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Daily News Analysis

# The Hindu Important News Articles For UPSC CSE

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## Edition : International Table of Contents



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## Page 01: GS I& III : Geography and Disaster Management / Preliminary Examination

This article presents a practical analysis of India's changing demographic landscape. According to India's latest Sample Registration System (SRS) data, the country's Total Fertility Rate (TFR) has declined to 1.9. This is lower than both the global average (2.2) and the replacement level required for population stabilization (2.1). For India, which has been grappling with the anxiety of a population explosion, this is an ideological and historic turning point; however, at the same time, it poses serious challenges of 'demographic disparity' and 'old-age management' before the country.

# 188 dead, 1,500 injured in Venezuela earthquakes

'Doublet earthquake' with initial 7.2 magnitude quake was closely followed by a stronger 7.5 one

Aid on the way from U.S., European countries, UN, says interim leader; India, China offer help

Tremors from the strongest earthquake to hit Venezuela in 126 years felt in Colombia, Brazil

**Agence France-Presse**
LA GUAIRA

A pair of powerful earthquakes that rocked Venezuela have killed at least 188 people and left more than 1,500 hurt, officials said on Thursday as residents searched for loved ones trapped under rubble after many buildings were flattened within minutes.

An international outpouring of aid quickly followed the tremors on Wednesday evening, which the United States Geological Survey (USGS) measured as magnitude 7.2 and 7.5, centred west of the capital Caracas. Tremors from the earthquakes were also felt in neighbouring Colombia and Brazil.

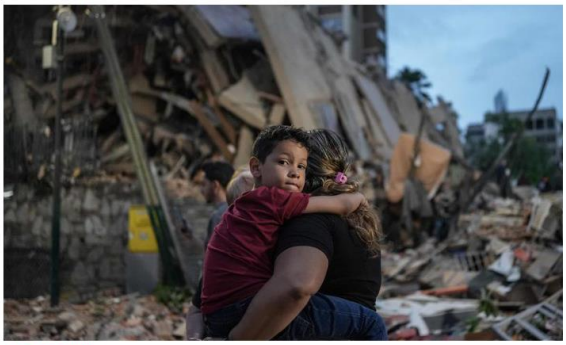
Interim President Delcy Rodriguez said that intense rescue efforts were going on, noting that the State of La Guaira was hit hard.

"Dozens of buildings have collapsed, and we are currently carrying out very intense rescue efforts to save as many lives as God allows us to save," Ms. Rodriguez said on state television on Thursday.

"La Guaira State is a true tragedy, and has become a disaster zone."

The first earthquake, with an epicentre 21 kilometres west of the coastal town of Moron, occurred at 6.04 p.m. local time on Wednesday, the USGS said. Within a minute, a 7.5-magnitude earthquake struck about 45 kilometres away. They struck at depths of 22 kilometres and 10 kilometres, respectively.

Scores of rescuers from the U.S. and several European countries and UN specialists were on their way to help search for survivors, Ms. Rodriguez said while nations including China, India, Brazil, and war-battered Iran offered help. However, threatening to complicate the relief effort, the international airport near Caracas was closed due to "serious damage," she said, with social media videos showing the terminal's ceiling collapsing over travellers.



**Lost in seconds:** A woman holds a boy near a collapsed building in Caracas, Venezuela, on Thursday following the earthquakes. AFP

Officials were trying to make the most of the daylight hours to rescue people believed to be trapped under the rubble, the Interim President said.

**'Big logistical role'**

"Deeply saddened by the devastation caused by the severe earthquakes in Venezuela," Prime Minister Narendra Modi said in a statement. "We pray for the speedy recovery of those injured and stand in solidarity with all those affected... India stands ready to extend all possible assistance," he said.

The U.S. "stands ready, willing, and able to help," President Donald Trump said in a social media post.

"We have a whole-of-government response. It will be big, it will be fast, and it will be effective," U.S. Secretary of State Marco Rubio told reporters during a visit to Bahrain, saying his country's military would play a "big logistical role".

Washington is closely involved in oil-rich Venezuela after U.S. forces captured President Nicolas Maduro in January.

The strongest earthquake to hit Venezuela in 126 years will require "massive collective efforts", the United Nations' aid chief Tom Fletcher said in a statement. He said the UN was "fully mobilised" to send aid.

Parts of the capital Caracas lost power and cellphone coverage while subway services were suspended and natural gas shut off, the interim President. Classes will also be canceled for several days, and the Ministry of Education said some school buildings would be used as shelters and donation centers.

On Thursday, the UN human rights mission in Venezuela called on the government to lift local restrictions on social media.

"In the coming hours and days, timely access to reliable information and communication channels will be essential for the protection of the lives, safety, and well-being of the population," the mission said in a statement.

The strongest tremors in earthquake-prone Venezuela's recent history occurred in the northeast in 1997, killing 73 people, and in Caracas in 1967, when 236 people died.

*(With inputs from AP and Reuters)*

### Core News Analysis

### 1. Sharp Demographic Divide

- **Urban vs. Rural Difference:** While the rural fertility rate in India is still around the replacement level (2.1), the urban fertility rate has dropped rapidly to 1.5.
- **Heavy Disparity Among States:** The TFR levels vary drastically across different states in India:
    - **Ultra-low TFR:** Delhi (1.2), Kerala (1.3), Tamil Nadu (1.3), and West Bengal (1.3). These levels are even lower than developed countries like the US (1.6), Finland (1.4), and Japan (1.3).
    - **High TFR:** On the other hand, the fertility rate is still quite high in Bihar (2.9), Uttar Pradesh (2.6), Madhya Pradesh (2.4), and Rajasthan (2.3).

- **Dual Economy:** This implies that while India has achieved a low fertility rate at the national level, it has not done so as a uniform 'demographic economy'. Some states are rapidly moving towards ageing, while other states will have a massive army of young population entering the workforce for the next two decades.

**2. India's Weak Position Compared to Developed Countries**

- **"Getting Old Before Getting Rich":** Countries like Western Europe and Japan faced demographic shifts (ageing population) only after achieving industrialization, expanding formal employment, building a broad tax base, and creating robust welfare institutions.
- **India's Weak Infrastructure:** India is entering this phase with an extremely weak institutional and financial foundation:
    - India's per-capita income is only around $2,800.
    - India's direct tax base is extremely narrow, where only 6% of the total population consists of net direct taxpayers.
    - State governments, which bear the responsibility of the social sector, are already reeling under fiscal stress.

**3. Informalization of the Labour Market and Old-Age Insecurity**

- **Informal Sector:** Most of the workers in India are engaged in informal or semi-formal jobs, due to which they lack formal employment contracts or old-age security. A contribution-based pension system succeeds only where there is a regular income, which the majority of India's workforce does not have.
- **Inadequate Social Security Net:** Current schemes are unable to address this crisis:
    - **Atal Pension Yojana (APY):** It requires continuous contributions throughout working life, which is difficult for informal workers with fluctuating incomes.
    - **National Social Assistance Programme (NSAP):** The old-age pension provided under this is a mere ₹200 per month for ages 60–79 and ₹500 per month for those above 80 years, which is like a drop in the ocean in today's times.

**4. Disintegration of Family Structure and Care Crisis**

- **Hidden Welfare State:** For generations in India, the responsibility of elderly care relied on joint families, co-residing children, and unpaid domestic chores done by women (Unpaid Female Care).
- **Impact of Urbanization and Migration:** Due to urbanization, the rise of nuclear families, and the educational and career aspirations of women, this traditional system is breaking down. Migration of children brings money to the elderly, but it increases their loneliness and health vulnerability.

- **Warning from Data:** Currently, there are about 15 crore (150 million) people above the age of 60 in India, which will increase to 34.7 crore (347 million) by 2050 (about 20% of the total population). According to NITI Aayog, 70% of the elderly are dependent on others and 78% have no pension cover. For this, India needs an 'inflation-indexed minimum pension floor'.

