DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE Day

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A growth story that needs women at work

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India aspires to become a developed country (Viksit Bharat) by 2047, yet youth unemployment is already double the rate of 2012. India, especially the government, may be forced to recognise the weaknesses of India's economy due to the West Asia war shock. However, weakness pre-dates this exogenous shock. Policy-induced shocks from 2016 (demonetisation, a poorly designed Goods and Services Tax, NBFCs, COVID-19 pandemic management) to the economy had already reversed structural change (rise in farm employment, falling manufacturing share of gross value added and in employment); non-farm job growth had slowed. The economy became more unequal, and hence aggregate demand collapsed, and with it investment/GDP ratio. So, GDP growth is much slower (even if government figures of 6.2% p.a. are believed (it is actually at best 4.5%, as the former Chief Economic Adviser recently argued).

An engine of growth

Further, India's growth story will remain incomplete without increasing the work participation rate (WPR) of half the population, i.e., women. In a new study, we estimate that a 10-percentage-point increase in India's female WPR could add nearly two percentage points to GDP growth, making women's employment one of the strongest drivers of economic growth. To sustain rapid growth of 8%-9% and emerge as a global economic power, the nation must harness the immense potential of its youth, especially young women.

Increased female WPR could contribute to economic growth in multiple ways. First, it increases the overall labour supply, thereby expanding productive capacity. When more women enter paid employment, household incomes rise, consumption increases, and savings improve. Higher household incomes also lead to better nutrition, education, and healthcare for children, thereby strengthening long-term human capital. Women's work participation can also improve productivity and innovation. Based on cross-country evidence, Nobel laureate Claudia Goldin argues that gender-diverse workplaces are often more efficient, creative, and competitive. Including women in the workforce is not merely a welfare measure but also a strategy for enhancing national productivity.

However, the work participation rate (WPR) of women in India remains below 30% – among the lowest in the world, comparable to that of countries such as Saudi Arabia and Yemen and West Asia. India's female labour force participation rate (LFPR) is low by international standards, even when compared with countries at similar levels of per capita income. Worse, it declined steadily between 1983 and 2018. As overall job growth in both the farm and non-farm sectors fell between 2012 and 2018, how did women fare? This is a critical question, especially since women are now much better educated than earlier.

Women's employment is essential for growth, productivity, and achieving Viksit Bharat goals

Decline in women's work

In the 1980s and during the early 1990s, the WPR for women was high, primarily due to high participation in agricultural activities. However, this trend began to decline as economic growth and structural transformation led to a shift away from agriculture from 2004-05 to 2012. Many rural women withdrew from the workforce due to mechanisation and reduced demand for manual labour.

Fortunately, this period also saw a rise in educational attainment among young women, leading to increased school attendance. In other words, the Indian economy experienced a downward movement in female WPR in the first half of the U-shaped curve until 2018-19, consistent with the argument of Claudia Goldin.

Much has been made by government economists of the increase in women's work participation in India, post 2020. However, this increase built upon a GDP growth slowdown since 2017. Further, COVID-19 had induced economic distress, and large-scale return migration from urban to rural areas. With male workers losing urban employment and moving back to villages, women were compelled to intensify their role in subsistence agriculture and allied activities, often as unpaid family labour (UFL). This surge in UFL reflected a "distress-driven feminisation of agriculture", as women entered or remained in insecure, informal, and unremunerated agricultural work, due to shrinking non-farm opportunities and reinforced gender norms that limited mobility. The share of such work was falling from 1983 to 2012, as was the absolute number of women in such work. The collapse of non-farm work for men and women now meant that adult, poorly educated women returned to agriculture.

