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Dowry deaths are about patriarchy and much more



DIPANKAR GUPTA

The Indian Empire

I HAVE just read the interesting article, "Patriarchy and the mother-in-law trope in India" by Audrey Dmello (IE, June 7). She is right on most counts but elides over a crucial detail. I don't mean to dispute her assessment, but a few additional issues need to be factored in.

One wonders why a once-oppressed new bride can oppress another just a generation later. Of course, patriarchy has a big role to play, but it is the specific type of patriarchy that matters.

There is patriarchy across the world, but that fact does not lock in with dowry deaths or even dowry. More importantly, there is patriarchy both in north and south India, but dowry deaths occur predominantly in the northern and central states, with the south and even Maharashtra figuring way down in this grisly table.

So it must be patriarchy-plus that accounts for the bulging statistic of dowry deaths in the north. Uttar Pradesh records over 2,000 such deaths annually, while the figure is barely in double digits in Kerala. In terms of cases convicted, Maharashtra, too, has a low incidence of dowry deaths with a conviction rate as low as Karnataka and Andhra Pradesh.

Now, all these states have patriarchy in full flow, so why this difference? The missing link is the way marriage relations are conducted in these regions. In the north, the bride-giver's family is considered to be of lower social status than that of the bride-taker (recall the *am-lora* and *pratiloma* distinctions). The bride in this case is the beginning of gift-giving between these two families. The woman is the first gift, a supreme gift.

The rationale for dowry begins here. From this initial gift of the virgin (or *kanyadaan*) by the males of the bride's family begins the continued demand for prestations by the groom's family. This is not unusual and it solidifies, with multiple iterations, the asymmetrical relationship between bride-giver and bride-taker. The latter believe it is their ritually sanctioned right to demand gifts from the bride's side in perpetuity. Consequently, the bride is vulnerable in her wedded home and must bend as a subject member of the household.

Contrast this with the southern practice of marriage alliance. Here there is a prevalence of cross-cousin marriage, that is, with the mother's brother's daughter. If this rule is strictly followed, then women are returned a generation later to the same extended family that gave a woman earlier. The Gonds of Madhya Pradesh, who also follow this rule of cross-cousin marriage, fetchingly call it "*daudi bhavani*", or return of the milk.

In this scenario, the bride is not a stranger in the groom's home nor is she a

supremacy. She is, after all, acculturated. This immediately takes the sting out. In contrast with the unequal relations between bride-giver and bride-taker in the north.

In north India, the bride is constantly reminded of her subjugated status in her married home and this burden is willingly accepted by her side. This explains why her parents are reluctant to take her back even when they learn she is being harassed. If she should, unluckily, give birth to girls, she faces endless acrimony, for now her married family will accuse her of being responsible for pushing them down to accept a lower status when these girls have to be married. She has now debased the whole family.

Contrarily, if a boy is born, this woman becomes a bride taker and joins her husband's patriarchal family as a near-equal member. In many ways, the mother of the boy transforms into a sociological male. This establishes her position in her husband's household, which age alone cannot accomplish. As a newly morphed bride-taker, she has all the symbolic energy of the men in her husband's family.

This unequal relationship has tragic consequences on the flip side when it comes to farmers' suicides. In those states where dowry deaths are high, farmers' suicides are low. Hence, counterintuitively, the poor regions of Bihar and Uttar Pradesh (UP), notorious for high dowry deaths, have low rates of farmers' suicides. Once again, the explanation lies in the difference in marriage customs. This has little to do with poverty, as is often believed.

In the north and south, when an agricultural family is in debt, it is almost always the male in the household who must bear the responsibility. Very often, other family members have little information about their debt status. The male farmer starts by taking a loan. When he cannot repay it, he goes to informal sources, each more rapacious than the next. Finally, when he exhausts these, he turns to his wife's family for help because his own paternal



kinfolk are as sunk as he is. In the north, where dowry is common practice, there is no loss of face in a man asking his in-laws for financial help. This is just another kind of dowry giving and involves no shame. In the south, it is different. The farmer is now borrowing from his wife's family, with whom his relationship is not that of a superior. In the fullness of time, a girl from his family will be returned to his wife's family. Therefore, when this financially stressed farmer cannot repay the money he had borrowed from his wife's father or brother, he is shamed at home and in every family gathering. It is this mounting pressure that finally forces him to die by suicide.

Marriage and kinship explain a lot about both kinds of tragedies. One carries the tragic stake of dowry that leads young brides to death and the other the social shame that compels many male farmers to die by suicide. Patriarchy is a background factor but not the determining variable.

The writer is a sociologist

When hope and desperation collide

With over 28 lakh youths applying for a little over 32,000 constable-rank positions in Uttar Pradesh, the focus is back on employment opportunities and the increasing number of young degree holders in the State, reports Mayank Kumar

Vishal Maurya boarded the Ganga Sudy Express at Akbarpur Junction in Uttar Pradesh (U.P.) on June 8. The 22-year-old was headed to Lucknow, 394 kilometres away by rail. Across the seven-hour journey, what played in Maurya's head on loop was a plea. All he wanted was to pass the constable-rank examination to be held on June 10 in Uttar Pradesh's capital.

Maurya is from Ghagharpatti in Ambedkar Nagar district, and passed out of school four years ago. If he gets through the test, he hopes to change the lives of his parents and his generations of disadvantages off their shoulders.

His parents work as agricultural labourers in their village, and don't own land. "When they find work, they earn ₹100. I aspire to change their fortunes. I studied diligently for the exam, inspired by my online teacher who shares motivational stories of youths from similar backgrounds who have succeeded in becoming constables," Maurya said. He added that for generations they had "lived a life of inferiority". This was an opportunity "for people like us to change our lives". Maurya is a first-generation learner. He works part-time as a construction labourer.

On June 9, he was in Lucknow's Charbagh railway station, with thousands of others who had arrived to take the exam. Charbagh is Lucknow's main railway station, situated in the heart of the U.P. capital, just 3 km from Hazratganj, the downtown area and main shopping centre of Lucknow. Hazratganj remained overcrowded with candidates for the U.P. constabulary posts with an examination. Held across June 8-9, all trains departing from or arriving at the station were fully booked. Thousands of U.P. constable aspirants stand on the floors, with many sitting in the lavatories of the trains. On the platforms, there is barely any space to walk. Thousands queue up to charge their phones via a few dozen charging points.

In the last week of December, 2025, U.P. had filed 124,749 posts of police constables and equivalent positions, the lowest category of the work force under the State police force. The registration process, which began on December 8, 2025, and ended on January 20, 2026, led to 28.66 lakh aspirants filling the forms to appear in the written test at 1,183 centres across 75 districts. More than 1.35 lakh candidates were allocated test centres in Lucknow.

The platform of possibility

At the train station, Maurya's story found resonance with a stranger, Yashraj Chandhary, 24, from Gorakhpur, a B.Tech graduate in Computer Science. Struggling with his UPSC AIAS6 smart phone, he said, "Everyone in this era of people has a story filled with urgency, desperation, hope, and aspiration for the job. While taking the exam, I thought of my 15-year-old sister and the need to provide her with better educational opportunities, so she won't have to struggle as I did."

Chandhary huddled the 40-degree Celsius heat in a yellow vest. He was returning from Bahadurpur, about 20 km from Lucknow, after taking the recruitment examination. To be eligible to qualify, people must be between 18 and 27 years, depending on the job, gender, and reservation, and have passed class 12, the highest school examination.

Chandhary works as a night worker in Gorakhpur.



A constable's job is much better than poorly paid engineering jobs. It provides job security and stability and includes attractive perks and social security benefits, like medical insurance and gratuity.

YASHRAJ CHANDHARY
Candidate in Gorakhpur

par. He says there are barely any private-sector office jobs that match his education. "I was offered a ₹20,000 job in an IT firm in Noida. It was impossible to survive there on such a low salary," he said. Noida is in U.P. and is part of the National Capital Region. "A constable's job is much better than poorly paid engineering jobs. It provides job security and stability and includes attractive perks and social security benefits, like medical insurance and gratuity." His parents are marginal farmers with four acres of land.

The platforms were full of stories of people coming in for exams, or leaving after, or coming back after writing them. "I intentionally missed five trains before boarding the Shalimar Superfast express, but I still had to travel in the bath-room," said Prashant Kumar, 21, a second-year BA English Literature student who took online coaching for the test. He took the exam because "There are hardly any job opportunities for English graduates. I am working as a private tutor, making ends meet, preparing for government jobs." His plan B is a government teaching job, "but that is a long road as I need to do a B.Ed (Bachelor's in Education)".

Sensing the massive influx of candidates, U.P. Chief Minister Yogi Adityanath instructed the Uttar Pradesh State Road Transport Corporation (UPSRTC) to provide 50% concession on fares to candidates appearing for the examination. They simply had to present their admit cards to bus conductors. Despite this, the public transport system was overcrowded for at least three days in the State, with many passengers having pre-booked train tickets complaining of not being able to board the train because of the huge rush of young aspirants at multiple railway junctions.

Testing, testing

Over 21.92 lakh aspirants appeared in the examination. The written test consisted of 150 objective-type multiple-choice questions of two marks each. The written examination syllabus was divided into four sections: General Studies, General Hindi, Numerical and Mental Ability, and Reasoning.

The Uttar Pradesh Police Recruitment and Promotion Board (UPPRPB), the recruiting agency, will prepare a list of shortlisted candidates who passed the written test on a date yet to be

announced. Since 2008, the UPPRB has been entrusted to conduct selections for various non-guaranteed posts, including that of the U.P. constable. A senior Indian Police Service (IPS) officer as Chairman of the agency heads and oversees all the activities that occur in the board.

The second stage is the Physical Standard Test (PST), where height will be checked. For general and Other Backward Class (OBC) male candidates, the minimum height requirement is 168 cm, while the minimum chest measurement requirement is 79 cm (without expansion) and 84 cm (with expansion). For general and OBC females, the minimum height requirement is 152 cm and the minimum weight is 40 kilograms.