**5. Healthcare Shift**

- Due to the demographic shift, the pressure on healthcare services will now move away from infectious diseases to the management of non-communicable diseases (NCDs), such as:
    - Hypertension and Diabetes
    - Dementia (loss of memory) and Disability
    - Palliative Dependence
- Just as India worked in mission-mode to improve institutional deliveries and child survival, a similarly strong resolve is now required to integrate geriatric care (medical care for the elderly) into primary healthcare and district health plans.

**6. Federal Dimension & Migration**

- **Mobility of Workers:** Rapidly ageing southern and western states will need workers from the younger northern states to run their economies.
- **Dual Responsibility:**
    - **To Youth States:** States like Bihar and Uttar Pradesh will have to invest heavily in education, health, and skill development so that their workers do not end up being just low-paid informal laborers when they move to other states.
    - **To Prosperous States:** Prosperous and urbanized states must view migrant workers not merely as 'temporary labor', but as 'citizens'.
- **Portability of Welfare Benefits:** For a national labor market, it is essential that welfare schemes are not bound by domicile or state borders. If a worker crosses state lines, their rights to ration, health, and social security should also transfer with them.

**Conclusion**

International experiences show that low fertility rates can pave the path to prosperity, but the challenge with India is that it is entering the phase of "mass ageing" before completing those institutional and economic changes that make this situation manageable.

India's low-fertility future can be sustainable and secure only if the country's public systems gradually take over the responsibilities that joint families once quietly fulfilled. Only through a robust pension policy, universal geriatric healthcare, and inter-state social security portability can India transform this demographic challenge into an opportunity.

## UPSC Prelims Exam Study Questions

**Question: What is the most serious impact of the disruption of communication networks during a disaster?**

(a) Decline in tourism

(b) Delay in relief and rescue operations

(c) Increase in agricultural production

(d) Strengthening of border security

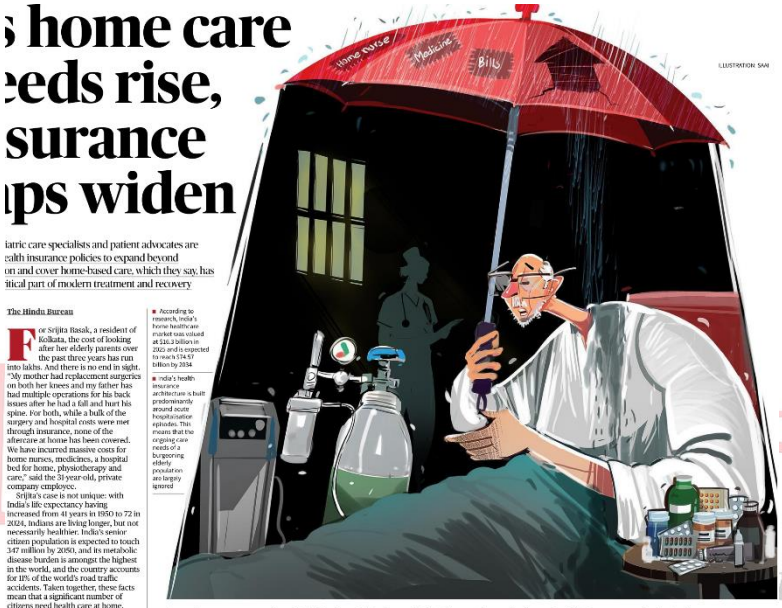
**Ans: (b)**

## UPSC Mains Practice Questions

**Question:** What is a doublet earthquake? How does it differ from a regular earthquake and an aftershock?(**10Marks, 150Words)**

## Page 07 : GS II : Social Justice / Preliminary Examination

This article analyzes the rapidly growing demand for home healthcare in India and the stark contradictions present within the country's existing health insurance framework. Due to improvements in life expectancy and the rising burden of chronic (long-term) illnesses, millions of Indian families today require expensive medical treatment and care at home after being discharged from the hospital. However, India's insurance model is still centered only around 'acute hospitalization'. As a result, families are facing a heavy financial, social, and psychological burden.



# s home care eeds rise, surance ps widen

iatric care specialists and patient advocates are ealth insurance policies to expand beyond on and cover home-based care, which they say, has itical part of modern treatment and recovery

The Hindu Bureau

For Srijita Basak, a resident of Kolkata, the cost of looking after her elderly parents over the past three years has run into lakhs. And there is no end in sight. "My mother had replacement surgeries on both her knees and my father has had multiple operations for his back issues after he had a fall and hurt his spine. For both, while a bulk of the surgery and hospital costs were met through insurance, none of the aftercare at home has been covered. We have incurred massive costs for home nurses, medicines, a hospital bed for home, physiotherapy and care," said the 31-year-old, private company employee.

Srijita's case is not unique: with India's life expectancy having increased from 41 years in 1950 to 72 in 2024, Indians are living longer, but not necessarily healthier. India's senior citizen population is expected to touch 347 million by 2050, and its metabolic disease burden is amongst the highest in the world, and the country accounts for 11% of the world's road traffic accidents. Taken together, these facts mean that a significant number of citizens need health care at home, sometimes for a short period and in other cases, long-term. According to market research company IMARC Group, India's home healthcare market was valued at $16.3 billion in 2025 and is expected to reach $74.37 billion by 2034. And yet, insurance models have not kept pace with these needs. home healthcare services are expensive, unregulated and often unqualified, and community healthcare services are scarce.

- According to research, India's home healthcare market was valued at $16.3 billion in 2025 and is expected to reach $74.37 billion by 2034
- India's health insurance architecture is built predominantly around acute hospitalisation episodes. This means that the ongoing care needs of a burgeoning elderly population are largely ignored

d insurance systems continue to e care and hospitalisation, while tions place the greatest long-term emotional burden on families. f home care as a component of ıcare is essential

As healthcare increasingly shifts from hospitals to patients' homes, doctors, geriatric care specialists and patient advocates are calling for health insurance policies to expand beyond hospitalisation and cover home-based care, which they say, has become a critical part of modern treatment and recovery.

### After a hospital stay

For many, the end of the hospital signifies the end of costs. For some, however, the financial burden becomes worse after hospitalisation, says Pavithra Reddy, chief operating officer of Vayah Vikas, a Bengaluru-based organisation working with senior citizens. "Older adults recovering from strokes, fractures, surgeries or serious illnesses frequently require nursing support, physiotherapy, wound care, mobility assistance and medical equipment at home. Yet these services are rarely covered by insurance. Families often spend between ₹30,000 to ₹1 lakh a month on post-hospitalisation care."

A caregiver supporting a family member with dementia in Karnataka said they currently pay ₹36,000 a month for a full-time attendant. "We have no choice because the caregiver gives us peace of mind, but the costs are substantial and there is virtually no insurance support," the caregiver said.

Srikala Bharath, geriatric psychiatrist who was formerly with NIMHANS, Bengaluru, said continuity of care remains one of the weakest links in India's healthcare system. "Healthcare and insurance systems continue to focus on acute care and hospitalisation, while chronic conditions place the greatest long-term financial and emotional burden on families. Recognition of home care as a component of holistic healthcare is essential," she said.

Ramani Sundaram, executive director of Dementia India Alliance, said families caring for persons with dementia face particularly high costs. "Long-term nursing support, medication management and caregiver assistance are almost entirely funded out of pocket. Home healthcare remains under insured and inadequately regulated," she said.

India's health insurance architecture is built predominantly around acute hospitalisation episodes. This means that the ongoing care needs of a burgeoning elderly population who might need support for home-based rehabilitation or chronic care are largely ignored.

"This is a critical gap in our health financing system which neither insurance companies nor the government has chosen to address. These problems are only going to worsen," a Kerala-based health financing expert said.

What is offered by Indian health insurance companies for home-based care — ancillary hospitalisation — is a specific, narrow provision offered for short-term care at home, which the treating doctor must prescribe and certify. Even with this however, insurance companies have tightened exclusion clauses and have brought in restrictions. "Many are not offering domiciliary hospitalisation cover at all because these claims are very hard to verify and there have been many fraudulent claims. Many now cap it at a percentage of the sum insured," said Stanley Wilson, business associate, New India Assurance company.

### The lack of training

The expense apart, families noted that home nurses provided through agencies are often unqualified and untrained.

