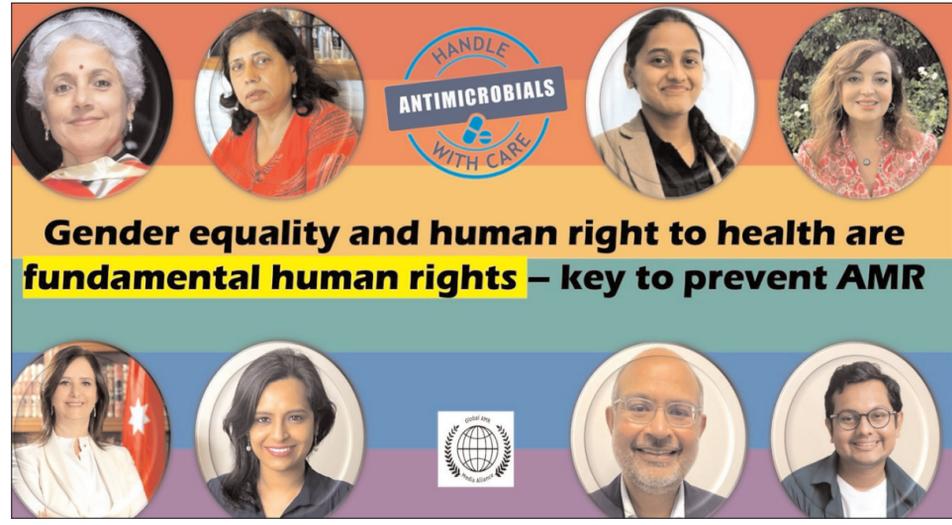


Antimicrobial resistance under gender lens



Gender equality and human right to health are fundamental human rights – key to prevent AMR

BOBBY RAMAKANT – CNS
Is there a connect between gender and antimicrobial resistance (AMR)? If you think that infection-causing microbes (virus, bacteria, fungi, parasites) impact all genders the same, be welcome to read on...

Gender is a social construct which defines the roles, behaviours, expressions, and identities of girls, women, boys, men, and gender-diverse peoples.

Drug resistance or Antimicrobial Resistance (AMR) is caused by misuse and overuse of medicines in human health, livestock health, food and agriculture and it is also polluting our environment. We cannot afford any misuse and overuse of medicines in any sector if we are to deliver on SDGs. However, AMR is already among top 10 global health threats and is also threatening food security and our environment along with a significant economic cost.

Women and girls (including those sick with infectious diseases) are the primary carers in most settings - es-

pecially in the Global South. But the infection prevention and control measures in the healthcare facilities, communities and homes are far from optimal to protect them and undermine the roles and responsibilities they shoulder.

Many studies looking at male: female ratio of child vaccination, unsurprisingly reveal that the male child is more likely to have received essential immunisation as compared to a girl child.

When it comes to screening and diagnostics for a range of infections, no prizes for guessing people of which gender are less likely to seek health services in a rights-based, person-centred and gender transformative manner?

"A complex mix of biological, social, cultural and economic factors arising from gender-based inequalities and injustices impact infection prevention and control. Gender inequalities, harmful gender norms, stereotypes, and tropes have normalised the neglect of well-being of

girls and women, making them more vulnerable to AMR," said Shobha Shukla, Chairperson of Global AMR Media Alliance (GAMA) and Host of SHE & Rights to advance gender equality and human right to health.

AMR and gender-based violence
"The lived experience of girls and women and gender diverse communities show how violence puts them at increased risk of getting infected with sexually transmitted infections," said Shobha Shukla, who was also the Lead Discussant for SDG-3 at United Nations High Level Political Forum (HLPF) in New York last year.

According to Dr Soumya Swaminathan (former Deputy Director General for Programmes and former Chief Scientist of the World Health Organization - WHO), we cannot be successful in reducing or preventing AMR, without tackling gender-based violence, as violence, impacts the access of women to healthcare.

