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**Daily News Pedia**
**S-400, Kamov on the agenda of Modi, Putin**

President Vladimir Putin is scheduled to visit India on 4-5 October. The main focus of the visit will be on a deal for S-400 air defence system which India is planning to buy from Russia

India and Russia are in final phase of discussion to buy 200 Kamov-226T utility helicopters.

The countries have already concluded an Intergovernmental Agreement (IGA) for 200 helicopters estimated to cost over \$1 billion. Under the deal 60 helicopters will be imported from Russia and the rest will be built by Hindustan Aeronautics Limited (HAL) with technology transfer.

There is a fear that the deal might come under CAATSA sanctions of the U.S. US have imposed CAATSA sanctions on China which bought the S-400 air defence system from Russia. Other countries which have bought or planning to buy the system includes Turkey, Qatar and Saudi Arabia.

***S-400 air defence system***

- i. It is considered one of the most advanced long-range defence systems in the world.
- ii. It has a range of 400 km and can hit targets at a height of up to 30 km.
- iii. Its radars can track hundreds of targets simultaneously and destroy them.
- iv. Each system includes a command post, 3D phased array acquisition radar, optional tracking radar and firing units.
- v. There are various kinds of missiles to choose from based on the mission requirements.

Source: The Hindu.

**South African lion cubs conceived artificially in world first**

Recently the first ever lion cubs have been born by means of *Artificial Insemination*.

Artificial Insemination (AI): It is the process of collecting sperm cells from a male animal and manually depositing them into the reproductive tract of a female. There are several advantages of this like no need of maintenance of breeding and prevents the spread of certain diseases and sterility due to genital diseases.

Note: The research was carried out at the Ukutula Conservation Centre in South Africa. These were the first lion cubs ever born from artificial insemination in their natural range country (South Africa), and not in a zoo overseas.

Benefits of the research: Lions are extinct in 26 African countries and numbers in the wild have plummeted 43 % over the last two decades.

According to the International Union for Conservation of Nature (IUCN), with roughly only 20,000 left, the African lions are vulnerable. The scientists are hoping the Artificial Insemination technique can be used to save other endangered big cats like the cheetah.

Against the research: The animal welfare organisations claim that captive lion breeding industry in South Africa is exploitative and profit-driven.

Source: The Hindu.

### *The Road to E-Vehicles*

Jharkhand government is planning to introduce electric vehicles (e-vehicles) for official use.

The Jharkhand government is acquiring electric vehicles in phases and setting up charging stations at several places for e-vehicles.

Why e-vehicles: The soaring fuel prices and spectre of climate change looming large over the planet the government is taking the lead in switching to e-vehicles. It is also in sync with India's strong pitch in favour of electric vehicles at the recently held Global Mobility Summit in New Delhi. Electric vehicles are also an integral component of smart cities within the frameworks of smart transportation.

Impact of this initiative: If other States and the Centre were to follow the example set by Jharkhand, it would have two positive spin-offs:

First, it would encourage the spread of a transportation infrastructure specific to e-vehicles.

Second, it would spur the early adoption of e-vehicles by first-time buyers, generating consumer momentum for India's stated goal of ensuring that by 2030, all public transport and 30% of private vehicles are electric.

Source: The Hindu.

### *Mansar Lake*

*Mansar Lake is one of the largest freshwater lakes in the Shivalik range of the Jammu region.*

The lake is facing an existential threat due to human intervention and climate change.



The history of Mansar dates back to the time of Mahabharata. The son of Arjun and Ulpi, (who was the daughter of King Nag), named Babar Vahan, was the ruler of this region during the ancient times of Mahabharata. It was post the war, that Arjun who proved his mettle and superiority over this land by performing the Yagya named "Ashwamegh Yagya. The power symbol of Ashwamegh Yagya, which was a horse, was captured by Babar Vahan at village 'khooon' nearby village Ramkot on Dhar Udhampur road where later Arjun was murdered by Babar Vahan. Being victorious, Babar Vahan wanted to share his success with his mother and presented the head of Arjun to her.

It was then that she revealed that he had killed his father. After knowing the fact that Arjun was Babar's father, he wanted to bring Arjun back to life for which he had to procure the Mani from Sheshnag. It was then that Babar Vahan made a tunnel with his arrow, which was called the "Surangsar". This is now named as Surinsar. After defeating Sheshnag and capturing the Mani, he came out at Manisar which is known as Mansar now, which was the other end of the tunnel.

Source: The Hindu.

## *Mahatma Gandhi International Sanitation Convention*

Mahatma Gandhi International Sanitation Convention is being held in New Delhi.

It is being *organised by the Ministry of Drinking Water and Sanitation to mark the beginning of the 150th birth anniversary celebrations of Mahatma Gandhi*, also coinciding with the fourth anniversary of the launch of Swachh Bharat Mission.

Ministers from over 70 countries will be invited and taken on a 'Gandhi Trail' in Gujarat. The government will use the occasion to "showcase its performance" and "success story" in the Swachh Bharat programme in the past four years, which was launched on October 2, 2014, and have a face-to-face dialogue with the world leaders to share their experiences on sanitation programmes.

### *Swachh Bharat Mission:*

The Government of India launched the Swachh Bharat Mission (SBM) on 2nd October 2014, with an aim to build a Clean and Open Defecation Free (ODF) India by 2nd October 2019, as a befitting tribute to Mahatma Gandhi on his 150th birth anniversary.

Since the inception of the program, the rural sanitation coverage of India has increased significantly, from 39% in October 2014 to over 90% as of September 2018.

