 cases now (2006). Indian Armed Forces HIV Programme considered the best in the World, US was taking a clue from India (Pre-induction….,TOI, 27.10.2006).

(29) As per NACO's sentinel surveillance of 2001, HIV prevalence among homosexuals are high at 29% in Manipur, 27% in Delhi; 13% in Andhra Pradesh, 11% in Karnataka and 9% in Goa. The country have 23,52,131 homosexuals. Uttar Pradesh has the highest number 387,039 followed by West Bengal 183,280, Madhya Pradesh 138,981 and Tamil Nadu 138,792. The country has also 2.35 lakh male sex workers (Reducing...,TOI, 23.12.2006).

(30) An innovative six weeks Training Programme in Leadership and Management Proficiency (LAMP) exclusively for HIV infected persons, planned for 100 trainees in four batches of 25 each in Xavier Institute of Management, Bhubaneswar, designed and sponsored by UNDP's HIV and Development Unit to transform the passive victims into active participants and policy makers through imparting necessary skills. (Manage...,TOI, 09.01.2007).

(31) Dr. R.K.Chaudhury, Director, OSAS expressed that most of the doctors in the state are not qualified to treat patients with ART and quite often some of the doctors prescribe ART ignoring the CD4 testing which might prove detrimental to the health of the patients. To over come this, a training
programme will be conducted for 450 medical officers in 13 batches with financial support from OXFAM. (Training..., TOI, 22.01.2007).

(32) According to a study into the causes of the condition known as HIV-associated dementia published in U.S. in August 2007 issue of the cell stem cell, the researcher Mencus Kaub claims that AIDS virus attacks brain on two fronts. It does not only destroy brain cell also inhibits the body from making new ones. It is a double hit to the brain (AIDS Virus..., TOI, 19.08.2007).

(33) Gouri Sastry, co-ordinator of Indo-US Project study jointly proposed by BJ Medical College, Pune and John Hopkins University, U.S. sponsored by National Institute of Health, U.S., submitted to Indian Council of Medical Research, New Delhi for the approval of a single dose of Nevirapine (NVP) which remains the practical choice for prevention of HIV transmission from mother to infant in areas with minimum medical resources. Most HIV infected pregnant women to take atleast one dose of NVP just before and during delivery and the baby also gets one dose of NVP (New..., TOI, 25.11.2007).

(34) As per one Judicial Report of Worcester Superior Court, US, a Jury has awarded $2.5 million in damages to Audrey Serrano, a female (45) who received HIV treatments for almost 9 years before discovering she never actually had the virus that causes AIDS, treated by Dr. Kwanhai at the University of Massachusetts Medical Centre in Worcester’s HIV clinic. ($2.5 million..., TOI, 14.12.2007).

Indian Army Officials reported that the number of HIV positive cases has come down drastically from 518 in 2003 to only 158 in 2007. The problem was miniscule and under control and therefore the Ministry of Defence, Government of India have dropped the idea of making HIV tests mandatory for the recruitment of Jawans (HIV cases...,TOI, 30.12.2007).
C. CASE STUDIES

Case studies of one HIV Positive male person and another for one HIV Positive female person were undertaken to elicit different types of scenario in relation to their gender, work-environment and socio-economic status. These two persons were randomly picked up who first reported at VSS Medical College, Burla, Sambalpur to get examined for their health conditions.