"Women are at a very high risk of intimate partner violence or domes-

tic violence - physical or sexual. This could lead to more infections. And because of their position within the household and the community, they are less likely to seek timely and adequate care for these injuries or infections, which could lead to drug-resistant infections. Whether it is sexually transmitted infections or urinary tract infections, or reproductive tract infections, or pelvic inflammatory disease, all of these are linked with sexual violence and an increased risk of antibiotic use. Also, even if the woman seeks care, quite often follow-up is poor. She may have taken a partial course of antibiotics or the wrong doses. Women facing an unplanned pregnancy, or those who go for an unsafe abortion are also at higher risk of AMR."

Dr Swaminathan is Chairperson, MS Swaminathan Research Foundation; and former Secretary, Dept of Health Research, Ministry of Health and Family Welfare, Government of India and former Director General, Indian Council of Medical Research (ICMR).

Stigma fuels AMR
"Diseases like TB or HIV/AIDS carry a huge stigma in our society especially for the women. In many communities a woman diagnosed with TB or HIV is judged not only as a patient but as someone who has brought shame to the family. Her character, her marriage prospects and even her abilities to being a good wife, daughter, mother are questioned. I have seen many women hide their illness because of this stigma. They delay testing, they avoid going to the clinics, some take the medicine secretly and others stop treatment early to prevent family members or neighbours from finding out about it," says Bhakti Chavan, a survivor of extensively drug-resistant TB (XDR-TB) - one of the most serious forms of drug-resistant TB. Bhakti is also a member of WHO Task Force of AMR Survivors.

Impact of AMR is not gender blind. If we want to fight AMR effec-

tively, we must listen to the women, diagnose them early on, ensure proper treatment, support adherence and design policies that consider women's realities.

Power dynamics at work
"The burden of disease predominantly remains in populations that have the least access to resources, including antibiotics, to be able to treat infections effectively. The power differential between the patient, the end user and the healthcare provider is very strong and that is impacted by gender. It is impacted by gender norms and roles within society as well as within healthcare services. Women often have the least power in being able to negotiate and advocate for themselves within the healthcare settings- whether they are healthcare professionals or whether there are patients. Women have the unrecognised and unspoken role of care providers. And they often put their own healthcare needs behind those of other family members. We saw in the hospitals in India that women would often come in as carers for their family members and not necessarily seeking care themselves. Also, when there is out of pocket expenditure on healthcare, often male family members might be selected over female family members. We need to recognise this and identify how we can leverage power for positive outcomes", opines Dr Esmita Charani, Associate Professor, University of Cape Town, South Africa.

Agrees Anand Balachandran, who formerly headed an AMR unit at the World Health Organization (WHO) headquarters in Geneva, Switzerland. "We need to move beyond the 'bugs and drugs' approach and adopt a more social science lens. It is critical to view inequity in healthcare, including through the AAAQ framework (Availability, Accessibility, Acceptability and Quality) of healthcare."

Social norms affect AMR control
Dr Deepshikha Bhatija, Principal

Research Scientist, Indian School of Business (ISB), and Visiting Fellow at One Health Trust rues that there are norms around menstruation, around caregiving responsibilities, around what kind of jobs are suitable for women, around son preference, around pregnancy and around control and ownership of financial assets. All of these lead to women's reduced access to WASH (Water sanitation and hygiene). They lead to lower education and awareness amongst women and prohibit women and girls from seeking healthcare freely. This impacts the intermediary drivers of AMR which increases their susceptibility of infection. It reduces their health-seeking behaviour and ability to seek and afford essential antibiotics and quality healthcare and leads to inappropriate diagnosis and management by healthcare providers. This in turn impacts AMR outcomes of inadequate access to essential antibiotics, lack of appropriate diagnosis and leads to increased antibiotic intake and increased AMR.

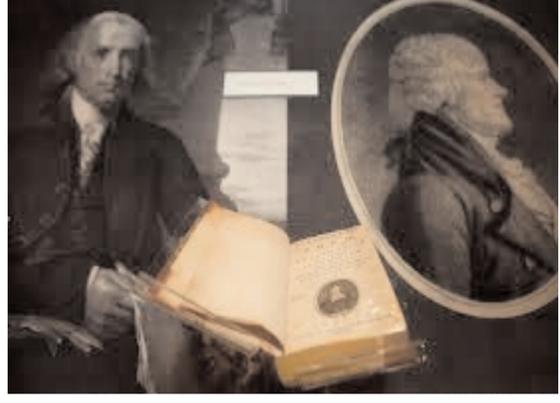
Agrees Esmita that "we have to understand that the gendered roles within society and culture are barriers to access - is it the husband or is it the family members who are not allowing the women to actually make it to the clinic in the first place?"