In the final stage, the candidates need to make it through a physical efficiency test, in which men must run a distance of 4.8 km in 25 minutes and female candidates 2.4 km in 14 minutes. A new entrant will earn roughly ₹21,700 a month, with a slew of benefits enjoyed by government servants.

Struggle and hope

A section of the candidates appearing in the recruitment drive hail from farming families fighting to make ends meet in the Hindi heartland. A large number is also from the educated, salaried section of society.

Anam Singh, 22, is a BSc Biotechnology degree holder from Bijnor district in eastern U.P. His father is a retired teacher who taught classes 11 and 12. "I worked in a Dehradun-based firm for a few months. I filed the constable form as it is free from private-sector volatility and provides protection against lay-offs," he said. Singh added that he left his job as the wages were only ₹8,000 per month. "The company believes there is a massive over-supply of labour, hence at the entry-level, they keep salaries low and stagnant. Now, I live with my family in Bijnor, and I am preparing for government jobs."

Up to 9.24 lakh women candidates filed the forms, with the majority of them being accompanied by at least one male family member in the journey.

Rachna Yadav, 24, from Lucknow, who has a BA in Economics, and teaches in a private school, has a similar story to tell. "In the private sector, we get informal and poorly paid jobs." Her father, who is an electrician, was carrying the luggage, protecting her from the crowd. He said, "The people like us, a government job is the only way to ward off social and economic mobility. Every person who is appearing is a struggler here, their family is struggling in this materialistic world."

Vibhansh Nandan Rai, a 1055 batch IPS officer from the Uttar Pradesh cadre, served as the Director General of Police until he retired. He says, in rural parts of the State, only a carded rickshaw government job, even if it's at the lowest rung, is considered a job, as it commands respect and authority in society.

"In a volatile economic scenario, without market is a life-long safety net, whereas in private job opportunities are shrinking and job stability is eroding," he said. "Two people at the same level will get one third the pay in a private job. I was the chairman of a central university, and out of eight drivers, four were permanently appointed through a recruitment exercise. They were getting over ₹15,000 in salary, apart from social security benefits. The two drivers who were hired on a temporary basis were getting hardly ₹9,000 without benefits. People want to be fully em-

ployed by the government."

Someone selected for a constable position may rise to the post of inspector in the State police force after serving about 25 years in the police service. He said the first two years are a probation period. It generally takes 5-8 years in service to be promoted to the position of head constable, then 5-8 years in service for promotion to sub-inspector. A team of a constable, a head constable, and an Assistant Sub-Inspector form the backbone of the police. "They are the first to reach the spot in a law-and-order situation," Rai said. It's the constable's job to maintain ties with local informers.

A symbol of desperation

Critics alleged that the staggering number of job seekers signifies multiple challenges facing the State. "Over 80 candidates competing for one constable post is a marker of many crises in the State. It points to the fact that the Bharatiya Jan Party (BJP)-led government failed in generating employment opportunities for millions of young people in the State," said Uday Veer Singh, the BJP's former State spokesman. He added that the government makes claims of investment from big companies, but nothing is changing on the ground. "With constant paper leaks, the youth are wasting away their years. Well-qualified people are applying for low-pay jobs under frustration," he said.

Pushing for a transparent and stringent examination system, in view of past instances of irregularities, the recruitment board made comprehensive security arrangements and took legal action against those attempting to compromise the integrity of the examination. The Recruitment Board, on June 8, registered cases at the state's police station against the Telegram channel 'UP Police Leak' and the Instagram account 'UP Police Leak' for their alleged involvement in selling a fake question paper claiming it had been leaked. In Azamgarh, a case was registered against Instagram user Ashrafiyeh Khatun Maurya for allegedly doing the same. He was taken into custody.

Shantanu Pradhan, a senior political commentator based in Lucknow, calls the huge rush for the constable job a symbol of desperation among the youth. "It points towards a kind of distress and homogeneous failure of the system in employment generation. If a BA pass-out in English, or a B.Tech degree holder is competing for constable jobs in the police force, it shows the overall system is not generating opportunities to utilise their skills and education," added Pradhan.

Ajit Kumar Bha, an Oxford University-trained political and social analyst who has followed UP closely for four decades, says the State needs to put in place emergency steps to generate employment opportunities. "This shows a structural problem with U.P.'s economy, as a large population is unemployed or underemployed. More among them are skilled youths," he said.

He said the crisis is all the more serious because U.P. is a State with a low median age due to fertility rates of 2.4 between 2019-21 and 2.2 between 2022-24. India's was 2 for both periods. U.P.'s median age is 24.7 years, among the lowest in India, as per the Government of India data.

"Uttar Pradesh needs an industrial and manufacturing revolution to fix the crisis. It cannot be done only by generating service-sector jobs," Bha said.



Thousands of aspirants are waiting for the exam at Charbagh railway station in Lucknow.

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Should India incentivise bigger families?

Time building

PARLEY

For decades, Indian policymakers have encouraged population control, with the familiar slogan of 'More Do, Monetary Do' (We two, our two). However, the recent drop in India's Total Fertility Rate (TFR) — the average number of children a woman would have in her lifetime — has now dropped to 1.9, below the replacement rate of 2.1, with some southern States seeing their TFR drop to 1.3. Last month, Andhra Pradesh Chief Minister Chandrababu Naidu announced cash incentives of ₹20,000 and ₹40,000 to women having their third and fourth child respectively, in a bid to reverse that trend. Several other southern States have indicated that they also see the benefits of boosting population growth, though not through a cash payout. Should India incentivise bigger families? Aparigta Chattopadhyay and Neelgagan Sircar discuss the question in a conversation moderated by Priscilla Jebara.

Why are policymakers considering a change in the approach to population control?

Aparigta Chattopadhyay: After a long struggle with family planning since independence, our fertility has started declining. There are State-level variations, but overall fertility now is 1.9. It is fine, and India can grow in this way for maybe 40 to 50 years. But reversal of fertility trends cannot be a policy driven thing. It is deeply rooted socio-culturally and is an individualistic choice. You cannot tell a group of women to increase fertility because I am giving you money. It has never happened in that way, even in European or other Asian countries.

The political implications are the immediate trigger for this policy. Is the threat of future parliamentary delimitation a reason to reverse fertility decline?

Neelgagan Sircar: There has been a lot of discussion about the growth rate of southern States as delimitation is on the horizon. But we need to look beyond pure politics because any growth spurred by these incentives is unlikely to help in the short term. The reality is, if there's a delimitation scenario happening in the next couple of years, you're not going to dramatically change the fertility rate by then.

Another reason this is being considered is because of the political economy of States with a working population that may be shrinking. But this is a *homo-fidus* approach. Social and demographic transformations are complex phenomena, and in hand in hand with a certain level of economic development. Historically,



Children playing on the swings near the cascades of the Amaravathi capital region, amid the summer heat, in Andhra Pradesh on May 8, 2009

with a certain level of social and economic development, the fertility rate drops.

Now, there's a cash incentive to play to encourage people to have more children. For a wealthy family, this incentive is simply not enough to invest in another child. But for a poor family, perhaps it is. Here, you are not just increasing the fertility rate in a State, you are also changing other social attributes in the population. In terms of who is going to be able to respond to such an incentive and who will not, it's not as simple as saying we've created a working age population because you've fundamentally changed the composition of the working age population once you've introduced an economic incentive.

What has been the international experience of attempting to boost population growth?

AC: Incentivisation can help relatively lower income groups, and this has happened in many European countries. For example, in Poland, there was a short-term boost in birth rate only among the lower income demographics. In Sweden and France, tax incentives changed things for a short span, but it was very difficult to sustain that reversal, and the same thing happened with Singapore, Japan, South Korea. Nowadays, the entire world is going through a policy shock. There is a lot of instability in geopolitics, the economy, and the climate.

Moreover, there are both altruistic and individualistic attitudes to fertility. The younger generation is quite aspirational. They need their prosperity — a good job and savings. So, you cannot ask them to go and have more children. Until women confirm that there is security in every possible sense, they will not reverse the fertility rate because there are plenty of tangible and intangible costs for a woman or for the



Social and demographic transformations are complex phenomena, and go hand in hand with economic development. Historically, with a certain level of social and economic development, the fertility rate drops

NEELGAGAN SIRCAR

society to have an additional child. So at this juncture, I believe that incentivisation may not work in India, especially, if it is not required because we have a huge population base, so there may not actually be a scarcity of working age labourers if you improve their skills, give them better job opportunities, improve the savings and investment scenario, and promote the silver ageing economy.

Falling fertility rates are an uneven phenomenon. What does this portend for Indian federalism?

NS: Obviously there are some immediate questions about converting populations into political representation through delimitation. But another variable would be that as we see differences in fertility rates, we're also going to see very different demographic profiles of States. And we know that the youth, the middle aged, and the elderly all vote differently. They're in different stages of life, so they have different economic preferences in terms of what a government should be investing in, for instance, pensions versus manufacturing jobs versus childcare. So we're going to see very different political economy choices.

AC: With regard to Andhra Pradesh, if you look at the recent NFHS statistics, there are a number of areas, instead of cash incentives, where they can spend money in order to get lower middle class people to reproduce more. Almost one in four women aged 20 to 24 got married before turning 18. Only 30% of households have women who own any assets, and only 68% of women work. If Andhra Pradesh thinks that they're demographically advanced and can behave like Europe to reverse fertility trends, then the women in the workforce should be at 80%.

In European countries, the motherhood penalty is almost negligible. There is enough parental leave, and workforce participation is very high. So only when your economy and social security is perfect can you think of having a reversal of fertility trends.

What are some key findings of the

Longitudinal Ageing Study in India?

AC: By 2050, 20% or more of the Indian population will be aged 60 and above, so we have to prepare ourselves, especially with regard to healthcare costs. We need tremendous investment in geriatric care, basic primary healthcare, better pension schemes, and better savings schemes. We also need to have communities for elderly living. But we still have a huge population base. Don't mix up the percentage with the number base. We can reduce the working age population so long as we have a very highly skilled population who earn well and will pay for these costs.

