

## **NIHFW Newsletter**

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### ***Editorial***

## **THE ROLE AND SCOPE OF MEN'S PARTICIPATION IN REPRODUCTIVE HEALTH CARE**

According to the WHO, health is a state of complete physical, mental and social well being that is essential for productive life and not merely the absence of disease or infirmity. Health development and health maintenance depend upon the quality of health care which involves self care and the care by the family, the community and the health care systems. Health care is a much wider concept which includes preventive, promotive and rehabilitative aspects in addition to the curative aspects which the medical care is usually concerned with.

The importance of various components of reproductive health (RH) had been gaining increasing but fragmented attention in different countries over the years, and an integrated comprehensive concept of RH has emerged and gradually evolved only in recent years.

### **Definition of Reproductive Health (RH)**

As defined by the WHO and adopted in 1994 in the International Conference on Population and Development (ICPD, Cairo), Programme of Action, "Reproductive health is a state of complete physical, mental and social well being and not merely the absence of disease or infirmity in all the matters relating to the reproductive system and its functions and processes. Reproductive health, therefore, implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the rights of men and women to be informed of and to have access to safe, effective, affordable and acceptable methods of family planning of their choice as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant."

### **Components of Reproductive Health and Reproductive Health Care**

The different components of comprehensive reproductive health care are encompassed within the following eight areas:

- a) Women's health, safe motherhood (including safe and humane management of unwanted pregnancy and abortion), and women's development.
- b) Child survival, child health and child development.
- c) Adolescence, sexuality development, adolescence education and adolescent's health care.

- d) Effective family planning ensuring free reproductive choice, gender equality and greater male participation.
- e) Prevention, detection and management of reproductive tract infections, sexually transmitted diseases (STDs) and AIDS and the cancer of the reproductive system.
- f) Sexual health
- g) Prevention and detection and management of genetic and genetical-environmental disorders.
- h) Reproductive health care of elderly persons.

Maternal health is directly related to the state of women's health which in turn is related to the status of women in the family and the community at large and their development. Both women's health and maternal health are largely influenced by the status of their health during infancy, childhood and adolescent period. This has also been emphasized in WHO documents. Children and adolescents of today would develop into adults of tomorrow, entering into reproductive phase of life. Maternal health is also closely related to child survival. The fear of or actual death of the child produces a desire for a large number of children and early death of the child curtails the period of lactation thus hastening exposure to pregnancy. High fertility reduces child survival and the direct correlation of higher infant mortality rate with higher fertility is well known. Thus high fertility and high maternal mortality and morbidity are linked with high infant and child mortality creating a vicious circle. Child survival is very important but that is not enough. Survival alone is no guarantee for fulfillment of physical and mental potentials with which they are born. Human sexuality comprises the knowledge, beliefs, attitudes, values and behaviours of individuals regarding sex. An integrated care and development of the adolescents and youths is a most crucial component for their balanced development leading to rational sexuality, responsible parenthood and useful citizenship. Therefore, a comprehensive concept of reproductive health should encompass all these aspects mentioned above and its care needs an integrated approach.

Reproductive health forms a crucial part of general health and provides a sound base for human development. It involves very intimate and highly valued aspects of life and affects everybody at all phases of life. It is affected by other aspects of health, particularly the status of health during infancy, childhood and adolescence as well as by lifestyle and the environment. It also affects other aspects of health beyond the reproductive years, both in women and men. Reproductive health also includes sexual health, which leads to the enhancement of life and personal relations and is not just counselling and care related to reproduction and sexually transmitted diseases (STDs). This has also transgenerational implications. By virtue of its comprehensive and holistic nature reproductive health is considered to be the key to a brighter future (WHO, 1992).

Obviously, all the above components of reproductive health care may not be organized overnight, but these can be developed in an incremental fashion. Depending on the urgency of the prevailing problems and the availability of resources, some of these components would need priority attention and emphasis. Apparently, the current RCH (Reproductive and Child Health) programme in the country is following somewhat similar approach. It is not addressing various other components of reproductive health

listed above. Nevertheless, the minimum essential requirements may be spelt out. However, the degree of developments that have already occurred in this field would vary from country to country and from states (provinces) to states within the country. It would not be wise to restrict or bind all to the minimum essentials. But it would be the important to outline the comprehensive programme. Then depending upon the local needs and demands, these can be adapted and developed appropriately, keeping the higher goals in view for the future.