The structure of India's economic growth has also contributed to weak female employment generation. Much of India's recent GDP growth has been concentrated in capital-intensive sectors such as finance, information technology, and organised manufacturing, which do not absorb large numbers of workers. Labour-intensive sectors such as textiles, food processing, garments, and small-scale manufacturing saw a fall in absolute terms in employment between 2013 and 2019. In fact fewer women were employed in manufacturing in 2019 than in 2004 which shows how manufacturing jobs collapsed, despite all the hype about "Make in India" and Performance-Linked Incentives for manufacturing. It was not until 2022 that manufacturing work for women rose to a level found in 2004. In much of India, manufacturing, or women's work has not received sufficient policy support.

The north-south divide

We show that young girls' unemployment is much higher than for young men. However, there is a real north-south divide, as highlighted in the book, *India Out of Work*. What is achievable is demonstrated by Tamil Nadu, which has been one of India's fastest-growing States. More than 40% of India's women factory workers are employed in Tamil Nadu. This is remarkable, given that Tamil Nadu accounts for only about 5%-6% of India's population. This concentration is driven primarily by the State's strong presence in textiles and garments (especially in Tiruppur and Coimbatore), footwear, electronics assembly (Sriperumbudur), and automobiles and auto components, as well as by higher female literacy, greater mobility, and well-developed hostel and transport facilities for women workers.

Similarly, Hindi-belt States need to invest in the health (not insurance-based) and public education for all, especially of girls and women, to reduce higher-than-African level malnutrition and stunting rates – as the Southern states have done. They can then also see similar outcomes. There is no chance for India being 'Viksit' without gender equality in all dimensions, especially in north India.

Some increase of female WPR (who re-entered agriculture) across India since 2020 was due to older adult women engaging in animal husbandry and poultry farming – a welcome development for household incomes.

However, what about educated young girls? The gross enrolment rate at the secondary level was universalised between 2010 and 2015, with gender parity achieved even in rural Uttar Pradesh and Bihar. However, educated young women face high and rising unemployment rates.

Worse, the number of young women (aged 15-29 years) who were neither looking for work nor in education, was under 70 million until 2004. It increased to 84 million in 2012 and then rose to over 100 million by 2018. Bihar's female WPR is only 15%. Hence, India will remain out of work, and cannot become a developed country by excluding half its population from productive employment.

Rajasthan: 2 die of Chandipura virus, state steps up surveillance

Parul Kulshrestha
Jaipur, July 24

TWO GIRLS from Rajasthan have died while undergoing treatment in Gujarat after testing positive for the Chandipura virus (CHPV), prompting the Rajasthan Health Department to step up surveillance in Dungarpur, Sirohi and Udaipur districts.

A six-year-old from Dungarpur's Ratanpura village died at the Civil Hospital in Himmatnagar, Sabarkantha, and a two-year-old from Sirohi district died at a hospital in Banaskantha, Gujarat.

As of July 24, nine confirmed Chandipura virus deaths have been reported in the current outbreak, of which seven are from Gujarat and two from Rajasthan.

E. EXPLAINED

Children below 15 years vulnerable

CHANDIPURA VIRUS spreads through the bite of infected sandflies and small insects. The virus belongs to the Rhabdoviridae family and can cause inflammation of the brain. Children, particularly those below 15 years are considered more vulnerable.

Chandipura virus infection spreads through the bite of infected sandflies, small insects commonly found in rural areas.

The virus belongs to the Rhabdoviridae family and can cause inflammation of the brain.

Children, particularly those below 15 years of age, are considered more vulnerable. Symptoms include high fever, vomiting, seizures and altered consciousness, and the infection can become severe quickly.

Cases are generally reported during the monsoon season. The virus was first identified in 1965 in Chandipura village in Maharashtra, from where it gets its name.

The six-year-old fell ill on July 12 and was taken to hospitals in Simalwara, Dungarpur, and Meghraj and Modasa in Gujarat before being admitted to the Civil Hospital in Himmatnagar on July 14.

She died around 5 am on July 15, with a test report from the Gujarat Biotechnology Research Centre later confirming the infection.

Following the report, health teams visited Ratanpura village and surveyed 75 households, screening children for symptoms, but no suspected case was found, said Dungarpur Chief Medical and Health Officer Dr Alankar Gupta.