If population growth incentives don't work, then lower-fertility rate States may increase their working age population through migration from other States. What is the political fallout of that?

NS: Demographic anxieties have been showing up in one State after another. Even in a poorer State like West Bengal, there are demographic anxieties vis-a-vis Bangladesh. As for why this phenomenon happens, these are labour market vacancies. These are populations which have achieved a certain level of development, and yet the economy requires some people willing to do manual work, at a lower wage, in the sun. This is not a problem that can be solved by simply having more children. It is unlikely that demographic anxieties can be reduced to a function of the economic structure.

Migration is an economic phenomenon that is almost independent of the fertility rate, given what the economic condition of these States might be. The people who are being birthed there are very unlikely to be willing to do those jobs that people coming from north India are doing today in south India.

It boggles the mind that somebody is trying to reverse what is a very standard social phenomenon and demographic trend at this stage of development. I understand that there are challenges in Europe where countries are well below replacement rates. But this entire debate is bizarre for the very simple reason that there are so many things the government could be spending this kind of money on which would actually address the needs of an ageing population and an underemployed population. This is a very peculiar policy decision.



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बच्चों के शोषण पर लगने लगी लगाम

Amal

भारत में बाल मजदूरी को रोकने में ठीक-ठाक सफलता मिली है। यकीन न हो, तो आंकड़े उठाकर देख लीजिए। भारत सरकार के श्रम एवं रोजगार मंत्रालय की एक रिपोर्ट बताती है कि साल 2001 में जहां देश में 5 से 14 साल की उम्र के करीब 1.26 करोड़ बच्चे बाल मजदूरी करने को मजबूर थे, वहीं वर्ष 2011 की जनगणना में यह आंकड़ा घटकर लगभग 43 लाख रह गया है। नेशनल सैपल सर्वे ऑर्गनाइजेशन, यानी एनएसएसओ का साल 2004-05 का सर्वे भी बता रहा था कि करीब 91 लाख बाल मजदूर देश में थे। ऐसे में, लगता यही है कि बाल मजदूरी खत्म करने को लेकर जो कोशिशें देश भर में हुई हैं, उनके सुखद परिणाम अब हमें मिलने लगे हैं। अगर बाल मजदूरी दूर करने को लेकर हमारी गति इसी तरह बनी रही, तो यकीनन नई जनगणना में यह आंकड़ा काफी कम होगा।

यह सही है कि बाल मजदूरी के लिहाज से आज भी उत्तर प्रदेश सबसे खतरनाक जगह बना हुआ है, जो चिंता की बात है। 2011 की जनगणना के मुताबिक, यहां 8.96 लाख बाल मजदूर थे, जबकि महाराष्ट्र में 4.96 लाख और बिहार में 4.51 लाख, फिर भी उम्मीद की किरण दिख रही है, क्योंकि यहां की सरकारें इस दिशा में प्रयासरत हैं। वैसे भी, जब हमने बाल श्रम निषेध को लेकर एक लंबा रास्ता तय कर लिया है, तो चंद कदमों की दूरी भला क्यों अखरेगी हमें। अच्छी बात यह है कि भारत का कानून बाल श्रम के सख्त खिलाफ है। शिक्षा के अधिकार के तहत देश में जहां छह से 14 वर्ष तक के हर बच्चे को मुफ्त व अनिवार्य शिक्षा मुहैया कराने की व्यवस्था की गई है, वहीं 14 साल से कम उम्र के बच्चों को फैक्टरियों या किसी भी खतरनाक रोजगार में लगाने पर कठोर प्रतिबंध है। सुप्रीम कोर्ट

ने भी खतरनाक उद्योगों में लगे बच्चों को वहां से निकालने और किसी शिक्षण संस्थान में दाखिल करवाने के निर्देश दिए हैं। इसके अलावा भी कई अन्य तरह के प्रावधान किए गए हैं, जिनसे पता चलता है कि भारत बाल मजदूरी के खिलाफ एक सफल जंग लड़ रहा है।

हालांकि, मनमाफिक सफलता नहीं मिल सकी है, लेकिन अच्छी बात यह कि ईमानदारी से प्रयास किए जा रहे हैं। इसलिए, जो रही-बची कसर है, उस पर भी काम लगातार किए जाएंगे, जिससे अच्छे नतीजे हमें जल्द मिलेंगे। उम्मीद है कि नए आंकड़ों में बाल मजदूरी के खिलाफ एक सुनहरी तस्वीर हमें देखने को मिले। ऐसा इसलिए भी हो सकता है, क्योंकि का मौजूदा नेतृत्व एक ऐसे हाथों में है, स्वयं गरीबी, बेबसी की परिस्थितियों को निकला है।

दीपक कुमार, टिप्पणी

"Sometimes I think that not having to worry about your hair anymore is the secret upside of..."

ET Panache variety

The Evening Star

NEW DEL.

MANE CLUES

Health secrets hidden in your hair colour

Research shows that the risks for melanoma, alopecia and other conditions could be linked to your hair's hue

Kathleen Felton

Whether brown, black or a shade in between, natural hair colour is determined by how much melanin is in your hair. This pigment, which is also found in skin and eyes, has two types: "Eumelanin is the dark one that's responsible for black and brown hair and pheomelanin is the light one that's responsible for blonde and red hair," said George Cotsarelis, a dermatologist and chair of the department of dermatology at the University of Pennsylvania School of Medicine, US.

People with black hair have the greatest amount of eumelanin, while brown hair has a moderate amount and blonde very little. The specific mixture of eumelanin and pheomelanin you inherit produces the shade you end up with. Research has linked some hair colours with a higher likelihood for health considerations that can be helpful to know about, though more studies are needed and hair colour is far from a primary risk factor.

Red scare

People with red hair usually possess genetic variants of the melanocortin-1 receptor, or MC1R gene, which cause

pigment-producing cells called melanocytes to generate pheomelanin, the red-blond pigment. Some research has found that carriers of such MC1R variants have a higher risk of developing melanoma, the most lethal form of skin cancer.

It's still possible to develop melanoma even if you have darker hair or skin. They are far from the only risk factors — UV exposure, the number of moles and family history play a role, too.

David Fisher, former chair of

the Massachusetts General Hospital department of dermatology at Harvard Medical School, US, has also studied the red-hair MC1R variant in mice and observed that this variant had an altered balance of hormones that included more opioid receptors, which inhibit pain, suggesting a greater level of pain tolerance.

Dark side

There are different types of hair loss, including male or female pattern hair loss and traction alopecia. Alopecia areata is an autoimmune disease that causes episodes resulting in patchy hair loss, often beginning as a round circle on a person's scalp or beard. Anyone can develop alopecia areata, but it tends to start during childhood or young adulthood, according to the American Academy of Dermatology Association.

In one 2024 study referencing a database of more than 5,00,000 healthcare recipients in the United Kingdom of different races and hair colours found that people with black hair were significantly more likely to have alopecia areata than those with brown hair. Darker colours in general had a higher association for the autoimmune disease.

Grey area

Hair begins to grey when pigment-depositing melanocyte stem cells in the hair follicle start to become depleted. Eventually, after ongoing hair cycles, hair follicles lose their melanin, said Fisher, which is when hair colour shifts from pigmented to greyish then entirely white.

But sometimes this process is accelerated due to underlying health conditions, family history or even stress. Research suggests that periods of stress may cause norepinephrine to be released into the hair follicle and this chemical affects melanocyte stem cells, causing hair to increasingly turn grey.

Going grey is inevitable for most people, but maintaining a healthy lifestyle, such as by eating a balanced diet, getting plenty of sleep and not smoking may help delay its onset, according to the American Academy of Dermatology Association.

— The Washington Post



खून की कमी ही नहीं, खून का अधिक होना भी जानलेवा

अधिक रक्त

संवाद न्यूज एजेंसी

नई दिल्ली। अक्सर लोगों का ध्यान एनीमिया यानी खून की कमी पर जाता है, लेकिन शरीर में लाल रक्त कोशिकाओं (आरबीसी) की संख्या सामान्य से अधिक होना भी स्वास्थ्य के लिए खतरनाक साबित हो सकता है। इस स्थिति में खून गाढ़ा हो जाता है, जिससे शरीर में रक्त प्रवाह प्रभावित होने लगता है और हार्ट अटैक, स्ट्रोक व रक्त के थक्के बनने का खतरा बढ़ सकता है। चिकित्सकों का कहना है कि लाल रक्त कोशिकाओं की

दिल्ली का रहने वाला 35 वर्षीय युवक इस समस्या के साथ गुरु तेग बहादुर अस्पताल पहुंचा। जांच के दौरान सामने आया कि खून की अधिकता के कारण युवक को सांस लेने में दिक्कत, धुंधला दिखाई देना जैसी दिक्कत हो रही थी। चिकित्सक ने सलाह दी कि वह अपनी दिनचर्या में कम से कम आधे घंटे व्यायाम करें। उपचार के बाद युवक की स्थिति में सुधार है। डॉ. संदीप ने बताया जब शरीर में लाल रक्त कोशिकाओं की संख्या जबरन से ज्यादा बढ़ जाती है तो खून गाढ़ा होने लगता है, जिससे नसों में रक्त प्रवाह धीमा पड़ सकता है। इसके कारण रक्त के थक्के बनने, हार्ट अटैक और स्ट्रोक जैसी गंभीर समस्याओं का खतरा बढ़ जाता है।

अधिकता को पॉलीसाइथेमिया कहा जाता है। यह समस्या धूम्रपान, फेफड़ों की बीमारियों, शरीर में लंबे समय तक ऑक्सीजन की कमी, डिहाइड्रेशन या बोन मैरो से जुड़ी

कुछ बीमारियों के कारण होती है। मरीजों में सिरदर्द, चक्कर आना, धुंधला दिखना, थकान और त्वचा में खुजली जैसे लक्षण दिखाई दे सकते हैं।

