



W W H - INITIATIVE
**WOMEN
WORK &
HEALTH
INITIATIVE**

Mapping of Two Districts:

MADHUBANI & SITAMARHI - BIHAR

on

Awareness of HIV/AIDS

2007-2008

**WOMEN WORK &
HEALTH INITIATIVE (WWHI)**

Project supported by: The Embassy Of Finland

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Preface

The project: **MAPPING OF TWO DISTRICTS: Madhubani and Sitamarhi - BIHAR on AWARENESS of HIV/AIDS** was the outcome of the awareness and understanding created during the course of a series of workshops that were held in different towns of India. It encompassed the different geographical zones through a year long program. The focus during this first step was HIV/AIDS a Workplace Issue, which was conducted along with Society for Working Life and our Trade Union partners forming a unique and mutually beneficial partnership between NGOs and TUs. While women's vulnerability to the virus, was a subject frequently brought up during the course of our discussions, it was difficult to comprehend the enormity of this potential danger threatening the lives and well being of entire swathes of the community who were at risk not because of their individual behaviour or life styles, but because a combination of ignorance, lack of choices and autonomy, partner promiscuity etc. exacerbated their vulnerability. Yet there were signs that migrants as very vulnerable sections of society were certainly in the high risk group. What we needed to understand was if there was any clear pattern to migration and the inroads of the virus into areas, where statistics regarding HIV/AIDS prevalence, were yet to sound the alarm bells. And yet all studies have endemically established that poverty, illiteracy and underdevelopment, leading to migration of large sections of the populace, certainly increase the vulnerability to the disease. Awareness being the first step towards Prevention , it was important to understand to what extent various awareness generation programs regarding HIV/AIDS, both by private organizations and government supported programs, had succeeded .

WWHI thus undertook the task of conducting a survey/Mapping of awareness levels amongst the left behind population, in areas of massive migration. Our two target areas were the districts of Madhubani and Sitamarhi where migration levels have lead to practically 90 percent of the male populace opting for what they see as greener pastures. Here we took the support of local coordinators to partner us in this enterprise. During the course of a six months survey, we had a team of dedicated female / male animators posing a set questionnaire to the "left behind population" comprising of largely women and some men as well. The questions regarding HIV/AIDS were necessarily couched in indirect queries, which have left us with results rich in other unrelated data that give us very interesting insights into the housing, literacy levels, agricultural wealth etc. of the families living in the areas interviewed. We hope other agencies will benefit from the data.

Finally, we also intend to share this data with other responsible agencies, in order to strengthen our collective skills in the fight against HIV/AIDS.

Acknowledgement:

We express our grateful thanks to the Embassy of Finland for supporting this endeavour. Our special thanks to Ms. Anna-Kaisa Heikkinen (2nd Secretary, Development Head) for her insightful insights and empathetic support.

We also thank the following organizations:

The Society for Working Life, (SWL)New Delhi
International Metal Workers Federation(IMF), South Asia Office.
HMS, Madhubani (Bihar)
Janseva International, Sitamarhi (Bihar)
The Devahuti- Damodar Svaraj Trust (Manana), New Delhi.

Sunita Kaistha
President

Amita Sahaya
Secretary



About Women Work & Health Initiative (WWHI)

Women, Work & Health Initiative is a forum that seeks to adopt a multi-disciplinary, empirical approach to issues of Occupational Safety and Health and promote a better work-life balance between women's work and home life. To promote dissemination of Information and Knowledge regarding gender concerns, Youth and HIV/AIDS awareness/ prevention.

Mission:

- Develop gendered definitions (e.g. for work, health, formal/informal work, organized/unorganized labour and migrant population)
- To generate data for evidence based medicine and labour statistics for development and assessment of government policies.
- Recognize women's work in its entirety in the organized, unorganized sectors and the domestic sphere.
- Develop sustainable programmes that can assist in enhancing the quality of life.
- Networking: WWHI has formed a unique partnership with Trade Union and NGOs to facilitate outreach and the efficacy of our HIV/AIDS Programs with its focus on migrants, women, workers and youth.

