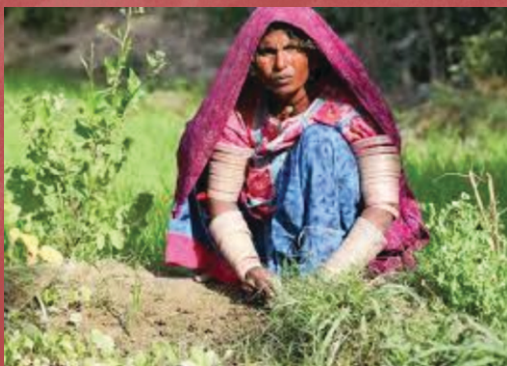




WOMEN OF PAKISTAN: BUILDERS OF A POST-PANDEMIC NATION



DIARY 2021



WOMEN OF PAKISTAN: BUILDERS OF A POST-PANDEMIC NATION

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Pandemics and humanitarian crises have time and again proven that it is women's resilience and extreme bravery that have helped their communities gather the courage to withstand the stress and trauma but also get back on their feet. Women are survivors. They have an in-built mechanism to face challenges in ways that leave many people shocked beyond words. And this is a global phenomenon with variance in its visibility and level of acceptance. Women who are traditionally "seen" as the 'weaker sex', are not expected to be the ones to rebuild nations after calamities of any kind. The fact that it is women who come forward to restore and are determined to build back better could not have been tried, tested and proven any better but during the global pandemic that is COVID-19. From front-line workers who quickly stepped forward as soon as the pandemic hit us, to the women facing financial difficulties and isolation with the risk of domestic violence and exploitation, we have seen women emerge tough, determined and strong.

Let's take a global view. We all witnessed how women-led governments proved to be more people-friendly as compared to their male-dominant counterparts. The prime ministers of New Zealand, Taiwan, Norway, Denmark and Finland, through their timely and bold steps were effective in saving thousands of lives, while a majority of their male counterparts around the world were not only late to respond, their initial reactions were confusing and unclear. Many termed the new virus nothing more than the flu or the common cold and nothing to be afraid of. When it came to governance and initiative during the height of COVID-19, when leadership was tested, having adequate women representatives in management roles were vital in reducing the impact of the pandemic on women, that may have been greater than our male counterparts.

For Pakistan too, the ongoing pandemic has brought with it many lessons to be learned, to rectify the mistakes and pledge for equality. This is the time to change and evolve from traditional, old and rusted patriarchal values and address the growing inequalities based on gender, caste and creed. Looking at the exemplary leadership qualities shown by these female heads of state and the health ministers it becomes evident that we must ensure adequate, if not equal, levels of women's representation in public health and policymaking to control pandemics- be it COVID-19 or HIV-AIDS. It is time to rethink our policies and priorities and ensure gender equity and a women-inclusive society. Women make half of the population of Pakistan, they deserve proportionate representation in every field, be it at the highest levels of governance or on the ground.

Looking at experiences from previous pandemics, it is evident that women are dynamic actors for change. Though they are more vulnerable in a pandemic, epidemic or any other humanitarian crisis, they are the ones who shoulder the heavy burden of reconstruction and re-building their homes as well as that of the nation. Pandemics are not gender-blind, but the response and reactions are on countless occasions gender-biased and blind. From HIV-AIDS to COVID-19, women have been blamed for being the reason for the pandemic. This year's desk diary also reflects on how the media has reported on the current national crisis. HIV-AIDS had a sexual face to it, and it came very naturally to the media to blame women, especially commercial sex-workers to be the reason for this 'wrath' of God. Similarly, the blame for COVID-19 was directed at 'indecent' women in our society.

As a reader of this diary, you may feel that the content reproduced does not match the title of

the diary: 'Women of Pakistan: Builders of a post-pandemic nation.' That's what we at Uks want to convey. Having monitored and analyzed the media in Pakistan for over two decades, we see a very clear pattern of media coverage during pandemics and disasters. There is more focus on women as the crying and helpless lot than the real picture where women are the first ones to get started and rebuild. Media has very seldom shown the strength women display during crises, from attending to the sick and needy to carrying heavy loads on their heads to rebuilding their homes. While we were gathering the content for our diary, we went through hundreds of press clippings and could not find much that would be reflective of women's resilience and bravery. If we take the current pandemic as an example, all the media reported or conveyed was endless politicization of the situation where controversies were blown out of proportion and very little effort was made to bring in genuine issues with the real actors.

We at Uks feel that the media has not been able to present the other-often ignored- but very much present reality; that women are neither the weaker-sex nor the weeping lot. It is for you, as consumers of daily media content, to remind the media that it should not be showing a one-sided and often in-correct picture, where the content becomes overly politicized to fuel a ratings-driven agenda. To reject the current pattern of news and entertainment is your and our right and responsibility. It is only then, that substantial stories will emerge. Women as nation-builders in times of crises, being one of them.

Wishing you a safe, blessed new year!

Tasneem Ahmar

Editorials

Beware of AIDS

At an expert's workshop in Islamabad on Saturday, doctor and chilling facts to tell about AIDS that should make our health and authorities sit up. We are in the Asian zone most prone to deadly disease. Though the disease in this region is still in infancy, it is spreading fast, with nearly half a million people having been already infected. The worst affected are India and Thailand. But Pakistan is also getting under its spell rapidly. According to official sources, some 1,355 cases have already been detected, with 167 confirmed AIDS patients. The diagnosed cases are all males, startlingly, between the ages of 20 and 49 years. Nearly 65 percent of them had caught it from sexual contacts. Even though the doctors are worried about the disease spreading here in blood product recipients and drug addicts, they are also quite concerned about the risk of our nationals working overseas becoming a carrier of this disease. They contend as the bulk of this workforce resides abroad without their families, they are vulnerable to enticements, then acquiring the disease and bringing it back home to their families. They apprehend similar risk from the millions of Afghan refugees in the country. Maybe, the experts are over-reacting. But no chances should be taken. Particularly so, when this disease is so difficult to detect at the early stages. According to the specialists, at that period there may be no signs or symptoms of the disease having infected. The patient may look quite normal and healthy. It takes the killer disease several months, even years, to incubate and start showing the symptoms like rapid weight loss with no apparent reason, diarrhea, loss of appetite, recurring fever, night sweating, constant fatigue, shortness of breath, dry cough not due to allergies or smoking, swollen lymph nodes in armpits, groin or neck, and unusual cancers.

What makes these specialists more apprehensive is that we have all the conditions ready-made that contribute massively to the rapid spread of this disease: low literacy rate, inadequate health infrastructure and poor community response. To cope with this problem, they see an answer in a mass awareness campaign. We tend to endorse their view. As the state-controlled electronic media command considerable audience both in the urban and rural areas, the government should seriously consider launching an imaginative and effective campaign to educate the masses about this disease. This must be undertaken without any delay as AIDS is spreading fast all over the world. Already, it has infected some 33.4 million people globally with another 10 million youth, all below 25 years of age, living with HIV virus that causes AIDS.

The Frontier Post: November 30, 1998

Preventing AIDS

The International AIDS Day observed in Pakistan on Tuesday provided an occasion to focus attention on young people because, according to experts, two-thirds of those who get HIV, the virus that causes the disease, will become infected before they turn 25. Like many other countries Pakistan, too, is facing a severe threat from AIDS as, according to one estimate, 80,000 people are already infected with HIV in the country. This is alarming and should spur the authorities into action to raise defence against the spreading scourge. The nature of the affliction is such that it can only be checked through preventive action and by sealing the various modes of transmission of the fatal virus. It is a silent, insidious life-threatening disease which has no cure yet. It can only be prevented, for which awareness about it is imperative. The people must know how the disease is contracted and what to do and what to avoid to remain safe from AIDS. They must know that the internal risks of its spread, such as transfusion of HIV-infected blood, sexual promiscuity and so on, are as great as the external risks such as the large number of Pakistanis working abroad who constitute a potential source of infection during their home visits.

It is essential therefore that the people should be made adequately aware of the various modes of transmission of AIDS. But in a country where literacy is low and religio-cultural inhibitions widespread and strong, it is not easy to disseminate information about a disease with which a certain stigma is attached. The initiative must therefore come from the government. The various social and medical organizations could lend a helping hand. The electronic media too could play an effective role in disseminating knowledge about the do's and don'ts of AIDS. There is none-ever hardly any program on TV and radio which talks to the people frankly about AIDS. It may not yet be possible to screen every Pakistani returning from abroad but those going overseas, especially to high-risk countries, should be told about the AIDS precautions to be observed while there.

Specific steps must also be taken to check the spread of the disease. AIDS control campaigns must insist on expanding HIV screening facilities in most of the country's hospitals, especially those in the urban areas. Blood banks must collect blood only after clearing each donation of HIV infection and there must be a system to ensure that all blood donors are screened before taking blood. The use of disposable hypodermic syringes is yet another requirement which must be enforced through legislation. All the major causes of the spread of the disease such as mother child transmission, transfusion of infected blood and prostitution, among others, exist here. Moreover, Pakistan unfortunately has a heroin-addicted population of about 2.5 million many of whom use the intravenous mode of drug addiction requiring the sharing of the same hypodermic syringes by several addicts in many cases. This, too, is a potent source of HIV infection. The object of any awareness campaign must be to reach the maximum number of people. Public spirited citizens and organizations should come forward to help in motivating the people to observe the basic precautions against AIDS infection. For this the authorities should employ the services of the mass media, both electronic and print, NGOs and public welfare organizations to motivate people to shun habits and practices that may make them vulnerable to AIDS.

A matter of prevention & cure

A REPORT released by WHO is quite alarming. It states that 13 million children and young adults worldwide die of infectious diseases every year and of these 90 percent are victims of six deadly diseases, namely, pneumonia, TB, diarrhoeal diseases, malaria, measles and AIDS. This is a great pity because most of these illnesses can be prevented easily with a little care and precaution. Even if they have been contracted, these diseases, with the exception of AIDS, can be cured if timely medical assistance is provided. If the incidence of mortality on account of these ailments continues to be high, it is obvious that the health authorities are not doing enough to create awareness about health standards and preventive measures. Neither do they seem to be working to provide curative facilities to patients in need of these.

Taking Pakistan's case, one is shocked at the bleak picture which emerges. According to the health authorities, there are two million cases of tuberculosis in the country with 350,000 new ones being added every year. Nearly, 112,000 people come down with malaria annually. No authentic data are available about the children who die of diarrhoeal and respiratory diseases but their number can be expected to be chillingly high. Small wonder that the infant mortality rate in Pakistan is a stupendous 95 per 100,000 live births when the Third World average is 65. One may well ask if this is an unavoidable phenomenon which we must learn to live with?

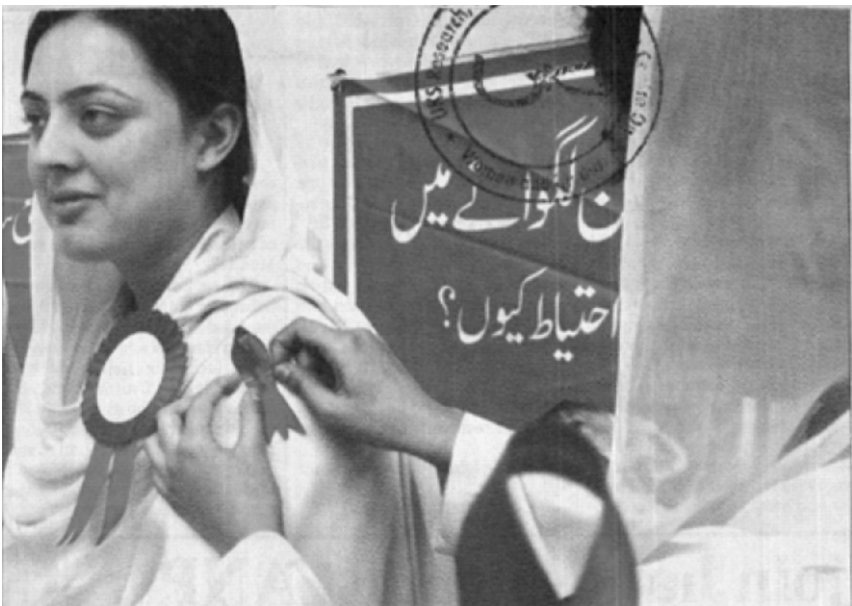
The fact is that the high incidence of infectious diseases in a country speaks of unhygienic and insanitary conditions prevailing there which contribute to the spread of infection. One has only to look around to see how our civic authorities are failing in their duty towards the citizens. They cannot ensure cleanliness and solid waste management in the areas under their jurisdiction. Garbage is generally not collected while sewers are choked and overflowing potable water which is so essential to keep diarrhoea at bay is not available to all. In the state of insanitation in which people are forced to live, how can they be, expected to escape infectious diseases?

As for general health awareness, it is practically non-existent. Given the low level of literacy and education, people do not know much about the precautions to be observed to remain healthy by building up their stamina and resistance while avoiding being infected with disease-causing bacteria and viruses. It has been observed that education can help train people, especially housewives and care-givers on whom rests the responsibility of primary health of the families. They should be educated in the importance of sanitation, hygiene, vaccination and nutrition so that they can provide enlightened care for their families and ensure their good health and protection against diseases.

But that does not absolve the government of its responsibilities in the matter. In fact, there are some actions which the citizens cannot undertake at an individual level. For instance, vaccination campaigns, waste management and curative care where a person has contracted

an infection. These have to be organized by the government and regrettably our municipal authorities have failed miserably in this respect. Thus, 44 per cent of the population has no access to sanitation, 24 per cent of the one-year-olds are not immunized against measles while 10 per cent do not receive the BCG vaccine to protect them against tuberculosis. If infectious diseases have to be controlled, it is time the authorities seriously started to address these issues which are fundamental to human health and survival. It is also important that the health delivery system is made more accessible to the people so that when preventive measures fail and a person falls ill, he can turn to a physician for help.

Daily Dawn: October 18, 1999



A STUDENT pins red ribbon on the shoulder of a participant of a ceremony held at Khyber Medical College, Peshawar on Monday to mark the 'World AIDS Day'. — White Star

Daily Dawn: December 02, 2006

Combating AIDS

During the recent days there have been encouraging developments in the treatment of the killer disease, AIDS in poor and under developed countries. The World Health Organization (WHO) in this regard has issued guidelines showing that with this terrible disease with anti-retroviral drugs, perceived as too expensive and complicated for developing nations, is feasible even in rural Africa and can be done much more cheaply than is widely thought of. There has also been a policy shift in South Africa, has perhaps, the world's worst AIDS hit area but has exhibited the most puzzling determination not to do much about it. After fighting a court ruling ordering it to provide drugs to keep HIV-positive mothers from transmitting the disease to their babies, South Africa's government finally announced that it would carry out the court's wishes. It also acknowledged that anti-retroviral could help in some circumstances, an important reversal for a government that has placed obstacles in the path of treating AIDS. South Africa, with its resources should be a leader in AIDS treatment in Africa.

Looming over both the South African and the WHO developments, however, is the problem of money. The importance of financing was illustrated at a time when the new Global Fund to Fight AIDS, Tuberculosis and Malaria gave out its first grants. Since opening its doors in January the Global fund has received proposals from poor countries totaling \$5 b over five years. This week, after an admirably rigorous evolution process, it announced that it would give out \$616 m over the next two years all the money it has. It will buy insecticide treated bed nets in Laos, finance AIDS prevention among the youth of Zanzibar, cure tuberculosis in Mongolia and do similar work in dozens of other countries. An area the fund is not emphasizing is AIDS treatment with anti-retroviral drugs, which is expensive. One reason reluctance by the wealthy nations that finance the Global Fund. Officials from Malawi have said they were encouraged by donor nations to drop a treatment programme from their application and there is evidence that Malawi is not alone.

The reluctance of donors may begin to change next week, as several influential members of Congress have proposed big increase in American efforts to fight AIDS, among them the Republicans, Arlen Specter, Bill Frist, and most surprising Jesse Helms. In the House the Democrats are asking for increase, but must overcome the reluctance of Jim Kolbe, the Republican who heads the relevant subcommittee. If Washington begins to respond to AIDS as the catastrophe it is, other countries will follow.

Pakistan Observer: May 22, 2002

Better maternity care

THERE is an urgent need to ensure that Karachi's government-run maternity homes are not left lying underutilized and that they provide the medical care they were built for. According to a report, a significant number of infant deaths that happen every year in the city could be avoided if the centres were open round-the-clock and were adequately equipped and staffed to provide comprehensive pre- and post-natal care. In fact, let alone comprehensive treatment, less than one in six is able to provide expecting mothers even basic emergency care. Many of the city's government-run maternity centres operate only for a few hours in the morning. Doctors and staff posted there presumably find it more profitable to work in private facilities or in their own clinics. It is up to the health department to look into the matter and ensure that the medical reports for duty at the government facility where they are employed.

Proper monitoring of the working of doctors and nursing staff is essential if the government wants its maternity homes to provide any real treatment and care to deserving patients or else the latter will be left with nowhere to go. According to medical research, a large percentage of births happen during the night. Hence, it is imperative that the city's health department sees to it that the maternity homes under its control are open, adequately staffed during the evenings and have ambulances to ferry expecting mothers who cannot afford to come on their own. There has to be a proper way of ensuring that the resources and funds allocated to maternal care are not grossly underutilized as is unfortunately the case right now.

Daily Dawn: June 03, 2003



Head of Uks Tasneem Ahmar delivering lecture at a workshop on Media Motivation and Mobilisation on HIV/AIDS in Peshawar on Thursday. — Shabbir Hussain Imam

The News: June 22, 2001

The scourge of AIDS

UNAIDS' findings about Pakistan should be a cause for alarm for the government. From the figures given in the UN agency, it seems that the threat of AIDS is knocking at our doors. According to UNAIDS, Pakistan, like other countries in the world, is in a state of denial about the extent of its HIV/AIDS problem. So far, the Pakistani government has reported about 3,500 cases of people with HIV, of whom 367 are AIDS patients. The figures are contested by local and international NGOs working in various parts of the country. HIV-positive cases in Pakistan could be as many as 210,000, according to UNAIDS. The agency says that political leaders in Pakistan should not turn a blind eye to the reality. UNAIDS states the major reason why countries are not successful in containing HIV is the absence of a strong political will to contain the epidemic.

In Pakistan, one of the main causes of AIDS is recycled syringes that drug addicts use. Studies have found that about a third of drug users in Karachi, for instance, are HIV-positive, who are feared to infect their wives. The international organisations working on AIDS in Pakistan believe that Pakistan is still at a stage where it can nip the problem in the bud. According to UNAIDS estimates, about 85,000 people, or 0.1 percent of the adult population in Pakistan are infected with HIV. Understandably, official figures seem to downplay the threat. Surveys conducted in Lahore and Karachi point out a concentration of HIV infected people among injecting drug users (IDUs) and men who have sex with men (MSM). It is calculated that 40 percent of the blood transfusions in Pakistan are not screened for HIV.

According to the latest figures of UNAIDS/WHO worldwide, there is an estimated 39.5 million people living with HIV. There were 4.3 million new infections in 2006 with 2.8 million of these taking place in sub-Saharan Africa, considerable increases in Eastern Europe and Central Asia, where there are signs that the infection rates have risen by more than 50 percent since 2004. In 2006, 2.9 million people have died of AIDS-related illnesses. India now has the second largest number of HIV-positive cases in the world, following South Africa with 5.5 million HIV infected people. The number of reported HIV/AIDS cases in China has grown by nearly 30 percent this year to 183,733 from 144,089 last year. Of the reported cases, 40,667 had developed into AIDS.

Though international organisations do not consider Pakistan at as high a risk as India or China, there is no room for slackness. If preventive measures are not taken today, it will be difficult to control the menace once it finds a foothold in the country. The first step to be taken in this regard is to create meaningful awareness among people about AIDS combined with treatment of patients who have tested HIV-positive. NGOs cannot do, it alone given the scale of the task. As discussing AIDS is a taboo in our society, making people aware will have to be done in an imaginative way. Candid discussion on AIDS in radio and TV programmes can be useful in this respect. Awareness should be started at the school and college level. The government will have to play its part if Pakistan is to be saved from the scourge of AIDS.

The Post: December 02, 2006

Unsafe blood

IT is an illustration of the many ways in which untold suffering can be inflicted on people when the state is unable to turn its intentions into reality. Health authorities in Islamabad have discovered that two siblings, an eight-year-old girl and her younger brother, have been infected with HIV. The children already have a blood platelet function disorder, due to which they have been receiving transfusions from different hospitals in the twin cities since 2010. The HIV virus they are carrying was discovered in November, when the girl fell ill. Since neither of the parents are HIV positive, the likely cause is that at some point, in one of the many health facilities where they were treated, they were given contaminated blood during transfusion. The tragic irony is that their father is an employee of the hospital managed by the Capital Development Authority.

On Thursday, the National Commission on Human Rights took suo motu notice of the matter; it intends to institute an inquiry into what kind of steps are taken by health facilities and departments to create awareness about the dangers of contaminated blood. Reportedly, the NCHR is already carrying out an assessment in this regard of the Pakistan Institute of Medical Sciences, one of the largest public-sector hospitals in the area. The exercise is to be expanded to include more hospitals. The needs of the ailing children mentioned above, meanwhile, will now be administered to by the National Aids Control Programme.

Instituting an inquiry is all very well, but much more needs to be done particularly in view of the high incidence of blood-borne diseases in the country. The issue is much larger than HIV/AIDS alone, serious though these are. Hepatitis B and C, for example, both of which can be contracted through even the most minimal contact with infected blood, amongst other means of transmission, affect an estimated 15 million people in the country or every 13th Pakistani. Malarial parasites, too, can be transmitted through blood. Then there are other realities such as the relatively high numbers of thalassemia sufferers a consequence of the common cultural practice of marriage between cousins. It is absolutely imperative that Pakistan clean up its act in the context of infected blood in health facilities — and that it does so on an urgent basis. Laws on this front started being devised in the late 1990s and, after devolution, new laws are being looked into. Most recently, the Khyber Pakhtunkhwa government was mulling over the KP Blood Transfusion Safety Authority Act, 2016. But new laws will only work if there is a sincere attempt to enforce them, and this is where the challenge is the greatest. Regulation, oversight and accountability in the donation and transfusion of blood are among the most basic needs of the healthcare sector and their absence must be addressed immediately.

Daily Dawn: February 04, 2017

<https://www.dawn.com/news/1312532>



ایڈز کے مریضوں کی تعداد میں خطرناک حد تک اضافہ

ایک رپورٹ کے مطابق پاکستان میں ایڈز کے مریضوں کی تعداد ایک لاکھ اور 32 ہزار تک پہنچ گئی ہے۔ پنجاب میں 60 ہزار، سندھ میں 52، کے پی کے میں 11 بلوچستان میں 3 جبکہ اسلام آباد میں ایچ آئی وی کے 6 ہزار مریض موجود ہیں۔

پاکستان میں ایڈز کے مریضوں کی تعداد میں اضافہ حکومت کے لئے باعث تشویش ہونا چاہیے کہ وہ عوام کو صحت کی بنیادی سہولیات کی فراہمی میں بری طرح ناکام ہو گئی۔ اسی لئے تو ایڈز جیسے مہلک مرض کے مریضوں کی تعداد میں خاطر خواہ اضافہ ہو رہا ہے۔ یوں ایڈز کے پھیلاؤ کی کہیں وجوہات ہیں مگر ان میں غربت سرفہرست ہے۔ ناکافی وسائل کی بنا پر لوگ آج بھی استرے، بلیڈز، اور استعمال شدہ سرنجوں کو استعمال کرتے ہیں جو موزی مرض کے پھیلاؤ کی بنیادی وجوہات ہیں۔

اگرچہ حکومت نے ایڈز کی روک تھام کے لئے اپنے تئیں آگاہی مہم چلائی ہے مگر سچ تو یہ ہے کہ اس کے خاطر خواہ نتائج حاصل نہیں ہوئے جبکہ دوسری طرف ہسپتالوں میں ایڈز کے مرض کے علاج کے لئے سہولیات بھی موجود نہیں ہیں جس کی بنا پر مریض ایڑیاں رگڑ رگڑ کر مرنے پر مجبور ہے۔ بات یہیں پر ختم نہیں ہو جاتی بلکہ مہنگی ادویات اور علاج اور معالج بھی عوام کی پہنچ سے باہر ہے اسی لئے تو ایڈز کے مریضوں کی تعداد میں اضافہ ہو رہا ہے۔ ایڈز کا مرض پسماندہ علاقوں میں تیزی سے پھیلا ہے۔ جس کا ایک ثبوت جنوبی پنجاب کا ایک ضلع کوٹ ادو ہے جہاں 80 فیصد آبادی کے ایڈز کا شکار ہونے کی خبریں اخبارات میں رپورٹ ہو چکی ہیں۔ ان حالات میں ہونا تو یہ چاہیے تھا کہ حکومت ایڈز کے مرض سے نمٹنے کیلئے جنگی بنیادوں پر اقدامات کو ضروری سمجھتی مگر انتہائی دکھ کے ساتھ کہنا پڑ رہا ہے کہ صرف ڈنگ نپاؤ پالیسیوں کا سہارا لے کر معاملات کو چلایا جا رہا ہے۔ اسی لئے تو نوبت یہاں تک پہنچ گئی ہے کہ چند سو ایڈز کے مریضوں سے معاملہ شروع ہو کر ایک لاکھ 32 ہزار تک پہنچ گیا ہے۔ مگر حکومت عوام تک یہ ذمہ داری پہنچانے میں بری طرح ناکام ہو چکی ہے اسی لئے ہیپاٹائٹس ایڈز، شوگر غرض یہ کہ وہ کوئی سے بیماری ہے جس کی شرح میں خوفناک حد تک اضافہ نہیں ہو رہا۔ ایڈز جیسے موزی مرض سے تن تھانڈا عوام کے بس کی بات نہیں اس کیلئے حکومت کو اپنی ذمہ داریوں کا سنجیدگی سے ادراک کرنا چاہیے۔

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Connecting women with safety in Pakistan at a time of COVID-19 – and beyond

By: UNFPA

Rawalpindi, Pakistan - Well before the COVID-19 pandemic, Saima, like many women in Rawalpindi, was rarely at ease moving around her city by herself, given the risk of harassment or other forms of gender-based violence.

Moreover, at this time of crisis, with restrictions on mobility outdoors thanks to quarantines and lockdowns, reports of domestic violence have surged globally, with the likelihood of a spike in Pakistan as well.



The Women Safety app has made life easier for many in Pakistan's Punjab province, including women with disabilities who are at high risk of gender-based violence as well.
© UNFPA Pakistan.

However, government authorities in Punjab province in partnership with UNFPA Pakistan have been investing in mobile technology to help respond to these concerns.

This collaboration has recently helped upgrade the Women Safety smart app which was introduced two years ago by the Punjab Safe Cities Authority (PSCA) as an innovative solution to the challenges of mobility and violence facing women and girls.

In Pakistan, on average, every one in four women experiences emotional, physical or sexual violence. This accounts for approximately eight million women grappling with various forms of violence every year.

The risk of violence has likely further increased as economic and social pressures mount amid the COVID-19 pandemic. Protection and response services are also under pressure.

The Women Safety app is equipped with essential features to help women in emergency situations to seek help and receive an immediate response.

Women using the app can alert the police on the emergency helpline 15 or send an auto text

via WhatsApp to the PSCA. As soon as the message, with the location coordinates, is received designated teams are mobilized for an immediate response, heading to the caller's precise location.

The app also allows women to mark a location safe or unsafe to help the Authority map 'gender-based violence hotspots' in Punjab province and inform nearest hospitals, police stations and other social services such as shelters to prepare for and respond to complaints in shortest time possible. Spaces marked as 'safe' are added to the app's list of women-friendly spaces. Women can seek updates about the safest routes to travel before taking a journey.

"I was never really comfortable going out alone especially in the evening," Saima explained. "But since I have downloaded this app, I feel safe. I know that help is just a text away."

Violence spans both public and private spheres. The app also provides a safe way for women and girls facing the threat of domestic violence to alert the authorities.

"During the COVID-19 pandemic the Women Safety app provides me with a sense of security and much needed access to emergency services, as during quarantine women with disability are left even more isolated and prone to gender-based violence," said Abia Akram, an activist for the rights of women living with disabilities.

The app is connected as well to the toll-free helpline 1043 of the Punjab Commission on the Status of Women to provide survivors of violence with counselling, referrals and legal support.

"The vision of PSCA is to make our cities and public spaces safe for everyone, especially women so they can participate in public life and benefit from economic opportunities," said Muhammad Kamran Khan, Deputy Inspector General and Chief Administration Officer, PSCA. "The Women Safety app is a milestone for us towards achieving this vision. We appreciate the excellent partnership with UNFPA which is helping us improve our outreach."

The app requires registrants to provide their national identity card number to rule out fake users. The PSCA follows data and privacy protection procedures to ensure data privacy and confidentiality of women's personal information.

UNFPA is now working with PSCA to upgrade the app further and improve the quality of responses by training their staff on psychosocial support for survivors of violence and by supporting better outreach by promoting the app widely, to ensure it reaches those who need it. This will better allow real-time reporting of gender-based violence cases and ensure timely referral to relevant services.

"Gender-based violence takes place everywhere," noted Lina Mousa, UNFPA Pakistan Country Representative. "Evidence shows women and girls in crises are especially vulnerable. Protection of women and girls from all forms of violence remains a top priority as we respond to the COVID-19 crisis. UNFPA is on the frontlines working with our national partners, government and NGOs to prevent gender-based violence as a critical element of the national response to the pandemic, at every level. In this digital age, technology has enabled us to connect women with safety and help during isolation and quarantine. This would not have been possible without the vision and leadership of the Punjab Safe Cities

Authority.”

UNFPA is committed to enabling women's and girls' access to services, including psychosocial support services, especially those who are subjected to violence or who may be at risk of violence during the COVID-19 crisis and well beyond.

Ending gender-based violence and harmful practices against women and girls is a key transformative result for UNFPA, tied to both the Sustainable Development Goals as well as the landmark Programme of Action that stemmed from the 1994 International Conference on Population and Development (ICPD) whose overarching vision, grounded in gender equality, remains more vital than ever.

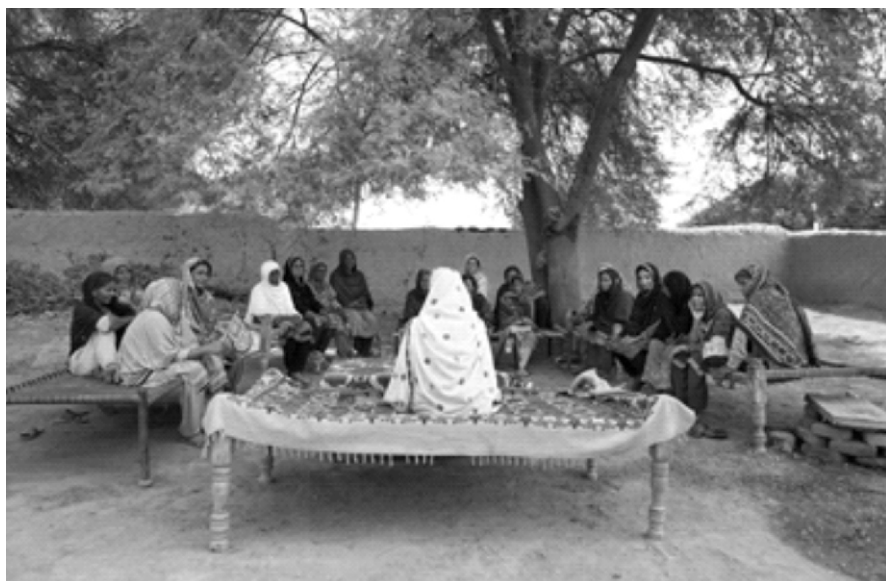
Relief Web: April 20, 2020

<https://reliefweb.int/report/pakistan/connecting-women-safety-pakistan-time-covid-19-and-beyond>



NEW DELHI: Activists from different NGOs working in the HIV/AIDS sector light candles during a vigil in the Indian capital on Thursday as part of the programme for the World Aids Day. —AFP

Daily Dawn: December 01, 2006



A community organization meeting in Ahmed Pur East, Punjab.

Vertical farming to enhance rural women's livelihoods

By: IFAD Pakistan

The rural women participating in the ETI-GB project benefit from innovative agricultural technologies taught during project training sessions. During the COVID-19 crisis, they've been able to keep farming.

In early 2019, 500 women farmers in the region of Gilgit-Baltistan adopted the vertical farming technique for producing cucumbers. Over the past year, it has already shown several benefits over traditional farming: The production cycle is extended, allowing the women farmers to keep producing during what is normally the off season. The quality of the produce is more uniform, and the yield is up to eight times greater than typical yields from traditional farming.

Overall, this translates into an increased income, as well as a solid return on investment for both the project staff and participants (who had to contribute some initial startup costs). On average, the initiative has boosted local women's income by up to four times and produced a 25 per cent return on investment.

Living in the new normal

Amid the challenges of COVID-19, the rural women of Pakistan carry on. The graduates of the SPPAP training course have received the aid they needed to get through the worst of the

crisis. Their fellow beneficiaries who are eagerly awaiting a new house can be confident that it is on its way. The women in Gilgit-Baltistan have already planted their 2020 cucumber crop. They hope for another rich harvest in the autumn.

With the provision of timely financial support, hundreds of poor women across South Punjab have been able to meet their most pressing needs. These women's capacity to cope with adverse shocks is partially due to the results of well-designed support projects with many built-in safety nets. But it is their determination that makes all the difference. The rural women in Pakistan, with their diligence, persistence, and resilience, are working together towards a better tomorrow.

IFAD: May 26, 2020

<https://www.ifad.org/en/web/latest/story/asset/41931767>



Eunuchs participate in a function on World AIDS Day titled ‘Stop AIDS, Keep the Promise — Leadership’, organized by USAID in Islamabad Saturday.—Online

The News: December 02, 2007

AIDS-related deaths on the rise in Pakistan

By: Amin Ahmed



UNAIDS sees sharp rise in HIV infections with low coverage of needle-syringe programme in the country. — Photo by Fahim Siddiqi/File

ISLAMABAD: The United Nations AIDS Control Programme says AIDS-related deaths are rising in Pakistan as late diagnosis and poor adherence to treatment are missed opportunities to prevent onward transmission and related mortalities.

According to the 'Global AIDS Update 2020' published on Tuesday, the UNAIDS says HIV infections in Asia and the Pacific have declined slightly with reductions in Cambodia, Myanmar, Thailand and Vietnam. But it sees sharp increase in infections in Pakistan and the Philippines.

The 29 per cent reduction in AIDS-related deaths since 2010 speaks to successful testing and treatment programmes in several countries, such as Australia, Cambodia and Thailand which have achieved 90-90-90 targets, but AIDS-related mortality rates are rising in Pakistan, Afghanistan and the Philippines.

The report, 'Seizing the moment', says needle-syringe programme coverage is low in Pakistan, Indonesia, Malaysia and Thailand, and opioid substitution therapy services are either not available or the coverage is just 10pc or less in Pakistan, Afghanistan, Bangladesh, Nepal, Indonesia and Thailand.

UNAIDS sees sharp rise in HIV infections with low coverage of needle-syringe programme in the country

Key populations and their partners accounted for an estimated 98pc of new HIV infections and more than one quarter of new HIV infections are among young people aged between 15 and 24 years. Rising numbers of new infections among men who have sex with men are a major concern, the report says. It observes that about half of key populations living with HIV are unaware of their HIV status, but assisted testing and self-testing can increase the rate of diagnosis.

An overall slowing in reductions in new HIV infections coincides with a decline in political and programmatic commitment, alongside punitive laws and policies and rising stigma and discrimination that block effective AIDS response, the report explains.

According to the report, a small minority of countries have both high coverage of needle-syringe programmes and moderate coverage of opioid substitution therapy. Evidence indicates increased use of methamphetamine drugs linked to HIV transmission, and there is a need for innovative harm reduction services that respond to changing patterns in drug use. Civil society organisations are widely involved in HIV prevention programmes, but these community-led services are not available at sufficient scale.

The report says the progress has been remarkable globally, but highly unequal, and the global HIV targets set for 2020 will not be achieved. It warns that even the gains made could be lost and progress further stalled if we fail to act. It highlights how urgent it is for the countries to act and reach the millions still left behind.

The world is far behind in preventing new HIV infections. Some 1.7 million people were newly infected with the virus, more than three times the global target. There has been progress in eastern and southern Africa, where new HIV infections have reduced by 38pc since 2010.

However, this is in stark contrast to Eastern Europe and Central Asia, which has seen a staggering 72pc rise in new HIV infections since 2010. New HIV infections have also risen in Latin America by 21pc and in the Middle East and North Africa by 22pc.