"We have started fogging the area and creating awareness regarding the virus in the district," he added.

largest airports at Delhi (GMR has 74% and

of the nation. Adani and cold talk," said Anupam Manur, professor of economics at

preference or discrimination.

rope than West Asian states or Singapore.

ECONOMY

The Indian Exp

Alongside Centre, states' education expenditure too declined over past 12 years

GRAPHS, DATA, PERSPECTIVES

BY UDIT MISRA

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THE ONGOING youth protests at Jantar Mantar in Delhi and in several other cities, demanding the resignation of Education Minister Dharmendra Pradhan and seeking education reforms, have brought attention to the state of education in India.

The Indian Express had recently explained how the Education Ministry's share of the Union Budget had sharply declined over the past 12 years — from 4.6% in 2013-14 (the last year that the Congress-led UPA government was in power) to 2.5% in 2025-26. The fall suggests that the BJP-led NDA government reduced emphasis on education.

As a subject of policymaking, however, education is not the sole preserve of the Union government.

Common subject

Education falls under the Concurrent list in the Seventh Schedule of the Indian Constitution.

The schedule essentially divides powers and responsibilities between the Union and state governments through three lists — Union, State and Concurrent. Both the Centre and state governments can legislate on subjects under the Concurrent list.

So, how do states act on the subject of education and what policy significance do they attach to it? A broad marker of priority is to examine the share of a state's total expenditure on education. The table and chart alongside provide a glimpse of where things stand.

Apart from providing an average for all states and Union Territories, the table also looks at a selection of states to provide a geographically and politically diverse sample for the country.

State of education expenditure

State/Union Territory	Expenditure on education (2025-26)*	State-wise gross enrolment ratio (2024-25)**
Bihar	20	45
Gujarat	13	61
Kerala	12	94
Tamil Nadu	12	89
West Bengal	14	75
NCT Delhi	18	92
All states and UTs	13	69

AAP effect on education spend

*AS PERCENTAGE OF AGGREGATE EXPENDITURE **FOR SECONDARY EDUCATION ^2024-25 (RE) ^^2025-26 (BE) SOURCE: RBI; NOTE: INCLUDES EXPENDITURE ON SPORTS, ART AND CULTURE UNDER REVENUE EXPENDITURE AND CAPITAL OUTLAY

For some context about the status of education, while many variables could be chosen, the table shows data on gross enrolment ratio (GER) at the secondary education level (Classes 9 to 12). The GER is the total number of students enrolled in a specific level of education — regardless of their age — divided by the total population of the official age group for that level, multiplied by 100. A look at the GER in the second column confirms the long-held notions of which states are better educated and which are laggards.

For instance, Bihar's GER is 45 while that of Kerala is 94. A low GER also reveals the distance any state has to cover to achieve a better level of education. This is especially relevant given the population differences in states such as Bihar and Kerala. In essence, it gives a sense of the need for the state government to spend on education.

The first column in the table shows states' expenditure on education as a percentage of total expenditure. Bihar and Delhi stand out.

To be sure, both states were spending even higher than this in the years preceding 2025-26. In the same period, states such as Kerala and Tamil Nadu have shares below the national average. Longer-term data — going back to 2008-09 — shows that Tamil Nadu has largely tracked and then fallen not behind the national level. Kerala used to allocate a higher share than the national average until the Covid-19 year of 2020, and has lagged since then. Gujarat, too, has lagged behind the national average more often than not.

What is concerning is that the national average of all states and UTs itself has been trending down, as the chart alongside shows. After staying at around 17% in 2013-14, the average share of expenditure on education has gradually fallen. The fall is crucial, since it mirrors the fall in the share of money spent by the Union government as well.

There are exceptions to this trend, though. Take the Union Territory of Delhi under the Aam Aadmi Party government, which initially made health and education the key pillars of its pitch to voters. Between 2014-15 and 2024-25, education's share went up sharply, in contrast to the falling trend of the national average.

