

Chapter 1 : Info Change India - Medical technologies: Transformation or tyranny?

Cairo and after: flip flops on population policy / Mohan Rao --State-of-the-art cycle pumps / Sreelatha Menon --Selling the parenthood dream / Sandhya Srinivasan --Grass widows of Bihar / Dhirendra K. Jha --Women as vectors: health and the rights of sex workers in India / Geetanjali Gangoli --Even if we shout there is no one to hear.

Nov 05, Cesar rated it it was ok 2 stars. You ever find yourself reading a contemporary novel and wanting to know the message behind the story? And I did not find the message in Unclaimed Baggage. There are powerful messages throughout the story calling out sexism, double standards, racism, etc. Except, the story itself is lost among those messages. Unclaimed Baggage follows three teens working at a store where they sell stuff that belonged in suitcases that were never claimed at airports. We have Doris, a liberal living in a conservative town. Nell, fresh out of Chicago, trying to cope with the move. And Grant, the town golden boy football star who is no longer the golden boy. They form a friendship all while trying to deal with their personal lives. In hindsight, the plot sounds fun, and maybe even cute based on the cover. The cover sure is cute. But the story was just bland. Stuff is called out and Jen Doll does a great job at this. Not only that but she also does bring up the issue of stereotyping people based on states. Like how not everyone from the south is racist and not everyone in the north is accepting of others. This I feel like was the best part of the story. Unfortunately, the rest of it was just bad. While the story does bring up important issues, the story and characters themselves are sacrificed for those issues. The characters were completely underdeveloped and almost acted like caricatures instead of actual people. Except that is her only personality other than being that weird girl. That trope has been seen dozens of times but for the most part, the characters who are in that trope have distinct characteristics that make them different instead of being the stereotypical weird person. Sorry to break it to you. Nell started out strong but ended up being another bland character. She starts off mad for her mom making the family move to a different state. Then she meets Doris and she becomes just as bland as Doris. There were times where I confused the two because they sound the same. Grant is the only character that has any development, but even that is marred with flaws. I did sort of like him, but even then he had his moments of being bland. I would say he is the more developed out of the three characters. But when he is with Doris and Nell, I did feel his characterization was halted at the expense of wacky moments with Doris and Nell. Another issue was the rushed friendship between the three characters. They became friends too quickly and that struck me as odd. If it were that easy, I would have hundreds of friends. My next issue is what I had with part II of the book. There are three parts in the book. Part II is just filler. It was completely unnecessary. The last and main issue is the message behind the story. On the cover, it says "Life can be heavy. Learn to travel light. If there is something holding you down, you have to learn to let it go if you want to have a life that will make you happy. However, however, that message is completely lost in the story. Grant is the only one who has baggage he needs to let go whereas Doris and Nell are just there in the background. I kept waiting for the message to be mentioned and the only times it was there for only a few seconds before going into something completely irrelevant. Verdict Unclaimed Baggage brings up important social issues that are done well. But the story and characters are pushed aside and are not as well developed. Static characters and a lost message, Unclaimed Baggage was a serious disappointment. Thanks for reading my review!

Chapter 2 : Info Change India - Digital inclusion: Definitions and status in India

Selling the baby dream Sandhya Srinivasan. AS India races to become the most populous nation on this earth, with 33 babies being born every minute, another kind of explosion is also taking place.

Pharmaceuticals There has been a dramatic rise in heart disease in Africa over the past 25 years – a situation made worse by fake medicines on the market. Now doctors are beginning to fight for change, as Lea Surugue reports When the first patients began showing up at his door with their health in dramatic decline after taking the treatments he had prescribed, Ibrahim Ali Toure knew he was facing a major health crisis. As the head of the cardiology department at Niamey University Hospital in Niger, Toure treats thousands of people annually. The flow of patients that come by his office continues uninterrupted, but he receives everyone without complaint. The vast majority suffer from hypertension. Commonly known as high blood pressure, the condition can increase the risk of cardiovascular complications, including strokes, heart attacks or heart failure if not treated properly. Part of the problem is that many people are not diagnosed in time, as the symptoms are rarely noticeable, but successful treatment is also a challenge. Even when they manage to get treated, a growing number of patients come back with deteriorated health. This scenario is far from unique to Niger. It has repeated itself across many sub-Saharan countries in the last few years, leaving doctors greatly concerned about the quality of the drugs they prescribe. One in ten drugs sold in developing countries is fake or substandard see box according to the World Health Organization WHO , and cardiac drugs could be disproportionately affected. Alarming results African cardiologists have been raising the alarm for months now, but in the absence of robust scientific studies implicating the safety and quality of cardiac drugs in Africa, they have struggled to make themselves heard. They collected thousands of samples of seven routinely prescribed cardiovascular drugs from street markets and pharmacies, and sent them to the Paris lab for analysis. Published in the International Journal of Cardiology, their study is the first ever to assess the threat of fake cardiovascular medications in Africa. What are fake medicines? Substandard drugs are poor quality drugs. Falsified medical products counterfeit drugs deliberately misrepresent their identity, composition or source. The researchers established that about 16 per cent of all the collected drugs were of poor quality. Among the specimens from Niger, almost one in four drugs was deemed problematic, although there was no way of telling whether they had been deliberately falsified or just poorly produced. When you have an asymptomatic disease like hypertension, patients think they are being treated when in fact the medication is not having an effect, and they may end up developing cardiovascular complications. Most of the efforts were focused on reducing the burden of infectious disease, like malaria. In just a quarter of a century, this has changed dramatically. Around 46 per cent of adults in sub-Saharan Africa are now thought to have hypertension. In Europe, a similar transition occurred in the space of or years, but in Africa it has happened roughly over three decades. Public awareness is still low; most people still see Africa as a continent where people die from infections, not from hypertension, obesity or diabetes. Nowhere is this better seen than in the fight against fake medicines. While resources have been mobilized to identify and fight poor quality or falsified antimicrobial agents, research into the quality of other types of drugs sold in African countries, including cardiovascular drugs, had been relatively neglected until the publication of the recent study. For unscrupulous companies and criminals trading in counterfeit medicines, this situation represents a major opportunity. Poor quality appeared to be associated more with drugs produced in Asia, but not so much with those produced in Europe or Africa. The lesson might then well be that regulating the trade of medicine on the street is important, but improving quality control and surveillance of the way drugs are manufactured may be even more crucial. Such tests are not easy to do on the ground, because of the huge political and economic pressures that local investigators often face. In the absence of universal health coverage, many families cannot afford any medication, no matter the quality. We have long been lacking medical staff and infrastructure. Poor quality drugs is just a continuation of these problems – now, those who do manage to pay, risk ending up

**DOWNLOAD PDF SELLING THE PARENTHOOD DREAM SANDHYA
SRINIVASAN**

with drugs that do not work. This article is from the April issue of New Internationalist. You can access the entire archive of over issues with a digital subscription. Please support us with a small recurring donation so we can keep it free to read online.

