NFHS-5

What NFHS-5 tells us about empowerment of women in India (Hindustan Times: 20220530)

https://epaper.hindustantimes.com/Home/ShareArticle?OrgId=30537263e3b&imageview=0

Traditionally, Indian society has been known to impose various kinds of restrictions upon women and it is widely believed that patriarchal practices are engrained. How empowered are Indian women in various aspects of life in India today? Have things improved, as far as the agency of women is concerned? An HT analysis of National Family and Health Survey (NFHS) data shows that the answer to this question is not as straightforward as both extremes would like to believe. Here are five charts which explain why.
1. Women's agency in decision-making within a household is increasing, but it's still controlled

Do women have a say in decisions within the household? The NFHS sought responses of married women (aged 15-49 years) on the autonomy they enjoy in making three kinds of decisions: health care for self, major household purchases, and visits to her family and relatives. NFHS-5 data show that 88.7% of women had their say (alone or jointly with husbands) in at least one of the decisions, while 71% had a say (alone or jointly with her husband) in each of these decisions. On both these counts, the situation has improved from NFHS-4. To be sure, the autonomy available to women is significantly lower when it comes to financial decisions. The share of employed women who can decide (alone or jointly with husbands) on how to use their own financial income was 67% in NFHS-5. As is to be expected, a much smaller share of women can take such decisions on their own.

<table>
<thead>
<tr>
<th>Decision-making involvement joint and alone in NFHS-5 (in %)</th>
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<tbody>
<tr>
<td>Respondent alone</td>
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<tr>
<td>10.14</td>
</tr>
<tr>
<td>Own health care</td>
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<tr>
<td>Major household purchases</td>
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<td>Visits to her family or relatives</td>
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What increases their decision-making power?

Latest NFHS data show that both number of living children and wealth status influence the decision-making power of women in households. While 61.9% of women with no children had a say on all these decisions, this figure rose to 74.7% for women with more than five children. In terms of class, 74.1% of women who had a say on all these three decisions belong to the richest or fifth quintile (top 20%), this figure drops to 69.2% till the penultimate (second) quintile.

<table>
<thead>
<tr>
<th>Children-wise classification of decision-making power of women</th>
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<tr>
<td>Own health care</td>
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<tr>
<td>Major household purchases</td>
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<tr>
<td>Visits to her family or relatives</td>
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<tr>
<td>All three</td>
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</table>

Source: Unit-level NFHS

2. And they continue to face gender discrimination in the labour market

Indian women have to fight it out in the labour market with the proverbial situation of one hand tied behind their backs. This is on account of a disproportionate burden of household and domestic care work, as was explained in a 2020 HT analysis which looked at data from the Time Use Survey. This is not the only handicap women face in the job market. NFHS data shows that the share of women who worked on in-kind wages was twice that of men; four times more women than men reported to being not paid at all.

<table>
<thead>
<tr>
<th>Kind of earnings in NFHS-5</th>
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<tbody>
<tr>
<td>Cash only</td>
</tr>
<tr>
<td>---------------------------</td>
</tr>
<tr>
<td>Women</td>
</tr>
<tr>
<td>Men</td>
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</tbody>
</table>

Source: Unit-level NFHS

3. Free mobility still eludes over half of women

NFHS allows us to assess the freedom of women to access three places (the market, health facility, and places outside village/community) alone. The fifth round of NFHS shows that 47.4% of women said they could go to all the three places alone. While 94% of men said they could do the same. The differences are noted between rich and poor women; while 51% of rich women said they could access all three places alone, only 45% of poor women could access them alone.

<table>
<thead>
<tr>
<th>Religion-wise rural-urban share of women in accessing three places (in %)</th>
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<tbody>
<tr>
<td>Market</td>
</tr>
<tr>
<td>--------------------------------------------------------------</td>
</tr>
<tr>
<td>Women</td>
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<tr>
<td>Men</td>
</tr>
</tbody>
</table>

Source: Unit-level NFHS
World Menstrual Hygiene Day

World Menstrual Hygiene Day: Know all about first period, self-care tips
Parents need to educate their child about menstruation as soon as they notice changes in her body, what it means, the methods available for menstrual hygiene -- sanitary pads, tampons and menstrual cups (The Indian Express: 20220530)


World Menstrual Hygiene Day, menstrual hygiene, first period, menstrual cycle, menstruation, menstrual health, teenagers, puberty, indian express news
In 2-5 years, a normal adult pattern of menstrual cycle with an interval of 21-35 days sets in. Painful periods/dysmenorrhea is often a complaint. (Photo: Getty/Thinkstock)
The first period is known as menarche, and it can be a confusing time for a teenager or a pre-teen. Since pubertal changes are associated with emotional changes in addition to physical ones, it is important for parents to keep their child abreast about the transformation, sexual health, menstrual hygiene, etc.