When his father was diagnosed with Alzheimer's disease, Prakash, a government employee in Thiruvananthapuram, decided to look for dedicated caregivers for him. "I wanted him to be taken care of at home. But it was not easy. I discovered that there were no qualified home nursing care providers and none of the 'home nurses' that I hired had any idea how to manage a dementia patient. They would all leave within two days of being hired, complaining that my dad was a "difficult" patient and that he was "non-cooperative". We could not make them understand that my father needed compassionate care and that he seemed to be "difficult" because he was losing his comprehension skills and memory day by day."

Over the next few years, Prakash hired a string of home nurses — all of whom, he said, expected to merely help elderly people, not care for them professionally. "None of them knew how to give insulin shots or to even give medication based on the prescription," he said.

The burden becomes even heavier when children live abroad and their elderly parents at home require care, an issue that is raising serious social concerns in many parts of the country.

Sreejaya, originally from Kerala and now in Dubai, took several months off work to care for her ailing mother-in-law, after none of the caregivers she hired proved to have any training. And her experience was similar even at a senior living facility. "The living facilities were fine, but for the care of patients like Amma, who is close to 90, has lost her eyesight to glaucoma and has a host of other ailments, they did not have professionally trained caregivers. They were also depending on agencies to supply them with "home nurses" who had no knowledge or training," she said.

### The impact

Members of families where one person requires long-term care often have to give up their jobs to care for the sick relative themselves, because outside help, even if untrained, is prohibitively expensive. This creates immense socio-economic and psychological stress, said Subarna Goswami, a senior physician and public health administrator, based in Kolkata.

Financial constraints also often force families to cut back on essential rehabilitation, nursing visits, and follow-ups, Dr. Goswami pointed out. "This compromises recovery, leading to avoidable complications like infections, permanent functional disability, and preventable hospital readmissions. It also overburdens hospital resources by driving up dependency on inpatient services. Ultimately, underinvesting in home care paradoxically spikes total healthcare costs," Dr. Goswami added.

Home-based care can significantly reduce not only medical expenses but also the indirect costs associated with illness. "When one family member falls sick, caregivers often lose workdays and household productivity suffers. Home care has the potential to reduce these burdens while ensuring continuity of treatment," said U.S. Vishal Rao, group director for head and neck surgical oncology and robotic surgery at HCG Cancer Centre, Bengaluru.

What is required, said the Kerala health financing expert, is a model that blends both traditional health insurance and welfare provisions, to address the increasing long-term care needs of senior citizens, people with disabilities or conditions and injuries. Japan and Germany for instance, have long-term insurance care policies that take this into account. This is an issue that has begun to figure in policy discussions on the demographic crisis and the consequent needs of the elderly population

From a financial planning perspective, Priyanka Rana Patgiri, consultant, geriatrics at Apollo Hospitals, Chennai, pointed out, it may be advisable for families to consider adding a domiciliary floater cover to a health insurance policy.

While post operative extended convalesce is mostly covered post major surgeries conducted in hospitals, utilisation of this remains limited as these work mostly on a reimbursement, not cashless basis, said Arti Malik, chief technology officer, Universal Sompo General Insurance. However, more people now want cover for both active hospitalisations and extended convalescence and recovery, she noted. When it comes to training, Ms. Sreejaya said that there was an urgent need for caregivers who are well-versed in dealing with patients, able to understand doctors' instructions and manage aspects like patient hygiene, dressing wounds, preventing bed sores, checking blood sugar and pressure, checking for vitals etc.

Home care organisations face problems of shortage of staff as there is often no dignity of labour, noted Dr. Patgiri. Training of staff, proper communication and better salaries would help address such issues, she said, adding that effective home care should go beyond medical treatment to include assistance with daily activities, social engagement and caregiver support. "Accreditation of home care organisations by the National Accreditation Board for Hospitals and Healthcare (NABH) will pave the way for greater standardisation of care. This can help improve the quality of care and achieve maintainable benchmarks," she stressed.

### Community care

Going forward, a community-based model integrating healthcare, social support and care giving services will be essential to help older adults age with dignity at home. Hospital admissions in older adults are often diagnosed in the emergency room, but they begin at home months earlier, Dr. Patgiri pointed out.

In this regard, Kerala, which leads the country both with the highest prevalence of chronic, non-communicable diseases and with top performing public health infrastructure, is now taking the first step towards creating a brigade of professional nursing care service providers by launching a government-approved six-month "Caregiver Certificate Course", in government and private nursing colleges, as well as in selected hospitals, aimed at ensuring professional care for those in need and providing dignified employment.

In the private sector, an NGO, Self Employed Women's Association (SEWA) has joined hands with palliative care organisation, Pallium India, to train women in giving professional palliative/nursing care to those who require it. SEWA's Secretary, Sonia George says that the first batch of 30 women are now rendering professional caregivers' service in hospitals and homes and that the demand for the service has been so huge that they have not been able to keep pace. Such an initiative could be modelled across the country

Apart from rehauling insurance models, policies from the government for training of workers to build a skilled cadre, regulations for wage guarantees and rules to ensure the safety and dignity of both patients and those providing care, financial aid for family caregivers and setting up provisions for respite care could all go a long way towards helping families and societies care for their aged and disabled, say experts.

The problem is growing. India's financial and care models need to catch up.

*(With inputs from C. Maya in Kerala, Afshan Yasmeen in Karnataka, Shrabana Chatterjee in West Bengal, Serena Josephine M. in Tamil Nadu and Bindu Shajan Perappadan in Delhi.)*
*(health@thehindu.co.in)*

**Core News Analysis**

**1. Home Healthcare Market and Demographic Pressure**

- **Rapid Market Expansion:** According to the market research firm IMARC Group, the Indian home healthcare market was valued at $16.3 billion in 2025 and is projected to reach $74.57 billion by 2034.
- **Demographic Shift:** India's senior citizen population is expected to reach 34.7 crore (347 million) by 2050. Furthermore, the country bears one of the highest burdens of metabolic diseases and rates of road accidents globally, which has driven up the demand for long-term home care.

**2. The Insurance Gap**

- **Hospital-Centric Model:** Existing health insurance policies cover hospital expenses but exclude the costs of nursing, physiotherapy, and medical equipment provided at home post-hospitalization. Families are forced to spend anywhere from ₹30,000 to ₹100,000 every month out-of-pocket.
- **Limitations of Domiciliary Hospitalisation:** Indian insurance companies offer only a narrow provision for at-home treatment, which must be certified by a doctor. However, due to fraudulent claims and difficulties in verification, companies have placed strict restrictions on it or discontinued it entirely.

**3. Lack of Training & Regulation**

- **Skill Deficit:** Most home-nursing agencies operating in the market supply untrained and unqualified staff. They are entirely incapable of managing patients suffering from severe mental or neurological conditions such as Alzheimer's or Dementia.
- **Dignity of Labour and Low Wages:** Due to a lack of 'dignity of labour', low wages, and safety concerns in this sector, qualified staff do not retain their positions long-term.



**4. Socio-Economic Impact**

- **Loss of Productivity:** Due to the absence of professional and affordable care, many working youths (especially women) are being forced to leave their jobs to care for their ailing parents, leading to a loss in household productivity.
- **Risk of Readmissions:** Driven by financial constraints, families cut back on essential rehabilitation and follow-up checkups. This increases the risk of infections or permanent disability in patients, eventually forcing hospital readmissions.

**5. Best Practices & Solutions**

- **Global Examples:** Countries like Japan and Germany have implemented Long-Term Care Insurance Policies that cover the home care expenses of the elderly and disabled.
- **The Kerala Model:** The Government of Kerala has launched a six-month 'Caregiver Certificate Course' in public and private nursing colleges to build a professional and skilled workforce.
- **Civil Society Initiative:** The non-governmental organization SEWA, in collaboration with the palliative care organization 'Pallium India', has trained women in professional nursing care, a service that is in high demand in the market.