Chapter 3 : Hitler Over Germany by Mitchell, Otis C

Find Hitler Over Germany by Mitchell, Otis C at Biblio. Uncommonly good collectible and rare books from uncommonly good booksellers.

The Saga of Satisar This magnificent, sprawling novel, a classic of Hindi literature, spans almost an entire century in the lives of several families and generations of Kashmiri Hindus and Muslims. As it opens, Lalli, in her seventh month of pregnancy, is preparing to leave for her married home for the traditional curd ceremony. The constellation of planets is right and the moment is auspicious; it must not be lost. But even as her family prepares for her departure, there is fear in their hearts: Between them, the midwife, Khurshid, and Rehman, the tongawalla, ensure that Lalli is safely brought to her destination, and even that the pots of curd are undisturbed. At the end of the novel Lalli, now a grandmother, sees a world in which the much-loved Kashmiriyat, a shared and intermeshed heritage, seems little more than a distant memory. Her work has been translated into many languages. The novel opens on a typical summer afternoon that soon turns into another oppressive evening. Aosenla sits listening to her children playing nearby and is seized by a great lethargy. As she casts a watchful gaze over the house she has called home for so many years, Aosenla wonders how an inanimate structure like a house can exercise such power over a human being. Looking down at a wedding invitation in her hands, Aosenla begins to recall her own wedding many years ago, initiating a deep and moving reflection on the life that others made for her and the life that she eventually created for herself. In "The Power to forgive", the title story of this strong collection. Avinuo Kire tells the moving story of a rape survivor who, at the threshold of a new life, looks back on the incident that has shaped nearly two decades of her life and wonders if she made the right choice. With insight and compassion, Avinuo Kire draws fine portraits of ordinary people in Naga society. It may show signs of age or wear. A Poetic Novel First published in Marathi in , this unique novella in free verse tells an age-old story: As the story traces a relationship that begins with unquestioning love that, over time, transforms into tension and distance, the reader is encouraged to linger, or jump back and forth across stanzas and lines, to navigate, interpret, and savour the beauty of the expression, both in the turn of phrase and the coinage of new words. The sheer beauty of the almost allegorical imagery of life as a game played on the worldly board by people who are actually pawns, marks every page of this poetic narrative. Islam means peace and surrender. Islam does not recommend killing innocent people. The Prophet released hundreds of slaves from bondage and sent them back to their native land. She would one day. For a bright young woman like Fateema Lokhandwala, the idea that one day she might own her own house is a daring dream. Fateema dreams not only of owning her own house, but of higher education, a better job, a wider world. Her brother, Kareem, is persuaded down a very different path "to join the jihad, to become a holy warrior.

Chapter 4 : Clinical trials for multinationals â€˜killing the poor in Indiaâ€™™

Polity, Political Process and Social Control in South Asia the Tribal and Rural Perspective by M.K. Raha, Iar Ali Khan and a great selection of similar Used, New and Collectible Books available now at www.nxgvision.com

Examining the Historiography of South Asian Immigrants The historiography on South Asian immigration to the United States needs to be further developed because it is extremely under-developed. While the story of their immigration to America does not follow the popular narrative of other American-bound immigrants, in which most came to straight to the United States and settled, there is no excuse for their historiography and all its unique facets remaining unexplored. The literature that does exist needs to be both elaborated on and branched out from other immigrating groups. An examination of the available literature makes it very obvious that the story of South Asian immigrants is vital to the current American identity and history. These immigrants come from eight different countries; Afghanistan, Bangladesh, Bhutan, India, the Maldives, Nepal, Pakistan, and Sri Lanka, and of them India receives the majority of the narrative with a few sources nodding to Pakistan, Afghanistan, Bangladesh, and Nepal. There are many successes in the South Asian American immigration narrative. Despite the lack of resources, the field is rapidly expanding. The currently available source material presents a wide variety of topics and aspects of their lives. These materials explore a long history of immigration across the world, religious influences and misconceptions, a wide variety of jobs, and many other minute details of their experience. The narrative, however, needs works both in cohesion and inclusion. There are gaps in the historiography, particularly involving the Colonial period narrative as well as including the female perspective. However, none of the historians truly address how they would like to see the field progress. Most of the sources continually bring up South Asian migration and globalization, their selective adaptation, and what nationalism means to them. South Asian migration was more than just a group of people emigrating from one country to another. Their diaspora, if you were looking at a map, would look more like a doodle of wind, in which they left South Asia, traveled to America and other countries, and eventually end up returning back to their home countries. However, the information was readily available as Priya Srinivasan wrote an article entirely focused on Nautch dancing culture in In Locations for South Asian Diasporas, Sandhya Shukla discusses transnationalism amongst the South Asian immigrants and how they were very connected with their homelands. South Asians who settled in America found themselves in multiethnic communities; however, scholars consistently use a narrative in which their culture and customs did not change very much. Shukla repeatedly described their culture as hierarchical and in every way possible. Specifically, Shukla discusses the Sikh and Tamil communities and how the gender and class hierarchies were not only a part of their familial relationships but also a factor in business. First, scholars agree that their faith was a sort of glue to the family, both important and kept through their adaptation to the States. Second, most scholars seem to focus mainly on Muslims and Hindus with a slight inclusion of Sikhs, leaving Parsis out entirely and just a few references to the Buddhists. If their faith is such an important part of their adaptation, then exploration beyond the immigrants of Muslim and Hindu faith needs to be developed to get a complete historiography. However, their adaptation still seemed to be factored more by what they could offer, the communities that were symbols of their homelands led to their acceptance rather than an erasure of their culture or identity. To some, the mere concept of coming to America for a successful life means that you aspire to be Americanized, to assimilate rather than maintain any aspects of their nationalism or culture, because to be Americanized means to live the American Dream. The American Dream is, of course, different for every person and with groups of South Asian immigrants returning home, money crossing between their host nation and their homeland, success appears purely self motivated and familial in its nature. The historiography of their adaptation, however, also has its gaps. Dhingra presents the new narrative on South Asians controlling a massive portion of the motel industry and studied how different their migration and adaptation differs from the ideals of American society, particularly the American Dream. This is significant