### **Developmental Efforts and Current Status of RH**

In 1952, family planning was adopted in the national programme in India. Following Alma Ata Declaration in 1978 and Riga Conference (1990), achieving Health For All (HFA) through primary health care approach by 2000 and beyond has remained an important goal. Now the new target is to achieve reproductive health for all (RHFA) by 2015. For achieving these objectives, various types of programmes have been organised over the years and a vast infrastructure has been built.

As a result of all these, very significant improvement has occurred in the general health status as well as in reproductive health parameters. During the period from 1951-61 to 1998-99, crude birth rate has declined from 41.7 to 26.4, crude death rate decreased from 25 to 10.4, maternal mortality rate from more than 5 to less than 3, infant mortality rate from 146 to 72 and the total fertility rate has decreased from 6 to 3.3. The couple protection rate (CPR) has increased from about 10 to 44 and the life expectancy at birth has risen from 41.3 to 62. But these results are far below the desired or targeted levels; some undesirable / unhealthy practices have persisted and some other new problems and challenges have appeared. The current CPR is about 50%; this is mostly due to female sterilization (38%), and men's contribution is very marginal (4 to 5 %) through the use of condom and vasectomy. Those women who accept sterilization, they wait until their family size is completed. Until then they do not use any spacing methods, resulting in many unwanted pregnancies. Most of them resort to induced abortion, often in unauthorized centres resulting in high rate of maternal mortality and morbidity and child mortality. Many of the couples who have completed their family size, do not use any contraceptive facing the risk of unwanted pregnancy. There is a large unmet need in contraceptive use (about 20%). Obviously, a contraceptive culture for limiting the family size using spacing methods has not developed. All these are hindering the population stabilization programme, thus adversely affecting the economic and other social development measures.

Gender bias, sexual coercion and violence have continued unabated. It needs to be emphasized that the females are being discriminated and disadvantaged right from the intra-uterine life and through infancy, childhood, and adolescence and adult life. They do not have any decision-making role. In spite of the fact that the women contribute most for the welfare of the family and the community at large, they suffer the most. There is a need for urgent remedy. Women are the best change agents for development. Their development should be given priority attention and they must be empowered. The

possible ways and means by which this can be achieved have been discussed in detail by this author elsewhere.

Unprotected sexual practice has greatly increased among the adolescents and unmarried youths. They are also the victims of drug abuse. These are prevalent more among the males. All these need appropriate corrective measures.

The incidence of sexually transmitted diseases has greatly increased and HIV infection has assumed epidemic proportions. HIV has increased mainly through heterosexual contacts. Mother to child transmission has greatly increased, the mother being innocently infected by the male partner who had acquired this infection through extra-marital adventures. Most of them will ultimately develop AIDS, adding great burden to the family and the community.

### **Men as Partners for Improving Reproductive Health**

The ICPD, Cairo (Egypt) in 1994 emphasized the importance of greater male participation in the overall family life and family planning in particular. The couples should be able to discuss sexual and reproductive health matters and take decisions together. The Forth World Conference on Women in Beijing, China (1995) emphasized on gender equality and stressed the need for men and women working together.

Men's active participation would be of immense value in the following areas:

1. Men's own reproductive health issues:
  - a) They should address to their unmet needs in RH care;
  - b) Keep themselves free from STDs and HIV infection; and
  - c) Participate in family planning using condoms or accepting vasectomy.
2. Share responsibilities for RH care needs of the partner:
  - a) Avoid unintended pregnancies.
  - b) Discuss and jointly decide the contraceptive choice and practice; when a decision is jointly taken, the acceptance and continuation rates are better. In one study in Iran, the responsibilities of wives', oral contraceptive use was given to their husbands; the compliance rate was very much improved.
  - c) The importance of timely use of emergency contraceptives (EC) in case of unprotected sex can be explained to male partners; this will promote acceptance and practice not only of EC but also of regular contraceptives.
  - d) In case of pregnancy, the male partner's involvement during antenatal and natal care and in obstetric emergency can promote safe motherhood.
3. Provide increasing opportunities to women in decision making, and ending violence against women.
4. Reproductive health care of children:

RH of children can be promoted through proper education and counselling of adolescents and youths for developing:

- a) Rational sex behaviour and responsible parenthood,
- b) Proper attitude for gender equality, and
- c) Avoiding drug and substance abuse.