According to Dr Geeth Monnappa, consultant, obstetrics and gynecology, Fortis hospital, Richmond Road, Bangalore, the sequence of pubertal changes is as follows: a girl will start to experience changes in her body from the age of 8 to 15. These changes occur in sequential order.

Menstrual awareness

Parents need to educate their child about menstruation as soon as they notice changes in her body, what it means, the methods available for menstrual hygiene — sanitary pads, tampons and menstrual cups — along with their pros and cons. “Most importantly, they must let her know this is a normal phenomenon,” the doctor suggests.

World Menstrual Hygiene Day, menstrual hygiene, first period, menstrual cycle, menstruation, menstrual health, teenagers, puberty, indian express news
If a girl experiences heavy bleeding lasting more than 7 days or absence of periods for more than 90 days from her first period, she needs to be evaluated for thyroid disorders, PCOS and bleeding disorders. (Photo: Getty/Thinkstock)
What to expect in the first few years post the first period?

Dr Monnappa says the first period signifies activation and maturation of the hypothalamo-pituitary-ovarian axis (the nerve signals between the brain and the reproductive organs) that was dormant during childhood. A regular pattern sets in within five years of the first period.

Bleeding patterns that are normal during this phase:
* Duration: Up to 7 days
* Interval between periods: 21-45 days
* Change of pads/tampons: 3-6/day

“If a girl experiences heavy bleeding lasting more than 7 days or absence of periods for more than 90 days from her first period, she needs to be evaluated for thyroid disorders, PCOS and bleeding disorders. In 2-5 years, a normal adult pattern of menstrual cycle with an interval of 21-35 days sets in. Painful periods/dysmenorrhea is often a complaint. If it is incapacitating, requiring medication or one that is preventing her from doing regular activities, it needs to be evaluated,” she advises.

Sex education and HPV vaccine

Although most parents are uncomfortable, this is the right time to educate your child on body, sex, protection and pregnancy. “The first period could also be a gentle reminder for the HPV vaccine to protect them from cervical cancer. As the vaccine is most effective before the onset of sexual activity, it is recommended for girls between 9-26 years of age,” the doctor concludes.

**Healthcare workers**

**Government preparing exhaustive database of healthcare workers**

*Portal will include all categories of healthcare professionals and mention the country where they wish to render their services (The Tribune:20220530)*


To project India as a global source in the health sector, the Centre is developing an online repository of all categories of healthcare professionals, including doctors, nurses and pharmacists that also mentions the country where they wish to render their services.

The portal, being developed by the National Health Authority (NHA) under the Ayushman Bharat Digital Mission (ABDM) as part of the government's 'Heal by India' initiative, is likely to be launched on August 15, official sources told PTI.

It will be voluntary for all healthcare professionals to provide their information to the portal and all steps are being taken to ensure data security. The personal information provided will be authenticated by UIDAI while registration details will be verified by the respective councils, the sources said.
"The portal will be ready by June 15 after which healthcare professionals will be able to register themselves in it.

"They will have the option to mention their preferred country where they want to work, languages they know, visa, country-specific qualifying exam details besides their usual background information," an official said.

It will enable a seamless experience for those accessing such information on the portal, the official added.

The healthcare professionals who can register themselves in the portal include practitioners of modern medicine as well as the traditional system of medicine, dentists, nurses, pharmacists and 56 categories of allied health professionals.

The NHA has already started collating data of healthcare professionals in collaboration with various regulatory bodies such National Medical Commission, Dental Council of India, National Commission for Indian System of Medicine, National Commission for Homoeopathy, Indian Nursing Council, Pharmacy Council of India and National Commission for Allied and Healthcare Professions.

A Health Professional Registry for doctors from all systems of medicines and nurses developed by NHA is already in place. So far, 32,059 doctors and 3,527 nurses have registered on it and of them credentials of 15531 doctors and 687 nurses have been verified. The data from this registry will also be sourced for the new portal, the official said.

"Once the portal goes live, external stakeholders such as patients and recruiters from India or abroad will be able to search for a required professional based on the speciality or system of medicine, languages known and the country they prefer work in," the official told PTI.

According to another official, despite recent efforts at standardized quantification, information on India's diverse health workforce is fragmented and unreliable.

