# DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE Day

Friday 20190726

## Surrogacy Bill

## How to make the Surrogacy Bill more inclusive? (The Hindu: 20190726)

https://www.thehindu.com/opinion/op-ed/how-to-make-the-surrogacy-bill-more-inclusive/article28713112.ece

 The government need not restrict the surrogacy option to married couples only

The Surrogacy (Regulation) Bill was introduced in the Lok Sabha earlier this month with the intent of facilitating altruistic surrogacy in the country. The Bill stipulates that a surrogate mother has to be a ‘close relative’ of the intending couple. The government claims that regulating surrogacy will put an end to rampant commercialisation of the practice. But in the process, it has left a lot of women from underprivileged backgrounds who lend their wombs worse off. In a conversation moderated by Ramya Kannan, Dr. Kakoli Ghosh Dastidar, West Bengal MP, gynaecologist and fertility expert, and Gita Aravamudan, award-winning journalist with an interest in gender issues and author of 'Baby Makers: The Story of Indian Surrogacy' look at the Bill’s shortcomings.

How will the Bill impact surrogacy in the country? Will it increase or decrease the chances for people to choose from the many reproduction options?

KGD: I would like to mention that I have spoken to Union Health Minister Harsh Vardhan. I have also, in fact, written to him that it looks like we are putting the cart before the horse. For surrogacy to happen, we need embryos, and embryos are cultured in various In-Vitro Fertilisation (IVF) laboratories. So, before speaking of surrogacy, we should have brought in the Assisted Reproductive Technology (ART) Bill, which has been lying in cold storage for years now. We should have formulated rules and regulations for ART because there is a

mention of ‘donor eggs’ in the Surrogacy Bill; and it is the donor eggs that are used for the IVF procedures. Second, the Bill specifies that the intending couples should be married Indian couples. There is no mention of Non-Resident Indians working or studying abroad who may want to come back home to have a baby. As far as the other provisions go, they are mostly okay, but we need to be able to debate the Bill at length.

Are there any problems with the Bill?

GA: There are a lot of problems. First, as Dr. Kakoli said, we are putting the cart before the horse because there is a whole process involved, and surrogacy is only the ultimate end of it. There are many other points in the Bill that are very problematic. First, it leaves out a lot of people in case they want to have a baby through IVF, including unmarried couples who want to have a baby through surrogacy, gay couples and single men and women.

Can surrogacy be altruistic and commercial? | The Hindu Parley podcas

Also, the Bill allows only altruistic surrogacy; this provision is very problematic as far as I’m concerned. I spent two years with surrogate mothers, clinics and intending couples; what I found is that the people who are lending their wombs in order to bear children for somebody else — they are doing a job which is very creditable because they want to help somebody, but it doesn’t mean that they should put their life on hold for it, or that they should not be paid for it.

Altruistic surrogacy has, in fact, failed in other countries, and has resulted in various other forms of assistance being given, though money may not be paid. If we are going to rely on relatives alone, many may not come forward. Surrogacy should be declared as a kind of profession — the person providing a womb must have a contract, must be paid properly and get insurance and proper medical checks.

Both of you sound quite agitated at the exclusion of certain groups of people.

KGD: I would like to mention here that our group, led by my husband, Dr. Sudarshan Ghosh Dastidar, was the first in the country, possibly globally too, to help a single-male parent have a baby through IVF surrogacy in 2005.

We have been working on IVF since 1986-87, so we have had so many experiences of dealing with people who seek surrogacy. Thus, I strongly speak in favour of transgenders and same-sex couples. I think they should have been included in this Bill.

But as far as the experience of surrogate mothers is concerned, some women had been exploited so much that the government was forced to bring this proposal. The mothers were not being given good food or medical treatment and postpartum care was non-existent.

While in my own experience, I have always dealt with close relatives who came forward as surrogates, I am all for including other groups of people too in the Bill, if couples are unable to, or cannot bear children due to medical reasons. However, I’m strictly against ‘fashion surrogacy’, where women who feel their figure would be disturbed if they carry a baby opt for surrogacy.

GA: In the case of LGBTQI couples and single parents, when medical facilities are available, surrogacy should be allowed, because otherwise how will they have a baby? They will need the womb of a surrogate. Living in has become acceptable now, and live-in couples should also be allowed to have surrogate babies. All these archaic rules, I think, should be shed from the Bill.