### **Concluding Remarks**

Active participation of men to share the responsibility in overall family life and reproductive health care would include: (a) Men addressing their own unmet reproductive health needs, and (b) Promoting and supporting the partners in developing healthy sexual and reproductive behaviours, in responsible parenthood through family planning, maternal and child health, and adolescent and youth health care and prevention of sexually transmitted diseases including HIV infection.

For adopting and strengthening such approach would need the help and active co-operation of all concerned stake holders, namely the family and the community, programme administrators and policy makers and the governmental and non-governmental organisations, with multi-disciplinary inputs.

## **EVENTS**

### **World Population Day**

The World Population Day was observed by the Institute this year also. The theme of the day was “Every Minute we are losing a Mother.”

This programme was co-ordinated by MD (CHA) and DHA students of the Institute under the guidance of Dr. (Ms.) P. Swain and Dr. M.H. Meitei, Department of Statistics and Demography. As part of this programme, a function was organized by the Institute at the Field Practice Demonstration Area, Rangpuri, New Delhi, and was presided over by Dr. (Mrs.) M. Bhattacharya, Head of the Department of Community Health Administration, and Ms. Rajendri, Municipal Counsellor, was the guest of honour. Dr. (Ms) Sushmita, Medical Officer-in-charge of Rangpuri health centre and her staff extended all co-operation and support to organize this programme at Rangpuri village. This function was attended by more than 150 people ; including those in the reproductive age group, adolescent boys and girls and children. On this occasion, a quiz competition on health issues in general was organized for the school students of Rangpuri village. Besides, a health talk, and a Hindi documentary film “Kairee” were arranged for the benefit of the villagers.

## **Hindi Fortnight**

Hindi fortnight was observed in the Institute from 1 to 15 September 2004. This is one of the important activities undertaken by the Institute under the 'Use of Hindi in the Official Work' every year. As part of the Hindi Fortnight, an essay competition on "*Dhruvrapan / tambaku ke seban ki samasya*" (Problem of smoking / Tobacco) was organized for two categories of employees of the Institute, who have only working knowledge of Hindi and who have expertise in Hindi.

Dr. (Ms.) A.M. Elizabeth, Assistant Research Officer, won the prize in the first category.

Ms. Rekha Meena, Research Assistant, Mr. Kanwar Singh, Attendant Gr.-II and Mr. S.P. Singh, Research Assistant, won the first, second and third prize respectively in the second category.

Also, on 14 September 2004, Hindi Day was observed in the Institute and an elocution competition was organized on "*Asayanmit jeevansaili se utparn swasthya samasyaen*" (Problems emerging from unregulated lifestyle). Mr. Radheshyam, Attendant, Gr.-II, Mr. Bishnu Charan Patro, Sub-Editor, and Mr. Anoop Kumar Gupta, Accounts Officer, won the first, second and third prizes respectively in this competition. Mr. Jag Mehar Singh, Senior Technical Assistant, was given consolation prize.

Shri H.L. Luthra, Hindi Officer, delivered a lecture on "*Sarkari kamkaz me Hindi ke pragami prayog ke liye prochahan yojnaen*" (Incentive schemes for progressive use of Hindi in official work) for the benefit of the employees of the Institute. Dr. N.K. Sethi, Director-in-charge, appealed to all the employees of the Institute to use Hindi in their respective official works.

## **Self-Defence Course for Women**

Following an 'inter-face-cum-live-demo' on "Self-Defence for Women" in May 2004, the NIHFW Staff Welfare Association in collaboration with the Delhi Police, organized a 15-day "Self-Defence Training Course for women" from 17 August to 3 September 2004 in the Institute. The training was given by a team of woman trainers from the Crime Against Women Cell, Delhi Police, headed by Mrs. Neera Malhotra, Inspector, Delhi Police, to the women employees and the adolescent girls and women of staff quarters of NIHFW.

## **Lecture**

Dr. Krishnamurthy, Former Director, Public Health, Government of Tamil Nadu, delivered a lecture on Application of HMIS in Primary Health Care on 19 July 2004 in the Institute.