**Way Forward**

- **Restructuring Insurance Models:** Insurance companies must promote a 'Domiciliary Floater Cover' by integrating wellness provisions with traditional health insurance.
- **Standardization and Certification (NABH Accreditation):** Home care organizations should be accredited by the National Accreditation Board for Hospitals & Healthcare Providers (NABH) to ensure quality and standards.
- **Building a Skilled Cadre:** The government should formulate skill development policies, minimum wage guarantees, and safety regulations at the national level for migrant and local youth to generate dignified employment in this sector.

**Conclusion**

The center of healthcare in India is shifting away from hospitals toward patients' homes, yet our financial and insurance frameworks remain bound to outdated systems. It is the need of the hour to recognize 'home-based care' not merely as a familial responsibility, but as an indispensable component of a holistic healthcare system. Until the government and regulatory bodies expand insurance policies and build a skilled, regulated caregiver cadre, India will continue to lag behind in providing a dignified and healthy life to its ageing population. Investing in home care is, in reality, a progressive step toward reducing the country's overall healthcare expenditure and strengthening social security.

**UPSC Prelims Exam Study Questions**

**Question:** 'Domiciliary Hospitalisation' refers to—

(a) Treatment of patients admitted to a hospital only

(b) Treatment provided at home based on medical necessity

(c) Mobile hospital service

(d) Telemedicine facility only

**Ans: (b)**

**UPSC Mains Exam Study Questions**

**Question:**Briefly mention the key reasons for the growing need for home healthcare in India.**(10 Marks, 150 Words)**

## Page 08 : GS II & III : IR & Indian Economy / Preliminary Examination

This article presents an in-depth analysis of the growing strategic and economic cooperation with South Korea to revive India's shipbuilding industry. Following the visit of South Korean President Lee Jae-myung to India in April 2026, the diplomatic relations between the two countries have taken a new turn. This visit has opened doors for major investments and technical cooperation, particularly in the shipbuilding sector. This partnership could prove to be a game-changer toward achieving the goals of India's 'Maritime Vision 2030' and 'Amrit Kaal Vision 2047'.

# *India's shipbuilding ambitions can set sail with Korea*

In April this year, South Korean President Lee Jae Myung met Prime Minister Narendra Modi in India, his first visit to India and the first by a Korean leader in eight years. The meeting was remarkable in many ways, as it revived high-level political interaction at the leaders' level, resulting in the expansion of partnership in strategic sectors. However, the visit was special for another reason: it paved the way for strong collaboration between India and South Korea in the shipbuilding industry, a strategic sector that India is seeking to revive.

**Seoul plugs into India's shipbuilding drive**

Mr. Lee's visit has given positive momentum to the slowly progressing India-South Korea shipbuilding partnership, as seen in the slew of memoranda of understanding (MoU) and agreements signed during his trip. While the big three of the South Korean shipbuilding industry – Samsung Heavy Industries (SHI), HD Korea Shipbuilding & Offshore Engineering, and Hanwha Ocean – had already announced their investment plans, partnerships, or interests in India, Mr. Lee's support reiterates the South Korean government's strategic commitment to shipbuilding collaboration with India. Last year, a subsidiary of Hyundai signed an MoU with Cochin Shipyard Limited and has since announced plans to invest $4 billion in Thoothukudi, Tamil Nadu, to construct a green shipyard. Similarly, SHI has signed a partnership with Swan Defence and Heavy Industries to build ships in India. These developments showcase India's attractiveness as a shipbuilding destination for global giants.

South Korea is also interested in developing a complementary supply chain that includes ancillary industries. For instance, the Korea Marine Equipment Association (KOMEA), which comprises 304 enterprises across ship design, shipbuilding, marine equipment, and ship repair, has opened an office in Mumbai. This is expected to pave the way for the development of a robust shipbuilding ecosystem in India. Such steps will help foster a shipbuilding cluster encompassing ancillary industries and other critical facilities required for scaling up the sector. Further, these partnerships are expected to provide the Indian shipbuilding industry with much-needed support, including design and engineering expertise as well as production know-how. This will help India develop human capital and adopt technology at scale, making its shipyards more competitive internationally. In addition, the various MoUs signed between India and South Korea – at both the government-to-government and business-to-business levels – on workforce development, maritime education, research, and innovation will further strengthen the shipbuilding ecosystem. Together, these efforts could help establish a holistic, cluster-led development model inspired by the success of the city of Ulsan in South Korea.

**Abhishek Sharma**

Junior Fellow, Indo-Pacific, with the Strategic Studies Programme at the Observer Research Foundation

South Korean partnerships could help accelerate India's ambitions to become a shipbuilding powerhouse

What has been accomplished in such a short time is commendable, but the task is far from complete. To emerge as a leading shipbuilding nation, India will have to pursue multiple objectives simultaneously. It must support the industry through proactive policy and fiscal measures while also responding effectively to external crises that could disrupt supply chains and affect demand. The sector will require sustained hand-holding until it becomes self-sufficient and capable of competing globally, particularly with established giants such as China.

**Fill the gaps**

There must be a focus on human capital development, policy and fiscal support, and bringing in ancillary industries. India's Maritime Vision 2030 and Maritime Amrit Kaal Vision 2047 clearly state the objective of being among the top 10 shipbuilding nations by 2030 and in the top five by 2047.

Complementing initiatives such as the Maritime Development Fund, Shipbuilding Development Scheme, and Shipbuilding Financial Assistance Policy make it clearer that India is serious about attracting foreign investment in the shipping and shipbuilding sector.

However, policy and operational gaps persist. To rectify these gaps, India will have to focus on implementing a series of reforms related to regulatory consistency and legal predictability and also providing access to low-cost and long-term capital. Steps such as the creation of the Sagarmala Finance Corporation Limited (SFCL), India's first non-banking financial company for the maritime sector, are a positive and welcome development.

However, the greater challenge will be establishing a comprehensive industrial ecosystem for shipbuilding. To achieve this, India will need to move quickly on workforce development, supplier localisation, and the creation of dedicated maritime institutions. In addition, Indian academia and research institutions will have to play a larger role in this developmental partnership to support the country's shipbuilding ambitions.

India must continue to focus on three key priorities: providing sustained policy and fiscal support, developing the capacity to absorb transferred technologies, and formulating a sectoral strategy with clearly defined goals and targets. The in-principle approval of the greenfield project in Tamil Nadu is a welcome development, signalling that approval and implementation bottlenecks need not be insurmountable. To capitalise on this opportunity, however, State governments, alongside the central government, must ensure timely follow-through at every stage, facilitate the entry of foreign investors, and provide continuous support throughout the investment process.

**A proven pathway**

While India's shipbuilding ambitions are ambitious, they are not impractical. South Korea's shipbuilding journey, from a minor player to a global leader in just 15 years, beginning in the 1970s, demonstrates what is possible. India can replicate that success by focusing on three priorities: sustained policy and financial support, competitive shipbuilding and industrial capacity, and a skilled workforce.



### Core News Analysis

### 1. South Korea's Investment in India's Shipbuilding Campaign

- **Arrival of Global Giants:** The three largest companies in the South Korean shipbuilding industry—Samsung Heavy Industries (SHI), HD Korea Shipbuilding & Offshore Engineering, and Hanwha Ocean—have announced investments in India.

- **Green Shipyard in Tamil Nadu:** A subsidiary of Hyundai has signed a Memorandum of Understanding (MoU) with Cochin Shipyard Limited (CSL). Under this, an investment of $4 billion (approximately ₹33,000 crore) will be made to construct a state-of-the-art green shipyard in Thoothukudi, Tamil Nadu.
- **Strategic Partnership:** Samsung Heavy Industries (SHI) has joined hands with 'Swan Defense & Heavy Industries' to manufacture ships in India, reflecting India's growing manufacturing capability.

**2. Development of Ancillary Industries and Cluster-Based Model (Shipbuilding Ecosystem)**

- **KOMEA's Mumbai Office:** The Korea Marine Equipment Association (KOMEA), which comprises 304 companies involved in vessel design, shipbuilding, and repair, has opened its office in Mumbai. This will help develop a robust 'supply chain' and ancillary industries in India.
- **Inspiration from the Ulsan Model:** The city of Ulsan in South Korea is the world's largest shipbuilding cluster. India and Korea aim to jointly create a similar holistic, cluster-led development model in India through research, workforce development, and maritime education.

