



NAMAN SHARMA
IAS ACADEMY

Daily **CURRENT AFFAIRS**

 June 01st 2026



 **Offline Centre Location:**
SCO 173-174, Sector 17C, Chandigarh

Index

- 1. Shaping the next chapter in India-Canada relations**
- 2. Towards a dialogue on adolescent sexuality**
- 3. Prisons in India continue to be overcrowded by undertrials**
- 4. NFHS-6 data indicate increase in C-section deliveries, obesity, diabetes in Maharashtra**

1. Shaping the next chapter in India-Canada relations

Why in the News?

Relations between India and Canada are witnessing a significant and deliberate reset. A flurry of high-profile diplomatic engagements marks this: Canadian Prime Minister Mark Carney's visit to India in early 2026, followed shortly by a visit from India's Commerce and Industry Minister, Piyush Goyal, to Canada. These visits signal a strong political will from both sides to move past recent tensions and deepen the bilateral partnership.



Background

- **Strategic Realignment:** Both nations are democratic, multicultural, and innovation-driven, seeking reliable partners in a shifting global order.
- **India's Growth:** India's rapid ascent as a global growth engine, with surging demand for energy, technology, and infrastructure, makes it a vital partner for Canada's resource and technology strengths.
- **Canada's Strategy:** Canada's Indo-Pacific strategy places India at its heart as a cornerstone for diversifying its economic and strategic partnerships beyond China.
- **The Living Bridge:** A powerful Indian diaspora of entrepreneurs, professionals, and students forms deep-rooted people-to-people connections and is a strategic asset for the relationship.

Feature

- **Economic Cooperation:** The centrepiece is the renewed push to finalise a Comprehensive Economic Partnership Agreement (CEPA) by the end of 2026, with an ambitious target of \$50 billion in bilateral trade by 2030. The focus is on creating business-to-business linkages, particularly for small and medium enterprises (SMEs).
- **Technological Collaboration:** Opportunities abound in advanced manufacturing, artificial intelligence, digital ventures, and life sciences, leveraging Canada's innovation and India's market.
- **Energy Security and Critical Minerals:** The partnership is seen as strategically vital, with ongoing talks on uranium, critical minerals, clean energy, and building resilient supply chains to dovetail Canada's expertise with India's energy appetite.

- **People-to-People Connectivity:** Beyond the diaspora, this includes talent exchange and cultural understanding. Canadian pension funds are already significant investors in India's infrastructure and clean energy, exemplifying this deep two-way investment.

Challenge

While the article maintains a positive and forward-looking tone, the implicit challenge lies in the subtext: moving beyond the recent strain in diplomatic ties. The need to "turn the page," build "trust," and convert "goodwill into action" acknowledges that the partnership's potential had been undermined. The challenge is to ensure this renewed momentum is resilient to future political headwinds and focuses relentlessly on "real-world outcomes" and "lasting commercial interests" rather than short-term political optics.

Way Forward

- **Finalise CEPA:** Conclude the Comprehensive Economic Partnership Agreement by the end of 2026 to provide a structural framework for trade.
- **Steady, Trust-Building Engagement:** Maintain the momentum from high-level visits with consistent dialogue.
- **Outcome-Focused Partnership:** Translate strategic intent into tangible commercial partnerships, with a specific push to make the partnership more inclusive for SMEs.
- **Leverage Shared Strengths:** Deepen collaboration in the Indo-Pacific on maritime security, climate action, and rules-based order to drive mutual prosperity and regional stability.

Conclusion

India and Canada are described as "natural allies" and "innovation collaborators" poised to forge one of the decade's most influential economic alliances. With a shared vision, the convergence of India's growth drive and Canada's resources can transform promise into a durable and prosperous partnership that resonates far beyond their borders.

2. Towards a dialogue on adolescent sexuality

Why in the News?

A recent Supreme Court judgment allowed the medical termination of a pregnancy at 28 weeks for an unwed minor who had reportedly attempted suicide twice. The case gained significant attention after doctors from AIIMS sought a reconsideration, arguing that the procedure would deliver a living child with serious medical complications, and requested a six-week delay to improve its chances of survival. The court rejected this plea in strong terms, bringing the ethical tensions of such cases to the forefront.