## Visitors

Distinguished visitors to the Institute during July – September 2004 include:

- Dr. Sanjay Paswan, Former Minister of State for Human Resource Development,
- Prof. John Catford, Dean, Deakin University, Melbourne, Australia;
- Dr. Farah Usmani; and
- Dr. B.P. Pattnaik, Regional Director (Health and Family Welfare), Government of Orissa.

Besides, students from Raj Kumari Amrit Kaur College of Nursing, New Delhi; and Government College of Nursing, Fort, Bangalore, visited the Institute as part of their educational tour.

## TRAINING COURSES

Training Course on Logistics, Supplies and Materials Management in Health and Family Welfare

Coordinators: Dr. U. Datta and Dr. S.V. Adhish  
 Co-coordinator: Dr. R.K. Thaker  
 Associates: Mr. S.S. Mehra and Mr. G.P. Devrani  
 Dates: 5--16 July 2004

Training Course on Application of Research Techniques in Reproductive Biomedicine

Coordinator: Dr. M.M. Misro  
 Co-coordinator: Dr. T.G. Shrivastav  
 Associate: Mr. S.P. Chaki  
 Dates: 12—23 July 2004

Training Course on Medical Negligence, CPA and Medical Ethics for Faculty of Medical Colleges

Coordinator: Prof. A.K. Sood  
 Co-coordinators: Dr. U. Datta and Dr. (Mrs.) U. Vasudeva  
 Associates: Mr. A.K. Verma, Mr. Yogesh Singhal, Mr. G.P. Gupta and Mr. S.P. Singh  
 Dates: 19—23 July, 2-6 August, 27 September—1 October 2004

Training Course on Demography for District Level Statistical Personnel

Coordinator: Dr. P. Marimuthu  
 Co-coordinator: Dr. M.H. Meitei  
 Associates: Mr. Anil Kumar and Mr. Bacchu Singh  
 Dates: 26—30 July 2004

Training Course on Training Technology

Coordinator: Dr. A.K. Sood  
 Co-coordinators: Dr. (Mrs.) Neera Dhar and Dr. (Mrs.) U. Vasudeva  
 Associates: Mr. A.K. Verma and Mr. Y. Singhal  
 Dates: 16—27 August, 2004.

Training Course on RCH for Programme Officers (WHO In-country fellowship for the Biennium - 2004-2005).

Coordinator: Dr. (Ms.) K. Kalaivani  
 Co-coordinators: Dr. (Mrs.) S. Menon and Dr. (Ms.) Bindoo Sharma  
 Associate: Mrs. Renuka Patnaik  
 Dates: 13 September-1 October 2004

Training in Quality Care for Provision of RCH Services for State/District Health Care Managers/Providers

Coordinator: Dr. (Ms.) K. Kalaivani  
 Co-coordinators: Dr. (Mrs.) S. Menon and Dr. (Mrs.) Renu Paruthi  
 Associate: Dr. (Ms.) Bindoo Sharma  
 Dates: 27 September-1 October, 2004.

Training course on HIV/AIDS Surveillance and Awareness (for WHO fellows)

Coordinator: Prof. M. Bhattacharya  
 Co-coordinators: Dr. S. Gupta and Dr. S.V. Adhish  
 Associates: Mr. S. Chand and Dr. S.K. Yadav  
 Dates: 27 September-15 October, 2004

### **Forthcoming Training Courses / Workshop**

(Dates are tentative. \*Courses under WHO Fellowship Programme)

Training Course on Dynamics of Health Systems and Role of NGOs (4-15 October 2004)

Workshop on Advocacy for Health and Population Stabilisation for Media Personnel (6-7 October 2004)

Short Course on Epidemiological and Biomedical Data Analysis using Statistical Software (11-15 October 2004)

Training Course on Medical Negligence, CPA and Medical Ethics for Faculty of Medical Colleges (25-29 October 2004)

Training Course on IT Application in Libraries and in Information Management (1-5 November 2004)

\*Training Course on Health Systems Research (1-5 November 2004)

Training Course on Health Planning (22 November-3 December 2004)

\*Training Course on Monitoring and Evaluation of RCH Programme (22 November-3 December 2004)

\*Training Course on GIS in Health (29 November-3 December 2004)

Training Course on Hospital Administration for Senior Hospital Administrators for North-eastern States (22 November-10 December 2004)