Social Concerns:

Promote sensitivity and awareness about HIV/AIDS and gender issues. Networking: WWHI has formed a unique partnership with Trade Union and NGOs to facilitate outreach and the efficacy of our HIV/AIDS Programs with its focus on migrants, women, workers and youth.

Activities:

1. Training Programs for youth on gender sensitization and HIV/AIDS awareness through educational institutes.
2. Material Production and dissemination of information.
3. Training Programs for workers and migrants on HIV/AIDS awareness and prevention.
4. A unique initiative to preserve and record the historical narratives of Women.
5. A pro-active approach to environmental and ecological concerns.
6. Surveys and Mapping in focal areas of Bihar and Mumbai amongst migrants and "left behind" populace.



Objective of the Survey

The survey aims to study the awareness about HIV/AIDS amongst the people of two districts (Madhubani and Sitamarhi) in Bihar.

These two districts were chosen because all studies indicate that the **endemic poverty in the region has given rise to large-scale migration from these areas to larger towns and cities**. It is important to note that both the districts are predominantly rural (Madhubani has 96.4% of its people living in villages and Sitamarhi has 94.1%) and there are few jobs available in the village. In some areas 90 percent of the male populace has migrated and during their periodic visits back to their home towns, there is the fear of HIV being transmitted to their partners. Again, because of the geographical location of these two districts, situated as they are on the Indo-Nepal border region, instances of trafficking are rampant which aggravates this vulnerability. Besides, this region is also a flood prone area, adversely affected by the political ramifications of the two countries, which again has a direct impact on the means of livelihood vis-à-vis agriculture, industries and employment opportunities.

The thrust of this effort is towards the following:

- **Mapping HIV/AIDS** as a step to curtail its spread in selected areas
- Indicate the **point of origin of HIV** by specifying the place of work of migrant labour
- Increase levels of **awareness** about HIV/AIDS in the general community
- Increase care for & importance given to the **health of women and girls**
To create awareness among people with special focus on women, regarding sexual and reproductive health.

The survey provides us with information about the living and working conditions, awareness levels etc of the less privileged people of this area. This will be systematically organized, with continuous inputs in terms of information, education and communication. The main objective is to bring about an attitudinal and behavioral change amongst the people. Our larger goal of improving the quality of life would then become a reality.

Introduction to the Project

Bihar is a land-locked state located in the eastern part of India. It has a population of 8, 28, 78,796 (2001 Census) with a sex ratio of **921 women per 1000 men**. Over the decade 1991 to 2001, the population increased by 28.43%. At present, roughly a fifth of the population is under the age of 6.

The state has a literacy rate of 46.53% with 60.32% of the males and 33.57% of the females being literate. It has the **lowest literacy rate in India**, the national average being 65%.



Map of Bihar

¹ Figures from the official portal of Government of Bihar (www.gov.bih.nic.in)

Bihar is among the **least developed states** of India and has a per capita income of \$94 a year against India's average of \$255. A total of 42.6% live below the poverty line against India's average of 22.15%. Inadequate investments in agriculture, infrastructure and education, caste-dominated politics and rampant corruption in public life are some of the main causes of the lack of development of the state.

The **economy is mainly based on agriculture** and trading activities. Nearly 40% of the workforce is engaged in agricultural labour (1999-2000) with cultivation and farm labour together accounting for 80% of employment. Despite a number of rivers and fertile soil, investment in irrigation and other agricultural facilities has been grossly inadequate. Agriculture is mainly dependent upon the vagaries of the nature.

While there have been some attempts in the past to industrialize the state, no sustained effort had been made in this direction. Historically, sugar and vegetable oil were flourishing industries in Bihar. Till the mid fifties, 25% of India's sugar output was from Bihar. However, many of these were forced to shut down. Recently the dairy industry has picked up and many new sugar factories have also been committed between 2006 and 2007.

Migration: From

Rural Bihar probably tops the list in the incidence of out-migration in India. The poor people of the state find themselves increasingly marginalized owing to years of bad governance, the zamindari system, lack of land reforms and the deep class and caste division. Poverty is predominantly rural in Bihar and is associated with limited access to land and livestock, lack of education and health care and other civic amenities as well as low-paid occupations and social status. 75% of the poor were landless or near landless in 1999-2000. Although land reforms were introduced in 1950 they have been slow and ineffective.

