



Sanskriti IAS



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SUMMARY OF IMPORTANT EDITORIALS

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TOPICS:-

- 1. To prevent fire tragedies, address systemic failures**
(GS Paper III - Disaster Management)
- 2. Youth suicides tell a grim story that society, policy must heed**
(GS Paper I - Society)
- 3. India must use the AYUSH opportunity**
(GS Paper I - Society, GS Paper III - Science and Technology)

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1. TO PREVENT FIRE TRAGEDIES, ADDRESS SYSTEMIC FAILURES

(GS Paper III - Disaster Management)

This editorial ‘To prevent fire tragedies, address systemic failures’ was published in **The Indian Express** on 23rd Mar 2026, highlights that **recurring urban fire disasters** in India stem less from absence of rules than from **weak enforcement, unsafe mixed land use** and **chronic neglect** of basic safety systems.

Recent tragedies and immediate causes

- Two recent **fire tragedies** exposed India’s **low priority** to basic **safety measures** in dense **urban spaces**.
- In a **Cuttack hospital**, a delayed call to the **fire brigade** and poorly designed **fire exits** contributed to **12 deaths** in the ICU.
- In **south-west Delhi**, a fire in a **commercial-cum-residential building** killed **nine family members** within **72 hours** of the Odisha incident.
- Preliminary inquiry in **Delhi** found familiar **violations**, including stored **combustible material**, blocked **escape routes**, and a malfunctioning **hydraulic crane** that delayed **firefighting operations**.

Code framework and implementation gap

- The **National Building Code** already details **fire alarms, sprinkler systems, and safe evacuation routes**.
- The **Disaster Management Authority** has also laid down **fire-safety guidelines** for **hospitals and healthcare centres**.
- The core **failure** is not absence of **rules** but weak **enforcement** across **cities**.

Urban layout and regulatory weakness

- In many **Indian cities**, including **Delhi**, commercial **entities** function beside or within **residential quarters**, raising **fire risk**.
- **Shops, workshops, and warehouses** often occupy lower **floors** while **families** live above, making mixed **land use** more dangerous.
- **Safety compliance** in such areas needs exceptional **vigilance** from **civic agencies**, yet official **oversight** remains weak.
- **Fire audits** are rare and are often reduced to once-in-a-few-years **exercises**.
- **Electrical systems** are routinely mismatched with changing **building use**, but

regulatory **checks** do not keep pace.

Building vulnerabilities and institutional neglect

- **Building owners** often alter original **structural designs**, weakening planned **safety features**.
- **Fire escape routes** are frequently removed or compromised after **construction**.
- **Factory machinery** overloads ageing **wiring systems**, sharply increasing **short-circuit risk**.
- In **hospitals**, vulnerable **patients**, hazardous **chemicals**, and sensitive **equipment** make consequences of **negligence** far graver.

Policy apathy and accountability

- **Policymakers** appear to have paid little attention to studies stressing **safety buffers** in overloaded **non-residential** and mixed-use **buildings**.
- The **Odisha government** has suspended **four officials** and ordered a **probe** into the **Delhi tragedy**.
- The larger **issue** is that justice in individual **cases** is insufficient without confronting the wider **systemic failure** behind avoidable **deaths**.

BEYOND EDITORIAL

Need for a preventive urban risk-governance framework

- **Weak risk mapping**: Many cities still lack building-level fire-risk plans, even though URDPFI Guidelines call for fire hazard response and mitigation plans in million-plus cities.
- **Thin municipal capacity**: Fire-service norms on stations, equipment and manpower exist, but they remain largely advisory, leading to uneven urban preparedness across States.
- **Poor preparedness culture**: Fire governance stays reactive, although NDMA's 2024 DMEx Guidelines include evacuation drills for malls, schools and high-rise buildings.
- **Low public safety awareness**: Basic evacuation and response training remains weak, despite MoHFW's 2025 hospital fire-safety guidelines stressing drills, alarms and working equipment.
- **Limited technology use**: Cities still underuse GIS-linked emergency systems, even though NDMA and MoHUA ICCC frameworks already support GIS-based disaster and fire-response integration.

- **Planning-enforcement mismatch: Model Building Bye-Laws 2016** carry a separate fire-safety chapter, yet land-use violations and unsafe retrofits continue in dense urban areas.
- **Fragmented institutional response:** Fire safety, health safety and district disaster management still work in silos, though **DDMPs** and **HEOC** frameworks already emphasise coordinated risk management.

2. YOUTH SUICIDES TELL A GRIM STORY THAT SOCIETY, POLICY MUST HEED

(GS Paper I - Society)

This editorial ‘**Youth suicides tell a grim story that society, policy must heed**’ was published in **The Indian Express** on 23rd Mar 2026, highlights how rising **youth suicides** reflect deep **social oppression**, structural **inequality**, and policy failure beyond **mental-health care**.