Over 78 million household toilets have been constructed under the Mission. As a result, 25 States/Union Territories, over 513 districts, and 5, 04,316 villages have declared themselves as free from open defecation.

Source: The Hindu.

## *'Comprehensive Convention on International Terrorism' (CCIT)*

External Affairs Minister Sushma Swaraj reiterated India's demand for a Comprehensive Convention on International Terrorism (CCIT) at the UN General Assembly recently.

The Comprehensive Convention on International Terrorism is a proposed treaty which intends to criminalize all forms of international terrorism and deny terrorists, their financiers and supporters access to funds, arms, and safe havens.

It is a draft proposed by India in 1996 that is yet to be adopted by the UNGA.

As a country affected by terrorism, long before the more powerful countries of the developed world began to take cognisance of the threat it poses to international peace and security, India has always condemned terrorism in all its forms and manifestations; stressed that tackling such behaviour required a holistic approach and collective action; and recommended that the scope of legal instruments must be expanded to bring the perpetrators of terrorism to justice.

India, therefore, has a vital stake in the formulation of counter-terrorist measures at the international level, including a Comprehensive Convention on International Terrorism (CCIT).

Source: The Hindu.

## Editorial

To read

### **Looking beyond the legality of abortion**

Even five decades after legalization, abortions in India lack basic safety standards

Despite abortion being legal in India for almost five decades, unsafe abortion continues to be the third largest cause of maternal mortality and accounts for 8% of all maternal deaths in India. Ten women die every day, and thousands more face serious and permanent injuries annually due to unsafe abortion-related causes. Most deaths caused by unsafe abortion are, however, preventable. With the advent of newer and simpler technologies, induced abortion is now a very safe and simple medical procedure, which can save the lives of millions of women.

A recent study published in *Lancet Global Health* estimates that only 22% of the 15 million abortions that occur in India every year take place in a public or private health facility, and are performed by trained personnel, whereas the remaining 78% of abortions happen outside health facilities. We need to identify the reasons as to why 78% women access services outside the facilities, and how they can be included in the ambit of the formal healthcare system. Many barriers force women to access abortion services outside the formal healthcare system, such as lack of access to health facilities providing abortion services, lack of awareness about abortion legality, especially among rural women, the stigma associated with abortion, and the costs incurred in seeking abortion services.

Abortion provision in India is governed by the Medical Termination of Pregnancy (MTP) Act, 1971, which allows for termination of pregnancy until up to 20 weeks of gestation for a broad range of conditions. India was one of the first 15 countries to legalize abortion services in 1971. When this law was passed, the only available technology for termination of pregnancies was dilatation and curettage (D&C)—now an outdated invasive medical procedure. The safety provisions in the law, including provider definition, training requirement and opinion, were defined keeping women's safety the entire point of this technology. The then progressive act has lost its relevance today given technological advancements. Newer and safer technologies have made abortion a very safe out-patient medical procedure, and these technologies do not require specialist doctors.

Therefore, the MTP Act allowing only allopathic doctors with specialization in obstetrics and gynaecology, or general practitioners who have undergone a 12-day certification training to legally provide abortion services, is limiting as it is estimated that fewer than 90,000 doctors in India meet the criteria today. This is woefully inadequate in providing for the 15 million abortions occurring every year. In addition, the presence of these providers is heavily skewed towards urban areas, leaving majority of rural women without access to an approved provider.

While a majority of the Indian population lives in rural areas, safe abortion services are not accessible in these areas due to the lack of trained providers, and due to various individual and social factors. Research conducted by Ipas Development Foundation (IDF) among rural communities in Bihar and Jharkhand, published in *The BMJ 2017*, indicates that not even 30% women know that abortion is legal in India and, of them, only 2% know that abortion is legal up to 20 weeks. The awareness levels in the rest of the country are also abysmally low.

Further, the stigma around abortion compels women to choose less safe pathways for termination of pregnancy, when they should have access to safe, free-of-cost, non-stigmatized abortion services at public health facilities. A study by IDF published in *BMC Public*

*Health 2012* indicates that as many as 58% women feel guilty when they think about abortion and consider it a sin.

Abortion care in the private sector is way beyond what most Indian women, especially in rural areas, can afford. Although the public sector provides services free of charge, these are not adequately decentralized and available closer to the rural communities. The study published in *BMC Health Services Research 2017* also indicates that women on an average travel 26 km to reach a secondary or tertiary level facility to seek abortion services. The out-of-pocket costs of travel, work-day loss, accompaniment, etc., in reaching distant public sector facilities can significantly burden families.

Abortion services need to be decentralized to the last mile, so that they are accessible to women closer to the community. One way to strengthen access to safe abortion services is to speed up the amendments to the MTP Act and allow mid-level providers who are closer to the community to provide abortion. This would significantly help expand the cadre of providers that can offer abortion services. However, this solution in itself is inadequate as there is a need to holistically address other sociocultural barriers, such as lack of awareness of abortion legality, limited understanding of the risks of unsafe abortion, and the myths, misconceptions and stigma associated with abortion.

We know what needs to be done to make safe abortion a reality for all Indian women. The judiciary, policy makers, medical fraternity and civil society organizations must attempt to address the current barriers women face, and ensure that safe abortion services are delivered in a respectful and non-judgmental manner. Let us hold ourselves accountable for the needless deaths and disabilities faced by women in a liberal legal environment.

### Mains Question

**Q: Merely relying on electoral reform for decriminalisation of politics is not sufficient. There is need of multidimensional approach to wipe out this disease. Comment.**