because he is arguing that after migrating to America just as long as the colonists their ideals are shifting to mirror those of any other immigrant in which they want to come, settle in one place, and have a successful job. Many South Asian immigrants were proud of their heritage and home country, but while they were not interested in losing their identity those that did permanently settle in the United States experienced racism, that impacted their experience in the States as well as their immigration and access to citizenship. Bald addresses the nineteenth century South Asians that settled into African American communities. Army veteran had been stripped of his citizenship by the Supreme Court in for being non-white and, therefore, ineligible for citizenship. At Angel Island, all South Asians had been labeled one of three options: Their identity crisis continues to this day, not just as an attempt to become citizens, but as an attempt to be themselves, culturally and ethnically, and without fear. Alex Ninian discussed the issue of ethnicity in politics after the September 11th terrorist attacks and how Indian and Pakistani immigrants had to identify as Native American Indians to feel safe after the death of Osama bin Laden. The identity crisis that South Asians experienced was not entirely related to their ethnic acceptance in America. The identity crisis of Punjabi immigrants that settled in California was different than others that settled into African American communities because they not only had to adapt to American culture but that of the Mexican Immigrants living there. She acknowledged that there was a change of identity because anything separate from their home country could fall into a loss of identity and the second generation was heavily integrated into the typical American society. These Hindus living in Metropolitan Atlanta maintained their nationalism, culture, and identity by opening schools and temples that preserved their rituals and traditions within their own communities. She argued that Sikh immigrants were being mistreated in schools that refused to acknowledge their language and cultural barriers and that as soon as these barriers were lifted the students were succeeding. While the Melting Pot theory may be rightfully dead, America is an undeniable mix of cultures, customs, religions, and ethnicities. Though the States have, of late, become resistant to many people entering the country, practicing their religion, or expressing their faith through a veil, religious freedom and a long history of diverse immigration has shaped and preserved the United States. Though Joshi and Gibson may not have engaged in a dialog it does speak volumes to the content in available material. Upon extensive reading, there are too many gaps in the historiography of South Asian immigrants. From the beginning with Colonialism, while briefly mentioned in one source, being an absent narrative. It raises questions on validity, documentation, and American History. Women are also missing from the narrative. Though South Asians may not have originally traveled as families, they did so in the Imperial Valley and do so presently. Leonard could have expanded on their immigration experience and the many scholars that discussed modern immigration of South Asians should have included their perspective. Moving forward, historians should continue to expand the field by presenting the entire history, Colonial to the present. Additionally, they should acknowledge that the South Asian identity is still challenged by immigrants from the designated South Asian countries and was created more out of legal necessity during heavy Asian immigration to America. Also, scholars must present the women as a vital part of the identity of all Asians and Asian-Americans, not just as mothers and wives or sex workers. To even the untrained eye their small portion of the narrative seems more like they are an object for men. The growth of scholarly work on South Asians beyond migration and globalization, their selective adaptation, and what nationalism means to them will better the field and our understanding of their life. Jigna Desai and Khyati Y. University of Illinois Press, , Temple University Press, , Greenwood Press, , Stanford University Press, , Immigrant Gateway to America, Oxford: Oxford University Press, , Global, Local, Political 31, no. Rutgers University Press, , Gibson, Accommodation Without Assimilation: Cornell University Press, , University of Illinois Press, Life Behind the Lobby: Stanford University Press, Cornell University Press, Rutgers University Press, Lee, Erika, and Judy Yung. Immigrant Gateway to America. Oxford University Press, Temple University Press, The South Asian Americans. Spatial Borderlands and the Making of Ordinary Americans.

Chapter 5 : Unclaimed Baggage by Jen Doll

Dr. Srinivasan, however, continues to dream of creating a better future for children everywhere. "While we're amongst the best schools in the CBSE board, we'd like to do that in every board. We've already kick-started a school that follows the IGCSE syllabus.

Author information Copyright and License information Disclaimer Copyright: This article has been cited by other articles in PMC. This paper documents how couples and providers access donor materials for conception in the Indian context and perceptions about using them. The objective is to facilitate understanding of critical issues and relevant concerns. A postal survey was conducted with a sample of gynaecologists and in-depth interviews were conducted with 39 gynaecologists in four cities. Donor gametes are relatively more acceptable than a few years ago, especially if confidentiality can be maintained, though lack of availability of donor materials is sometimes an impediment to infertility treatment. Donor sperms are usually accessed from in-house or commercial sperm banks, pathology laboratories, IVF centres, professional donors, relatives or friends. There is scepticism about screening procedures of sperm banks. Donor eggs are usually accessed from voluntary donors, friends, relatives, egg sharing programmes, donation from other patients, advertising and commercial donors. There are several concerns regarding informed consent for using donated gametes, using relatives and friends gametes, the unregulated use of gametes and embryos, record keeping and documentation, unethical and corrupt practices and commercialisation. These issues need to be addressed by patients, providers and regulatory authorities by providing information, counselling, ensuring informed consent, addressing exploitation and commercialisation, ensuring monitoring, proper documentation and transparency. The system of patriarchal descent, patrilocal residence, property inheritance, lineage and caste are responsible for the extreme importance given to fertility in Indian society. Childlessness is a life crisis for many couples, with many visible and invisible losses. Infertility affects more than 80 million people worldwide Daar and Merali, Childless women are more vulnerable to blame, mental and physical violence, threats of abandonment, divorce and social exclusion Singh, Dhaliwal and Kaur, They are under psychological, familial and community pressure to have their own biological child Singh and Dhaliwal,; Widge, They seek treatment, including assisted reproductive technologies ARTs , if affordable. Adoption is not popular though some couples grudgingly adopted before ARTs were introduced Bharadwaj, Surrogacy is still uncommon in India, though some couples are using this option nowadays. The first scientifically documented IVF baby was born in India in which heralded the growth of ARTs, mostly in the private sector. ARTs could involve the use of donated gametes and couples may have to use donated sperm, eggs or embryos to facilitate reproduction. This paper focuses on how couples and providers access donor materials for conception in the Indian context and perceptions about using them. Specifically it focuses on general concerns about using donated gametes, how they are accessed, informed consent, costs, concerns of providers and couples, ethical dilemmas and unethical practices. As these issues have been mostly addressed by the media in India, this paper is an initial step in the exploration and documentation of these issues and could facilitate our understanding of critical issues and relevant concerns. Gamete and embryo donation is a sensitive subject especially in societies where extreme social and cultural importance is given to genetically related children Kirkman, Health professionals and regulatory bodies are important collaborators in this venture to address ethical aspects and other concerns. The issues that have been debated till date globally are socio-psychological responses and attitudes of recipients and donors, donor anonymity, payment to donors, commercialisation of gametes and embryos, proper recruitment and screening of donors, quality of the gametes and limiting the use of donors to reduce the risk of consanguinity. Some other issues have also included assessment and screening of recipients, avoidance of transmission of genetic diseases to the recipients and offspring, the information given to and welfare of the future child, informed consent, conflicts of interests between the various actors and appropriate regulatory mechanisms ESHRE, ; Dickens, Ideally couples would like to have their own