Surrogate mothers have indeed been exploited, because there is no process to monitor the clinics or any law to ensure that the mothers are not defrauded by the clinics or the intending couples. The question is, will this Bill manage to ensure a fair and just process?

GA: So, I agree with Dr. Kakoli that there are certain places where surrogates were thoroughly exploited and it was the agents, the middlemen, who did that. However, instead of removing the means of livelihood from them, you should have a contract that all surrogates and the commissioning parents have to sign.

The contract should include details of the payment to be made, specify insurance coverage, and give an assurance that the mothers will be treated properly even in the post-partum stage. I have come across a couple of surrogate homes in Gujarat, in Bengaluru and Hyderabad, where the surrogates are actually treated very well.

Surrogates are actually not very attached to the babies they are carrying in their wombs, because it is a means for them to get a livelihood. If the government can only ensure that everything is done legally, we don't need this kind of a Bill that is so non-inclusive and superficial, in the sense it doesn't delve deep into the problems.

So, it seems logical that ART is the key to surrogacy. Is it possible that the ART Bill will be fast-tracked now?

KGD: We are trying to solve the problems by talking, and we are going to discuss this next week. Only at the end of the discussion will we be able to see how many amendments the government has accepted.

If you have a surrogate pregnancy, it should be preceded by an IVF. That is why IVF should be discussed first. IVF clinics have mushroomed all across the country, and malpractices are happening, for instance, in dichotomy or seed-splitting. There are also advertisements where celebrities falsely claim to provide a 100% success rate, whereas the internationally acceptable rate for women is about 35%, and it can never be more than 40%.

We do have, in certain age groups, a 70% success rate; but it might be just 30% for the next age group, so the cumulative rate comes to 35%-40%. But these IVF units are claiming a 100% success, so more patients are going to them. Costs are also going up. While an IVF procedure earlier used to cost less than ₹1 lakh, it now costs ₹4 lakh-₹5 lakh. So, the ART Bill should be tabled before the Surrogacy Bill.

GA: The ART Bill has been in cold storage. But the Surrogacy Bill, which deals with the end of the process, is being touted as very important. It is not. What is important is to take note of the fact that malpractices are taking place in these IVF laboratories, to the extent that somebody else's embryo can be put into you saying that it is yours. These fly-by-night operators have to be regulated. ART Bill has to be taken up again, and discussed first, after being tabled in Parliament, and passed. Otherwise, are going to have a very messy situation.

Have all points of view been represented in the Bill? Did a consultative process precede the introduction of the Surrogacy Bill?

KGD: When the ART Bill was drafted in the late 1990s, an expert committee was constituted by the Indian Council for Medical Research. It held public debates in all four parts of the country and we involved the public. We put out advertisements in newspapers and asked the public to speak out. Only after this, did the ART Bill come about. Even for surrogacy, the public should have its say, because this is a democracy.

Couples with infertility problems, transgender people, single women, divorced women, and widows should be involved in the public debate and only then should the Bill be brought in.

GA: Exactly! I agree with you on that. The Constitution gives a woman the right to reproduce, or not to reproduce, as she wishes, and she has the right to privacy when she makes her reproductive choices. So, this has to be incorporated into the Bill — If I have a right to reproduce, that means I can hire a surrogate, I can go in for IVF whether I'm a transgender, a lesbian or a divorcee, I have this right as I wish.

A woman who has lent her womb also has these rights.

Any closing remarks?

GA: We need a law, but passing the Surrogacy Bill without looking at the whole process — I think this means we are heading for disaster.

The whole Bill has been drafted without taking into consideration the many physical and emotional factors at stake. Meanwhile, there are many people who don't know whether or not they can hire a surrogate. There are people who have already hired surrogates. What will happen to their baby? There is a lot of doubt in these areas now.

When the government banned surrogacy for foreigners, some foreigners who were here earlier had already put some embryos in deep freeze thinking that they would come back and have another baby through the viable embryos. Following the ban, they asked for the embryos to be returned. They had gone through a lot to produce a life form, but the government said there can be no export and import of embryos any more. So what will happen to those embryos? You cannot put everything in jeopardy at the last moment, and then say 'let me think about it and get back to you after a year'. This is a very coplicated issue.



## Enviornmental Health

## Earth is warming at faster pace than in last 2,000 years: study (The Hindu: 20190726)

https://www.thehindu.com/sci-tech/energy-and-environment/earth-is-warming-at-faster-pace-than-in-last-2000-years-study/article28713114.ece

Researchers used data compiled from nearly 700 temperature indicators

World temperatures rose faster in the late 20th century than at any other time in the last 2,000 years, according to a study released on Wednesday.