New Delhi

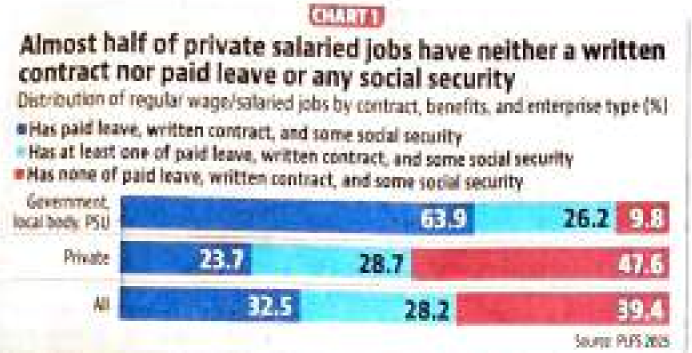
HT

[PART 2]

Knocking on heaven's door, but no answer: India's employment crisis

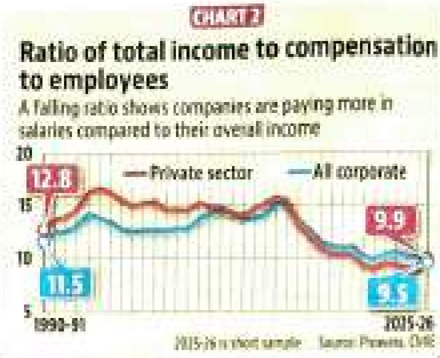
Roshan Kishore
and Abhishek Jha
letters@hindustantimes.com

CHART 1


Almost half of private salaried jobs have neither a written contract nor paid leave or any social security
Distribution of regular wage/salaried jobs by contract, benefits, and enterprise type (%)

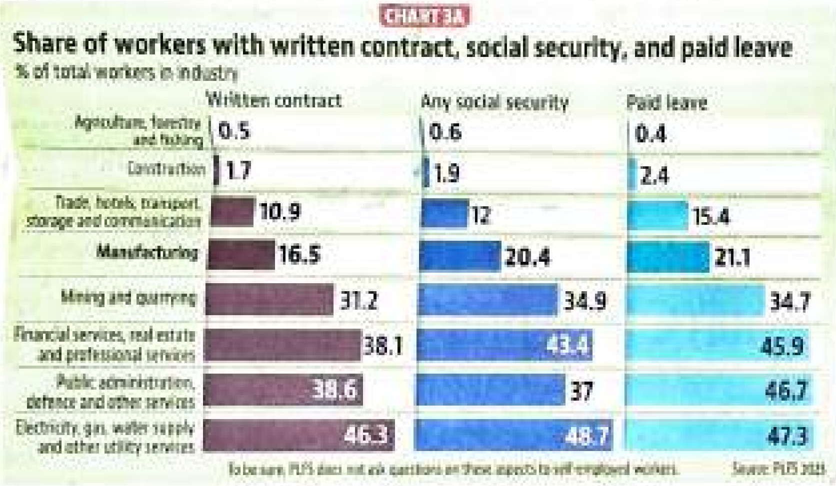
Source: PLFS 2025

CHART 2


Ratio of total income to compensation to employees
A falling ratio shows companies are paying more in salaries compared to their overall income

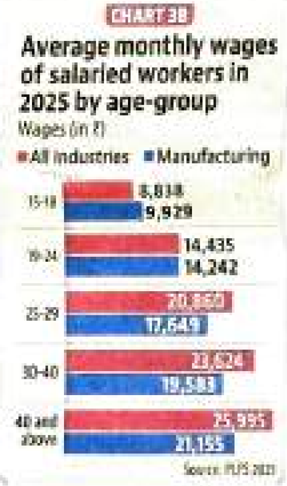
2025-26 is short sample
Source: Prowess, CMIE

CHART 3A


Share of workers with written contract, social security, and paid leave
% of total workers in industry

To be sure, PLFS does not ask questions on these aspects to self-employed workers.
Source: PLFS 2025

CHART 3B


Average monthly wages of salaried workers in 2025 by age-group
Wages (in ₹)

Source: PLFS 2025

NUMBER THEORY

NEW DELHI: The first part of this series looked at official data on the intersection of education and employment in India and explained why the educated youth are angry about education not helping them get a good job and also why they are trying to pivot towards education that could help solve this crisis. This part will take the focus away from education to the larger economy, where jobs are to be generated.