biological child but sometimes it is not possible to have a completely genetically linked child and patients have to accept a partial genetic link or a gestational link Halman et al. Couples also have to deal with a shortage of gametes in most societies but providers and patients find ways to overcome this shortage Fathalla, In some societies religion and law prevent couples from using donated gametes but in many they are ethically and legally accepted and in some the restrictions are ignored in the desperation to have a child Borrero, ; Inhorn, Some couples travel abroad to access donor gametes and ARTs that are not accessible in their own, for legal or other reasons Dickens, It is broadly understood that gamete and embryo donation are safe, cost effective and beneficial for infertile couples. But their use has given rise to contentious issues and an understanding of the science, guidelines, ethical and legal and social implications of these procedures is required for them to be used safely and effectively Borrero, So far it has been difficult to find an international consensus on how to deal with these issues as there are social, cultural, religious differences, but each society needs to develop and implement its own statutes. Some donors donate at different sperm banks or via the internet but there are concerns that using the same donor sperm may lead to recessive, disease-causing genes and unrealised consanguinity. Known sperm donors donate to relatives and friends. The laws regarding sperm donation vary in different countries. Sperm donors and recipients are usually anonymous to each other. However, a recipient may receive non-identifying details about the donor such as height, weight, hair colour and education. Recipients have concerns regarding physical attributes, health status, education, occupation, family background and interests of donors Purdie, Recently the law in certain countries has given rights to people conceived through sperm donation to access varying levels of information about their biological father, after a certain age. The morality and ethics of sperm donation has caused much heated debate but despite these issues, sperm donation has been acceptable because it enables couples to have children There are shortages of sperm donors and banks struggle to access donors National Gamete Donation Trust, Shortages have led to men offering free sperm on the internet which not recommended for health reasons and the possibility of exploitation, women going abroad and a smaller donor pool Collier, Sources of donated oocytes include donations from infertile women usually between the ages of years, already undergoing egg collection, altruistic donations from relatives or friends or commercial donations from non infertile women or from egg sharing programmes in IVF clinics Leeton et al. Use of egg donors is regulated in many countries but the high demand for donors has led to waiting lists and shortages. The increased international demand for donor eggs has triggered a surge of egg donation and even international travel for fertility treatment Storrow, and even mail order oocyte donation, which raises ethical issues of possible exploitation of underprivileged women Heng, Egg donation is a cumbersome procedure and for some, it goes against socio-cultural norms. There are also be cultural differences in the willingness to donate oocytes Purewal and Akker, Payments to donors has been considered as ethically acceptable but there are arguments against payment that consider inequality, co modification and exploitation of donors Steinbock, ; Shanley It has been suggested that the use of donated gametes is taken lightly by the medical community and there are practices like sperm mixing, transplantation of embryos without consent or the discarding of embryos by mistake in India Aquil, They also state that semen mixing is not permitted; the ART clinic cannot be party to any commercial element in donor programmes or gestational surrogacy and that the child has the right to seek information about the genetic parent or surrogate when the child reaches the age of 18, but the donors identity will not be revealed until then. In the first phase a postal survey was conducted with a nationally representative sample of gynaecologists practicing in the public and private sectors randomly selected out of a list of all FOGSI members. The purpose was to explore the range of infertility services that are being offered in these sectors. The survey focussed on background information, services offered including donor related , referrals for ARTs and adoption and impediments to effective infertility treatment. This was sufficient to sustain rudimentary statistical analysis, though obviously the achieved sample may not be representative. The data were analysed using SPSS, frequency tables were generated and tests of significance were conducted for some variables. In the second phase, in-depth interviews were conducted with 39 providers 27 from the private and 12 from the public sector