Background

- **Legal Framework:** The Medical Termination of Pregnancy Act, amended in 2021, sets an upper limit of 24 weeks for abortions, even in exceptional cases. Beyond this, court intervention is required. The pregnancy in this case went undetected until it was too advanced to terminate without legal recourse.

- **The Minor's Situation:** The pregnancy resulted from a de-facto consensual relationship between a 15-year-old girl and a 17-year-old boy. The state's approach to any sexual activity involving minors is blanket criminalisation under the Protection of Children from Sexual Offences (POCSO) Act, 2012, regardless of consent or coercion.
- **Policy Environment:** This criminalisation is reinforced by a repressive culture around sex, marked by an absence of comprehensive sex education and policies like the ban on condom advertisements between 6:00 a.m. and 10:00 p.m.

Challenge

- **The Unacknowledged Ethical Burden on Doctors:** When a pregnancy termination occurs at the edge of foetal viability (like 28 weeks), the doctor's obligations shift. It is no longer solely about the pregnant woman; the procedure becomes a medically induced premature delivery that immediately creates an obligation to preserve the life of a living child. While the court's order protects the doctor from legal action, it does not extinguish her ethical and moral burden. The author argues this tension deserves acknowledgement, even if it doesn't change the case's outcome.
- **The Failure of Blanket Criminalisation:** The state's "abstinence-only" approach, which treats all adolescent sexual activity as a criminal offence, has failed. Empirical studies show that 10-15% of POCSO cases involve de-facto consensual relationships, indicating the law does not deter adolescent sex. Instead, it drives these activities underground.
- **The Complicity of Silence:** The criminalisation works in tandem with a lack of comprehensive sex education. The simplistic answer to all questions around sex is "don't do it." This brushes essential knowledge about safe sex, menstruation, STDs, and pregnancy under the carpet, directly contributing to tragedies where a pregnancy goes completely unnoticed until a dangerously advanced stage.



Feature

The immense trauma of the minor, the predicament of the viable foetus, and the doctors' ethical burden are not anomalies. They are presented as symptoms of a state that refuses to acknowledge adolescent sexuality honestly. The case painfully exposes the consequences of a system that prioritises rhetorical moralising over the pragmatic well-being of adolescents.

Way Forward

- **Acknowledge Reality:** A more nuanced conversation around adolescent sexuality is needed, one willing to accept that de facto consensual interactions between adolescents exist and must not be conflated with child rape and exploitation.
- **Implement Comprehensive Sex Education:** The key to preventing such cases is teaching adolescents the essentials of safe sex, menstruation, sexually transmitted diseases, and pregnancy, rather than enforcing a culture of silence and shame.
- **Commit to Long-Term Measures:** The solution requires steady, long-term policies focused on adolescent well-being, even if they do not offer immediate, short-term rhetorical or political gains.

Conclusion

If the state's true concern is the well-being of adolescents, the answer is not to deny their sexuality but to engage with it honestly and meaningfully. The tragic circumstances of this case are a direct result of a repressive approach that confuses silence for safety, and the only lasting solution is a policy based on education, nuance, and a commitment to real-world outcomes over ideological posturing.

3. Prisons in India continue to be overcrowded by undertrials

Why in the News?

The latest Prison Statistics report for 2024, released by the National Crime Records Bureau (NCRB), has been published. While the report shows the occupancy rate in Indian jails has fallen to a decade-low of 112.7%, it reveals that overcrowding remains a persistent and critical problem. The data highlights that this is driven largely by a disproportionately high share of undertrial prisoners, coupled with insufficient capacity expansion and high levels of staff vacancies.