There are very few good salaried jobs in India

Unemployment in India is more about postponing the day of settling for an undesirable job than about not finding a job. PLFS data shows this clearly. *Only 24% of India's working people have a salaried job.* A large share of this small pie comes with sticks rather than carrots. 39% of India's total salaried jobs do not offer a written contract, paid leaves, or any social security benefit. Only 32.5% of them offer all three.

Getting a government job significantly increases the chances of landing the latter than the former kind with no perks. 64% of government jobs come with all three perks compared to only 24% in the private sector. Add to this metric the job security that comes with a government job, and one can understand why millions of educated young job-aspirants keep slogging to crack a government job exam. It also explains why paper leaks make them so angry. *(See Chart 1)*

Dearth of good private sector jobs is despite corporate India spending more on salaries as a share of income

This is the most damning piece of statistic. It is one thing for the private sector not to generate quality employment because company owners are stingy about spending on salaries. The Centre for Monitoring Indian Economy's Prowess database shows that the trend in India has been the opposite of companies not wanting to spend money on salaries.

The ratio of company income to their spending on employee compensation fell almost consistently from the 2010s until the pandemic in India and seems to have stabilised now. This means that companies are spending more, not less on paying their employees. To be sure, it could perfectly be the case that this spending is going towards paying fewer highly paid employees rather than creating more decently paying jobs. The point is, even an increase in relative spending has not helped the crisis of good jobs in India. *(See Chart 2)*

This is why India needs to crack the manufacturing code

There are an estimated 503 million people in the 15-34 years age-group in India, according to World Bank projections. If the PLFS numbers are to be believed, about 20 million of them are unemployed, which is over 90% of total unemployed in India. Even if all entrance and job examinations were held perfectly efficiently and properly, only a fraction of this population will get employed. It is also utopian to think that all of them make the cut for high-skill white collar jobs. What a country the size of India, already the most populous in the world, needs is not just a well-functioning white-collar education/job selection mechanism but also an economic engine which can generate decently paying jobs at a much larger scale.

Economic history tells us that the only way to solve this problem is via manufacturing and exports. India's manufacturing as a share of its GDP has been largely flat even after three and a half decades of economic reforms and its merchandise trade deficit relative to GDP has actually increased rather than decreased post-reforms. It is the single most important policy failure in the country, something which cannot be pinned on the government alone, as the private sector leads the government by a distance when it comes to India's manufacturing landscape.

As was pointed out in these pages a couple of months ago when factory workers erupted in protests in Delhi's suburb of Noida, manufacturing actually entails a negative premium in incomes compared to other occupations over time and also forces poorer working conditions. *(See Charts 3A and 3B)*

The government must do all it can to defuse the current protests amicably, but resolving the larger employment crisis requires reinventing manufacturing as an engine of higher productivity, value addition and incomes for a large part of India's demographic dividend. A failure can turn this dividend into disaster.

PART 1: Another brick in the wall
Why is the educated youth angry

ment populated by unhurried "gentlemen" who owed their positions to family connections. He

sional traitors" on account of their unsparing criticism of British India's administrative failures.

friendship to the natives", is plausible. Designed to convey the ennobling nature of education, their

at NYU Abu Dhabi. His latest book is The Birth of Indian Liberalism. The views expressed are personal

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Myths and medicine on thyroid disorders

HT

Every endocrinologist has encountered this conversation.