respectively in two major cities New Delhi and Mumbai and two medium cities Agra and Nashik in India. These providers were randomly selected from those who responded to the survey and agreed to be interviewed. In-depth interviews were conducted and taped with informed consent and categories of responses were coded and analysed using thematic content analysis with the help of excel worksheets. Relationships between themes were then analysed. The interview guides focused on the following: They also focussed on donor issues: Results A quarter of the providers surveyed said that they have a donor programme at their facilities. Most providers felt that donor gametes are acceptable to two thirds of the cases of those who need to use them. But acceptability is usually after counselling and reflection on the available options. A few providers were uncomfortable with patients accessing their own samples from a laboratory, a relative, friend or from anyone known to the patient though this was acceptable to some others. Most ART specialists said that they access their samples from commercial sperm banks or have their own banking facilities. Most providers were of the opinion that patients sometimes want their own family members to donate sperm. This was usually unacceptable to providers as they felt it could create future inter-generational problems or confusions about parentage. Some felt that donor sperm of a distant relative, friend or brother was acceptable if they worked out a mutual arrangement between them. They expressed concern that some providers are not apprehensive about using sperm from any source as there are no checks. Several providers reported the practice of using fresh or mixed semen and expressed concerns about the medical status of the donor and the quality of the sperm in such a context. They also reported that the repeated use of the same sperm donor in the same geographical area was a problem as it could have cross-genetic implications. Besides genetic implications, she felt this would create major kinship dilemmas for the couple and the future child. Some reported that screening procedures were adequate but those who were unsure about their protocols have their own sperm banks and prefer to conduct their own screening for general infections, biochemistry, family, sexual and drug history, allergy, thalassemia, HIV, Hepatitis B, and VDRL. Some providers encourage patients to arrange their own donors. There are usually few voluntary anonymous donors. Some ART specialists expressed concerns about egg sharing as that may reduce chances for both the donating and recipient couple. There is a huge demand for eggs and supply is usually a problem as egg retrieval is a physically and medically complicated procedure. Commercial egg donation is a new concept in India, and some providers expressed concern about exploitation of such donors. Currently only few centres in major cities have access to such donors. A provider shared a case of a couple where the husband, even after agreeing to using donor sperm, abandoned his wife. Though most providers felt that there has been a change in attitude towards using donated gametes, especially if secrecy can be maintained, the use of donated materials is still perceived as socially unacceptable. Some felt that couples did not focus as much on caste and colour as before, in the desperation to have a child. But concerns are expressed about education, professional status, religion and medical history of the donor. One of the providers explained A few providers maintained that that donated materials are not accepted easily by uneducated and conservative patients and if they do, it is usually a time consuming process. There are some patients who prefer to remain childless or choose not to use donated materials due to religious concerns. Concerns regarding donor eggs are fewer though patients are worried about religion, physical characteristics, background, family, medical history and some about caste. One of the ART providers offers information on seven criteria i. Patients acquire sperm samples directly form the banks or pay the providers. As egg donors are not easily available and commercial donors are few, most clinics encourage egg sharing. A private provider shared her opinion. I am not sure of using a friends sperm is acceptable as there could be problems later. A woman I know was deserted by her husband as he started living with the woman who had a child with his donated sperm. A provider expressed one such dilemma: Some providers felt that the practice of using spare eggs and embryos without informed consent of couples and the use of untested fresh or mixed semen was unethical. They felt strongly that that ARTs may become a racket because of the unethical use of donated gametes.

Chapter 6 : The Educator With A Vision – Dr. Srinivasan | Fuelling Dreams

Sandhya Srinivasan Thota is on Facebook. Join Facebook to connect with Sandhya Srinivasan Thota and others you may know. Facebook gives people the power.

Selling the baby dream Sandhya Srinivasan AS India races to become the most populous nation on this earth, with 33 babies being born every minute, another kind of explosion is also taking place in the country. That of the infertility industry thriving on desperate couples seeking a child of their own. Many couples are deliberately misled. They are told the success rates are 40 per cent, whereas it is no more than 15 per cent in the best of clinics. The media, often the only source of guidance, is of little help: Their quest for a baby began ten years ago. He plans to borrow another Rs 60, in case "we should regret later not trying". Lack of data means no one knows the true extent of the problem. A National Family Health Survey estimates 2. What experts do know is that much infertility in developing countries is caused by untreated reproductive tract and sexually transmitted infections RTIs, STIs. Although regional or national statistics are unavailable, some researchers believe RTIs and STIs affect about 40 million Indians every year. Specialist health facilities, particularly in villages, are often non-existent or may be inaccessible and poorly equipped with diagnostic facilities or drugs. Although men are just as likely to be infertile, the repercussions of infertility are often more devastating for women. Prakasamma, who has conducted group discussions with childless women and couples, says the women may even be considered bad luck and isolated from religious celebrations such as naming-ceremonies for newborns. In theory, some infertility treatments are available in government hospitals but only the poorest and most desperate seek them. Unsafe surgical investigations can cause internal damage or infection. Although the World Health Organisation has issued guidelines for the diagnosis and management of infertility, some practitioners are unethical, offering inappropriate, unnecessary or potentially hazardous treatments. A year-old woman from Bhiwandi, a town near Mumbai, was underweight and six-and-a-half-months pregnant when she delivered quadruplets at the state-government-run hospital. The babies died within 12 hours of birth. Ovulation-inducing drugs were " per cent" responsible, says a specialist. Often women are made to undergo a hotchpotch of treatments without basic tests like semen analyses performed first on their husbands. Still couples flock to clinics, ignoring the emotional and financial costs. Privately, the doctor tells theirs is a hopeless case:

Chapter 7 : The Sunday Tribune - Spectrum - Article

Trafficking in fetal body parts is a federal crime, and of course Planned Parenthood denies that it is involved in any such thing. A spokesman for the organization, Eric Ferrero, says that Planned Parenthood doesn't sell pieces of dismembered children for profit, but instead is "reimbursed" for them.