**3. India's Vision and Government Policies (Policy & Vision)**

- **Ambitious Targets:** Clear targets have been set in India's policy documents:
  - **Maritime Vision 2030:** To be included among the world's top 10 shipbuilding countries by the year 2030.
  - **Maritime Amrit Kaal Vision 2047:** To secure a place among the world's top 5 shipbuilding countries by the year 2047.
- **Financial Assistance Mechanisms:** To make the sector attractive, the government has taken steps such as the Maritime Development Fund, Shipbuilding Development Scheme, and Shipbuilding Financial Assistance Policy.
- **Sagarmala Finance Corporation Limited (SFCL):** The country's first Non-Banking Financial Company (NBFC) dedicated to the maritime sector has been established, which will provide low-cost and long-term capital to this industry.

**4. Existing Challenges and Policy Gaps**

- **Lack of Regulatory Continuity:** There are still some deficiencies at the level of operational and legal predictability, which require administrative reforms to be resolved.
- **Competition from China:** China holds a fierce dominance over this sector in the global market. To counter Chinese dominance, Indian shipyards will have to heavily improve their competitiveness and technical efficiency.
- **Pace of Domestic Infrastructure:** While getting in-principle approval for Tamil Nadu's greenfield project is a good sign, timely follow-through and clearing clearance bottlenecks between the Central and State governments remain the biggest challenge.

**5. Lessons from South Korea's History (The Proven Pathway)**

- South Korea's history is testament to what can be achieved with resolute political willpower. From being a small player in the 1970s, South Korea became the world's top shipbuilder within just the next 15 years.
- India can replicate this success by focusing on three priorities:
    - Providing continuous policy and financial support.
    - Building competitive shipbuilding and industrial capacity.
    - Preparing a highly skilled and trained workforce.

**Conclusion**

Although India's shipbuilding ambitions are grand, they are by no means impractical. This strategic partnership with South Korea will provide India not only with advanced design and manufacturing technology (Technology Transfer) but will also develop human capital within the country. Amidst the rising global dependence on maritime trade and the changing security equations of the Indo-Pacific region, India becoming a self-reliant shipbuilder is a strategic imperative. To leverage this historic opportunity, the Center and States must work together to clear approval bottlenecks and provide foreign investors with a secure and consistent window. If India can implement this partnership correctly, the day is not far when Indian shipyards will become the backbone of global maritime trade.



**UPSC Prelims Exam Study Questions**

**Question: What is the primary objective of the cluster-based development model in the context of the shipbuilding industry?**

(a) To increase only the export of ships

(b) To attract only foreign investment

(c) Integrated development of shipbuilding, design, ancillary industries, research, and skill development

(d) To expand only ports

**Ans: c)**

**UPSC Mains Practice Questions**

**Question:** Briefly explain the importance of the shipbuilding industry to India's economic development and strategic security.**(10 Marks, 150 Words)**

## Page 08 :GS II : Governance

Recently, the Central Government notified the Foreign Contribution (Regulation) Amendment Rules, 2026 (FCRA Amendment Rules, 2026). This amendment attempts to bring the functioning of Non-Governmental Organizations (NGOs) under a more stringent framework than the original Act of 2010. The Indian state apparatus has historically been suspicious of the influence of foreign funds on Civil Society Organizations (CSOs). However, for organizations filling state gaps in sectors such as health, education, disaster relief, and civil liberties, these new rules are being considered highly repressive and administratively burdensome.

**Core News Analysis**

**1. Major Provisions of the FCRA Amendment Rules, 2026**

- **Geographical & Functional Restriction:** Under the new rules, all registered NGOs must limit their activities strictly to the specific category and the states/union territories mentioned in their registration form.
- **Digital and Ideological Disclosure:** Organizations must mandatory disclose information regarding all their social media handles, websites, and publications to the government.
- **Ban on 'Political Content':** Under the new rules, these organizations are completely prohibited from disseminating or advocating any kind of "political content" (Political Content).
- **Multiple Fee Structure:** The previous 'single registration fee' system has been abolished. Now, NGOs will have to go through separate fees and paperwork for each category of work and for every state where they operate.
- **Strict Penalties:** Provisions have been made for heavy fines and strict punitive action if funds are utilized for purposes other than the approved objectives.

**2. Key Concerns and Criticisms of the New Rules**

- **Increase in Compliance Costs:** Due to the conditions of multiple fees and multi-state registration, small and medium-scale NGOs will face a heavy burden of paperwork and administrative expenses, which will distract them from focusing on core welfare activities.

**Onerous rules**

**The newly amended FCRA Rules point to a renewed attempt to stifle NGOs**

Civil society organisations play a vital role in areas such as health, education, disaster relief, and civil liberties and rights, stepping in where the state falls short. Yet, the Indian state has treated NGOs with suspicion, using the Foreign Contribution (Regulation) Act (FCRA), 2010, to impose stringent restrictions on their functioning. Earlier this week, the FCRA Amendment Rules, 2026 were notified, which require all NGOs registered under the FCRA, 2010, to confine their work to activities specified for their category and to the States and Union Territories named in their registration. They must also disclose their social media handles, websites and publications and are barred from carrying "political content". The new rules impose stringent penalties for using funds for unapproved purposes and require NGOs to pay separate fees for each category of work and to each State or Union Territory in which they operate, replacing the earlier system of a single registration fee. These increase compliance costs and paperwork. While the government argues that such measures promote transparency, even-handedness and national security, the rules are clearly meant to stifle the work of NGOs. The operation of the FCRA regime has been far from transparent. As CPI(M) MP John Brittas recently complained, parliamentary questions on FCRA cancellations and non-renewals have been disallowed as "secret", even though more than 20,000 registrations have reportedly been revoked over the past decade on opaque grounds. Far from improving transparency, the new rules burden NGOs with greater barriers and commitments, raising concerns that the Centre intends to create a chilling effect.

In *Noel Harper* (2022), the Supreme Court upheld the stringent 2020 FCRA amendments, accepting the state's invocation of sovereignty and national security. Yet, in in 2020, the Court had read down rules that would have classified the rights activism of civil society bodies, including protests and demonstrations as work "of a political nature", drawing a distinction between party politics and the everyday work of social and economic betterment. The new Rules seek to treat advocacy and "political content" as grounds for disqualification. In March 2026, the Centre had proposed amendments allowing a government-appointed authority to take over the assets of NGOs whose registrations were cancelled, surrendered, or not renewed. Following strong protests, particularly from minority institutions, it put the proposal on hold. Now, the newly notified rules seem another way of throttling NGOs that utilise foreign funding for civil society work. The Centre should withdraw the punitive provisions, particularly those on multiple fees and political content, and adopt fairer rules.

- **Problem of Opacity:** The government justifies these measures in the name of 'national security and transparency', but its own process has been opaque. For instance, recently in Parliament, questions related to the cancellation of registrations of more than 20,000 NGOs over the past decade were dismissed by labeling them as 'secret' (Secret).

- **Chilling Effect:** Critics believe that the real objective of these stringent rules is to intimidate civil society so that they step back from criticizing government policies or raising voices for public rights.

**3. Judicial Stand and Legal Context**

- **Noel Harper Case (2022):** The Supreme Court upheld the strict FCRA amendments of 2020 as valid on the grounds of 'sovereignty and national security'.

- **Significant Judgement of 2020:** However, previously, the Supreme Court had struck down rules that declared peaceful public protests and rights activism by civil society as "acts of a political nature". The Court drew a clear distinction stating that political party politics (Party Politics) and public advocacy for socio-economic betterment are two different things. But, the new rules of 2026 once again make 'advocacy and political content' a ground for disqualification.

- **Attempt to Control Jurisdiction:** In March 2026, the Center had also introduced a proposal under which, upon cancellation of registration, the assets of NGOs could be seized by a government authority. This had to be put on the back burner following heavy opposition from minority institutions and civil society.

