

Women have right to safe abortion: Supreme Court

(GS Paper 2, Judiciary)

Why in news?

- Overturning a Delhi High Court order, **the Supreme Court allowed an unmarried woman to abort her pregnancy of 24-weeks** arising out of a live-in relationship, subject to an all-clear by medical experts on its safety.
- It said that there is no basis to deny unmarried women the right to medically terminate the pregnancy, when the same choice is available to other categories of women.



Legislative gap:

- The order is significant because it **fills in a legislative gap in the Medical Termination of Pregnancy (MTP) Act on an unmarried woman's right to terminate a 20-24 week pregnancy** arising out of a consensual relationship.
- While the law recognises change in circumstances of the relationship status between a pregnant woman and her spouse in the case of divorce and widowhood, it does not envisage the situation for unmarried women. This is the gap in the law that the petitioner before the Supreme Court falls in.

Personal Liberty:

- A bench of Justices emphasised that a **woman's right to reproductive choice is an inseparable part of her personal liberty under Article 21** of the Constitution and she has a sacrosanct right to bodily integrity.
- They underlined that a distinction in law between a married and an unmarried woman should have no bearing on the right to terminate a pregnancy.

What is the MTP act?

- The Central law on abortion, the **Medical Termination of Pregnancy Act, 1971 (MTP Act)**, allows termination of pregnancy for all women in the first 20 weeks on the opinion of a registered medical practitioner. However, **only certain categories of women are allowed termination between 20-24 weeks** under certain circumstances.
- Rule 3B of Rules annexed to the MTP Act, which was amended in 2021, specify **seven categories of women who are eligible for termination** between 20-24 weeks. These are:
 - a) survivors of sexual assault or rape or incest;
 - b) minors;
 - c) those who have a change of marital status during the ongoing pregnancy (widowhood and divorce);
 - d) women with physical disabilities;

- e) mentally ill women;
- f) women carrying malformed foetus that has substantial risk of being incompatible with life; and
- g) women with pregnancy in humanitarian settings or disaster or emergency situations as may be declared by the government.

What Supreme Court observed?

- It stated that benefits under the MTP Act cannot be denied to the petitioner only on the basis of her being unmarried, as allowing her to suffer an unwanted pregnancy would be contrary to the intent of the law enacted by Parliament.
- The bench pointed out the gap in the law stemming from Section 3, which travels beyond conventional relationships based on marriage, and Rule 3B, which does not envisage a situation involving unmarried women.
- However, it clarified that by **amending the MTP Act through the Act of 2021**, Parliament intended to include unmarried women and single women within the ambit of the Act.
- This is evident from the replacement of the words ‘married woman’ was replaced by ‘any woman’ and ‘husband’ with ‘partner’ in the provisions.

Delhi High Court’s denial:

- The Supreme Court had agreed to hear the petitioner’s plea after she was not allowed by the Delhi High Court to undergo medical termination of pregnancy at 23 weeks.
- It also observed that the Delhi High Court had taken an “unduly restrictive view” of Rule 3B.
- The petitioner had told the Delhi High Court that the pregnancy was a result of a consensual relationship, and that she wanted to terminate the pregnancy because her partner had refused to marry her. She also told the court that she feared social stigma as a single, unmarried woman.

Live-in-relationships:

- Chastising the lower court, the Bench said **live-in relationships had already been recognised by the Supreme Court**. There were a significant number of people in social mainstream who see no wrong in engaging in pre-marital sex.
- The law could not be used to quench "notions of social morality" and unduly interfere in their personal autonomy and bodily integrity.

What’s next?

- The court ordered a medical board to be formed by the AIIMS to check whether it was safe to conduct an abortion on the woman and submit a report in a week.

Monkeypox in Kerala (GS Paper 3, Science and Tech)

Why in News

- Recently, Kerala detected the first case of monkeypox in the country in a 35-year-old, who had flown into Thiruvananthapuram from the UAE. Four days later, the authorities confirmed a second case, at Kannur again in a passenger from the UAE.
- While both patients are in isolation and treatment, the State Health department has strengthened surveillance and control measures across all districts.