The Covid-19 pandemic has seriously impacted the AIDS response and could disrupt it more. A six-month complete disruption in HIV treatment could cause more than 500,000 additional deaths in sub-Saharan Africa over the next year, bringing the region back to 2008 AIDS mortality levels.

Daily Dawn: July 08, 2020

<https://www.dawn.com/news/1567597>





FIRM RESOLVE

We can beat AIDS and Covid.
Let us step up the fight

UNAIDS Executive Director Winnie Byanyima

Express Tribune: November 17, 2020



<https://tribune.com.pk/epaper/news/islamabad/2020-11-17/ZmEwMGU4YzVlZDBmZWQ>

[xy2VjMTlNTQwNTQzMmU4MDcuanBIZw%3D%3D](https://tribune.com.pk/epaper/news/islamabad/2020-11-17/ZmEwMGU4YzVlZDBmZWQ)

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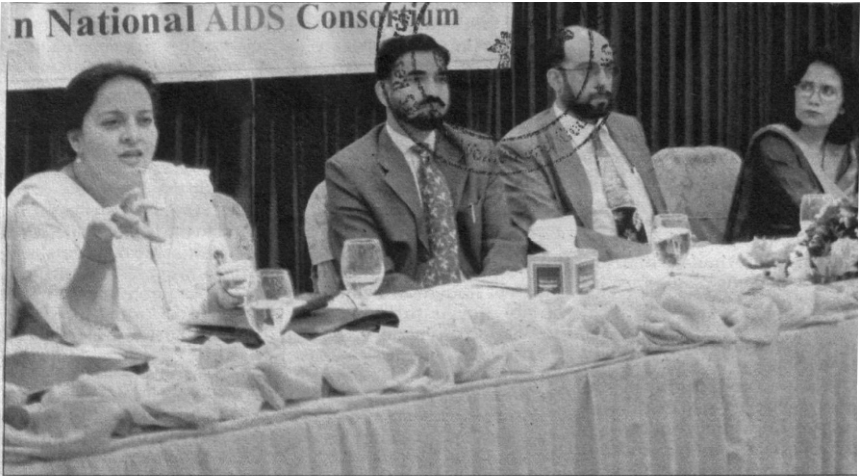
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”حقوق تسلیم کئے جائیں“ کلکتہ میں طوائفوں کی کانفرنس شروع ہوگئی

بہتر حالات سے ایڈز اور دوسری بیماریوں کو روکنے میں مدد ملے گی۔ شرکاء کانفرنس

6 روزہ کانفرنس میں دنیا بھر کی طوائفوں اور اس دھندے میں ملوث افراد کے نمائندے شرکت کر رہے ہیں کلکتہ (پی پی اے) کلکتہ میں خواتین کی رابطہ تنظیم کے زیر اہتمام طوائفوں اور جنسی صنعت کے کارکنوں کی چھ روزہ کانفرنس شروع ہو گئی ہے جس میں دنیا بھر کی طوائفوں اور ایشیا اور بحر الکاہل میں اس دھندے میں کام کرنے والوں کے نمائندے شرکت کر رہے ہیں۔ شرکاء نے کہا ہے کہ ان کو استحصال سے بچانے کے لئے ان کے حقوق تسلیم کئے جائیں انہوں نے کہا بہتر حالات سے ایڈز اور جنسی اختلاط کے زریعے لگنے والی دوسری بیماریوں کے پھیلاؤ کو روکنے میں مدد ملے گی۔ اس طرح کی پہلی کانفرنس گزشتہ سال نومبر میں ہوئی تھی۔

روزنامہ جنگ: 3 اپریل، 1998ء



ISLAMABAD: Dr Asma Bokhari, Programme Manager Pakistan National AIDS Consortium, addresses a seminar on "Communicating for HIV and AIDS Prevention" at a local hotel on Tuesday.—Staff photo

انک میں ایڈز زدہ دوشیزہ کی آزانہ نقل و حرکت، بیماری پھیلنے کا خدشہ

با اثر افراد کی پشت پناہی، پولیس کاروائی کرنے سے ڈرتی ہے، علاقے میں خوف و ہراس

ہے۔ یعنی شاہدین کے مطابق اس ایڈز زدہ دوشیزہ عابدہ پروین کا تعلق انک شہر کے محلہ شاہ آباد سے بتایا جا رہا ہے۔ جو چھچھ کے بعض ہوس پرستوں کو بھی ڈس چکی ہے گذشتہ روز انچارج پولیس چوکی گوندل میاں مشتاق نے اسے موضع ملاح کے ایک نوجوان کیساتھ گاڑی میں مشکوک حالت میں گرفتار کیا مگر انکی گرفتاری کے فوراً بعد ایک با اثر شخصیت کے فون پر ملزمان کو با عزت رہا کرنا پڑا علاقے میں گذشتہ کئی روز سے اس پر اسرار نقاب پوش ایڈز زدہ دوشیزہ کی آزانہ نقل و حرکت ابھی تک ایک معمہ بنی ہوئی ہے جس سے ایڈز جیسے لاعلاج مرض کے پھیلنے کا خدشہ لاحق ہو سکتا ہے۔

نوائے وقت: 17 اپریل، 1999ء

کامرہ کینٹ (نامہ نگار) تھانہ انک خورد کے معروف تجارتی اور ثقافتی مرکز گوندل منڈی اور اس کے ارد گرد کے علاقوں میں "عابدہ نامی" ایک پراسرار نقاب پوش ایڈز زدہ دوشیزہ نے زبردست خوف و ہراس پھیلا رکھا ہے۔ جسے گوندل فلنگ اسٹیشن پر تعینات خلیل الرحمان نامی ایک ملازم کی پشت پناہی حاصل ہے۔ جو وزیر اعلیٰ پنجاب کے معاون خصوصی میجر طاہر صادق کا جعلی پی اے کا بھیس بدل کر مقامی پولیس کو دوشیزہ کے خلاف قانونی کاروائی سے روکنے کے لئے مسلسل دباؤ ڈال رہا ہے جب کے مقامی پولیس ٹاؤٹوں اور مخصوص دلالوں کی مبینہ مداخلت کی وجہ سے بے بس نظر آرہی



ISLAMABAD: A participant displays an AIDS logo during a national dialogue "One Soul Movement" organized by Pakistan National AIDS Consortium for mainstreaming HIV/AIDS development initiatives on Tuesday--Online

500 cases reported in Sindh **13pc women are HIV positive**

By: Staff Reporter

KARACHI : Women constitute 13 per cent of the 500 HIV positive and Aids cases so far reported in Sindh and all of them had acquired the virus from their infected husbands.

Studies conducted by Dawn show that the husbands of these women had the knowledge that they had acquired the deadly virus, but they had not told their wives of it.

These men still continue to have sex with their wives with-out any protective measures, transmitting the virus.

Studies also have shown that 85pc of all these cases, including 76 full-blown cases, are of those who had been working in the Gulf and Middle East and were sent back when their blood tests showed positive.

When these people, whose age ranged between 20 and 45, were issued visas to work in these countries all of them had undergone strict medical test in Pakistan and soon after at their new places of work. They continued to work for various periods of time on the basis of their medical fitness and in periodic checkups they were found out to be those who had been afflicted with the virus.

Inquiries showed that the majority of these people were heterosexual and had sex with prostitutes whom they identified as women from the states of former Soviet Union, the Philippines, Egypt, Lebanon, India, Sri Lanka.

Their lifestyles abroad showed that the majority of them had been working as drivers, machine men, technicians and on menial jobs. They had been living in sharing accommodation pattern and sleeping in cramped rooms (six to eight persons in a room).

The majority of them initially showed reluctance in accepting the fact that they had acquired the virus and reported to the Sindh government's Aids control programme only after having their blood tested from a number of reputed labs.

The studies showed that only 66 cases had been reporting to the centre for followup and were being provided only symptomatic treatment.

Not only the new medicines, which are considered a break-through in the research of this deadly disease, are not available in the market, but the country lacks a system needed to monitor the administration of these medicine, inquiries show.

Most of these patients suffer much more from diarrhoea, tuberculosis, meningitis and other infections than those not afflicted with the HIV because of a weak immune system, and some of them die in a short span of time. Only recently, an Aids patient, who had been working as a "Khepia" and frequently visiting Thailand, died after infecting his wife. The woman died after giving birth to an infected baby boy. Two other persons, who had also been involved in similar jobs and frequently been

travelling to the Far East, died of the disease. Luckily, their wives did not contract the disease because of the fact that those men were strictly adhering to medical advice, the inquiries show. The number of reported cases in Sindh is the highest as compared to that in any other province. The total number of such reported cases in the country is 1,700, whereas scientific estimates place the number of such cases around 74,000. Experts attribute the reason behind the higher number of reported cases in Sindh

to increased awareness, making people report these cases to the authorities and seeking counselling. Those involved in the care of HIV/Aids patients said these patients had been taking proper care in maintaining their matrimonial life and periodic check-ups of their wives, who had been taken into confidence about the disease afflicting their husbands, inquiries showed.

Daily Dawn: February 02, 2001

Depression in HIV-positive women

By: Dawn Health Monitor

DEPRESSION among HIV patients is common, and studies have shown HIV-positive women to be more susceptible than men to depressive symptoms. Now new research suggests that this psychological factor may speed women's progression to AIDS.

In a study of 765 women with HIV, researchers found that those with chronic depression at the study's start were twice as likely to have died from AIDS 7 years later. Nearly one quarter of women who were chronically depressed died during the study, compared with just 8 per cent of women with limited or no symptoms of depression. When other factors such as treatment regimens were weighed, chronic depression remained linked to a twofold increase in death risk.

Dr. Jeannette R Ickovics of Yale University in New Haven, Connecticut, led the study. The findings are published in the March 21 issue of The Journal of the American Medical Association.

Overall, depression was a major problem for women in this study. Forty-two percent suffered from chronic depression, while 35 per cent had "intermittent" symptoms. According to Ickovics and her colleagues, these findings highlight the importance of making depression treatment part of HIV treatment.

Daily Dawn: March 28, 2001

Infecting unsuspecting wife with HIV

By: Dr Abdul Mujeeb

This is the story of a man, who is suffering from full-blown symptoms of Aids and is also, responsible for passing on the infection to his unsuspecting wife. He is the father of four children—the youngest two amongst them having born after the onset of his illness.

I saw this patient (Mr. A) from Balochistan only two weeks back. At this stage of his illness, I was not able to be of much help to him.

However upon hearing his case history, I was concerned that his wife and children might also be infected and asked him to bring them over for screening. Two days later, he brought his wife and a year-old son.

I screened the two and found his wife HIV-positive. The child was luckily uninfected. Mr. A was deported from UAE some six years ago without being specifically informed about the nature of his illness. Mr. A, who worked as a labourer in the oil-rich kingdom attributed his deportation as an act of prejudice on part of the Egyptian and Turkish doctors working there.

He was convinced that there was nothing physically wrong with him. He came back home. All along he was in apparently good health. Ms. A learnt of his illness only three years back, when the blood test carried out at the Overseas Employment Office, where he had applied for job abroad showed that he was infected with AIDS.

After returning home, Mr. A had also helped his wife produce two more children. Even after learning of his illness, Mr. A was not deterred and continued normal conjugal relation with his wife.

The innocent, unsuspecting woman as a result also got infected with Aids virus.

When I took Mr. A to task for his irresponsible actions, he did not show remorse. Instead, he blamed others.

According to him, he was not clearly informed that he had HIV while being deported from UAE. He also complained that he was not given proper counselling at any stage of his illness.

Mr. A said that though the doctor at the Overseas Employment Office, who had disclosed his Aids disease to him had also advised him against unprotected sex, yet he did not bother to explain the extent of the danger.

Mr. A, according to the doctor's advice, used condoms during sex but only for a few months. He soon threw caution to the wind and resumed unprotected sexual activities. His fourth child is a product of this period.

The wife of Mr. A, who is now HIV-positive has accepted her condition as Khuda Ki Marzi, without even blaming her husband. Perhaps this village woman too is not aware of the exact nature and consequences of Aids and HIV infection. In our country, where basic healthcare is lacking, and health counselling is almost non-existent, such situations are bound to erupt.

To counter this malady continued and compassionate programmes for counselling of Aids patients should also form part of the National Aids Programme.

This facility should extend to far-flung and remote areas, where majority of suspected Aids population exists. Such a step would prevent hundreds of innocent women and children from becoming unsuspecting victims of the deadly Aids virus.

Daily Dawn: August 15, 2001

10 percent women suffering from HIV/AIDS

By: Correspondent

KARACHI — According to the latest statistics of the Sindh AIDS Control Programme, till June 2001 there are 517 cases of HIV/AIDS. Out of these 10 per cent are women while 90 per cent are males. According to an estimates of the WHO, UNAIDS there are about 70 to 80,000 hidden cases of HIV/AIDS in Pakistan and about 20 to 25,000 hidden cases in the Sindh alone.

Talking to Dr. Sharaf Ali Shah, in charge of the Sindh AIDS Control Programme and Dr. Qamar Abbas, also of Sindh AIDS Control, this scribe learnt that wives of Pakistani men who have served or are serving in the Middle East, prostitutes and transsexuals are most vulnerable to HIV/AIDS and in its spread in the community.

The dilemma of the story is that more than 80 per cent HIV positive cases, and more than 90 per cent of AIDS cases, are of Pakistani workers working in the Middle Eastern countries, particularly UAE, Oman and Bahrain. According to their laws these men are tested for HIV/AIDS at the immigration and while renewal of visas. If they are found HIV positive they are deported without informing them of the reason. This, in fact, is a violation of their human rights. On return these men pass HIV/AIDS on to their spouses. Later, due to cultural norms these women suffer.

Women in South Asia face severe poverty. It is estimated that 0.2 million illegal women migrants mostly cross the eastern border of Pakistan in search of a better future. However, on arrival they are exploited as sex workers, making them vulnerable to HIV/AIDS. From Afghanistan alone Pakistan has received three million migrants due to political instability in Afghanistan. One-fourth are 8-16-year-old boys. They are exploited in child labour like working in small hotels, on trucks/buses and as dumpers in almost all cities of Pakistan. They are often sexually abused and eventually play a role in increasing HIV/AIDS. Women trafficking has been flourishing in the SAARC countries and particularly in Pakistan, Bengali and Burmese women have long been trafficked in Pakistan where they are used as prostitutes. Then the already existing prostitutes inside the country play an important role in the spread of the HIV/AIDS. Trafficking has exposed women to health risks that destroy the mental and moral framework of an individual. There are growing instances of HIV/AIDS, sexually transmitted diseases (STD) and maternal mortality amongst trafficked women and children in Pakistan. Pakistan is a signatory to the Convention on the Elimination of all forms of this discrimination Against Women (CEDAW). According to Article 12 of CEDAW "State parties will take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on the basis of equality of men

and women, access to health care services, including those related to family planning. The Sindh AIDs Control Programme has 12 surveillance centres both, in Karachi and in rural Sindh. Those in Karachi are the Referral labs of Alps Control Programme at Services Hospital, Institute of Skin Diseases at Regal Chowk. Aids Lab JPMC, Sea Port Health Centre, Lyari General Hospital, Saudabad Hospital and Orangi Town Qatar Hospital. In rural Sindh, the surveillance centers are at Liaquat Medical College Hospital in Jamshoro/ Hyderabad, Peoples Medical College Hospital, Nawabshah, Chandka Medical College Hospital in Larkana, Civil Hospital in Sukker and Civil Hospital Mirpurkhas. 80 NGOs are involved in surveillance of HIV/AIDs in the Sindh province. Recently four nazims have been elected in the local bodies elections, form among those involved in these NGOs.

Daily Dawn: September 28, 2001

NGOs, civil society role in AIDS control stressed

By: Staff Reporter

Rawalpindi - The Punjab AIDS Control Programme started a major interpersonal communication initiative at the district level in Punjab to create awareness about HIV /AIDS.

The information was share in a workshop that was organised with a purpose to create functional relationships with NGOs and other civil society who are implementing community based projects in Rawalpindi district.

The overall objective of the Punjab AIDS Control Programme's communication campaign is to ensure that the general adult population and youth acquire improved knowledge, skills, practice and behavior for protecting themselves and their peers against HIV and other sexually transmitted diseases. Already, the PACP has participated in melas at Multan, Mianwali, Chakwal, Rawalpindi, and Lahore to disseminate information on HIV / AIDS. The electronic media campaign is expected to be launched soon on major radio and TV channels.

Representatives of leading NGOs involved in the prevention of the spread of HIV/ AIDS lauded the efforts of the Punjab AIDS Control Programme for sponsoring the workshop, which would lead to a coordinated approach between different stakeholders.

The Nation: May 18, 2007

حفاظتِ حق کا سامنا کریں!



سے بچاؤ کا عالمی دن
2005

ایڈز مُنہ موڑنے سے نہیں
احتیاط کرنے سے ختم ہوگی

- قربت کے تعلقات شریکِ حیات تک محدود رکھیں
- حفاظتی تدبیر کے طور پر کنڈوم استعمال کریں
- ٹیکہ لگواتے وقت نئی سرنگ کا استعمال یقینی بنائیں
- خون لگوانے کی صورت میں بلڈ ٹیسٹ کے ذریعے تصدیق کریں کہ خون ایڈز کے جراثیم سے پاک ہے

اسلامی اقتدار سے پیار
اخلاقی جے راہِ زوی سے انکار



محکمہ صحت پنجاب

HIV AIDS

ہم سب کا مسئلہ ہے

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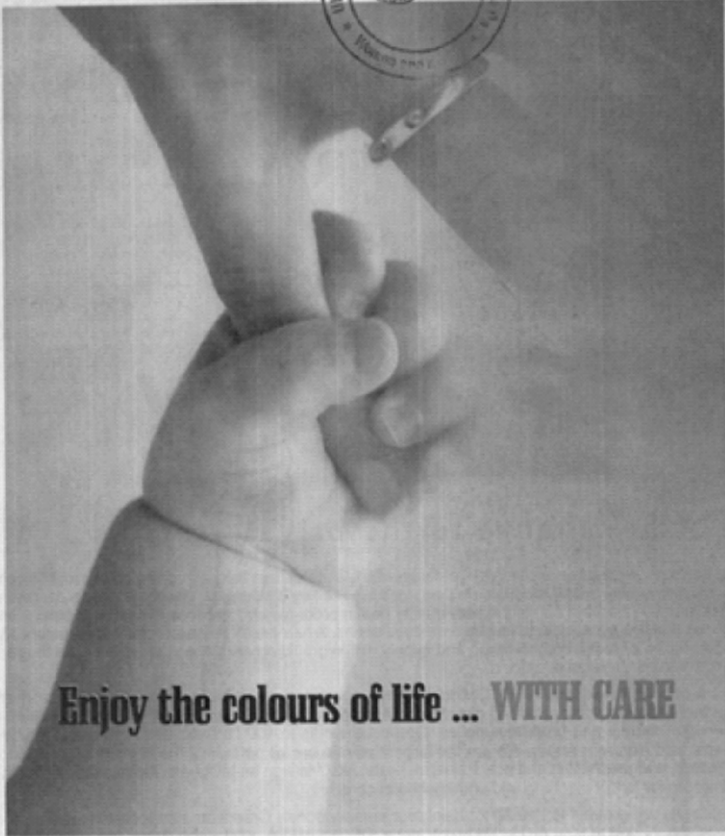
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As COVID-19 intensifies around the world, it is clear that if we truly want to deliver health, wellbeing, and dignity for all,

girls and women must be front and center in the emergency responses,

in social and economic recovery efforts, and in how we strengthen our health systems post pandemic.

”



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Gaining Knowledge about HIV / AIDS is not only a right of a woman but a duty as well, through which she can save herself and her child from this deadly disease. Remember, HIV can transmit from an infected mother to her child.

HIV AIDS

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National AIDS Control Programme
Ministry of Health - Government of Pakistan

Domestic violence cases are rising in Pakistan during coronavirus lockdown

By: Editorial Team

Domestic violence cases are on the rise with the country under partial lockdown due to coronavirus aka COVID-19, according to a report by The News.

In its report, the newspaper spoke to mental health professionals who have been providing online therapy sessions in the wake of the COVID-19 lockdown. According to them, the bigger challenge is that clients are leaving their online sessions unfinished since it's not easy to carry out sessions at home in fear that someone might see or overhear them.

The News quotes Amna Asif, the CEO of ReliveNow, saying, "Domestic abuse has already been a haunting problem in Pakistan; more cases are surfacing in this time of anxiety and depression for all."

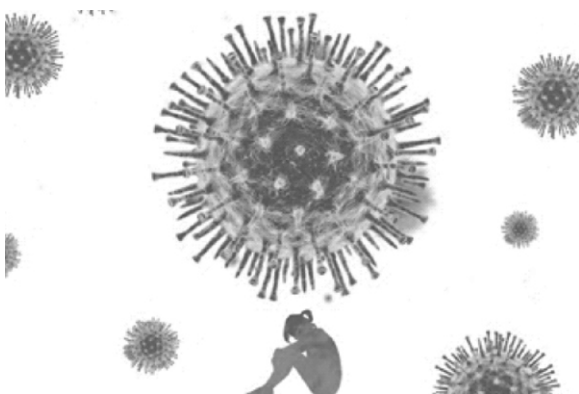
ReliveNow is providing online session for free during the pandemic crises. One of their therapists, Sarah Shabbir, recounts that one of her clients, who suffers from depression, was slapped twice by her husband last week.

"I am providing her online therapy. But there are issues of privacy, as her husband is home all day," she told The News. She went on to add that her client's husband said he acted out because of his own depression from the financial slump they are facing during the lockdown.

Further, Zohra Yousuf, the former chief of the Human Rights Commission of Pakistan, said that children too are vulnerable during these times. "Not only women but also children are vulnerable in this situation. Cases of parents beating children are not even reported in normal days, let alone amid this crisis," she said, according to the publication.

Rise in domestic abuse cases is becoming a global issue, with France reporting that domestic violence cases have gone up 30% since the lockdown.

Th French government announced it would put victims of domestic violence in hotel rooms and finance pop-up counselling centres in grocery stores, amid a surge of reported domestic violence cases since the lockdown began on March 17, according to *Time*.



CUTACUT.COM: April 3, 2020

<https://cutacut.com/2020/04/03/domestic-violence-cases-are-rising-in-pakistan-during-coronavirus-lockdown/>



British Pakistani councillor dies in Pindi from COVID-19

By: Murtaza Ali Shah & Aurangzeb Chaudhary

LONDON: A mother of five who was a respected councillor has died after contracting COVID-19 during a trip to Pakistan.

Shabnum Sadiq, who served on Slough Borough Council, died on April 6 after suffering "complications" from the virus. She leaves behind her husband and five children including 13-year-old quads.

She had travelled to Pakistan in March to attend a wedding but could not go back as she was struck by coronavirus just within five days. A family friend said that she was in Rawalpindi to attend a wedding and developed complications two weeks ago. Her husband Raja Afran also caught COVID-19 during the same trip but he recovered within two weeks. It's not clear whether the couple contracted the deadly virus in the UK or in Pakistan.

A spokesman for the local authority said that it was flying flags at half-mast at the council offices in tribute to the 39-year-old. Mrs Sadiq was elected to Wexham Lea ward in May 2016 and served on various council committees. She was a former lead member for education and children's services.

Council leader James Swindle Hurst said: "This is very shocking for all of us and our thoughts are with her family and friends."

Shabnum was a dedicated councillor and despite only being in her first term, she had made a contribution far beyond the years she'd spent in the council chamber. "We worked together closely and personally I will miss her very deeply. This is a significant loss for the council and the town, but is nothing compared to the loss her family, close friends and community are feeling right now. This has brought home to us that not only is this virus something we have to deal with as a town, but also personally; through our work, through our actions and through our grief for those it has taken. Behind every statistic about this virus is a family ripped apart and there is no starker example of that, to us in the council, than to lose one of our colleagues. May she rest in peace and her family finds comfort in the love she had for them all."

Shabnum Sadiq's father Raja Shirza is a well-known community leader in Slough. Raja Shiraz has served as the vice president of Pakistan Welfare Association Slough. A family source said that she will be buried in Matore village in Rawalpindi. Her family members in the UK said they will not be able to attend her funeral due to travel lockdown. Local community has paid glowing tributes to the much liked councillor.

The News: April 08, 2020

<https://www.thenews.com.pk/print/641219-british-pakistani-councillor-dies-in-pindi-from-covid-19>



Seriously-ill Britons run out of medicines in Pakistan, remain without help

By: Hamza Azhar Salam & Murtaza Ali Shah



LONDON: Labour MP Naz Shah has called on the British government to provide financial assistance to thousands of stuck Britons in Pakistan.

In a letter written to Lord Tariq Ahmed, the minister for South Asia and the Commonwealth, the Labour MP has said she has huge concerns that her constituents have paid more than once for flights that have been cancelled.

"People have now literally run out of money to buy a new ticket to return home. While I appreciate that the matter of PIA is for the Pakistan government, I am concerned that my constituents, many of whom are vulnerable with underlying health conditions, in some cases literally running out of their medicines, will not be able to return due to a lack of finances."

People who have spoken to these reporters from Pakistan have said that some of the people who are currently stranded in Pakistan suffer from serious health conditions. A single mother from London who is stranded in Rawalpindi told that she is a cancer patient and needs to get back to London to get essential treatment but she has not been offered any help. She said that she has been unable to get advice on how to get the treatment or whether the UK government could take up her case with authorities in Pakistan. Most of the people currently stranded in Pakistan are elderly and were visiting the country for an average two or three weeks' period. Naz Shah said that she has received messages from people across the UK requesting her to take up their cases with the UK government. She hoped that the UK govt will pay attention and find a way to help those who have serious underlying health conditions.

There are over 100,000 Britons in Pakistan at any given time. According to estimates by the

British government, around 8,000 are short-term travelers who wish to go back to the UK. The British High Commission alongside the government of Pakistan has planned multiple special flights to repatriate stranded British nationals in Pakistan, but The News has come to know that exorbitant prices are being charged for these flights.

The News: April 09, 2020

<https://www.thenews.com.pk/print/641595-seriously-ill-britons-run-out-of-medicines-in-pakistan-remain-without-help>



ISLAMABAD: Gipsy children incognizant of coronavirus in search of livelihood-Online

Online: March 20, 2020

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HIV & AIDS

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PROVINCIAL PARLIAMENTARIAN SEMINAR ON HIV/AIDS (9-11th APRIL 2007)

- Provincial AIDS Control Program Govt of NWFP, Parliamentarian For Global Action, National /Provincial Assembly & Senate of Pakistan, National AIDS Control Program and UNAIDS is organizing a three-day seminar for parliamentarians on HIV/AIDS at Pearl Continental Hotel Peshawar from 9th to 11th April 2007.
- This seminar is organized while recognizing the potential risk of HIV/AIDS pandemic in South Asia and its effect on economic and social development.
- And to recall and re-affirm our commitment to achieving the internationally agreed development goals, including those contained in the 2009 United Nations Millennium Declaration (MDG).

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Medical Complex, Peshawar,
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Medical Complex Abbotabad



Provincials HIV/AIDS Control Programme

Department of Health -Government of NWFP

Website: www.pacpnwfp.gov.pk

Daily Dawn: April 07, 2007

Free from infection

90 babies born to mothers with HIV are healthy

K-P minister says centres like HMC are being established

By: Umer Farooq

Peshawar: Some 90 babies born at a Peshawar medical facility to, mothers with HIV/AIDS were found to be healthy while only two of them tested positive for the deadly virus, said an official of the Provincial AIDS Control Programme.

The official, who requested not to be named, was sharing statistics of childbirths at the Hayatabad Medical Complex female sex workers. (HMC), which offers medical treatment and counselling.

Official data Provincial Programme some 702 of 2,584 patients across Pakhtunkhwa users, who got repeated use of drugs.



"This is a communicable disease and society should no only accept people with HIV/AIDS but also extend support

*K-P Minister
for Health
Shahram Khan Tarakai*

obtained from AIDS Control says 27.2% - individuals out HIV/AIDS the Khyber — are drug infected due to injections for

Based on a 2011 survey, the data says 7.2% of the total HIV/AIDS patients are transgender, 1.6% male- and 0.6% female sex workers.

Apart from the 2584 HIV/AIDS patients in the province 235 from across the country were also registered with the provincial programme and received medical assistance.

The data shows that 222 out of 2580 patients in KP are male 104, female, 10 boys and 6 girls. While some 11 patients are prisoners. Some 485 individuals belong the Federally administered tribal areas (FATA).

The official dealing with the programme only 0.6 % of the total patients said the virus was transmitted due to sexual activity while the rest got infected due to injections, blood transfusion, contaminated razors and other causes.

The provincial government, according to the K-P Minister for Health Shahram Khan Tarakai, is focusing on how to prevent people from falling prey to the deadly diseases and at the same time, to counter the stigma attached to it since sexual contact is not the only cause for trans mission of the virus.

"We can proudly say that the HMC is at the top across the country and a family care centre is offering services in the city," Tarakai informed media persons at Peshawar Press Club on Wednesday.

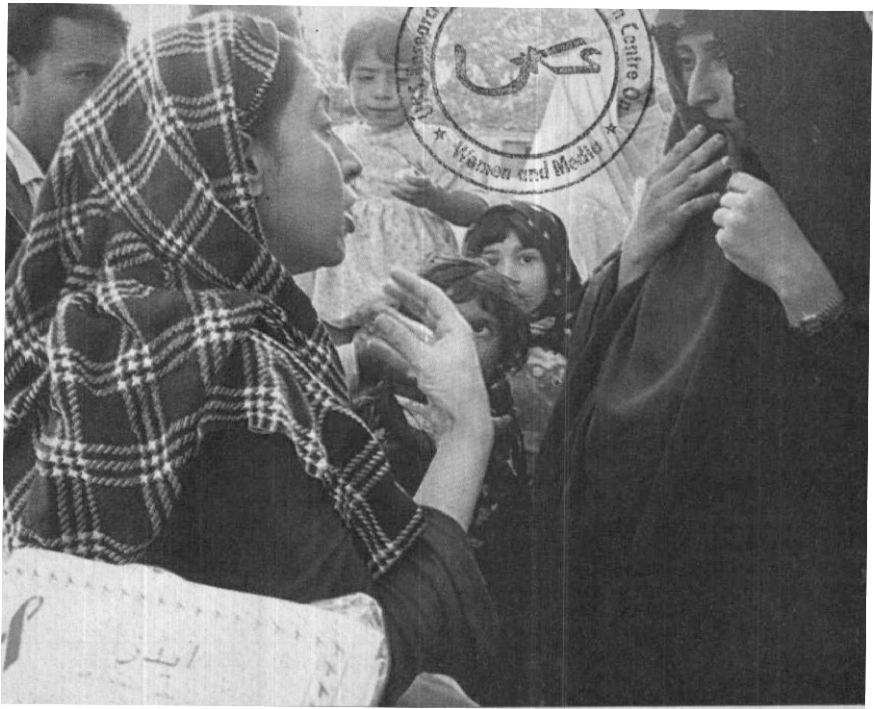
Tarakai said centres like the one at the HMC are being established at the divisional headquarters so that people find assistance at the nearest possible place, adding that the

ministry planned campaigns specifically targeting educational institutions to create awareness among gen-eral public.

"This is a communicable disease and society should not only accept people with HIV/AIDS but also extend support," he said, adding that people must ensure blood is screened before transfusion. "Some Rs7million has been allocated for prisons," he added.

Express Tribune: December 01, 2016

<https://tribune.com.pk/story/1250003/free-infection-90-babies-born-mothers-hiv-healthy>



PESHAWAR: Workers of the All Women Resources Development speaking to women on hazards of HIV/AIDS to mark the International Day for Prevention of AIDS. —Online

Public awareness urged as HIV cases reach 5,000 in province

By: Correspondent

QUETTA: The provincial chief of the AIDS Control Program, Dr Afzal Khan Zarkoon, has said that the number of HIV/AIDS patients in Balochistan has crossed the 5,000 mark, a situation that is prompting serious concern among the people of the province.

Addressing an Ulema Seminar on the AIDS Control Program, Dr Zarkoon stated that the prevention of the disease had become necessary in Balochistan. To that end, he said, religious scholars, civil society and the media should all play their role and join the Balochistan government in creating awareness among the people about the disease.

This united effort against the disease, he said, was essential as it would be difficult for the Balochistan government to fight the disease alone.

He pointed out that, due to the lack of awareness about the disease, many people believe it is contracted solely through sexual contact when, in reality, there are many causes of AIDS.

The Director of the provincial Health Department, Dr Mohammad Hayyat, stated in his address at the seminar that religious scholars could play a significant role in the prevention of the disease in light of the teachings of Islam.

He said that, although Balochistan is the largest province of Pakistan in area, it is the smallest in terms of population which is why the presence of such a large number of HIV/AIDS patients in Balochistan is particularly alarming.

Dawoud Khan Achakzai briefed the participants of the seminar on the number of AIDS patients in the province.

He stated that the number of registered patients in the province is 1,133 although a total of 5000 people suffer from disease.

<https://tribune.com.pk/story/1926866/public-awareness-urged-hiv-cases-reach-5000-balochistan>

Express Tribune: March 11, 2019





'Baydardi' sheds lights on the taboo behind AIDS

By: Mahganj Habib

'Baydardi' is one of the most popular and successful Pakistani drama serials which ran from March 26 to August 27, 2018 with a total of 29 episodes. The popular drama serial was written by Shagufta Bhatti, produced by Abdullah Seja and directed by Ahmed Seja. Affan Waheed played the role of Shafay and Aiman Khan enacted the role of Bia. The story revolves around the deadly disease HIV AIDs which is considered a taboo in the Pakistani society. Pakistanis' conception about HIV AIDs is that it's only transferred by sexual contact whereas this drama highlights that it cannot be transferred only sexually but also through sharing injections, unhygienic tools used during child delivery, contaminated blood transfusion and sharing razors, etc.

Shafay is a simple and a cultured man who belongs to a decent family while Bia is an innocent girl coming from a middle class family. Hence, Shafay will be studying in a hostel for studying where he found a roommate namely Rohail and then, he is considered the most closest friend of Shafay. Being two closest friends there was a big difference between Shafay and Rohail. Shafay was a decent and a simple guy while Rohail was characterized as a bad guy due to his inappropriate touch with other girls. Because of such attachments he became the victim of HIV AIDs without any awareness. Besides this, Rohail always uses the materials of Shafay, once he used the shaving razor of Shafay and then Shafay used the same. Tearfully, here the disease transferred to Shafay without knowing anything. In addition, when Shafay finished his education he starts to work with his father in his office, where once Biya came for the job, fortunately she was appointed there and has been working there. Shafay likes the innocence of Biya and he fell in love with her, with the passage of time both fell in love each

other. Here, they wanted to marry each other.

When Shafay's mother Momina comes to know that her son has contracted HIV AIDS, she is heartbroken. She fears for his life, knowing he won't be able to live longer than two years maximum. She thinks about all - those girls he might've bedded but when the knowledge of Bia comes to her, she blames her for her son's, illness. Shafay without knowing that he has HIV AIDS he desired for the hand of Biya and his mother knowing that her son has a



dangerous disease still she asked for the hand of Biya., Because of the love of the son she has lost her Faith.

So, Shafay married Biya and was living a happy life full of love, emotions and respect, after some months Biya got pregnant. Once accidentally Biya came to know that Shafay has HIV AIDS and it is transferred to Biya as well. This was shocking for Biya whose life was being ' destroyed. She with broken heart blamed the character of Shafay, while Shafay came to know about his disease and his wife he blamed the character of Biya. Here: Shafay took the Biya out of his home. Biya goes to doctor and stayed there. It is worrying that the disease transferred to Biya's Baya who had not come in this world yet.

Days passed, Shafay came to know the disease was transferred through Rohail, here he brought Biya at home once again and got anger to her mother since she was aware about the disease still she hidden it. After two years with the efforts of some doctors they life of Biya's baby was protected but it is something to feel sorrow that Biya, Shafay and the guy Roahil lost their lives because of HIV AIDs. The mistake of one person became the reason of three people's death.

I would like to give a special shoutout to the makers of 'Baydardi' for bringing onscreen such a moving story. You can't stop your tears. The story is informative as it essays the real cause of AIDS transmission. The story also cautions us not to physically indulge in any act of emotion as we never know where danger lies.

The writer is a student of Government Girls Degree College and can be reached at mhbaloch666@gmail.com

<https://dailytimes.com.pk/375353/baydardi-sheds-lights-on-the-taboo-behind-aids/>

Daily Times: April 11, 2019



Larkana

Panic reigns as two more tested HIV-positive

By: Jamal Dawoodpoto

A Woman her child tested positive for Human immunodeficiency viruses (HIV), on Friday, in Larkana's Ratodero district.

They were tested at a camp organised in Taluka Headquarter hospital by Sindh AIDS Control Program (SACP) that screened blood samples of as many as 71 people. Another patient tested positive for Hepatitis C.