तेज आवाज में इयरफोन का बढ़ता चलन लोगों की सुनने की क्षमता पर पड़ रहा असर

नई दिल्ली। मोबाइल, ऑनलाइन व्लास, गेमिंग और मनोरंजन के लिए इयरफोन व हेडफोन का इस्तेमाल आम बात है। लंबे समय तक तेज आवाज में इयरफोन का उपयोग कानों के लिए नुकसानदायक हो सकता है। इससे सुनने की क्षमता प्रभावित होने के साथ कई तरह की अव्यवस्थाएं भी हो सकती हैं। डॉक्टरों के अनुसार लगातार ऊंची आवाज में आडिबले सुनने से कानों के भीतर मौजूद संवेदनशील कोशिकाओं को नुकसान पहुंचता है। इसके कारण सुनने की क्षमता कम होना, कानों में पंटी या सीटी जैसी आवाज सुनाई देना और कानों में भारीपन जैसी समस्याएं होती हैं। स्वामी दयानंद अस्पताल के विशेषज्ञ डॉ. आदर्श आजाद ने बताया कि इयरफोन या हेडफोन का लंबे समय तक और तेज आवाज में इस्तेमाल करने से कानों की सुनने की क्षमता पर प्रतिकूल प्रभाव पड़ता है। उन्होंने कहा कि ऐसे कई मरीज आते हैं जिनमें इयरफोन के अधिक प्रयोग के कारण समस्याएं होती हैं। ध्रुवी



बच्चे सबूत जुटाने का जरिया नहीं: कोर्ट

Full page

अदालत से

आदेश से पहले विशिष्ट कारण बताना होगा

नई दिल्ली, एजेंसी। सुप्रीम कोर्ट ने गुरुवार को एक अहम फैसले में कहा कि बच्चों को सिर्फ 'सबूत जुटाने का जरिया' नहीं माना जा सकता। कोर्ट ने यह भी कहा कि कस्टडी और मुलाकात के कड़वे विवादों में उलझे अलग हो चुके माता-पिता के एक-दूसरे के खिलाफ दावों को संतुष्ट करने के लिए बच्चों की मनोवैज्ञानिक या मनोरोग संबंधी जांच का आदेश मनमाने तरीके से नहीं दिया जाना चाहिए।

न्यायमूर्ति संजय करोल और न्यायमूर्ति एन. कोटिस्वर सिंह की पीठ ने उन मामलों के निपटारे के लिए कई

पीठ ने कहा कि बच्चे से संबंधित किसी भी ऐसी मूल्यांकनात्मक प्रक्रिया का निर्देश देने से पहले, अदालत को विशिष्ट कारण दर्ज करने होंगे, जिनसे यह स्पष्ट हो कि ऐसे मूल्यांकन की जरूरत क्यों है, इसका उद्देश्य क्या है, प्रस्तावित प्रक्रिया की प्रासंगिकता क्या है। अदालतों को बाल पीड़ितों के साथ मनोवैज्ञानिक मूल्यांकन का निर्देश देते समय 'न्यूनतम हस्तक्षेप और न्यूनतम संपर्क' के सिद्धांत को अपनाना चाहिए।

निर्देश जारी किए, जिनमें नाबालिग बच्चों का मनोवैज्ञानिक या मनोरोग संबंधी मूल्यांकन किया जाता है और जो अभिरक्षा और मुलाकात अधिकार से जुड़े विवादों से उत्पन्न होते हैं। ये निर्देश पीठ द्वारा उस फैसले में जारी किए गए, जिसमें बॉम्बे हाईकोर्ट के आदेश में संशोधन किया गया और उन

प्रमुख निर्देशों को रद्द कर दिया गया, जिनके तहत मनोवैज्ञानिकों और विशेषज्ञों की चार सदस्यीय एक समिति को उस लड़की का मूल्यांकन करने की अनुमति दी गई थी, जिसके पिता पर पाँक्सो अधिनियम के तहत आरोप लगे हैं। 65 पन्नों के फैसले में नेल्सन मंडेला की बात का भी जिक्र किया है।

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The Hindu

Efforts on to contain Nipah outbreak: Kerala Minister

Contact list of persons who might have interacted with the patient drawn up; no containment zone needed as none other than the patient had shown symptoms, says K. Muralleedharan

The Hindu Bureau

THIRUVANANTHAPURAM

The Health Department in Kerala is maintaining maximum vigilance and taking all possible preventive measures to ensure that the current Nipah outbreak in Kozhikode is contained and that no nosocomial or human-to-human transmission of the virus occurs.

The patient, a 43-year-old man from Ramanattukara, who was transferred from a private hospital to the Government Medical College Hospital (MCH), Kozhikode on Wednesday with encephalitis symptoms, is stable and on ventilator support.

Health Minister K. Mura-



Health workers at the Nipah isolation ward at the Government Medical College Hospital in Kozhikode on Thursday. K. RAGESH

leedharan, who spoke to mediapersons in Thiruvananthapuram on Thursday, after holding a high-level meeting with Health and medical college officials, said that a contact list of 77 persons who might have closely interacted

with the patient had been drawn up. The list includes 58 healthcare workers, 14 family members of the patient, and five co-workers and friends.

Of the 77 persons, two have been categorised as being at the "highest risk",

13 at "high risk", and 62 at low risk. He said that as of now, there was no need for earmarking a containment zone as none other than the patient had shown any symptoms.

The Health Department was preparing the patient's route map, and he appeared to have visited several healthcare establishments from May 10 before reaching the Kozhikode medical college, Mr. Muralleedharan said.

The Rapid Response Team in Kozhikode had met and adequate stocks of personal protection equipment and medicines were being made available. A control room has been opened at Kozhikode district medical administration's office.

In Madras Medical College, half a head from 1952 murder still a forensic lesson

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Chennai: Jar No MII. Half a head floating in formalin, full mystery. Inside an old cupboard at Madras Medical College's forensic museum sits the specimen. No file. No paperwork. No official note explaining why a human head, long cut in half, rests there.

Yet generations of forensic teachers have passed down the same story — that face once belonged to pen salesman C Alavandar whose murder in 1952 shocked Madras and became a classic case study in decapitation and identification before DNA, computers and genetic profiling.

Part crime story, part medical folklore, the case survives in textbooks, lecture halls and fading newspaper archives. It also survives quietly in a glass jar. Few body parts preserved as evidence have enjoyed such an afterlife. Around the world, museums display fragments tied to history and notoriety — brains, bones, skulls and dissected remains preserved for science, medicine or memory. Chennai's MII belongs to that strange fraternity: a relic that still teaches decades after courtrooms emptied and headlines faded.

The story began on Aug



FRAGMENTS OF HISTORY

29, 1952. A foul smell seeped from a green steel trunk aboard the Indo-Ceylon Express, better known as Boat Mail — a rail-and-sea service that connected then Madras to Colombo. The Railway police opened it at Manamadurai, 53km southeast of Madurai, and found a headless male torso. Days later, a severed head buried in sand turned up off Royapuram in Madras.

Both were sent to Madras Medical College. No DNA. No genetic databases. No forensic software. Assistant professor of forensic medicine Dr CB Gopalakrishnan relied on anatomy. "He matched the cut neck vertebrae of the head and the torso, bone against bone. When he was satisfied it was the same person, he looked at the other basics

— age and build — and small personal details such as ear-piercing," recalled Dr C Manohar, a retired professor.

Those details mattered. Alavandar, in his 40s when he was killed, had an unusual pattern of ear-piercing — two holes in right earlobe, one in the left. He also bore a mark on a leg, said Dr Manivasagam Muthusamy, associate professor at Govt Kumaramangalam Medical College Hospital in Salem. His wife identified the face. Fingerprints were matched against British-era military records from WWI service before he joined Gem & Co in Parrys as a salesman.

"There was no DNA or fancy scientific tests, but at that time, there was really no room for doubt about who that head and torso belong-

ed to," Dr Manohar added.

Police stitched together corroborative evidence: a missing-person complaint filed by Alavandar's wife, witness accounts and his last known visit to a modest house on Cemetery Road in Madras. Investigation led to Devaki Menon and her husband Prabhakara Menon. According to prosecution, Alavandar, who also ran a sari business, cultivated relationships with several women and continued pursuing Devaki after her marriage. On Aug 28, 1952, he went to her home. Prosecutors said he was killed there. His head was severed using a "Malabar knife" and buried on Royapuram beach. The torso was packed into a trunk and sent away by train.

Prabhakara was sentenced to seven years of rigorous imprisonment and Devaki to three years in prison.

Evidence outlived everyone. Then came another cut. No one today knows exactly when. No records explain why. But somewhere along the way, the original specimen was divided once more. One half remained in Chennai. Other half was sent to Madurai, where the torso had been moved, allowing another medical college to teach from the same head.