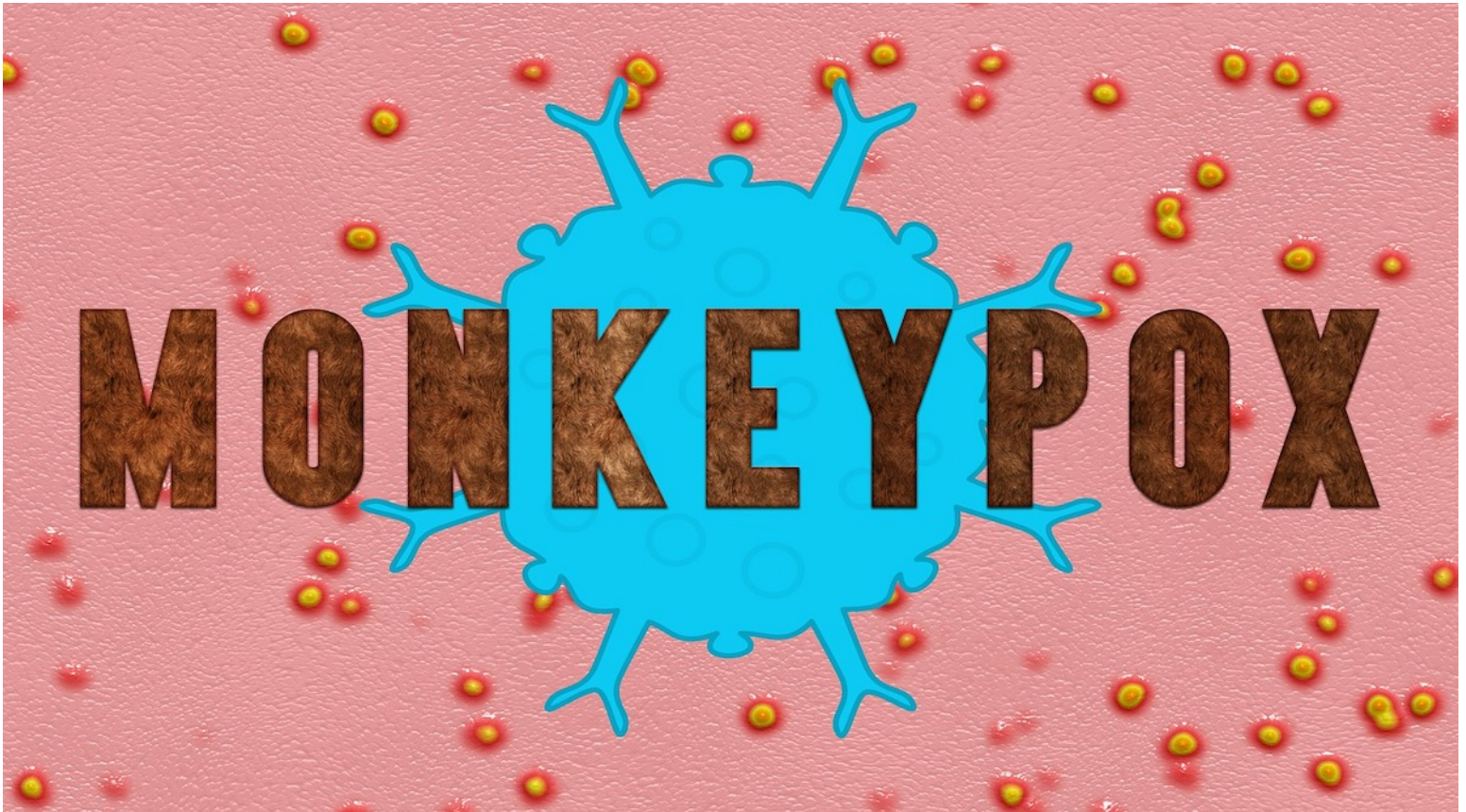
Why did cases first surface in Kerala?

- As a State with four international airports, a sizeable expatriate population and **being a globally favoured travel destination**, the probability of any newly emerging pathogen first arriving at the shores of Kerala has always been high.
- The State Health authorities are, therefore, relieved that the health system managed to pick up the first two cases of monkeypox, an affirmation of the robustness and efficiency of the State’s disease surveillance mechanism.
- In Thiruvananthapuram as well as Kannur, the patients themselves had approached the doctors/authorities, raising the suspicion that they might have contracted monkeypox.
- Doctors point to the increased public awareness, the high level of clinical suspicion maintained by the medical fraternity about the new disease and the social commitment of the people that led to the detection of the monkeypox cases.