Intersectional approach
Dr Esmita Charani said that we need an intersectional lens because our position within society, within the community and within the family in which we live is very much dependent on gender and also on our religion, culture, caste, migration status, or race and identity in some settings. We have to take an intersectional lens to understand how access is compromised based on intersectional identities and also how we can leverage the power that we have within the community to develop interventions that are more likely to be taken up.

Milton's Fiery Plea Meets India's Ghostly Memoir

When Truth Plays Hide-and-Seek with Clearance Stamps
By Dr Amitabh Dubey, Former Prof. of English
Milton's Areopagitica isn't some dusty, buttoned-up academic snoozefest—oh no, it's a full-throated, passionate roar for intellectual freedom, scribbled in 1644 when England was busy figuring out what "liberty" even meant without tripping over its own feet. John Milton penned this scorching as a direct slap-back to Parliament's shiny new rule: no book gets printed without a government's golden "licensed" sticker first. To Milton, that wasn't just a paperwork hassle—it was a straight-up insult to writers and to Truth herself. Ideas, he thundered, shouldn't have to beg permission from some stuffy censor before daring to whisper in public. Truth needs to slug it out in the open ring with Error, bare-knuckled, to prove she's got the muscle.

What makes this 17th-century rant still crackle like fresh lightning? Milton's rock-solid faith in the human noggin. He insists that cracking open a book—even one stuffed with dodgy, dangerous, or downright daft ideas—isn't a moral hazard; it's a moral gym session. Virtue doesn't



sprout in a padded cell of ignorance or under Mommy Government's watchful eye—it blooms from real choice. If you've never tangoed with falsehood, you've never truly picked Truth as your dance partner. And that killer metaphor? Books aren't dead trees; they're "living beings" pulsing with the "potency of life." Torch a book, and you're not just burning paper—you're stabbing reason in the back and strangling an unborn soul mid-breath.

Milton then gleefully dismantles censorship by pointing out its laugh-out-loud ridiculousness. Think about it: if licensing had always been around, half the classics—Plato's brain-benders, chunks of Scripture,

even the Church Fathers' holy ramblings—would've been DOA. History yells from the rooftops: Truth doesn't need babysitters; she needs fresh air to stretch her wings. Stifle books, and you don't kill lies—you just shove them into the basement where they fester and grow fangs. Let everything duke it out in broad daylight, though, and society gets to spot the fakes, laugh 'em off, and move on wiser.

At its beating heart, Areopagitica is pure, giddy trust: trust in readers to think for themselves, in reason to referee the brawl, and in humanity's slow, stumbling climb toward moral smarts. Milton doesn't peddle the lazy line that every idea is equally spark-

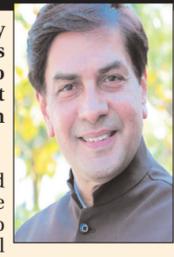
ly; he drops the bolder bomb: Truth is tough enough to win without cheating, without handcuffs, without a government-approved hall pass. "Let her and Falsehood grapple," he famously crows—whoever wins, wins fair and square. That cheeky confidence is what keeps the essay swaggering through centuries.

Fast-forward to 2026 India, and Areopagitica feels less like ancient history and more like today's viral meme. Enter General M.M. Naravane's cheeky little memoir, Four Stars of Destiny—a book that's simultaneously "unpublished," "never released," "no copies exist," and yet somehow sparking parliamentary fireworks, Rahul Gandhi waving phantom excerpts like Exhibit A, Delhi Police sniffing around for PDF culprits, and Penguin Random House swearing on a stack of style guides that "nothing's out there, honest!" It's been stuck in MoD clearance limbo since forever, vanished from Amazon wish-lists, but—poof!—leaked drafts are doing the digital cha-cha across WhatsApp groups and overseas servers. Publisher screams "unauthorised!", ex-Army chief nods "yep, status unchanged," yet the ghost

Dr Vinay Mishra's corner...