Training Course on Development of Learning Materials/Aids for Faculty of Medical and Training Institutes (29 November-3 December 2004)

\*Training Course on Hospital Information System (6-10 December 2004)

\*Training Course on Human Resource Management (6-10 December 2004)

\*Training Course on Interpersonal Communication Skills for Senior Health Administrators  
(6-17 December 2004)

Professional Development Course in Management of Public Health and Health Sector Reforms for District Medical Officers (13 December 2004-19 February 2005)

\*Training Course on Hospital Administration (27 December 2004-14 January 2005)

## **NUGGETS**

### **Director's Activities**

Prof. N.K. Sethi, in addition to his regular activities in the Institute, he took part in the following meetings, seminars, workshop etc. as an expert during July – September, 2004.

- Review meeting for RCH, Phase-II, with the World bank team, held at Vigyan Bhawan, New Delhi, on 1 and 5 July 2004;
- Wrap-up meeting with the Secretary, (FW-GOI,) regarding RCH Phase-II held at MOHFW, New Delhi , on 12 July 2004;
- Meeting with the Secretary, (FW-GOI), regarding evolving strategy for ‘Common Minimum Programme (CMP)’ under RCH programme, held at MOHFW, New Delhi, on 16 July 2004;
- Meeting with the Secretary, (FW-GOI), to discuss on the report of the workshop on quality of care in maternity services, held at the Madhya Pradesh Academy of Administration, Bhopal, MP, on 26 July 2004;

- Book release on World Breast Feeding, organized by the Department of Woman and Child Development, Ministry of HRD, held at Shastri Bhawan, on 6 August 2004;
- Executive Committee meeting of International Institute for Population Sciences, Mumbai, on 9 August 2004;
- Parliamentary Standing Committee meeting on Health and Family Welfare, held at Parliament Annexe, New Delhi, on 11 August 2004;
- Task force meeting with the European Commission to strengthen NIHFW, held at MOHFW, New Delhi, on 30 August 2004;
- Review meeting of National Immunisation Programme, held at MOHFW on 8-9 September 2004;
- National Consultation Meeting of institutes of public health in India, held at Taj Palace hotel, New Delhi, on 16-17 September 2004;
- World bank conference on Reaching out to the Child, held at Hotel Imperial, New Delhi, on 22 September 2004;
- Workshop on Risk-factors for Maternal Mortality and Morbidity in India, held at India International Centre, New Delhi, on 27-28 September 2004; and
- Meeting of the National Commission on Macro-economics and Health, held at India International Centre, New Delhi, on 30 September 2004.

Besides, he delivered a lecture on Advocacy for Greater Impact on Programme Intervention, at the Academy of Hospital Administration, New Delhi, on 5 August 2004

### **Faculty Activities**

- Dr. U. Datta, Reader, delivered lectures on ‘Management Concept, Problem Identification, Action Plan, Material management and HRM in the Management Training Course for Block Medical Officers of Madhya Pradesh, on 9 and 25 August 2004 at SIHM & C. As the Co-investigator, he also attended the Presentation Meeting of Research Proposal in the TB Division of the MOHFW, New Delhi, on 19 August, 2004.
- Dr. T.Mathiyazhagan, Reader, delivered a lecture on “Linkages between BEEs and DEMOs” to the participants of Specialised Communication Training for BEEs, organized by MAMTA, New Delhi on September 6, 2004.
- Dr. P. Marimuthu, Lecturer, attended a three-day National Workshop on Methodologies for Assessment of Vitamin-A Deficiency, Iron Deficiency, Anaemia and Iodine Deficiency Disorders, at AIIMS, New Delhi, during 13-15 September, 2004.

## PROMOTIONS

The following staff members were promoted from Lower Division Clerk to Upper Division Clerk in the Institute:

- Mr. D.K. Dhingra
- Mrs. Shashi Sharma
- Mr. Ramesh Chandra Batra

## RETIREMENTS

The services rendered by the following staff members of the Institute are gratefully acknowledged:

- Mr. Mithan Lal, *Laboratory Assistant*
- Mrs. S. Sharma, *Assistant Research Officer*

## HEALTH CAPSULES

### **Ramadoss Plans MBA for Docs, May Rope in IIM-A**

The Health ministry plans to start a management degree (MBA) in the health sector. The inter-institutional degree course is likely to start from the next session in 2005.