**4. Civil Society vs. State Security (UPSC Analytical Perspective)**

- **Role of a Complement:** In a democratic setup, civil society does not function as an adversary to the state, but rather as its complementary body.

- **Need for Regulatory Balance:** Although preventing the misuse of foreign funds for illegal money laundering and anti-national activities is a legitimate right of the state, excessive regulation severely disrupts the 'Ease of Doing Social Work'.

**Conclusion**

The punitive and highly narrow provisions of the FCRA Rules, 2026 (such as the multi-tiered fee structure and the vague definition of political content) could shrink the space for an independent civil society in India. In a mature democracy, the objectives of transparency and national security can be achieved without strangling the freedom of civil society. The government should withdraw punitive provisions like multiple fees and arbitrary suspensions, and instead adopt a fair, transparent, and participatory regulatory framework. The vibrancy of a democracy lies in the

government and civic organizations viewing each other with a lens of cooperation rather than suspicion, so that the benefits of development reach the last mile.

**UPSC Mains Practice Questions**

**Question:** Briefly describe the role of Civil Society Organizations (CSOs) in Indian democracy.**(10 Marks, 150 Words)**

## Page 10 :GS II : Social Justice

This article has been jointly written by Dr. Parth Sharma, a community physician from the Department of Preventive Oncology at the 'Cachar Cancer Hospital and Research Centre', and Dr. Senthil Kumar A.R., the former Director of Radiology in the United Kingdom. It discusses the current relevance of India's Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act, 1994, and the need for amendments in light of technological advancements. Through the example of a cancer-stricken woman (Janaki) from rural Assam, the authors illustrate how excessively stringent regulations prevent the utilization of portable ultrasound machines at the community level outside of hospitals, making the timely detection of fatal diseases like cancer impossible.

# Revisiting India's ultrasound laws

Technological shifts and rising need for community-based cancer screening suggest that regulatory frameworks should adapt to distinguish between different use cases of ultrasound. An amendment to the PCPNDT Act could legalise community-based ultrasound using a high-frequency linear probe, as it will not impact sex determination

FULL CONTEXT

Parth Sharma
Senthil Kumar A.R.

Mrs. Janki (name changed), a 45-year-old woman, came to a health camp organised in rural Assam with a complaint of a painless breast lump. She had noticed the lump three months earlier and reported that it had gradually increased in size. On examination, the doctor suspected breast cancer and advised her to visit a cancer hospital located two hours away for further evaluation.

"But I have no pain. The hospital is so far away. There is nobody to come with me to the hospital," Mrs. Janki said. Despite repeated counselling, she refused to seek further care.

Three months later, Janki finally presented to the hospital. By then, she had developed a large, bleeding mass in her breast. She was diagnosed with advanced stage breast cancer and died six months later.

Technological advances, like portable ultrasound machines, have made it possible to bring cancer diagnostics, such as ultrasound imaging and ultrasound-guided biopsies, closer to people's homes. This machine could, perhaps, have given Mrs. Janaki a diagnosis at her doorstep. However, India's Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act treats the movement of an ultrasound machine outside a registered facility as a serious offence, with penalties that can include a minimum of three months' non-bailable imprisonment.

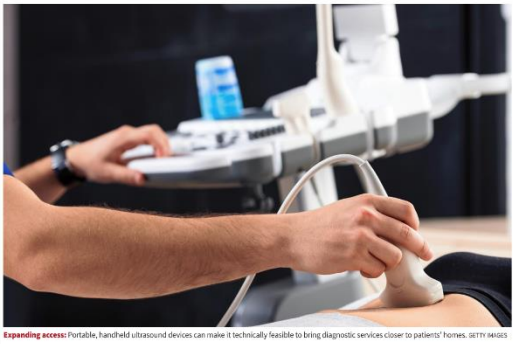
**Provisions of the PCPNDT Act**

The PCPNDT Act was introduced in 1994 in response to a sharp decline in the child sex ratio in India, driven by a strong societal preference for male children and the growing misuse of technologies such as ultrasonography for prenatal sex determination, followed by selective abortion of female foetuses. Abortion of female foetuses became more evident from the 1980s, with the increasing availability of imaging technologies, raising serious ethical, demographic, and public health concerns. The legislation, therefore, aimed not only to prevent the misuse of medical technology but also to address the deeper issue of gender discrimination.

The law mandates registration of all genetic clinics, ultrasound centres, and laboratories and strictly prohibits the communication or disclosure of the sex of the foetus. It prescribes detailed record-keeping, monitoring mechanisms, and penalties to ensure compliance.

Under this Act, the purchase of an ultrasound machine is not a routine commercial transaction but a tightly-regulated process. A clinic or hospital must first be registered with the district government as a genetic clinic or imaging centre before acquiring a machine. Purchasing one without prior registration is illegal. Manufacturers or dealers are required to verify the buyer's credentials and obtain a written undertaking that the machine will not be used for sex determination. The sale must be documented with invoice details that match the registered centre, and the transaction is reported to the authorities for monitoring.

Once installed, the machine must remain at the approved location, its details must be recorded in official registers, and strict documentation, including patient records for every scan, must be maintained.



Expanding access: Portable, handheld ultrasound devices can make it technically feasible to bring diagnostic services closer to patients' homes. GETTY IMAGES

**Impact of PCPNDT Act**

Following the introduction of the PCPNDT Act, the sex ratio at birth in India has shown a gradual improvement at the national level. While this improvement cannot be conclusively attributed to the introduction of the Act, several unintended consequences can be directly attributed to it.

Evidence suggests that families whose first child is a girl tend to have more children in an effort to have a son, compared to families with a firstborn boy. Following restrictions on prenatal sex selection, families experienced a 25% higher child mortality rate among firstborn girls relative to firstborn boys. This could be explained by the decline in parental investment in health, particularly among girls. Fertility also increased in these families, indicating a shift toward having more children when sex selection was not an option. Having a larger number of children also led to dilution of resources, likely reducing overall investment per child. Similar patterns were observed in education as gender disparities widened. These effects were more pronounced among poorer, rural households that were more affected by the restrictions, as they could not afford illegal services to abort the child.

Recent reports indicate that sex-selective practices continue despite decades of legal prohibition. In October 2025, authorities uncovered an illegal racket in Karnataka where organised networks were carrying out prenatal sex determination and facilitating abortions, often targeting vulnerable women from rural areas. Similar crackdowns across different States show that such activities are frequently conducted outside formal health systems, using portable ultrasound devices, informal providers, and covert arrangements to evade regulation.

The issue is not confined to India. Reports from the United Kingdom indicates that son preference may persist among some diaspora communities as well. Reports have also raised concerns that families of Indian origin may be engaging in sex-selective practices even in settings with stricter oversight, highlighting the deep-rooted nature of gender bias that transcends national boundaries.

Taken together, these patterns underscore a critical limitation of legislative approaches. While laws such as the PCPNDT Act establish an essential regulatory framework, they are insufficient on their own to drive social change.

**The case for reform**

Available evidence suggests that the PCPNDT Act has not fully achieved its intended objectives and may, in some contexts, have had unintended adverse effects. Additionally, fear of legal repercussions and stringent regulatory requirements has had a chilling effect on service provision.

Moreover, The PCPNDT Act has not kept pace with advances in ultrasound technology. Portable, handheld ultrasound devices, often connected to smartphones or tablets, make it technically feasible to bring diagnostic services closer to patients' homes, which is particularly relevant for early cancer detection in underserved areas. However, the use of such devices at the community level is currently illegal in India.

Modern high-frequency probes used for applications such as cancer detection and the assessment of other superficial conditions cannot be used for foetal sex determination, yet remain subject to the same regulatory restrictions, limiting access to essential diagnostic care.

Recent developments in artificial intelligence (AI) further strengthen the case for a more nuanced regulatory approach. AI-enabled ultrasound systems can assist with image acquisition and interpretation, and in some configurations generate automated reports based on pattern recognition without requiring full image storage or display. Such technologies could enable safe, purpose-specific use of ultrasound for diagnostic applications while substantially reducing the risk of misuse for foetal sex determination.