There is currently no comprehensive official source on the health workforce data that cover all categories of related professionals in the country, the official said.

Information on only certain categories of professionals is currently maintained.

"For instance, doctors have specialised councils at the state and national levels that govern these professionals and therefore maintain data only related to these professionals but not community health workers, the official said.

Moreover, the way these registers, both in terms of digital systems and processes, varies considerably, he said. The official said the portal being developed under ABDM will globally promote the visibility of the Indian healthcare professionals and the services they provide.

It will also act as a bridge between the Indian healthcare professionals and the external stakeholders requiring healthcare services, the official added.
Scientists identify new liver and kidney disease
Researchers have established the inherited condition, called TULP3-related ciliopathy that causes kidney and liver failure in children and adults (The Tribune:20220530)


Scientists have identified a new disease in a ground-breaking discovery that could help patients with unexplained liver and kidney problems.

Researchers at Newcastle University in the UK have established the inherited condition, called TULP3-related ciliopathy that causes kidney and liver failure in children and adults.

There are numerous reasons for kidney and liver organ failure, which if left untreated is life-threatening, but often patients do not get a precise diagnosis which can make their best course of treatment unclear.

Research, published in the American Journal of Human Genetics, has revealed that a faulty gene is the catalyst for increased fibrosis in the liver and kidney, often resulting in the need for a transplant.

“Our finding has a huge implication for better diagnosis and management of kidney and liver disease in some patients,” said Professor John Sayer, Deputy Dean of Clinical Medicine at Newcastle.

“What we are now able to do is give some patients a precise diagnosis, which allows their treatment to be tailored to their needs for the best possible outcome,” Sayer added.

In the study, experts reviewed clinical symptoms, took liver biopsies and genetic sequencing from scores of patients, where a total of 15 patients from eight families were identified as having this new disease.

Urine samples from these patients were used to grow cells in a laboratory and then investigated to determine the precise defect causing TULP3-related ciliopathy.

Over half the patients in the study had a liver or kidney transplant as their condition had deteriorated significantly.

In these patients, the original cause for their organ failure was unknown until the study.
“We were surprised at how many patients we were able to identify with TULP3-related ciliopathy and this would suggest that the condition is prevalent within those with liver and kidney failure,” Professor Sayer said.

“We hope to provide a proper diagnosis for many more families in the future. This work is a reminder that it is always worth investigating the underlying reasons for kidney or liver failure to get to the bottom of the condition.

“Finding a genetic cause of liver or kidney failure has huge implications for other family members, especially if they are wishing to donate a kidney to the patient.” The team will now work with cell lines taken from patients to study more in detail the disease process and to test potential treatments for TULP3-related ciliopathy. IANS

Menstrual health

Breaking the stigma around menstrual health is this 17-year-old’s aim
Breaking the stigma around menstrual health is this 17-year-old’s aim(The Tribune:20220530)


Anahat Puar raises awareness about menstrual hygiene during an interaction with students of Government Middle School in Gumtala in Amritsar on Saturday. Tribune Photo

Raising awareness on menstrual health and hygiene in India is the need of the hour as a very small percentage of the female population has access to sanitary napkins, while the rest are still forced to use old cloth or rags during their periods.

May 28 is acknowledged as World Menstruation Day all around the globe. Keeping in mind the significance of menstrual health and awareness regarding the hygienic practices during the period, extensive campaigns have been designed and run to mark the day.

May 28 is acknowledged as World Menstruation Day all around the globe. Keeping in mind the significance of menstrual health and awareness regarding the hygienic practices during the period, extensive campaigns have been designed and run to mark the day. Contributing towards the efforts, city-based young volunteer Anahat Puar, 17, took up the initiative aiming to work towards breaking the silence around periods, tackle the stigma often associated with it, and raise awareness on the importance of menstrual hygiene for school-going teenage girls, who do not have an easy access to simple necessities required.
There are so many girls, for whom period means fear, shame and shyness to talk about it with someone. I was lucky to have an open family, who educated me and cleared all my doubts about periods. I wanted to provide the same experience to other girls, especially to make them aware that there was no need to feel shy or shameful about something that is a natural process. Anahat Puar, young volunteer

Anahat visited the Government Middle School, Gumtala, and interacted with girl students of Class VI-VIII, educating them and breaking the ice when it comes to menstruation.

“There are so many girls, for whom period means fear, shame and shyness to talk about it with someone. I was lucky to have an open family, who educated me and cleared all my doubts about periods. I wanted to provide the same experience to other girls, especially to make them aware that there was no need to feel shy or shameful about something that is a natural process,” said Anahat.