Background & Feature

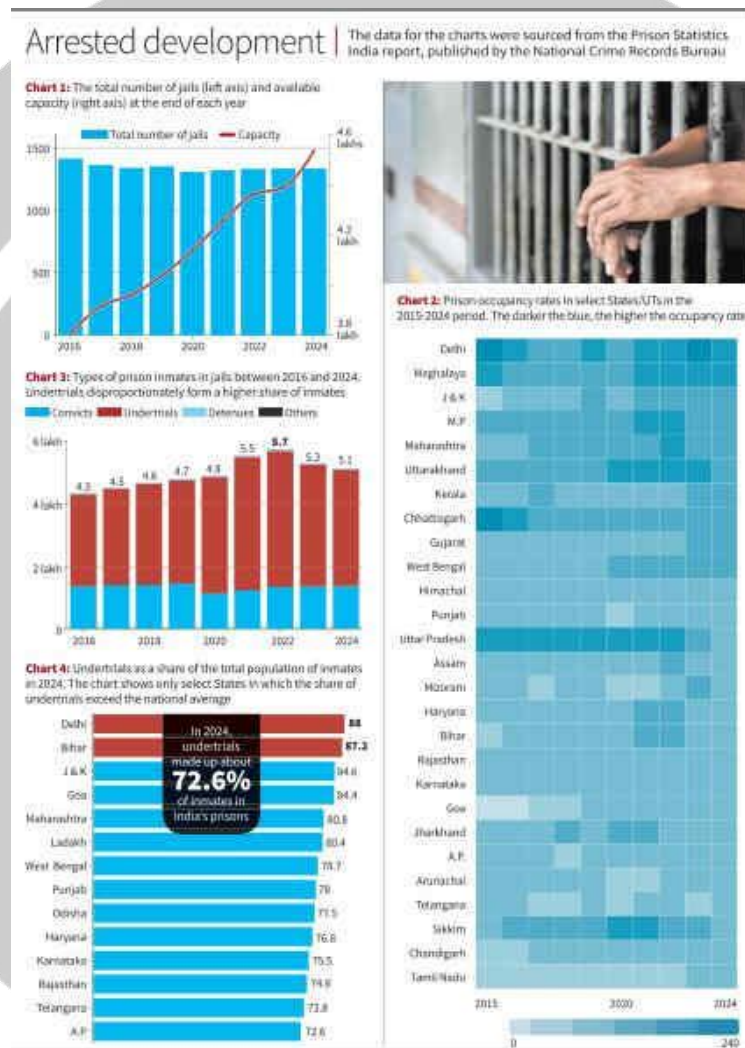
- **Persistent Overcrowding:** India's 1,333 jails have a sanctioned capacity of 4.53 lakh inmates but held over 5.11 lakh at the end of 2024. More than half of all States/UTs have an occupancy rate of over 100%. A Parliamentary Committee report noted that overcrowding strains resources, compromises living standards, increases tensions, and limits access to healthcare and rehabilitation.
- **Skewed Capacity Expansion:** Total prison capacity increased by 24% between 2015 and 2024 through renovations and expansions across 2,268 prisons. However, this increase has been insufficient and uneven.
- **Extreme Statewise Disparities:**
 - Delhi recorded the highest occupancy rate at 194% in 2024 (only slightly down from 200% the previous year).
 - Jammu & Kashmir saw a dramatic surge from a 78% occupancy rate in 2015 to over 148% in 2023-24.
 - In contrast, some improvement was visible in States like Chhattisgarh (from a high of 234% in 2015 down to 127.6%) and Uttar Pradesh.

Challenge

- **Disproportionate Share:** Undertrials accounted for about 73% of the total inmate population in 2024. While this is a slight decrease from a peak of 77% in 2021, it remains

higher than pre-COVID levels. The share of convicts has correspondingly fallen to just 26.6%.

- **Concentration in States:** In 14 States/UTs, the share of undertrials is higher than the national average. Delhi and Bihar stand out, with over 87% of their inmates being undertrials.
- **Compounding Factor: Staff Vacancies:** The Parliamentary Standing Committee on Home Affairs flagged high staff vacancies as the "most neglected part of prison administration." This worsens the impact of overcrowding. Almost half of the sanctioned posts remain vacant in about 8 States/UTs, with vacancies exceeding 60% in both Delhi and Jammu & Kashmir.