Climate variability — the fluctuation of surface temperatures over time — has long been the subject of debate.

While average global temperatures are currently around 1°C hotter than pre-industrial times, there have been a number of periods of cooling and warming over the centuries. This had led sceptics of manmade global warming to suggest that human activity is not the main driver of climate change.

Researchers used data compiled from nearly 700 temperature indicators — tree rings, sediment cores, coral reefs and modern thermometer readings — to provide a comprehensive timeline of the planet's recent climate history.

The findings are clear: at no point in modern human history did temperatures rise so quickly and so consistently as in the late 20th century — the period where the world's post-war, fossil fuel-powered economy reached unprecedented heights of production and consumption.

A paper, published in the journal Nature, examined regional temperature trends over time.

A second paper, in Nature Geoscience, examined rates of surface warming, averaged over sub-periods each a few decades long.

The study found that pre-industrial temperature fluctuations were largely driven by volcanic activity.

But it also concluded that humans had never witnessed such rapid global warming as in the latter part of the 20th century.

Commenting on the studies, Mark Maslin, Professor of Climatology at University College London, said their results "should finally stop climate change deniers claiming that the recent observed coherent global warming is part of a natural climate cycle".



## Ebola

## Explained: Why Ebola is now an international emergency (The Indian Express: 20190726)

https://indianexpress.com/article/explained/ebola-who-congo-rwanda-health-emergency-5835105/

More than 1,600 people have died since August in the second-worst outbreak of the disease in history. Wednesday's declaration was sparked by confirmation of a case in Goma, a Congo city of more than two million people on the border with Rwanda.

Telling Numbers: State-by-state — supply of piped water in villages

Ebola, Ebola Congo, Ebola Congo WHO, WHO, WHO Ebola, What is Ebola, Ebola Explained, Ebola vaccine, Ebola cure, Ebola treatment, Ebola symptoms, Ebola africa, africa Ebola, Ebola news, Indian Express, Express Explained

A Congolese health worker administers an ebola vaccine to a man at the Himbi Health Centre in Goma, Democratic Republic of Congo, July 17, 2019. (Reuters)

The World Health Organization says the deadly Ebola virus outbreak in Congo is now an international health emergency. More than 1,600 people have died since August in the second-worst outbreak of the disease in history. Wednesday’s declaration was sparked by confirmation of a case in Goma, a Congo city of more than two million people on the border with Rwanda.

Here’s a look at Ebola and the unprecedented challenges health workers face in trying to contain what the WHO chief has called one of the world’s most dangerous diseases in one of the world’s most dangerous regions.

What is Ebola?

The Ebola virus can spread quickly and be fatal in up to 90% of cases. Symptoms include fever, vomiting, diarrhea, muscle pain and at times internal and external bleeding. The virus is most often spread by close contact with bodily fluids of people exhibiting symptoms and with contaminated objects such as sheets. Health care workers are often at risk.

There is no licensed Ebola treatment, but early care such as rehydration helps to improve the chances of survival. Some patients in this outbreak have received experimental treatments but their effect has not been fully studied.

An experimental Ebola vaccine has been effective in its first widespread use, and more than 163,000 people have been vaccinated. The vaccine’s testing was sped up during the West African Ebola outbreak in 2014-16 that killed more than 11,300 people.

Why is this outbreak unique?

Health workers call this the first Ebola outbreak to occur in what is essentially a war zone. Dozens of rebel groups are active in Congo’s northeast, killing hundreds of people in recent years. Attacks have led to a traumatized population that can be wary of outsiders and authorities.

Ebola, Ebola Congo, Ebola Congo WHO, WHO, WHO Ebola, What is Ebola, Ebola Explained, Ebola vaccine, Ebola cure, Ebola treatment, Ebola symptoms, Ebola africa, africa Ebola, Ebola news, Indian Express, Express Explained

FILE PHOTO: A health worker measures the temperature of a man entering the ALIMA (The Alliance for International Medical Action) Ebola treatment centre in Beni, in the Democratic Republic of Congo, April 1, 2019. (Reuters)

Some residents question why so much attention and money is being spent on Ebola, a disease not seen in this part of Congo until now, instead of other deadly diseases such as malaria.