Trigger and wider social message

- The deaths of two **Rajasthan sisters**, aged **25 and 23**, before their weddings reflect how forced **marriage norms** can crush individual **choice**.
- Their case represents a wider pattern in which many **young people**, especially **women**, end their lives when denied **autonomy** in intimate decisions.
- The editorial treats such **suicides** not as isolated **personal tragedies** but as evidence of deeper **social violence**.

Social roots of youth suicide

- **Suicidal behaviour** is shaped by **social and economic conditions**, especially **poverty, violence, and exclusion**, not merely individual **psychopathology**.
- A major driver in **India** is the gap between youthful **aspirations** and what **society** permits them to achieve.
- This helps explain why higher **suicide rates** appear in more developed **States** such as **Tamil Nadu** and **Kerala**, while lower rates are reported in **Bihar**.
- The pattern suggests that rising **development** can expand **aspirations** faster than **social freedoms**.

Data and vulnerable groups

- The **Million Death Study** and **National Crime Records Bureau** data show that **suicide** is a leading cause of **mortality** among **young people**.

- About two-thirds of all such **female deaths** occur before the age of **25**.
- **Youth** is especially vulnerable because self-harm tendencies often intersect with dramatic **life transitions**.

Norms, control, and restricted freedom

- In **India**, rapid **social change** collides with rigid **social norms**, creating acute stress for **young people**.
- Several **laws** still restrict **live-in relationships**, **interfaith marriages**, and **inter-caste marriages**, narrowing space for personal **choice**.
- These constraints reduce the ability of **young adults** to love and live with the person of their **choice**.

Durkheim's insight and Indian relevance

- **Emile Durkheim** viewed **suicide** as a **social phenomenon**, shaped by how individuals are integrated into and regulated by **society**.
- His idea of **anomic suicides** applies to periods of rapid **social** or **economic change**, when norms are disrupted and desires become unbounded or frustrated.
- His idea of **fatalistic suicides** fits situations of severe **oppression**, where individuals see no hope of changing their **circumstances**.
- The editorial suggests that both **anomic** and **fatalistic conditions** are visible in contemporary **India**.

Policy lesson from international experience

- The sharp fall in **China's suicide rate** since the 1990s did not come mainly from **mental-health services**.
- It followed broad **structural changes** such as **economic development**, **urbanisation**, and rural **social transformation**.
- These shifts reduced intense **social strain**, particularly for **women**.
- The lesson is that youth **suicides** decline not only through better **treatment**, but through wider **social opportunity**.

Needed social and political response

- Preventing **youth suicide** requires more than investment in **mental-health care**.
- It also requires a **society** where young people's **aspirations** are respected through quality **education**, secure **livelihoods**, and freedom to choose their **partners**.
- Such conditions are shaped by **social choices** and **political decisions**, not only by personal **resilience**.

- Historical evidence, including suicides in **colleges** among **Dalit youth**, shows that such deaths carry a clear **political context**.
- Preventing them needs broader **social transformation** so that **class, caste, gender, and religious identities** do not become instruments of **othering**.
- Communities must mobilise diverse **voices**, from **faith leaders and politicians** to **young people and mental-health professionals**, to convert grief into **social change**.
- Death caused by **family or community oppression** is morally akin to **honour killing**, because both destroy youthful **freedom** and **dignity**.

BEYOND EDITORIAL

Youth suicide as a crisis of dignity, autonomy and social justice

- **Autonomy denial can turn coercive:** Forced control over marriage and relationships can become social violence, as seen in the recent **Rajasthan sisters'** case.
- **Gendered pressure is sharper:** Young women face tighter control over sexuality, marriage and honour, and **71.2%** of female suicide deaths occur in ages **15-39**.
- **Aspirations outpace freedoms:** Development can raise aspirations faster than social freedoms, and suicide risk has long been higher in southern States than in many northern ones.
- **Caste and community control matter:** Pressure around **inter-caste** and **interfaith** relationships narrows personal choice and can intensify social stress for young people.
- **Structural inequality deepens distress:** Poverty, exclusion and humiliation raise self-harm risk, as seen in recurring suicides among **Dalit students** in campuses and hostels.
- **Mental health alone cannot explain it:** In **China**, suicide decline followed broader social and economic change, not only expansion of mental-health services.
- **Response must be justice-led:** Prevention needs dignity, education, livelihoods and freedom of choice, because suicide is now among the leading causes of death in young Indians.