कैंसर दवाओं की कीमतें बढ़ाने के लिए नियामक को दी गई मंजूरी

28/05/2020

सिस्प्लाटिन और कार्बोप्लाटिन की कमी से जूझ रहे अस्पताल

नई दिल्ली, रायटर : भारत ने एक नियामक को प्लैटिनम-आधारित कैंसर की दवाओं की कीमतें बढ़ाने की मंजूरी दी है, जो कच्चे माल की लागत में वृद्धि के कारण कमी का सामना कर रही है। देश में मरीज प्लैटिनम-आधारित कैंसर दवाओं जैसे कि सिस्प्लाटिन और कार्बोप्लाटिन की कमी से जूझ रहे हैं, क्योंकि अस्पताल, विशेष रूप से सरकारी सुविधाएं, इनकी कमी का सामना कर रही हैं। फेफड़ों, अंडाशय और पित्ताशय के कैंसर के इलाज के लिए उपयोग की जाने वाली इन दवाओं की कीमतें सरकार द्वारा निर्धारित की जाती हैं।

भारत के औषधि विभाग ने सात जून को इन दवाओं की कीमतों में संशोधन के लिए राष्ट्रीय औषधि मूल्य निर्धारण प्राधिकरण (एनपीपीए) के अनुरोध को मंजूरी दी। नियामक के जारी पत्र के अनुसार, सार्वजनिक हित में उपयोग



किए जा सकने वाले कानून के विशेष प्रावधानों के तहत कीमतें बढ़ाने के लिए मंजूरी मांगी थी। एक सरकारी स्रोत ने नाम न बताने की शर्त पर बताया, "सरकार ने कीमतों में वृद्धि को मंजूरी दी है। अंतिम निर्णय एनपीपीए द्वारा लिया जाएगा, क्योंकि यह एक स्वतंत्र नियामक निकाय है जो सरकार के अधीन काम करता है।" उद्योग विशेषज्ञों के अनुसार, प्लैटिनम की कीमतें दोगुनी से अधिक हो गई हैं, जो सीमित आपूर्ति, मजबूत मांग और घटती इन्वेंट्री के कारण है, क्योंकि

यह धातु आटोमोटिव अनुप्रयोगों में पैलाडियम की जगह ले रही है। दवा निर्माताओं ने सिस्प्लाटिन और कार्बोप्लाटिन का उत्पादन अस्थायी रूप से रोक दिया था क्योंकि वे प्लैटिनम-आधारित कच्चे माल को सुरक्षित नहीं कर पा रहे थे या उपभोक्ताओं को उच्च लागत का बोझ नहीं डाल पा रहे थे। कई सामान्य दवा निर्माता, जैसे कि सिप्ला, इंटस फार्मास्यूटिकल्स और आन्कोलाजी विशेषज्ञ जैसे कि नाप्रोड लाइफ साइंसेज और वीनस रेमेडीज, इन प्लैटिनम-आधारित कीमोथेरेपी दवाओं का निर्माण करते हैं। पत्र में बताया गया है कि भारत ने सक्रिय औषधीय सामग्री की लागत में वृद्धि के कारण दो एंटी-टेटनस इम्युनोग्लोबुलिन इंजेक्शन की कीमतों में वृद्धि को भी मंजूरी दी है। औषधि विभाग ने टिप्पणी के लिए अनुरोधों का अभी तक उत्तर नहीं दिया है।

जनगणना में अब तक 2.11 करोड़ लोग और 74 लाख घरों को किया गया कवर

राज्य ब्यूरो, जागरण • नई दिल्ली: दिल्ली के नगर निगम क्षेत्रों में जनगणना का पहले फेज का काम (हाउस लिस्टिंग) अब अंतिम चरण में है। निगम के सभी 12 जोन में घर-घर जाकर जानकारी जुटाने का काम करीब-करीब पूरा हो रहा है। अभी तक करीब 2.11 करोड़ लोगों और 74 लाख घर कवर हो चुके हैं। जनगणना का यह पहला चरण है, जिसमें मकानों की स्थिति, सुविधाओं और संपत्तियों से जुड़े 33 सवाल पूछे जा रहे हैं। यह अभियान 16 मई से शुरू हुआ था। इसे 14 जून तक पूरा करने का लक्ष्य रखा गया है। इस कार्य के बाद मुख्य जनगणना (आबादी की गिनती) का कार्य फरवरी-2027 में किया जाएगा।

अभी तक की गणना के अनुसार उत्तर-पूर्वी जिले में सबसे ज्यादा यानी करीब 28 लाख लोगों की सूची बनाई गई है। इसके बाद

- नगर निगम क्षेत्रों में जनगणना का पहला फेज अंतिम चरण में पहुंचा
- एनडीएमसी के नई दिल्ली जिले में 2.5 लाख लोगों की बनी है सूची

दक्षिणी-पश्चिमी जिले की आबादी आती है, जहां करीब 22 लाख लोगों की सूची बनाई गई है। पुराने दिल्ली जिले में सबसे कम यानी 7.2 लाख लोगों की सूची बनी है। अधिकारियों के अनुसार बीती मंगलवार तक दिल्ली नगर निगम के 12 जोन में कुल 44,000 घर सूचीकरण ब्लाक (एचएलबी) की सूची बनाई गईं, जिसमें 2.11 करोड़ की आबादी शामिल है। निगम जोन में करीब 45,252 एचएलबी हैं और हर ब्लाक में 180-200 परिवार हैं। वहीं नई दिल्ली जिला एनडीएमसी के क्षेत्र में आता है, जहां बीती 16 अप्रैल से 15 मई तक घर

जिला	कुल लोगों की सूची
उत्तरी-पूर्वी	28,16,233
उत्तरी-पश्चिमी	20,39,268
बाहरी-उत्तरी	18,91,229
उत्तरी जिला	16,43,457
मध्य-उत्तरी	11,04,45
दक्षिणी-पश्चिमी	24,52,737
दक्षिणी-पूर्वी	22,10,128
दक्षिणी	19,66,300
मध्य जिला	9,26,396
पूर्वी जिला	21,11,162
पश्चिमी जिला	23,63,407
पुरानी दिल्ली	7,27,459

सूचीकरण का काम पूरा हो चुका है। इस जिले में करीब 63,000 परिवारों और 2.5 लाख लोगों की सूची बनाई गई है।

एआड कोर्स के लिए 30



How waste can help meet India's fertiliser needs

In 1884, the year Tokyo completed its first modern sewer network, Bombay's municipal commissioners were debating whether to extend water drainage to its native quarters. They decided against it, not for lack of funds or expertise, but because they had a workforce of hereditary, disenfranchised manual scavengers who made the question of modern sanitation infrastructure unnecessary. Such thinking continues to influence Indian attitudes to sanitation.

The 2011 Socio Economic and Caste Census identified roughly 2.6 million insanitary latrines in India, many of which still required manual cleaning. Activist organisations estimate that possibly over a million people, most of them Dalits and many of them women, remain engaged in forms of manual scavenging and sanitation labour, removing human excrement with their bare hands, carrying it on their heads in baskets lined with sack material. As per government data, around 400 of them died cleaning septic tanks between 2018 and 2023, but the true figure is several times higher, because deaths from contracted infections, respiratory damage, and cardiovascular failure weeks after exposure are not counted. Studies and state-level reports have suggested substantially lower life expectancy among sanitation workers; 2016 estimates from Maharashtra placed it at around 58 years, against a national average near 68.

Manual scavenging has survived modernisation. Even when flush toilets were adopted, they brought septic tanks which need cleaning. Thus, the same people who had previously cleaned dry latrines now cleaned septic tanks. The Swachh Bharat Mission built 100 million toilets between 2014 and 2019, but its mandate was explicitly confined to constructing toilets and not building additional sewage or seepage treatment facilities.

According to the Central Pollution Control Board, India generates nearly 73 billion litres of sewage per day, against an installed treatment capacity of roughly 44% of that. Of that installed capacity, only a third of total daily sewage generation is actually treated. Even when sewage reaches a treatment plant, the reliability of treatment remains highly uneven. Bihar, with one of the densest concentrations of new Swachh Bharat toilets, generates 2,300 million litres of wastewater per day against a total installed treatment capacity of 10 million litres. Swachh Bharat, while making life more convenient, has simply shifted the labour at the other end of the toilet from one confined space to another, with the same caste doing the work.

Manual scavenging also predates colonialism. Ancient Hindu texts assigned the removal of human waste as a hereditary duty of those outside the varna system. British rule formalised the practice by giving it wage structures, contracts, and municipal registries, while simultaneously building water-flushed sewage systems for themselves in the European quarters of Bombay, Calcutta, and Madras.

Compare this with what happened elsewhere. In 1960, South Korea had a per capita income lower than India's and a sewage infrastructure in ruins due to the Korean War. But it

did not have a hereditary labour system. The Korean government integrated water and sanitation into its five-year development plans from 1965 and, as a result, Seoul's sewerage coverage went from 2% in 1967 to 57% by the end of the 1970s, and over 95% today.

Japan's path was different. Meiji-era Tokyo resisted building modern sewers because night soil was a valuable agricultural input. Night soil lost its agricultural value after World War II when chemical fertilisers replaced it, and urban populations no longer had farms nearby to receive it. Thus, from the 1950s, Japan built a comprehensive and mechanised sewage treatment system that is now among the best in the world. Malaysia and Thailand followed suit, achieving near-universal sanitation coverage many decades ago. One important difference is that none of these countries had a hereditary caste system assigning excreta management to a specific group, which reduced political tolerance for keeping sanitation labour invisible.

In India, not much changed at Independence, until the 1993 Employment of Manual Scavengers and Dry Latrines (Prohibition) Act banned the practice. However, the Act restricted this to dry latrines and left septic tank cleaning, sewer entry, and drain clearance outside its scope. Through the 2000s, courts repeatedly ordered mechanisation and provision of protective equipment – these were largely ignored. Successive bans, rehabilitation schemes, and infrastructure upgrades have only served to push the problem out of view.

There is also an economic argument for a serious change to the current system that is salient in light of the current forex crisis. The Netherlands and Denmark apply over half their sewage sludge to agricultural land. Germany has mandated phosphorus recovery from large wastewater treatment plants by 2029. Modern nutrient recovery from treated wastewater can, according to estimates from the International Fertiliser Association, meet up to 30% of global phosphorus demand and 20% of nitrogen demand, at costs 20-30% below synthetic equivalents. India imported close to \$15 billion worth of fertilisers in 2025-26 while simultaneously generating billions of litres of sewage every day, containing precisely those nutrients; almost none of this is recovered. The fertiliser we are importing is, in part, the fertiliser we are flushing away.

What decolonising sanitation requires is a national programme of urban sewage infrastructure investment: building new sewage treatment plants, mechanising all contact with human waste, and linking that infrastructure to a nutrient recovery programme that can begin to replace imported synthetic fertiliser. The alternative is a fertiliser import bill that grows with every harvest, and a significant death toll among sanitation workers.

A country that still sends human beings into sewers cannot call itself developed. Building a modern sewage and nutrient recovery system would end one of India's oldest forms of caste labour, and turn waste into one of the inputs of national self-sufficiency.

NMC flipflops, puts onus of patient appeals on health min

5 Months Ago, Panel Had Said Will Hear Pleas

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Since Sept 2020, when NMC was constituted, it has received 273 patient appeals against state medical council decisions. They've all been rejected

National Medical Commission (NMC) continues its flipflop over whether patients and their families should be allowed to file appeals before it.