In US, J&J agrees to pay $1 billion for faulty hip implants, in India brazens it out

Shunted out, Finance Secretary puts in papers the day after

Amid misunderstandings, emergency workers have struggled to explain the importance of preventative measures. An epidemiologist with WHO was shot dead earlier this year and other health workers have been attacked. The attacks have led to spikes in cases and hurt the painstaking work of tracing the thousands of people who have come into contact with those infected.

Read | A new Ebola vaccine strategy in Africa: Smaller doses

“The inability to build community trust has proven a major barrier to stopping the spread of this disease,” the International Rescue Committee’s vice president for emergencies, Bob Kitchen, said after Wednesday’s declaration. “Local communities are perplexed and frustrated by the continued increase in the number of people dying juxtaposed with a massive influx of international organizations into the region.”

What’s the significance of declaring a global emergency?

Declaring a global health emergency often brings an increase in international attention and aid. While WHO has said that tens of millions of dollars are needed to help contain this outbreak, authorities in Congo lobbied against a declaration amid concerns that it could hurt the economy and lead other nations to close their borders.

Ebola, Ebola Congo, Ebola Congo WHO, WHO, WHO Ebola, What is Ebola, Ebola Explained, Ebola vaccine, Ebola cure, Ebola treatment, Ebola symptoms, Ebola africa, africa Ebola, Ebola news, Indian Express, Express Explained

A health worker prepares to administer the Ebola vaccine to a man in Kirembo village, near the border with the Democratic Republic of Congo in Kasese district, Uganda June 16, 2019. (File/Reuters)

This was the fourth time that the WHO expert committee has met on this outbreak, which some experts said met the criteria for being a global emergency months ago. For such a declaration, an outbreak must constitute a risk to other countries and require a coordinated response.

The WHO expert committee met last month after the outbreak spread into nearby Uganda . But for months, health experts have feared a spread into Goma, a major regional hub. “From here you can fly to everywhere in the world,” Dr. Harouna Djingarey, the infectious disease manager for WHO’s office in eastern Congo, said this week.

## New essential medicines’

# New essential medicines’ list to have wider scope (The Indian Express: 20190726)

https://indianexpress.com/article/business/new-essential-medicines-list-to-have-wider-scope-5852483/

Not all products in the list of essential medicines may come under price control.

According to a person directly aware of the development, this means that the committees will not only help finalise the list by meeting once every six months, but will also meet afterwards “as needed” in case the need is felt to add more products.

India’s updated list of essential medicines will consist of a wider basket of products, ranging from medicines and medical devices to consumables and hygiene products, The Indian Express has learnt. However, not all of these products may come under price control, according to people close to the development.

While a national standing committee set up last year to scrutinise and update the 2015 National List of Essential Medicines (NLEM) is yet to finalise products forming the basis for a new NLEM, it has set up sub-committees to look into different categories that will be in focus, as per sources.

The Standing National Committee on Medicines (SNCM) on Thursday during consultations with pharmaceutical companies, lobby groups and patient bodies said its mandate would not just limit its work to determining medicines crucial for the Indian population, but that it will be looking at medical devices, medical disposables and consumables as well as hygiene and “other” healthcare products. It has envisaged a “country specific and dynamic” process of reviewing the products in the new list.

According to a person directly aware of the development, this means that the committees will not only help finalise the list by meeting once every six months, but will also meet afterwards "as needed" in case the need is felt to add more products. The committees will be choosing products on the basis of the prevalence of the disease they treat and with due regard to evidence of their safety and effectiveness as well as their comparative cost-effectiveness, according to a presentation made during the meeting on Thursday, parts of which The Indian Express has viewed.

These products are intended to be available "at all times", in "adequate" amounts, in the "appropriate" dosages, with "assured quality" and "at a price the individual and the community can afford", according to the presentation.

At the same time, the committee is learnt to have told stakeholders that price control will not be a primary focus for bringing products into the list.

"NLEM is one of the ways in which the government chooses products for price control, but there are other mechanisms as well. The role of the standing committee is to focus on how essential the products are for the country, and it will include them in an evidence-based manner," said a source. In addition to the four sub-committees that will be reviewing these products, there will also be separate committees focussing on cancer and cardiovascular drugs as well as one looking at including medicines to tackle India's growing antimicrobial resistance (AMR) problem.

Another person present at the meeting said that it was indicated that the Department of Pharmaceuticals (DoP) and the Standing Committee on Affordable Medicines and Health Products (SCAMHP), set up in January this year to advise the National Pharmaceutical Pricing Authority (NPPA) on medicine prices, may focus more on the products from the new NLEM that would come under price control.