BRIEF LIFE SKETCH OF ONE HIV POSITIVE MALE PERSON

Mr. A was born in a remote village of Jharsuguda district, the village bordering Chattisgarh State and the villagers including Mr. A often visit Raipur, the capital town of Chattisgarh State for their purchases on house hold building materials connecting doors and windows. Mr. A tried to settle down at Raipur by earning his livelihood, staying alone at Raipur engaged in construction of stone-idols. He was married but did not take his family to Raipur due to the high cost of living. He rather shared his stay with other masons. He studied upto Class-III, but could not pursue further studies as his father expired. However, he picked up stone mason’s work by assisting senior masons. Being married and staying alone, he was not feeling happy whenever he felt boaring; he tried to compensate to remain happy by smoking bidis. This smoking bidi habit developed to Ganja smoking in Satyanarayana Puja Pendals through Hookas and one day he opted for taking some brownish powder- a pinch for relaxing his mind. Later this habit prompted by his friends’ circle took him to visit Red Light area of Raipur. A month Later, Mr. A visited his village and stayed with his family and had sex with his wife as usual. After a week’s stay in the village, he returned to Raipur and got himself engaged in his work. Later, when he again
visited his native village during Nuakhai festival, he was found to be very weak and on his return to Raipur developed several skin eruptions with fever raising 102°F continuously for a week confirmed by a local doctor in the street in which he and his friends were residing. The local physician advised his friends to take him to Raipur Medical College for a check up but his friends felt that they and Mr. A will be more comfortable with Oriya language communicating with the doctors and others at VSS Medical College, Burla. Here some relatives of Mr. A joined them. At first the O.P.D. doctor prescribed some medicine for high fever to subside and sent him to skin department to show his skin eruptions for diagnosis and treatment. There, a doctor thoroughly examined and sent him to Microbiology Department for a blood test. Here the blood of Mr. A was found to be HIV Positive. With HIV Positive report in hand, he was boycotted by those who accompanied him to Burla and left him alone except one of his brother-in-law who somehow managed to bring him to his village. In the village he now lives with his pregnant wife and old mother. The neighbours and villagers stared at him so he keeps himself aloof. Whatever he earned at Raipur is now almost nil. He is now stigmatized both physically and socially. Economically he can not spend the high cost of treatment requiring almost a thousand rupees a day which is impossible for him. In addition his wife is approaching for a delivery. The Researcher tried to collect as much information as possible on the pitiable condition of Mr. A and his wife likely to be HIV positive and the future progeny to come to this world with HIV positive status through the mother. Such instances are multiplying and this vicious circle of transmission of HIV is getting its root stronger in the community.
BRIEF LIFE SKETCH OF ONE HIV POSITIVE FEMALE PERSON

Mrs. R aged around 35 years from a remote hamlet towards the east of Rourkela, lives with her family in a cottage on the approach road to Steel Plant. Her mother-in-law being very old could not do any work but both the ladies stay alone when her husband goes to Ranchi in adjacent Jharkhand State. Mrs. R some how manages to work as maid-servant in four houses at Udinagar area. On one fine morning when she went for house-core work in a lecturer’s house, felt lots of pain in her abdomen and thus she returned home. Her husband luckily who came from Ranchi two days earlier, took her immediately to Govt. Hospital at Panposh for a check up. The doctor examined her and advised to take her to V.S.S. Medical College Hospital for some operation on gynaecological problems. Her husband then took her to Burla. Mrs. R was admitted in Gynaecology Department for a surgery. The doctor advised to supplement blood and told her husband to donate blood. The blood group of Mrs. R was found as B Positive but her husband blood group was found to be A Positive which did not match with her blood. He was then asked to donate blood in the blood bank and with a request from the doctor brought exchanged blood of group B Positive for her.

The operation continued. The blood brought from blood bank was transfused to Mrs. R were examined later for checking up HIV status. The blood report of the laboratory reached to Gynaecology department as found to be HIV Positive for both of Mrs. R and her husband. The Surgeon, Anaestioi-loist and the nurses involved during the operation in the Operation Theater felt very much scared. However,
nothing could be done at that moment but later to this incident any patient admitted 
has to be tested for HIV status as a routine procedure.

The Researcher however traced out that the husband of Mrs. R works as a 
Truck Driver at Ranchi and he admitted that he had extramarital sex activities 
staying alone at Ranchi. On discharged from VSS Medical College, Burla she 
returned to her cottage at Rourkela. The news of her being HIV positive spread like 
wild fire. She lost her maid servant job from four houses she was working. She also 
quarreled with her husband. This quarrel reached to such an extent that he left her as 
well as his old mother and returned to Ranchi. The Researcher found out the two 
women were living without any financial support and they are boycotted by their 
neighbours and living miserable life reaching to the street.