Of Bihar's 38 districts, 31 are flood prone and 11 are drought prone. While migration from flood and drought prone areas was not new, the **closure of industries as well as law and order problems** have added to the out migration of people. The circumstances have been such that sending at least one family member out to earn became inevitable in order to survive. The 1990s saw a marked increase in migration, and with the rural economy deteriorating rapidly, the trend intensified.

According to Dr Shaibal Gupta, Member Secretary of the Patna-based Asian Development Research Institute, "Historically in Bihar, public investment has been limited both prior to and after Independence. Unfortunately, **after the 1980s, in the wake of liberalization and globalization, public investment further declined as investment was decided by market forces.**"

He explains that against this backdrop, investment followed stronger markets such as Maharashtra, Tamil Nadu or Karnataka, so Bihar lost out further. Also, unlike West Bengal, "where labour absorption is rather high in agriculture and so migration is limited, in Bihar, because of the absence of land reforms, **agriculture has not taken a development trajectory and cannot absorb much labour**, so the surplus labour has no choice but to go out in search of work." Slow pace of Industrialization and negligible Foreign Direct Investment (FDI) is another cause of out migration.

North Bihar and the Chhotanagpur Plateau are significantly poorer than southern parts of the region. Factors such as ecology, population density, infrastructure and transport account for this regional variation. Studies in north Bihar (Karan 2003) show a phenomenal increase of migration rates from 28% to 49% in a 17 year period (1982-83 to 1999-2000).

In a study conducted by Dayal and Karan in 2004 in 36 villages across six districts (Nalanda, Rohtas, Gopalganj, Gaya, Madhubani and Purnia) in north and central Bihar, Purnia and Madhubani had a high incidence of seasonal migration compared to districts which were better off agriculturally. In general poor and marginal farmers



¹ The information and data presented in this section is from Bihar Government's website as well as previous studies listed in the References at the end of the document

migrated seasonally and the rich migrated permanently. It was found that poorer Forward Castes were also Engaged in seasonal migration due to their unwillingness to work as manual workers locally for various reasons; prominent among them was "Caste Consciousness".

Migration in Madhubani, Sitamarhi and several other districts has shown a marked increase within the previous decade (1996-2006). The reasons include the closure of local industrial units, the cessation of employment opportunities in nearby locations due to law and order problems or political unrest, and the emergence of new opportunities in industries where members of the village have contacts.

Migration: To

In terms of the choice of destination, migration is now more widespread. During the early 1980s the main destination was rural Punjab and Haryana. By the end of the 1990s, the highest concentration of migrants was in Delhi. Besides Delhi, migrants are now opting for many other towns and cities as their destination. In fact, there has been a general change in the destination of migration from rural to urban.

The following are the main destinations of the migrant workers:

- ◆ **Farm work within the state and Uttar Pradesh**
- ◆ Migration to nearby urban centers for Rickshaw Pulling and Manual Work in the lean season
- ◆ **Migration to Brick kilns within Bihar, Uttar Pradesh and Nepal**
Migration to brick kilns has grown in the last five years in the districts of Madhubani, Gaya and Nalanda. Although the earnings in this kind of work are comparable or even better than casual non-farm labouring, workers return with few savings. Cheating is common and spending on liquor at the destination is high. The overall improvement in household wellbeing is limited.
- ◆ **Farm work in Punjab and Haryana**
Migrants work in paddy, wheat, cotton, sugarcane and vegetable farms. They usually migrate in November and return in May/June. This is true particularly for the lower caste migrants from Sitamarhi district.
- ◆ **Labour in the non-farm sector**
Although migration to Kolkata, Assam, and Punjab is not new, migration to the cities of Delhi, Mumbai, Bangalore, Surat and Hyderabad is relatively recent. Here migrants undertake a range of non-farm work as casual workers or more regular workers in small factories. In general those who have some education (up to matriculation) or traditional skills that are in demand (e.g. the Muslims with tailoring and embroidery skills) have been able to get relatively well-paid jobs in industry.