Anahat has created health kits, which includes undergarments, sanitary napkins, soap and necessary hygiene products required during menstruation. She distributed these kits among girls and wants to continue working for menstrual health awareness. Anahat also gave a personalised talk to girls and even showed a video so that they could know more about the topic.

She aims to bring a huge positive impact on society. I am a person of action when it comes to working towards for a social change. I want to apprise more young girls about the subject because it is what is needed for improving female health-related issues.”

Nine Hygiene and Personal, a healthcare organisation, too, has taken a step towards menstrual health awareness. It has distributed sanitary pads to over 2.5 lakh girls across eight states within just a span of a month, including Punjab. The company has empowered over 7.5 lakh women with access to safe menstrual hygiene.

The company regularly conducts workshops in schools and colleges with the key objective of dismantling period taboos, increasing awareness and putting young girls and women in charge of their menstrual health while encouraging them to do the same for others in society.

The movement brings together men and women by reaching out to them through social caregivers and self-help groups, in local communities and actively encourages them to discuss periods and eliminate the stigma surrounding it.

#women
Monkeypox

Monkeypox can be contained if we act now, says World Health Organisation

Monkeypox, typically a mild viral infection, is endemic in African countries but its spread to non-endemic countries such as in Europe and the United States has raised concerns (The Tribune:20220530)


A World Health Organization senior official said on Friday that the priority needs to be containing monkeypox in non-endemic countries, saying that this can be achieved through quick action.

Monkeypox, typically a mild viral infection, is endemic in the African countries but its spread to non-endemic countries such as in Europe and the United States has raised concerns. So far, there are more than 200 confirmed or suspected countries in around 20 cases where the virus was not previously circulating.

"We think if we put the right measures in place now we can contain it easily," Sylvie Briand, WHO director for Global Infectious Hazard Preparedness said at a technical briefing to member states at the UN health agency's annual assembly.

She stressed that there was a window of opportunity to prevent further spread, urging the general public not to be worry since transmission is much slower than other viruses such as the coronavirus.

WHO officials said that there was no need for mass vaccination at present, but targeted vaccination where available for close contacts of people infected.

"Case investigation, contact tracing, isolation at home will be your best bets," said Rosamund Lewis, WHO head of the smallpox secretariat which is part of the WHO Emergencies Programme. Reuters
Skin Problem (The Asian Age:20220530)


PRE-TEEN SKIN WOES

Skin breakouts and issues are common in preteens who often ignore them but develop bigger skin issues as they grow older.

BINDU GOPAL RAO

Taking care of the skin early prevents one in dealing with possible skin issues in the future. A preteen skincare routine as per your skin type helps you to tackle acne problems, brown spots, wrinkles, formation of enlarged pores and more as it is best to invest in early skincare.

START RIGHT

Teenagers are least conscious about any skincare regimen. They are also quite reckless about sun exposure and skin cleansing. As hormones play havoc with the young bodies, the skin oscillates between dry and oily. It is during teenage years that they tend to experience skin issues like pimples, acne, blackheads, and the resultant scars and blisters. Setting up a basic skincare routine with simple steps is one way to start dealing with preteen and adolescence skin issues. “It is best to start with an easy routine of cleansing and moisturising, day and night. Make sure the skincare routine is convenient for you at first, and once it is established, you can further add more steps and products that suit your particular skin in your formative teenage years,” says Anshul Aggarwal, Founder and CEO Derma.Total.

At this age, a preteen would not know or be able to determine what works and what doesn’t, in terms of ingredients and formulas, for their skin that’s still going through hormonal changes. “Keeping the skincare routine simple but effective doesn’t overwhelm or stress the pre-teen or their developing skin. In fact, it makes it slower to become more comfortable with complicated skin routines with better knowledge of skin allergies or irritations, if any,” adds Aggarwal.

TWEEEN STRAIN

Acne and sudden breakouts are commonplace at this age. It is advisable to see a dermatologist or a skin expert who can help professionally. Supriya Mallick, Founder, Indulgo Essentials says, “A simple skincare regimen at an early age is thus essential for preventing the likelihood of developing skin issues such as acne, dry, or sensitive skin, or other skin problems, etc. Later in life, the skin may develop imperfections that are harder to get rid of. It is always better to start an all-inclusive skincare plan during this period for encouraging some wellness that keeps them cheerful and vibrant as they should be.”