"Doctor, I've put on 12 kilos because of my thyroid." Or this one: "My thyroid tests are normal now. Why should I continue taking medicine?" Or perhaps the commonest of all: "Do I really have to take this tablet for the rest of my life?"

Few endocrine disorders are as common, or as misunderstood, as hypothyroidism, which results from an underactive thyroid gland. In India, it affects an estimated 10-15% of adults, particularly women and older individuals. Yet much of what patients believe about the condition comes not from medical science but from social media, internet, or friends.

The thyroid is a small butterfly-shaped gland situated at the base of the neck. Despite its modest size, it exerts an extraordinary influence on the body by producing the hormones thyroxine (T4) and triiodothyronine (T3), under the effect of the thyroid stimulating hormone (TSH), which is produced by the pituitary gland. These hormones regulate a host of metabolic processes throughout our body. When thyroid hormone levels fall, virtually every organ system slows down.

The symptoms of hypothyroidism often develop gradually. Fatigue, excessive sleepiness, dry skin, hair loss, puffiness of the face, constipation, sensitivity to cold, menstrual irregularities, impaired concentration and slowing of the pulse are all recognised features. Unfortunately, none of these symptoms is specific to hypothyroidism. They are often attributed to other conditions like ageing, stress, or nutritional deficiencies. Equally, once hypothyroidism is diagnosed, it is blamed for almost every subsequent symptom, whether related or not.

No misconception is more widespread than the belief that hypothyroidism is a major cause of obesity. Patients are often relieved when they receive the diagnosis because they perceive that they have finally found an explanation for their weight gain. If you have mild or subclinical hypothyroidism (TSH <10, normal T3 and T4), you are unlikely to gain significant weight because of thyroid. Even untreated severe hypothyroidism usually accounts for no more than two to four kilograms of weight gain, much of it due to fluid retention rather than excess body fat. Correcting hypothyroidism is not, by itself, a weight-loss treatment.

Ambrish Mithal

Another area rife with misinformation is diet. There is no scientifically proven "thyroid diet." Patients are frequently advised to eliminate gluten, dairy products, cabbage, broccoli, cauliflower, or soy. Scientific evidence does not support these restrictions. When eaten as part of a normal diet in an iodine-sufficient population such as India, they have negligible clinical significance. Soy foods are also safe in moderation. Soya, calcium supplements, iron tablets, some antacids, and other supplements can interfere with absorption of the thyroxine pill, if taken along with it. The solution is simple: Take the thyroid pill with water on an empty stomach, wait at least 30 to 60 minutes before breakfast or tea/coffee, and separate calcium and iron supplements by at least four hours.

Not everyone with mild hypothyroidism requires treatment. Of those who do, many hesitate to start treatment because they are told it will be lifelong. The medication itself is not addictive. It is lifelong because the disease usually is. In most adults, hypothyroidism results from Hashimoto's thyroiditis, an autoimmune disorder in which the immune system gradually damages the thyroid gland. Thyroxine simply replaces what the body can no longer make. Hypothyroidism may also occur after thyroid surgery or radiation or because of medications. Rarely can a malfunctioning of the pituitary gland can cause "secondary" hypothyroidism.

Patients often ask: "If my reports are normal now, why should I continue the medicine?" The answer is your thyroid hormone levels are normal because the medication is replacing the hormone your thyroid cannot produce. Stopping treatment will cause thyroid hormone abnormalities again. The medicine has controlled the condition; it has not cured it.

Fortunately, thyroxine remains one of the safest and most effective medications in modern medicine. It restores normal thyroid hormone levels and reverses almost all the manifestations of hypothyroidism. However, excessive doses may increase the risk of irregular heart rhythm, and accelerate bone loss, particularly in older adults. Regular monitoring helps ensure that the dose remains appropriate.

Another source of anxiety is the thyroid antibody report. Many patients are alarmed to discover that their thyroid peroxidase (TPO) antibody levels are very high despite taking treatment. These antibodies simply confirm autoimmunity (Hashimoto's disease). They do not require treatment in their own right. It is the TSH and thyroid hormone levels that guide management.