The commission decided in Sept 2024 that its ethics board would entertain all appeals, including those filed by non-medicos, and confirmed this decision in Dec 2025. Five months later, in May, the ethics board claimed any interpretation of the provisions of NMC Act ought to be done by the health ministry.

"NMC had agreed that all appeals received by Ethics and Medical Registration Board (EMRB) will be entertained. Further, as regards action not being taken by state medical councils (SMC) on complaints filed by non-medicos even after issuance

of reminders by the boards, it was decided to send a communication by EMRB to state medical councils to complete the process in a timebound manner. In case of failure by the concerned SMC to act upon it, EMRB may take over the complaint/matter from the SMC and dispose of the same. This is noted by EMRB, and board will proceed further accordingly," read minutes of the 16th meeting of NMC held on Sept 3, 2024. This was reiterated in the 17th meeting on Dec 16, 2025.

However, NMC chairperson Abhijat Sheth, when asked why NMC, as an auton-

omous body, was seeking the health ministry's interpretation for what was decided in the NMC meeting, claimed wider stakeholder consultation and examination of statutory/regulatory provisions was going on. "NMC has not framed an SOP in this regard yet," he added.

When the ministry was asked to intervene on behalf of patients to allow appeals before NMC, the ministry stated the commission was the apex statutory body constituted under the 2019 Act to regulate medical education and the profession. "All matters relating to framing,

amendment, and implementation of medical education regulations fall within the domain of NMC," it said.

"There would be issues if unrestricted appeals are allowed and the members/experts are also deliberating the need for a filtering mechanism. Meanwhile, patients and complainants are not left without remedies. They can also avail other legal remedies under applicable civil, criminal or consumer laws," said Sheth.

Since Sept 2020, when NMC was constituted, it has received 273 patient appeals against SMC decisions. They have all been rejected. That's around 55 complaints a year or one a week on average that the chairperson claims need a filtering mechanism.

NMC initially insisted only doctors had the right to appeal before it. However, clause 8.8 of the ethics regulation of 2002, which is still in force, allows patients and their families to appeal before the commission. The incorporation of this clause in the regulation was the result of a Supreme Court order.

अल्जाइमर होने से पहले ब्लड टेस्ट कर देगा अलर्ट

■ NBT रिपोर्ट, नई दिल्ली

11/3



AI Image

बढ़ती उम्र के साथ याददाश्त कमजोर होना आम बात माने जाते हैं। लेकिन इसका बढ़ना अल्जाइमर जैसी गंभीर बीमारी का संकेत हो सकता है। अच्छी बात यह है कि अब इस बीमारी की शुरुआत पहचान को लेकर एक नई उम्मीद जगी है। एम्स के शोधकर्ताओं की एक स्टडी में ऐसे संकेत मिले हैं, जिनकी मदद से भविष्य में स्मरण खून की जांच के जरिए अल्जाइमर का जल्द पता लगाया जा सकता है।

स्टडी में 25 अल्जाइमर मरीजों और 25 स्वस्थ लोगों की जांच की गई। शोधकर्ताओं ने उनकी याददाश्त, मानसिक स्वास्थ्य और खून में मौजूद विभिन्न तत्वों का विश्लेषण किया। जिसमें पाया गया कि अल्जाइमर मरीजों की सोचने-समझने और याद रखने की क्षमता स्वस्थ लोगों की तुलना में काफी कमजोर थी। साथ ही उनमें अवसाद और व्यवहार संबंधी समस्याएं भी अधिक देखी गईं। स्टडी के दौरान खून में मौजूद 75 ऐसे रासायनिक तत्वों में बदलाव मिला, जो शरीर और ब्रेन के कामकाज से जुड़े होते हैं। इनमें कुछ तत्वों का स्तर बढ़ा हुआ था तो कुछ का कम मिला। शोधकर्ताओं का मानना है कि इन्हीं बदलावों के आधार पर भविष्य में बीमारी की शुरुआत पहचान संभव हो सकती है।

स्टडी में यह भी सामने आया कि अल्जाइमर मरीजों के खून में ब्रेन को नुकसान पहुंचाने वाले

- AIIMS की नई स्टडी से अल्जाइमर पहचानने का रास्ता होना आसान
- 25 अल्जाइमर मरीजों और 25 स्वस्थ लोगों की स्टडी में की गई जांच

कुछ प्रोटीन और सूजन बढ़ाने वाले तत्व अधिक मात्रा में मौजूद थे। वहीं ब्रेन की कोशिकाओं को स्वस्थ रखने वाला एक महत्वपूर्ण तत्व कम पाया गया। विशेषज्ञों का कहना है कि यदि बीमारी का पता शुरुआती चरण में चल जाए तो मरीज को बेहतर इलाज, देखभाल और जीवनशैली संबंधी सहायता समय रहते दी जा सकती है। हालांकि शोधकर्ताओं ने स्पष्ट किया है कि यह शुरुआती अध्ययन है और इसमें प्रतिभागियों की संख्या सीमित थी। इसलिए इन नतीजों की पुष्टि के लिए बड़े स्तर पर और अधिक लोगों पर अध्ययन किए जाने की जरूरत है।

कोर्ट ने कहा, मुआवजा कोई 'बोनैजा' नहीं है

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■ नई दिल्ली: किसी स्टोर से खरीदे गए सामान के साथ मुफ्त कैरी बैग न मिलने पर ग्राहक स्वतः मुआवजे का हकदार नहीं बन जाता। साउथ-वेस्ट दिल्ली के डिस्ट्रिक्ट कंज्यूमर डिस्प्यूट रिड्रिसेल कमिशन ने एक मामले में यह स्पष्ट करते हुए कहा कि उपभोक्ता संरक्षण कानून का उद्देश्य वास्तविक नुकसान की भरपाई करना है, न कि ग्राहकों को अतिरिक्त लाभ या 'बोनैजा' उपलब्ध कराना। आयोग के अध्यक्ष सुरेश कुमार गुप्ता और सदस्य हर्षाली कौर की बेच ने एक ग्राहक की शिकायत खारिज करते हुए कहा कि यदि कैरी बैग खरीदना या न खरीदना पूरी तरह ग्राहक की इच्छा पर निर्भर हो और सामान ले जाने के अन्य विकल्प उपलब्ध हों, तो बैग के लिए अलग से शुल्क लेना अनुचित व्यापार व्यवहार नहीं माना जा सकता।

₹13 के कैरी बैग पर शिकायतकर्ता ने किया था 70 हजार रुपये का दावा

आयोग ने शिकायतकर्ता के दावों में विरोधाभास पाया। आदेश में कहा गया कि ग्राहक ने सेल्फ-चेकआउट क्षेत्र की तस्वीरें पेश की, जबकि साथ ही कर्मचारी द्वारा शर्मिंदा किए जाने का आरोप लगाया। आयोग ने माना कि उपलब्ध तथ्यों से यह सबित नहीं होता कि ग्राहक को कैरी बैग खरीदने के लिए मजबूर किया गया था। इसी आधार पर शिकायत खारिज कर दी गई। सुनवाई के दौरान डेकाथलॉन ने कहा कि वह ग्राहकों को पहले से 'अपना बैग साथ लाएं' संबंधी संदेशों के जरिए जागरूक करता है। मामला 2024 का है। साक्षी शर्मा ने ड्रारका स्थित डेकाथलॉन स्टोर से 1,199 रुपये का सामान खरीदा था। बिलिंग के दौरान उनसे पेपर कैरी बैग के लिए 13 रुपये लिए गए। बाद में उन्होंने इसे अनुचित व्यापार व्यवहार बताते हुए उपभोक्ता आयोग में शिकायत दायर की थी।

EMM Panache personal

"You're in pretty good shape for the shape you are in"

The *ultimate* *two*

The doctor on your wrist

Companies worldwide are studying how artificial intelligence can predict health events

Haley Billey bought an Oura Ring to track her fertility. It arrived the day after she learned she was pregnant. She slipped the \$450 titanium band on anyway. Months of worrisome readings on measures of energy and stress, levels she initially attributed to pregnancy, persuaded her to seek a professional opinion. The ultimate cause: Hashimoto's disease, an autoimmune disorder. "The ring can't diagnose you," said Billey, 31. At least "I can look at the data and take it to my doctor". But she'd like the ring to do more. So, she's now handing over her personal data to help Oura Health Oy, the ring's maker, detect signs of hypertension. It will



ultimately feed into a novel artificial intelligence model the company is building to predict events such as heart attacks and strokes — years before they happen. "The real breakthrough isn't knowing you had a problem," said Oura CEO Tom Hale. "It's knowing before you do, so you can change behaviour and prevent it."

A \$90-bn market
Getting there will mean pushing boundaries of data collection and personal information sharing. It's a trend that's been building for years and is now entering a new phase in proactive health

constitutes a medical device. Rings, smartwatches and other such tools are viewed as credible biometric monitors, capturing information about respiratory rates, blood oxygen levels, sleep duration and more. They're increasingly common, with the size of the market estimated last year to be over \$90 billion. Tennis players will, this year, be allowed to wear the gadgets at Grand Slam matches. Golfer **Rory McIlroy** let Whoop — in which he is an investor — release statistics collected by his wrist band during the Masters Tournament.

Keeping track
Gathering and analysing data is one thing. "The bar for prediction is much higher," said Joseph Schwab, director of surgical innovation and engineering at Cedars-Sinai Medical Center in Los Angeles, US. Inventors keep trying to scale it, as seen at the Consumer Electronic Show in January. One attention-grabbing product was the "longevity mirror" from NuraLogix, which purports to forecast health risks by measuring blood flow from a selfie. Earlier this year, the Death Clock, which uses AI trained on longevity data, went viral for promising to "predict when you'll die".