Those who were tested included men, women and children. earlier on Thursday, two minors had tested positive for HIV. The two cases screened at camp have raised the tally to four so far in Ratodero. Meanwhile, claims of 15 positive cases in the district continue to spread panic.

The (SACP) team, however failed to reach the affected village of Bozdar community suspected of carrying the virus in greater numbers.

Meanwhile, Larkana District Health Officer (DHO), Dr Abdul Rahman Baloch, told this scribe that quacks cannot be solely blamed for the sudden outburst of HIV positive cases because they share the same syringes.

He added that blood is not fully screened before transfusion while barbers also use the same blades when shaving children's heads.

Dr Baloch also talked about HIV positive transgenders said to be sexually transmitting the virus.

He confirmed that two cases had been found on Thursday out of the three who had come for testing whereas another two tested positive on Friday out of 71.

The DHO noted that a committee of four senior officers had been constituted, including himself, which was in touch with Sindh Health Care Commission and other related officers.

He confirmed that there remained no doubt regarding HIV cases in Ratodero yet remarked that they would have to find out the factors involved in spreading the disease to eliminate them.

The cellular numbers given by the positive patients were said to be pursued and they would be reached on Saturday at their houses. A camp would also be established in the village to ascertain

the positive numbers while adding their history would reveal everything before us.

In the meantime, 2,392 HIV patients were registered at the HIV/AIDS Treatment and Care Center, working in Chandka Medical College Hospital, Larkana, out of which 1,859 were males while 481 were females; 20 children and 32 eunuchs.

Larkana continues to occupy the top position in the list with 1068 patients.

<https://dailytimes.com.pk/383271/panic-reigns-as-two-more-tested-hiv-positive/>

Daily Times: April 27, 2019



LARKANA

THE ELITES' WARS AND HIV/AIDS IN LARKANA

By: Imtiaz Gul

As Pakistan's political elite continues squabbling for personal or party interests, an alarming event at Karachi went largely unnoticed. It was a press conference organised on June 14 by the government of Sindh, and participated by representatives of the World Health Organisation (WHO) and UN officials. The objective was to update the media on the causes of the outbreak of HIV in Larkana. Most of the print and electronic media either wilfully spiked the story or ignored it.

The figures of the preliminary findings of the investigation led by the WHO, in partnership with a range of organisations, suggest that of more than 798 people diagnosed with HIV in the Larkana district, 82% are children under 15, with the majority being under the age of 5 years.

The UN and WHO statistics suggest that with 20,000 new HIV infections in 2017, Pakistan has the second fastest growing AIDS epidemic in the Asia Pacific region, with the virus disproportionately affecting the most vulnerable and marginalised, especially key populations. UNAIDS continues to advocate for a strengthened response to the epidemic to ensure that the country is not left behind in the effort to end AIDS.

The WHO team spent 15 days in Larkana to investigate the reasons for the mass HIV outbreak. It concluded after thorough investigation that the HIV spread was majorly due to medical malpractice by the medical officials in the city. Poor infection control practices, including a lack of sterilisation and the reuse of syringes and IV drips, are the most important drivers of the outbreak, according to the investigation.

The WHO led investigation was carried out jointly by the Sindh AIDS Control Programme, Aga Khan University (AKU), the Field Epidemiology and Laboratory

Training (FELTP) Programme, the Dow Medical University in Karachi, the Microbiology Society of Infectious Disease, and UN agencies, including UNAIDS, UNICEF and UNFPA.

“It is urgent to address the root causes of the outbreak now; otherwise it is likely that the HIV will continue to increase and become a bigger development issue,” said UNAIDS Regional Director for Asia and the Pacific Eamonn Murphy.

Compare this statement of urgency with the daily rhetoric of our leading politicians and one wonders whether they will be ever free to think of people who they use as voters to ride into power corridors.

Travelling in private jets, moving in expensive limousines and issuing lofty rhetoric on their “struggle for democracy”, do Bilawal, Maryam, Hamza and several others at all realise the cost that their indifference to people's plight and the disregard for merit will have to the public service delivery?

Conclusions of the WHO-led investigation are simply a damning indictment of the public health system not only in Sindh but elsewhere in Pakistan. Most of precious public funds go into individual pockets of all those involved in the supply chain – from the supplier to the health officials to the minister or people under him.

And the filthy-rich leaders? Let's not probe how many of them got rich. But they are concerned mostly about democracy and not the core of it, i.e. the majority of voters. No surprise that most public services are insufficiently equipped to take care of those voters.

Daily Times: June 17, 2019

<https://dailytimes.com.pk/413281/the-elites-wars-and-hiv-aids-in-larkana/>



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Girls institute holds seminar on AIDS

By: Correspondent

RAWALPINDI: A seminar on AIDS was organised by the Viqar-un-Nisa Noon Girls Higher Secondary Institute for Girls Guide of ten different schools of the district on Saturday.

The seminar, titled 'One Day Challenge', was held under the guidance of District Guides Head Mrs Rifat Naqvi. About 200 Girl Guides attended the seminar. There were two sessions of the seminar. In first session, Dr Tahira Khalid, Dr Shehnaz and Dr Jehan Ara threw light on AIDS and its prevention.

Then they answered the questions of students and provided them some more information on the subject. The second session was presided over by Deputy District Education Officer M H Hashmi. The Girl Guides also held a group discussion. They made posters and placards containing information about the deadly disease.

In the end, Madam Umar Bano, the principal of the Institute, thanked the participants of the seminar for creating awareness about the deadly disease.

The News: May 27, 2001



An NGO worker wears a red ribbon on his fingers as an AIDS awareness sign to mark World Aids Day during a rally here on Thursday. >>>

NGOs question use of funds for AIDS

By: Fozia Azam

ISLAMABAD - The government was unable to satisfy the civil society representatives on spending of US \$ 48 million aid for controlling AIDS that has been received from different donor countries.

A civil society representative Nazeer Maseeh raised the issue in a panel discussion that was organized by the Panos at a report launching ceremony on Monday. He asked the government official to give the actual spending of the funds that were taken by the governments.

While the government official could not satisfy the audience and the panelist regarding the spending of the actual amount.

The civil society representative asked the government official to give details about the 48 million US dollar that the government has taken in form of donation from different countries in the name of HIV / AIDS. Out of \$48 million only eight million has been utilised for prevention of HIV / AIDS . The government should admit its failure that out of 100 only 20 per cent work has been done regarding the HIV/AIDS in Pakistan.



ISLAMABAD: Pakistan National AIDS Consortium President Raja Khalid Mehmood speaks at a report launching ceremony on Monday —Staff photo by Sajjad Ali Qureshi

Speaking on the occasion, Qamarul Islam Siddiqui National BCC Coordinator, National Aids Control Programme said the government is fully aware of the situation. We admit that the number of the patients of HIV/ AIDS in Pakistan can be more than 80,000. We are working along with civil societies but nothing can be done over a night. The NACP has set a target of establishing 26 VCT centers in 14 large cities covering all provinces, of those 12 are functional and two are being established. Seven VCT centers are community based, while nine are located within hospitals.

However not all the working VCT centers have testing facilities. There are five testing and diagnostic centers in five tertiary hospitals in each province and in the federal capital.

Raja Khalid Mehmood President, Pakistan National AIDS Consortium said, "I fully agree with Nazeer Maseeh that Pakistan is not a low prevalence country but a high-risk country.

Few years' back only one case of HIV/ AIDS was registered per year. But during 2005 six cases were registered that indicate that Pakistan can also become a high-risk country.

According to the report till September 2005, Pakistan had 2,755 registered cases of HIV and 332 AIDS patient. UNAIDS estimates that the figures are higher somewhere between 24,000 and 15,000 or 0.1 per cent of the general population.

The report keeping the promise is a study of progress made in implementing the UNGASS declaration commitment on HIV/AIDS in Pakistan.

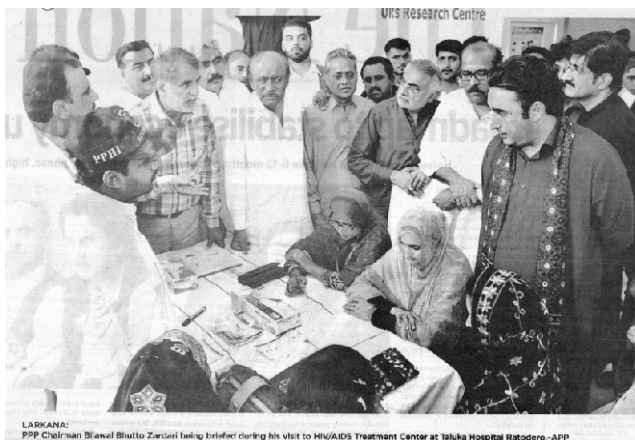
The Panos Institute, in collaboration with a consortium of civil society organisation conducted studies in Bangladesh, Ethiopia, Haiti, Latvia, Malawi, Pakistan and Sri lank to assess the funds for AIDS progress of implementing the UNGASS declaration.

Each study sought the views of those most affected, especially people living with HIV/AIDS (PLWHA) and other stakeholders, and used data from relevant agencies. This report describes the progress made by Pakistan.

HIV/AIDS prevention and control activities in Pakistan have gained momentum in recent months, and still remain largely donor driven. But recent data revealing concentrated epidemic among IDU's in cities of Sindh and Punjab, indicated that even more needs to be done and soon.

The report released by the Panos institute in Pakistan indicates that HIV and AIDS prevention and control efforts need to be stepped up to avert an epidemic. Efforts by the government for prevention and containment of HIV and AIDS have been stepped up especially in the last year.

The Nation: July 04, 2006



In K-P, transgender people get HIV-AIDS testing kits

By: Correspondent

PESHAWAR: Khyber-Pakhtunkhwa Health Minister Dr Hisham Inamullah Khan distributed self-test kits of HIV-AIDS among the representatives of the transgender people of the province.

A ceremony was held at the minister's office in the Health Ministry attended by MPAs Momina Basit, Dr Asia Asad, and Rabia Basri while the secretary health Dr Farooq Jameel, AIDS Control Project Director Dr Saleem Khan were also present on the occasion.

Health Minister Dr Hisham appreciated the efforts of the three members of the provincial assembly, who made the day possible that transgender people could carry out tests at their living places.

"We have directed the relevant quarters at the hospitals to provide best health services to the transgender community," the minister said urging the community members to also get equipped of the modern education and training so that they could get a respectable livelihood.

"We are also working on legislation that would give special quota in the public jobs for transgender people could be secured and valued the chairperson of the standing committee for social welfare Momina Basit who put her energy for providing a safe working environment to the transgender community," he said.

On the occasion, MPA Momina Basit who is also the head of K-P Assembly Standing Committee for Social Welfare said Blue J Diagnostics had provided the 500 HIV-AIDS testing kits for free distribution. She said PTI led government believes in equal treatment to all humanity and is trying to provide equal opportunity in education, health, and government employment.

Express Tribune: May 10, 2019

<https://tribune.com.pk/story/1969639/k-p-transgender-people-get-hiv-aids-testing-kits>



How this woman stood resilient in the face of HIV scourge and took a second chance at life

Rubina who contracted HIV from her husband, counsels HIV patients and inspires them to battle the affliction head-on

By: Kashif Hussain

KARACHI: Many were left stunned and others terrified as the news of HIV outbreak in Larkana made headlines earlier this year. They trembled in fear at the implications that the epidemic entailed, yet failed to realise that a large number of people have been experiencing the agony, distress, marginalization, and ignorance that come with HIV first-hand for many years. Their misery was largely overlooked by

However, all lost. There people like Rubina works governmental (NGO), Umeed volunteer. She patients and



AGAINST ALL ODDS: For much of her life, Rubina has struggled with a disease that left her isolated. Today, she counsels others going through the same ordeal. PHOTO: EXPRESS

hope was not were still Rubina. for a non-organisation Centre, as a counsels HIV their families,

works to raise awareness about the conditions and extends a helping hand to those who have lost all hope, inspiring them to battle the affliction head-on.

At the age of 38, she appears healthy and fit, having a positive outlook towards life. Hence, when one meets her for the first time, it is virtually impossible to tell that she herself is a patient of HIV.

Unrealised dreams

As a teenager, she aspired to study and carve out a career for herself, though the dream remains unrealised, mainly due to lack of financial means. Rubina still remembers spending her childhood and early teenage years in a cramped dwelling, which accommodated her family of 14, including her parents and 11 siblings. Making ends meet was a challenge back then and her father, who was employed at a telecommunications company, used to sell vegetables on a pushcart after work. Later, they shifted to a servant quarter at a bungalow in Defence Housing Authority, where her mother worked. Meanwhile, Rubina, along with her other siblings, continued to attend a government school but discontinued her studies at the age of 16, when she was married off to a drug addict. That was the beginning of her turmoil.

Pay the price for husband's sins

Life became even harder for her after marriage. In addition to poverty, which she had faced all her life, Rubina was now subjected to physical abuse by her husband. She was forced to

work to run the household. Initially, she made wooden pegs but that wasn't enough. Consequently, she found herself burdened with debt. In the meantime, her parents and siblings had cut off links with her owing to her husband's addiction. As she grappled with challenges on multiple fronts, it was revealed to her that her husband suffers from HIV.

In 2006, she had admitted her husband to a rehabilitation centre in Sanghar, where he tested positive for HIV. Rubina revealed that she was kept in the dark by her husband's family, who knew of his condition. By then she had four children, said Rubina, adding that she often fell sick, was rapidly losing weight and would frequently develop high fever.

It was only after she stealthily managed to take away her husband's medical reports to her parents' house, who had shifted to another place, that she came to know about her husband's condition. Her mother asked her landlord to read the reports who told Rubina that her husband had tested positive for HIV. He also asked Rubina's mother to get her screened for HIV, following which she too tested positive.

There began her journey towards isolation, misery and distress. Survival was harder than ever and she was afflicted by various diseases and ailments, one after the other.

In those hard times, it was only her parents and siblings who stood by her, supporting her during the course of her treatment at various public hospitals. Meanwhile, her husband, who had abandoned her, passed away and her children, who were living with her in-law, were barred from meeting.

At the time, Rubina was undergoing treatment at a special ward, dedicated for HIV patients, at Dr Ruth Pfau Civil Hospital. After she was discharged, her in-laws refused to let her live with them and her parents' landlord too restricted them from allowing Rubina inside their house. There was no way out for Rubina from the mess her life had turned out to be.

Second chance at living

It was then that she met Dr Salim Azam, who works for the welfare and rehabilitation of HIV patients and drug addicts. He encouraged her to start her life from scratch again, giving her hope and strength. His encouraging words and support resulted in Rubina battling her way through the challenges of life and emerging victorious.

She joined an NGO, Umeed Centre, as a volunteer and since then has been counselling HIV patients and working to raise awareness about the condition. Every three to four months, she organises an awareness session, which is attended by around 150 HIV patients. During these sessions, she counsels and inspires people to not give up hope and continue fighting the disease.

The problem and the solution

According to Rubina, HIV doesn't only entail health issues but also social problems. She laments that people isolate these patients and fail to empathise with them. Infact, they make life even harder for them than it already is, she said.

"Staff at hospitals hesitate to touch HIV patients and they are often subjected to hate," she said. Speaking about the rapid increase in the number of HIV cases, Rubina said that the virus is mainly carried by drug addicts and sex workers. Additionally, at times people are in denial and refuse to acknowledge that they have developed the condition, fearing

marginalisation, which too results in the disease's spread, she said.

"They fear that they will lose their jobs and relationships if they disclose their condition," added Rubina. According to Rubina, the government needs to take effective measures for curbing the spread of HIV as well as drug addiction. They need to establish more rehabilitation centres and initiate awareness campaigns. She also stressed the need for including information about HIV and relevant treatment in curricula at schools and colleges. But most importantly, the staff at the hospitals needs to be trained to treat HIV and AIDS patients respectfully, so that they stop fearing the consequences of talking about their disease, find it easier to undergo treatment and lead a fearless life, Rubina said.

This story is part of a weekly series that seeks to bring to light the unsung heroes of Karachi - the hawkers, traders, doctors, teachers, engineers, lawyers and daily-wage labourers. It is they who make Karachi the city of lights.

Express Tribune: December 02, 2019

<https://tribune.com.pk/story/2110068/woman-stood-resilient-face-hiv-scourge-took-second-chance-life>



A teacher displaying a poster for coronavirus prevention tips in a school in Islamabad. Photo: Online

Planting seeds in the new normal: Rural women in Pakistan amid COVID-19



A rural women's group receives community education on COVID-19 during a graduation ceremony, Rajanpur District, South Punjab.

In rural Pakistan, women are important partners in agricultural development. They perform a variety of crucial tasks, including weeding and tilling land, planting seeds, collecting farmyard manure and harvesting. They are also responsible for cleaning, drying and storing grains.

Yet despite their role, these women often do not receive recognition for their contributions or share control of the income generated from this work. They also have heavy workloads, carrying out a wide range of off-farm tasks in addition to their agricultural duties. Studies show that a typical woman in rural Pakistan works an average of 15.5 hours a day, including 5.5 hours spent in caring for livestock, and has only 50 minutes a day to spend caring for her own children. Like other rural-dwelling women across the world, they are also the most likely to be deprived of access to basic social services and livelihood opportunities, and they are at particular risk for experiencing violence. The consequences of the COVID-19 pandemic have made these women even more vulnerable. The lockdown is causing untold misery for informal workers and the rural poor, given that many lack regular incomes and most have been separated from any access to economic activities. Millions of rural Pakistani families are now facing hunger and malnutrition.

In consideration of both the immediate and long-term needs faced by these women and

their families, IFAD is partnering with the Government of Pakistan to develop interventions that can help these women continue to farm and generate an income.

A social safety net for rural women

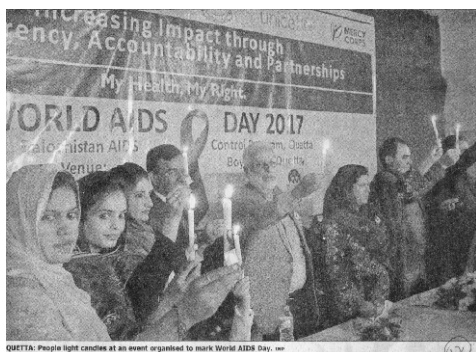
Immediately after the crisis hit, the women were most in need of food and cash. Fortunately, IFAD was able to quickly organize a safety net through its Southern Punjab Poverty Alleviation Project (SPPAP).

Under usual circumstances, one of SPPAP's activities is providing vocational training programmes to poor rural farmers. Before the lockdown, ceremonies for the programme graduates had been planned in three cities. The ceremonies still took place, but with an extra benefit – the Project Management Unit used them as an opportunity to distribute cash advances earlier than planned, as well as raise awareness about COVID-19 among the trainees. Each of the 523 graduate received a combination of a cash stipend and food aid, at an average value of about US\$52 per graduate. Ninety-six per cent of this year's graduates are women.

Before COVID-19 came to Pakistan, SPPAP had also been supporting the construction of low-cost housing across all of its participating districts. Now that the Government of Pakistan has relaxed lockdown measures for the construction industry, the Project Management Unit is back to work – and SPPAP has fully adapted its operations to comply with the necessary health and safety measures. Over 840 houses are under construction once again. Once they are completed, they will be available exclusively to women-headed households.

IFAD: June 18, 2020

<https://www.ifad.org/en/web/latest/story/asset/41931767>



HIV claims life of another minor in Ratodero

By: Correspondent

A 4-year boy Ghulamullah son of Muhammad Ibrahim Marfani died of HIV in Ratodero. He was residing near the waterlogging drain of Nadir Shah Muhalla. His father told Newsmen on Sunday that his son's viral disease was detected one and half years ago and local doctors referred him to Children Hospital and HIV/AIDS Treatment Centre in Larkana for treatment where doctors only registered him and gave a few syrups for fever and cough and then asked to leave. He questioned if treatment centres have been established then why HIV affected children are dying, why their viral load is increasing and why CD-4 count is decreasing? He said the National AIDS Control Program and Sindh's Health Department should investigate this issue forthwith and save children of Ratodero from deaths.

He said the behaviour of the doctors with the affected patients will have to be improved on war footing or else they should be removed from their posts who cannot be patient-friendly. According to Gul Bahar Shaikh, a local journalist of Ratodero, and Dr. Imran Arbani, who broke the silent killer viral disease at the very outset, about 50,000 people among the general public have so far been screened since the past 18 months of HIV outbreak in Ratodero and its adjoining areas out of whom 2100 have been detected HIV positive. 1372 among them are little children between the age group of six months to seven years and 49 of them have so far expired and the number is increasing slowly, they added. They said one little girl died of HIV co-infections whose father is an influential person.

They said the father of the deceased girl after detection of the viral disease did not bring his daughter to any Centre for treatment because he was afraid of the infamous disease which would degrade him. They said the girl was infected through a local doctor but the fear among the parents has shaken the residents.

They said since the past four months Sindh Government's health department has imposed a silent ban on sharing HIV data despite commitment which clearly indicates that they are no more interested in treatment of the affected people. They asked if viral disease can be eradicated through imposing a ban on sharing HIV positive data then it is better but what if it exploded like a ticking bomb during next elections?

They said authorities of Sindh Health Care Commission have never checked the doctors' practice again of using same syringes, drip sets, opening of substandard blood banks, usage of same razors and same material for stitches to the injured patients, unavailability of sterilizers etc. They said even awareness workshops and seminars have been stopped which is really very astonishing.

Dr. Arbani further complained that the endowment fund of Rs one billion announced by PPP Chairman Bilawal Bhutto Zardari has not yet been released by Sindh Government which also proves that the provincial rulers are not serious in handling this issue which has affected so many families of his home constituency.

Daily Times: May 09, 2020

<https://dailytimes.com.pk/686905/hiv-claims-life-of-another-minor-in-ratodero/>



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جوانی مبارک ہو



اسے ایڈز جیسے لاعلاج مرض کا شکار ہونے سے بچائیے۔
جنسی بے راہ روی آپ کی جوانی کو ایڈز کے عذاب میں مبتلا کر سکتی ہے۔

ایڈز سے بچاؤ کی تدابیر

- جنسی تعلق اپنے شریک حیات تک محدود رکھیے ● حجام کو استعمال شدہ اسٹریپایڈ استعمال نہ کرنے دیجئے
- ٹیکہ لگواتے وقت نئی سرخ استعمال کیجئے ● کان و ناک چھدواتے وقت نئی سوئی استعمال کرنے پر اصرار کیجئے
- خون لگواتے وقت تصدیق کیجئے کہ خون ایڈز کے جراثیم سے پاک ہے

صحت کی دیگر معلومات کیلئے صنعتی نمائش فورٹ لیس اسٹیڈیم لاہور میں محکمہ صحت کے کوشاں پتھر شریف لائیے

محکمہ صحت پنجاب





روزنامہ مشرق: 03 مارچ، 2020ء

خواتین کو جبری برطرف کرنے کے خلاف پنجاب اسمبلی میں قرارداد جمع

لاہور (آن لائن) فیکٹریوں کی جانب سے خواتین کو جبری طور پر نوکریوں سے نکالنے کیخلاف پنجاب اسمبلی میں قرارداد جمع، قرارداد مسلم لیگ (ن) کی رکن سمیرا کوئل کی جانب سے جمع کرائی گئی۔ پاکستان میں خواتین لیبر فورس کا 20 فیصد ہیں۔ فارماسیونیکل کمپنیوں، کپڑے، کھیلوں کے سامان اور دیگر صنعتوں نے محنت کش خواتین کو لاک ڈاؤن کا بہانہ بنا کر ملازمتوں سے فارغ کیا جا رہا ہے۔ گھرمزدور، بھٹہ مزدور اور زرعی مزدور خواتین اور گھریلو ملازمائیں جبری مشقت ہی نہیں غلامی کی زندگی بسر کرنے پر بھی مجبور ہیں۔ یہ خواتین محنت کش خواتین کا 80 فیصد ہیں، مگر رسی مزدور نہ ہونے کی وجہ سے لاتعداد فوائد سے محروم ہیں۔

روزنامہ مشرق: 03 مئی، 2020ء



لاہور، بزرگ خاتون سوچوں میں گم، ایک شخص والدہ کو ویل چیئر پر بٹھائے لے جا رہے، دوسری طرف خاتون فروخت کیلئے ٹوپی بنا رہی ہے

روزنامہ جناح: 11 مئی، 2020ء



NAIROBI: Sunila Gill from Pakistan sits in front of dolls and fabrics made by HIV positive Afghan refugees living in Pakistan on the first day of the first Global Conference on Women and Aids here on Thursday.—AP

لاک ڈاؤن، خواتین پر تشدد میں اضافہ انسانی حقوق کی پامالی کے 399 کیسز رپورٹ

خیبر پختونخوا میں اب تک خواتین کے قتل کے 23 کیسز سامنے آچکے ہیں 4 کیسز جنسی زیادتی کے بھی ہیں

گھروں میں سامنے آنے والے کیسز کے حوالے سے پولیس اپنا کردار ادا کرے، رکن صوبائی اسمبلی کا آئی جی پی کو مراسلہ

پشاور (نامہ نگار) خیبر پختونخوا میں لاک ڈاؤن کے دوران خواتین پر تشدد، قتل اور اقدام قتل کے واقعات میں تیزی آگئی جبکہ محکمہ انسانی حقوق کے پاس اب تک 399 کیسز رجسٹرڈ ہو چکے ہیں محکمہ پولیس کے اعداد و شمار کے مطابق اب تک خیبر پختونخوا میں خواتین کے قتل کے 23 کیسز سامنے آچکے ہیں جبکہ 4 کیسز جنسی زیادتی کے بھی ہیں جن میں 2 واقعات میں بچوں سے زیادتی کی گئی خواتین کے ساتھ غیر فطری عمل کے 13 شکایات بھی سامنے آئی ہیں جبکہ پشاور میں چند روز قبل ایک بچی کو بھی قتل کیا گیا ہے اسی طرح ڈائریکٹوریٹ آف ہیومن رائٹس کے مطابق خواتین پر تشدد اور دیگر 399 کیسز اب تک رپورٹ کئے گئے ہیں تحریک انصاف کی رکن صوبائی اسمبلی عائشہ بانو کے خواتین پر ہونے والے تشدد میں اضافہ تشویش کا اظہار کرتے ہوئے انسپکٹر جنرل آف پولیس کو ایک مراسلہ ارسال کر دیا ہے مراسلے میں کہا گیا ہے کہ کورونا لاک ڈاؤن کے باعث خیبر پختونخوا میں خواتین پر گھریلو تشدد، قتل، اور اقدام قتل کے واقعات میں اضافہ دیکھنے میں آیا ہے گھروں تک محدود خواتین جسمانی معذور افراد اور بچوں کو خطرات لاحق ہیں اور خواتین انکے ساتھ گھروں میں قید ہیں جو ان پر تشدد کرتے ہیں اور انہیں ان سے زیادہ خطرہ ہے عائشہ بانو نے آئی جی پولیس سے درخواست کی ہے کہ گھروں میں سامنے آنے والے کیسز کے حوالے سے پولیس اپنا کردار ادا کرے اور جہاں کہیں بھی خواتین پر جنسی اور جسمانی تشدد یا انہیں ذہنی طور تشدد کا شکار نہ کیا جائے وہاں انہیں تحفظ فراہم کرتے ہوئے انکی جانوں کو محفوظ کر دیا جائے۔

روزنامہ مشرق: 14 مئی، 2020ء

لاک ڈاؤن سے خواتین کا کاروبار تباہ، بحال کیا جائے، ثمنینہ فاضل

اسلام آباد (نیوز رپورٹر) اسلام آباد ویمن کی چیمبر کی بانی ثمنینہ فاضل نے کہا ہے کہ لاک ڈاؤن نے خواتین کو زیادہ متاثر کیا ہے مگر انکی بحالی میں دلچسپی نہیں لی جا رہی ہے اور نہ انھیں کاروبار کرنے کی اجازت دی جا رہی ہے۔ ملکی آبادی کی اکثریت خواتین پر مشتمل ہے جن سے امتیازی سلوک نہ کیا جائے۔ تاجر خواتین کی مدد کے اعلانات صرف بیانات تک محدود ہیں۔

روزنامہ جناح: 15 مئی، 2020ء

Women at work and the pandemic



Gender-disaggregated data of women at work should be available to help the government assess the vulnerability of women to coronavirus

By: Dr Lubna Naz

In Pakistan, only 22 percent of women of age 17 years and above participate in the formal labour market. This can create the impression that women are either not working or are prohibited to take part in economic activities. This inference is both right and wrong at the same time.

What is wrong about this perception? Women perform many tasks from dawn to dusk at homes; in some cases, they work for more hours than their male counterparts. However, the effort is often not considered 'work' because it remains unpaid or is largely regarded as a duty towards their families in exchange for the care and love they receive.

Performing more household chores is gender-specific in South Asian countries and Pakistan is no exception. Women are socially labelled as home-care takers.

The second inference likely to be derived from the low female labour force participation too is partially correct as most women are deprived of opportunities to work due to strict social norms, cultural values, limited job opportunities, and gender discrimination. Sometimes, women themselves avoid participating in the job market because that can mean increasing responsibilities and less equal distribution of work at home.

The recent outbreak of Covid- 19 has affected all working women, including women who are employed, under-employed and offered underpaid work in the definition of working women, keeping in view that non-recognition of the women's share in unpaid work is sheer discrimination and violation of their rights.

The pandemic has compelled the government to take some unpopular decisions. One of these was an extended lockdown. Those hit hardest by the extended lockdown included small businesses and manufacturing units.

Pakistan is known to have a very large informal economy. According to Labour Force

Survey 2017-18, the informal sector accounts for 72 percent of the non-agricultural employment. More women (77 percent) are employed in the informal sector, and 15.1 percent are contributing family workers compared to only 8.1 percent of their male counterparts.

The Survey indicates that only 25 percent of males and 60 percent of females take care of children and ill persons at home in Pakistan. It can be inferred that during the pandemic, women are bearing more burden in terms of taking care of ailing family members.

Female health professionals, such as midwives, nurses, paramedics and doctors, are on the frontline and more susceptible to the deadly virus and also socially bound to keep performing multiple responsibilities.

In Pakistan, a tiny proportion of female population joins health sector as physicians and consultants, the unavailability of protective equipment at hospitals and administrative negligence can deprive the country of the already scarce female workforce in the health sector.

Gender-budgeting calls for extensive information on the number of coronavirus affected people, deaths, and recoveries by age and gender. It will help target the most vulnerable of the vulnerable in Pakistan.

Another largely neglected group of women is private school teachers, home tutors and home-based workers. The closure of most businesses has deprived them of their opportunities to earn and have a decent standard of living. Most of the internally displaced and migrating women who were working as domestic help have become similarly unemployed on account of social distancing.

These poor women are not registered in any welfare programmes because they chose to earn livelihood in a dignified manner. Further, they have mostly been underpaid due to their weak bargaining positions. These women, like many others, are likely to bear the brunt of Covid-19. Women who used to help the small eatery businesses of their spouses or family from home by providing cooked food, offering help in commercial laundry and tailoring etc have been rendered unemployed. The increasing number of infections and deaths and subsequent extension in the lockdown are aggravating their distress and deprivation.

In major cities, many women were working in textile and readymade garments sector. The breakup of supply chains, cancellation of orders from abroad and looming business uncertainty have left them without paid work.

According to a study by International Labour Organisation (ILO), in the garments, textile and footwear (GTF), nearly all women (96.1 percent) were employed in small firms with five and fewer staff. In comparison, 69 percent of males were employed in 2014-15. Most of these firms are unregistered companies.

Less than three percent of women were employed in registered firms while 42 percent of males are employed with them. Besides, the gender wage gap in garments, textile and footwear was 66.5 percent in 2014-15. The gender wage gap is attributed to occupational segregation, inequality of access to education and vocational training opportunities, and a lower rate of union membership among women. The lingering of the pandemic will likely increase the wage gap and further limit job opportunities for women.

The median age of employed women is 25-34 years in GTF. This indicates that most of them are young bread-winners. Unlike male workers, females have fewer chances to resume the job after the pandemic is over and get any compensation during the lockdown.

The document shows that non-compliance with minimum wage was higher in firms operated by an individual with two to three staff members.

The LFS data shows a decline in the employment of females from 2012-13 to 2014-15 in garments; it decreased from 62 percent to 53 percent while employment of male workers remained unchanged. A decline in female employment with a decrease in the total employment rings the alarm about the layoff policies of the industry.

There is no official data on the number of home-based workers producing garments in Pakistan. Many garment workers operating from homes do not even know the names of the brands they are working for. It may be due to illiteracy and not being on the front in dealing with contractors; as it is a common for male family members to negotiate with the contracting firms on behalf of the women.

According to the ILO, only 23 percent of the total labour force is unionised in Pakistan. Most of the unions are at worksite. The home-based workers, comprising mostly women, are thus unable to fetch support of unions for the compensation.

Gender-disaggregated data should be available for women at work. The collection of such data will help the government assess the vulnerability of women to coronavirus impacts. Gender-budgeting calls for extensive information on the number of coronavirus affected people, deaths, and recoveries by age and gender. It will help target the most vulnerable of the vulnerable in Pakistan.