Some of the non-farm work that the migrant population is involved in:

Delhi	: Stitching, embroidery, construction, Rag Picking (including Waste Contracts), Vegetable selling & other petty trades
Ludhiana	: Stitching, embroidery
Amritsar	: Construction
Ferozepur	: Construction
Srinagar	: Construction, Stitching embroidery
Mumbai	: Iron rod work in construction, embroidery
Jammu	: Construction, stitching, embroidery
Surat	: Construction, industries
Ahmedabad	: Construction
Ajmer	: Flower shops and restaurants

Impact of Migration

◆ Remittances

In Madhubani, Purnia and Gopalganj, remittances account for approximately one-third of the total average annual income in villages. There are two major heads of expenditure among the migrants: daily consumption needs and medical treatment. Out of the total savings 38% is spent on meeting daily consumption needs and another 27% on medical treatment.

The **relationship between debt and migration** is not straightforward. While some Analysts have concluded that migration increases debt levels because of higher expenditures during transit and at the destination, others have argued that migration improves the creditworthiness of households and they are able to borrow more because of that (Ghate 2005). Borrowing before migration and repaying after returning continues and is especially widespread among poorer migrants. However it has been seen in several places (for example, Sitamarhi) that borrowing food grains from the rich to tide over the lean season and borrowing at very high interest rates for survival had virtually disappeared because of migration. In general, the dependence on moneylenders is going down and few borrow at very high interest rates any more. Remittances were used previously for loan repayment and consumption. But as the families became wealthier, they have started investing in farming, share cropping and leasing land.

◆ Lack of Stability

Migrants are often treated as illegal residents and are generally harassed by the police due to lack of any legal Identity proof. They are highly vulnerable to exploitation, extortion and ill-treatment. They are not able to send their children to schools at the destination and do not have access to subsidized healthcare.

◆ Physical and Emotional Health

There are heavy costs associated with migration long separation from one's family brings isolation and loneliness. **Migrants are usually single men**, in the age group of 15-45. **Women, children and the elderly get left behind.** There are accounts of entire villages where hardly any young men were seen. Women and children who are left behind also suffer from loneliness, anxiety and vulnerability to sexual exploitation. Although many women staying behind do not work outside the home, those belonging to poorer households work in farms locally or are engaged in home-based industry. Many migrant workers are engaged in hazardous and degrading occupations that affect their health. **Some engage in high risk sexual behaviour and fall prey to STDs or HIV/AIDS. Often migrants' families have no idea about health risks in relation to these diseases and infections, the actual causes of transmission of these diseases and how to take precautions. Lack of awareness makes the migrant workers more vulnerable to these diseases.**

◆ Child Migrants

The autonomous migration of children appears to be on the increase. The terms and conditions under which they are employed are very poor and dangerous and in many cases such migration would be more appropriately called trafficking. But for their families this is clearly an important source of income and for the children, the work job may bring food security and in some cases, prospects for better work after a few years.



Studies have shown that roughly 2000-3000 children from poor Muslim and Dalit families in Madhubani have migrated to Bhadohi, Mirzapur, Faridabad Ahmedabad, for carpet weaving. This kind of migration began in 1990. Several children in Madhubani in the age groups of 8-16 years also migrate to Kolkata to work in sweet shops, restaurants and as domestic helps. These domestic helps were often exploited by their employers and instances of child abuse are rampant. From Sitamarhi, there is extensive migration of young boys in the age group of 13-19 yrs, particularly belonging to poor Muslim families, to Mumbai in Maharashtra, where they are employed in the zari / embroidery trade.