The ministry will involve institutes like IIM, Ahmedabad; Tata Institute of Social Sciences; Indian Institute of Health Management and Research, Jaipur; International Institute for Population Sciences, Mumbai; and National Institute of Health and Family Welfare, New Delhi, in its programme. The John Hopkins University will help in curriculum development and planning. The degree will be awarded jointly by the institutes, and recognized by the Government of India. "We have already spoken to IIM, Ahmedabad. Discussion is on with TISS," said a senior official in the ministry.

Said to be the brainchild of health minister A. Ramadoss, the aim is to produce experts, the ministry officials term as 'health managers'.

"Funds must be utilized properly to improve the health sector. The previous years' budgets show that the Health ministry has returned thousands of crores of rupees to the government. Even last year, around Rs. 1,000 crore were not used by the Department of Family Welfare," said an official in the ministry.

The health manager will be required to gain expertise in planning and management of health care, financial management, logistic handling and programming.

“There is likely to be no dearth of jobs. With the growth of the health sector, many jobs can open up,” the official said. According to the proposal, the curriculum will be divided among the institutes. Students would study in different institutes for specific durations.

“It will be a two-year course. Equal emphasis is likely to be laid on healthcare, finance as well as social sciences,” said the official. While IIHMR will focus on health care education, IIPS, Mumbai, will educate students in demographic and population relation. NIHFWS will impart training in public health, Social sciences will be taken care of by TISS and system management by IIM, Ahmedabad.

Though the modalities of entrance test are being worked out, the course is likely to be open to doctors and graduates from various fields. “Candidates may be selected through CAT exams,” said the official.

*The Indian Express,*  
New Delhi, 19 August 2004

### **‘Wonder’ TB Antidote in Pipeline**

Science and technology minister Kapil Sibal announced on Monday that India has achieved a major breakthrough in efforts to hasten the cure of tuberculosis by discovering a new molecule. The discovery of the molecule, called LL 4858-SUBOTERN-is the result of a public-private partnership between the Centre for Science and Industrial Research (CSIR) and the Rs 1,200 crore Lupin Limited.

Though Lupin has filed an Investigational New Drug Application (INDA) for the molecule with the Drugs Controller General of India, Sibal has jumped the gun in declaring the molecule a new wonder drug-in-the-offing.

“it is a day of pride for Indians,” Sibal told a press conference, almost three weeks after Lupin’s INDA. “We will be recognized as world leaders in pharmaceutical and drug development henceforth. The discovery will help reduce treatment time from six or eight months to only two months.”

Drug Controller General Ashwini Kumar is more realistic. “Such an application is just another proposal for a possible drug and needs evaluation before approval for human use can be given,” he said. “The drug may be a strong candidate and may have worked in animals but its effectiveness on humans is yet to be proven.”

After the INDA, a drug has to go through three phases of human trials and then get clearance from a multi-disciplinary group of experts before being declared safe for use on humans. “We have a clearly defined procedure to follow before declaring a new drug safe for human use and the entire procedure can take up to five or six years,” said Kumar.

“LL 4858-SUBOTERN has undergone extensive pre-clinical studies and has the potential to cure tuberculosis infections in a shorter period as against the existing 6-12 month therapy,” said a company’s spokesperson.

The new molecule is reportedly effective against multi-drug resistant strains of tuberculosis too. Dr Sudershan K. Arora, President of the Lupin Research Park, said that the molecule was discovered in 2001. While the CSIR had given a loan of Rs 9 crore, the Lupin company had spent Rs 16 crore on the programme.

*The Hindustan Times*  
New Delhi, 7 September 2004

### **Major Boost to Traditional System of Medicine**

New Delhi (PTI): The Centre on Wednesday said there is a need to develop traditional systems of medicine and more funds would be allocated for research and development in the field. “In view of huge potential of traditional medicines in the country and growing demand in domestic and international markets, government has decided to release more funds towards research and development activities of such medicines.” Union Health Minister Anbumani Ramadoss said inaugurating a six-day health fair on traditional medicines ‘Arogya-2004’ here. Keeping in view emergence of communicable diseases, particularly in developing nations, the government has decided to strengthen the traditional system of medicine and ensure a raise in its budget, he said.