The News: May 17, 2020

<https://www.thenews.com.pk/tns/detail/659186-women-at-work-and-the-pandemic>



KARACHI: Nurses participate in an awareness rally organised by the Sindh AIDS Control Programme in connection with World AIDS Day. SABIR HAZIM

لاک ڈاؤن گھر کی ذمہ داریاں پوری نہ ہونے پر میاں بیوی کے جھگڑوں میں اضافہ

ملک بھر میں کورونا وائرس کے پھیلاؤ کو روکنے کیلئے لاک ڈاؤن میاں بیویں کے درمیان جھگڑوں کی بڑی وجہ بنا

معاشی مسائل کے باعث گھریلو ناچاقی میں اضافہ، پنجاب میں 3 ہزار 240 خواتین خلع کے لئے عدالت پہنچ گئیں

لاہور (آئی این پی) لاک ڈاؤن کے دوران میاں بیویں کے جھگڑوں میں اضافہ پنجاب میں 3 ہزار 240 خواتین خلع کیلئے عدالت پہنچ گئیں۔ تفصیلات کے مطابق دنیا بھر کی طرح ملک بھر میں کورونا وائرس کے پھیلاؤ کو روکنے کے لئے لاک ڈاؤن کیا گیا تھا، جس کے باعث سے سے زیادہ دیاڑی دار طبقہ متاثر ہوا تھا۔ معاشی مسائل پیدا ہونے جانے کے باعث میاں بیوی کے درمیان گھریلو ناچاقی میں اضافہ ہو گیا۔ غیر متوقع صورتحال کے باعث گھر کی ذمہ داریاں پوری نہ ہونا میاں بیوی کے درمیان جھگڑوں کی بڑی وجہ بنا۔ جس کے بعد پنجاب کے 38 اضلاع میں فیملی کورٹ میں خلع، سامان، جہیز اور خرچہ نان نفقہ کے 3 ہزار 240 دعوے دائر کر دیئے گئے۔ دعوے دائر کرنے والی زیادہ تر خواتین نے موقف اختیار کیا کہ شوہر اگرچہ پورا نہیں کرتا، بات بے بات پر لڑتا، قانونی ماہرین کا کہنا ہے کہ خواتین کو اس ہنگامی صورتحال میں صبر سے کام لینا چاہیے۔ لاک ڈاؤن کے باعث پوری دنیا کو مشکلات کا سامنا ہے۔ مالی مسائل سے شروع ہونے والی لڑائیاں عدالتوں تک نہیں پہنچنی چاہیے۔

روزنامہ مشرق: 21 مئی، 2020ء

کورونا وباء کے دوران آن لائن ہراسانی میں 189 فیصد اضافہ

معیشت اور ہیلتھ کا نظام متاثر ہونے کے ساتھ ساتھ سماجی مسائل نے بھی جنم لیا

اسلام آباد (نیٹ نیوز) عالمگیر وباء کورونا وائرس سے ناصرف ملک کی معیشت اور صحت کا نظام متاثر ہوا ہے بلکہ اس وباء کے دوران متعدد سماجی و دیگر مسائل نے بھی جنم لیا ہے۔ کورونا وائرس کے دوران پاکستان میں گذشتہ دو ماہ میں آن لائن ہراساں کرنے کے واقعات میں 189 فیصد اضافہ دیکھنے میں آیا ہے۔ یہ ڈیٹا سائبر ہراسمنٹ ہیپ لائن کے ذریعے اکٹھا کیا گیا ہے جس میں بتایا گیا ہے کہ مارچ اور اپریل کے مہینے میں آن لائن ہراساں کرنے کے واقعات میں 189 فیصد اضافہ دیکھنے میں آیا ہے۔ ڈیٹا کے مطابق ان آن لائن ہراساں کرنے کے واقعات 74 فیصد خواتین کی جانب سے رپورٹ کیا گیا ہے۔ جبکہ 19 فیصد مردوں نے کیسز رپورٹ کئے ہیں۔ سائبر ہراسمنٹ ہیپ لائن پر رپورٹ کئے جانے والے ان واقعات میں تصاویر، ویڈیوز اور دیگر ذاتی معلومات کے ذریعے بلیک میل کرنے کی شکایات شامل ہیں۔ واضح رہے کہ کورونا وائرس کے پیش نظر لاک ڈاؤن کی وجہ سے سائبر ہراسمنٹ آفس بند ہیں۔ جس کی وجہ سے صارفین کی جانب سے شکایات ای میل اور سوشل میڈیا کے ذریعے کی جا رہی ہیں۔ خیال رہے کہ کورونا وائرس کے پھیلاؤ کو روکنے کے لئے لاک ڈاؤن میں زیادہ تر لوگ انٹرنیٹ استعمال کر کے اپنا وقت گزار رہے ہیں۔

روزنامہ مشرق: 08 جون، 2020ء

Thursday 01

Friday 02

Saturday 03

Sunday 04

Monday 05

Tuesday 06

Wednesday 07

Thursday 08

Friday 09

Saturday 10

Sunday 11

Monday 12

Tuesday 13

Wednesday 14

Thursday 15

Friday 16

Saturday 17

Sunday 18

Monday 19

Tuesday 20

Wednesday 21

Thursday 22

Friday 23

Saturday 24

Sunday 25

Monday 26

Tuesday 27

Wednesday 28

Thursday 29

Friday 30

July

2021

Saturday 31



STUDENTS of Army Medical College stand with their work during an exhibition of posters on HIV and Aids organised by National Aids Control Programme, Ministry of Health at Rawalpindi Arts Council Cultural Complex on Saturday. —Online

Daily Dawn: January 11, 2007



BISHKEK: University students hold banners painted with red ribbons, symbolising AIDS awareness on World AIDS Day. — APP

Daily Times: December 02, 2008

انتقال خون سے دو کمسن بچے ایڈز میں مبتلا

سرکاری ہسپتالوں سے خطرناک بیماریوں کا پھیلاؤ روکنے کے اقدامات کئے جائیں

وفاقی دارالحکومت اسلام آباد کے سرکاری ہسپتالوں سے ایڈز پھیلنے کی خبریں زیر گردش ہیں، گزشتہ روز دو کمسن بہن بھائیوں میں ٹیسٹ کے دوران ایڈز جراثیم موجودگی کی تصدیق ہوئی، دونوں بچے پیدائشی گلینز مانز تھر و مباحی سٹھیا کی بیماری میں مبتلا ہیں جن کا خون پمپ اور سی ڈی اے کے ہسپتالوں میں تبدیل ہوتا رہتا ہے۔ ڈاکٹر کی غفلت کے باعث بچوں کو خون لگانے سے قبل سکریننگ نہیں کی گئی جس کے نتیجے میں دو معصوم زندگیوں کو داؤ پر لگا دیا گیا، پاکستان دنیا کے ان ممالک میں شامل ہے جہاں خطرناک بیماریوں میں اضافہ ہوتا جا رہا ہے خاص طور پر ایڈز کے ایک لاکھ سے زائد مریض ہو چکے جن میں تیس ہزار خواتین شامل ہیں، یہ اعداد و شمار اقوام متحدہ کے جاری کردہ ہیں جبکہ ملک میں سترہ ہزار مریضوں نے ایڈز کنٹرول پروگرام میں اندراج کروایا ہوا ہے یعنی باقی 83 ہزار افراد مرض کو چھپا رہے یا پھر اس سے لاعلم ہیں جس کی وجہ سے بیماری پھیلانے کا موجب بن رہے اور ساتھ ہی اپنی زندگیوں کو بھی مشکل میں ڈال رہے۔ ہر سال ایڈز کا عالمی دن منایا جاتا ہے، سینارز اور واک کا اہتمام کیا جاتا ہے، تاکہ عوام میں اس بیماری کے بارے میں شعور اجاگر کیا جاسکے مگر زیادہ تر مریض معاشرتی رویے اور شرم کی وجہ سے سامنے نہیں آتے اور ایڈز سے متاثرہ مریضوں کی تعداد تیزی سے بڑھتی جا رہی ہے۔ حکومت نے مرض کی روک تھام کے لئے خطرہ رقم مختص کی جس سے ایڈز کنٹرول سنٹر قائم کیے گئے مگر عوامی تعاون کے بغیر بیماری پر قابو پانا ناممکن ہے اب بچوں میں ایڈز کے جراثیم کی موجودگی لمحہ فکریہ ہے ایک طرف تو اس کی ذمہ دار بلڈ بینک انتظامیہ ہے جنہوں نے بغیر تصدیق کیے خون بچوں کو لگا دیا دوسرے وہ افراد جو بیماری کا علم ہونے کے باوجود علاج کروانے کی بجائے دوسروں کو خون کا عطیہ دیتے ہیں، ایسے میں ضرورت اس امر کی ہے کہ ملک کے معماروں کو تعلیم کیساتھ ساتھ صحت کی سہولیات کی فراہمی کے لئے بھی سنجیدہ کوشش کرنا ہوں گی، ہزاروں بچے پھیلے جیسے مرض میں مبتلا ہیں جنہیں باقاعدگی سے خون لگایا جاتا ہے اگر اسی طرح بغیر سکریننگ ان کے جسموں میں خون منتقل کیا جاتا رہا تو ہم ان بچوں کو پروان چڑھتا نہیں دیکھ سکیں گے، مگر حکومت اس بارے میں فوری نوٹس لیتے ہوئے ذمہ داران کے خلاف کارروائی کرے تاکہ باقی بچوں کو بچایا جاسکے۔

Stunting the curve, domestic violence in lockdown

By: Faiza Shaikh

Often when the issue of domestic violence is discussed in a public forum it is trotted out as simply numbers, shocking statistics regarding abuses and fatalities. What is however absent is an understanding of the act of coming forward to make a report. When one is already a victim of domestic violence even the act of simply exploring what legal remedies are available, if any, requires tremendous strength and a huge leap of faith. The experience can often feel solitary and terrifying. It is also important to understand that this may only be the first step and in no way an indication that any further action will follow. Frequently the victims themselves are not ready to undertake further steps and what is required is the absolute assurance of protection as any act of asserting oneself is riddled with the prospect of fear regarding potential ramifications.

The very nature of domestic violence depends upon the perpetrator having easy access to the victim in the first instance, particularly in the case of long term abuse, sustained over a period of time. While in some pockets of society domestic violence exists in secret it would be right to say that some environments demonstrate a greater 'tolerance' for such conduct for a variety of reasons. In some cases, the perpetrators can rely on co-conspirators such as family, neighbours, the authorities as seen most recently in the case of Asma Aziz, and even society at large.

For those willing to take the first step to seek protection requires overcoming deeply entrenched obstacles. There is a loss of confidence in both the system and authorities which are supposed to protect victims and potential victims, particularly where societal safeguards have already proved insufficient. In addition, there is a fear of not being believed, being humiliated or even the fear of revenge and reprisals.

The current state of the global lockdown lends itself perfectly to the unforeseen, but also the reasonably anticipated, an increase in domestic violence. While the scale of this is yet not fully known one domestic violence agency in the UK has reported an increase of 700% to its telephone helpline in just one day. This is a situation which is repeating itself the world over China, France, Italy and Spain have all reported an alarming increase in domestic violence.

“Often domestic violence perpetrated upon a spouse can precede the mistreatment of children, this can in turn leave a long term emotional and psychological impact, such as behavioral disturbances with a child replicating the abuse”

In Pakistan the common lament, not just limited to the issue of domestic violence, is that while legislation exists this falls apart due to the lack of implementation. Various provinces have their own legislation to protect victims of domestic violence, the Sindh government introduced the Domestic Violence (Prevention and Protection Act) 2013 while in Punjab there is The Protection of Women Against Violence Act 2016, to name but two. Similarly the UK, offers protection through Part IV of the Family Law Act 1996, which has seen a shift from protective provisions such as injunctions, known as non-molestation orders, moving from the civil arena to the criminal. When seeking to identify the areas of support that could be put in place, consideration needs to be given to the fact that in the current circumstances

the usual opportunities for respite or momentary periods of escape from the perpetrator simply do not exist.

Some of the common provisions available in various jurisdictions allow for one party, often the perpetrator, to be removed from the family home. In the current climate this raises the question if a perpetrator is to be removed or indeed a victim is attempting to leave an abusive environment, where can they be safely relocated? This adds a further hurdle to an already difficult area of law, namely what support is available to those who want to relocate away from their perpetrator and returning to the home of the wider family is not an option and how will the proposed new environment be assessed as 'safe'.

The issue of domestic violence is frequently demoted or considered exclusively issues of 'women's rights', this perception needs to change. Often domestic violence perpetrated upon a spouse can precede the mistreatment of children, this can in turn leave a long term emotional and psychological impact such as behavioral disturbances with a child replicating the abuse. While we endeavour to stunt the curve of the pandemic, we should also endeavour to stunt the curve of domestic violence and this can only be achieved by a multi-agency approach working with the police, judiciary, NGOs and community engagement in order to identify and safeguard families at risk by implementing available legislation. Pressure needs to be maintained upon the central and provisional governments to tackle domestic violence and for this to be treated as a priority, this is a problem which impacts upon society as a whole. — *Lawyer, Member of the Law Society of England and Wales*

Daily Times: May 01, 2020

<https://dailytimes.com.pk/605343/stunting-the-curve-domestic-violence-in-lockdown/>



Salman Ahmad, UNAIDS Special Representative, addresses a function at UNIC while Ms Shukria Gul, Ms Cristina Von sperling, Dr France Donnay and Aldo Landi, Country Coordinator of the UNAIDS agency, sit on the Stage.
Staff photo by Sajjad Ali Qureshi

26 percent women workers either terminated or suspended: FAFEN

By: DNA

Free and Fair Election Network (FAFEN) has urged the federal and provincial governments to take immediate actions to ensure that employers do not terminate or suspend the employment of workers, particularly women during the ongoing lockdown in the wake of COVID-19.

According to a press release issued on Labour Day, FAFEN, which is supported by the Trust for Democratic Education and Accountability, has reported serious violations of the guidelines issued by the federal and provincial governments in connection with the protection of the rights of workers during the COVID-19 lockdown.

A survey of working women revealed 26 percent of 904 respondents were terminated from their jobs after the announcement of the lockdown by the government. Of the workers who lost their jobs, 14 percent were permanently laid off while the services of the remaining 12 percent were temporarily suspended. The factory workers had the highest ratio among those whose jobs were terminated.

The survey was conducted between April 15 and April 30, 2020, in eight districts across the country including Faisalabad, Haripur, Lahore, Sialkot, Peshawar, Rahimyar Khan, Quetta, and Karachi.

The survey respondents included factory workers, salespersons, and employees of private schools, hospitals, and other commercial establishments. Of the women interviewed, seven percent were daily wage workers, 85 percent were working on monthly wages and the remaining were paid on bimonthly or weekly basis.

Estimates by Pakistan Institute of Development Economics (PIDE) suggest the pandemic may push another 71 million people below the poverty line and may cost 18 million workers their jobs. The daily wagers and contract workers are most vulnerable during this health and economic crisis.

Layoffs and suspensions of workers are happening despite the federal and provincial governments' announcements of multiple tax rebates, easy credits, and utilities' relief schemes for the large and small businesses.

Sindh and Balochistan governments have issued categorical orders to the industrial and commercial establishments to not lay off their employees and keep paying salaries (or minimum wage in case of Balochistan) during the lockdown. Yet, 15 percent women who said their jobs were terminated were from Sindh respondents, and three percent from Balochistan.

A majority of terminated workers (51 percent) were awaiting their dues to be cleared by their employers. The delays in payment of dues can further exacerbate the economic woes of the terminated workers. Moreover, the government-run social security programs also remain out of reach for most of the workers.

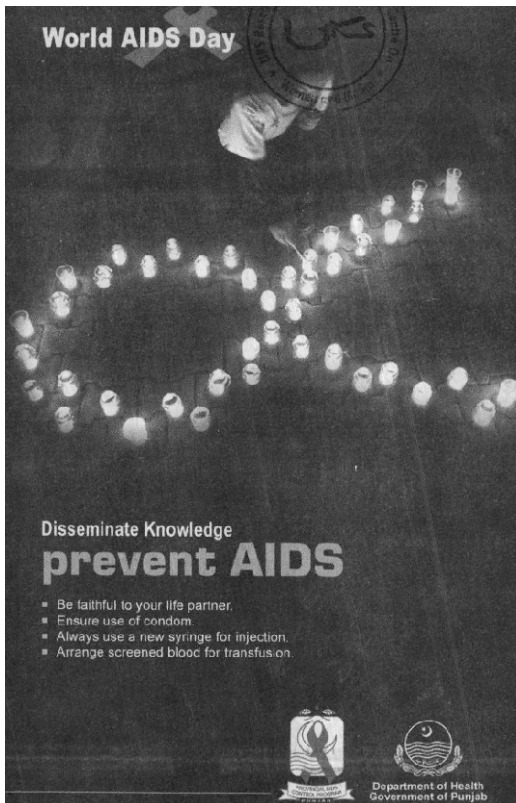
Of the women who lost their jobs, more than three-quarter (78 percent) did not know whether they were registered with any social security organization whereas 13 percent said they were registered with Employees' Old-Age Benefits Institution (EOBI) while one percent women said they were registered with Benazir Income Support Programme (BISP). Only 28 percent women workers said that they were able to apply for support under the federal government's emergency cash program.

In addition to the terminations and economic woes of the workers, the workplaces' compliance with the occupational safety guidelines and precautionary and preventive measures for COVID-19 issued by the government also poses a serious threat to workers' health. Nearly half (49 percent) of the interviewed workers shared that no preventive measures were adopted at their workplaces since the onset of pandemic.

FAFEN recommends the federal and provincial labour departments to keep a close vigil at workplaces to ensure the enforcement of the government's directions and guidelines regarding preventive and safety measures for the workplaces.

Daily Times: May 03, 2020

<https://dailytimes.com.pk/606452/26-percent-women-workers-either-terminated-or-suspended-fafen/>



In the shadows of a pandemic...



In addition to its direct impact on people's health, this pandemic has unleashed a perfect storm of conditions that may increase the rate of domestic violence. You! takes a look...

By: Syeda Tuba Aami

In recent decades, scientists have won many battles against viruses and diseases with vaccines, antiviral drugs and sometimes with control and precautionary measures. Even the deadliest viruses have been curbed, if not diminished with time. Currently, this battle is ongoing with the novel coronavirus – COVID-19. The human loss caused by the virus has led to grief and misery around the world. But, with hopes of the scientific developments, we aim to overcome these fatal situations.

Unfortunately, there is another 'plague' that continues to thrive in our society, despite the fact that there are laws against it – domestic violence. In addition to its direct impact on people's health, this pandemic has unleashed a perfect storm of conditions that may increase the rate of domestic violence.

According to World Health Organization, one in three women around the world will experience some sort of domestic violence, mostly from a partner or spouse. Further attesting this, UN Women states that globally 243 million women and girls aged 15-49 have been subjected to sexual and/or physical violence perpetrated by an intimate partner in the previous 12 months. The situation is even graver in times of crisis. Extended periods of quarantine breed anxiety and depression. When people feel powerless in one area of their lives, they often seek to establish more power over other areas. This is particularly alarming in situations of domestic violence because domestic abuse is, essentially, an effort by one partner to dominate and establish psychological, emotional, physical and sexual control over the other partner.

Domestic violence in Pakistan

In Pakistan, we were already struggling with the issue of domestic violence. As per a study published in 2019, Pakistan ranks as the 6th most dangerous country in the world for women. Even though the lockdown in country has eased at the moment, there continues to

be a rise in domestic violence and abuse cases. Case in point, last month, a 48-year-old man in Peshawar's Tehkal area opened fire in rage over the amount of noise the children were making, killing his seven-year-old niece. In the same month, another case emerged where a man killed his wife of two years for not serving him hot food during sehri.

It is imperative to note that tracking the pandemic's actual effects on domestic violence is nearly impossible. Many people who experience abuse don't report it through official channels. Stigma and fear of retribution are just a few of the reasons someone wouldn't contact the police. Because of that, we don't have accurate data showing domestic violence incidence in 'normal' times, let alone now. So, this just scratches the surface of the issue.

Bedari – a national level NGO in Pakistan working with women and children for the promotion and protection of their human rights – confirms this fact. On an average, the organisation received around 34-40 calls per month. As of recently, the number of calls has almost doubled. From March 28th to April 21th, the organisation received 81 cases from different districts across the country. In January 2020, there were 25 cases, 30 cases in February and 25 cases till March 27th, 2020. Two of the worst cases scenario calls they received came from a woman whose husband struck her face with a jug while another woman was pushed so forcefully that her head hit the bed and she suffered injuries on her back.

According to Bedari, women are facing grave issues because they have to work overtime during the lockdown without a break. Since the men and the children are at home all the time, it adds to their burden. And, some women have to take care of the elderly as well. Women are having a hard time finding some personal space or a safe space to communicate with their family or loved ones. This lack of emotional support is also taking a toll on their mental health, such as depression. In this tough time, it is necessary that women should be assisted with their household responsibility. Especially, the husbands should cooperate and also involve children in healthy activities in order to cope with the current situation.

Similarly, Mehnaz Rehman, Resident Director of Aurat Foundation (an organisation aimed at empowering women in all walks of life) tells, "Domestic violence and violence against women is very common in our society due to the patriarchal structure and attitudes. We tried to bring change through education in big cities but we were unable to get rid of the flawed traditions. Moreover, it is obvious when a lockdown is imposed in an already dreadful situation, the crises will only increase because the abuser will be at home 24/7. He will feel angry and frustrated and the only place to vent it out would be on his wife and children." Regarding the number of cases, she informs, "It is difficult to get the exact number of cases at the moment but it is a worldwide concern that gender-based violence has increased severely under the lockdown."

Women's Action Forum has also stepped forward and rolled out a press release voicing the issues being faced by women at home. To combat this crisis, they have requested the CM to build more safe houses and shelters for these women victims.

Psychological impact & possible solutions

Social isolation, for example, is one of the most common tactics used by abusers to distance survivors from their support networks, and now physical isolation is government-sanctioned. Unemployment claims are hitting historic highs, as are levels of economic anxiety; both of these circumstances are linked to a higher incidence of domestic violence. Staying indoors has become the basic reason for abusers to vent their frustration on women. Dependency, shame, lack of educational, moral and societal support deters women and girls facing domestic violence to walk out of such situations or do something about them. Men

who are chronic abusers have more opportunity to show how 'powerful' they are through such appalling and horrible practices.

Moreover, our society's patriarchal structure is believed fuel this fire. The lack of awareness, lack of support and guidance, and fear clouding the victims of domestic abuse has shielded abusers for years. There are women who prefer dying than speaking up due to the fear of bringing 'dishonour' to their families. Most women are taught that divorce will forever 'taint' their image, which is why many women suffer through abusive relationships that sometimes come at a fatal cost. Society empathises more with the abusers than the victim and these morbid concepts are often shrouded in the name of religion. Such ideas have been passed over from generations and most of them were taught by women as they were accustomed to suppress their true feelings.

If, and when women walk out of abusive homes and relationships, the trauma, mental and physical agony can stay with them for the rest of their lives. Their mind and body are forever changed by the brutal experiences they face at the hands of the people they lived with. Unfortunately, the highest numbers of domestic violence cases are in intimate relations, marriages and partnerships.

Dr Sobia Aftab, Associate Professor and Consultant Clinical Psychologist at the Institute of Clinical Psychology, University of Karachi shares, "The emerging cases of domestic abuse are due to confinement. Generally, domestic violence and abuse always spike whenever the family members have more time to spend together, be it on vacations or holidays. Due to the current lockdown, there is an increased and constant exposure of victims to perpetrators or abusers. When we receive cases of violence and abuse in everyday life, we suggest them to find a temporary escape in order to de-escalate the situation. But these days the victims cannot walk out or escape a violent situation with ease."

Dr Sobia further adds, "The experience of domestic violence during the pandemic can be psychologically and emotionally more overwhelming. While the cases might differ, but I suggest that victims should maintain social distance from perpetrators by keeping themselves busy in chores or other activities. They can remain occupied with their hobbies and avoid confrontation with their abusers."

Global stance

In the wake of lockdowns and the domestic violence crises, UN Secretary General Antonio Guterres urged governments to put women's safety first as they respond to the pandemic. Appealing for peace at homes around the world, he stated, "Violence is not confined to the battlefield. For many women and girls, the threat looms largest where they should be safest, in their own homes." Describing the rise in domestic violence as "horrifying," he urged all governments "to make the prevention and redress of violence against women a key part of their national response plans for COVID-19." As the rest of the world, the government of Pakistan has also established a helpline to protect women and children from abuse and violence – helpline 1099 and also through call/text on exclusive WhatsApp number 0333-9085709. Managed by the Ministry of Human Rights, the helpline aims at aiding victims at this crucial time of pandemic.

The News (You Magazine): May 05, 2020

<https://www.thenews.com.pk/magazine/you/660486-in-the-shadows-of-a-pandemic>



More challenges for gender equality

By: Shagufta Gul

As the world lies shaken to its core after being hit with the biggest pandemic since SARS 2002-2003, the COVID 19 has forced people across the globe, into their shelters and homes with a total transformation in the lifestyles, behaviors, virtual learning and much more. It was heartening to see the appreciation and positive comments for the few female leaders around the globe for their effective and timely decisions and calculated management of the pandemic including New Zealand's prime minister Jacinda Aden, Germany's Chancellor, Angela Merkel and Prime Minister of Denmark Mette Frederiksen. However, the ideas of gender equality and equal Human rights for women seem to be something still unshaken rather the women's rights activists should get ready for more challenges ahead. The appreciation for women world leaders came amidst the controversy generated after a comment by a religious scholar creating an impression while discussing the multiple causes of social evils that one of the causes for pandemic was the attire of women, and misguided youth. A few months back a well-known writer also has been uttering similar thoughts and parameters for the beauty of a woman followed by his fight with a female activist. (We may have a difference of opinion during dialogue, or in a conversation, as it is natural but it shouldn't lead to personal attacks) Surprisingly Social media kept flooding with hundreds and thousands of comments in favor and against the incidents and I was wondering that in this crucial time amidst an emergency and disaster, which isn't differentiating between the rich-poor men women old or young and calls for a collective effort of every one , why the deterioration and social evils are associated with one gender as usual and that too by men? The UDHR, constitutional equality, article 8 to 28 all seem to be a part of a fairy tale narrative when one comes across such remarks on mainstream media. In the wake of Covid 19 and consistent lockdowns, it is eminent that the major sufferers are women no matter they are laborers domestic workers or housewives. Researches also claim that it's a fact that the woman workers are the most impoverished and deprived off in normal circumstances and further damage to their rights is caused under such situations. Along with the violation of rights of education, health, labor work, etc , the number of domestic violence cases also jump up even in the most developed countries as it is reported for COVID 19 times .”During times of crisis-such as natural disasters, wars, and epidemics-the risk of gender-based-violence escalates. In China, the number of domestic violence cases reported to the local police tripled in February compared to the previous year, according to Axios. A study conducted in Scotland by Dr. Marsha Scott stated that as a form of domestic abuse, where men are” -micro-managing who they (women and children) talk to, when they eat when they sleep when they go out, and this is all made harder and more frightening in the context of the pandemic...they have fewer opportunities to connect with friends and family and go to school and sports and be away from this environment. As per a report by the Ministry of Human rights, there is a heightened risk of GBV in the context of Covid 19 and such lockdowns leading to depression economic instability, aggression, and violence among men. The sufferers are going to be women with their fundamental rights of education health mobility, financial empowerment, and labor force badly affected. On April 27, 2020, a Pakistani man shot dead his seven-year-old niece for making noise in the house. Upon interrogation, authorities found out that the man was mentally stable but due to the frustration of confinement in lockdown committed an atrocity of such degree. This one incident can be simply attributed to the normalization of violence that too the gender-based violence that is embedded in our culture and let me tell you that this isn't the only case. Now, what does this insinuate for a country with a government actively trying to counter violence with kinetic means? These kinetic means normalize violence in daily life. Due to the lack of

non-kinetic means, the local populace is accustomed to violence the domestic violence, particularly in the existing patriarchy.

“As per a report by the Ministry of Human rights, there is a heightened risk of GBV in the context of Covid 19 and such lockdowns leading to depression economic instability, aggression, and violence among men”

The government of Pakistan, despite putting out efforts to tackle the pandemic in its frontiers faces great difficulty in the context of community dynamics, local/religious beliefs, political instability, and economic fragilities. For instance, Saudi Arabia decided to close its mosques, but we couldn't follow suit due to the splitting up on issue and threat of reverberations from the clergy, one major development that puts a dent in the process of Community Resilience and women rights protection in Pakistan – which already lacks a solid foundational framework. This is brought about by disjoining communities on an ethnic, linguistic, and sectarian and gender basis. The aforementioned comment on mainstream media was pivoted around gender and major outcry and lash back surfaced on remarks on women being the cause of the coronavirus pandemic due to their immodesty. This sent the masses particularly the female population into a frenzy as it lacked substantiated evidence and data and references for such a statement caused him to produce an inept apology by pinning the objectification and negation of women's rights, a “slip of the tongue” and purporting the media as “liars”. This redirection of blame betrays the fight for basic human rights for women as it delegitimizes and discredits their movement by throwing a red herring to the public. Meanwhile couldn't someone think of the disproportionate levels of literacy between the two genders (72.5 % males verses 52.4 %females) ,access to health right to health only of 55% percent ,the sufferings of 20% of the women associated with the existing labor force, constraints on mobility particularly in COVID19 times ?

The factors for fragmentation outweigh the factors for constitutional equality for women and cohesion in the society plus shrinking space further for the female population. And again it's a fact that such comments add up to the challenges of the women from the middle and lower-middle stream as the focus diverts from their actual effort towards the non-issues. Pakistan is a country brimming with GBV, VE, struggling to develop CVE, amidst the challenges of gender-based stereotypes, cultural restrictions and misinterpreted religious ideals. These ideas put men in a superior and exploitative position where they undermine the status of women who are perceived as second-rate in socio-politico and economic frameworks. Therefore, it seems the need-of-the-time to develop an effective policy outlining, the strategy for women as marginalized, presenting a counter-narrative to the GBV approach in the context of constitutional equality, and create socially responsible individuals and equitable and resilient communities. Furthermore, the leadership, clergy, and public representatives with a significant public following are implored to curb hate speech, propaganda, the negation of basic human rights, and blatant objectification of women. Last but not the least Community Resilience. The community will be resilient if equipped with the necessary tools to be flexible and adaptive when it comes to new policies, tactics, mechanisms in the face of potential threats, and actual disaster. This also calls for ending misogynist narratives in times of crisis especially, where everyone has to contribute so that only a resilient and vigilant culture surfaces up to accept all genders as equal human beings. — *The writer has experience in the field of education and is currently working as a resource person in the development sector*

Daily Times: May 07, 2020

<https://dailytimes.com.pk/608387/more-challenges-for-gender-equality/>



Impact of COVID-19 on Women's Mental Health

By: Sana Malik

Whilst acknowledging that the impacts of COVID-19 have been enormous, both on men and women, it should also be noted that in times of pandemics, marginalised populations often get more negatively affected. Women happen to be one such group. However, the ways in which women get impacted more than often take a back seat and their vulnerabilities are overlooked in difficult times. This is especially true in the context of South Asia where they are often least prepared for any kind of calamity. It is, nevertheless, crucial to understand that the impact on women vis-a-vis their mental well-being is often more severe and for a long-term during a crisis, in particular when hit with the global disaster of magnitude being currently experienced.

“In the lockdown phase, abused women feel more vulnerable; feeling claustrophobic because their physical and psychological spaces have become restricted.”

This is due to various social, cultural and economic factors combined with social distancing and isolation measures that have been put in practice. Owing to the primary and secondary impact of COVID-19, the impact is not solely limited to women's physical health but even their emotional responses, which also face a compromise, are disregarded and made invisible. This is in addition to lost livelihoods and deteriorating financial statuses, which may be a consequence of the pandemic as women already face a wage gap. All this allows the suffering of women from multidimensional disparities, which is particularly significant as women represent half of the global population and contribute towards social and economic development.



In terms of the impacts of COVID-19, it has been evaluated to be more significant upon women with less freedom and space. This is owing to their roles and responsibilities as

caretakers of households, working from home and in hospitals. Therefore, they are more exposed in their fight against the virus. Female healthcare workers and their everyday experiences with trauma, when dealing with patients, seeing dead bodies, their fear of catching the disease or the process of sterilisation before meeting their family members mean that there are multiple routes to being psychologically affected. Also, lockdowns and confinement at homes are an additional stressor plus the domestic burden of chores and irritability amongst children make women active recipients of psychological pressure. The uncertainty and loss of the control give rise to further apprehension amongst women about not only stressing about themselves but also about other family members. They are already vulnerable while bearing the brunt of all the aforementioned and can have long-term consequences on their mental health. Thus, this should be mainstreamed in COVID-19 response policy.

In addition, in Pakistan, there is a lack of information on the extent that women are affected since there is no data to assess whether there has been a spike in the incidents of domestic violence and abuse since isolation measures have ensued. Incidents of violence are believed to be increasingly based on previous research. This is because men become frustrated while not being able to earn or fear redundancy and, therefore, take out their situational shortcomings on their female counterparts. The Lancet (2020) reported 24 cases while looking at the effects of quarantining and isolation and identified that what was most commonly found was emotional exhaustion, depression and outbursts.

In the lockdown phase, abused women feel more vulnerable; feeling claustrophobic because their physical and psychological spaces have become restricted. With both the abused and the abuser at home, it does not provide either of them with the boundaries of privacy. In isolation, one feels trapped, unable to consider options like going out or to their parents/friends, which plays a big part in our collective society. The pandemic has, thus, limited opportunities of getting out. Women tend to be deprived of avenues and strategies of self-rehabilitation. With time, we might be looking at a second pandemic. The existing situation is dealing with the infected victims but people who are going to be psychologically affected as a result will duly come later. The pandemic will inevitably play havoc on the psychological well-being and mental health (which is also inextricably linked to economics) of women, which will, in turn, affect the coming generation. It is, thus, imperative that we prioritise women's mental health, taking initial steps towards acknowledgement and then lead to changes in policy.

The author is a Research Associate at the Sustainable Development Policy Institute. She is a British-Pakistani with expertise in Gender Inequality and Victimization.

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<https://dailytimes.com.pk/613043/impact-of-covid-19-on-womens-mental-health/>



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ترقی پذیر ممالک میں ایڈز کے حوالے سے خواتین کو مسائل کا سامنا

حد مقرر نہ ہونے کی وجہ سے مردوں میں بے راہ روی عام ہے خواتین کو مردوں کی بالادستی کا سامنا

بھارت، تھائی لینڈ اور چین میں خواتین کو ازدواجی معاملات پر کنٹرول نہیں یو این ڈی پی کی رپورٹ

واشنگٹن (جنگ نیوز) کا ایڈز سے ویسے تو دنیا کی پوری آبادی متاثر ہے اور بڑے پیمانے پر اموات ہو رہی ہیں لیکن خواتین اس بیماری کا زیادہ شکار ہیں۔ ترقی پذیر ملکوں کی خواتین کو اس سلسلے میں زیادہ مسائل کا سامنا ہے اس کی وجہ یہ کہ ترقی پذیر ملکوں میں جنس پرستی کی بنیاد پر عدم مساوات، بہت ہے۔ گھروں میں مردوں کی بالادستی ہے عالمی بینک سے منسلک ریسرچ کرنے والوں کا کہنا ہے کہ اس میں تعلیم کی کمی اور دوسری سماجی ناہمواریاں بھی اہم وجہ ہے۔ افریقا کے ایڈز سے بری طرح متاثرہ ملکوں کی طرح بھارت اور چین میں بھی خواتین کو مردوں کے مقابلے میں بہت کم سماجی مواقع میسر ہیں۔ شادی کیلئے دلہن تو باکرہ تلاش کی جاتی ہے لیکن دولہا کے لئے یہ معیار مقرر نہیں جس کے نتیجے میں مرد بے راہ روی کا شکار رہتے ہیں اور اکثر و بیشتر ایڈز میں مبتلا ہو جاتے ہیں بعد ازاں ان کی معصوم بیویوں کو بھی یہ موزی بیماری ہو جاتی ہے۔ واشنگٹن میں قائم انٹرنیشنل سنٹر فار ریسرچ آف ویمن کی تحقیق کے مطابق بھارت اور تھائی لینڈ میں شادی کے موقع پر نا صرف باکرہ دلہن تلاش کی جاتی ہے بلکہ یہ بھی خیال رکھا جاتا ہے کہ وہ ازدواجی تعلقات کے حوالے سے بھی لاعلم ہو اس کے نتیجے میں یہ نوجوان خواتین لاعلمی میں اپنے ایڈز و دیگر بیماریوں میں مبتلا شوہروں سے کچھ پوچھ نہیں سکتیں انھیں ازدواجی معاملات پر کوئی کنٹرول نہیں ہوتا۔ بھارت کی خواتین تنظیم کا کہنا ہے کہ ایسا اس وقت تک ہوتا رہے گا جب تک کہ خواتین کو مناسب قانونی تحفظ اور معاشی آزادی دستیاب نہ ہو۔ ان کا کہنا ہے کہ یہ خواتین مالی معاملات میں اپنے شوہروں پر انحصار کرتی ہیں۔

African, Asian women more vulnerable to AIDS

By: AFP

Poverty and a lack of rights make women more vulnerable to AIDS in Africa and Asia, where the epidemic most rampant, a United Nations campaigner said Thursday. 'The epidemic is fuelled by Gender inequality,' said Stephanie Urdang of the UN Development Fund for Women (UNIFEM) in a telephone interview.

The government in South Africa released figures last week indicating that 24.5 per cent of pregnant women are infected with HIV, the virus which causes AIDS.

Health authorities used the figures, based on a survey of more than 400 antenatal clinics, to conclude that one in nine of South Africa's 4.7 million people is HIV-positive. Most will die of AIDS.

Urdang, herself South African said that what the data did not show was the complex way in which poverty, prejudice and powerlessness combine to feed on each other and spread infection.

'There is no doubt that if you could get everyone to use a condom, you would be able to reverse the epidemic,' she said. 'What is not understood is how hard it is for women to negotiate condom use, even in developed countries'. A study by UNAIDS showed that less than a quarter of married women in Zambia believed they could refuse to have sex with their husband, even if they knew he had been unfaithful and was infected.

Only 11 per cent of wives thought they could even ask their husband to use a condom, let alone insist on its use.

'Teenage girls have virtually no chance of insisting that a boy or man use a condom,' Urdang said.

'We can promote condom use from dawn to dusk and back again. but unless we deal with women's empowerment we will not

succeed.' The UN General Assembly is to hold a three-day special session on HIV-AIDS in June, Urdang said she hoped it would increase awareness of the complex and interconnected causes of the disease, which has killed an estimated 21.8 million people since the late 1970's.

At the end of last year, 36.1 million people were known to be living with the HIV virus and proportion of women among them had risen from 41 per cent to 47 per cent in three years.

'For a lot of young women, the firm experience of sex is violent, or at least unwanted. so, there is a greater chance of abrasions, which increase the risk of infection,' Urdang said.

For physiological reasons, a woman is twice as likely as a man to become HIV-positive through unprotected vaginal intercourse. But in parts of Africa, the infection rate in among teenage girls is six times that of boys their own age.

'Older men go for young women because they think they cannot be infected, or even that having sex with a virgin will prevent or cure AIDS,' Urdang said.

'There are also economic reasons. Families encourage young women to marry men who are 10 or 15 years older than they are because they usually have more money than young men. It's a kind of social security.'

And if parents are married off a teenage daughter, it meant one less mouth to feed. The low status of women in developing countries, has an impact on the treatment and care of AIDS sufferers as well as on prevention.

'In many households in Africa, women eat last while men get the choicest food. In that kind of context, men will always get treatment,' Urdang said.

'Whatever financial resources there are will

be almost entirely depleted on treating the man. By the time he dies, the family is often destitute.'

Since in many countries' women have no property rights, Urdang went on, an AIDS widow was 'often tuned out, with or without her kids or taken over by her brother-in-law.'

While men usually infected their wives after contracting the virus from Prostitutes or through casual sex, "the first person diagnosed as HIV-positive is often pregnant woman because she has been tested in a clinic," Urdang said.

Through ignorance and prejudice, the wife was often unjustly seen as the source of AIDS.

UNIFEM to launch four pilot projects at the end of the year, two in Africa, one in Latin America, one in Asia, each to run for four years.

'We hope to see a transformation in gender relations and to see how that impacts on the prevalence of the disease,' Urdang said.

Meanwhile, French President Jacques Chirac called for a universal abolition of the death penalty, telling the UN Human Rights Commission here that it could 'never constitute an act of justice. "We must move forward on the death penalty. More than 100 states have abolished it, and they are joined each year by three or four More," Chirac said.