What are the steps being taken by Kerala?

- There was no need for the public to panic as monkeypox was not a disease which could spread through the air like COVID-19.
- However, the public needed to be vigilant about maintaining all universal precautions that were put in place when COVID-19 was first reported.

- Furthermore, monkeypox advisories were sent out to districts which resulted in the setting up of State and district-level monitoring cells. All districts were asked to set up isolation facilities in select hospitals and special ambulances to transport sick persons.
- Next, all districts were asked to strengthen field-level surveillance of cases with fever and rashes along with one or more of these symptoms — enlarged lymph nodes, headache, bodyache and profound weakness. Help desks were set up at all airports, with trained health workers manning them.
- The official confirmation of both monkeypox cases came from the National Institute of Virology (NIV), Pune.



How should monkeypox cases be treated?

- The **Standard Operating Procedure (SOP)** prepared by the Kerala government with regard to monkeypox is a detailed document which outlines the steps that need to be followed with regard to the isolation, treatment and sample collection of suspected and probable cases of the disease which are reported to the healthcare facilities of the State.
- All healthcare institutions in the State in the public and private sector are expected to strictly follow the SOP when dealing with monkeypox or cases with similar symptoms.
- A person having a history of travel to monkeypox-affected countries within the last 21 days and presenting an unexplained acute rash with one or more of the earlier mentioned symptoms is defined as a 'suspected case' under the SOP.

What does this mean for other States?

- The fact that monkeypox has not been documented in other States does not mean that the virus has not reached other parts of the country.
- States will have to focus on creating more awareness about monkeypox and its transmission dynamics among the public, the medical community and health workers so that they learn to maintain a high index of suspicion when encountering cases of fever with rashes.
- While airport surveillance has a huge role, monkeypox has a long incubation period and it is possible that some passengers who may have been infected, may develop symptoms only much later. These cases can be detected from the community only if adequate awareness is created.

Is Kerala worried about community transmission of monkeypox?

- Public health experts point out that given the transmission dynamics of monkeypox, the secondary attack rate of the virus is less than 10%, indicating that even amongst close family contacts of confirmed cases, the chances of monkeypox spreading are remote.

- What is now worrying the health experts are reports from the U.K. and some other European nations that many recent cases of monkeypox have been presenting with atypical symptoms — sometimes with no fever at all and the lesions few or confined to the genital region.
- It was reported that for many of the recent cases, health authorities had no idea how the person contracted the virus. In Belgium, asymptomatic cases were also detected.
- Extreme high-risk skin-to-skin contact seems to be the way in which the virus is getting transmitted and hence the Health department will also be tapping into its HIV surveillance network to sharpen surveillance and sensitise MSM (men who have sex with men) communities about the threat of a sustained transmission of monkeypox.

First woman tribal President of India

(GS Paper 2, Polity and Governance)

Why in news?

- Recently, **Droupadi Murmu scripted history** when she became **India's first tribal woman to be elected** as 15th President of India.
- She will also be the **youngest and India's first president to be born after Independence**.
- She trumped the Opposition's candidate, Yashwant Sinha, by **securing 64.03 per cent** of the total votes polled.
- She belongs to Uparbeda in Odisha's Mayurbhanj district.



Background:

- Ms. Murmu, who had been a **former Governor of Jharkhand**, hails from the Santhal tribe and was born in Uparbeda in Odisha's Mayurbhanj district.
- She served as a Minister in the Biju Janata Dal-BJP coalition government from 2000 to 2004.
- She remained an MLA till 2009, representing Rairangpur in Odisha.
- She holds the record of being the only Governor of Jharkhand till date to complete a full tenure, and was known to intervene in stopping amendments to the Chota Nagpur Tenancy Act that was being brought in by the BJP government of Raghubar Das, which involved changing land use in tribal areas.

Santhal tribe:

- Santhals, also spelt as Santals, are the **third largest scheduled tribe community in India** after the Gonds and Bhils.
- Their population is mostly distributed in Odisha, Jharkhand and West Bengal.
- Murmu's home district, Mayurbhanj, has one of the largest concentrations of the tribe.

- In Odisha, Santhals are found in Keonjhar and Balasore, other than Mayurbhanj district.