Question - My teenage daughter gets strong mood swings for no apparent reason. What could be the problem with her?

RS
Answer- Strong mood swings in teenage girls are common and often linked to puberty-related hormonal changes. However, they can sometimes signal underlying issues like stress or health conditions, so professional evaluation is important.



Common Causes
Hormonal surges during puberty, including estrogen and progesterone fluctuations, directly impact brain chemistry and serotonin levels, leading to irritability and emotional ups and downs. Stress from school, social pressures, or family dynamics can amplify these swings, as can sleep disruptions or academic demands. Brain development in the prefrontal cortex, which handles emotional regulation, is still maturing in teens. flo+4

Potential Concerns
Conditions like premenstrual dysphoric disorder (PMDD) cause severe mood shifts tied to the menstrual cycle, including intense irritability or sadness. Mental health issues such as anxiety (with signs like excessive worry or withdrawal) or depression may present as rapid mood changes lasting over two weeks. Thyroid imbalances can mimic this through fatigue, irritability, or concentration issues.

Next Steps
Track patterns, such as timing with her cycle or triggers, and note any accompanying symptoms like sleep changes or withdrawal. Encourage open talks and healthy habits like exercise or routine sleep, but consult a doctor or counselor promptly if swings are extreme, prolonged, or affect daily life.

Environment-Conscious Face of Indian Politics

Experts in Carbon Credits and Greenhouse Gas Policy
In today's era, it is almost impossible to discuss politics and development without addressing climate change. Until a few years ago, environmental issues were largely confined to NGOs and scientific conferences. However, they have now become an integral part of India's mainstream politics and economy. India's ambitious target of achieving net-zero emissions by 2070 has not only influenced industries but has also transformed the way politicians think. Today, election rallies and legislative assemblies no longer focus solely on traditional infrastructure; technical terms such as "carbon credit" and "greenhouse gases" are increasingly being heard. This shift indicates that the future of politics will belong to those who can strike a balance between nature and progress.

If we look at the canvas of Indian politics, several figures stand out who have given new direction to environmental policy. Former Environment Minister



Jairam Ramesh established on international platforms that development does not necessarily mean the destruction of nature. During his tenure, environmental diplomacy gained intellectual credibility. Meanwhile, under the leadership of the current Environment Minister Bhupender Yadav, India is presenting the idea of a

"sustainable lifestyle" to the world. His efforts have helped India emerge as a global leader in solar power and renewable energy. In the same context, senior Bharatiya Janata Party (BJP) leader Ashwini Kumar Choubey has consistently advocated a balance between traditional Indian values and modern environmental policies. According to him, protecting the environment is part of India's cultural heritage, which must be strengthened through law and public participation.

Changing nature of politics
This changing nature of politics is not limited to the corridors of power in Delhi; influential leaders in the states are also playing a significant role. Former Uttar Pradesh Chief Minister Akhilesh Yadav, during his tenure, prioritized major green projects and initiatives such as riverfront development, reflecting how ecopolitics is gaining ground even in regional politics. Similarly, actor-turned-politician Shatrughan Sinha, in his characteristic style, has often expressed concern

over pollution and environmental degradation, urging that environmental protection should become a citizen-driven movement. The involvement of such prominent figures makes it clear that green politics is no longer merely an option but has become a political necessity. Interestingly, political strategists have also begun to recognize this shift in political discourse. In this context, the name of noted political strategist Dr. Atul Malikram has recently come into discussion. He has earned professional certification in carbon footprint and greenhouse gas accounting from the international institution Bureau Veritas. Known for his deep understanding of grassroots politics and mass communication in Hindi-speaking states, Dr. Malikram's entry into this technical domain sends an important signal. It suggests that in the future, electoral strategies may not be limited to caste equations or populist promises. Instead, leaders may increasingly be advised on how to align their policies with global environmental standards.