Way Forward

The Parliamentary Committee report recommended several measures to address the crisis:

- Construction of new buildings, barracks, and prisons.
- Transferring inmates between jails to manage population density.
- Providing free legal aid to expedite trials and secure bail for undertrial prisoners.
- Critically addressing the high levels of staff vacancies.

Conclusion

The 2024 NCRB prison data underscores that Indian prisons remain in a state of crisis. A marginal decrease in the national occupancy rate offers little comfort when the underlying structural

problems are unchecked. The system continues to function as a warehouse for the unconvicted, with a 73% undertrial population—a statistic that represents a fundamental failure of the justice delivery system. Without urgent, coordinated action on judicial delays, bail laws, and prison administration, the cycle of overcrowding, resource strain, and human rights compromise will persist.

4. NFHS-6 data indicate increase in C-section deliveries, obesity, diabetes in Maharashtra

Why in the News?

The release of the National Family Health Survey (NFHS-6) data for 2023-24 has put Maharashtra's health profile in the spotlight. The data reveals a significant and worrying rise in lifestyle-related non-communicable diseases (NCDs) and C-section deliveries, even as traditional indicators of child nutrition show improvement. This dual trend of rising adult health risks alongside declining childhood undernutrition marks a critical epidemiological shift for the state.

Background

The NFHS provides essential state-level data on population, health, and nutrition. To understand the change, we must compare the latest figures with the previous survey, NFHS-5 (2019-21):

- C-sections: Increased from 25.4% (NFHS-5) to 33.6% (NFHS-6).
- Obesity in Women: Increased from 23.5% to 31.1%.
- Obesity in Men: Increased from 24.7% to 32.8%.
- Diabetes in Women: Increased from 12.4% to 16%.
- Diabetes in Men: Increased from 13.6% to 17.7%.
- Child Stunting: Reduced from 35.2% to 29.5%.
- Child Wasting: Reduced from 25.6% to 19.9%.

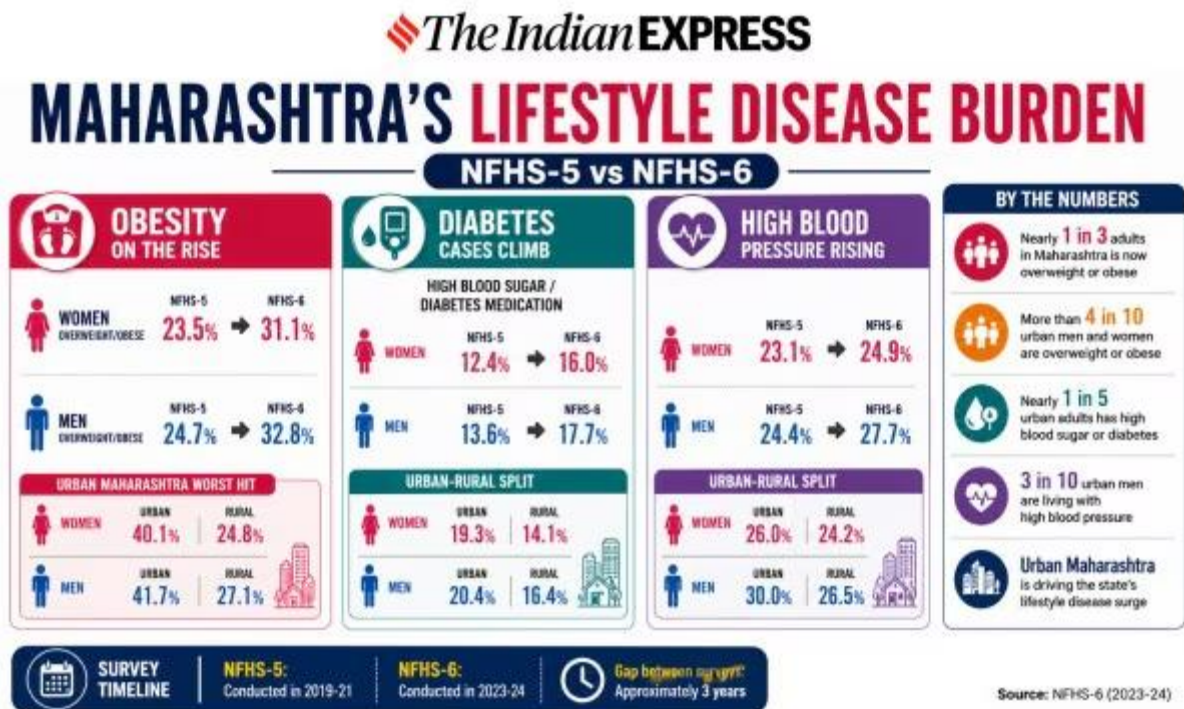
This background shows a state in health transition: successfully tackling infectious diseases and undernutrition but now facing a surge in NCDs and medicalised births.