Srinivasan 3 years ago 3 Comments What must it be like to touch the future? In a strange way, people of influence have almost always touched the future. Most things you use or do today was envisioned by someone at some point – be it your mobile phone, your laptop or your vehicle. The reason we often remember people is not for what they have done, but for what they have either created or left behind. Srinivasan himself has several notable achievements to his name, such as being awarded an honorary doctorate for his work- but that only seems trivial in the bigger picture. He has dedicated his life to building a school that would truly break through a system of rote education and give room to allow children to reach their full potential. This involves working with Multiple Intelligences by helping children develop their visual, musical, and linguistic capabilities, amongst others. To get a taste of the unique flavour of this institution, picture children encircled around a giant chess board placed on a wall of the school; they spend their breaks planning their next chess move as they compete against other classes. One of his students recently filed a patent for developing a system of gears; some of his students have published their own books online, and some have won chess competitions in the international arena. With all that, GEAR Innovative International School remains one of the topmost schools in the country – the students continually excel in their board exams. He runs a well-established institution that continues to break boundaries and is far from done. All of this arose from a simple idea he had in his teens. Rediscovering his passion As a student, Dr. Srinivasan had always excelled in his studies. He aimed to become an engineer and everyone in his village knew of his goal. Right after school, he moved forward and secured a seat on merit. It was very tough and challenging. A month later, we had a feast where the seniors and juniors would become friends. Srinivasan took a bus to visit his hometown. On his way, he took a decision that would shift the trajectory of his life. Instinctively, he knew that he wanted to become a teacher. He was quiet for a while and then understood that I was sure about my decision. I had to fight to move from Science to English, which was my original choice. Since I was the only English student in the Science wing, I also learnt enough of what would go on in the Science classes. Srinivasan had immediately boarded the train and went to the school for the interview. In a demo class where the other teachers would come out in ten seconds as they were unable to handle the class, Dr. He got the job and started his journey of teaching. When he took up the post, he started to notice the gaps in the system. Srinivasan soon started developing his own programs which eventually became a hit. He was so successful in his teaching stint that he had a very specific instructions for his students. I had created my own style of teaching and the students would work themselves even in my absence. He spent four successful years heading the institution. In that time, however, his vision for himself and the future would completely solidify itself after a near-fatal accident. The life-changing car crash Circa Srinivasan was in a car with a few of his colleagues in Connaught Place, New Delhi. As they were driving through the area, the group was caught unaware and were suddenly hit by a fully loaded D. The damage was unfortunately so massive almost fatal. The survivors were rushed to the hospital, where it was discovered that Dr. Srinivasan was critical with a case of internal bleeding. One was not that lucky. He got a call with a job offer for a prestigious post in the Palace of Oman and had to make a decision on whether to take it up or not. As he stepped out of the hospital, he had an epiphany of sorts. I decided that I had to do something for the children of the country. I was like a mechanic – I would experience and use what I had learnt. Srinivasan also had several job offers in the waiting at New Zealand and the United States. I knew I had to get back to India and build a school. Srinivasan and his family would move lock, stock, and barrel to India with two crores in the kitty to build a school. In two years, however, this money would simply disappear as they struggled to pull through. Building the school When they returned, he started a small school in

DOWNLOAD PDF SELLING THE PARENTHOOD DREAM SANDHYA SRINIVASAN

Bangalore. Unfortunately, these were the least of their problems at the time. A lot of money was lost on the land. We were constantly harassed by several officials. Srinivasan managed to buy the current premises of the school in the year with support from the parents of the children enrolled in the school. Once again, they had to pull through court cases for permission on the land and running an English Medium School. It was ten years before they could truly pull themselves out of the red. Somehow, we had the guts to go through with it. If I had even an iota of doubt, there was no way we could have gone through all of this. The challenges were simply a path to grow. Needless to say, all the students in the school get an enriched learning experience, one that reflects in the results they produce. Srinivasan, however, continues to dream of creating a better future for children everywhere. One of my other big dreams is to help create hundreds of qualified sports coaches and stellar Mentors. We are working on all of this. Today, schools still tend to be an unimaginative and routine place. Children should be disciplined and free at the same time. The crux of the school is to push children to achieve their true potential. He truly has his eyes set on the future. Visionaries are dreamers, too, but with a profound difference – they do the dreaming for all of us.

Chapter 8 : Literature Review – Natalie Griffiths

Sandhya UC. Sandhya is a founding partner at Indiahikes. Over the past ten years, she has explored and put on the map few of the greatest Himalayan treks in India, including Kashmir Great Lakes and Kedarkantha.

Introduction by Sandhya Srinivasan Put a single drop of your blood on a specially treated strip of paper and in seconds you will know if you have malaria or just an ordinary fever. Create a baby in a test tube – give it the body of an Olympic athlete and the intelligence of a Nobel laureate; you can even pay a woman to carry that baby for you. Get tested to find out if you have a particular cancer – or if you are likely to develop that cancer in your old age. Change the shape of your nose. Get a new face, a flat stomach, what the hell, just get a whole new body. Correct your vision with laser surgery. Hormones, surgery and psychotherapy can change the way you look and how you feel about it as well. Hormones can also help you grow taller than all your friends, build muscle, and achieve your dream body. Get injected with stem cells and start walking again. Genetic engineering, super vaccines, stem cell treatments will eradicate all diseases! Stop to catch your breath, the list is endless. Some of these technologies have been around for decades. Others are relatively new, and yet others may remain in the realm of possibility in our own lifetimes. The newspapers would have us believe that medical science is galloping forward, providing access to technologies that were until recently unimaginable. Indeed, medical technologies touch our lives at every stage and in so many ways that it is difficult to know where to start the list. Contraceptives are taken to prevent pregnancy; in vitro fertilisation is used to get pregnant; pregnant women undergo prenatal tests; infants get vaccinated We cannot possibly be conscious of the degree and scope of their involvement in our lives. From the simple microscope to magnetic resonance imaging, from appendectomies to brain surgery, the fact is that technologies are transforming our lives, our relationships, our worlds. Some of these developments have paved the way for a new wave of medical procedures. Immunosuppressant drugs and tissue typing techniques made organ transplants possible. And a couple of years ago, the first face transplant in the world was conducted on a woman whose face had been torn off by a dog; the transplant enabled her to come out in public after years. The discovery of antibiotics eventually led to scores of new bacteria-fighting drugs. Fertilisation of an ovum outside the body and implantation of the embryo in the uterus is now commonplace. However, technological developments cannot be accepted without reflection and debate. They ask questions such as: What are the factors shaping the development and diffusion of technologies? Are the current trends in healthcare technologies relevant to our needs? Do they help us lead more fulfilling lives or do they exacerbate existing inequities? Do they solve existing social problems or create new ones? What must we consider when making decisions related to these medical technologies, as individuals and as a society? Knowledge, attitudes and choices Information is not always power. Soon, women who give birth to babies with disabilities will be viewed as irresponsible mothers. The growing use of such technologies is a matter of concern, note the authors, calling for greater discussion and regulation of pre-natal technologies. Sameera Khan gives a first-person account of how a pregnant woman is advised to undergo these tests: On the other hand, it is also important to note that many of these private decisions also carry profound social implications. Women are advised to undergo regular mammograms for early detection of breast cancer. Certain imaging technologies also have risks. Finally, Pai notes that refinements in imaging technology have come at a hefty price, but without necessarily improving healthcare for people. Social perceptions of the good life Does technology always lead to an improved quality of life? But others believe that it is an attack on a cultural and linguistic minority. Shabnam Minwalla speaks to parents, medical professionals, and advocates of the deaf community, to present the ethical controversy surrounding the implant. The science behind contraception can also be used for reproduction. Assisted reproductive technologies are perhaps the most visible and recognised of medical technologies. The ART industry has exploited the social pressures on Indian women to have children. It claims to offer women new choices when in fact it increases the pressure on women to use these technologies, despite the high costs, poor