Who should be tested? Testing is strongly advised for new born babies because some may be born with a defective or absent thyroid gland, and early treatment prevents permanent intellectual disability. Women planning pregnancy, or those who become pregnant, should have thyroid function assessed since even mild hypothyroidism may affect pregnancy outcomes and foetal brain development. Testing is also appropriate for individuals with autoimmune diseases, a strong family history of thyroid disorders, children with poor growth, women with infertility or menstrual disturbances, and people taking medications such as amiodarone or lithium. Remember, though, to stop biotin containing supplements before getting tested as they can interfere with the lab measurement.

The internet is full of claims that hypothyroidism can be "cured" through special diets, supplements or alternative therapies. Unfortunately, there is no scientific evidence that any of these restores a permanently damaged thyroid gland. Likewise, despite recurring interest in T3-containing therapies, thyroxine (T4) alone remains the recommended treatment for the overwhelming majority of patients.

Hypothyroidism is one of the commonest endocrine disorders — and one of the easiest to treat. With an accurate diagnosis, the correct dose of thyroxine and periodic monitoring, most people can expect normal health, normal longevity and an excellent quality of life.

The greatest burden of hypothyroidism is often not the disease itself, but the myths that continue to surround it.

Ambrish Mithal is chairman and head of Endocrinology and Diabetes at Max Healthcare. The views expressed are personal

जिंदगी में एक खास पड़ाव मेनोपॉज

मेनोपॉज सिर्फ पीरियड बंद होने का संकेत भर नहीं है, बल्कि यह महिलाओं की सेहत का नया अध्याय है। इस दौरान शरीर की बदलती जरूरतों को देखते हुए पोषण से व्यायाम तक के मामले में खास बदलाव की दरकार होती है। अच्छी सेहत के लिए इस मुद्दे पर चुप्पी की नहीं, चर्चा की जरूरत है। बता रही हैं दिव्यानी त्रिपाठी

[illegible]

कौन-से बदलाव सबसे आम

[illegible]

देखभाल

चिपचिपी गर्मी में भी चमकेगी त्वचा

बारिश मन को सुकून देती है, तो वहीं त्वचा को ढेर सारी चिपचिपाहट भी मिलती है। नतीजा, मुंहासों का वार। कैसे नमी वाले मौसम में त्वचा की रक्षा करें, बता रही हैं [illegible]

[illegible]

[illegible]

रेसिपी

यमुना में बढ़ा मल-मूत्र से होने वाला प्रदूषण

राज्य ब्यूरो, जागरण • नई दिल्ली: यमुना जल गुणवत्ता पर दिल्ली प्रदूषण नियंत्रण समिति (डीपीसीसी) के जून के आंकड़े बताते हैं कि पिछले महीने की तुलना में कई स्थानों पर फीकल कोलीफार्म का स्तर अधिक पाया गया है। यानी मल-मूत्र से होने वाला प्रदूषण बढ़ गया है। इससे स्पष्ट है कि अनुपचारित सीवेज नदी में पहुंच रहा है। जैविक आक्सीजन मांग (बीओडी) का स्तर भी तय मानक तीन मिलीग्राम प्रति लीटर से अधिक पाया गया है।