## Vegetables

### Vegetables in Delhi markets contain toxic metals: Study (Hindustan Times: 20190726)

http://paper.hindustantimes.com/epaper/viewer.aspx

Vegetables grown on the Yamuna floodplain have been found to contain high doses of lead, which, on prolonged consumption, could trigger a range of diseases, including cancer, and damage organs, according to a new study by the National Environmental Engineering Research Institute (NEERI).

These vegetables are supplied to large wholesale mandis such as the ones in Azadpur, Ghazipur and Okhla and distributed further to be sold at weekly markets as well as by local vendors across See page 8

## PRITIKIN DIET

## PRITIKIN DIET FOR HEART HEALTH: YAY OR NAY? (Hindustan Times: 20190726)

http://paper.hindustantimes.com/epaper/viewer.aspx

Low on protein and high on unprocessed foods, the ’70s Pritikin Diet is now making a comeback

AN IDEAL PRITIKIN DIET PLAN WOULD HAVE FOUR TO FIVE SERVINGS OF COMPLEX CARBS, WITH EACH SERVING BEING 40GM. IT WOULD ALSO INCLUDE LOWFAT DIARY LIKE FAT-FREE YOGHURT, LOW-FAT MILK, ETC. AND VERY LITTLE PROTEIN — AROUND 100GM — IN THE FORM OF LEAN CUTS, SEAFOOD, OR EGG WHITES

Take care of your body. It’s the only place you have to live — how true are these words by author and motivational speaker Jim Rohn. In the hustle and bustle of our daily life, we forget to take care of our body. This makes us prone to heart diseases, cholesterol issues, blood pressure problems, and obesity.

PHOTOS: ISTOCK

Unprocessed food such as egg whites, nuts, and fruits are highly recommended under this diet

Nutritionists are often recommending different diet regimes to combat such health issues. One that’s being talked about these days is the Pritikin Diet.

Originally devised by American nutritionist Nathan Pritikin, this diet became popular in the ’70s. And it was lost in the pages of history until recently, when it made a comeback in America. Called the Pritikin Diet, it aims to improve heart health. The diet focuses on consumption of unprocessed food groups that comprise very low fat, low protein, and good quantity of complex carbohydrates.

WHAT TO EAT

The diet focuses on unprocessed foods — fruits, vegetables, grains, low fat dairy, nuts and seeds — and discourages processed foods such as meat, processed carbs, and high-fat dairy products.

An ideal Pritikin Diet plan would have four to five servings of complex carbs, with each serving being 40gm. Whole grains such as whole wheat, oats, brown rice can fulfil this requirement. It would also include low-fat diary like fat-free yoghurt, low-fat milk, etc.

Dieters can stick to very little protein under this regime — around 100gm — that too only lean cuts, seafood, or egg whites. Soy products such as tofu, soy milk, and legumes are preferred over animal protein.

SUSTAINABILITY AND WEIGHT LOSS

There are plenty of fruits and vegetables which are quite filling. One has to keep calorie content in mind while preparing the diet. It will help in weight loss if calories are kept low. Make sure there are no long gaps between meals. One needs to take three main meals and two mid meals.

SIDE EFFECTS TO LOOK OUT FOR

Experts warn that it's not a complete diet in itself, as it came in the picture in the 1970s, when the fear of fat for heart diseases and overall health was very common. Also the lack of protein in the diet is a major concern as well. Strength and stamina building are the most important functions of protein which can be affected if your focus is just on muscle building.

Hence, someone following the diet for long will feel a lack of strength, stamina, agility, alertness, and mobility, even though it will help in losing a considerable amount of weight

## Ayushman Bharat: Universal healthcare

## Ten concerns on Ayushman Bharat: Universal healthcare is coming, here's why those worries are mistaken (The Times of India: 20190726)

https://timesofindia.indiatimes.com/blogs/toi-edit-page/ten-concerns-on-ayushman-bharat-universal-healthcare-is-coming-heres-why-those-worries-are-mistaken/

July 26, 2019, 2:00 AM IST Indu Bhushan in TOI Edit Page | Edit Page, India | TOI

Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) has been the most talked about health sector scheme in recent times. Given the scale and ambition of the scheme – with its target group larger than the combined population of Canada, the United States and Mexico – it is not surprising. As could be expected, the scheme has a large number of supporters who are highly inspired by its vision and promise. There are also groups of detractors who are concerned that the scheme either seeks to address a wrong problem or provide a wrong solution even if it aims to address the right problem. I address the ten most common concerns raised.