success rates and risks to their health. Chayanika Shah takes all these facts as given and moves on; while calling for regulation of these technologies to reduce the risk of harm to women, she also proposes that ARTs can be liberating -- they can be used to change social norms on what a family should be. Selling dreams ARTs are the source of stem cells and stem cell research has resulted in treatments for certain conditions, but more often it has used false advertising to sell miracle cures to desperate patients, writes Sandhya Srinivasan. Cosmetic technologies present other concerns. Medical technology provides the means for this transformation. But they have conducted medical procedures that are of no medical value -- by collaborating in interrogation using medical techniques, and participating in executions. Amar Jesani documents the history of medical interrogation. He also comments on a recommendation by the Law Commission that hanging be replaced by lethal injection: Angell also points out that -- despite patent protection -- few innovative drugs have been developed in the last decade to replace drugs that are going off patent. For example, just seven of the 78 drugs approved by the US Food and Drugs Administration in were classified as improvements over older drugs. But the pharmaceutical industry must generate profit. A number of deadly diseases are preventable by vaccines and it is generally accepted that they are important public health technologies. The problem is that vaccines are given to healthy children to protect them from a disease that they do not have. And while not all vaccines are of equal value, all of them carry some risks, however small. The challenges of high technology Intensive care technologies pose unique ethical challenges. The patient is often not in a position to participate in treatment decisions. ICU care is extraordinarily expensive and emotionally distressing for the family. In India, ICU care can bankrupt a middle class family. Two paediatric intensivists, Akash Bang from a community hospital and Arvind Kasaragod from a corporate set-up, describe the dilemmas of paediatric intensive care. Can decisions be made on medical need alone, and is it possible to ignore the financial burden on families? Finally, which technologies do we choose? Biswaroop Chatterjee votes for the microscope rather than rapid tests which are currently being promoted in government programmes. The microscope is an inexpensive tool that can be used by a trained technician to provide an accurate diagnosis at a cost affordable to the community. It also makes most sense in a comprehensive healthcare system rather than a vertical, disease-focused programme. Kavery Nambisan makes a plea for the real innovation -- appropriate and affordable technology -- and reports on the achievements of rural surgery in India. Serendipity has little to do with the application of science. The pursuit of scientific knowledge is always tempered -- by the money needed to do research, which in turn is determined by the interests of funders, who must answer to their shareholders, official or otherwise. Likewise, drugs for many conditions remain unavailable because the companies that control their patents see no market for them. The development and diffusion of technologies depend on their potential to exploit existing demands and create new ones, and to serve powerful interests. The pharmaceutical industry is a good example of the fact that the subject of research is determined largely by those who fund it, as they want returns on their investments. According to a study by the Drugs for Neglected Diseases Working Group, convened by the international health organisation Medecins Sans Frontieres, of 1, new drugs brought to market between and , just 16 were for tropical diseases. As for access to drugs, 87, of the 1. This, in a country where the majority of people pay for healthcare out of their own pockets, without insurance, often even when they fall ill with diseases covered by government programmes. Decisions regarding technologies are determined by the big actors including industry and governments, and the policies that support their interests. For example, which drugs should be available in the tuberculosis control programme and how should they be made available? Or when a disease control programme is funded by a foreign loan -- and is then required to buy a test kit manufactured by a particular company. Or contraceptive research that focuses on injectables and implants -- methods that are controlled by providers rather than users. Cost and access Access to a technology is also shaped by socio-economic factors. The best treatment may not be available to those who need it most. For example, while tens of thousands of children in India suffer damaged heart valves due to untreated infections, a few hundred receive valve replacement surgery. A fraction of the 32 million diabetics in India can afford the drugs they need. Poor women face additional barriers to healthcare. This is the irony in

a country where the most sophisticated medical care is available even as the right to basic care is not guaranteed. A government hospital in Mumbai is in the process of setting up a liver transplant surgery programme. On the other hand, user fees effectively deny the poor far simpler surgical procedures. But certain contraceptives are more easily available than medical treatment in government centres, as population control is considered a priority. Further, when government policy does not assure everyone a standard of medical treatment, you get a two-tiered system of care: Chennai-based trauma surgeon George Thomas has commented that though the development of joint replacement has had an immense impact on the quality of life of people with damaged knees, in India, implants of poor quality continue to be widely used. The cheaper Indian implant for knee replacement can cost Rs 50, -- and even this will not meet quality standards. The standard better quality ones all imported from the US or Europe cost Rs 65,, and the more sophisticated ones can cost up to Rs ,, which restricts their use to the few patients who can afford to pay such prices. Thomas, who is also editor of the Indian Journal of Medical Ethics, notes that doctors are regularly forced to make such decisions “to give substandard treatment because it is all that the patient can afford. This happens because healthcare is based on profit rather than on what the patient needs. The question of standards brings to mind the scandal some years ago about drug eluting cardiac stents. These are used for angioplasty and bypass surgery to open up blocked cardiac arteries and keep them open. It turned out that more than half of the 60, angioplasties done in India annually used stents that were not approved in the country of their manufacture” and India had no regulatory system to set standards and ensure that they were followed. So the medical devices industry chooses to manufacture what it finds profitable, and follows standards only when it is forced to do so.