डीपीसीसी हर माह यमुना की जल गुणवत्ता की रिपोर्ट जारी की जाती है। पल्ला, वजीराबाद, आइएसबीटी ब्रिज, आइटीओ ब्रिज, निजामुद्दीन ब्रिज, हिंडन कट, ओखला बैराज और असगरपुर समेत आठ स्थानों से नदी के जल के नमूने लेकर जांच की जाती है। बीओडी, घुलित आक्सीजन (डीओ), रासायनिक आक्सीजन मांग (सीओडी), पीएच और फीकल कोलीफार्म जैसे मानकों की जांच कर प्रदूषण स्तर का आकलन किया जाता है। जून में हिंडन कट को छोड़कर अन्य सात स्थानों से नमूने एकत्र कर उसकी रिपोर्ट दी गई है। इनमें से ओखला बैराज को छोड़कर अन्य सभी छह स्थानों पर फीकल कोलीफार्म का स्तर पिछले माह से अधिक मिला है। नदी के पानी में फीकल कोलीफार्म का स्तर प्रति 100 मिली अधिकतम 500 सर्वाधिक संभावित संख्या (एमपीएन) होना चाहिए। इसका स्तर प्रति 100 मिली 2500 एमपीएन से अधिक होने पर पानी उपयोग योग्य नहीं रह जाता। नदी जल गुणवत्ता मानदंड के अनुसार बीओडी का स्तर 3 मिलीग्राम/लीटर होना चाहिए। इसकी तुलना में अलग-अलग स्थानों पर यह 3 से 64 मिग्रा प्रति लीटर रहा है। सबसे अधिक बीओडी असगरपुर में 64 मिग्रा/लीटर दर्ज की गई, जहां मई में यह 60 मिग्रा/लीटर थी।

डीपीसीसी के सदस्य डा. अनिल गुप्ता का कहना है कि पिछले वर्षों की तुलना में यमुना में प्रदूषण का स्तर कम हुआ है। मानसून के शुरुआती दिनों में वर्षा से खेतों की गंदगी बहकर नदी में पहुंच जाती है। इससे नदी में प्रदूषण का स्तर बढ़ जाता है।

मई और जून में फीकल कोलीफार्म की स्थिति

स्थान	मई	जून
ओखला बैराज	140,000	110,000
असगरपुर	330,000	390,000
पल्ला	2200	2800
वजीराबाद	3500	4300
आइटीओ	120,000	140,000
निजामुद्दीन पुल	110,000	120,000
आइएसबीटी पुल	130,000	170,000

नोट: फीकल कोलीफार्म का मान्य स्तर 500 एमपीएन प्रति 100 मिलीलीटर

मई और जून में बीओडी की मात्रा (मिलीग्राम/लीटर)

स्थान	मई	जून
ओखला बैराज	46	48
असगरपुर	60	64
पल्ला	2	3
वजीराबाद	4	6
आइटीओ	42	46
निजामुद्दीन पुल	40	44
आइएसबीटी पुल	50	54

नोट: बीओडी का मान्य स्तर 3 मिलीग्राम/लीटर।

होता है। संवाद

अमर उजाला

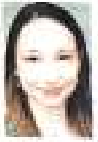
बारिश के बाद बढ़ा डेंगू मलेरिया का खतरा

नई दिल्ली। राजधानी में बारिश के मौसम के बीच जलजनित और मच्छरजनित बीमारियों का खतरा बढ़ गया है। सरकारी अस्पतालों में बुखार, डेंगू, मलेरिया, चिकनगुनिया, दस्त, उल्टी और टाइफाइड जैसे लक्षणों वाले मरीजों की संख्या बढ़ने लगी है। स्वास्थ्य विशेषज्ञों का कहना है कि बारिश के मौसम में थोड़ी सी लापरवाही गंभीर बीमारी का कारण बन सकती है। जलभराव से मच्छरों की संख्या तेजी से बढ़ती है, जिससे डेंगू, मलेरिया और चिकनगुनिया का खतरा बढ़ जाता है। वहीं दूषित पानी व अस्वच्छ भोजन से दस्त, उल्टी, टाइफाइड व अन्य जलजनित संक्रमण के मामले भी बढ़ते हैं। ब्यूरो

अमर उजाला

चैटजीपीटी कुछ भी हो, डॉक्टर नहीं

चैटजीपीटी के नए मॉडल बेशक अक्लमंद हों, लेकिन अगर आप इन्हें डॉक्टर मानने की भूल करेंगे, तो संकट में भी फंस सकते हैं।



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