Companies worldwide, including Samsung and Apple, are studying how the technology can predict health events. It's "the elusive unicorn", said Ramon Llamas, who directs mobile-device research at International Data Corporation. Finding it will require governments to rewrite regulations regarding what, exactly,

models that can predict the next heartbeat," said Will Ahmed, CEO of Whoop. The goal is to warn of heart attacks in as little as 15 minutes before and in some cases, years ahead of time — a reality Ahmed said is coming "a lot sooner than people are expecting". Alphabet's Google, which owns Fitbit, just launched a screenless band to rival Whoop. Fitbit also added a feature that integrates a user's medical records and readings from a continuous glucose monitor. It then asks AI to flag conditions and suggest how to address them. Finnish ring-maker Oura has a women's health chatbot. In May, it introduced a new feature to monitor birth control and some symptoms of ageing, part of a push to foresee ovulation, hormonal shifts and menopause. At the other end of the life cycle, Samsung Health is working to detect dementia using indicators such as speech and gait.

Obsessive mindset
The downsides of health-monitoring devices as they now exist are well documented, with heavy use sometimes linked to obsessive tracking and doctor shopping. Frequent alerts can lead to unnecessary testing, said Margaret Lozovotsy, who directs digital health innovations at the American Medical Association. Too much self-surveillance could shift responsibility for monitoring from experts to individuals. "It internalises this logic of 'I'm only as good as the data that I produce,'" said James Gilmore, author of *Bringers of Order: Wearable Technologies and the Manufacturing of Everyday Life*. That mindset might encourage dangerous responses, he said.

"The same way a large language model predicts the next word, we're building

FIG: ISTOCK/EM

FIG: ISTOCK/EM

The Hindu

'AIIMS syringes were recalled as as precaution for patient safety'

The Hindu Bureau
NEW DELHI

The recall of certain batches of disposable syringes at the All India Institute of Medical Sciences (AIIMS), New Delhi, was undertaken as a "precautionary measure" in the interest of patient safety, a source in the Union Health Ministry said on Thursday. The action followed reports flagged by the user department over quality-related

issues, the source added.

The Centre's clarification comes after a report in *The Hindu* highlighted concerns raised by Rajya Sabha member Haris Beeran over repeated recalls and their possible implications.

RS member's letter

In a letter to Union Health Minister J.P. Nadda on Wednesday, Mr. Beeran had said two recall notices had been issued in a span of three weeks for 10 ml

syringes supplied by different manufacturers.

The source said the batches were withdrawn immediately after complaints and the supplier has been directed to replace the affected batch.

"The action was taken to ensure that any potential deficiency in medical consumables is identified and addressed at the earliest. Further action will follow as per rules," the source added.

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'Patriarchal preference for male child': SC says strict enforcement of PCPNDT Act needed

Express News Service
New Delhi, June 11

The Dem Express
be born," the court said.

THE SUPREME Court on Friday said "deep-seated patriarchal preferences towards a male child and the behind the curtains prevalence of sex-selection practices" continue to exist in the country despite improvement in the national child sex ratio.

A bench of Justices Sanjay Karol and P K Mishra made the observation as it dismissed a Maharashtra doctor's appeal challenging criminal proceedings against him under the Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 (PCPNDT Act).

Citing various schemes started by state governments to curb female foeticide and improve the condition of women, the SC said they "are indicative of continued efforts to eradicate the systemic bias suffered by the girl child in an inherently patriarchal system. Much progress has been made, and yet, much is left to be desired. In sum, while the situation is markedly better than it was in the mid-1990s, the data does not support complacency. The statistics... show that the progress made is incomplete and uneven".

"Consequently, the integrity and strict enforcement of welfare-oriented legislation such as the PCPNDT Act remain essential along with efforts continued and earnest, till the time there is a widespread change in mentality and what till now is perceived as the 'inherent weakness' of the woman is replaced by true equality, when there will dawn a realisation that efforts such as these are no longer required. This is not to say that the laws protecting women within legislation such as IPC/BNS will no longer be required but at least, there will no longer be a question on whether a girl child deserves to

Justice Karol, writing for the bench, referred to noted poet Subhadra Kumari Chauhan's poem 'Balika ka Parichay', which he said "powerfully describes the beautiful joy of a mother upon the birth of her daughter". The bench added that "to our mind the objective of the...Act...is to enable a woman to feel the same "joy".

The judgment also quoted the famous shloka 'Yatra naryastu pujiyante ramante tatra devata', from Manusmriti, saying "from our own scriptures, the once much cherished but now largely forgotten value is also worth reminding ourselves of".

The court noted that "according to official Government of India data, the country's sex ratio has shown clear signs of improvement in recent years, though the story is not entirely straightforward".

It said, "Census data shows that the national child sex ratio declined from 945 in 1991 to 927 in 2001 and further to 919 in 2011, reflecting the severity of the imbalance that prompted stringent implementation of the PCPNDT Act. The recovery to 929 at birth signals a partial course correction, but yet, not a path of true equality and acceptability. Differences across states drive home this point. For example, Haryana and Punjab, which recorded child sex ratios below 900 in the years immediately after the turn of the century have demonstrated improvement in subsequent surveys showing the success of the regulations as enforced and the awareness measures being implemented. Nonetheless, several states still do report sex ratios at birth below the national average. This shows the continuing presence of deep-seated patriarchal preferences towards a male child and the 'behind the curtains' prevalence of sex selection practices".

structures.
"Our focus should, therefore, re-

tional agility and responsiveness will be critical, she said.

The Economic Times

NPPA Raises Cancer Drug Prices by 50%

Carboplatin, cisplatin makers have been seeking price hike citing rising input costs

Teena Thacker

New Delhi: India's drug pricing watchdog on Thursday announced a 50% increase in the maximum price at which widely used anti-cancer drugs carboplatin and cisplatin can be sold to patients.

Producers of carboplatin and cisplatin have been pleading for a price hike, citing a sharp increase in the cost of raw materials like platinum that they said made production of the drugs unviable. Hospitals, meanwhile, have been reporting a shortage of these price-controlled

first-line chemotherapy agents.

The ceiling price of carboplatin injection will increase from ₹60.49 per ml to ₹90.74, according to a National Pharmaceutical Pricing Authority (NPPA) notification. For cisplatin, it will go up from ₹7.26 per ml to ₹10.89.

ET was the first to report about an expected shortage of these drugs in its edition of April 6. On Thursday, citing government documents, ET reported that the prices would soon be increased.

Prices of 250IU and 500IU vials of anti-tetanus immunoglobulin vials have also been increased by 50% on a review petition filed by vaccine maker Serum Institute of India. Upward revision in prices have been granted for BCG, Rubella and measles vaccines as well.

The NPPA raised the prices by invoking its extraordinary powers under Para 19 of the Drug Price Control Order, 2013.

पोलियो वायरस की जांच को केंद्रीय टीम पहुंची गाजियाबाद

मदन पांचाल • जागरण

गाजियाबाद: जिले के डूंडाहेड़ा स्थित एसटीपी के नमूने में वैक्सोन डिस्टाइलड पोलियो वायरस (वीडीपीवी) टाइप-1 मिलने के बाद राज्य व केंद्र सरकार के अधिकारी सक्रिय हो गए हैं। बृहस्पतिवार को स्वास्थ्य मंत्रालय भारत सरकार के निर्देश पर नेशनल सेंटर फॉर डिजीज कंट्रोल (एनसीडीसी) के विशेषज्ञ डा. चिराम की अगुवाई में एक टीम ने एसटीपी का जायजा लिया। इसके अलावा राज्यस्तरीय टीम ने भी निरीक्षण किया। स्वास्थ्य मंत्रालय के अधिकारियों ने स्थानीय स्वास्थ्य विभाग के अधिकारियों को निर्देश दिए हैं कि एसटीपी से मल को जांच के



संजय नगर स्थित कार्यालय पर बैठक करते सीएमओ डा. सविन चन्द्र वैश्य • जागरण

लिए हर सप्ताह एक नमूना लेकर दिल्ली स्थित एनसीडीसी के लैब में भेजा जाए।

यहाँ, केंद्रीय टीम ने विजयनगर क्षेत्र के 100 से अधिक घरों में

जकर पांच साल तक के बच्चों के नियमित टीकाकरण का रिकार्ड भी जांचा। जिला सर्विलांस अधिकारी डा. आरके गुप्ता ने बताया कि महीने में चार सैंपल जांच के लिए

केंद्र सरकार को भेजे जाएंगे और यह प्रक्रिया कम से कम एक साल तक जारी रहेगी। सामान्यतः एसटीपी से केंद्र सरकार की टीम तीन महीने के अंतराल पर मल का सैंपल एकत्र करती है, लेकिन पोलियो वायरस मिलने के बाद जल्दी-जल्दी नमूने एकत्र करने के निर्देश दिए गए हैं। गाजियाबाद की 75 प्रतिशत आबादी का सीवेज इस एसटीपी में जाता है।

स्वास्थ्य विभाग के अधिकारियों का दावा है कि मजबूत निगरानी से ही यह वायरस पकड़ में आया है। वायरस के स्रोत को ट्रेस करने का कार्य तेज कर दिया गया है। एक टीम को 50 घरों में सर्वे करने की जिम्मेदारी सौंपी गई है।

दिया भीषण

बिना जरूरत मेडिकल जांच पर उठाए सवाल

इस मुहिम का उद्देश्य न केवल डीडीए पर गवा, क्योंकि दिल्ली में मानसून के दौरान जल संचयन करना उसके पास सबसे अधिक भूमि है।

पल्लन करान हुए एमसीडी ने पहले बार डिजिटल लेवल डीकेटर पीएमओटर का सफल परीक्षण शुरू किया है।

उपराज्यपाल ने मेट्रो से सफर कर पत्रियों, युवाओं, महिलाओं और जूनूटी पर तेजात पुलिसकर्मियों

का पठन हा पूल मालूम निर्देश बनाए है, जिनमें से प्रत्येक की क्षमता 30,000 लीटर है।