4. Migration & HIV/AIDS¹

Studies have shown a direct correlation between HIV/ AIDS and vulnerable groups. Migration and the inherent vulnerability such a group displays, makes them susceptible to this virus. There has been a clear shift from the urban to rural and from high-risk to low-risk categories. Health officials claim that one of the main causes of the growing incidence of HIV/AIDS is the higher level of vulnerability among the migrant labour. Awareness level of the migrant workers is quite low sometimes even absent. Workers who migrate to cities in search of work bring the infection back to the states with them. **Unless serious efforts are made to tackle the disease, there could be an AIDS epidemic.**

Representative of Bihar Aids Control Society Mr.Vishal Singh says most of the infections have been detected in people who had migrated to work in places outside the state. "They get infected in industrial cities like Surat [in Gujarat] and return home to Bihar and have unprotected sex with their wives. This has to be controlled," he says. The number of pregnant women infected with HIV/AIDS in UP and Bihar has been increasing at an alarming rate. UP and Bihar are two of India's states which rank lowest on the human development index - they have high levels of illiteracy, unemployment and poor social infrastructure. According to the head of India's government-run National Aids Control Organization (NACO), Ms Rao, most cases of HIV/AIDS infection in UP and Bihar go unreported because of the social stigma attached to the disease.

Official records state that there are 8,228 identified cases of HIV infection and 1,100 known cases of full blown AIDS in Bihar. Over 80 people, including 13 children, have died of the disease. The unofficial figures are much higher with some saying that there are over 40,000 HIV positive cases and over 100 people have died of AIDS. It is generally believed that it is the wide gap between the estimated and reported cases which has kept the two states off the list of States with high prevalence of HIV/AIDS.

It is possible to control the spread of AIDS by disseminating information, increasing awareness about the causes and ways of prevention, and efforts at the grass-root level to change attitudes and behaviours. Counseling the patients and their relatives is necessary to curb the social stigma attached to this disease.

Families of migrant workers are a high risk group; they also come from less educated and poorer backgrounds, often not having access to medical care.

The current survey was undertaken to analyze the level of awareness of HIV/AIDS amongst people of Madhubani and Sitamarhi districts particularly among the 'left behind populations', with the idea of conducting follow up programs which would focus on awareness / prevention of the disease. .

5. Parameters of the Analysis

The logic behind taking such a large sample is because of the number of household surveyed. We surveyed approximately 1500 families of the migrant workers/ left behind population in each of these two districts.

Total No. of people surveyed = 3170

¹ The sources for the information in this section: IANS & BBC News

The survey covers samples from :

- ♦ Jhanjharpur, Madhubani, Pandal and Rahika from **Madhubani District**
- ♦ Dumra and Runni Saidpur from **Sitamarhi District**

The survey looks at the :

- ♦ Economic conditions
- ♦ Occupation/Jobs
- ♦ Patterns of Migration
- ♦ Awareness about HIV/AIDS
- ♦ Health of Migrant workers
- ♦ Sexual and reproductive health of women in the families of Migrant workers

Note on Analysis

The analysis has been done strictly based on the available data from the survey. The answers derived from the survey questionnaires were carefully tabulated Block-wise and a statistical analysis was done and percentages and percentage distributions calculated. These have been presented in the form of bar-graphs and pie-charts, and the salient points highlighted.

For each Block, the following **general statistics** have been tabulated and included:

- ♦ Average Family size
- ♦ Sex Ratio (both of adults and children)
- ♦ Literacy Levels (Male/Female and Adult/Children)

In order to place the Literacy and Sex Ratio data in context, the comparisons with State and National averages have been shown and interpreted.

The analysis has been divided into the following sections based on the types of data specified below:

- ♦ **Economic conditions**

Based on

- A) The type of house (including number of rooms and availability of toilet)
- B) Source of Drinking water
- C) Type and Number of Livestock

- ♦ **Occupation/Jobs**

Based on

- A) Land ownership
- B) Information regarding current occupation as well as desired occupation

- ♦ **Migration patterns**

Based on

- A) Number of Migrant workers in each household (men, women and children)

- ♦ **AIDS awareness**

Based on whether the person

- A) has heard about HIV/AIDS and knows that it could be life-threatening
- B) is aware of its causes and ways of prevention



- **Health of Migrant workers**

Based on

- A) Health-related complaints of the Migrant worker before leaving the village and on return, and the changes thereof
- B) Information about any addictions (alcohol/tobacco/drugs)

There has been an effort to point out correlations and connections between these broad areas. For example, the relation between the landlessness and unemployment impacting migration; lack of opportunities; the awareness about HIV/AIDS and the extent of migration etc.