Skincare at this age does not have to be a deep multi-step regimen with endless concoctions and serum cocktails. Keeping it as mild and bare-bones as possible is the key. A heavy routine can do more harm than good.

HORMONE HORROR

Preteen skin is marked by hormonal shifts that trigger excessive sebum (oil) production. Since puberty hits right around this age, the skin becomes super sensitive and requires a lot of care. This is the age when one hardly knows the skin type. Overproduction of sebum leads to common issues like acne and seborrheic dermatitis and sometimes dandruff. Vipin Sharma, senior product and research manager, Fishama India Pvt. Ltd., says, “Teenagers not only face the challenges of physical changes but also bear the burden of certain emotional changes which are off course the consequences of the hormonal changes. Although most of the people at this age focus on their studies and careers, skincare is also very important. The skincare routine should be hassle-free and simple, so that most of the teens can follow it easily.”

TAKE CARE

What preteen and tween skin need is a good daily skincare routine to keep their skin clean, healthy, and a lot of water to keep their skin healthy and minimize chances of oil imbalance, acne, and blackheads. Some teens fall into the bad habit of picking up on their pimples or pressing them. This can only aggravate the problem by spreading the infection but also leaves scars. It is important to get the skin examined by a dermatologist to understand the skin type and the root cause of acne to treat it accordingly. In some cases, they may need oral medication to supplement topical product applications. In acne cases start with a face wash containing salicylic acid, rose water, green tea oil to reduce the excess oil and dead skin buildup. Then apply a moisturiser gel or lotion) containing rose extract, niacinamide, which helps to hydrate the skin and minimise irritation. Follow it with a sunscreen that protects from both UVA & UVB with SPF 50 for a glossy formulation. Add a salicylic acid or salicylate-based night product to further control the redness and minimise breakouts,” says Dr. Madhuri, Founder & Medical Director, Vyanus Aesthetics- Clinic & Dermatologist, OYT Skincare. Start early and ensure your skin glows as you grow.

SKINCARE TIPS

- Introduce mild cleansers.
- Use gentle toners.
- Excessive face wash with water during this sensitive age can disrupt the skin’s balance as the tap water’s PH is not compatible with our skin.
- Make sure you sun protect.
- Choose a good face wash or cleanser according to your skin type with preferable actives like salicylic acid, benzoyl peroxide or tea tree oil.
- Magical oils for acne, pigmentation and redness can be incorporated.

— Dr. Madhuri, Founder & Medical director, Vyanus Aesthetics Clinic & Dermatologist, OYT Skincare.

We recommend preteens to start with an easy routine of cleansing and moisturizing, day and night, because the skin is very sensitive at this age and the skin can react to products. It is very important to choose the right products for your skin type and consult a dermatologist before using any product. It is also important to use sunscreen daily and avoid sun exposure during peak hours.

PRE-TEEN SKIN IS MARKED BY HORMONAL SHIFTS THAT TRIGGER EXCESSIVE SEBUM (OIL) PRODUCTION. SINCE PUBERTY HITS RIGHT AROUND THIS AGE, THE SKIN BECOMES SUPER SENSITIVE AND REQUIRES A LOT OF CARE.
Zoonotic diseases

As zoonotic diseases spiral, how do we live with them?( The Indian Express:20220530)

https://indianexpress.com/article/lifestyle/health/as-zoonotic-diseases-spiral-how-do-we-live-with-them-7943545/

There is a need for the scientific, public health and medical community to work together. It requires interventions in areas of protecting the environment, preventing deforestation, planning urban settlements better and ensuring rational use of antimicrobials. We need to focus on the global “One-Health” programme, which proposes a combined action for the health of animals, environment and humans, says Dr Chandrakant Lahariya

This 1997 image provided by the CDC during an investigation into an outbreak of monkeypox, which took place in the Democratic Republic of the Congo (DRC), formerly Zaire, and depicts the dorsal surfaces of the hands of a monkeypox case patient, who was displaying the appearance of the characteristic rash during its recuperative stage. As more cases of monkeypox are detected in Europe and North America in 2022, some scientists who have monitored numerous outbreaks in Africa say they are baffled by the unusual disease's spread in developed countries. (AP)

The largest ever Monkeypox outbreak outside African countries has brought a renewed attention on zoonotic diseases. Global public health experts are a bit puzzled about how this outbreak began in multiple countries — something not seen in the past — but they are not completely surprised. We must remember that viruses have been on earth for millions of years before the origin of human species. They are far greater in numbers and only a minuscule fraction of an estimated 1031 viruses on earth or around 10,000 virus species have the capacity to infect human beings. Fortunately, a majority circulate and are found in wild animals.