The most common refrain against AB-PMJAY is that the government should focus more on public health issues and preventive and promotive care. While it is correct that prevention is better than cure, in real life both are needed. The policy challenge is not prevention vs cure but how to provide both prevention and cure. What can poor people be expected to do when faced with catastrophic health expenditure? Usually, they forego treatment and hope for the best, or borrow heavily, or sell whatever assets they have, pushing them deeper into poverty. A welfare state ought to focus on curative aspects of in-patient care.

Some people argue that the government should not use its limited resources for support services through the private sector. The private sector plays a critical role in health sector. We will need to leverage the capacity, financing, skills and energy of the private sector to provide services to millions of people who have hitherto not had any access to these quality services. Strategically tapping private sector services might be a more efficient, effective and affordable solution.

Illustration: Ajit Ninan

There is a concern that the private sector is poorly regulated and therefore the government should first focus on strengthening regulations and ensuring they are enforced. Purchaser of health services can strengthen the regulations due to their strong financial leverage over the private sector. Since AB-PMJAY purchases health services for more than 50 crore population, it can (a) set up prices effectively; (b) influence quality of health services; (c) incentivise hospitals to improve quality with differential rates; and (d) enforce electronic data sharing by private hospitals.

Some point out that government services are free, what then is the value addition by AB-PMJAY? While most states seek to provide free healthcare through government hospitals, in reality, patients still have to spend a lot from their pocket. In many cases, they have to get the diagnostic services, drugs and implants from outside as they are often not available in the hospitals. All public tertiary care hospitals charge for major services such as heart operations, cancer treatment, and knee replacements.

Concerns are raised that the scheme will only enrich the insurance companies. These concerns are totally unfounded. First, most states have actually decided to go with trust mode. Two, even in states using insurance companies, they have put a claw-back clause in their contracts such that insurance companies can keep only 15% of total premium. Three, it has been observed that due to competition, insurance companies are quoting competitive premium.

Another question often raised is about the lack of supply to match the demand generated by AB-PMJAY. Demand creates its own supply and supply cannot be created without demand. The new demand will be met through excess existing capacity in the private sector and more efficient use of the current capacity in the short run.

Some academics have argued that the scheme may not be able to reduce the impoverishing catastrophic health expenditures. The following features of the scheme seek to ensure an effective coverage for catastrophic health expenditure. The health benefit cover in the scheme has been kept at Rs 5,00,000 which is sufficient to take care of almost all hospitalisation conditions. Second, the benefit package covers almost all health conditions that require hospitalisation/ day care surgeries. Third, the provider payment system has been designed to cover all costs related to hospitalisation and ensure that the patient does not need to pay anything.

Some predict the scheme is going to increase the cost of care. On the contrary, AB-PMJAY will significantly control the prices of health services by moving towards a high volume-low margin model.

AB-PMJAY is not affordable in long run, some detractors have pointed out. Affordability is a relative concept. If we do not provide any services, there is no government budget needed. However, providing much needed services to most needy section will need resources, which are fully within our means. The government is committed to increasing the budgetary allocations to 2.5% of GDP by 2025. AB-PMJAY currently costs less than 0.1% of GDP and will not cost more than 0.2% of GDP even when it matures in next few years.

Several states have their ongoing schemes and they do not gain much by joining AB-PMJAY, some people argue. AB-PMJAY offers some unique propositions to all states – access to

financial resources, state-of-the-art, customisable technological platforms, implementation systems and world-class analytics and fraud monitoring systems at no additional cost. Due to the portability of services, beneficiaries of the states also gain from the nationwide network of hospitals.

Ayushman Bharat has put India on an irreversible path towards universal healthcare. The scheme will keep evolving, taking into account the experience of evidence generated from its implementation. Given the highest level of political support for these reforms, failure is not an option.