Features

- **Surge in C-Sections:** Every third delivery is now a C-section, well above the WHO's ideal rate of 10-15%. The private sector rate (48.5%) is double that of the public sector (23.8%), pointing to possible commercial incentives.
- **Obesity Epidemic:** Nearly one in three adults in Maharashtra is now obese, marking a massive 7-8 percentage point jump in just a few years. This is a core driver of other NCDs.
- **Rising Diabetes & Hypertension:** A sharp increase in high blood sugar levels, with urban women (19.3%) and men (20.4%) being the most affected.
- **Improving Child Health:** A clear success story, with stunting and wasting rates declining significantly, indicating better nutritional and healthcare access for children.
- **Urban-Rural Divide:** Urban areas report a higher prevalence of all NCDs and C-sections compared to rural parts, highlighting lifestyle and healthcare access disparities.
- **Decline in Breastfeeding:** Exclusive breastfeeding for infants under six months has dropped from 71% to 64.7%, a concerning trend that can impact long-term health, including the risk of obesity.
- **High Immunisation Coverage:** Over 80% of children aged 12-23 months are now fully immunised, reflecting a strong public health system.

Challenges

- **NCD Prevention Gap:** The health system, traditionally geared towards maternal and child health and infectious diseases, is ill-equipped to provide large-scale screening, prevention, and long-term management for diabetes, hypertension, and obesity.
- **Unnecessary C-Sections:** The high rate, especially in private hospitals, signals a public health crisis driven by profit, patient convenience, and a lack of regulation, leading to higher maternal morbidity.
- **Double Burden of Malnutrition:** Maharashtra now faces the dual challenge of reducing remaining undernutrition in children while simultaneously battling an adult obesity epidemic. The drop in breastfeeding is a critical risk factor for both.
- **Lifestyle and Dietary Shifts:** Increasing urbanisation, sedentary lifestyles, and high consumption of processed foods are major underlying causes that are difficult to reverse.
- **Health System Overload:** The long-term management of chronic NCDs can overwhelm the public health infrastructure, which is not designed for lifelong care, leading to high out-of-pocket expenditure for patients.



Way Forward

- **Regulate C-Sections:** Implement strict clinical audits in private and public hospitals to ensure C-sections are performed only when medically indicated. Public disclosure of hospital-specific rates can empower patients.
- **Promote Breastfeeding:** Intensify counselling through ASHA workers and at health centres to reverse the decline in exclusive breastfeeding, linking it to both child nutrition and NCD prevention later in life.
- **Universal NCD Screening:** Move from opportunistic screening to a population-based screening program for all adults over 30 for diabetes, hypertension, and obesity at the primary healthcare level under the NP-NCD program.