However, things are changing slowly. In the last 50 years, scientists have identified around 1,500 disease-causing agents (the pathogens), most of which have jumped from animals to humans. Such infectious diseases, which are caused by pathogens jumping from animal to humans, are called zoonotic diseases.

In today’s world, zoonotic diseases are becoming a major public health problem. Between 1940 and 2004, nearly 330 diseases had emerged, of which more than 200 were zoonotic. Of these, 70 per cent pathogens were from wildlife. The ongoing Covid-19 pandemic, the H1N1 swine flu pandemic and the Ebola virus were zoonotic in origin.

Editorial | National Assessment Survey lays out post-Covid challenges. Teacher- and student-centred approaches are needed

The reality is that with every passing day, the possibility of emergence (of a new pathogen and disease) and re-emergence (of older pathogens) of zoonotic diseases is increasing. The reasons are multiple. First, deforestation and increasing human intervention in forests mean new microbes are coming into human contact. A study by the researchers at Aix-Marseille University and Montpellier University had documented a link between reduced global forest
cover between 1990 and 2016 and an increase in reported outbreaks and epidemics. Second, global warming and rising temperatures which result in microbes adapting to and surviving in new conditions and places. Third, a rapid and unplanned urbanization, the dense settlements and overcrowding in cities contributes to faster spread of infections. Fourth, rapid, widespread and increased air travel connectivity ensures that a human being (and a pathogen) can travel from one part of the world to another in less than 24 hours and well within the incubation period of disease.

Fifth, the single animal livestock or “intensive” farming increases these risks by allowing the multiplication and mutations of the pathogen. In factory farms, tens of thousands of animals are cramped together in indoor settings, creating an ideal environment for rapid multiplication and spread of viruses and bacteria to many animals. This provides an opportunity for a greater chance of the viruses mutating and, therefore, increasing the probability of emergence of variants or strains which can be more harmful and have higher zoonotic potential. These are not hypothetical situations. The 2009 swine flu (H1N1) pandemic virus spread from a factory pig farm 8 km away from a locality in Mexico. Sixth, the indiscriminate use of antimicrobials, especially in poultry farms and the agriculture industry, means pathogens become resistant and can survive longer to cause severe disease in humans.

Also Read | Disease experts call on WHO, governments for more action on monkeypox

Seventh, the increased consumption and wildlife trade are other contributors of zoonotic diseases through “wet” markets. These provide a perfect environment for the spread of undocumented pathogens that exist in some wild animal populations. The initial cases of COVID-19 were identified from people who had come in contact with a wet market in Wuhan, China. In 2003, the first large outbreak of Monkeypox outside endemic countries in Africa, was the outcome of wildlife trade in the US. The virus spread through imported African wild mammals, housed alongside Prairie dogs, which became infected and were then adopted as pets across multiple states.

The evidence on greater probability of zoonotic diseases is increasing. A study by researchers at the University of Georgetown in the USA and published in the journal Nature in April 2022, has estimated that if the Earth’s temperature rises by 2 degrees in the next 50 years, it would mean that wild animal species will be forced to settle in new areas and closer to human settlements. If that happens, it may facilitate a “zoonotic spillover” or disease-carrying germs coming into contact with humans. In that scenario, by 2070, we could be exposed to about 10,000 to 15,000 new pathogens (bacteria and viruses) previously confined to wild animals and forests. This would result in a 4,000 times likelihood of cross-species transmission of the virus. They have also projected that the countries in Africa and Asia are most likely to be impacted by this situation. Since the majority of these microbes will be new with no prior immunity in people, it will increase the likelihood of disease spread and epidemics.

These conditions and scenarios may appear scary but also remind us that there is a lot which we can do to avert that scenario. The zoonotic diseases spread through multiple modes and the prevention methods differ for each pathogen and their route of transmission. Every country individually and the world community together need to take action. There is a need for the scientific, public health and medical community to work together. It requires interventions in areas of protecting the environment, preventing deforestation, planning urban settlements better and ensuring rational use of antimicrobials, among others.
These interventions are interlinked. As an example, by preventing global warming, we can avoid diseases and outbreaks as well. It requires different sectors and ministries which deal with animals, humans, forests, agriculture and climate change work together. A beginning has been made and there is global attention on the concept of ‘One-health’, which proposes combined actions for the health of animals, environment, and humans.