## Mental health problems

## Why students are suffering mental health problems (The Times of India: 20190726)

Read more at:

http://timesofindia.indiatimes.com/articleshow/65932827.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst

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Girl Child Poverty and Socal Insecurty (The Asian Age: 20190726)

http://onlineepaper.asianage.com/articledetailpage.aspx?id=13453209

# Odisha turns unsafe for minors, 502 girls missing in 6 months

**Odisha is the only state in the Eastern India that had posted a poor tracing-out rate of the women/girl child. Poverty and social insecurity are the key factors driving the girl child trafficking.**

***In poverty-stricken pockets of Dhenkanal, Sundargarh, Gajapati, Rayagada and Kalahandi, traffickers lure the girls to provide them jobs in Delhi, Tamil Nadu, Goa and Andhra Pradesh. Mostly these girls end up in brothels after being sold by the traffickers at not less than ₹2 lakh***

A file photograph of minor girls rescued by the police.

AKSHAYA KUMAR SAHOO
BHUBANESWAR

Odisha is fast turning out to be one of the most unsafe places for minor girls and boys. As many as 602 girl children, including 502 girls, have gone missing in the first six months of the current year, exposing the law and order situation in the state.

As per statement laid in the ongoing session of the Odisha Assembly by the state government, of the 502 girl children who went missing in the period between January and March this year, the state police could trace only 79. The trace-out rate in the state stood at a measly 15 per cent.

Similarly, as per data available with the State Crime Records Bureau (SCRB), the number of adult women gone missing in the same period in the state stood at around 1,450. And the trace-out rate here is also below 20 per cent.

Significantly, the apex court in its judgement has directed the state police to immediately register a missing child/person case under the Indian Penal Code (IPC) trafficking provisions. Senior advocates are of the view that as Odisha police failed to trace out the majority of girl child/women for years, such missing reports can be taken as trafficking cases.

## Burden of missing kids

- Analysis of SCRB data district-wise suggests that missing girl children/women burden was borne by 8-10 districts. And around 13 districts in the state bear the burden of missing boys.
- Odisha is currently saddled with over 5,703 untraced girl child vis-a-vis 763 in Jharkhand. The girl children have been missing since 2010.
- Jharkhand has a poorer tracing-out rate than Odisha, the fact is missing children load in Odisha is now numbered at a massive 10,258 vis-a-vis 864 in Jharkhand.
- As per a Child Welfare Committee study, the lackadaisical functioning of juvenile unit of state police is responsible for increased trafficking of females from the state

Interestingly, Odisha is the only state in the eastern India and its immediate neighbourhood that had posted a poor tracing-out rate of the women/girl child. As per the Union women and child development ministry report, the tracing-out rate of children in West Bengal in 2018-19 stood at 95 per cent, Andhra Pradesh had a rate of 52 per cent and Chhattisgarh had a rate of 86 per cent.

Only Odisha and Jharkhand had a poor retrieval rate of 14 per cent and 12 per cent respectively. Though Jharkhand has a poorer tracing-out rate than Odisha, the fact is missing children load in Odisha is now numbered at a massive 10,258 vis-a-vis 864 in Jharkhand.

Odisha is currently saddled with over 5,703 untraced girl child vis-a-vis 763 in Jharkhand. The girl children have been missing since 2010. Ditto is the case in tracing-out rate of adult women. Odisha and Jharkhand again fared the poorest. The rates were below 20 per cent. In contrast, the retrieval rate of women/girl child nationally stood at over 50 per cent.

However, here too the missing women load in Odisha is nearly double of that of Jharkhand. Odisha is now saddled with a load of over 8,605 untraced women against that of around 925 in Jharkhand. The missing reports of many such untraced women were filed in 2008.

Analysis of SCRB data district-wise suggests that missing girl children/women burden was borne by 8-10 districts. And around 13 districts in the state bear the burden of the missing boys.

Keonjhar registers maximum cases of girl child missing, whereas Sundergarh records highest missing women cases. In case of missing boys, Sambalpur leads the pack followed by Keonjhar, Jharsuguda, Bhadrak and Angul.

As per a Child Welfare Committee study, the lackadaisical functioning of juvenile unit of state police is responsible for increased trafficking of females from the state.

Noted women and child rights activists Rutuparna Mohanty said most of the trafficked girl children belonged to poor family backgrounds and hailed from interior pockets.

"Poverty and social insecurity are the key factors driving the girl child trafficking. In poverty-stricken pockets of Dhenkanal, Sundargarh, Gajapati, Rayagada and Kalahandi, traffickers lure the girls to provide them jobs in Delhi, Tamil Nadu, Goa and Andhra Pradesh. Poor and helpless women whose husbands are alcoholic and do not pay attention to family upbringing, often fall to the designs of the traffickers who promise to get their daughters married off to well-off people outside the state. Very often, these girls end up in brothels after being sold by the traffickers at not less than ₹2 lakh," added Ms Mohanty.