'The conviction is taking hold that death can never constitute an act of justice. Beyond that no system of justice is infallible and every execution can kill an innocent person.

The Nation: March 31, 2001



Women account for half for HIV cases

By: Emma Ross

For the first time in the 20-year history of the AIDS epidemic, just as many women as men are infected with HIV, a new United Nations report has found.

The report, presented in London, paints a depressing picture of a disease invading new regions of the globe where it had for many years tricked experts into believing some populations might be less susceptible, or even immune, to infection.

The virus is spreading most rapidly in Eastern Europe, where 10 years ago HIV was confined to small geographical areas but today virtually every country is experiencing a major outbreak. It has also marched swiftly across Central Asia and into China, where it was almost nonexistent a few years ago.

But there are signs of hope.

The AIDS Epidemic Update, an annual report by the World Health Organization and UNAIDS, gives the first signal that prevention programmes are working in the few areas where they have been set up.

"There are a number of countries where we have strong empirical evidence that rates of infection are declining, and in each case they are declining among young people," said Dr. Peter Piot, executive director of UNAIDS. "We have examples in Addis Ababa in Ethiopia; in South Africa, where HIV infections among pregnant teenage girls fell by a quarter between 1998 and 2001. In Uganda, every year for the last 10 years there have been fewer new HIV infections than the year before," he said.

"This positive trend is the first signal that there is an impact of the prevention and education programs," Piot added.

However, those successes are isolated cases and HIV continues its sweep.

"It's once more a sad story 42 million people living with HIV today, 5 million new infections in 2002 and 3.1 million died from AIDS this year," Piot said.

There is not only an increase in the sheer number of people being infected, but also an increase in the number of countries now facing epidemics, said Dr. Bernhard Schwartlander, director of the HIV/AIDS division at the World Health Organization.

All the countries in Eastern Europe now have an HIV problem within less than a decade of having HIV.

"We have seen that no society is immune.", Schwartlander said. "Even though, as quite well established in many Asian countries very early on, we have seen a very stable low rate in a number of countries. It was just at the point in time where people were starting to think maybe these societies are immune. We have been shown different."

"In Indonesia, after many years of silence, of very low rates, an epidemic is growing," Schwartlander said. "Of course, HIV was there, but it didn't really lead to major epidemics. It was just over the past couple of years that massive spread of HIV has begun, initially in injecting drug users."

"In China, again HIV was virtually nonexistent only a couple of years ago, but we now have 1 million people living with HIV/AIDS in China," he said, adding that experts estimate that infections there could climb to 10 million by the end of the decade. Injecting drug users are a major factor in the Chinese epidemic.

Sub-Saharan Africa is still by far the worst affected region. The situation there also

reflects the feminization of AIDS. About twice as many young women as men are infected there, the report found. In 2001, between six percent and 11 percent of young women aged between 15 and 24 had HIV, compared with between three percent and six percent of young men in the same age group.

It is particularly difficult for women there to follow prevention recommendations because of their subordinate position in society in many regions.

A recent study found that in Zimbabwe, rape is common and that negotiating for safe sex to prevent HIV infection is almost impossible for many adolescent girls because involvement with older men in return for such benefits as clothes and school fees is widespread.

The phenomenon of intergenerational sex is driving much of the epidemic in Southern Africa, where between one-quarter and one-third of older men are HIV positive.

The shift toward women will ultimately exacerbate the spread of HIV, Piot said, because from women it can be spread not

only through sex, but through breast-feeding. HIV drugs prevent the spread from mothers to babies.

The report also found that the new dynamics of the HIV epidemic aggravate the famine in sub-Saharan Africa, where it is the women who work the fields.

"AIDS is fueling the food crisis in sub-Saharan Africa. This is the first large-scale sign of what the impact of AIDS can and will be for society as a whole," Piot said.

Alan Whiteside, director of the Health Economics and HIV/AIDS Research Division at the University of Natal in Durban, South Africa, said it is clear that AIDS is not just a health crisis, but also a development crisis.

The virus is causing an economic crisis in Southern Africa, he said, and worsens political crises in places such as Zimbabwe.

"In a situation where life expectancy has plummeted it's very hard to keep them engaged in a future when they don't believe they have one," Whiteside said. Courtesy

The News: January 21, 2003



Photo: Online

At the receiving end: HIV + spouses

By: Ketan Tanna

MUMBAI: For long, Indian housewives have silently suffered transmission of HIV from their erring husbands. They are now fighting back. Through sections of the Indian Penal Code that clearly defines the transmission of a disease as a method of causing hurt; they are seeking justice, jail sentences for their husbands and compensation. On the flip side, there are cases of innocent men who are taking their philandering wives to court.

Thirty-four-year-old Savita Ambekar had been married for well over eight years. A teacher in a small municipal school of Mumbai, her husband Sunil Ambekar worked as an upper division clerk in a government concern. Savita thought she had a happy marriage with a daughter and an evidently doting husband. She did have her fights with Sunil when at times he would stay out at nights or say he had urgent work on holidays, but as always, he had an explanation.

A persistent cough and skin rashes which refused to go away took her to a government hospital where she was diagnosed as HIV-positive, seven years after marriage. When Savita, who had never had any physical contact outside her marriage, gave the news to Sand, instead of receiving sympathy she faced a barrage of allegations and insinuations. The hospital where she had gone for treatment and counselling guided her to an NGO. Determined to fight for her rights and dignity, she used all the help that came her way to go to court. She also charged her husband under Sections 269 and 270 of the IPC for hurting her (along with Sections 323 and 325 of the IPC).

Section 269 of the IPC states that whoever unlawfully or negligently commits an act which is, and which he knows or has reason to believe to be, likely to spread infection of any disease dangerous to life shall be punished with imprisonment for a term which may extend to six months or with fine or both. Section 270 stresses on malignant transmission. On the other hand, Section 323 defines punishment for voluntarily causing hurt, while Section 325 defines punishment for causing grievous hurt.

Another case concerns 28-year-old Nitin Kapoor, who appeared to love his wife Gauri Kapoor more with each passing day. The software engineer had met Gauri, a consultant interior designer, through a common friend. In the first half of this year, Nitin's health deteriorated. Tuberculosis made his life miserable for many months and then he was diagnosed with skin cancer. A blood test also revealed that he was HIV Positive. Aghast at the discovery, he confronted Gauri who initially denied anything but later confessed to a brief fling with one of her clients. Outraged, Nitin has now dragged his wife to court and slapped a suit under Sections 269 and 270 read along with Sections 319 and 320. Although the West has prosecuted people who had transmitted diseases knowingly or through criminal indifference, in India, that is yet to happen. For a long time, diseases were considered acts of god and accepted fatalistically as one's lot. But things are changing. Both Savita and Nitin are among the few in Mumbai who have dragged their spouses to court. Helping them fight for their rights is a non-governmental organisation called the Lawyers Collective.

"We are helping three women and two men who have registered cases against their respective spouses at a magistrate's court in Mumbai," says Julie George, legal officer, of Lawyers Collective. — By arrangement with The Times of India.

Daily Dawn: November 11, 2005

Women more Vulnerable of HIV-AIDS

By: Shahina Maqbool

For a woman living in South Africa being HIV positive is no longer cause for alarm because in her parts of the world, the virus that causes AIDS has become as ubiquitous as common cold or flu. The only difference is that unlike flu, AIDS is a deadly disease

which unless prevented can only be treated to the extent of prolonging the number of years that a person harbouring the HIV infection will live.

While women in Pakistan may consider themselves fortunate for living in a low prevalence region for HIV and AIDS, they are almost as susceptible to acquiring HIV as women inhabiting regions like eastern Europe and central Asia, there the number of people living with AIDS has registered

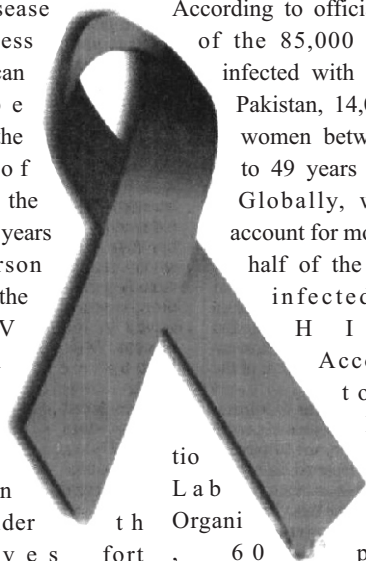
twenty fold increase in the last ten years, or sub-Saharan Africa where 55 percent of all HIV positive adults are women or south Africa which has reported two-thirds of all new AIDS cases and where HIV prevalence among women is 17 percent as compared to 4.4 percent among men.

According to official data, of the 85,000 people infected with HIV in Pakistan, 14,000 are women between 15 to 49 years of age. Globally, women account for more than half of the people infected with HIV.

According to the International Labour Organization, 60 percent of the 1600 new infections that occur every day are among women. Similarly, UN-AIDS reports that women account for 52 percent of the 21 million adults who have died of AIDS since the beginning of the epi.

There is not one but a host of factors that increase women's vulnerability to HIV. In the Pakistani context, lack of knowledge about MV and AIDS as well as sexual and reproductive health, and the cultural expectation of being reticent on matters involving sexual relationships is one of the key factors that impedes women from making informed choices.

Economic dependence is another factor that makes women more vulnerable to HIV. Research has proven that economically deprived and dependent women are more inclined towards engaging in sex or establishing sexual relationships in return for favors in cash and kind than those who are in a position to fend for themselves and are leading stable lives. Economically reliant women have two more added disadvantages, they not only lack the ability to bargain protection for themselves in a sexed relationship, but also tend to carry on with the relationship regardless of the risks involved.



Sexual and domestic violence as well as early and forced marriages _ practices that are rampant in the Pakistani society_ are intertwined with the risk of HIV and AIDS. The fear of domestic violence is sad to inhibit women from questioning their husband's fidelity even if they think they are HIV positive. This is particularly true of unsuspecting women whose husbands remain away from home for long stretches of time to early livelihood on foreign lands and end up becoming HIV positive on the count of unprotected sex with infected persons. When referred to as the innocent victims of HIV and AIDS". The wives of migrant workers specially need to protect themselves from the possibility of acquiring HIV from their husbands. Women who think that marriage guarantees protection against the risk of HIV are only living in a fool's paradise.

From the medical point of view, mal-nourished and anemic pregnant women in need of blood transfusion are also vulnerable to HIV because of the possibility of unsafe blood being

transfused at the time of childbirth. Transfusion of blood or blood products from an infected person can lead to transmission of HIV. Unsafe blood transfusion is the most efficient mode of transmission of many infectious agents, the most dangerous being HIV, hepatitis B and C, syphilis and malaria. Careful selection of blood donors, proper screening of donated blood for infectious agents and restricting transfusion to those who really need it, can significantly reduce the risk of transmission, of infections through blood transfusion.

Enhanced biological and physiological risk of HIV infection, lack of employment opportunities, poor access to education, training and information; and socio cultural norms and practices all combine to complicate the situation of women, who experience particular risks to HIV and AIDS. The solution lies, to a large extent in women's empowerment provision of better educational opportunities enhancement of awareness protection from exploitation, and initiation of custom designed programmes centred on gender based

programming.

The Media Resource Book on HIV and AIDS', prepared by Uks in collaboration with the Canadian international Development Agency, provides extremely useful information on the subject, while advocating for gender-equitable relationship[s], the publication calls for promoting awareness about the gender dimension of HIV and AIDS, integrating the treatment of sexually transmitted infections with family health services so that women can take care of their reproductive health without the fear of being censured by males, promoting the use of female condoms, improving women's status and enhancing their negotiation skills are some of the intentions that one significantly reduce women's high vulnerability to HIV. Simultaneously it is important to challenge the social norms that undermine women's rights. Surely, these are areas where Pakistan still has a long way to go.

The News: October 11, 2007

HIV/AIDS, awareness is lacking

By: Mansoor Qaisar

PAKISTAN is considered a low-prevalence but high-risk country due to low number of reported cases and 'high prevalence of risk factors of HIV/AIDS. Though it is not a dominant disease in the adult population of Pakistan, the presence of additional risks such as sexual contact with high-risk groups, and unscreened blood, etc., makes it likely that the disease spreads and becomes a major public health issue.

The National AIDS Control Programme's latest figures show that around 3,000 HIV cases have so far been reported since 1987. The UN and other international agencies, however, estimate that the number of HIV, AIDS cases is around 70,000 to 80,000 with the vast majority going unreported due to social taboos about sex and victims' fears of discrimination.

The first case of AIDS in Pakistan was reported in 1987 in Lahore. During the late 1980s and 1990s it became evident that an increasing number of Pakistanis, mostly men, were becoming infected with HIV while living or travelling abroad. Upon their return to Pakistan some of these men subsequently infected their wives who, in some cases unfortunately, passed the infection to their children. In 1993, the first recognised transmission of HIV infection through breastfeeding in Pakistan was reported in the city of Rawalpindi. During the 1990 cases of HIV and AIDS began to appear among groups such as sex workers, drug users and jail inmates. The increased rate of infection among these groups are assumed to have facilitated, at least to some extent, further dissemination of HIV into the general population.

There are various factors that are making Pakistan vulnerable. Authentic research-based findings show that the main factors that are being considered highly dangerous are few, such as men engaging in sexual activity with other men. The limited evidence available suggests that such activities do occur throughout the country. Such activity between men may occur relatively frequently in boys' hostels, jails and among long-distance truck-drivers. Secondly, there is a small but highly mobile population of transvestites, transsexuals and eunuchs known as the hijra, who are known to engage in unsafe sexual practices. Thirdly, the lack of knowledge and high degree of sexual interaction between drug injectors and sex workers has made it risky.

The ministry of health's finding says that over 20 percent of female sex workers in Karachi and Lahore had sex with drug users without adequate safety measures. Migration is another factor that creates conditions in which people become vulnerable to infection. It is commonplace in Pakistan for men to travel away from their homes to find work either in the country or abroad. The separation from spouses, families and communities can result in loneliness and isolation and can, lead migrants to engage in social and sexual practices that, expose them to HIV/AIDS.

Finally, we may say that it is a regrettable fact that awareness and knowledge of health issues is limited, and often outdated among the men and women of Pakistan because of the generally low levels of education and also due to their limited access to effective health services. Men and women are unaware of the differences between sexual and other health issues. When they do become aware of a possible sexual or reproductive problem, they often seek care from quacks. A factor that does not allow us to discuss sexual issues is that Pakistan is a conservative society. Our society influences all aspects of our life such as politics, legislation, customs, beliefs and attitudes. So, sex is a taboo and cannot be discussed openly. That is why people are not fully aware of the origin and prospects of AIDS. The literacy rate is also low among the general public with insufficient awareness regarding HIV AIDS and other diseases. It is a reality that knowledge of HIV AIDS and sexual health issues is limited in the general population of Pakistan. Though the print and electronic media is imparting awareness regarding AIDS, this is available to not more than 30 percent of the population. Moreover, the strict social and cultural norms of our society inhibit discussion on sexuality and sexual behaviour not only at public forums but also among family members. Although sexual health services are available, most of the people, especially women do not recognise their own needs to avail the services or are too shy and are not allowed by their male members to go out alone and seek help.

This situation concerning Pakistan and HIV is indeed becoming serious. The bomb of HIV has not exploded here in Pakistan. Most of the public remains safe. However, since quite a few cases of HIV and AIDS have emerged, it means that little time is left before a sharp rise in infection occurs. The battle against HIV/AIDS in Pakistan has to be fought on a number of fronts. The people's perspectives have to be changed through proper government policies and response measures.

The government has to integrate its health policies into more sophisticated ways in order to deal with HIV and AIDS. The best way to deal with the issue is to formulate policies based on clear objectives to treat the matter before it is too late. Embarking on a mass awareness programme at the national level, including widespread screening for the high-risk populations has to be ensured. The inhibitions associated with HIV AIDS in society should be removed.

Awareness should be imparted by prominent figures, including politicians, sports and film stars. The issue of HIV/AIDS should be discussed in public. It has to be reiterated again that the time to act is now. Timely steps taken at the present can go a long way in preventing a widespread HIV epidemic in Pakistan. The writer is associated with Population Council, an NGO.

The Post: December 03, 2007

HIV-AIDS and state terrorism

Pakistan has promised to wipe out HIV-AIDS by 2030. It is not alone. 190 nations have made this pledge under the UN Sustainable Development Goals.

Yet things are not looking good. Pakistan has been named one of the 10 nations that account for 95 percent of all new HIV infections. It shares this shame with both India and China, one of the world's largest democracy and the other being a Communist country (or as the Beijing likes to put it, a capitalist economy with Chinese characteristics). All of which is to say that this ought to dispel the long-held myth that the prevalence of HIV-AIDS is linked to cultural norms as well as those of governance. What may or may not be true is that those who are more at risk tend to be sex workers, members of the transgender community, prison inmates, and intravenous drug users. Meaning distinct groups that are usually at the bottom of any government's priorities, be it East or West, North or South.

So, what is to be done?

Experts say that there is still time to reverse this epidemic that sees 133,529 people living with HIV here in Pakistan; though according to the Health Ministry, in real terms, this represents less than 1 percent of the total population. Yet this is still an increase of nearly 40,000 as compared to figures for last year.

This is where education comes to the fore, namely sex education. But it is hard to envisage this being feasibly implemented at a national level, given the alarming illiteracy rates across the country. For when it comes to any disease, treatment largely depends on if not reading instructions — then at least being able to formulate a non-written method of remembering when to take which drug. It is something that many of us take for granted. And so we should, for it is a fundamental right. But this shouldn't mean that we stop caring about the majority who have been denied this human right.

This is where the media should take the partial lead, especially broadcast and radio. For while not every household has access to a television or radio — many communities do. Thus the media should run government awareness campaigns in regional languages — much like in the case of the aggressive anti-polio campaign. And at the core of this must be the destigmatising of those who suffer from this disease. The victim must never be blamed.

We understand that this does not represent an immediate short-term solution for the 15,370 patients being treated at the 21 treatment centres across the country, as per 2016 figures. But we have to start somewhere. This is not the work of NGOs; nor is it the responsibility of international donors. Any comprehensive approach must be government-led. If it is not — then this is nothing short of state-terrorism against the people of this country.

Daily Times: October 08, 2017

<https://dailytimes.com.pk/113466/hiv-aids-and-state-terrorism/>



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بھابڑہ بازار میں بچی کو انجکشن لگانے کا واقعہ

جنرل ہسپتال میں ابتدائی ٹیسٹ لینے اور آبروروشن میں رکھنے کے بعد بچی کو ڈسچارج کر دیا گیا گلی سے گزر رہی رہی تھی دو برقعہ پوش عورتوں نے پکڑ کر بازو میں کوئی چیز چھو دی، لڑکی کا بیان



راولپنڈی (نمائندہ خصوصی) بھابڑہ بازار میں ایک کم سن بچی کو برقعہ پوش عورتوں کی طرف سے ٹیکہ لگانے کا ایک اور مبینہ واقعہ رپورٹ ہوا۔ لڑکی کو جنرل ہسپتال میں ابتدائی ٹیسٹ کے لئے داخل کر دیا گیا اور کچھ دیر تک آبروروشن مین رکھنے کے بعد ڈسچارج کر دیا گیا۔ انیلہ محمد رفیق بچی میونسپل گرلز ہائی اسکول بھابڑہ بازار میں زیر تعلیم ہے کا بیان ہے کہ وہ گلی سے گزر رہی تھی کہ اچانک ۲ عورتوں نے اس کے بازو میں کوئی چیز چھو دی جس سے اس کی حالت غیر ہو گئی۔ لڑکی کو اس واقعہ کے فوری بعد ہسپتال پہنچایا گیا جہاں ڈاکٹروں نے اس کے ابتدائی ٹیسٹ لئے اور

کوئی غیر معمولی علامت نہ پانے پر ہسپتال سے ڈسچارج کر دیا۔

ٹیکہ مافیا کیخلاف پولیس ان ایکشن تعلیمی اداروں کے آس پاس سادہ کپڑوں والے تعینات ہونگے

راولپنڈی میں آٹھ وارداتیں ہوئیں، لیبارٹری رپورٹوں کے مطابق چار بچوں کو ٹیکے کے ذریعے کسی قسم کا دائرس داخل نہیں کیا گیا

کسی شخص کو ٹیکہ لگاتے دیکھنے کی بھی کوئی شہادت سامنے نہیں آئی بعض عناصر خوف و ہراس پھیلا رہے ہیں باقی بچوں کی رپورٹس جلد سامنے آجائیں گی۔

جسٹس صاحبان صبح سکول کھلنے اور چھٹی کے اوقات کے دوران اپنے علاقوں میں پٹرولنگ کریں گے۔ ایس ایس پی کیپٹن زبیر کی پریس کانفرنس

راولپنڈی (نمائندہ خصوصی) کیپٹن محمد زبیر نے کہا ہے کہ ٹیکہ مافیا کیخلاف پولیس حرکت میں آگئی ہے اور سکولوں کے اوقات کے دوران تعلیمی اداروں کے آس پاس سادہ کپڑوں کے علاوہ پولیس اہلکاروں کو تعینات کر دیا گیا ہے جو ان عناصر پر کڑی نظر رکھیں گے۔ جو معصوم بچوں کو ٹیکہ لگانے کی وارداتوں کا ارتکاب کر کے خوف و ہراس پھیلا رہے ہیں اور والدین کے لئے سخت پریشانی اور اذیت کا باعث بن رہے ہیں۔ یہ بات انہوں نے راولپنڈی میں ایک پریس کانفرنس کے دوران بتائی۔ اخبار نویسوں کے سوالات کا جواب دیتے ہوئے انہوں نے کہا کہ اب تک راولپنڈی میں ٹیکہ لگانے کی آٹھ وارداتیں پولیس کے علم میں لائی گئی ہیں اور اطلاعات ملنے کے بعد جن بچوں کو ٹیکہ لگائے گئے تھے ان سے ان کے والدین اور اساتذہ سے معلومات

حاصل کی گئیں ہیں۔ اور ڈاکٹروں سے تبادلہ خیال اور لیبارٹریوں کی رپورٹوں کے مطابق بچوں کے بارے میں یہ حقائق سامنے آئے ہیں کہ ان کے جسم میں ٹیکہ کے ذریعے کسی قسم کا کوئی وائرس داخل نہیں ہوا اور نہ ہی اب تک کسی شخص کو ٹیکہ لگاتے دیکھنے کی کوئی شہادت سامنے آئی ہے۔ انہوں نے کہا کہ پولیس کو جہاں بھی ٹیکہ لگانے کی واردات کا علم ہوا ہے وہاں جا کر مکمل تحقیقات کی گئی ہیں اور اب تک یہ واضح ہو سکا ہے کہ بعض عناصر محض خوف و ہراس پھیلانے کے لئے ایسا کر رہے ہیں۔ انہوں نے کہا کہ ایک دوروز تک باقی تمام بچوں کی رپورٹیں بھی سامنے آجائیں گی۔ کیپٹن محمد زبیر نے کہا کہ پولیس نے ٹیکہ مافیا کی کاروائی کا سخت نوٹس لیا ہے اور مجسٹریٹ صاحبان بھی صبح اسکول کھلنے اور چھٹی کے اوقات کے دوران اپنے علاقوں کی پٹرولنگ کریں گے۔ انہوں نے بتایا اس سے قبل بھارت سے کراچی اور بعض دوسرے علاقوں میں بھی اس قسم کی وارداتوں کا بھی ارتکاب کیا جاتا رہا ہے۔ اور اس تناظر میں ان کاروائیوں کے سدباب کے لئے اقدامات کئے جا رہے ہیں۔

بچوں کو سوئی چھوٹنے کے واقعات حساس اداروں کا عملہ الرٹ، کسی ملزم کی شناخت نہ ہو سکی

تحقیق کا دائرہ آگے نہیں بڑھا، بچوں والدین اور اساتذہ سے معلومات کے بعد حتیٰ معلومات فراہم کی جائیں گی واقعات کے اصل محرکات کی چھان بین ہو رہی ہے

لیبارٹری رپورٹوں اور ڈاکٹرز کے مطابق ایڈز کا وائرس سوئی چھوٹنے سے نہیں پھیلتا نہ ہی کسی بچے میں نہ ہر یلا وائرس پھیلا ہے

کہ اب تک راولپنڈی اور اس کے گرد و نواح میں انجکشن لگانے یا سوئی چھوٹنے کے واقعات کا انتہائی باریک بینی کے ساتھ جائزہ لیا گیا ہے اور ڈاکٹروں کے علاوہ والدین اور اساتذہ سے تفصیلی صورتحال پر غور و خوص کرنے کے بعد ایسی کوئی رائے قائم نہیں کی جاسکی کہ اس گھناؤنے کھیل کے اصل محرکات کیا ہیں۔ انہوں نے کہا کہ پولیس اور انتظامیہ نے اس ضمن میں پہلے واقعے کا علم ہوتے ہی حفاظتی اقدامات شروع کر دئے ہیں۔ اور اس سے متعلق تمام حالات و واقعات پر گہری نظر رکھی جا رہی ہے۔ انہوں نے کہا کہ اب تک سوئی چھوٹنے کے جتنے بھی واقعات سامنے منظر عام پر آچکے ہیں ان میں شام ایک بھی ملزم کی شناخت نہیں ہو سکی۔

راولپنڈی (نیوز رپورٹر) ڈپٹی کمشنر راولپنڈی شامیل احمد خواجہ نے کہا ہے کہ راولپنڈی میں سوئیاں چھو کر خوف و ہراس پھیلانے اور شہریوں کو اس سلسلے میں پریشانی کا فوری نوٹس لیتے ہوئے سخت ترین عملی اقدامات اٹھائے گئے اور علاقہ مجسٹریٹ صاحبان سمیت پولیس اور حساس اداروں کے عملے کو الرٹ کر دیا گیا ہے تاکہ کسی قسم کی نشاندہی پر فل فور کاروائی شروع کی جاسکے۔ اور اگر یہ واقعات کسی منظم سازش کا حصہ ہیں تو ملزمان کو گرفتار کر کے انہیں کیفر کردار تک پہنچایا جاسکے۔ یہ بات انہوں نے ہفتے کی شام اپنے دفتر میں ایک پریس کانفرنس کے دوران کہی۔ اس موقع پر ایس ایس پی کیپٹن محمد زبیر اسٹینٹ کمشنر سٹی فرخ بشیر لوریانی اور اے سی کینٹ چوہدری غضنفر ضیاء اور مجسٹریٹ بھی موجود تھے۔ ڈپٹی کمشنر نے کہا

Bringing AIDS out of the closet

By: Sheher Bano

East has always an edge over the West, no matter how advance the later may be. The institution of family is still alive in the East, and is the ultimate saviour keeping in mind the vicious circle that engulfs the moral values all over the world with special reference to the West.

Extended family, joint family or nuclear family norms in the East are the main institutions which guide the general human behaviour in our society. The cosy secure laps of the loving Dada, Dadis and their training keeps a constant check on children while protecting them from going astray. Still today many parents do not permit their children to stay outside after Maghrib. There are so many boys who do not smoke in front of their elders or talk in hushed tones about subjects regarding love affairs, marriage or sex. Despite the cultural invasion by dish, satellite and internet, which has taken most part

of our subcontinent by storm the regard for parents, grandparents or elder siblings is still the dominant aspect. The liberty is still 'limited' here, but the same has gone to a point of no return in the West.

When an eastern boy or a girl enters such a society then despite being brought up in a secure way they take inspiration from this liberalism and fall victim to so many evils which ultimately lead to total

Besides giving the causes of other social evils, one of the purposes of the play was also to spread awareness about AIDS which has taken so many lives throughout the world and the monster is now moving towards the East in a very conspicuous way.

As the story goes, Sajjad Hassan finds this relation an unbearable chain and behaves like a tantrum throwing son on the parents 'injustice'. Ultimately, he completely immerses



disaster.

This was the theme presented by recently-concluded, star-studded, mega serial Saharay. The bottom line message was that a person himself is responsible for his deed. bad or good.

himself into all evils, prevalent in the society. His sister, Mahnoor Baloch, is also no different and she also in a move to become independent starts working in a cafe as a waitress and her aims to earn more money land her at a drag

mafia den where she is unknowingly involved in drug supplying and other anti-state activities. The parents in an attempt to revive Eastern values in their children marry them with their first cousins.

Both Javeria Jalil and Zeeshan Sikandar, who are simple, abiding and honest people try to save their broken homes with as much efforts as possible and never complain with any one nor send any frustrating reports to their parents back home but both are denied any status in the house and are looked down upon by their respective husband and wife.

Sajid is kicked out by his foreign partner, and he finds out the most horrible fact of his life that he is HIV positive. The evil casts its spell on him and he ultimately expires leaving behind the bereaved family and a HIV negative wife, who fortunately could not develop any marital relations with him.

Mahnoor also finds out, after the death of her friend Rosheen Raja who

was killed by the drug mafia after being identified on the customs, that she had unknowingly chosen the wrong path and the actual career lies with her husband Zeeshan, who after being deceived by her is leaving the country for his homeland Pakistan.

Moon — the makeup artiste deadily needs to change his style, because in 90% shots people were resembling pastries. The light and camera work by Arif Ali and Adnan Ahmed Khan was superb, especially outdoor photography was eye-catching and interesting.

Faheem Burney has always taken up some serious topics for his plays and this time such a bold topic was addressed both covertly and overtly, in an effective manner. As he himself puts it: 'Topics like this we cannot pre-sent abruptly on TV as our censor policy and moral codes do not allow us. But we have to take up the problem keeping in mind its severity. PTV presents advertisements related to the prohibition of Aids, on the net for the purpose but they are too vague to be understood by

common people. We have taken a hold stand to pinpoint the illegitimate or habitual sexual relationships and their aftereffects in this serial, I would like to ask PTV to adopt a more lenient censor policy so that awareness can be spread in a beneficial way." In the past, PTV also aired another drama Kal on the same topic in which Jamal Shah and Vinie played the leading roles.

On a question as to why he always caste the same artistes and only Seema Ghazal as the writer, Fahim replied: "The sponsor, want star-value, so we take the team of those new and veteran artistes with whom we have good working relations. However. I have included some new caste and the writer in my new serial which is written by Salman Wajihul Hassan, for a change."

The News: October 29, 1999

Pakistani women turning increasingly vulnerable to AIDS

By:APP

Karachi- women in Pakistan are increasingly notified to be unconsciously exposed to Acquired Immune suppressed Disease Syndrome (AIDS) due to imprudence on part of their affected spouses.

Dr Sharaf Ali Shah, Programme Manager Sindh, said in this presentation at an orientation and consultation workshop for print and electronic media, jointly organised by Sindh AIDS Control Programme in collaboration with UNICEF and Pakistan AIDS prevention Society here Friday.

Mentioning physical promiscuity to be contributory to 89 pc of all HIV (AIDS) transmission in the county, the speaker in the same breath strongly reminded that none of the women patients in the province, over the years, were found to have risk behaviors but contracted the virus through their husbands, mainly comprises of overseas workers.

“the situation is all tends to be all the more severe as these women unaware of there are being infected or prone to lead to vertical infection”. Doctors Shah said mentioning that mother to child transmission was also reported from different parts of Sindh.

With regard to Pakistan, he said of the 1886 HIV /AIDS cases registered in Pakistan till 2001, 1664 affects were HIV positive and 2022 AIDS cases.

186 persons contributed 83.78% of the total full blown AIDS infectees range between 20 to 49 age group, “Dr Sharaf Ali Shah said that mentioning those in productive group among the high risk group. He further said that 154% constituting 69.37 pc of the total AIDS cases in the country were those who acquired the disease through close physical proximity followed by transmission through blood and blood products(7.21%) and repeated application of single syringe.

Meanwhile in the year 2001 only the percentage of women infectees rose to 20 pc as of 36 identified cases women count came 7 against 29 men. One of them was also a child he said Dr Shah claimed. According to him a great degree of responsibility lies upon all segments of society particularly media personal and health care providers to identify the probable patients and help them seek necessary examination.

Dr Shah in this context mention that a recent estimation in DAWN basis of scientifically designed forecast model reveal the number of such cases to be around 70, 000 to 8,000. The model was set to be jointly designed under WHO and UN-AIDS assistance programme.