The pathogens (viruses and bacteria) have been part of the evolution of the earth. They appeared on earth millions of years ago and long before humans. It is the disturbance in harmony that we are seeing the emergence of zoonotic disease, a situation which is a stark reminder of humans overstepping with nature.

The COVID-19 pandemic has once again reminded us that economic and social costs of pandemics could be in trillions of dollars, enough to halt and reverse the economic growth trajectory. The investment on epidemic preparedness and response is only a fraction (of this cost) and if Governments start investing on such interventions, we can both delay a few and avert a few more of the future epidemics and pandemics. The way things have changed in the last century and for the factors listed earlier, the zoonotic diseases are going to be part of our life. We may not prevent all future zoonotic disease outbreaks and epidemics, but with the right precautions and preparedness, it is possible to stop some epidemics turning into a pandemic.

**Surrogacy and assisted reproduction**

*Explained: The new laws relating to surrogacy and assisted reproduction, and related challenges (The Hindu:20220530)*


A couple from Britain whose baby was born on Oct. 17 by a surrogate pose their baby for a photo in Anand, India on Nov. 5, 2015

A couple has moved the Bombay High Court in a case related to the Surrogacy Act enacted in December last year

On May 18, the Bombay High Court sought Mumbai-based Hinduja Hospital’s reply after a couple moved the court seeking to complete a surrogacy procedure, which commenced before Parliament passed the Assisted Reproductive Technologies (ART) Act and the Surrogacy Act in December 2021.

The couple had approached the hospital in October 2021 to undergo surrogacy after the wife had lost both her children and could no longer naturally give birth due to a medical issue. After completing fertilization, the embryos were cryopreserved at Thane.
Later, after the two laws mentioned above came into force in January 2022, the hospital told the couple that they could not transfer the embryos to the surrogate carrier as the new law prohibited it from treating the surrogate carrier. In response, the couple moved the Bombay High Court seeking transfer of the embryos to any other ART clinic.

The hospital argued that under the new law, such issues were to be solved by a national or state board which had to be set up within 90 days of the implementation of the ART Act. On the other hand, the couple pointed out that no such board has not been constituted as yet. Hence, keeping the lifespan of the embryos in mind, the couple argued that they had to move the Bombay HC as a last resort.

What are the provisions of the ART Act & Surrogacy Act?
Surrogacy (Regulation) Act:

First introduced in the Lok Sabha on July 15, 2019, the Surrogacy (Regulation) Bill was sent to a select committee. After a thorough revision of the Bill, the report was tabled before the standing committee on February 5, 2020. Later, during the 2021 winter session of the Parliament, both houses passed the Bill. It was signed by the President and came into force in January 2022.

What is surrogacy?

The Act defines surrogacy as a practice where a woman gives birth to a child for an intending couple with the intention to hand it over to them after the birth. It is permitted only for altruistic purposes or for couples who suffer proven infertility or disease. Surrogacy is prohibited for commercial purposes including for sale, prostitution or any other forms of exploitation.

Moreover, once the child is born, it will be deemed to be the biological child of the couple for all intents and purposes. Abortion of such a fetus is allowed only with the consent of the surrogate mother and the authorities and must adhere to the provisions of the Medical Termination of Pregnancy Act.

Who can avail of surrogacy?

Under the Act, a couple should procure certificates of eligibility and essentiality in order to have a child via surrogacy.

The couple is deemed ‘eligible’ if they have been married for five years, the wife is aged between 25-50 years and the husband is between 26-55 years. The couple must not have any living child (biological, adopted or surrogate.) A child with mental or physical disabilities, or one suffering from a life-threatening disorder or illness has been exempted from the above criterion.

The couple can get an ‘essential’ certificate if suffering from proven infertility of either partner certified by a District Medical Board, and an order of parentage and custody of the surrogate child, passed by a Magistrate’s court. They must also have insurance coverage for 16 months for the surrogate mother, covering any postpartum complications.

Who can be a surrogate?
A surrogate mother has to be a close relative of the couple, a married woman with a child of her own, aged between 25-35 years, who has been a surrogate only once in her life. She must also possess a certificate of medical and psychological fitness for surrogacy.

Who regulates surrogacy?

The Centre and State governments are expected to constitute a National Surrogacy Board (NSB) and State Surrogacy Boards (SSB) respectively, within 90 days of the passing of the Act. This body is tasked with enforcing standards for surrogacy clinics, investigating breaches and recommending modifications. Further, surrogacy clinics need to apply for registration within 60 days of the appointment of the appropriate authority.