Chapter 9 : EDITORIAL 1 / MUSINGS ON KUTCH

Infertility, Women and Assisted Reproductive Technologies Varada Madge Varada Madge is affiliated with the Centre of Social Medicine and Community Health, Jawaharlal Nehru University, New Delhi

Indian government policy The policy of the union government has been to promote internet use and access. Two specific targets are mentioned as they pertain to broadband: Provide affordable and reliable broadband on demand by the year and achieve million broadband connections by the year and million by the year at minimum 2 Mbps download speed and making available higher speeds of at least Mbps on demand. Provide high speed and high quality broadband access to all village panchayats through a combination of technologies by the year and progressively to all villages and habitations by NTP further enjoins TRAI to revise the existing broadband download speed of Kbps to Kbps and subsequently to 2 Mbps by and higher speeds of at least Mbps thereafter. Since the early years of the Telecom Policy, internet connectivity and later broadband connectivity are part of the overall telecom policy. On the demand side, it is dominated by one concern “provision of e-governance. This absence, it needs to be said explicitly, is not necessarily a flaw because governments are firstly meant to provide the supply side deficits, especially where private players do not find it profitable to provide such infrastructure. In fact, the very nomenclature of the vision areas means that the government recognises digital infrastructure as a public utility, and hence its focus on building this network right up to the village. It does provide for changes in rules to facilitate greater urban broadband connectivity. At this point it may be important to recall that if the internet requires four levels of network “the last mile, the middle mile, the national backbone, and international connectivity “the thrust of Digital India is on enhancing the national backbone to reach rural areas and of providing the middle mile in rural areas. The key targets for the infrastructure are: Broadband connectivity to , gram panchayats by in three stages of 50,, , and , Two lakh fifty thousand villages to have CSCs by March One lakh fifty thousand post offices to become MSCs by The other thrust areas for digital inclusion are provision of information and e-governance initiatives. These are supply side initiatives, which have an obvious adoption-level connect. Other than these initiatives towards the national backbone and the middle mile, there are some state government-led initiatives in providing last-mile connectivity in public places. While the details are still not available, the decision of the recently-elected Delhi government to provide Wi-Fi or the announcement of the West Bengal government to ensure Wi-Fi across Kolkata are all measures designed to connect the device in the hand of the citizen-consumer to the internet. However, only pricing will make clear what kind of access will be available and for whom. Concerns The most basic areas of concern are access and affordability. The present subscriber base for the internet is extremely low. While the Union government is engaged in providing connectivity, it is still not clear how last mile connectivity will be achieved and at what cost in rural India, assuming that all the targets of Digital India are achieved on time. Recent reports in the press suggest that already the targets have been missed. Even today the telephone companies provide some kind of wireless access for those with high-end devices paying for higher-end services. But in most rural areas this connectivity is poor. The anecdotal evidence is that in large swathes of rural India, speeds are wanting or connectivity is non-existent. The reason is not difficult to find. There is a general absence of paying customers in those areas and the cost of either installing or maintaining such a network in those areas cannot be recovered, and so this becomes financially unviable for the mobile companies. In what ways will the economics of providing connections change with the government-provided network is an open question. The decline in broadband cost over the years provides some hope that with improvements in technology, greater penetration and greater use, the costs are likely to go down. However, a lot depends on the way telephone companies, who still provide the vast majority of connections and are likely to do so in the future, respond to their networks becoming mere carriers. The recent attempt by Airtel to charge differential rates for access to some services on the internet, and hence treat what goes over their wire differentially, is a case in point. The fact that the company had to retreat in the

face of immediate consumer opposition does not necessarily mean that such attempts will not be made. Other than pricing, there is also the possibility that speed over the connections might not be what is being promised. Speed is crucial to realising the full potential of the internet because services and voice and picture components are increasing so exponentially that the narrowband or speeds of less than kbps are inadequate for a functional use of the internet. In fact, the Indian standard of more than kbps for broadband is significantly less than many countries that demand a download speed of above 1 to 2Mbps for the service to be classified as broadband. Even if more functional definitions of broadband are used instead of minimum download speed, the Indian standard is towards the lower end. A recent investigation by the Digital Empowerment Foundation found that in many villages, speeds are half of what has been assured as part of the NOFN. A related issue is that there is increasing evidence that smartphones will be the device of choice when it comes to accessing the internet. In fact, the plans of telephone companies are predicated on this move that comes on the back of ever-decreasing smartphone costs. The problem, however, is that speeds are still an issue -- recall the TRAI consultation document -- over wireless networks and most informational and utilitarian uses of the internet still demand either high speeds or large screen devices or both. This is especially true of government and informational websites. To conflate the number of email accounts and social media users with use of internet is to rely on a lowest common denominator base for gauging internet use and digital inclusion. Since digital inclusion involves both supply side and demand side, or access and adoption, strategies, it is also important to recognise the adoption challenges, which for obvious reasons are not the immediate remit of the government. The basic thrust of government programmes is on providing physical infrastructure. So, all the adoption aspects of digital inclusion still need to be worked on both from those in the government and those in business and not-for-profit enterprises. One possible area to ensure greater adoption is to ensure that schools provide access to the internet, which incidentally is included in the eKranti programme of the government. However, in the absence of Indian language material and websites, pure access may not be of great use. Even the state government websites provide at best a few layers of material in the state language, while most of the details are only available in English. A classic example is of the State Bank of India, which has the largest banking network across the country. It provides an option to read the website in Hindi. But there are no options for any other Indian language, and this from a bank that operates in every nook and cranny of the country. So, if we revisit the axes of digital inequality -- gender, age, disability and language -- then digital inclusion in India needs to be combined with the larger societal goals of education, energy, livelihood and health for all. Alok Thakore is an independent journalist, researcher, newsroom coach and teacher. He serves as the Hon. Director of the JM Foundation for Excellence in Journalism and has been associated, over the last three years, with a number of research projects on telecom and internet access. Endnotes 1 See <http://www.nber.org/papers/w14842> For a more general account, please see Bresnahan and Trajtenberg The working paper of is available at NBER. Institute of Museum and Library Services. The framework outlines access principles and adoption principles, which include availability, affordability, inclusive design, public access under access and relevance, digital literacy and consumer safety under adoption principles. Better life because of measurable benefits that accrue from the use of this technology, which reduces barriers of time, place and people. IT will be used to drive re-engineering of government processes to improve service delivery and programme implementation. We will strive to provide Wi-Fi zones in critical public areas in the next five years. My government will rollout broadband highway to reach every village and make all schools e-enabled in a phased manner. Technology will be used to prepare our children for a knowledge society. The National e-governance plan will be expanded to cover every government office from the centre to the Panchayat; to provide a wide variety of services to citizens. Emerging technologies like Social Media will be used as a tool for; participative governance, directly engaging the people in policy making and administration. It provides broadband connectivity in many parts of the country in addition to modernization of train operations and administration network systems. Their research into the government websites suggests that whether in the case of information or of government services, it is not easy to utilize the services because of linguistic barriers and also because

**DOWNLOAD PDF SELLING THE PARENTHOOD DREAM SANDHYA
SRINIVASAN**

of user-interface problems. I am associated with this project as a consultant.