Similarities and differences in some trends across different blocks have been briefly discussed.

Aberrations have been indicated, as have points that need further investigation.

6. Section I

Madhubani

Madhubani is a district in North Bihar and shares a border with Nepal. It covers an area of 2501 square km and has a population of 28, 32,024. The main crop of Madhubani is paddy, and its chief industries are Sugar and Pisciculture. Madhubani is famous for its art & crafts particularly paintings.

HQ	Madhubani
Area	2,501 sq. Kms.
Population Total	28,32,024
Rural	27,29,260
Urban	1,02,764
SC Population Total	3,61,687
Rural	3,51,921
Urban	9,766
ST Population Total	597
Rural	541
Urban	56
Sub Divisions	Madhubani, Jaynagar, Benipatti, Jhanjharpur, Phulparas.
Blocks	Jainagar, Pandaul, Rahika ,Bisfi, Benipatti, Basopatti, Babubarhi, Rajnagar, Madhepur, Khutauna, Khajauli ,Jhanjharpur, Ghoghardiha, Ladania, Madhwapur, Harlakhi, Laukahi, Andharatharhi, Lakhnaur, Phulparas.
Agriculture	Paddy.
Industry	Sugar factories, Pisciculture.
Rivers	Kamala and Bhutahi Balaan.

Madhubani District: Basic Information

Migration from Madhubani has been increasing steadily over the last 10 years because of poor yields in farming and reduced job opportunities locally. Jhanjharpur block has the highest migration rate where nearly 60% of the total population leaves the village each season. Andhradhadi block is another block with very high levels of migration because it is highly flood prone.

Migration grew after severe flooding and droughts in 1987. The closure of industry and political problems has also played a role. Migration also increased as 18 sugar mills in Narar, Sakri, Rayam and Lohat shut down. Three rice mills in the district were closed down 5-6 years ago because of law and order problems and this increased migration levels further. Women seldom migrate and a few work on farms locally. Local farm work is available for 3 months a year and women labourers are paid less than men.

Although it began as distress migration from Madhubani, it has now become routine. Overall about 70% of the households are engaged in migration each with 1-4 male members working outside. In the last five years, farm workers from Madhubani in Punjab have begun moving into industrial work because it provides better earnings and exposure to urban lifestyles. There are migrants from Madhubani in Gujarat, Delhi, Mumbai, Kolkata, Chandigarh and Surat. Around half of these migrants work as casual labourers. Some of the workers are engaged in various industries earning between Rs.2000 and 4000/month depending on the skill and the amount of work done.



¹ Scheduled Castes

² Scheduled Tribes

³ From the official portal of Government of Bihar (<http://www.gov.bih.nic.in>)



एचआईवी/ एड्स पर तीन दिवसीय सेमिनार आज से



रोहता में होटल कूलवर्ल्ड में सेवादायता सम्मेलन का आयोजन किया गया। सिंहभूम महिला विकास मंच की सचिव देविता सिंह ने बताया कि देश से एचआईवी/एड्स पर सभी योक्तियों की जा सकती है जब सरकार, औद्योगिक प्रतिष्ठान एवं स्वयंसेवी संगठन एकजुट कर प्रचार करते। उन्होंने बताया कि जिस प्रकार पहले टीबी बीमारी को एचआईवी रोकना जात था उसे तरह आज एचआईवी के बारे में जानकारी बढ़ रही है।

एचआईवी एड्स पर तीन दिवसीय कार्यशाला संपन्न

जयपुर: एचआईवी एड्स पर तीन दिवसीय कार्यशाला का समापन आज सैट पर एम्बेलेस में हुआ। आयोजन समिति की ओर से मोहोटाई कर

■ समाज को जागरूक कर एड्स से बचाव का संकल्प ले। सुनिता



सचिव देविता सिंह ने कहा कि यह कार्यशाला का समापन आज सैट पर एम्बेलेस में हुआ। आयोजन समिति की ओर से मोहोटाई कर