Offences under the Act include commercial surrogacy, selling of embryos, exploiting, abandoning a surrogate child etc. These may invite up to 10 years of imprisonment and a fine of up to Rs. 10 lakh.

Assisted Reproductive Technology (ART) Act:

The ART Act was introduced in Lok Sabha in September 2020 and was sent to a Standing Committee for revisions. Later, along with the Surrogacy Act, it was passed in both Houses during the winter session of Parliament in December 2021. This law too came in force in January 2022.

What is ART?
ART is defined as all techniques used to obtain a pregnancy by handling the sperm or egg cell outside the human body and transferring the embryo into the woman’s reproductive tract. These include – sperm donation, in-vitro-fertilisation (IVF) (where the sperm is fertilized in a lab), and gestational surrogacy (child is not biologically related to surrogate).

Rules for ART clinics & banks

Every ART clinic and bank must be registered under the National Registry of Banks and Clinics of India which will maintain a central database with details of such institutions. The registration of such clinics and banks is valid for five years and can be renewed for another five years. It may be cancelled or suspended if the institution violates the provisions of the Act.

Clinics are not allowed to provide a child of pre-determined sex and must check for genetic diseases before an embryo is implanted in a woman’s body.

Conditions for sperm donation & ART services

A registered ART bank can screen, collect and store semen from men aged between 21 and 55 years. It can also store eggs from women aged between 23 and 35 years. Under the Act, female donors need to be married with at least one child of their own, aged at least three. A woman can donate up to seven eggs only once in her life. A bank cannot supply the semen of one donor to more than one couple.

Such ART procedures require the written informed consent of both the couple and the donor. The couple seeking an ART procedure must provide insurance coverage for the female donor in case of loss, damage or death of the donor.
As mentioned above, clinics and banks are prohibited from advertising or offering sex-selective ART. Such an offence is punishable with imprisonment ranging between 5 to 10 years or/and a fine of Rs 10 to 25 lakhs.

A child born via an ART procedure will be deemed to be the couple’s biological child in the eyes of the law and is entitled all such rights. The donor does not retain any parental rights over the child.

Regulation of ART processes

The National and State Board formed under the Surrogacy Act are also expected to regulate ART services. These boards are to advise the government on policy, review and monitor implementation of the law, and formulate a code of conduct for ART clinics and banks.

Offences

Offences under this Act include abandoning or exploiting children born through ART; sale, purchase, or trade of embryos; exploiting the couple or donor in any form; and transfer of an embryo into a male or an animal. Such offences may attract a fine of Rs 5 to 10 lakhs for the first time. Subsequent offences are punishable with imprisonment for 8 to 12 years and a fine of Rs 10 to 20 lakhs.

What were the issues raised against these Bills?

Opposition law-makers argued that the ban on commercial surrogacy showed the Centre was ‘out-of-touch with ground realities.’ During the discussions in Parliament about the Bill, the Opposition also stated its belief that the Bill curtailed the rights of women surrogates under the garb of curbing exploitation.

Moreover, several villages in Gujarat are known for commercial surrogacy. As per reports, Anand, known for Amul’s dairy factory, has also acquired fame as India’s ‘surrogacy capital,’ offering lucrative monetary opportunities for impoverished women.

Dr. Nayana Patel, who runs the Akanksha Infertility Clinic in Anand, says, “A surrogate makes anywhere between Rs. 3 to 5 lakhs per pregnancy, depending on the commissioning parents, and the total cost of ”making a baby” is roughly Rs. 10 lakhs.”

Similarly in Hyderabad, IVF, surrogacy and egg donation have become a thriving business. Aspiring surrogate mothers are flocking to Hyderabad from places such as Rajahmundry, Srikakulam, Mahabubnagar, West Godavari and Visakhapatnam. In Mumbai, couples pay Rs. 12 to 15 lakh for one surrogacy, of which the surrogate mother earns Rs. 3 to 4.5 lakhs.
Disability and the barriers

Disability and the barriers to feminine hygiene (The Hindu:20220530)


Economic and structural factors create more hurdles to hygiene management, good health, health-seeking behaviours
In the past decade, significant progress has been made in India by government and non-governmental actors with regard to menstrual health and hygiene management (MHHM). Increased awareness about MHHM, enhanced access to female friendly/gender appropriate sanitation facilities and availability of menstrual products, in particular sanitary pads, are some of the visible outcomes of this progress. However, certain groups have been overlooked thus far, including girls and women with disabilities, who face an exceptional burden on account of the intersections between gender and disability.