Pakistan Observer: June 26, 2002

دنیا بھر میں 58 کروڑ خواتین ناخواندہ ہیں، 90 لاکھ ایڈز سے ہلاک ہو چکی ہیں

دوران حمل یا زچگی کے باعث ہر منٹ بعد ایک عورت ہلاک ہو جاتی ہے، پاکستان میں یہ تعداد 30 ہزار ہے

جنوبی ایشیا کی کل ناخواندہ آبادی کا 63 فیصد خواتین پر مشتمل ہے، پاکستان میں 70 فیصد خواتین ناخواندہ ہیں

2002ء میں مقبوضہ کشمیر میں 150 خواتین شہید، 713 کی بے حرمتی کی گئی، عالمی یوم خواتین پر رپورٹ

58 کروڑ ہے جبکہ 13 کروڑ سکول نہ جانے والے بچوں میں سے 8 کروڑ 65 لاکھ تعداد بچیوں کی ہے۔ اقوام متحدہ کے ادارے یونیسف کے مطابق دنیا میں ہر منٹ بعد ایک عورت دوران حمل یا زچگی کے باعث ہلاک ہو جاتی ہے۔ پاکستان میڈیکل ایسوسی ایشن کے مطابق پاکستان میں تقریباً 30 ہزار خواتین ہر سال حمل اور اس کی پیچیدگیوں کے باعث ہلاک ہو جاتی ہیں جبکہ دنیا میں اسقاط حمل کے نتیجے میں ہونے والی ہلاکتوں کی تعداد 5 لاکھ سالانہ سے زائد ہے۔ بھارت میں اسقاط حمل کے کیسوں میں 90 فیصد کی وجہ لڑکی کی متوقع پیدائش ہوتی ہے۔ اولاد زینہ کی خواہش نہ ہوتی تو بھارت میں 30 اور چین میں 38 فیصد زیادہ خواتین ہوتیں۔ یو این ڈی پی کی ایک رپورٹ کے مطابق بھارت کے 88 فیصد حاملہ خواتین خون کی کمی کا شکار ہیں جبکہ پاکستان میں ایسی خواتین کی تعداد 39 فیصد ہے۔ ایک رپورٹ کے مطابق امریکا میں ہر سال 3 لاکھ خواتین زیادتی کا شکار ہوتی ہیں اور ایسی خواتین کی عمر 15 سے 54 برس تک ہے۔ کراچی کی ایک این جی او کے فراہم کردہ اعداد و شمار کے مطابق سال 2002ء کے دوران ملک بھر میں 3 ہزار 296 خواتین جسمانی تشدد کا شکار ہوئیں جس میں سے ایک ہزار 375 قتل ہوئیں۔ ایک ہزار 530 دوران تشدد زخمی ہوئیں۔ 149 رشتے داروں

لاہور (ڈو پلیمینٹ رپورٹنگ سیل، ریاض الحق) دنیا بھر میں 58 کروڑ خواتین ناخواندہ ہیں۔ 90 لاکھ ایڈز سے ہلاک ہو چکی ہیں، دوران حمل یا زچگی کے باعث ہر منٹ بعد ایک عورت ہلاک ہو جاتی ہے۔ پاکستان میں یہ تعداد 30 ہزار ہے۔ 2002ء میں مقبوضہ کشمیر میں 150 خواتین شہید اور 713 کی بے حرمتی کی گئی۔ جنوبی ایشیا کی کل ناخواندہ آبادی کا 63 فیصد خواتین پر مشتمل ہے۔ پاکستان میں 70 فیصد خواتین ناخواندہ ہیں۔ آج پاکستان سمیت پوری دنیا میں خواتین کا عالمی دن ایسی صورتحال میں منایا جا رہا ہے کہ خواتین کی اکثریت ذہنی اور جسمانی تشدد کا شکار ہے۔ اور خواتین کا سال عالمی سطح پر مناتے ہوئے 95 برس گزر چکے ہیں لیکن عورت آج بھی مرد کی مختلف انواع کی زیادتیوں کا شکار ہے۔ نہ صرف ترقی پذیر ممالک میں بلکہ ترقی یافتہ ممالک میں بھی عورت بنیادی حقوق کی جنگ لڑنے کے ساتھ ساتھ مختلف قسم کے مظالم اور تشدد برداشت کر رہی ہے۔ امریکہ جیسے ملک میں بھی ہر چار میں سے ایک خاتون اپنے موجودہ یا سابقہ شوہر کے ہاتھوں تشدد کا شکار ہوئی ہے۔ جنگ ڈو پلیمینٹ رپورٹنگ سیل کی تحقیق کی مطابق جنوبی ایشیا کی کل ناخواندہ آبادی کا 63 فیصد خواتین پر مشتمل ہے جبکہ پاکستان میں خواتین کی 70 فیصد آبادی ناخواندہ ہے۔ اقوام متحدہ کی ایک رپورٹ کے مطابق دنیا میں ناخواندہ خواتین کی تعداد

میں 17 ہزار 934 سو سال سے زائد عمر والے افراد میں سے 80 فیصد خواتین ہیں اور ایک سو سالہ خاتون ابھی بھی ایک اشتہاری کمپنی میں ماڈلنگ کرتی ہے۔ عورت فاؤنڈیشن نے ایک رپورٹ میں بتایا کہ ملک میں ایک ہزار 128 بچوں میں سے صرف 76 خواتین ماتحت عدالتوں میں کام کر رہی ہیں۔ افرادی قوت میں خواتین کی معاونت 28 فیصد ہے، جس میں سے 92 لاکھ اور 96 ہزار خواتین زراعت سے منسلک ہیں۔ 32 لاکھ اور 20 ہزار مختلف سروسز میں کام کر رہی ہیں جبکہ 14 لاکھ اور 84 ہزار خواتین صنعت کے شعبے سے وابستہ ہیں۔ اسلامی ممالک کی جدید تاریخ میں پہلی مرتبہ پاکستان کی اسمبلیوں میں 33 فیصد نشستیں خواتین کے لئے مخصوص کر دی گئیں۔ جس کے باعث مختلف اسمبلیوں کے ذریعے ایک سو 97 خواتین اسمبلیوں میں پہنچ گئیں لیکن اس کے باوجود ابھی بھی خواتین کے ساتھ تشدد کے رویے میں کمی نہیں ہوئی۔

روزنامہ جنگ: 8 مارچ، 2003ء

کے ہاتھوں جلائی گئیں۔ قتل ہونے والی خواتین میں سے 450 کو غیرت کے نام پہ قتل کیا گیا۔ 470 کے ساتھ زیادتی کی گئی۔ خواتین کے زیادتی اور ان پر تشدد کے سب سے زیادہ واقعات، 2083 پنجاب میں ہوئے جبکہ سندھ میں 952، سرحد میں 250 اور بلوچستان میں 61 واقعات رونما ہوئے۔ سال 2001ء کے دوران جسمانی تشدد کا شکار ہونے والی خواتین کی تعداد 2917 تھی جس میں سے 1390 قتل ہوئیں۔ ایک ہزار 49 دوران تشدد زخمی ہوئیں جبکہ 148 کو شدید اذیت دی گئی۔ یوں سال 2001ء کی نسبت 2002ء کے دوران مجموعی طور پر تشدد کے واقعات میں 13 فیصد اضافہ ہوا جبکہ خواتین کے قتل کے واقعات کی صورت جوں کی توں رہی۔ ڈیوکرٹیک کمیشن فار ہیومن ڈویلپمنٹ کی رپورٹ کے مطابق پاکستان کے دیہاتی علاقوں میں 43 فیصد شادی شدہ خواتین پر ان کے خاوند تشدد کرتے ہیں جبکہ دنیا میں شادی شدہ خواتین پر تشدد کی شرح 20 سے 30 فیصد ہے۔ ایک مقامی این جی او کے مطابق جاپان



Young woman seen painting a slogan against domestic violence in Karachi. PHOTO: AYESHAMIR/EXPRESS

ملک میں ایڈز اور ایچ آئی وی مریضوں کی تعداد 423 ہو گئی

ممبئی میں کونسلٹ کام شروع نہیں کر سکا، 93ء میں ایریٹریا جانے والی تبلیغی جماعت کا پتا نہیں چل سکا

ریلوے کی 66 کنال زمین جی ایچ کیو کے قبضے میں ہے، افغانستان میں 7 پاکستانی مارے گئے

قومی اسمبلی وقفہ سوالات کے دوران قصوری، شیخ رشید، نصیر خان اور دیگر وزراء کے جوابات

کیش وصول کرتا ہے۔ ایک سوال پر وزیر خارجہ قصوری نے بتایا کہ 1993 میں آٹھ رکنی پاکستانی تبلیغی جماعت ایریٹریا گئی تھی جس کا آج تک پتا نہیں چل سکا ان کی تلاش کی کوشش جاری رکھے ہوئے ہیں ایک سوال کے جواب میں شیخ رشید نے بتایا کہ تین سالوں میں ایک ہزار پندرہ کلومیٹر ریلوے پٹریوں کی مرمت کی گئی، جس پر 7.2 ارب روپے خرچ ہوئے انہوں نے بتایا کہ آرمی ویلفئر ٹرسٹ کے قبضے میں پرانے ڈیرے فارمز راولپنڈی کے قریب کوئی اراضی نہیں ہے تاہم ملٹری ڈیری فارم سے متصل ریلوے کی 66 کنال زمین ہاؤسنگ ڈائریکٹریٹ جنرل ہیڈ کوارٹرز راولپنڈی کے قبضے میں ہے۔ وزیر صحت نے بتایا کہ برڈ فلو کے لئے ابھی تک پاکستان میں کوئی انسانی ویکسین درآمد نہیں کی گئی کیونکہ برڈ فلو کے لئے کوئی ویکسین نہیں ہے تاہم مویسیوں کے لئے ویکسین ہالینڈ اور اٹلی سے درآمد کی گئی جس پر 1.1 ملین ڈالر خرچ ہوئے۔ ایک سوال کے جواب میں وزیر خارجہ قصوری نے بتایا کہ افغانستان میں اب تک سات پاکستانی شہری مختلف وجوہات کی بنا پر مارے جا چکے ہیں جبکہ اسپین میں پاکستانی مشن کی طرف سے پاسپورٹ کا رکارڈ نہ رکھنے پر انچارج جنس کو وطن واپس بلا لیا گیا ہے اور اس کے خلاف تحقیقات شروع کر دی گئیں ہیں۔

اسلام آباد (آن لائن) قومی اسمبلی کو جمعہ کو وقفہ سوالات کے دوران بتایا گیا کہ ملک میں اس وقت ایڈز اور ایچ آئی وی پازیٹو کے مریضوں کی تعداد 423 ہے جس میں سے 29 ایڈز کے مریض ہیں ایک سوال پر وفاقی وزیر صحت نصیر خان نے تحریری طور پر بتایا کہ ایڈز کی روک تھام کے لئے قومی پروگرام شروع کیا گیا ہے۔ ایک سوال پر وفاقی وزیر خوراک و زراعت اسکندر حیات بون نے بتایا کہ ذریعہ کاروبار کی ترقی کے لئے ایشیائی ترقیاتی بینک 23,614 ملین ڈالر فراہم کرے گا۔ وزیر خارجہ خورشید قصوری نے بتایا کہ واشنگٹن، نیویارک، لندن، گلاسکو، برلن، روم، برسلا، پیرس، روباٹ، ریاض، جدہ، ابوظہبی، دبئی میں پاکستان کے مشن سرکاری ملکیتی عمارات میں قائم ہیں۔ سال 2005-06 میں 4.24 ملین روپے کویت اور 8.06 ملین روپے اسپین میں پاکستان کے سفارتخانے نے کرائے کی عمارتوں کی مد میں ادا کئے۔ ایک سوال پر انہوں نے کہا کہ فنی وجوہ کی بنا پر ممبئی میں پاکستانی کونسلٹ جنرل نے ابھی تک کام شروع نہیں کیا جبکہ ایران، سعودی عرب اور اسپین میں نئے کونسلٹ ہونے کا بھی فیصلہ نہیں ہوا۔ ایک سوال کے جواب میں وزیر ریلوے شیخ رشید نے بتایا کہ پاکستان کے 552 ریلوے اسٹیشنوں سے کیش وصول کیا جاتا ہے۔ تین سوا اسٹیشنز سے نیشنل بینک جبکہ 252 اسٹیشنوں سے اسٹیشن ماسٹر براہ راست

World AIDS Day

Shunned HIV-positive couple fights pariah status

By: AFP

Shunned by their families and society, Rubina and Iqbal are a Pakistani couple who have struggled for years to win their lives back and spread a message of respect for fellow victims of HIV/Aids.

Rubina Naz, 33, one of 12 children born to a labourer, was diagnosed with HIV four years ago, a year after her drug-addicted husband passed away.

"I didn't know what it was until I was tested positive," said Rubina. "I was afflicted with this horrible disease by my first husband, who was an Aids victim."

They married when she was 16 years old and had two daughters and two sons together, but Rubina was unaware of her husband's illness until she read his medical tests after his death and friends advised her to take her own. Finding out she was HIV positive ruined her life.

"My in-laws threw me out and took my children.

Even most of my own family treated me like a sinner and stayed away when I was desperate to be helped. Those days were horrible," she said. Pakistan, the second-largest Country in South Asia, stands a few steps behind India and Nepal in terms of the extent of the HIV epidemic.

The National AIDS Control:

separately to the rest of her family, who were fearful of contracting the disease, but with her mother's support she says she has overcome prejudice.

She now works as a kitchen assistant at charity Pakistan Society, dedicated to helping HIV positive people, which is where she met her new husband



programme says Pakistan is a low, prevalence, high risk" country, with low rates of the virus across the general population but a high concentration among risk groups such as injecting drug users.

UN figures from 2009 show that there are an estimated 97,400 cases of HIV/Aids in Pakistan. Rubina 's meals were always served

Mohammad Iqbal, 35, who is HIV positive and recovering from drug addiction.

Iqbal was a tailor in his teens when he was introduced to heroin by friends. He contracted the virus to years ago by sharing needles to inject the drug.

"My addiction shocked my parents, who both died early, then my brothers

threw me out of home and I was forced to live on the streets," he said.

A charity gave him the tests that led to his diagnosis. But it was another three years before he decided to get well.

"Continuous hatred

STATISTICS

97,400

HIV/Aids cases have been reported from Pakistan, UN report

towards me wore me out. I decided to live a meaningful life or end it. I opted to live and agreed to get rehabilitated," he said.

Rubina and Iqbal found each other in the kitchen, which serves food to patients and visitors at the charity's medical centre. The charity also goes into communities to help drug addicts across the southern city of Karachi and the wider

Sindh province, where it spreads the message that HIV victims can live a normal life and should not be cast out.

"Now I don't hesitate to see myself in the mirror. I am regaining my lost respect

in the world," Iqbal said.

Rubina's in-laws have agreed to allow her children to see her regularly and Iqbal's brothers have permitted him to rejoin the family.

Anti-retroviral drugs that treat the illness are provided free of charge at state-run hospitals, clinics and health centres across Pakistan, meaning that those diagnosed have the chance of a relatively normal life.

So long as Rubina and Iqbal continue to take their daily medication and maintain a healthy lifestyle, Pakistan Society head Saleem Azam said their prognosis is good and their life expectancy should not be affected. Azam said that women are the least documented victims.

The 2009 survey revealed that 15% of wives of injecting drug users in just one district, Larkana, where Pakistan's political dynasty the Bhuttos have their ancestral seat, are HIV sufferers.

But Azam said the actual incidence may be much higher as many cases go undetected and there could be many women "who die of the disease without even

knowing what happened to them."

"In our male-dominant society women have fewer choices to save themselves from their HIV positive husbands. The majority have not heard of the disease and if they do they cannot stop their husbands from afflicting them."

Rubina and Iqbal have taught their families to respect HIV-positive people but say they will continue their quest to educate the rest. "It is not over yet as the rest of society is still there to be educated," said Rubina.

**Express Tribune:
December 01, 2011**

ہیپاٹائٹس بی/ایڈز اور دیگر موذی امراض سے بچو کیلئے جیہ اور جیہ سی ایف ایڈز اور دیگر موذی امراض سے بچو کیلئے جیہ اور جیہ سی ایف ایڈز اور دیگر موذی امراض سے بچو کیلئے جیہ اور جیہ سی ایف

پنجاب ہیپاٹائٹس ایکٹ 2018 کے تحت رجسٹریشن اور لائسنسنگ لازمی قرار

رجسٹرڈ شدہ ہیپیٹائٹس بی/ایڈز اور دیگر موذی امراض سے بچو کیلئے جیہ اور جیہ سی ایف

- اصل لائسنس کو کارڈ پارا وکان ہڈ میں ایسی جگہ پر آویزاں کریں جہاں گاہکوں کی پائیڈر سائی ممکن ہو
- تمام ملازمین کی پائیڈر سائی ہو پائیڈر سائی اور پائیڈر سائی سے بچاؤ کیلئے سرٹیفکٹ اور پائیڈر سائی کر وائی
- پائیڈر سائی کی اور پائیڈر سائی سے بچاؤ سے متعلقہ آگاہی پائیڈر سائی میں نمایاں جگہ پر آویزاں کریں
- ہر نئے گاہک کیلئے نئے پائیڈر سائی استعمال چینی بنائیں
- نئے آنے والے ملازم کی رجسٹریشن شیڈ کرو پائیڈر سائی کے مطابق چینی بنائیں
- شیڈ پائیڈر سائی استعمال چینی بنائیں

فروری 2019 سے
فروری 2019 سے

پنجاب ہیپاٹائٹس ایکٹ 2018 کے تحت رجسٹریشن اور لائسنسنگ لازمی قرار

8800-99000
8800-99000

روزنامہ اوصاف: 27 مئی، 2019ء

Deadly Jabs

By: Arshad Altaf

There are three drivers of unsafe and unnecessary injections in Pakistan: prescriber, provider and patient. Prescribers (trained and untrained) often prescribe injections or IV drips even for minor ailments easily treated with oral medications. Private GPs are often intent on building a reputation of delivering quick results to increase their clientele and income. Providers (also trained and untrained) who work for these prescribers will reuse injection equipment in order to save their employers' money, often on the latter's instructions.

Patients, meanwhile, insist on getting injections or drips because they want quick relief. Many of the urban and rural poor cannot distinguish between a trained and untrained practitioner. They look for a health facility, inquire about its reputation, and seek treatment. Reuse of injection equipment such as needles, syringes or IV drip sets occurs at many private health facilities in order to save money — many of these patients cannot afford to pay for a new syringe.

Pakistan has one of the highest levels of unsafe injection practices in the world. Our patients also have one of the highest rates of number of injections per person annually (8.2 to 13.6). Unfortunately, the country also has one of the highest burdens of hepatitis C. Sound epidemiological studies, including the 2007 National Hepatitis Survey, have highlighted unsafe injection practices as one of the key reasons for transmission of HCV. Unsafe injections have gained notoriety due to the recent HIV outbreak in Larkana and Ratodero. So far, more than 700 new HIV cases have been confirmed, the majority of them children. Preliminary findings suggest that reuse of injection and IV equipment may be the main cause of transmission, especially among children whose parents test negative for HIV.

Policymakers are aggressively propagating

the introduction of reuse prevention (RUP) syringes, which have a built-in locking mechanism. The mechanism is only triggered when the plunger is pushed down fully — a 'click' can be heard indicating that the plunger has been locked and cannot be retracted. This type of syringe has been in use in the EPI programme for over a decade now and has helped significantly in curtailing the menace of reuse. But injection safety improvements in the programme were also attributed to improved supplies, training and monitoring of vaccinators in the field as well as at the static EPI centres. In its 2015 injection safety guidelines, WHO recommend that all member states should switch to exclusive use of RUPs by 2020. It further recommends that conventional syringes should only be used in instances where multiple plunger movement is warranted, such as flushing an IV line or reconstituting medicines which require

Injection safety is complex and requires a multipronged approach.

m u l t i p l e
p l u n g e r
m o v e m e n t s .
This is an important point to note; health facility and procurement personnel have to go through complex calculations when ordering RUP syringes

for a health facility. A new provider (health worker) must undergo a short training prior to using this type of syringe on patients, as pushing the plunger strongly while the needle is still in the patient's muscle (in case of an intra-muscular injection) can cause moderate to severe pain. Without proper training, the healthcare worker might also waste a number of syringes. It is worth mentioning that the use of RUP syringes is not an absolute fail-safe — providers can intentionally avoid triggering the locking

mechanism if they want to reuse the same syringe multiple times.

Moreover, some clauses in the Sindh Regulation and Control of Disposable Syringes Act, 2010, need amending. For example, clause 3 states, "No person shall manufacture, sell or use disposable syringes other than auto lock, auto destruct or auto break for injection, drawing of blood and other purposes." As mentioned earlier, conventional syringes will still be required for some medical procedures. Clause 4 reads, "If the person contravening the provisions of the act, is a company, every director, manager, secretary or other officer or agent thereof shall, unless he proves that contravention is made without his knowledge and that he had exercised due diligence to prevent such contravention, be deemed to be guilty of such contravention." If this clause also includes medical superintendents of hospitals, then this needs revision too.

Injection safety is complex. It requires a multipronged approach targeting the patients and healthcare providers. It also requires nationwide curtailment of prescription of unnecessary injections and IV drips. It is not only quacks but MBBS healthcare providers who also intentionally indulge in unsafe injection practices. The bottom line is: there is no quick fix or single measure that will help. A holistic approach must be adopted. At this time, an intensified nationwide injection safety awareness campaign is needed targeting at-risk communities and healthcare providers.

The writer is a physician and an expert on injection safety.

Daily Dawn: June 02, 2019

<https://www.dawn.com/news/1486076>



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Lockdowns and quarantine measures often leave women and children vulnerable to domestic abuse and violence - which is known to rise during emergencies

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line Photos

Revisiting HIV

By: Shahbaz Ali

AIDS was publicly reported During that time, the number of new infections jumped 38 percent. The real number is likely higher; much of the population goes untested, weakening the defence mechanism, it makes a Doctors recorded unexpected of people thought to be HIV-person vulnerable to other clusters of previously positive are being treated. In Sindh's Larkana district, HIV, Pneumocystis Carinii, a type particularly in tehsil in the absence of vigorous of pneumonia, and Kaposi's Ratodero, this virus is rapidly actions, leads to the sarcoma, a usually slow- spreading. From April 25 to October 16, 2019, according



deficiency syndrome conditions manifested in to the National AIDS Control (AIDS). This deadliest severe forms, and a narrowly Program report, almost disease, according to Alan denied risk group-'young 36,000 people have been Whiteside in his book, HIV homosexual men'. screened for HIV, in which and AIDS: A Very Short Sadly, this deadly disease is 1,125 are suspected to be Introduction, has transferred becoming an epidemic in HIV-positive. Out of them to humans from primates. Pakistan, particularly in the frighteningly, 897 are Although isolated cases of Sindh province. According to children, mostly one to five infection in people may the estimates of UNAIDS, the years old. have appeared earlier, the United Nations task force, Pakistan spends very little on rest cases of the current from 2010 to 2018, the its efforts to counter HIV and epidemic probably occurred number of HIV-positive AIDS, and is nearly entirely in the 1930s, and the disease people in Pakistan nearly dependent on support from spread rapidly in the 1970s. doubled, to about 160,000. other countries for its

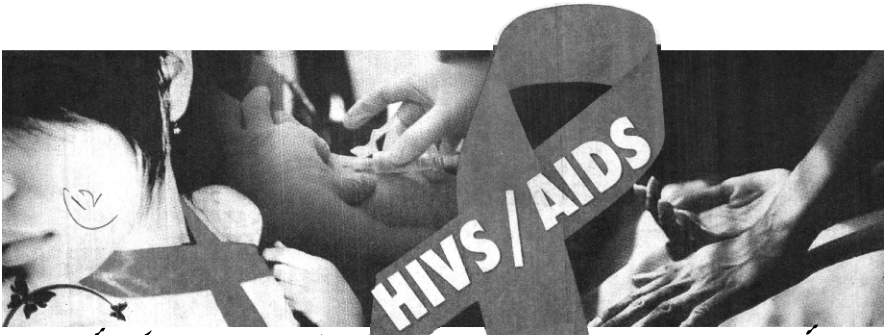
programmes, whether for dissent and police via print, electronic and funding to staff testing intercession, the family social media in all languages centres or to provide untied her. She currently lives of the country, especially in retroviral drugs to counter in an isolated room in the Sindhi. These sessions should the virus. As Maria Elena house; her family checks all also be delivered in Filio-Borromeo, UNAIDS her movements. communities, ensuring the Director for Pakistan and After the outbreak, the World participation of all Afghanistan, claims, “With Health Organisation reached community members competing priorities, HIV the city to help and donated irrespective of gender. The and AIDS are at the backseat hundreds of testing kits. focus should be to draw on of the government's Testing centres were set up in the findings collected by agenda.” Reports show that government buildings, while qualitative researches. The since 2003, Pakistan has dozens of yellow tents focus should be on: sexual witnessed eight HIV sprouted up across the city to behaviours and modes of safe outbreaks. Ratodero deal for the testing and sex, drug use and shaving witnessed one before the treatment of HIV. The practices. The sessions current one, in which around government took measures in should also have training of 1,500 adult men were May, including shutting healthcare providers, diagnosed with the virus: down clinics of unqualified especially at basic health most of them, reports claim, doctors and illegal blood units and dispensaries. were engaged in sex with banks. The crisis is infected sex-workers. “Pakistan spends very multidimensional in terms of Muzaffar Ghanghro, a little on its efforts to causes and consequences. paediatrician, was charged counter HIV and AIDS, Therefore, we need to deal for the outbreak in and is nearly entirely with it in multiple measures Ratodero; he reportedly dependent on support from and perspectives. reused syringes. We should other countries for its The writer is M. Phil in inquire what factors programmes” anthropology with a focus on compelled this doctor to The outbreak needs more medical anthropology and perform an inhumane act. measures for its causes and public health The outbreak has caused consequences to be dealt with severe consequences. The properly. Government should carriers are scared about the take several actions related to stigma and social exclusion. policies and practices to In May 2019, one man reduce the risk of contracting murdered his HIV-positive this virus and control the spouse. In June, occupants alarming rise of cases. in another town found their Government should engage neighbour tied to a tree by social scientists to conduct her family after she was qualitative researches in most tested positive for the virus. common areas of AIDS, and The family said they had take advantage of the findings bound her to stop her from of those researches to frame spreading the disease to the policies. There is a need to rest of the town. After open organise awareness sessions

Daily Times: November 05, 2019

<https://dailytimes.com.pk/49>

[5044/revisiting-hiv/](https://dailytimes.com.pk/49)





ابتدائی مہینوں یا برسوں میں ایڈز کا مریض بظاہر صحت مند دیکھائی دیتا ہے

ایڈز کے اسباب اور سدباب

ایڈز کے عالمی دن کے موقع پر ماہرین کی آراء پر مبنی تحقیقی رپورٹ

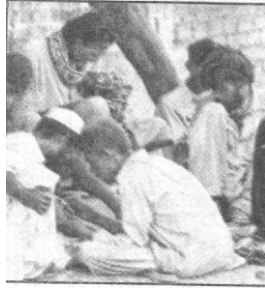
کہ وائرس اپنی شکل بہت تبدیل کرتا رہتا ہے اور انسانوں کا مدافعتی نظام اسکو ڈھونڈنے سے قاصر ہوتا ہے۔ اگر ایچ آئی وی کا بروقت علاج کے ذریعے خاتمہ نہ کیا جائے تو اس کے نتیجے میں اگلے مرحلے میں وہ شخص ایڈز کا شکار ہو سکتا ہے۔ ایسی حالت میں کوئی بھی بیماری انسانی جسم میں داخل ہوتی ہے تو مہلک صورت اختیار کر لیتی ہے۔ موجودہ ادویات انسانی جسم میں وائرس کو مکمل طور پر ختم تو نہیں کر سکتیں لیکن جسم میں وائرس کے لوڈ کو بہت حد تک کم کر دیتی ہیں۔ عام طور پر یہ ایڈز کے وائرس سے

Acquired)
I m m u n e
Deficiency Virus
(Syndrome) ایک ایسی
بیماری ہے جو Human
Immunodeficiency
Virus ایچ آئی وی کے
ذریعے پھیلتی ہے اور جسم میں جا کر
دفاعی نظام کو ختم کر دیتی ہے۔
سائنسدانوں کا خیال ہے کہ ایچ
آئی وی کا وائرس انسانوں میں
گذشتہ صدی کی اوائل میں ایک
چیمپنزی کے وائرس سے آیا تھا۔
70 سے 80 سال طویل
تجربات کے باوجود اسکا علاج
دریافت ہی نہیں ہو سکا۔ ایچ آئی
وی کا علاج نہ ہونے کی وجہ یہ ہے

ایڈز جو آہستہ آہستہ اسطرح ختم
کرتا ہے جسطرح دیمک لکڑی کو
کھا جاتی ہے یہ وائرس ایچ آئی
وی کے ذریعے پھیلتا ہے جسے
جسمانی مدافعتی نظام ناکارہ بنانے
والا وائرس بھی کہا جاتا ہے۔ ہر
سال یکم دسمبر کو دنیا کے دیگر ممالک
کی طرح پاکستان میں بھی ایڈز
سے آگاہی اور اس سے بچاؤ کا
عالمی دن منایا جاتا ہے۔ ایڈز کا
عالمی دن دنیا میں پہلی مرتبہ
1987ء میں منایا گیا تھا۔ دنیا
بھر میں اس دن کو منانے کا مقصد
عوام الناس کو اس مہلک اور
خطرناک مرض کے بارے میں
شعور دینا ہے۔ ایڈز

متاثرہ سرنج اور سویاں دوبارہ استعمال کرنے، جام کے آلات، جنسی بے راہ روی، وائرس سے متاثرہ اوزار جلد میں چبھنے جیسے ناک، کان چھیدنے والے اوزار، دانتوں کے علاج میں استعمال ہونے والے آلات اور سرجری کے لئے استعمال ہونے والے آلات سے کسی فرد میں منتقل ہو سکتا ہے۔ اسکی ابتدائی علامت معمول زکام ہو سکتا ہے، جس پر عموماً دھیان نہیں دیا جاتا جبکہ ایڈز کا مریض مہینوں یا برسوں تک صحت مند بھی نظر آتا ہے۔ یعنی بتدریج ایڈز کا مریض بنتا ہے۔ دیگر بڑی علامات میں بہت کم وقت میں جسمانی وزن دس فیصد سے کم ہو جانا، ایک مہینے سے زیادہ اسہال بہہ جانا، ایک مہینے سے زیادہ بخار رہنا وغیرہ۔ درحقیقت ایڈز ایچ آئی وی وائرس کی آخری سٹیج کو کہا جاتا ہے۔ اگر ایچ آئی وی کا علاج نہ کرایا جائے تو مدافعتی نظام تباہ ہو کر ایڈز کی شکل اختیار کر لیتا ہے۔ عالمی ادارہ صحت کے مطابق دنیا بھر میں ساڑھے 3 کروڑ سے زیادہ ذائد افراد ایچ آئی وی ایڈز سے متاثر ہیں۔ اندازے کے

مطابق دنیا بھر میں 47.2 ملین افراد ایچ آئی وی کے ساتھ رہ رہے ہیں۔ ماہرین کے مطابق احتیاط کے ہی ذریعے اس بیماری سے محفوظ رہا جا سکتا ہے۔ تاہم ایسی ادویات موجود ہیں جن کے



استعمال سے وائرس کو کنٹرول کر کے معمول کی زندگی گزاری جا سکتی ہے۔ تحقیق سے ثابت ہے کہ ایچ آئی وی کا شکار ہونے کے چند دن بعد 85 فیصد کو انفیکشن کی علامات ظاہر ہوتی ہیں جس کا بروقت علاج مرض کو جان لیوا ہونے سے بچا سکتا ہے۔ پاکستان میں ایچ آئی وی (ایڈز) پھیلنے کی سب سے بڑی وجہ سرنجوں کا غلط استعمال ہے۔ اندازوں کے مطابق ہمارے ملک میں ڈیڑھ لاکھ کے قریب ایچ آئی وی پازیٹو مریض موجود ہو سکتے ہیں جن میں سے 25 ہزار این اے سی پی میں رجسٹرڈ ہیں۔ جن میں سے 15

ہزار کا اینٹی ریٹرو وائرل علاج کیا جا رہا ہے۔ محتاط اندازے کے مطابق کے پی کے میں ایڈز کے شکار افراد کی تعداد 4 ہزار سے زائد ہے جبکہ بلوچستان میں یہ تعداد 5 ہزار سے زائد، سندھ میں 56 ہزار سے زائد ہے۔ تاہم پنجاب میں 11 ہزار مریض رجسٹرڈ ہیں۔ لاہور میں ایڈز کے پھیلنے کے اسباب کی بڑی وجہ شہر میں جگہ جگہ بغیر روک ٹوک کے نشہ آور ادویات اور انجیکشن کی فروخت کا دھندہ ہے جبکہ اس عمل کی سرکوبی کرنے کے ذمے دار محکمے جن میں لاہور ڈسٹرکٹ ہیلتھ اتھارٹی، ڈرگ ریگولیٹری اتھارٹی، ڈرگ انسپکٹر، سول سوسائٹی ہیں۔ ان اداروں کی جانب سے اپنے فرائض کے ادائیگی میں انتہائی کوتاہی برتی جا رہی ہے۔ جس کے باعث پنجاب بھر میں منشیات کے عادی افراد کی تعداد میں مسلسل اضافہ ہو رہا ہے جبکہ دوسری طرف منشیات کے عادی میں ایڈز کے مرض کی تشخیص میں بھی تیزی آرہی ہے جو اس بات کی غمازی کرتی ہے کہ ذمے دار ادارے ایسے افراد کو نشہ آور انجیکشن اور دیگر غیر قانونی

ادویات کی دستیابی کو روکنے میں بالکل ناکام ہو کر رہ گئے ہیں۔ پاکستان میں منشیات کے عادی افراد میں ایچ آئی وی ایڈز کا خطرہ بہت زیادہ ہوتا ہے، کیونکہ وہ سرخ کو بار بار استعمال کرتے ہیں۔ ایڈز کے مکمل مریضوں میں سے 40 سے 35 فیصد مریض منشیات کے عادی افراد ہیں جبکہ دوسرے نمبر پر عطائی ہیں جن کی وجہ سے ایڈز کے مریضوں میں اضافہ ہو رہا ہے۔ تیسرے نمبر پر حجام کی دکانیں اور خون کی ترسیل کرنے والے بلڈ بینک ہیں۔ جسمانی تعلقات کے حوالے سے بھی ایڈز کے خدشات موجود ہیں۔ وفاقی حکومت سمیت تمام صوبائی حکومتوں کو چاہیے کہ ایڈز جیسی بیماری پر خصوصی توجہ دیں۔ اگر آئے روز کی بڑھتی ہوئی تعداد کو دیکھتے ہوئے یہ محسوس ہو رہا کہ اگر یہ تعداد غیر معمولی ہوگئی تو پورے ملک کا بجٹ بھی اس بیماری کے خاتمے کے لئے لگا دیا جائے گا تو وہ بھی کم پڑ جائے گا۔ دو سال قبل پنجاب کے شہر وہاڑی میں ایڈز کے درجنوں کیسز رپورٹ ہوئے اس بات کا انکشاف بھی ہوا کہ پرائیویٹ

لیب والے پیمانائٹس بی اور سی کے ٹیسٹ کے ساتھ ایچ آئی وی کا ٹیسٹ ہی نہیں کرتے تھے جس کی وجہ سے ایڈز کے کیسز ایک دم سامنے آ گئے۔ فیصل آباد میں ٹرانسجندرز کی تعداد سب سے زیادہ ہے اور اس سال وہاں بھی درجنوں کیسز رپورٹ ہوئے۔ پنجاب کے شہر سرگودھا کی تحصیل کوٹ مومن کے نواحی گاؤں کوٹ عمرانہ وہ گاؤں ہے جہاں دو سال قبل سیکڑوں مریضوں کے اندر ایڈز کی تشخیص کی گئی تھی، اس گاؤں کی آبادی جو چار ہزار کے لگ بھگ ہے، جس میں سے 3 سو کے قریب مرد، عورتیں اور بچے ایک عطائی کی وجہ سے ایڈز کا شکار ہو گئے تھے، تحصیل ہیڈ کوارٹر اسپتال دور ہونے کی وجہ سے گاؤں کے لوگ اس عطائی سے انجکشن لگواتے رہے جو ایڈز کے پھیلاؤ کا سبب بنتا رہا، کوٹ مومن کے اس گاؤں میں جب ایڈز کنٹرول پروگرام انتظامیہ نے اسکریننگ کیمپ لگایا تو ایڈز کے مریضوں کی بڑی تعداد سامنے آئی اس سے قبل سیکڑوں افراد اس موذی مرض کو باعث وفات پا چکے تھے۔ سندھ کے علاقے

رتوڈیرو میں بھی ایڈز ایچ آئی وی کے مریضوں میں اضافہ متاثرہ سرخ کے بار بار استعمال سے ہوا، بچے اور خواتین اس مرض کا شکار ہوئیں۔ تقریباً 793 کیسز رتوڈیرو میں رپورٹ ہوئے سیکڑی پرائمری اینڈ سیکنڈری ہیلتھ کیئر گیپٹن (ر) عثمان کا خبریں سے گفتگو کرتے ہوئے کہنا



تھا کہ ایچ آئی وی کے کیسز کی شرح اقوام متحدہ کی ایس ڈی جیز کے مطابق 0.1 فیصد سے کم ہونی چاہیے۔ اور پنجاب بھر میں واضح اعداد و شمار کے مطابق یہ 0.03 فیصد سے بھی بہت کم ہے۔ ان کا کہنا تھا پنجاب ایڈز کنٹرول پروگرام بیماری کے پھیلاؤ کے اہداف کو کامیابی سے حاصل کر رہا ہے پنجاب ایڈز کنٹرول پروگرام نے اس سال کے دوران ایڈز کے حوالے سے بہت سے نئے اقدامات کا آغاز

کیا ہے۔ پنجاب بھر کی تمام 38 جیلوں میں نئے اسکریننگ سنٹرز قائم کئے ہیں جہاں قیدیوں کے لئے ہیپاٹائٹس بی، سی، شوگر اور ایچ آئی وی کے مفت ٹیسٹ کئے جاتے ہیں۔ اس سال 1 لاکھ سے زائد جیل قیدیوں کے ایچ آئی وی، ہیپاٹائٹس سی، سیفلس اور دیگر بیماریوں کے ٹیسٹ کیے جا چکے ہیں۔ عالمی قانون کے تحت ایچ آئی وی کے ٹیسٹ رضاکارانہ طور پر ہوتے ہیں۔ پنجاب ایڈز کنٹرول پروگرام نے صوبے کے طول و عرض میں 120 اہم شہروں میں درجنوں مقامات پر پنجاب گڈز ٹرانسپورٹ کے ساتھ مل کر مختلف ٹرک اڈوں پر کیپ لگائے۔ اب تک 40 ہزار سے زائد ٹرک ڈرائیورز کی اسکریننگ کی جا چکی ہے۔

مہران اجمل خان

روزنامہ خبریں: 01 دسمبر، 2019ء



PHOTO: REUTERS/FILE

Friday 01

Saturday 02

Sunday 03

Monday 04

Tuesday 05

Wednesday 06

Thursday 07

Friday 08

Saturday 09

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Saturday 30

Sunday 31

A Savior among poor at risk

How one woman has worked to help sex workers

By: Staff Reporter

Lahore: 'Thirty-two-year-old Luba Tariq has grown up in the red-light area. New married with two children she continues to live in a small one-room apartment surrounded by the balconies of sex workers. Every evening as she works in her office she can hear Music piping out of the windows of neighboring houses. Yet, in all these years Lubna has never attended dance Or music recital. Her family moved to the area after partition, and have lived there since. I am now so attached to this house that I could never imagine leaving it,' she told Daily Times, admitting that as her daughter grows up she has started to think of moving elsewhere. 'A young daughter makes parents uneasy and both my husband and I have thought of going elsewhere but this neighbourhood has become our home and we find it hard to leave " When Lubna was working up she was looted by a strict set of rules.



Laid down by her parents, to school in the mornings and then straight home. They weren't allowed to speak to anyone in the area or stay out of the house after seven in the evening. 'forget making friend, we weren't even allowed to talk to anyone in all the years, I was living with my parents, we were accompanied everywhere we went and had no friends from this area'. she said, It was only after her she got married that Lubna began doing community work with an NGO, which brought her in contact with prostitute. The stories her neighbor, had to tell shocked and touched her. More and more sex workers made her their confidante inspired by their trust in her. Lubna vowed to do something to help them and launched a humble enterprise to reproductive health care for the women of her neighbourhood with meagre funds from UNICEF. Lubna began educating her neighbours about safe sex.

In 1999, she launched an organization called SHEED Strengthening Health Education and Environment Department. Lubna feels that belonging to this area helps her understand the problems her neighbors face better than other social workers. "NGOs in general don't realize that this is a unique area with unique set of problems. For example, all the schools in this area operate between 8am to 2pm but sex workers only get to sleep at six in the morning, so they aren't going to get up at eight against to send their children to schools. This is why prostitute's children are rarely seen at schools. She said, explaining that she has asked a few schools to look into the possibility of starting evening classes for the children of sex workers. This should be such a great service for this area for in the absence of schooling, the children of sex workers are more prone to becoming drug addicts and criminals" she said.

