

The Hindu EDITORIAL ANALYSIS

17th March 2025

**PREPARE FOR BANK (PO/ CLERK), SSC, UPSC,
State PSC, CAT, CTET, RAILWAY EXAMS, CDS,
TET, NDA/AIRFORCE, NET and all Govt.
Exams**

1. Cessation (समाप्ति)

- **Meaning:** The fact or process of ending or being brought to an end.
- **Synonyms:** Termination, halt, discontinuation
- **Antonyms:** Continuation, persistence, resumption
- **Example:** The sudden cessation of international aid left many public health projects in jeopardy.

2. Plateaued (स्थिर हो जाना)

- **Meaning:** To reach a stable level after a period of growth or progress.
- **Synonyms:** Stabilized, leveled off, stagnated
- **Antonyms:** Increased, escalated, soared
- **Example:** After an initial rise, the recruitment of public health professionals plateaued.

3. Damning (निंदनीय)

- **Meaning:** Strongly suggesting guilt or failure.
- **Synonyms:** Condemning, incriminating, harsh
- **Antonyms:** Praising, exonerating, approving
- **Example:** The report provided damning evidence of the government's failure to address malnutrition.

4. Reinforce (सुदृढ़ करना)

- **Meaning:** To strengthen or support an idea, feeling, or habit.
- **Synonyms:** Strengthen, bolster, fortify
- **Antonyms:** Weaken, undermine, diminish
- **Example:** The new policy only reinforces the misconception that malnutrition affects only the poor.

5. Starkly (स्पष्ट रूप से)

- **Meaning:** In a way that is severe, clear, or obvious.
- **Synonyms:** Clearly, evidently, unmistakably
- **Antonyms:** Subtly, vaguely, obscurely
- **Example:** The COVID-19 pandemic starkly revealed the deficiencies in the public health system.

6. Jeopardy (जोखिम)

- **Meaning:** Danger of loss, harm, or failure.
- **Synonyms:** Risk, peril, threat
- **Antonyms:** Safety, security, protection
- **Example:** The cessation of international funding has placed several healthcare initiatives in jeopardy.

7. Exacerbate (बिगाड़ना)

- **Meaning:** To make a problem or situation worse.
- **Synonyms:** Worsen, aggravate, intensify
- **Antonyms:** Alleviate, improve, ease
- **Example:** Poor dietary habits exacerbate the risk of lifestyle diseases such as diabetes and hypertension.

8. Perturbing (व्याकुल करने वाला)

- **Meaning:** Causing anxiety or unease; disturbing.
- **Synonyms:** Disturbing, unsettling, troubling
- **Antonyms:** Calming, reassuring, comforting
- **Example:** The perturbing discovery of microRNA's role in disease prompted further research into its regulation.

9. Suffice (पर्याप्त होना)

- **Meaning:** To be enough or adequate for a certain purpose.
- **Synonyms:** Satisfy, meet, fulfill
- **Antonyms:** Inadequate, insufficient, fall short
- **Example:** The arrangements did not suffice to handle the overwhelming crowd at the air show.

10. Grapple (संघर्ष करना)

- **Meaning:** To struggle or deal with something difficult.
- **Synonyms:** Wrestle, struggle, contend
- **Antonyms:** Avoid, ignore, neglect
- **Example:** The company is grappling with the challenge of attracting skilled workers.

VOCABULARY

One-word substitute:

1. Sociable; fond of company:

Gregarious

2. A sentimental longing for the past:

Nostalgia

3. A person who abandons a religion, belief, or cause:

Apostate

4. A person with bad handwriting or poor spelling skills:

Cacographer

VOCABULARY

Phrasal Verbs

1. Back away

Meaning: to move backwards away from something or someone, usually because you are frightened

2. Cut out

Meaning: to delete or remove

3. Nod off

Meaning: to begin sleeping, especially not intentionally

4. Turn down

Meaning: reject something offered or proposed.

VOCABULARY

Idioms & Phrases

1. Birds of a feather

Meaning - of the same kind or nature

2. Cover a lot of ground

Meaning - to discuss everything in detail

3. Drop-in on

Meaning - make a casual or informal visit to a person or place

VOCABULARY

4. Go through fire and water

Meaning - to experience many difficulties

5. A hard nut to crack

Meaning - something which is difficult to deal with

Article for Reading

**Tackling the problem
of nutrition**

While health was not a priority for Budget 2025, it seems that nutrition is. In the coming financial year, two Union government schemes will receive higher allocations — Saksham Anganwadi and Poshan 2.0. But will this fix India's nutrition challenge? Nutrition in India is not just about food insecurity, but also about dietary habits shaped by culture, caste, and gender relations. Only one aspect of the nutrition challenge receives most of the policy focus — malnutrition among women and children. Women outside of the reproductive age, men, and senior citizens rarely figure in national nutrition policy discussions. More importantly, we ignore diabetes, hypertension, and other lifestyle-induced non-communicable diseases which are really another manifestation of under nutrition. One type of nutrition deficiency is because some people just don't have enough to eat and the other type is because people are not eating sufficient nutritionally rich food.