Recent research has also demonstrated the potential of AI in improving access to reliable ultrasonography. In a pilot study, portable ultrasound scans performed by individuals with minimal training were combined with AI to identify suspicious breast lesions with high accuracy, correctly flagging all confirmed cancer cases. This suggests that AI-assisted ultrasound could enable frontline health workers to assess patients with breast lumps, refer those with suspicious findings for further evaluation, and reassure those with benign conditions.

For countries such as India, where access to specialist radiologists and diagnostic imaging remains uneven, especially in rural areas where nearly 70% of the population resides, such innovations could substantially improve the timely assessment and treatment of symptomatic patients. Earlier diagnosis and referral have the potential to reduce breast cancer mortality while expanding access to care in rural and underserved areas. This contrasts with many Western countries, where breast cancer control strategies rely more heavily on mammographic screening programmes that detect tumours before symptoms appear but require considerably greater resources and infrastructure.

**Serving a greater need**

These technological shifts and the rising need for community-based cancer screening in view of the high cancer burden in India suggest that regulatory frameworks need to adapt to distinguish between different use cases of ultrasound. An amendment to the Act could make community-based ultrasound using a high-frequency linear probe legal, as it will not impact sex determination. Additionally, the Act should incorporate provisions addressing emerging technologies, including AI-enabled and safeguarded USG imaging systems designed to prevent the determination or disclosure of foetal sex, irrespective of intent.

*(Dr. Parth Sharma is a community physician working in the department of preventive oncology and public health at Cachar Cancer Hospital and Research Centre. Dr. Senthil Kumar A.R. is a consultant radiologist and former director of the department of radiology, Aberdeen Royal Infirmary, U.K. Views are personal.)*

THE GIST

- The PCPNDT Act was introduced in 1994 to curb prenatal sex determination and the selective abortion of female foetuses in response to a declining child sex ratio.
- The law has not kept pace with advances in ultrasound technology, including portable handheld devices that can bring diagnostic services closer to patients' homes.
- For countries such as India, where access to specialist radiologists and diagnostic imaging remains uneven, such innovation could aid early cancer detection, particularly in underserved areas.

**Core News Analysis**

**1. Core Provisions and Objectives of the PCPNDT Act, 1994**

- **Historical Background:** Since the 1980s, the rising misuse of technologies like ultrasound in India led to a sharp decline in the Child Sex Ratio. Due to the societal preference for boys, people began opting for prenatal sex determination, which was followed by large-scale female foeticide.
- **Strict Regulation:** To curb this malpractice, the PCPNDT Act was enacted in 1994. Under this:
    - Registration of all genetic clinics, laboratories, and ultrasound centers is mandatory.
    - Disclosing or revealing the sex of the foetus is completely prohibited.
    - Purchasing an ultrasound machine is not a standard commercial transaction; it requires prior registration with the district administration and strict verification of the buyer's credentials by the manufacturers.
    - Moving the machine out of its registered location is a serious offense, carrying a provision of a non-bailable jail term of at least three months.

**2. Unintended Consequences and Limitations of the Act**

- **Increase in Mortality Rates Among Female Children:** Research indicates that after the ban on sex selection, families whose first child was a girl saw an increase in fertility rates driven by the desire for a boy. This resulted in resource dilution, leading to a 25% increase in the mortality rate of first-born girls compared to boys, as parents reduced investments in the health and education of girls. These effects were more pronounced in poor and rural families.
- **Persistence of Illegal Networks:** Despite decades of legal bans, this practice has not been completely eradicated. In October 2025, an illegal racket was busted in Karnataka, which was covertly conducting sex determination and abortions in rural areas using portable devices.
- **Global Expansion:** This issue is not limited to India; cases of preference for sons and sex-selective practices have come to light even today among diaspora communities of Indian origin living in countries like the United Kingdom (UK). This makes it evident that strict laws alone cannot completely alter deep-rooted social prejudices.

**3. Technological Advancement and the Case for Reform**

- **Portable and Handheld Devices:** Modern ultrasound equipment is now available as small handheld devices that connect to smartphones or tablets. These can easily be transported to the doorsteps of patients in remote rural areas.
- **Probe-Specific Distinction:** High-frequency linear probes are utilized to examine cancer tumors or other superficial conditions. Technically, it is impossible to determine the sex of a foetus using this specific probe. Despite this, the current law does not recognize this distinction, and identical restrictions apply to it.
- **Role of Artificial Intelligence (AI):** Recent pilot studies have shown that minimally trained healthcare workers, with the help of portable ultrasound and AI, can accurately identify suspicious breast lesions (tumors). The AI system can

generate automated reports based solely on pattern recognition without displaying or storing the full image, thereby reducing the risk of misuse for sex determination to zero.

**4. Relevance for Rural India**

- Approximately 70% of India's population resides in rural areas, where specialist radiologists and expensive diagnostic infrastructures like mammography are unavailable.
- Unlike Western nations, where cancer is detected through mammographic screening before symptoms manifest, India requires resources at the community level for the early referral of patients exhibiting initial symptoms. AI-assisted portable ultrasound can significantly reduce the mortality rate caused by breast cancer.

**Conclusion**

The PCPNDT Act has played a historic and essential regulatory role in managing the declining sex ratio in the country, but with technological evolution over time, there is a dire need for practical modifications. The law must learn to differentiate based on the "use cases" of medical devices. An amendment should be introduced into the Act that legalizes community cancer screening through high-frequency linear probes, as it bears no connection to sex selection. Along with this, safeguarded AI systems should be integrated within the legal framework. Only by doing so can India provide "healthcare at the doorstep" to its rural citizens against life-threatening diseases like cancer, without compromising its resolve to protect its daughters.

**UPSC Mains Practice Questions**

**Question:** "The PCPNDT Act has played a significant role in curbing sex-selective abortion; however, in the current era of technological advancement, there is a need to re-evaluate some of its provisions." Critically analyze.**(10 Marks, 150 Words)**

# Page : 08 : Editorial Analysis

## Keeping humanity at the centre of the AI revolution

**Ashwani Kumar**
Senior Advocate, Supreme Court of India, an author and a former Union Minister for Law and Justice

AI's promise must be guided by ethics, dignity and accountability

At the peak of human history, the Artificial Intelligence (AI) revolution stands out as a transformative moment, harnessing the infinite potential of science and innovation in the service of humankind. The endless possibilities of AI in every sphere of human activity and its empowering potential to deal with the unprecedented challenges of our times, is a tribute to mankind's collective ingenuity that validates the boast of accomplishments of which 'even the gods might be envious'. The automating of tedious tasks involving repetitive work and freeing time for leisure, expanding access to essential services, breakthroughs in medicine, ensuring longevity and better health care including cancer screening and prediction of terminal illnesses, robotic nursing of the sick, a more effective targeting of economic aid to the marginalised, enhanced accessibility of education and knowledge to all and its vast contribution to environmental sustainability in several ways including disaster management and weather forecasting are some of the crowning contributions of AI toward a more inclusive development agenda.

**Technology and human values**

Even so, questions about the future of human society and the 'destiny of intelligence' are most vigorously debated by philosophers, scientists, statesmen and the technology czars, some of whom have pleaded for a pause in the further development and deployment of AI that could hijack our idea of humanity. The claims of the AI protagonists about the 'amazing abundance' of goods and services and the caution against slowing down of scientific progress through regulation must contend with the compelling questions about the necessity of ethical guardrails warranted by humanitarian considerations and emotions embedded in the deepest recesses of our being through a cultural evolution spanning the millennia. The question of who we are, and whether we are ready for a new narrative of humanity in which functional efficiency and promised material abundance prevail over the yearnings of the human soul and the dignity of emotion, is an unavoidable and larger inquiry that has resisted the seduction of technological wonders. This is particularly important given that AI is able to replicate, and in some cases even outperform, cognitive skills, including the ability to understand human emotions and intuition.

Are we ready for an endless technological disruption and a 'global epidemic of stress' caused by a prolonged volatility in the job market and a predicted 'useless' class of millions caused by an unmanageable stress in coping with the effects of technological disruption? Whether we have new social and economic models that protect individual self-worth and ensure for all a life of belonging and emotional well-being are larger philosophical questions arising from a humanist perspective founded on the sacrosanctity of the values we carry as a badge of humanity.