For the last two years Lubna has mainly been working on popularizing the use of condoms. : sex workers face a problem when convincing their customers to use them." She said adding that with time customers have become more health conscious and now some actually ask for condoms. Currently, Lubna distributes about 25,00 condoms every month in the area and the

number is slowly increasing. "these condoms are mainly given to sex workers but young men and transsexual have also started to ask for them now"

Lubna does not impose any restrictions on the number of condoms one sex worker can ask for. "whatever quantity they demand; I hand it over to them. One of my regular clients required 140 condoms per week while the average is about 100 to 150 condoms per month. ". She told daily times. Lubna is also involved in increasing awareness about AIDS and hepatitis B and C in the area. "HIV has become an epidemic yet but the prevalence rate of hepatitis C in this area is now about 35 percent. We also try and provide medical as well as financial help to victims of hepatitis C in his areas, she said.

Though Lubna's origination received scant funding from international donors and none from the government, she manages to gather some funds by asking the community for help "shopkeepers, traders and other people living here help us by providing some financial assistance," she said. But what drives Lubna to slave away at her desk for hours and for almost nothing in return? I feel I owe it to this community because I grew up here and belong to this place as much as any of these sex workers do".

Daily Times: July 15, 2004

I'm HIV positive

By: Ayesha Jamal Akram

NAZIR Masih makes this statement in an even monotone, his voice betraying no emotion. His eyes remain sternly focussed on the faces of his visitors, studying them with an uncomfortable intensity. Later, I learnt that Masih's tough scrutiny is to detect prejudice - something he knows well and fears greatly. When visitors step into his humble unpainted office, adorned with brightly coloured posters of Salman Ahmed and AIDS awareness paraphernalia, Masih approaches them with hesitation. He never extends his hand until the other person volunteers his first, and maintains a definite distance between his guests and himself. When his helper serves drinks, he is instructed to hand Masih his glass last.

Though he has been living with the disease for 15 years, and AIDS awareness has steadily grown in the last decade, Masih is well aware of the ignorant fear common

in society at large. "It has improved." It has improved, "he says, crossing his legs on the carpeted floor, "but it is still not good enough. AIDS patients are still made to feel like second class second-class citizen."

Before the HIV virus made its way into his body, Masih had simple wants and desires. His father owned three general stores, and he wanted to take them over and maybe add a couple more.

"I dreamt of getting married, having a house with a big yard where my children would ride bicycles and my wife would plant mint." Instead, the disease inspired Masih to become an AIDS activist.



Today, he spends his days working for an NGO dedicated to providing emotional and financial support to HIV victims. In the dimly lit head-office of Masih's NGO, New Lights, sits another middle-aged man in a grey Shalwar kameez. Our conversation are constantly interrupted by the creaks of a feebly rotating ceiling fan, and this man's coughs.

"Ever since I was ten years old, have loved my cousin. When she married another man I was heartbroken, but within three years of their marriage, she became a widow. We were told the man had been HIV positive and my cousin was also infected." he mumbles. Knowing about the disease and its effects did not deter him from proposing to his ill cousin. Today, two years after their wedding, both husband and wife are HIV positive.

I stared at him, trying to understand a love so selfless. Uncomfortable by the attention, he gets up and leaves. I turn back to Masih, wondering if I can ask him how he got the disease. Such is the AIDS taboo in our society, that even given Masih's status as an activist. I am hesitant to spring the questions sensing my discomfort. Masih strokes his henna-streaked beard and begins his story unprompted. He dropped out of school when he was about 11 and tried becoming a bicycle-repair mechanic. Low earnings, long hours and the smell of cycle-oil soon turned him away from this job. A number of his friends were trying their luck in Abu Dhabi and Masih decided to join them. By a stroke of luck, he found work as a domestic helper for a wealthy Arab, and began sending money home. "I was earning much more than I could ever have made here, and was thankful to Allah for this opportunity," he says.

A couple of years later, when he came back to Lahore, his mother had a girl waiting.

Within a month, he was married to someone he had never met before, and two months after their marriage she became pregnant. One error ruined it all. "I could not afford to take my wife to Abu Dhabi and was living with two other men so I didn't have the proper lodgings for her," says Masih.

Absent wives and good money made temptation hard to resist in an unfamiliar land. Masih began to join his friends for weekly excursions to brothels where sex cost 100 to 150 dirhams. "I would often join my colleagues and I'm pretty sure I caught the virus from one of the women," he says, steadily avoiding looking at my face.

But Masih only learnt of the disease in 1990 when he visited the Pakistan embassy in Abu Dhabi to have his passport renewed and visa extended. A new law making medical tests obligatory for visa applicants had recently been passed. Masih went through the test as a formality. He tested positive for HIV, and was told he could not return to Dubai. Left with no choice, he returned to Pakistan. A marked man. The first few months were the worst time. I just couldn't bring myself to accept my fate." As word spread of his condition, neighbors and friends avoided him. "We weren't invited to any once house. My children weren't allowed to go to school and my wife's family refused to come over. I felt ostracised and rejected I couldn't believe my entire family was being punished so severely for a mistake I had made." The 50-year-old was contemplating suicide when he was contacted by a Christian charity. Today he works for the same charity, and candidly talks about the disease, hoping he can shame society into understanding.

Daily Times: June 13, 2005

سنگدل ماں نے ایڈز سے متاثرہ دو سالہ بچے کے ٹکڑے کر دیئے

ملاوی کی 25 سالہ خاتون کو ہسپتال میں ٹیسٹ سے پتا چلا کہ اس کے بچے کو ایڈز ہے، ملزمہ گرفتار

(اے ایف پی) ملاوی میں عورت نے ایڈز ہونے پر اپنے بچے کے ٹکڑے ٹکڑے کر دیئے۔ پولیس کے مطابق 25 سالہ خاتون کو ہسپتال میں ٹیسٹ کے بعد پتا چلا کہ اس کے دو سالہ بیٹے کو بھی ایڈز ہے تو وہ ہسپتال سے سیدھی گھر آئی اور اپنے بیٹے کو زمین پر پٹخ دیا اور کھھاڑے سے اس کے ٹکڑے ٹکڑے کر دیئے اور بعد میں خود بھی خودکشی کرنے کی کوشش کی جو کہ ہمسائیوں نے ناکام بنادی۔ شمالی کورونگا ضلع کے پولیس ترجمان کے مطابق خاتون کو قتل کے الزام میں گرفتار کر لیا گیا۔ ملک کے 14 فیصد آبادی ایڈز میں مبتلا ہے۔ جس کے مطابق 11 ملین افراد اس وائرس سے متاثر ہیں۔ حکومت کی کوششوں کے باوجود 3 فیصد لوگ ٹیسٹ کیلئے ہسپتال جاتے ہیں۔

روزنامہ خبریں: 3 ستمبر، 2005ء



MULTAN: Doctors and Paramedical staff showing awareness message to people to stay at home and take all precautionary measures to avoid coronavirus at Nishtar Hospital, Friday. — APP

ایڈز کی مریضہ، سماجی بائیکاٹ نے جسے اچھوت بنا دیا

شہدا کوٹ کی جان بی بی کا ایڈز کا مریض شوہر سعودی عرب سے جلاوطن ہوا، جس سے اسے بیماری لگی

کوئی گاؤں والوں کو بتائے ایڈز کا مریض بھی انسان ہوتا ہے، جان بی بی کی بی بی سی سے گفتگو

سکھر (ایکسپریس نیوز) جان بی بی کے شوہر کو سعودی عرب سے ملک بدر کر دیا گیا تھا، چالیس سالہ جان بی بی صوبہ سندھ کے شہر شہدا کوٹ کے قریب اپنے چھوٹے سے گاؤں کی زندگی سے تنگ آ چکی ہیں، گاؤں والوں نے ان کا تب سے عملی طور پر سماجی بائیکاٹ کر رکھا ہے جب سے دو سال قبل ان کے شوہر بقول جان بی بی ایڈز کی بیماری سے مر گئے ہیں۔ بی بی سی اردو کے مطابق شوہر علی گل گسی کی موت کی تشہیر نے جان بی بی کی عام دیہاتی عورت والی زندگی ایک دم بدل ڈالی اور ان کے پہلے سے محدود زندگی میں بقول انکے زہر ملادیا۔ ان کا گھر انہ ایک ہی بڑے گھر میں رہنے والے تیس افراد پر مشتمل تھا۔ مگر جان بی بی کے بلڈرپورٹ ایچ آئی وی پازیٹیو آنے کے بعد سارے خاندان کے افراد نے جان بی بی سے منہ موڑ لیا۔ اس نے روتے ہوئے بتایا کہ اب وہ میرے ہاتھ کا پکا ہوا کھانا کھاتے ہیں اور نہ ہی مجھ سے ہاتھ ملاتے ہیں، انکی کوشش مجھ سے دور رہنے کی ہوتی ہے، میں بھی انسان ہوں، میری ساری زندگی اس گھر میں گزری، اب انکا رویہ برداشت نہیں ہوتا۔ جان بی بی اپنے تین کمسن بیٹوں کے ہمراہ اپنے ہی گھر میں اجنبی سی کسی زندگی بسر کر رہی ہیں۔ اسکے بیٹے علی دوست نے روتے ہوئے بتایا کہ دو ماہ قبل چچا نے انکی والدہ کو گھر سے منحوس کہہ کر نکال دیا تھا، ماموں کے گھر پہنچے تو انہوں نے ہمیں مویشیوں کی جھونپڑی میں رہنے کی ہدایت کی۔ ایڈز کنٹرول سندھ کے پروگرام منیجر ڈاکٹر ارشد محمود نے بتایا کہ اعداد و شمار کے مطابق سندھ میں 1841 افراد ایچ آئی وی پازیٹیو ہیں، عورتوں کی تعداد ایک فیصد ہوگی۔ سندھ میں ایڈز کے مریضوں میں زیادہ تعداد انکی ہے جنہیں عرب ممالک نے ڈیپورٹ کیا جاتا ہے۔ عورتوں میں اکثریت انکی ہے جنہیں اپنے مرد سے مرض منتقل ہوتا ہے، جو اپنی عورتوں کو اپنی بیماری سے بے خبر رکھتے ہیں، جان بی بی ایڈز کنٹرول پروگرام کی آگہی کی برسوں سے منتظر ہے کہ کوئی ایسا بھی پیغام لائے، جو گاؤں والوں کو بتائے کہ ایڈز کا مریض بھی انسان ہوتا ہے کوئی خونخوار جانور نہیں جس کے قریب جانے سے نقصان ہوگا۔ ڈاکٹر نے بڑے فخر سے بتایا کہ ایڈز کی دو امارکیٹ میں تیس ہزار روپے سے کم نہیں ان کا ادارہ سندھ میں ستاون مریضوں کو ادویات مفت فراہم کر رہا ہے۔ دفتری کاغذات میں ان کے سامنے یہ ستاون نام ضرور ہوں گے مگر شہدات کوٹ کی جان بی بی کو ایسی ادویات میسر نہیں جو انکی زندگی پر امید بناسکیں۔ جان بی بی کا کہنا ہے کہ ان کے پاس کئی سرکاری اور غیر سرکاری ڈاکٹر آتے رہے ہیں، ہر آنے والا مالی امداد کالانچ دیکر فوٹو کھینچ کر انٹرویو ریکارڈ کر کے واپس چلا جاتا ہے مگر کسی نے ان کو دوا دی ہے اور نہ مالی امداد۔

جان بی بی کو این جی اوز نمائندوں نے اپنی فنڈنگ کی خاطر کئی جگہوں پر کیش کروایا مگر مدد کسی نے نہیں کی۔ اسکے مطابق اب تو ڈاکٹروں سے بھی ڈر لگ رہا کہ وہ میرے دیور اور سر کے ساتھ ملکر مجھے زہر کا انجیکشن نہ دے دے۔

ہم جنس پرستی اور خواتین سکس ورکرز کی نقل مکانی ایچ آئی وی پازیٹو کی وبا میں اضافے کا سبب بن رہی ہے۔

ایشیا میں ایڈز کے جتنے بھی مریض ہیں ان کی 60 فیصد تعداد کا تعلق بھارت سے ہے

پاکستان میں سیکس ورکر خواتین کے بارے میں کی جانے والی اسٹڈی سے معلوم ہوا ہے کہ کراچی، ملتان اور لاہور میں ان کا کار بار بڑے پیمانے پر چل رہا ہے۔ اس کام کے لئے یہ اپنے گھروں یا ہوٹلوں کو استعمال کرتیں ہیں۔ سوائے حیدرآباد کے دوسرے شہروں میں بھی زیادہ تر یہ کام گھروں پر ہی ہوتا ہے۔ حیدرآباد میں کچھ گلیاں بھی اس کام کے لئے مخصوص ہیں۔ کچھ شہروں میں ریڈ لائٹ ایریا بھی بنادے گئے ہیں اور وہاں ان خواتین کو حفاظتی اور انسدادی طریقوں کے بارے میں معلومات فراہم کرنا زیادہ آسان ہوتا ہے۔

ان خواتین کے پاس آنے والے گاہکوں کے تعداد کا اندازہ لگانا اور بھی مشکل کام ہے۔ ہندوستان میں تو ان کی تعداد لاکھوں کروڑوں تک پہنچتی ہے۔ خاص طور پر وہ مرد حضرات جنہ اپنے پیشہ ورانہ فرائض کے سلسلے میں مختلف جگہوں پر جانا پڑتا ہے وہ ان خواتین کے پاس جاتے ہیں۔ مردوں کے ساتھ جسمانی تعلقات رکھنے والے مردوں کے بارے میں جو اسٹڈیز پاکستان میں کی گئیں ان سے معلوم ہوا کہ خواتین سیکس ورکرز کے طرح یہ بھی بڑے شہروں میں زیادہ پائے جاتے ہیں۔ کراچی میں تقریباً 5000 مرد سیکس ورکرز 7,626 ہجڑے ہیں جبکہ لاہور میں 7,500 سیکس ورکرز اور 2000 ہجڑے ہیں۔ (NACP 2005) (نیشنل ایڈز کنٹرول پروگرام اور ناز فاؤنڈیشن)

ایچ آئی وی کی وبا کا خطرہ جنوبی ایشیا میں سنگین صورتحال اختیار کرتا جا رہا ہے۔ ایک اندازے کے مطابق اب تک ساڑھے پانچ لاکھ چھ ملین لوگ اس متعدی مرض کا شکار ہو چکے ہیں۔ ایشیا میں ایچ آئی وی پازیٹو کی تعداد کا ساٹھ فیصد حصہ ہندوستان میں رہتا ہے۔ اس بیماری کی نوعیت یکساں نہیں اور اس سے نمٹنے کے لئے بہت زیادہ معلومات اور موثر تدابیر درکار ہیں۔ ہمارے خطے میں HIV کے خطرے کی شدت میں اضافہ کرنے والے عوامل میں غربت، سماجی اور اقتصادی عدم مساوات، ناخواندگی، عورت کا کمتر سماجی مرتبہ، عورتوں کی خرید و فروخت اور جسم فروشی (جواب ایک صنعت بن چکی ہے) شامل ہیں۔ اس علاقے کے ممالک کی سرحدیں ایک دوسرے کے لئے مکمل طور پر بند کرنا مشکل ہے اور لوگ غیر قانونی طور پر نقل مکانی کرتے رہتے ہیں۔

ایک رپورٹ کے مطابق اس بیماری کا زیادہ نشانہ وہ مرد بننے ہیں جن کے دوسرے مردوں کے ساتھ جسمانی تعلقات ہوتے ہیں اور پھر وہ آگے اس بیماری کو کیسے پھیلاتے ہیں، اس کے بارے میں ہر کوئی نہیں جانتا۔ زیر نظر مضمون میں ایسی ہی معلومات پیش کرنے کی کوشش کی گئی ہے۔ جنوبی ایشیا میں ایڈز کے مریض پہلے پہل 1980 کے عشرے میں سامنے آئے اور ہر ملک میں اس کا رد عمل ہوا۔ پاکستان نے 1986 سے اس حوالے سے ٹھوس اقدامات کرنے شروع کیے۔

انٹرنیشنل 2005) ان جگہوں پر ایچ آئی وی کے پھیلنے کی نگرانی کرنا بہت ضروری ہے۔

بنگلہ دیش میں رکشہ کھینچنے والوں اور ٹرک ڈرائیوروں میں سے سات فیصد نے گزشتہ ایک سال میں ایک مرد سیکس ورکر کے ساتھ تعلقات قائم کیے تھے اور ان میں سے 21 فیصد نے زندگی میں ایک مرتبہ کسی مرد سیکس ورکر کیساتھ تعلقات قائم کیے تھے۔ اسی طرح پاکستان میں خاتون سیکس ورکرز کے پاس جانے والے 49 فیصد گاہک مرد سیکس ورکرز کے پاس بھی جاتے ہیں۔ جنسی طور پر منتقل ہونے والی بیماریوں کے مریضوں میں 49 فیصد کے مردوں کے ساتھ جنسی تعلقات تھے۔

سرخ کے ذریعے منشیات استعمال کرنے والے پاکستان میں ہونے والی ایک تحقیق کے مطابق منشیات استعمال کرنے والے افراد ایک ہی سرخ استعمال کرتے ہیں۔ ایک ایک سرخ اور ایک ہی سوئی استعمال کرنے والوں کی تعداد پاکستان میں 40 تا 77 فیصد اور ہندوستان میں 50 تا 70 فیصد ہے۔ 60 سے 80 فیصد لوگ گروپ میں بیٹھ کر منشیات اپنے جسم میں داخل کرتے ہیں۔ مغربی بنگال کو چھوڑ کے باقی علاقوں میں لوگ سرخ اور سوئی ادھار لیتے ہیں، کرائے پر لیتے ہیں یا استعمال شدہ سوئی اور سرخ فروخت کر دیتے ہیں۔ بنگلہ دیش اور پاکستان میں کمپاؤنڈر بھی ہوتے ہیں جو منشیات کے عادی افراد سے پیسے لیکر انھیں ٹیکہ لگاتے ہیں مگر عام طور پر یہ بہت سے لوگوں کے لئے ایک ہی سوئی اور سرخ استعمال کرتے ہیں۔ پاکستان میں نشہ کے عادی افراد کی اکثریت ایسے ہی کمپاؤنڈروں سے انجکشن لگواتی ہے جبکہ سڑکوں کے کنارے یا پلوں کے نیچے بیٹھے ایسے گروہ بھی نظر آتے ہیں جو خود ہی یا ایک دوسرے کو ٹیکہ لگاتے ہیں۔

افغانستان سے ملنے والے اعداد و شمار کے مطابق وہاں

غیر قانونی طور پر نشہ استعمال کرنے والے افراد کی تعداد 920000 ہے۔ ان میں سے ایک لاکھ بیس ہزار خواتین ہیں اور ساٹھ ہزار بچے ہیں۔ خواتین عام طور پر نشہ کے لئے سرخ کا استعمال نہیں کرتیں ہیں۔ سرخ کے ذریعے منشیات کا استعمال گوکہ شہری علاقوں تک محدود ہے لیکن ویسے منشیات کا استعمال شہری اور دیہی دونوں علاقوں میں عام ہے۔ 1989 سے 2005 کے درمیان کابل کے سنٹرل بلڈ بینک کی رپورٹ کے مطابق ایچ آئی وی پازیٹیو کے 67 کیسز سامنے آئے۔

اگرچہ زنانہ سیکس ورکرز اور ہم جنس مردوں میں ویسے ہی ایچ آئی وی کی منتقلی کے امکانات زیادہ ہوتے ہیں لیکن انجکشن کے ذریعے نشہ استعمال کرنے سے یہ خطرہ اور بھی زیادہ بڑھ جاتا ہے۔ پاکستان میں ہونے والے ایک تحقیقی مطالعہ سے معلوم ہوا ہے کہ تین فیصد زنانہ سیکس ورکرز نشہ کے ٹیکے بھی استعمال کرتی ہیں۔ غالباً ان کے مرد ساتھی انہیں نشہ کا عادی بنا دیتے ہیں۔ 21 فیصد خواتین سیکس ورکرز نے بتایا کہ ان کے پاس سرخ کے ذریعے نشہ کا استعمال کرنے والے گاہک آتے ہیں اور ان میں 15 فیصد خواتین کے تعلقات نشہ کے عادی ان مردوں کے ساتھ بھی ہوتے ہیں جو انہیں کوئی معاوضہ ادا نہیں کرتے۔

خواتین سیکس ورکرز ہندوستان میں بنگلور اور کرناٹک میں 2003ء میں 14 فیصد سیکس ورکرز ایچ آئی وی کا شکار تھیں۔ 2004ء میں یہ تعداد بڑھ کر 22 فیصد ہو گئی۔ 2005ء میں میسور میں خواتین سیکس ورکرز کی 25 فیصد تعداد ایچ آئی وی کا شکار ہو چکی تھی۔ ہر سال نیپال کی پانچ تا سات ہزار لڑکیوں کو اسمگل کر کے ہندوستان بھیجا جاتا ہے، جہاں ان کے ایچ آئی وی

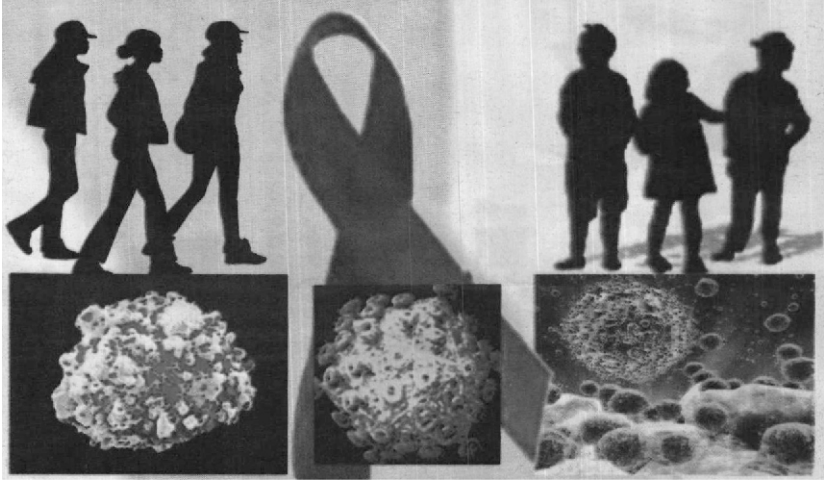
جاتا ہے اس سے لگتا ہے کہ نشہ کے عادی افراد کے ذریعے ایچ آئی وی کے پھیلاؤ میں اضافہ ہوگا۔

پاکستان میں ہونے والی تحقیق کے مطابق ہجڑوں میں ایچ آئی وی کی موجودگی دو فیصد اور مرد سیکس ورکرز میں چار فیصد ہے۔

یہ کراچی کی صورتحال ہے، جبکہ لاہور میں ہجڑوں میں صفر فیصد اور مرد سیکس ورکرز میں اعشاریہ پانچ فیصد اس وائرس کا شکار ہیں۔ بنگلہ دیش میں اعشاریہ تین فیصد

انفیکشن کا شکار ہونے کے امکانات بہت بڑھ جاتے ہیں۔

پاکستان اور بنگلہ دیش میں خواتین سیکس ورکرز میں ایچ آئی وی کی موجودگی ہندستان کے مقابلے میں کم ہے۔ 2005ء کی تحقیق کے مطابق لاہور میں ان کی تعداد اعشاریہ پانچ فیصد اور کراچی میں صفر فیصد۔ بنگلہ دیش میں 2005ء میں ہونے والے سروے کے مطابق چھکوں میں کام کرنے والی سیکس ورکرز میں ایچ



مرد سیکس ورکرز اور اعشاریہ آٹھ فیصد ہجڑے اس مرض میں مبتلا ہیں۔ اس کے برعکس ہندستان میں گوا، ممبئی اور تامل ناڈو میں یہ شرح مختلف اوقات میں دو فیصد سے پچاس فیصد تک رہی ہے۔

1994 تا 1997 کے درمیان ہندستان میں ٹرک ڈرائیوروں میں ایچ آئی وی کی وبا میں تیزی سے اضافہ ہوا ہے۔ کیونکہ وہ عام آبادی کے مقابلے میں غیر محفوظ جنسی سرگرمی میں مشغول رہتے ہیں۔ بنگلہ دیش میں اس طرح کے مردوں میں ایچ آئی وی کی وبا کی شرح کم ہے۔ شاید اس کی وجہ یہ ہو کہ ان اعداد و شمار میں

آئی وی کی موجودگی اعشاریہ دو فیصد، گلیوں میں کام کرنے والیوں میں صفر تا اعشاریہ دو فیصد، ہوٹلوں میں کام کرنے والوں میں صفر تا اعشاریہ چھ فیصد اور کبھی کبھار یہ کام کرنے والیوں میں اس کی شرح صفر تا ایک اعشاریہ سات تھی۔ سری لنکا میں بیماری کی سطح ابھی کم ہے اور 2005ء کے ایک سروے کے مطابق اس شرح میں ایک فیصد سے زیادہ اضافہ نہیں ہوا ہے۔ اسی طرح پاکستان میں بھی خواتین سیکس ورکرز میں اس انفیکشن کی شرح کم ہے لیکن ان خواتین اور انجیکشن کے ذریعے منشیات استعمال کرنے والوں میں جو تعلق پایا

جنس کا کاروبار کرنے والے مرد اور عورتیں شامل نہیں ہیں۔

ایڈز کے حوالے سے عام آبادی کی صورتحال کے بارے میں نیپال میں کوئی اعداد و شمار دستیاب نہیں ہے۔ پاکستان میں عام آبادی میں اس مرض کی شرح صفر کے قریب ہی ہے۔ بنگلہ دیش میں بھی عام آبادی میں اس مرض کے آثار نظر نہیں آئے۔ سری لنکا میں ویسے بھی اس مرض کا پھیلاؤ بہت کم ہے اور مالدیپ اور افغانستان میں اس حوالے سے کبھی کوئی اندازہ لگانے کی کوشش ہی نہیں کی گئی۔

ایشیا میں ہندستان کی چالیس فیصد آبادی رہتی ہے اور براعظم میں ایچ آئی وی انفیکشن کے ساٹھ فیصد کیمز یہاں پائے جاتے ہیں۔ ہندستان میں اس وبا کی مختلف نوعیت کی وجہ یہ ہے کہ اس کی کچھ ریاستیں یہاں تک کہ چند اضلاع بھی بہت سے افریقی ممالک سے بڑے ہیں۔ ہندستان کی آٹھ ریاستوں میں یہ وبا زیادہ عام ہے۔

ایچ آئی وی کی منتقلی کے حوالے سے دیگر توجہ طلب باتیں

ہندستان میں ایچ آئی وی ایڈز کے وسیع پیمانے پر پھیلاؤ نے بہت سے دیگر مسائل کو بھی جنم دیا ہے جن پر خصوصی توجہ دینے کی ضرورت ہے۔ مثلاً ہندستان میں خواتین سیکس ورکرز ایک جگہ قیام نہیں کرتیں اور اپنے ٹھکانے بدلتی رہتی ہیں۔ ممبئی جیسے بڑے شہروں میں جہاں خواتین سیکس ورکرز کی تعداد بہت زیادہ ہے ان میں سے اکثر خواتین ہندستان کے دیگر علاقوں یا دوسرے ممالک سے یہاں آتی ہیں۔ ان خواتین کے ٹھکانے بدلنے کی بدولت ایچ آئی وی کے پھیلنے کا خطرہ بڑھ جاتا ہے۔ ہندستان میں 60 تا 70 فیصد لوگ دیہاتوں میں رہتے ہیں اور شواہد سے ظاہر ہوتا کہ بہت

سے دیہی علاقوں میں ایچ آئی وی کی وبا شدت پکڑ چکی ہے۔ گو کہ کچھ وبائی امراض شہروں سے دیہاتوں میں آتے ہیں لیکن کچھ وبائی امراض صرف دیہاتوں میں پھوٹتے ہیں اس لئے ان سے وہیں نمٹنا ضروری ہے۔

ایڈز کی دواؤں کی فراہمی

اینٹی ریٹرو وائرل تھیراپی دنیا بھر کی مارکیٹوں میں دستیاب ہے لیکن کچھ پرائیویٹ ڈاکٹرز غیر تربیت یافتہ لوگ بعض دفعہ غلط خوراک دے دیتے ہیں۔ ان ادویات کی فراہمی کاؤنسلنگ اور ٹیسٹنگ کی راہ ہموار کرتی ہے۔ جس سے اس بیماری کی روک تھام میں مدد ملتی ہے۔

ابھی تک ایڈز کی روک تھام کے جتنے پروگرام بنائے گئے ہیں، وہ شہری آبادی کو مدنظر رکھ کر بنائے گئے ہیں جبکہ یہ بیماری دیہاتوں میں بھی اس قدر پھیل چکی ہے مگر دیہاتوں کے بارے میں اعداد و شمار اکٹھے نہیں کئے جاتے۔ لیکن جن لوگوں نے بھی ایڈز کے حوالے سے دیہاتوں میں کام شروع کیا ہے ان کا کہنا ہے جسم فروشی اس بیماری کو پھیلانے کا سبب بڑا سبب ہے۔ دیہی علاقوں میں ایڈز کی روک تھام کے لئے حکمت عملی بنانا ہماری پہلی ترجیح ہونی چاہیے۔

ایڈز کے حوالے سے مشکلات کے باوجود جنوبی ایشیا خاص طور پر ہندستان میں اہم کامیابیاں حاصل کی گئیں ہیں اور اس بیماری کو مزید پھیلنے سے روک لیا گیا ہے۔ پاکستان میں ایڈز کا مرض ابھی ابتدائی مرحلے میں ہے۔ مختلف بڑے شہروں سے جمع کیے جانے والے اعداد و شمار سے پتا چلتا ہے کہ نشہ باز افراد، مردوں کے ساتھ جنسی تعلقات رکھنے والے مرد اور خواتین سیکس ورکرز کی اچھی خاصی تعداد میں موجودگی اور پرخطر رویے ایڈز کے مرض کو پھیلانے کا باعث بن

سکتے ہیں۔

لیبارٹری کے عملے کی تعلیم کے ذمہ دار تھے۔ رضا کارانہ مشاورت اور ٹیسٹنگ کے 47 مراکز ہیں۔ سارے سرکاری بلڈ بنکس میں اور جنسی امراض کے کلینکس میں ایچ آئی وی کی نگرانی کی جگہیں بنائی گئیں ہیں۔ بہر حال ابھی ایچ آئی وی کی نگرانی کے عمل کو مزید بہتر بنانے کی ضرورت ہے۔ تشخیصی مہارتیں کم ہیں، تشخیصی کسٹس کی فراہمی قابل اعتماد نہیں ہے۔ ٹیسٹنگ کے طریقے اتنے معیاری نہیں۔ زیادہ تر تحقیق شہروں کو بڑے ہسپتالوں میں ہوئی ہے جو ملک بھر کی صورتحال کی عکاسی نہیں کرتی۔

شروع میں معلوماتی پروگراموں کی تعداد بھی کم رہی، لیکن پھر 1993 میں حکومت نے ایچ آئی وی ایڈز سے متعلق معلومات کی ترسیل پر سے پابندی ہٹا لی۔ چنانچہ اس کے بعد ایک عوامی تعلیمی مہم شروع کی گئی اور پھر 2000ء میں ایک وسیع مشاورتی عمل کے ذریعے یو این ایڈ کے تعاون سے سٹرٹیجک فریم ورک برائے ایچ آئی وی ایڈز بنایا گیا۔ 2001ء میں جب عوامی تعلیمی مہم کا ایوایویشن یا فنڈ ریزی کی گئی تو علم اور آگاہی میں بہت فرق نظر آیا۔ 2003ء میں ورلڈ بینک، یو این ایجنسیوں اور دیگر ڈونرز کے تعاون سے اضافہ شدہ ایچ آئی وی کنٹرول پروگرام بنایا گیا۔ یہ پروگرام مندرجہ ذیل اجزاء پر مشتمل ہے۔

خواتین سیکس ورکرز، انجکشن کے ذریعے منشیات استعمال کرنے والوں، مردوں، مزدوروں، نقل مکانی تعلقات رکھنے والے مردوں، ہجڑوں، نقل مکانی کرنے والے کارکنوں اور قیدیوں کو ہدف بناتے ہوئے سرکاری شعبے اور این جی اوز کے انسدادی پروگراموں کے ذریعے سروس ڈیلیوری میں اضافہ کرنا۔

عام آبادی کے لئے تعلیمی اور ابلاغی پروگرامز

☆ خون کی محفوظ منتقلی ☆ کلینیکی اور انتظامی استعداد کاری

اس وقت پاکستان میں ایڈز کے مرض کو پھیلنے سے روکنے کے لئے منشیات کے عادی افراد کے نیٹ ورکس پر توجہ مرکوز کرنا ضروری ہے۔ کراچی اور لاہور کا مین انجکشن کے ذریعے منشیات استعمال کرنے والوں میں ایڈز کا مرض بہت تیزی سے پھیلا ہے۔ ظاہر ہے یہ لوگ اس مرض کو آگے بھی پھیلا سکتے ہیں لیکن ابھی تک اس حوالے سے کوئی واضح صورتحال سامنے نہیں آئی۔ کراچی، لاہور اور ملتان جیسے شہروں میں خواتین سیکس ورکرز اچھی خاصی تعداد میں موجود ہیں لیکن ایچ آئی وی کی ترسیل، منتقلی اس گروپ میں کم سطح پر ہے۔ ان خواتین کے بارے میں تحقیق اس لئے بھی مشکل ہے کہ اب یہ ایک علاقے میں محدود ہو کر کام نہیں کرتیں بلکہ مختلف جگہوں پر پھیل گئیں ہیں۔ اس لئے ان کے لئے کوئی پروگرام بنانا اور خدمات فراہم کرنا مشکل ہو گیا ہے۔

پاکستان میں ایڈز کی روک تھام کے حوالے سے کئے جانے والے اقدامات

وفاقی کمیٹی برائے ایڈز کا قیام 1987 میں عمل میں آیا جس کے سربراہ نیشنل ہیلتھ سیکرٹری تھے۔ اس کا مقصد پالیسی گائیڈ لائن فراہم کرنا، اسٹرٹیجک پلان بنانا اور بین الاقوامی ایجنسیوں اور تنظیموں سے رابطہ کرنا تھا۔ ایک سال بعد نیشنل ایڈز کنٹرول پروگرام بنایا گیا جو نیشنل انسٹیٹیوٹ آف ہیلتھ کا حصہ تھا۔ اسے ایک ریسورس سنٹر کے طور پر کام کرنا تھا۔ اس کے علاوہ ہیومن ریسورس ڈیولپمنٹ، نگرانی، مشاورت، کلینکل مینجمنٹ، دیکھ بھال، اعانت، اور خون کی منتقلی بھی اس کے دائرہ کار میں شامل تھی۔ صوبائی ایڈز پروگرام، صوبائی حکمہ صحت کے تحت 1994 بنائے گئے۔ یہ پروگرامز عوامی تعلیم، خون کی محفوظ منتقلی، کلینک اور

☆ ایچ آئی وی ایڈز کے ساتھ زندہ رہنے والے لوگوں کی دیکھ بھال۔
 کی تعداد اور ان کو لاحق خطرات کے بارے میں صبح
 معلومات ابھی تک حاصل نہیں ہو سکیں ایڈز کے خطرے
 کی روک تھام اور آگے اسے ن کے گاہکوں اور
 ساتھیوں تک پھیلنے سے روکنے کے لئے مناسب
 پروگرام بنانا ضروری ہے۔

روزنامہ جنگ: 4 نومبر، 2007ء

Stigma, Shame and suffering: the tale of an HIV widow

By: Huma Khawer

ISLAMABAD, Nov 29: It was love at first sight. We met at the university cafeteria. After knowing each other for a few months, we got married. He took me to Dubai for our honeymoon where he had his business. Coming back to Pakistan, he fell sick and was diagnosed as a HIV positive and died a few days later. I was two months pregnant at that time, says Tahira, (not her real name) about a marriage that lasted for less than a year.

Months after her husband's death, she gave birth to a baby girl. In the process she had to sell her 'keeps sake' jewellery to meet the doctor's bills. Although she holds a bachelors degree in law, today she is running from pillar to post to make ends meet.

Tahira is a survivor. A life threatening virus, the woes of widowhood, the imperatives of self pride notwithstanding, she is a woman fighting the barriers of culture and society.

As someone living with HIV, she faces the worst form of discrimination from not only society but also her near and dear ones.

She was badly treated by her in-laws, who feared she would lay claim to her husband's property.

She narrates cruel scenes of being locked up in the



house. "It was through the help of an NGO that I was able to get out and come to Islamabad."

"I married of my own choice,

I can't face my parents. They don't even know about my virus. I don't want to burden them anymore. I want to be employed. I need a job. A place to live and food for my eleven-month-old girl. The few months that she was married, Tahira's life was like a 'romantic film'. "I had the best time with him. He was very caring and loving person. Sometimes, I wonder why God has given me so much strength to survive. Since the day my husband died this world has become so unlivable. I have not seen a single day of peace. I don't know where I will end up." AIDS is affecting women and girls in increasing numbers. Globally, women comprise almost 50 per cent of people living with HIV.