3. INDIA MUST USE THE AYUSH OPPORTUNITY

(GS Paper I - Society, GS Paper III - Science and Technology)

This editorial 'India must use the AYUSH opportunity' was published in **The Hindu** on 23rd Mar 2026, highlights how India's **AYUSH expansion can succeed globally** only if traditional systems are backed by scientific credibility and regulatory rigour.

Budget push and mainstream integration

- The **2026-27 Union Budget** and the new **India-EU FTA** together signal Ayurveda's push from domestic **mainstreaming** to global **expansion**.
- The **AYUSH Ministry** budget has nearly doubled in five years to **₹4,408 crore**, showing stronger state backing for traditional **medicine**.
- The announcement of three new **All-India Institutes of Ayurveda** seeks to create institutional **standards** for AYUSH, much like **AIIMS** in modern medicine.
- The **National AYUSH Mission** gets a **66% funding increase** to modernise dispensaries, open AYUSH clinics in government hospitals, and upgrade drug-testing laboratories.
- These steps aim to move **traditional medicine** out of an alternative **silos** and place it inside the mainstream health ecosystem.

Global opening and regulatory challenge

- The **India-EU FTA** gives Ayurveda not just domestic depth but possible international **market access**.
- In EU countries lacking specific regulation for traditional medicine, Indian **AYUSH practitioners** may provide services using qualifications earned in **India**.
- The deal also allows Indian **companies** to open Ayurvedic clinics in **Europe** with less fear of abrupt policy reversal.
- It creates a pathway for Indian **safety certifications** to be accepted in Europe, potentially reducing extra **testing** for products approved in India.
- But once AYUSH enters international **markets**, it must satisfy strict norms of **safety**, manufacturing quality, and claims regulation.

Evidence, credibility, and conflict of interest

- The editorial's core claim is that global **ambition** without scientific **proof** will damage credibility.
- If **claims** outpace evidence, India risks legal disputes, reputational damage, and reinforcement of stereotypes around '**unscientific traditionalism**'.

- AYUSH systems must therefore undergo rigorous, independent, and transparent **scientific evaluation** by credible third-party research organisations.
- A major problem is that many current **assessments** are funded, designed, or overseen by the same **Ministry** that promotes AYUSH, creating a structural conflict of interest.
- Lasting global **credibility** requires independently funded clinical trials, transparent methodologies, peer-reviewed publications, and willingness to publish **negative findings**.
- The editorial rejects the defence that all empirical scrutiny reflects **colonial bias** or Western **epistemic dominance**.
- It argues that demanding **evidence** is not cultural betrayal, and scientific evaluation does not diminish **tradition**.

Coexisting knowledge systems

- The editorial recognises that **TCAM systems** endure not merely because of cultural loyalty but because they offer distinct understandings of **body**, health, and illness.
- **Ayurveda** is presented as a coherent **epistemology**, not just a collection of remedies.
- In Ayurveda, the **body** is viewed as an interdependent **system** embedded in environment, diet, season, and social life.
- Health is seen as **equilibrium** across physiological, psychological, and ecological registers, while illness is a disturbance in patterned **relations**.
- This differs from **biomedicine**, which has historically relied on anatomical **localisation** and precision at targeted sites.
- The editorial does not frame the issue as **biomedicine versus TCAM**, but as a case for dialogue between different medical **frameworks**.

Final thrust

- The goal is not **substitution** but **dialogue**, because coexistence can deepen scientific inquiry across the spectrum of **care**.
- Public **investment** should therefore support intellectual openness, scientific freedom, and evidence-led scrutiny rather than mere assertion.

BEYOND EDITORIAL

AYUSH as a pillar of health diplomacy and innovation

- **Health diplomacy potential:** A stronger AYUSH ecosystem can deepen India's health outreach, especially with the **WHO Global Traditional Medicine Centre** operating from **Jamnagar** since **2022**.
- **Medical tourism advantage:** India can pair **Ayurveda** with wellness tourism, and **Kerala** is already positioning itself through an **International Ayurveda & Wellness Conclave**.
- **Export potential is rising:** Standardised AYUSH products can strengthen India's wellness exports, which reached **₹5,907 crore** in **FY25**.
- **Research-led innovation matters:** Traditional knowledge can support new therapies and preventive care, and the **WHO GTMC** itself focuses on evidence, innovation and data.
- **Standard-setting can shape markets:** If India builds credible testing and certification systems, it can influence global traditional-medicine norms through platforms like the **WHO GTMC**.
- **Knowledge economy gains are possible:** AYUSH can create jobs in cultivation, processing, wellness services and research, beyond its role in healthcare delivery; India has committed **\$85 million** to build this ecosystem through the WHO centre.
- **Soft power needs credibility:** Cultural appeal gives **AYUSH** visibility, but lasting influence will depend on scientific trust, just as **WHO** frames traditional medicine around evidence and equity.