Clearly, the fact that passionate propounders of AI have cautioned against 'summoning the devil without a kill switch', must awaken us to the urgency of serious reflection on how to preserve 'the hidden realm of the mind from which emotions emerge, from which inspiration flows, from which our desires pulse – the subjective part of the human spirit that makes each of us ineluctably who we are'.

Data privacy vulnerabilities, proliferation of misinformation, electoral manipulations, the possibility of super intelligent weapons systems going rogue, AI-enabled phishing campaigns, and surveillance and censorship are some of the ominous portends that can cause social upheavals without effective global regulation.

Preserving the digital sovereignty of nation-states remains a challenge, given that control over data is intrinsically linked to national security and the strategic autonomy of nations. The establishment of a global regulatory regime that respects national sovereignty and ensures effective enforcement can no longer be postponed.

**A moral compass**

The world of AI that could rewrite the code of humanity, therefore, needs a moral vision that can harmonise technological advancement with the preconditions of a virtuous and happy society. Terry Eagleton's caution in relation to a sense of seductive self-assurance is eloquent and I quote: 'An inflated self- belief can earn its calamitous comeuppance, which caused the ancient Greeks to shudder and look fearfully to the skies'.

Spanish philosopher José Ortega y Gasset reminded us that 'we live at a time when man believes himself fabulously capable of creation, but he does not know what to create. Lord of all things, he is not Lord of himself. He feels lost amid his own abundance. With more means at its disposal, more knowledge, more technique than ever, it turns out that the world today goes the same way as the worst of worlds that have been; it simply drifts'.

The encyclical letter of His Holiness, Pope Leo XIV on 'Safeguarding the Human Person in the Time of Artificial Intelligence', clinches the moral debate on the humanist dilemmas in relation to AI. Recognising that technology is not antagonistic to humanity, the Pope has stressed the duty to remain 'profoundly human' in an era of AI when 'human dignity is threatened by new forms of dehumanization'.

Emphasising the need to establish standards of ethical discernment based on the dignity of the individual, His Holiness has warned against the 'illusion' of 'self assertion' and cautioned against progress that exacerbates inequalities and is incapable of healing peoples' wounds. He has called for a rejection of the 'idolatry of profit that sacrifices the weak, a uniformity that neutralizes differences and the pretense that a single language – even a digital one – can translate everything, including the mystery of the person into data and performance'. These assertions by the Pontiff are moral injunctions in a world that needed a reminder of the 'splendour and grandeur of humanity' beyond its creations and of the limitations of AI in terms of its 'affective, relational or spiritual capabilities'.

The moral code propounded by the Pope, a product of an encounter between lived experiences, spiritual consciousness and historical memory, asserts that humanity flourishes in the 'fragility and finitude' of the human person and in its limitations.

**Ethical AI governance**

Thus viewed in the framework of core human values anchored in the dignity of man, global leaders are expected to opt for a 'humanist centric' approach in the deployment and regulation of AI for the larger good of humanity with the individual at the centre of their decisions. Prime Minister Narendra Modi has stressed at both the VivaTech 2026 conference in Paris (June 2026) and the India-AI Impact Summit 2026 in New Delhi (February 2026) that such an approach would require a robust and enforceable regulatory framework, rather than voluntary and non-binding commitments, to govern the use of AI. Such a framework could democratise access to frontier AI and help build a shared, trustworthy AI ecosystem in an age that 'levels everything and reveres nothing'. How nations deal with this epochal challenge will define the quality of political leadership and our commitment to inclusive democracy anchored in equality and human dignity as the ultimate civilisational aspiration.

*The views expressed are personal*

**GS Paper III: Science and Tech**

**UPSC Mains Exam Practice Questions:** Briefly describe the key social and economic applications of Artificial Intelligence (AI).**(15 Marks, 250 Words)**

**Context :**This article is authored by Ashwini Kumar, India's former Minister of Law and Justice, senior advocate, and author. It presents a philosophical and legal analysis of the necessity to preserve human values, ethics, and human

sovereignty amidst the rapidly accelerating Artificial Intelligence (AI) revolution. According to the author, while on one hand AI is bringing unprecedented advancements in medicine (such as cancer screening), education, disaster management, and the automation of daily tasks; on the other hand, it is posing serious challenges to the human soul, employment stability, and data sovereignty.

**Core News Analysis**

**1. The Bright Side of AI & Empowerment Aspect**

- **A Tool for Inclusive Growth:** The AI revolution marks a transformative moment at the pinnacle of human history, deploying the limitless potential of science into human service.
- **Key Applications:**
    - **Healthcare:** Improving healthcare infrastructure through early screening of fatal diseases like cancer, prediction of terminal illnesses, and robotic nursing for the sick.
    - **Administrative Efficiency:** Automation of repetitive and tedious tasks, thereby allowing humans more time for creative pursuits and leisure.
    - **Social Welfare:** Targeting the delivery of financial assistance and education to marginalized populations more effectively.
    - **Environment and Disaster Management:** Contributing to sustainable development through precise weather forecasting and disaster management systems.



**2. The Dark Side & Ethical Concerns of Technological Disruption**

- **Instability in the Labour Market:** AI-driven technological disruptions are creating massive uncertainties in jobs globally. Critics warn that this could give rise to a multi-million-strong "Useless Class" in society, falling victim to a 'Global Epidemic of Stress'.
- **Cognitive Skills and Emotions:** AI is not only performing logical functions but is also becoming capable of understanding and mimicking human emotions and intuition. In such a scenario, the question arises: are we prepared for a society where material abundance and functional efficiency are placed above human sensibilities?
- **Security and Democratic Threats:** Without effective global regulation, AI is leading to the following catastrophic consequences:
    - Violation of data privacy and widespread surveillance.

- Electoral manipulations and the spread of misinformation.
- AI-enabled phishing campaigns and the risk of super-intelligent weapons going rogue.

**3. Digital Sovereignty and National Security**

- Control over data is directly linked to a nation's national security and strategic autonomy. In this era of AI, securing the 'digital sovereignty' of sovereign nations has emerged as a major challenge, making a global regulatory regime something that can no longer be deferred.

**4. The Moral Compass and Philosophical Perspectives**

- **Pope Leo XIV's Ethical Message:** Citing Pope Leo XIV's recent encyclical letter, 'Protecting Humanity in the Age of Artificial Intelligence', the author remarks that technology is not an adversary to humans, but we must remain "profoundly human" even in the age of AI. The Pope has called for rejecting the 'idolatry of profit' that sacrifices the vulnerable and seeks to reduce the human mystery merely to data and performance.
- **Philosophical Warning:** According to Spanish philosopher José Ortega y Gasset, modern man is capable of creating, but he does not know what to create. He feels lost amidst his own abundance and is 'wandering' without any moral direction.

**5. Human-Centric AI Governance**

- **India's Stance and Regulatory Framework:** Indian Prime Minister Narendra Modi placed special emphasis on a 'human-centric' approach during the 'VivaTech 2026' conference in Paris in June 2026, and at the 'India-AI Impact Summit' in New Delhi in February 2026.
- **Need for Binding Regulation:** India firmly believes that voluntary and non-binding commitments are insufficient to regulate the use of AI. Instead, there must be a robust, practical, and enforceable regulatory framework that democratizes access to Frontier AI and builds a trusted AI ecosystem.

**Conclusion**

The Artificial Intelligence revolution is a unique achievement of human intellect, but leaving it without a 'Kill Switch' could prove suicidal for humanity. The future of AI can be secure and beneficial only when human dignity, equality, and social justice are kept at the center to guide its development, rather than mere technical efficiency. As the author underlines, the manner in which we deal with this epochal challenge will define the quality of future political leadership and our commitment to inclusive democracy. AI must not become a substitute for humans but a moral tool that enhances human capabilities, ensuring that the 'spiritual and emotional distinctiveness' of humans remains intact even in this age of technology.

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