History:

- As per the Scheduled Castes and Scheduled Tribes Research and Training Institute (SCSTRTI), Bhubaneswar, the word 'Santhal' is derived from two words; 'santha' meaning calm and peaceful and 'ala' meaning man.
- The Santhals led a nomadic life in the past but then settled in the Chhotanagpur plateau. Towards the end of the 18th century, they migrated to the Santhal Parganas of Bihar and then they came to Odisha.

Santal Hul:

- The Santhals are also credited for taking on the force of the East India Company through the **Santal Hul (revolution) of 1855-56**. The anguished Santhals formed their own troops which included farmers and marched against their oppressors.
- They destroyed the postal communications along with the rail lines and burgled and vandalised storehouses and warehouses. When the British was made aware of the situation, they sent the military to gun down the Santhals.
- While, the revolt wasn't successful, it is considered as the forerunner of the Naxalite movement in Bengal. The Santhal Rebellion is also considered to be one of the most extraordinary incidents in the history of pre-independent Indian subcontinent.

Social habits of the Santhals:

- The Santhals have a **high literacy rate compared to other tribes in Odisha**.
- As per a Times of India report, their high literacy could be attributed to a pro-school education awareness since at least the 1960s.
- When it comes to religion, the Santhals have no temples of their own and **follow the Sarna religion**.
- **Santhals speak Santhali**, which belongs to the **Austro- Asiatic language family**. Santhals have their **script called Olchiki**, which was developed by Dr Raghunath Murmu in 1925.
- Various forms of marriage are accepted in the Santhal society – including elopement, widow remarriage, levirate, forced (rare) and the one in which a man is made to marry the woman he has impregnated.
- **Santhal houses called 'Olah'** are distinct and can be identified from a distance. They are large, neat and attractive with multi-coloured paintings on the outside walls. The bottom of the wall is painted with black soil, the middle portion with white and the upper portion with red.

Famous Santhals:

- Murmu isn't the only Santhali that has brought honour to the tribe. Hemant Soren, the current chief minister of Jharkhand, also belongs to the Santhal tribe.
- **Chandra Murmu, the first Lieutenant Governor of the Union Territory of Jammu and Kashmir**, is now Comptroller and Auditor General of India. The 1985 batch IAS officer of Gujarat cadre was a close confidant of Prime Minister Narendra Modi.
- Mayurbhanj Member of Parliament, Biseswar Tudu, a Santhal, is Union Minister for Tribal Affairs and Jal Shakti.

Loss in cabin pressure on Air India flight

(GS Paper 3, Science and Tech)

Why in news?

- Recently, an Air India Dubai-Kochi flight reported a loss in cabin pressure, forcing the pilot to divert the aircraft to Mumbai.
- During the flight, the pilot observed a loss in cabin pressure and immediately contacted the integrated operations control centre (IOCC) of the airline as well as the air traffic controller. The pilots also descended the aircraft to 10,000 feet.
- **Oxygen masks were deployed** so that passengers don't face any discomfort and the plane was allowed to divert to the nearest airport.

Cabin pressure and why it's so important

- The loss in cabin pressure is a serious flight safety risk that pilots are trained to respond to immediately.
- **Air at higher altitudes is under less pressure** and is therefore **harder to inhale**. To allow travellers to breathe when the outside air pressure is extremely low, **airplane cabins are pressurised to maintain a constant cabin altitude of 8,500 feet**. Even at this artificial altitude, the oxygen level is about 25 per cent less than at sea level.

Hypoxia:

- All passengers should put on their oxygen masks when they drop down before doing anything else. This is because the **brain is particularly sensitive to hypoxia**.
- The ability to think and consider one's actions becomes seriously impaired. A major problem is that an affected person may be unaware that he or she is hypoxic, instead feeling a sense of euphoria and not being able to accomplish simple tasks.

- A lack of oxygen can lead to hypoxia, a condition where the amount of oxygen reaching the body tissues gradually drops; a dramatic decrease in oxygen pressure eventually leads to unconsciousness and death.
- The ability to take corrective and protective action is lost in 20 to 30 minutes at 18,000 feet and five to 12 minutes at 20,000 feet, followed soon thereafter by unconsciousness.
- Many commercial planes fly at an altitude around 35,000 feet and that level one has around 30 seconds to a minute to make rational decisions.



When does a plane lose cabin pressure?

- There are multiple reasons why a plane loses cabin pressure, though most of the times it's because some kind of damage has occurred and the airtight seal keeping the pressure inside the aircraft is broken.