She regretted that the police administration was not showing sensitivity to address the trafficking issue.

## Depression

## Can a hair strand diagnose depression? (New Kerala: 20190726)

https://www.newkerala.com/news/read/181287/can-a-hair-strand-diagnose-depression.html

It might sound a bit strange but even a single hair from those lush locks could help in diagnosing depression.

A new study examined the cortisol (steroid hormone released by the adrenal glands) levels in the hair of teens in order to monitor the effects of treatment.

Researchers looked for potential relationships between the concentration of the stress hormone cortisol in the hair and adolescents' depression symptoms and found a surprising connection.

Not only did high cortisol levels correspond to a higher likelihood of depression, but there was also a connection between low cortisol levels and mental health struggles.

"This study opens up a lot of future research questions and illustrates that the relationship between cortisol levels and depression isn't necessarily a linear one," said Jodi Ford, the lead study author.

"It may be that low cortisol is bad and high cortisol is bad and there's a middle level that is normal," she added.

Another important finding from the study was that adolescents who said they felt better supported at home had much lower levels of depressive symptoms.

"This study reinforces to parents that they matter in their adolescents' lives that their support and involvement make a difference," said Ford.

For the study published in the journal 'Psychoneuroendocrinology', researchers incorporated 432 adolescents between the age of 11-17 years.

Researchers measured depression with a nine-item questionnaire that the participants filled out. They were asked to rate their experience in a variety of areas including how often they feel that their life has been a failure or that people have been unfriendly to them.

In most cases, the researchers examined a 3 cm hair sample enough to assess cortisol levels for the previous three months.

Researchers found a surprising trend that both low and high cortisol had a statistically significant relationship to depression.

Nearly one in eight adolescents have experienced a major depressive episode, according to the 2016 data, and the proportion of young people facing depression has steadily increased in the last decade. Suicide is the second leading cause of death among adolescents.

"It'd be really ideal to have an objective measurement, because using subjective measures of stress is problematic, particularly with children and teens," Ford said.

## Coffee

# Too much coffee during pregnancy bad for baby's liver: Study (New Kerala: 20190726)

https://www.newkerala.com/news/read/181219/too-much-coffee-during-pregnancy-bad-for-babys-liver-study.html

Too much coffee during pregnancy bad for baby's liver: Study

Ladies, limit your tea or coffee intake if you're expecting, as researchers have found that excess caffeine intake during pregnancy may impair baby's liver development and increase the risk of liver disease in adulthood.

In a study on rats, it was found that pregnant rats, which were given caffeine, had offspring with lower birth weight, altered growth and stress hormone levels and impaired liver development.

Published in the Journal of Endocrinology, the study indicates that consuming 2-3 cups of coffee a day may alter stress and growth hormone levels in a manner that can impair development of baby's liver.

"Our results indicate that prenatal caffeine causes an excess of stress hormone activity in the mother, which inhibits IGF-1 activity for liver development before birth. However, compensatory mechanisms do occur after birth to accelerate growth and restore normal liver function as IGF-1 activity increases and stress hormone signalling decreases," said study co-author Yinxian Wen from the Wuhan University in China.

Insulin-like growth factor 1 (IGF-1) is a hormone that plays an important role in childhood growth. "The increased risk of fatty liver disease, caused by prenatal caffeine exposure, is most likely a consequence of this enhanced, compensatory postnatal IGF-1 activity," Wen said.

For the study, the researchers investigated the effects of low (equivalent to 2-3 cups of coffee) and high doses (equivalent to 6-9 cups of coffee) of caffeine given to pregnant rats, on liver function and hormone levels of their offspring.

"Our work suggests that prenatal caffeine is not good for babies and although these findings still need to be confirmed in people, I would recommend that women avoid caffeine during pregnancy," Wen said.

Sweta Gupta, Clinical Director and Senior Consultant at Fertility Solutions, Medicover Fertility in Delhi, agreed that too much of caffeine could be harmful for the baby. "Pregnancy is a time of craving and mood swings. Some consider coffee for relief in such situations," she said.

However, according to Harshal Rajekar, Consultant Gastro Surgeon, Columbia Asia Hospital in Pune, there is hardly any evidence showing that caffeine is harmful for pregnant woman or her baby's liver though it's true that excess of caffeine can affect sleep and may deprive the mother of adequate rest during pregnancy, which can, in turn, harm both the mother and the child.