कृषि और राहत

लखपति बिटिया को 1 लाख की गारंटी अस्पतालों में फ्री एमआरआई-सीटी स्कैन

नीति आयोग में पेश हुआ दिल्ली मॉडल, राजधानी में बनेगा 1 लाख करोड़ का रोड नेटवर्क

अमर उजाला ब्यूरो

नई दिल्ली। प्रधानमंत्री नरेंद्र मोदी की अध्यक्षता में आयोजित नीति आयोग की 11वीं शससी परिषद की बैठक में मुख्यमंत्री रेखा गुप्ता ने विकसित दिल्ली @2047 का विजन पेश किया। सीएम ने कहा कि दिल्ली में शिक्षा, स्वास्थ्य और बुनियादी ढांचे में अभूतपूर्व बदलाव लाए जा रहे हैं।

दिल्ली सरकार ने बालिकाओं के अधिक सशक्तीकरण के लिए लखपति बिटिया योजना शुरू की, जिसके तहत मानकों को पूरा करने वाली बेटों को 1 लाख की गारंटी दी गई है। आंगनवाडियों के कार्यकाल के लिए समर्थ पहल शुरू की गई है, जो पालना, पोषण और पहचान जैसे छह स्तंभों पर आधारित है। महिलाओं के उम्मीदों के लिए रानी हाट (महिला हाट आउटलेट) बनाए जा रहे हैं और बस में मुफ्त यात्रा के लिए फिक कार्ड लॉन्च किया गया है।



नीति आयोग की बैठक में मुख्यमंत्री रेखा गुप्ता। अमर उजाला

पीडब्ल्यूडी के लिए अलग इंजीनियरिंग केंद्र की मांग

मुख्यमंत्री ने दिल्ली की प्रगति को और तेज करने के लिए केंद्र से कुछ महत्वपूर्ण बातें भी रखीं। उन्होंने दिल्ली के पीडब्ल्यूडी इंजीनियरिंग केंद्र को केंद्रीय लोक निर्माण विभाग से अलग करने और दिल्ली को दी जाने वाली केंद्रीय सहायता को अन्य राज्यों के संभल बढ़ाने का अनुरोध किया। प्रदूषण मुक्त विनिर्माण उद्योगों के लिए केंद्र की ध्वज योजना में दिल्ली को शामिल करने का आग्रह किया गया है। सीएम ने कहा, प्रतापनिक कारदर्शा के लिए दिल्ली सरकार अब पूरी तरह डिजिटल और ई-फाइल आधारित हो चुकी है।

शिक्षा में एआई को किया शामिल

मुख्यमंत्री ने सीएम को बताया कि सरकारी स्कूलों में कक्षा 9वीं में डीपआउट कर काम करने के लिए छात्राओं को मुफ्त साइकिल दी जा रही है। शैक्षणिक सत्र 2025-26 में 75 सीएम शी स्कूल स्थापित किए गए हैं और 8,777 से अधिक स्मार्ट क्लासरूम बनाए जा चुके हैं। इस साल में छात्रों के लिए व्यक्तिगत शिक्षण के लिए कृषि मंडिपता (एआई) को एकीकृत किया गया है।

एक लाख करोड़ रुपये की सड़कें और प्रदूषण मुक्त परिवहन बढ़ा रहे

सीएम ने कहा कि केंद्र के सहयोग से दिल्ली में 1 लाख करोड़ रुपये का रोड इन्फ्रास्ट्रक्चर पैकाज हो जा है और मेट्रो नेटवर्क 500 किलोमीटर तक फैल चुका है। मार्च 2027 तक दिल्ली की सड़कों पर 5,800 से अधिक ईवी बसें चढ़ेंगे। यमुना की सफाई के लिए पड़ोसी राज्यों के साथ एक कोऑर्डिनेशन टीम बनाई गई है और 35 नए रिजिस्ट्रिकृत एयरपोर्टों विकसित किए जा रहे हैं। इसके अलावा, शहर के लिए 50 बसों में पहली बार नया मास्टर ड्रेनेज प्लान लागू किया गया है।

देश का सबसे बड़ा खेल महाकुंभ और अनमोल योजना शुरू

सीएम ने कहा, स्वास्थ्य क्षेत्र में, दिल्ली सरकार पोपोवी मॉडल के तहत सभी सरकारी अस्पतालों में मुफ्त एमआरआई और सीटी स्कैन की सुविधा देने जा रही है। इसका ये पहला क्रेन हेल्थ क्लिनिक और नवजात शिशुओं की निगरानी के लिए अनमोल योजना शुरू की गई है।

'गर्भधारण पूर्व एवं प्रसव पूर्व निदान तकनीक अधिनियम को सख्ती से लागू करना जरूरी'

दिल्ली 5/10/11

नई दिल्ली, प्रेटर : सदियों से चली आ रही पितृसत्तात्मक सोच और 'बेटे की चाहत' ने हमारे समाज की जड़ों को इस कदर जकड़ रखा है कि आज भी एक बेटे को दुनिया में आने के लिए संघर्ष करना पड़ रहा है। 'परदे के पीछे' धड़ल्ले से चल रहे लिंग चयन के धिनौने खेल पर गहरी चिंता जताते हुए सुप्रीम कोर्ट ने कहा है कि जब तक समाज की इस संकुचित मानसिकता में पूरी तरह बदलाव नहीं आता, तब तक 'गर्भधारण पूर्व और प्रसव पूर्व निदान तकनीक' (पीसीपीएनडीटी) अधिनियम को बेहद सख्ती से लागू करना अनिवार्य है। यह अधिनियम 1994 में पारित एक केंद्रीय कानून है। इसका मुख्य उद्देश्य कन्या भ्रूण हत्या को रोकना, प्रसव से पूर्व लिंग की जांच पर प्रतिबंध लगाना और घटते लिंगानुपात में सुधार करना है।

बहरहाल, जस्टिस संजय करोल और जस्टिस प्रशांत कुमार मिश्रा की पीठ ने एक डाक्टर की याचिका को खारिज करते हुए यह कड़ा संदेश दिया। कोर्ट ने साफ कहा कि आज



सदियों से चली आ रही पितृसत्तात्मक सोच और समाज में बेटे की चाहत की गहरी प्रवृत्ति पर सुप्रीम कोर्ट ने की सख्त टिप्पणी

भले ही देश के कोने-कोने में, यहां तक कि देश की राजधानी दिल्ली की बसों पर भी 'बेटी बचाओ, बेटी पढ़ाओ', 'जननी सुरक्षा योजना' और 'लाडली लक्ष्मी योजना' जैसे विज्ञापन दिखते हों, लेकिन कड़वी हकीकत यही है कि हम आज भी अपनी बेटियों को उनका बुनियादी हक देने के लिए संघर्ष कर रहे हैं।

सुप्रीम कोर्ट ने जनगणना के आंकड़ों का हवाला देते हुए याद दिलाया कि देश में बाल लिंगानुपात साल 1991 में 945 था, जो 2011 में महज 919 रह गया। यह

कड़वी हकीकत यही है कि हम आज भी अपनी बेटियों को उनका बुनियादी हक देने के लिए संघर्ष कर रहे हैं। आजादी के 75 से अधिक वर्षों के बाद भी अगर हमें बेटी की सुरक्षा और शिक्षा के लिए पोस्टरों का सहारा लेना पड़ रहा है, तो यह सोचने का विषय है।

- सुप्रीम कोर्ट

गिरावट इस बात का सबूत है कि हमारी व्यवस्था के भीतर कितनी रूढ़िवादिता छिपी है।

सुप्रीम कोर्ट ने स्पष्ट किया कि जब तक समाज महिलाओं की तथाकथित 'कमजोरी' की सोच को छोड़कर समानता को स्वीकार नहीं कर लेता, तब तक ऐसे कानूनों की ढाल जरूरी है। एक दिन ऐसा सवेरा जरूर आएगा, जब इस तरह के कानूनों की जरूरत ही नहीं बचेगी और कोई सवाल नहीं उठाएगा कि एक मासूम बेटी को इस दुनिया में जन्म लेने का अधिकार है या नहीं।

मानसून ने फिर पकड़ी

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NITI AAYOG MEET *The Deccan Express*

Base MBBS admissions on Class 12 marks: Vijay



CM C Joseph Vijay leaves Tamil Nadu House in New Delhi to attend the NITI Aayog Governing Council Meeting on Thursday. *ANI*

Harikishan Sharma
New Delhi, June 11

AMID CONTROVERSY over the NEET-UG paper leak, Tamil Nadu Chief Minister C. Joseph Vijay on Thursday demanded that his state be permitted to fill all seats under the state quota in MBBS, BDS, and AYUSH courses based "solely" on Class 12 marks.

Vijay raised the demand during the 11th meeting of the Governing Council of NITI Aayog, which was chaired by Prime Minister Narendra Modi.

Opposing the National Eligibility cum Entrance Test (NEET), Vijay said that the government of Tamil Nadu is committed to protecting the rights of students. "The State is opposed to the National Eligibility cum Entrance Test (NEET) for admission to undergraduate medical and dental courses, as its introduction has affected the students from rural and socio-economically disadvantaged families. In view of the above, the Government of Tamil Nadu may be permitted to fill all seats under the State quota in MBBS, BDS, and AYUSH courses based solely on Class XII marks," he said.

Vijay's demand for allowing admission based on Class 12 marks comes at a time when the government has been facing

criticism following the NEET-UT paper leak. The National Testing Agency (NTA) will conduct the Re-NEET UG 2026 on June 21 (Sunday). On NEET, Vijay's stand is in line with his predecessor MK Stalin's.

Vijay also sought the Centre's support in "creating world-class start-up incubators, a venture capital ecosystem for deep-tech enterprises, and enhanced funding for applied research", and demanded release of the Central assistance to the state.

Telangana Chief Minister A. Revanth Reddy is learnt to have demanded to set up "M-6 Task Force" under the leadership of the Prime Minister for the development of six major economic growth engines of the country—Delhi, Mumbai, Kolkata, Chennai, Hyderabad and Bengaluru. He is learnt to have requested creation of a special fund of Rs 6 lakh crore, with an allocation of Rs 1 lakh crore each to strengthen urban infrastructure in these cities.

Reddy also met the PM and submitted a memorandum seeking the Government of India's support for a range of strategic infrastructure, education, industrial and connectivity projects critical to Telangana's growth and India's journey towards Viksit Bharat 2047, said a source.