However, Ramadoss refused to specify the amount of hike in allocation for the research and development work. “Communicable diseases would infect more people as compared to non-communicable diseases in the next decade, particularly in the developing countries. Hence, there is a need to develop traditional system of medicine to provide basic health care to the people,” he said.

Ayurveda, Yoga, Unani, Siddha, Homoeopathy (AYUSH), besides naturopathy are today popular in countries like the US and the UK because these have ‘no side effects’, the minister said at the fair jointly organized by the Ministry of Health and Family Welfare and India Trade Promotion Organisation (ITPO). “Because of adverse effects of chemical drugs and the compartmentalized fragmented approach of treatment, people suffering from chronic diseases of degenerative, metabolic, autoimmune or psychosomatic origin now look for natural and holistic treatment interventions, he said. Ramadoss said “the demand for comprehensive, natural therapies is increasing all over the world to improve quality of life and prevention of side-effects of chemical drugs. There is a paradigm shift from pure medical treatment towards integrated medicine”.

“The country needs to work towards improving its share in the market of traditional medicines which is now being widely accepted in developed countries as well,” he said. China exports about 60 per cent of the traditional medicines while India lags far behind with meager 2 per cent share, despite conducive environment to grow and produce

traditional medicines, he added. Ramadoss said the government was working to 'mainstream' the AYUSH with the help of state governments, NGOs, industry and scientific experts. Over 120 companies from across the country and countries like China, Nepal and Pakistan are participating in the fair.

*The Hitavad*  
Jabalpur, 22 September 2004

## **Recent Publications**

Due to the large unmet need for family planning there are high incidences of unwanted pregnancy and unsafe abortion in the country, which are major causes of maternal mortality and morbidity. Emergency Contraception (EC) is a method of preventing pregnancy in the first few days after unprotected sexual intercourse which may result from failure or improper use of any contraceptive, breakage or slipping of condoms and sexual coercion. EC is a "second chance" contraceptive.

If ECs were easily available and used in time, millions of unwanted pregnancies and unsafe abortions could be averted as demonstrated in European countries. EC also provides very useful back-up support to overall contraceptive programme.

NIHFW has published two volumes regarding the proper use of Emergency Contraceptive and for promotion of Regular Contraception. The technical manual would be a very valuable resource material for policy makers, programme administrators, teachers and educators of health professionals at different settings. The guidebook will be a very useful aid for medical officers, practicing physicians and other service providers.

EMERGENCY CONTRACEPTION IN REPRODUCTIVE HEALTH CARE: PROGRAMME INTRODUCTION GUIDELINES Strengthening of Overall Contraceptive Programme - A Technical Manual (Price Rs. 50/-). By Somnath Roy, Saroj Menon and Neeraj K. Sethi.

EMERGENCY CONTRACEPTION AND USE OF REGULAR CONTRACEPTIVES A Guide for Medical Practitioners and Medical Officers (Price Rs. 25/-). By Somnath Roy and Anupam Basu.

## **Revision of National Health Programme Series**

NIHFW has a large number of publications in different areas of health and family welfare. The following publications on National Health Programme Series have recently been revised and are available for sale:

National Non-communicable Diseases Control Programme                      Rs. 15.00

National Iodine-deficiency Disorders Control Programme    Rs. 25.00

National Leprosy Eradication Programme	Rs. 15.00
National Tuberculosis Control Programme	Rs. 20.00
National Programme for Control of Blindness	Rs. 25.00

(Postal Charges will be extra)

### **MEMORABLE DATES IN THE NEXT QUARTER**

#### **October**

1	October	Voluntary Blood-Donation Day
1	October	World Habitat Day
1	October	International Day of Older Persons
6	October	World Wildlife Day
7	October	World Housing Day
11	October	World Sight Day
12	October	Mental Health Day
14	October	World Disaster Reduction Day
16	October	World Food Day
21	October	Iodine Deficiency Disease Control Day
31	October	National Integration Day

#### **November**

1	November	World Ecology Day
11	November	Anti-Poverty Day
15-21	November	National New-born Week

#### **December**

1	December	World AIDS Day
2	December	National Pollution Prevention Day
3	December	World Disability Day
10	December	World Human Rights Day
11	December	Joint-Family Day
11	December	UNICEF Day
23	December	Farmer's Day

### **Editorial Board**

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