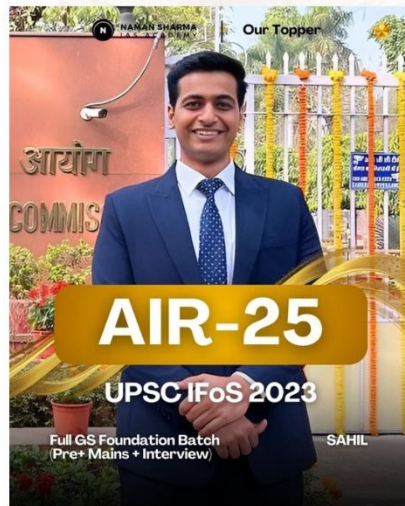
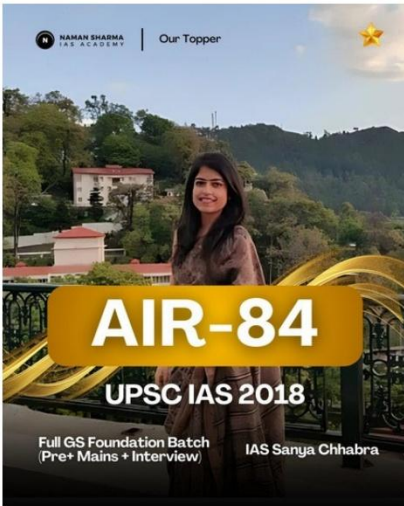
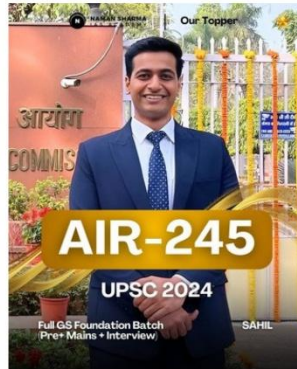
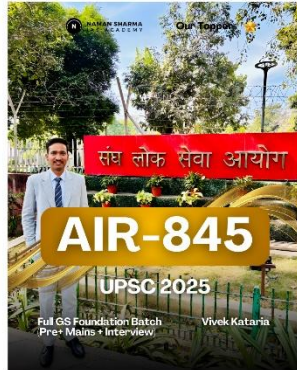
- **Public Awareness Campaigns:** Launch a sustained "Eat Right, Move More" campaign focusing on dietary changes to reduce processed food intake and promote physical activity, targeting both urban and rural populations.
- **Strengthen Primary Care:** Equip Health and Wellness Centres (HWCs) to provide not just screening but also long-term management, free essential drugs, dietary counselling, and physiotherapy for NCDs.

Conclusion

The NFHS-6 data for Maharashtra serves as an alarm bell. The state has achieved laudable success in reducing childhood stunting and wasting, but this progress is now overshadowed by an explosive rise in obesity, diabetes, and medically unnecessary C-sections. The transition from undernutrition to a metabolic syndrome crisis demands a recalibrated health strategy. Without urgent, focused interventions on regulation, screening, and lifestyle modification, the state risks a future health catastrophe, with its working-age population bearing a heavy burden of chronic, but preventable, diseases.



Our Recent Toppers



Vipan Kumar
AIR-4, HPAS 2022



Anshul Shandil
AIR-7, HPPCS 2019



Arshiya Sharma
AIR-3, HPPCS 2019



Kirti Sharma
AIR-35, PCS 2021



IPS Vineet Ahlawat
AIR-231, CSE 2020



SDM Himani Sharma
AIR-2, HPAS 2024



WhatsApp Now +91-843-768-6541



Offline Centre Location: SCO 173-174, Sector 17C, Chandigarh

Admissions Now Open!

SAFALTA for UPSC 2027/28

- ✓ 1/2/3 Years Course with Lifetime access
- ✓ Inclusive of Crash Course + Test Series
- ✓ Full Prelims + Mains
- ✓ Offline + Online + Hybrid Mode

ENROLL NOW

+91-8437686541
www.namaniaacademy.com



Enroll
in just **₹2000**

- Mode: Offline/Hybrid/Online
- Medium: Hinglish (Notes in English)
- Timings:

Morning: 9 AM - 1 PM

Evening: 4 PM - 8 PM

Enrollment Process:

- Visit Our Website: **Naman IAS Academy**
- Call us at **+91-843-768-6541**
for Offline/Online Seminar

Free UPSC seminar

Saturday, 4PM



Offline Centre Location: SCO 173-174, Sector 17C, Chandigarh