समाज के बीच जागे लगी इसकी कार्यशाला है, देविता सिंह ने कहा कि यह कार्यशाला से निचले लोग बुरा सोच को भी एचआईवी एड्स के प्रति जागरूक कर देते हैं तो कार्यशाला का आयोजन सख्त हो जाना। कार्यशाला में डॉ सुनिता ए खान ने एचआईवी और एड्स के बीच के अंतर को जानकारी दी, वहीं अस्पताल के डॉ पारू शर्मा ने एचआईवी से संबंधित जानकारी दी, कार्यशाला में टटा कॉमि, टटा एगान, टीवीएफ प्रोबे अथ संघर्ष से 25 प्रतिनिधियों ने भाग लिया। इस अवसर पर टीआरएफ लेबर युनियन के महासचिव अरुण राठी, इंडियन सिंड, इन्स्टीट्यूट ऑफ पब्लिक रिलेशन, केके डी, केएन ओडा, सुनिता सिंह सोल अन लोग उपस्थित थे।

कार्यक्रम की जानकारी देती देविता सिंह एवं अना

सावाण प्रार्थालय, जयपुरमें

आयोजन मंच पर एम्बेलेस में

जानकारी बीमारी, एचआईवी

एड्स की रोकथाम एवं अन्य लोगों

में जागरूकता लाने के लिए गुलशर

की तीन दिवसीय

THREE-DAY WORKSHOP ON DISEASE FOR PRIVATE SECTOR EXECUTIVES

Tips to battle AIDS, stigma

OUR CORRESPONDENT

Here and friends.

"I've stayed around HIV/AIDS makes people socially acceptable AIDS patient. The stigma was less in most HIV patients," he said.

A doctor at Metro Hospital, Jaipur, said that of the increasing HIV cases in the state, 80 per cent HIV positive cases have been detected at a shop near the hospital. Metro Health Centre, Jaipur, has been a pioneer in educating people about the disease.

"The disease has affected children as well as adults in the state. 80 per cent HIV positive cases have been detected at a shop near the hospital. Metro Health Centre, Jaipur, has been a pioneer in educating people about the disease," said Sharma, adding that most people in the state are not medically prepared to handle such cases.

He said HIV positive cases would increase in the coming years in Jaipur as people continue to avoid taking preventive measures, which is leading to sexual related HIV.

SVMU chief Devika Singh said a series of seminars, medical reports and others have been targeted towards executives in private sectors, too, to take preventative measures. "Although anti-HIV cases have been detected in the state, many of them are not aware of the preventive measures."

Various speakers were asked to apprise the participants about the difference between HIV and AIDS, types of diseases, usage of condoms and other preventive measures to ward off the disease.



Delegates attend a workshop on HIV/AIDS at the Centre for Excellence in Jaipur. Photo by Shilpa

एड्स पर खुलकर बात करें : डॉ सुनिता

जयपुर: एचआईवी एड्स पर तीन दिवसीय कार्यशाला का समापन आज सैट पर एम्बेलेस में प्रारंभ होगी। आयोजन समिति की ओर से अना प्रचार को बढ़ावा देने के लिए गुलशर की तीन दिवसीय

कार्यशाला का समापन आज सैट पर एम्बेलेस में हुआ। आयोजन समिति की ओर से मोहोटाई कर

सचिव देविता सिंह ने बताया कि देश से एचआईवी/एड्स पर सभी योक्तियों की जा सकती है जब सरकार, औद्योगिक प्रतिष्ठान एवं स्वयंसेवी संगठन एकजुट कर प्रचार करते। उन्होंने बताया कि जिस प्रकार पहले टीबी बीमारी को एचआईवी रोकना जात था उसे तरह आज एचआईवी के बारे में जानकारी बढ़ रही है।



कार्यशाला का समापन आज सैट पर एम्बेलेस में हुआ। आयोजन समिति की ओर से मोहोटाई कर



PROJECT OFFICE

Pocket 52/10 Chittaranjan Park, New Delhi-110019, INDIA

Tel. : 91-11-40502699

E-mail : 2005wwh@gmail.com, publicationwwh@gmail.com

Website : www.wwhi-asia.org

REGD. OFFICE

F-31, Tara Apartments, Alaknanda, New Delhi-110019