"In Pakistan, it is estimated that the number of women aged 15 and over living with HIV is 14,000. Most HIV positive women have been infected with HIV through heterosexual relations, which account for 38 percent of reported cases of WV in the country," says Meagen Baldwin, gender specialist UNAIDS Pakistan.

"Women's economic dependence can often make it difficult for them to challenge a husband or partner who insists on unsafe sexual practices," Baldwin added.

If we all work together to spread awareness, we may be able to prevent many Pakistani girls from becoming Tahiras in the years to come.

Daily Dawn : November 30, 2001



A teacher displaying a poster for coronavirus prevention tips in a school in Islamabad. Photo: Online

Medical Miracles: 23 HIV-positive women give birth to healthy babies

HIV-positive women can breastfeed their babies for up to six months by using proper medication

By: Islamauddin Sajid

Peshawar: Twenty-three HIV-positive women have given birth to health babies since the creation of the family care centre for prevention of AIDS at Hayatabad Medical Complex Peshawar, officials said on Tuesday.

Official sources in Provincial Aids Control Program (PACP)



told The Express Tribune that they have registered 27 HIV-positive women in the past two years, of which 23 belong to Khyber-Pakhtunkhwa (K-P) and the Federally Administered Tribal Areas (FATA). Modern medicine has made it possible so that a baby will not be transmitted the human immunodeficiency virus (HIV) from the mother.

Dr Nasira Yasinzai, coordinator of the centre, said that a recent survey showed that HIV-positive mothers can breast feed their children for six months without any risk, but it is necessary for both the baby and the mother to use anti-virus drugs.

There are 832 AIDS-affected people in K-P and the tribal areas registered with the authorities. However as the majority of patients do not register themselves with the PACP the number is on the rise, an official said; since January 2007 only 27 women have been registered with the PACP, he added

According to the PACP report, out of 832 registered patients, 593 are men, 197 women and 42 are children. The report also stated that Peshawar, with 105 out of the 832 registered, has the highest number of AIDS patients. In addition to this there are 64 in Bannu, 59 in North Waziristan, 5 in Dikhan, 82 in Kohat, 4 in Karak, 13 in Laki Marwat, 1 in Tank, 34 in Hangu, 20 in Nowshera, 29 in Charsadda, 9 in Mardan, 30 in Swabi, 1 in Battagara, , 41 in Swat 35 in Upper Dir, 32 in Lower Dir, 1 in Kohistan, 3 in Shangla, 17 in Buiner, 3 in Khyber Agency, 14 in Orakzai, 41 in Kurram , 25 in South Waziristan, 9 in Mohmand, 8 in Bajour, and 4 HIV-positive case registered in FR Kohat.

We also have 83 patients from Afghanistan, five from Punjab, and two from Zambia,” said Dr Sher Muhammad, Provincial Manager for AIDS Control Programme.

Registered Areas with highest number of AIDS patients

City	Cases
Peshawar	105
Kohat	82
Bannu	64
North Waziristan	59
Swat	41
Kurran	41
Khyber Agency	40
Upper Dir	35
Hangu	34

Lower Dir	32
Swab	30
Charsadda	29
South Waziristan	25
Nowshera	20
Orakzai	14
Bunir	17
Lakki Marwat	13

Express Tribune: October 18, 2011

<https://tribune.com.pk/story/276848/medical-miracles-23-hiv-positive-women-give-birth-to-healthy-babies>



Photo: AFP

Monday 01

Tuesday 02

Wednesday 03

Thursday 04

Friday 05

Saturday 06

Sunday 07

Monday 08

Tuesday 09

Wednesday 10

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Wednesday 24

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Friday 26

Saturday 27

Sunday 28

Monday 29

Tuesday 30



PESHAWAR: Women listening to speeches at a seminar on AIDS-Staff photo

The Nation: December 02, 2002

Dr Nafis for breaking taboo on HIV/AIDS

By: Khawar Ghumman

ISLAMABAD: Time has come when the people of Pakistan would freely talk about sexually transmitted diseases with special focus on HIV/AIDS as it is one of the countries with "High Risk Behaviour" in Asia.

This was remarked by Dr Nafis Sadik, the special envoy to the UN secretary-general on HIV/AIDS and population in South Asia, at a press conference, organised by the UN information centre here on Friday.

Dr Nafis is currently visiting Pakistan as part of her campaign to make its leadership and the masses aware of the health hazards of sexually transmitted diseases and possible preventive measures.

"Although, at present in Pakistan the HIV/AIDS prevalence rate is very low, due to its high risk behaviour, the deadly disease can turn into a pandemic, as has happened in the African countries over the last one decade," Dr Nafis Sadik said.

Therefore, it was the need of the hour that the people of the country should be informed about the causes for the spread of the HIV/AIDS and possible preventive measures, she added. Unfortunately, the people of Pakistan are suffering from the stigma that HIV/AIDS

only spread through unlawful sexual relations, she said.

Dr Nafis Sadik, who had been working with the UNFPA since 1985 said, "my job is to pursue Pakistan's leadership and its people not to hesitate from discussing and taking preventive measures against the HIV, which so far had killed billions of people all around the world."

In Pakistan's context, women are more vulnerable to HIV. In most of the cases, women infect-ed with the deadly virus through their spouses later on transfer it to their babies. She said, it was of vital importance that like in the west both man and the woman got a marriage certificate making it sure that no one carried the disease.

"A woman with HIV affects the whole family and in a conservative society like ours it exacerbates the problems, as women are not allowed to dis-cuss such issues what to talk about asking their spouses to adopt preventive measures," Dr Sadik said.

Women in Pakistan needed special education to save themselves and their babies from the pandemic, she said, adding, but it was only possible with the cooperation of men.

Expressing her happiness at the reservation of 33 per cent women seats in the local governments and 17 per cent in the National Assembly, Dr Nafis was of the view that it would help them look after their interests in policy-making.

Being appreciative of the role of media, she said, the print media in Pakistan had been daring in the last couple of years and courageously reported centuries-old customs like honour killings and *Karo Kari*, which in turn prompted legal actions by the government against the culprits.

Answering a question, she said, both public and private sectors had to make easy availability of the condoms and other preventive measure to the general public.

To another question, she said, unlike her previous tours to the country this time the federal government seemed concerned about the spread of the disease and was willing to work in this regard.

"My meetings with the prime minister, president and federal health minister have been encouraging and they have shared the UN's concern with regard to the spread of the HIV in the region," she said.



The special envoy to the UN secretary-general on HIV/AIDS and Population in Asia, Dr Nafis Sadik speaks to the media persons at the UN Information Centre in Islamabad on Friday. —Dawn

Daily Dawn: January 11, 2003

Mother-to-child transmission of HIV on the rise, says Unicef

By: Correspondent

ISLAMABAD: In 2001, 800,000 children under the age of 15 contracted HIV. Of these, over 90 percent acquired it through mother-to-child transmission, reveals a UNICEF fact-sheet.

Without preventive interventions, approximately 35 percent of the infants born to HIV-positive mothers contract the virus through mother-to-child transmission.

Infants can become infected during pregnancy, childbirth or breastfeeding. Some 15 to 20 percent of infant infections occur in pregnancy, 50 percent occur during labour and delivery, while breastfeeding accounts for a further 33 percent of infant infections.

For mothers living with HIV-AIDS, especially in developing countries, the decision on whether or not to breastfeed is a frightening dilemma. Infants not infected during pregnancy and childbirth, whose mothers are HIV-positive, face a 10 to 15 percent chance of acquiring HIV through breastfeeding, depending on how long they are breastfed. The use of breast milk substitutes reduces this risk but can expose them to other dangerous health risks such as diarrhoea. Many mothers in developing countries cannot afford milk substitutes and lack access to clean water, which is essential for their safe preparation and use.

A mother living with HIV-AIDS therefore faces many grave difficulties. She worries about her own health and survival, the risk of infecting her baby through breast milk, and the danger that her baby will develop other health problems if she does not breastfeed.

According to UNAIDS statistics, over 2.5 million children were at risk of HIV infection through mother-to-child transmission in 2001. In a Declaration of Commitment adopted at the UN General Assembly Special on HIV-AIDS in June 2001, governments vowed that together they would reduce the proportion of infants infected with HIV by 20 percent by 2005, and by 50 percent by 2010.

These targets will be met through a series of strategies such as ensuring that 80 percent of pregnant women accessing antenatal care have information, counseling and other HIV-prevention services available to them; increasing the availability of and providing access for HIV-infected women and babies to effective treatment, and adopting effective interventions for HIV-infected women, including voluntary and confidential counseling and testing, and where appropriate, breast milk substitutes.

A robust response to HIV-AIDS is a top priority in UNICEF's Medium-Term Strategic Plan for 2002-2005. UNICEF is taking a wide range of actions to prevent HIV infection among women of child bearing age; to strengthen family and community support for women and their partners to prevent HIV infection and to, access services for preventing mother-to-child transmission; expanding access to counseling; improving antenatal care, expanding antiretroviral therapy, providing advice on appropriate feeding methods, and improving the health, nutrition and well-being of parents and children living with HIV-AIDS.

The News: February 18, 2003



لاہور: ایڈز کے عالمی دن کے موقع پر واک میں شریک خواتین نے پلے کارڈز اٹھا رکھے ہیں۔

روزنامہ ایکسپریس: 02 دسمبر، 2020ء



RAWALPINDI: A view of Commercial Market in Satellite Town with few vehicles as per precautionary measures announced by the government to avoid COVID-19 outbreak. — APP

The gendered face of Covid 19

By: Asif Khan Shinwari

The world is tragically suffering from the COVID-19 pandemic. Caught unprepared, more than 188 countries are impacted, confirmed cases almost reaching 5,326,230 and more than 330,000 people losing their lives at the time of this write-up. Pakistan now has a reported 50,830 cases and 1,101 fatalities as of 23rd May, 2020 with numbers spiraling as testing capacity expands and markets teemed with customers as the nationwide lockdown restrictions eased. Mandatory quarantines, country lockdowns, and mobility restrictions have all become part of our lives as we try to “stay-in” and “stay-alive.”

Disease outbreaks affect women and men differently, and pandemics make existing inequalities for women and girls and discrimination of other marginalized groups such as persons with disabilities and those in extreme poverty, worse. This needs to be considered, given the different impacts surrounding detection and access to treatment for women and men.

Women represent 70 percent of the health and social sector workforce globally. Evidence suggests that in case of outbreak of disease, there is an additional burden of domestic work and disease prevention that falls on women. Women are therefore more likely to be exposed to the virus and continue with their domestic responsibilities even if they fall ill. The responsibility of women in prevention and care of disease extends outside the household as well.

In Pakistan, only 55% of the women have access to adequate healthcare, and only 34% have reported consulting a doctor or a medical professional for health-related problems – providing evidence that women are less likely to seek and receive medical attention. Hindered mobility because of sporadic transport availability may result in women not receiving timely care for COVID-19. This could lead to serious complications in elderly women and those with weakened immune systems; many of which are spread across Pakistan. In Pakistan, a large majority of nurses and health workers are female. These women are at the forefront of identifying and treating patients with COVID-19, and hence at a greater risk of exposure to the infection.

The COVID-19 pandemic has swept worldwide and brought along significant disruptions to the livelihood of households, individuals and communities, irrespective of gender. While the experiences and actions of both men and women vary in response to the Corona virus, a consistent factor has been the drastically increased burden of responsibilities experienced across the spectrum. Women, especially in developing countries, are more likely to face adverse economic impacts during the pandemic.

From an economic perspective, low-paid, young, working-class women are known to be hit the hardest. The gender pay gap compounds this inequality – not only are women losing jobs at higher rates, but they were making less money to begin with. Millions have lost their jobs and incomes during the COVID-19 crisis, many of them women who are already hit by existing inequalities like unequal pay and less access to financial services. An analysis on Home-based Workers (HBWs) in Pakistan shows that there are currently 12 million HBWs who earn around Rs. 3000-4000/months and will face multidimensional issues such as low income security, absence of social protection and highest economic vulnerability in times of COVID-19.

The post-Covid-19 transformation will most likely generate a higher demand for more

digitally-related jobs and skills. This means that the “digital divide” has the potential to become an even greater source of inequality. Those groups able to develop and activate the necessary digital skills will succeed and those groups who don't will suffer. As a group, women fall under this second category — those lacking digital access and skills. On average women use and access digital technology less often than men: for example, the proportion of women using the internet was 48% in 2019 against 58% of men globally (according to data from the International Telecommunication Union, a UN agency).

There are gross imbalances in the gender distribution of unpaid care work. Before COVID-19 became a universal pandemic, women were doing three times as much unpaid care and domestic work as men. In the context of the pandemic, the increased demand for care work is deepening already existing inequalities in the gender division of labor. The less visible parts of the care economy are coming under increasing strain but remain unaccounted for in the economic response.

In Pakistan, norms dictate that women and girls are the main caretakers of the household. This can mean giving up work to care for children out of school and/or sick household members, impacting their levels of income and heightening exposure to the virus. It is estimated that with the current lockdown situation the workload of household chores on women and girls will increase substantially and will further shrink their time dedicated for learning and skills development. This will have serious impediments on the efforts of women empowerment which will not only be seen in the short run but also in medium and long run.

Reports of domestic violence, too, have surged as a result of the pandemic. United Nations Secretary General António Guterres issued a statement encouraging governments to put women's safety first as they respond to COVID-19. His appeal came after domestic violence hotlines around the globe report a precipitous rise in calls following lockdown orders.

Domestic violence normally happens in the home. Crowded homes, substance abuse, limited access to services and reduced peer support are exacerbating these conditions. Data shows that domestic violence is increasing drastically during the COVID-19 crisis, likely worsened by quarantines and limited mobility that isolate women with their abusers.

Pandemics add an extra layer to existing inequalities in society, making the lives of women and girls harder. Now it is time to revisit the famous feminist slogan of the '60s and “politicize the personal”

In times of crisis such as an outbreak, women and girls may be at higher risk of intimate partner violence and other forms of domestic violence due to increased tensions in the household. Given the current climate of decreased economic activities, financial uncertainties and a situation of lockdown being faced in Pakistan, heightened tensions could translate into women facing more vulnerability.

The education system in Pakistan with low learning levels and high dropout rates is likely to be severely impacted because of the COVID-19. Within the system, it is the vulnerable students, including girls who face the most disproportionately negative impacts. Given mobility constraints, when schools are closed, girls are generally given more household responsibilities as compared to boys. Prolonged closure could exacerbate the inequalities in educational attainment as this will result in higher rates of female absenteeism and lower rates of school completion. As the schools open a lot of girls will find it difficult to balance schoolwork and increased domestic responsibilities.

Lastly, the global pandemic has led to a significant increase in restrictions on the freedom of

movement of people worldwide. This has led to an adverse impact on civic space and the ability of communities and individuals to exercise their right to peaceful assembly and freedom of expression. Women leaders and activists continue to bear the brunt of harassment and attacks both on and offline. The prospects of a long-term global recession raise serious concerns over how these protection gaps and human rights restrictions will be addressed.

While the crisis responses and public policy measures globally are focused on curbing the spread of COVID-19, we need an urgent consideration of the gendered implications of this crisis. We need to adopt a gender equity lens in our public policy responses to mitigate the pressing health and safety risks for half of our population. Given that the COVID-19 crisis affects men and women in different ways, measures to resolve it must take gender into account. The world must put a gender lens on the response to COVID-19, to ensure the unique needs of girls and women are addressed, and their unique expertise is leveraged.

All policies, programs and investments, including stimulus and recovery packages, must be designed with a gender lens, so they don't overlook or have unintended consequences for girls, women and gender equality. Decision-makers must examine gender-based differences in health expenditures, disease detection and response, emergency preparedness, research and development and the health workforce.

Policies and programs can be revamped to empower women and girls to attain the necessary tools and to remove barriers that inhibit their full participation in a new digital world that is unfolding. Every COVID-19 response plan and every recovery package and budgeting of resources, needs to address the gender impacts of this pandemic. As systems that protect women and girls, including community structures, may weaken or break down, specific measures should be implemented to protect women and girls from the risk of intimate partner violence with the changing dynamics of risk imposed by COVID-19. Governments must ensure that school closures do not result in even more children, particularly girls, not enrolling or coming back to school. The Government needs to rapidly communicate and assure that women and children have protection and support from the state during these challenging times.

Pandemics add an extra layer to existing inequalities in society, making the lives of women and girls harder. Now it is time to revisit the famous feminist slogan of the '60s and "politicize the personal." For too long, excuses for not using a gender lens during health emergencies have impeded the responses we most need. To protect us all, this time must be different. We can emerge from this pandemic as a stronger and better society. We can do this by holding fast to a vision of a brighter future but only if we meet the needs of the marginalized and most vulnerable members of our communities first.

"The writer is a Civil Servant from the 47th CTP. He is currently serving as a Section Officer (UT). He holds an M.Phil. degree in Sociology and is also a visiting faculty member at Civil Officers Academy"

Daily Times: May 27, 2020

<https://dailytimes.com.pk/617530/the-gendered-face-of-covid-19/>



Protecting women in times of Covid-19; perspective from Pakistan & Italy

By: Salman Ali & Giulia Cerqueti

In Pakistan, on average, every one in four women experiences emotional, physical or sexual violence. This accounts for approximately eight million women grappling with various forms of violence every year. The risk of violence has likely further increased as economic and social pressures mount amid the COVID-19 pandemic.

COVID-19 crisis affects men and women in different ways, experience shows that domestic, sexual, and gender-based violence increases during crises and disasters. Generally speaking, gender-based violence takes place everywhere but evidence shows women and girls in crises are especially vulnerable.

Some major issues that women are likely to face during this pandemic and the government should respond to – include violence, mobility, reproductive health, economic independence and girls' education. Globally, the rise in domestic violence during mandatory lockdown measures has led WHO to acknowledge it. The UN Secretary-General also urged “governments to put women's safety first” during this pandemic and I totally agree with the words of Antonio Guterres that Gender equality and women's rights are essential for getting through this pandemic together, to recovering faster, and to building a better future for everyone.

Just to brief my readers that Pakistan ranks as the sixth most risky country in the world for women, with rampant cases of sexual and domestic violence. The situation calls for a gender-responsive emergency measures to mitigate the harmful impacts of COVID-19 on protection of women. Moreover, Pakistan currently ranks at 151 out of 153 countries on the gender inequality index of the World Economic Forum's Global Gap Report of 2020. The current system is one of dichotomous social values, where one gender has rights over the other but not vice versa and existing structural barriers and gender inequalities are maintained by a host of interlocking and reciprocally reinforcing factors. This is the primary reason for the prevailing inequitable patterns of social, economic and political disadvantage of women in the country. In emergency situations this state of affairs is further compounded as WHO reports levels of sexual or Intimate Partner Violence (IPV) faced by women and other forms of Gender Based Violence (GBV) tend to grow more acute due to factors such as broken social and protective networks and lack of essential services.

During the pandemic anti-violence centers were locked down and vulnerable women in Italy, as in Pakistan, had to stay isolated at home, silent along with a violent and aggressive partner

If we talk about specifically Sindh province, then despite several women-friendly laws and policies, challenges in implementation continue to mar the prospects for women and children. Majority of vulnerable women continue to lack access to free or affordable essential services in health, police, education, justice and social support.

Essential services for survivors and victims of GBV remain ad-hoc and scanty in the province of Sindh. However, the crisis centres and complaint cells of the WDD have been

rendered non-functional at a time when women need these social and protection networks the most. The shelter homes have not been provided with any safety equipment or protective gear though they have suspended visitation rights for all residents as precautionary measures. The three state-run shelter homes for women in Larkana, Hyderabad and Sukkur are accepting new admissions, though only through the direct orders of courts and after medical screening is conducted in coordination with the district health departments. In both cases, lots of time is being taken which makes the women more vulnerable. I think the essential services e.g. local helplines, shelter homes, medical facilities and police – must be remain functional, work in a coordinated manner by identifying existing services and adjusting SOPs to cater to women survivors. This could help the women who are in dire need.

Though, nothing has been officially recorded, incidents of domestic violence are rising due to growing economic pressure and close proximity to an already abusive partner. Official records, pre-coronavirus, according to the PDHS show that 28% of women/girls aged 15-49 have experienced physical violence; 3% admitted to having had an abortion, miscarriage or other health problems because of the violence. The most common types of injuries reported by women experiencing violence are cuts, bruises or aches (22%) and eye injuries, sprains, dislocations, or burns (12%). Serious injuries were reported by 6% to include deep wounds, broken bones, and broken teeth among others.

While talking with Saira Ahmed a social activist based in Sindh said, “during this pandemic, the government should step forward and deliver a clear and targeted public communication and awareness campaign on why forms of SGBV are considered as crimes and why is there an immediate need to protect women and girls with no excuse for perpetrators who commit such abuse. The police should be tasked with ensuring swift action in cases of such reporting. Moreover, an information campaign to aggressively promote available protection measures and how to access them, particularly help lines must be launched on immediate basis through mainstream and social media & mobilize civil society platforms for sensitization of communities in rural and peri-urban areas, particularly men and influential leaders to protect rights of women during the pandemic to safeguard respect, honour and dignity of women and girls”.

On other side if we talk about Italy, the country that has been dramatically hit by Covid-19, domestic and gender-based violence is still today an entrenched problem. According to the Health Ministry 31.5% of women have experienced a physical or sexual violence in their life. The most part of abuses are committed by partners and men inside the familiar context. Almost 50% of familicides are committed by partners.

In the last years gender-based violence has been taken as a very serious national problem by the institutions. Many associations are committed in promoting women's rights. Among them, Telefono Rosa (Pink Phone), that manages “1522”, the public phone line against violence promoted by the Department of Equal opportunities of the Government. In 2019 the Parliament approved a law about “protection of victims of domestic and gender violence” that introduced changes to the Penal code.

However, during the pandemic anti-violence centers were locked down and vulnerable women in Italy, as in Pakistan, had to stay isolated at home, silent and harmless along with a

violent and aggressive partner. At the beginning of the quarantine – Telefono Rosa reported – calls to “1522” registered a decrease. But this is not good news: it doesn't mean that women felt safer. It just means that in the first weeks they were not able to call, to ask for help, being entrapped and feeling discouraged, with no freedom to talk, to express their needs.

In March, during lockdown, 11 women were killed in their houses. A huge number. I believe that protection from a pandemic shouldn't sacrifice other urgent needs: one thing shouldn't exclude the other one. I wouldn't say that vulnerable women were abandoned or neglected. The fact is that they didn't receive the proper protection they needed. The aid phone line remained active, there were also information campaigns in many places like pharmacies and supermarkets. But I think they were to some extent stopgap measures in that situation. Sometimes a call could be even a greater danger for the woman in distress, in the event that the partner caught her asking for help.

In Italy we have the means and the expertise to face the problem of violence and I can say that citizens are more aware of it nowadays. Many steps forward have been made so far. Nevertheless, as lockdown showed, our way ahead is still long.

“Salman Ali is a social and political activist. He has done his Masters and MPhil in Communication Studies. He can be reached at salmanali088@gmail.com, tweets at Salmani_salu Giulia Cerqueti, Italian journalist, focused on international news, human rights and social issues”

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<https://dailytimes.com.pk/621275/protecting-women-in-times-of-covid-19-perspective-from-pakistan-italy/>



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عہد نبھائیے زندگی سے

سوچیں رنگوں، پھولوں، خوشبوؤں کو، اپنے پیاروں، گھر والوں، محبت اور دوستی کو۔
کتنا کچھ ہے مل جل کر خوش رہنے میں۔ زندگی خوبصورت ہے۔



نیشنل ایڈز کنٹرول پروگرام
وزارت صحت، حکومت پاکستان

Mides

HIV AIDS

ہم سب کا مسئلہ ہے

روکیے

سچی

سوچیے

روزنامہ خبریں: 02 دسمبر، 2005ء



ایچ آئی وی اور ایڈز

کے بارے میں جانئے

زندگی اصول ہے۔ اس کی حفاظت کیجئے

غیر محفوظ جنسی تعلقات	غیر متعاقب شدہ خون	استعمال شدہ سرنگ	آلات زانی کا استعمال

جنسی تعلقات میں کاندھ کا استعمال نہیں
لگانا آئی وی ہائیڈرائڈ سے چھانکا ہے

بیماریوں سے شدہ خون کا استعمال
نہیں لگانا آئی وی ہائیڈرائڈ سے چھانکا ہے

برہان کی سرنگ کا استعمال نہیں
لگانا آئی وی ہائیڈرائڈ سے چھانکا ہے

برہان سے جو آلات سے پاک آلات لگائی کا استعمال
نہیں لگانا آئی وی ہائیڈرائڈ سے چھانکا ہے

HIV AIDS

ہم سب کو بچنا ہے

سوچئے سچئے روکیئے



نیشنل ایڈز کنٹرول پروگرام
وزارت صحت حکومت پاکستان
www.nacp.gov.pk

روزنامہ ایکسپریس: 07 اپریل، 2007ء

DOSE OF DESPAIR

What lies behind the spread of HIV in Larkana



By: Moosa Kaleem

Abid Ali's eight-month-old son fell ill in April this year. He took him to a local doctor, Muzaffar Ghanghro, in his home town of Ratodero in Larkana district. The doctor was known to understand children's ailments well. More importantly for poor peasant families living in the town, he charged only 30 rupees for examining a child. By some local accounts, he treated as many as 100 patients each day.

Ali says Ghanghro gave his son many intravenous drips but his condition continued to worsen. So, he says, he took the child to some other doctors in the

town. One of them, Imran Akbar Arbani, suggested that the diagnosis of his ailment required blood tests, including those for human immunodeficiency virus, or HIV, that destroys certain cells in human immune system which fight illnesses and infection. The test reports showed Ali's son to be carrying the virus.

There is no cure for HIV but its spreads within a patient's body can be managed and controlled with medication. If diagnosed early and treated properly, HIV patients can live as long as any other person but leaving the virus untreated or treating it with wrong medication allows it to produce acquired immunodeficiency

syndrome, or AIDS, among its carriers. A patient of AIDS, which is also regarded as the third stage of WV, gets what in medical jargon is called "opportunistic infections" or some other specific cancers which no treatment can contain, let alone heal. After reaching this stage, a patient usually does not have more than two years to live.

Ali's son never reached HIV's third stage but he still did not survive and died within days after his blood test was conducted.

Many other children in Ratodero were being identified as HIV carriers around the same time. Another 11 of them would die within the next month or

so. Almost all of them had been treated at Ghanghro's clinic at one point or another. Many parents who would take their children to him have reported that he was very careless in handling his patients. "I would give him a new syringe every time I took my son to his clinic but I noticed that he always put it on his work table and used another syringe to administer an injection to my child," says the father of a two-year-old HIV carrier. "He would also administer an intravenous drip to three to four children simultaneously from the same bottle," says the worried father. Ghanghro's work table was always in a mess, say many local residents who have visited his clinic. "It was always dotted with blood drops," says the father of an 18-month-old HIV-infected girl. The doctor would place syringes, cannulas and drip sets on the same table without ever disinfecting them. When representatives of the Sindh healthcare commission, along with the officials of Larkana's district administration, visited Ghanghro's clinic on April 29, they found that he was applying the same syringe to give injections to several children. His clinic was immediately sealed. A police team that later inspected the clinic also

reported that "there was no syringe cutter available" there. This, their report stated, "shows that [the] patients were being treated [by Ghanghro] without applying safety measures." He was arrested on April 30 — initially under the charge of spreading HIV deliberately. A subsequent police investigation has cleared him of that charge but he is still being accused of criminal negligence.

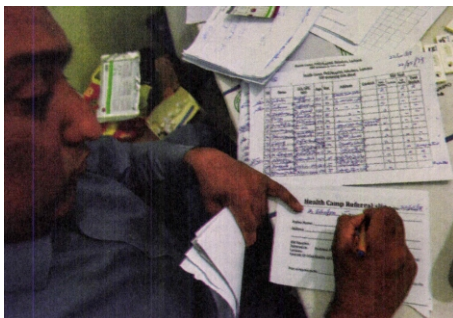
To his own surprise, Ghanghro himself has also been found to be an HIV carrier. This was revealed after his blood tests were conducted in custody. Talking briefly to the media at the time of his arrest, he claimed to have never known that he was infected by the virus.

That HIV was spreading in Ratodero was first noticed by Arbani earlier this year. When he realised that the condition of a number of children he was treating was not improving, he ran HIV tests on two of them. Both turned out to be infected by the virus. He then tested several other children and found most of them to be carrying HIV.

His findings were shared by the parents of an HIV-

infected child on social media on April 23. The news media immediately flooded Ratodero — followed soon by a Sindh AIDS Control Programme team that set up an HIV screening camp on April 25 inside the town's government hospital. Since then, working six days a week, technicians and doctors at the camp have been using what in healthcare terminology is known as rapid diagnostic test to screen the local population for HIV and AIDS. This type of test can be conducted in healthcare facilities with no sophisticated equipment and is useful in preliminary screenings or emergency situations.

Over the last month or so, more than 21,000 people have been tested at the camp. "Out of these, 681 have been found to be infected with HIV," says Dr Sikander Memon who is working with the Sindh AIDS Control Programme. Among these HIV carriers, 380 are children aged between two and five. The second largest group of them, consisting of 127



patients, is aged between six and 15. Another 55 patients are less than a year old while 104 others are aged between 15 and 45. The incidence of the disease is the lowest among those above the age of 45. Only 15 local HIV carriers, as per the latest screening, belong to this age group.

Another important result of these tests, specifically from the perspective of treatment, is that none of the 681 people has been found to be an AIDS patient, says Memon.

Those found to be the carriers of HIV are sent to Larkana city for further testing and treatment — adult men and women to Larkana Civil Hospital, pregnant women to Sheikh Zayed Women's Hospital and young ones to a hospital which only treats children. At all the three facilities, the patients get free medicine.

Arbani is not entirely satisfied with this arrangement. He complains the tests being conducted at the screening camp are not always perfect. Seven people under his treatment have already been diagnosed to have HIV by various laboratories but, he alleges, their blood tests conducted at the camp show them to be free of the virus. "Either their kits are faulty or their technicians are making mistakes while conducting the tests," he

says. "Declaring people HIV-free through such tests could be dangerous," he says.

Officials of the Sindh AIDS Control Programme dismiss his misgivings as scaremongering. They insist their equipment and staff are both well-suited for conducting the tests. "Our staff is well trained and we are using testing kits recommended by the World Health Organization. There is no chance of any error in the tests we are conducting," says Dr Hala Ram, a representative of the Sindh AIDS Control Programme.

A 12-year-old girl burst into tears when she was separated from others at the screening camp on a recent day in May. Her preliminary blood test had shown that she could be carrying HIV. Now she was required to undergo another test to verify, or reject, that indication. She continued to cry while the second test was being performed. It proved that she was infected with HIV. The finding explained nothing to her widowed mother who did not understand what kind of disease her daughter had contracted. She only knew that her little girl was suffering from "some dangerous" ailment. Another woman at the camp, too, exhibited the same level of ignorance about HIV. Same is the case with most local residents in Ratodero. They have next to

no understanding about HIV. They do not know what causes it, how it spreads, what it does to those infected with it and what possibilities are there to treat it. A few women could be seen praying and reciting verses from the Quran. As the results arrived, those found to be carrying HIV - or their parents if they happened to be young children - would start grieving immediately. Those found to be free of the virus would hug and congratulate each other.

"I was very scared when I came here," said 19-year-old Rahmat Jakhra who arrived at the camp along with six other family members, including children. "Thank God that none of us have the disease," she said.

HIV is an infectious disease. It usually spreads via blood - including through used syringes - as well as with unsafe sexual intercourse. The rate of its spread from parents to children, according to Memon, is negligibly low in Ratodero. Such transmission has been found only in six per cent of all the cases so far examined at the screening camp, he says. Women mostly get HIV from their husbands, says Dr Anila Isran who is also working with the Sindh AIDS Control Programme. Some of them also get infected through unscreened blood transfusions, she adds. Four pregnant women

have been found to be HIV-infected so far in the ongoing screening in Ratodero. The chances of the virus getting transmitted to their babies can be minimised through medication. As Anila says, since June 2011, she has treated 96 pregnant women from across Larkana district who were diagnosed with HIV but the virus was not transmitted to their babies in any of those cases.

The number cited by her also suggests something else: the district had many HIV patients even before the current outbreak of virus in Ratodero.

Larkana, in fact, has had the second highest incidence of HIV and AIDS in the whole of Sindh province — after Karachi. A total of 2,016 HIV carriers and five AIDS patients have been registered in the district between the start of 1996 and March 31, 2019. For Karachi, the registered number of those suffering from HIV and AIDS during the same period is 11,282 and 78 respectively.

Most of those infected with HIV and suffering from AIDS in Larkana are either sex workers or drug users.

The data collected by Mehran Welfare Trust, a non-governmental organisation, states that the district has 200-250 transgender sex workers,

200 male sex workers, 100 female sex workers and 400-500 drug users who inject themselves with used syringes on a regular basis. (These numbers were gathered in 2014 as part of a survey overseen by the National Aids Control Programme.) Out of these, 15 per cent transgender sex workers and 18 per cent drug-addicts using second-hand syringes are either HIV-infected or they suffer

Ignorance, uncertainty and fear, indeed, were the most noticeable feelings among all those who were waiting at the screening camp that day to get tested.

from AIDS, says Panjal Sangi who works for the Mehran Welfare Trust. Only two or three per cent male prostitutes and one or two per cent female sex workers have been found to be HIV carriers, he says.

These statistics suggest that used syringes are the biggest disseminators of the virus in the district. This has been only further proven by the fact that a vast majority of HIV-infected children in Ratodero got injections with such syringes at Ghangharo's clinic.

Local administration, therefore, has started a special drive to put an end to the use of second-hand syringes. Administrative measures have been initiated on widespread

complaints that a large number of local quacks, who are operating as doctors, often give injections with used syringes. So far, according to Memon, action has been taken against 161 quacks in different urban and rural parts of the district and their clinics have been sealed.

But no action has been taken on unscreened blood transfusion which is reported to be a common local practice. Most private blood banks and clinics do not bother to check if the blood being given to a patient is tested for the presence or absence of HIV and AIDS.

Another related problem seems to be the recycling of used syringes in particular and hospital waste in general. Heaps of medical-related garbage can be seen outside all government and private hospitals in Larkana. Several social workers and doctors in the district say some of this waste, especially syringes, is sold back in the market after it is washed and repackaged.

Herald: June 2019

An epidemic of violence

Globally, 1 in 3 women experience either physical or sexual violence in their lives, and in most of the cases women know the perpetrator.

Thousands of cases similar to Farzana's daughter go unreported.

Amid the COVID-19 crisis we are seeing a "horrificing global violence."

Ironically, this surge is tied to good intentions to keep women spread of the virus.

Lockdowns have been widely used to stop the spread of the virus, and girls, lockdown means they are trapped at home with abusive family members with limited access to support services, if any. Measures to stop the spread of COVID-19, it's important to recognize that gender-based violence (GBV) is another epidemic — a global crisis that has been h COVID-19 is laying the scale and scope of the problem bare.

To address the crisis of GBV, we first need to ask ourselves why so many women are subject to such treatment.

The answer is rooted in structural gender inequalities based on deeply entrenched discriminatory social norms and customary practices that prohibit women from having the same opportunities and resources as men.

This discrimination is clear when it comes to the ownership and control of land. Exact data is not available anywhere, but roughly only 7-13% of women in India own land about 1 in 10.

Women face legal challenges, family pressures and even violence when they attempt to exercise land rights. Violence is frequently used to keep them owning resources, to sustain inequality, and to keep them subjugated. One study from Kerala found that 7% of women who owned a house and land experienced physical violence. When women owned neither, 49% reported experiencing physical violence.

Unfortunately, generation after generation, women have lived without security and safety that comes from owning land.

The gender-specific biases that hamper women's rights to land also extend to laws regulating land allocation, leasing, acquisition, and inheritance. And those in charge of designing and implementing our land laws and policies are often subject to same gender-specific biases.

Dismantling these biases and removing obstacles for women to own land is the core focus of my work at Landesa, and it's essential to addressing a root cause of GBV.

Fortunately, the power to make these changes is within our grasp. There are several steps we can take to improve conditions for women and girls.

First, we need to review and amend laws to remove overt and covert discrimination.

Next, we need to make sure government officials and elected leaders, who play a role in designing policies and their implementation understand women's rights and their importance.

We need to help women know their rights and support them in asserting these rights

We also need to improve data collection to track levels of violence and dispute over land that lead to violence against women

But more than anything else we need to take focused steps including public campaigns to shift mindsets that forbid women from owning land.

Saturday 01

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2022 Calendar

January

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July

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August

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September

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December

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2021



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