The outcomes are damning in unique ways. India has among the world's highest share of malnourished children and anaemic women. According to the National Family Health Survey-5, 36% of children under five are stunted and a meagre 11% who are breastfed between the ages of 6 months and 23 months receive an adequate diet. Fifty-seven percent of women in the 15-49 age group are anaemic. There is a rise in the share of those with diabetes, hypertension, and other such lifestyle-diet induced non-communicable diseases (NCDs). 24% of women and 23% men in India are overweight or obese and 14% take medicines for diabetes. Poshan 2.0 and Saksham Anganwadi offer more of the same solutions — take-home rations, supplementary foods, tracking of severe and acute malnutrition cases, iron and folic acid tablets etc. With Poshan 2.0, there is additional focus on aspirational districts and the north-eastern region. But these schemes reinforce the idea that malnutrition is a problem only in certain parts of India and only in certain segments of the population.

Instead, what we need is a comprehensive nutrition agenda in which nutrition is identified as a public health problem that impacts people across the social strata. A comprehensive agenda would recognise the nutrition needs of different segments of the society. It must consist of: first, a clear identification of nutrition needs beyond reproductive and child health; second, a broad set of solutions, particularly rooted in the local food systems; and third, a clear identification of locally embedded facilities to deliver nutrition services. We need most work in identifying local institutional linkage for the agenda. Who will implement this in our neighbourhoods every day? The clear answer is: the health and wellness centres (HWCs).

Summary

The passage discusses India's nutrition challenges, highlighting that while Budget 2025 did not prioritize health, it allocated more funds to nutrition schemes like Saksham Anganwadi and Poshan 2.0.

However, these schemes primarily focus on malnutrition among women and children, neglecting other affected groups such as men, senior citizens, and those suffering from lifestyle-related diseases like diabetes and hypertension. The passage argues that malnutrition is not just about food insecurity but also poor dietary habits influenced by culture, caste, and gender. Current policies fail to address the broader scope of nutritional deficiencies, including obesity and non-communicable diseases (NCDs). To effectively tackle India's nutrition crisis, a comprehensive strategy is needed—one that expands nutrition policies beyond reproductive health, incorporates local food systems, and strengthens health and wellness centres (HWCs) as key institutions for implementation.

Tone:

The tone of the passage is critical yet constructive. While it critiques the narrow focus of current nutrition policies, it also suggests solutions for a more inclusive and effective approach to addressing malnutrition in India.

Reading Comprehension

Based on the above passage, answer the following questions:

Question 1:

Which of the following best describes the central argument of the passage regarding India's nutrition challenge?

- (A) The focus on malnutrition in women and children is sufficient to address India's nutrition crisis.**
- (B) Malnutrition in India is primarily caused by food insecurity rather than dietary habits.**
- (C) The government's current nutrition schemes fail to address all aspects of undernutrition.**
- (D) Malnutrition is a problem only in specific regions and social segments of India.**
- (E) None of the above**

Question 2:

What is implied about lifestyle-induced non-communicable diseases (NCDs) in the passage?

- (A) They are not as significant as undernutrition in India.**
- (B) They result from both food insecurity and poor dietary habits.**
- (C) They are mainly caused by genetic factors rather than diet.**
- (D) They affect only urban populations and not rural areas.**
- (E) None of the above**

Question 3:

Which of the following best describes the role of Health and Wellness Centres (HWCs) as proposed in the passage?

- (A) To provide direct cash transfers for nutrition-related expenses**
- (B) To conduct research on dietary habits across India**
- (C) To replace Poshan 2.0 and Saksham Anganwadi entirely**
- (D) To implement locally embedded nutrition services**
- (E) None of the above**

Article for Skimming

**The challenges of
public health
education in India**

The decision by the United States to withdraw from the World Health Organization (WHO) and drastically reduce the scale of the United States Agency for International Development (USAID) is one that has sent shock waves through the aid and public health world. This move has disrupted essential health-care services in many low- and middle-income countries. However, India has been largely unaffected, as international aid accounts for just 1% of its total health expenditure. Nevertheless, the cessation of such funding threatens to further shrink an already constrained public health development sector, which relies heavily on international support. More importantly, this development directly impacts the public health job market, reducing opportunities for thousands who are pursuing their Master of Public Health (MPH) and similar postgraduate courses. Public health plays a critical role in shaping a nation's well-being and health-care delivery. The Constitution of India, through Article 47, underlines the state's responsibility to improve public health care.

Public health is a specialised field that requires specific knowledge and skills to effectively address people's health needs. There is an urgent need for a dedicated workforce in India trained in public health, a fact that was very starkly realised during the COVID-19 pandemic. Beyond government systems, such a workforce is essential for civil society organisations, academic institutions, and research organisations engaged in public health. Though the surge in public health education in India is relatively recent, its history dates to the colonial era. In the early days, public health was largely embedded within medical teaching. This narrow approach persisted despite the establishment of the All India Institute of Hygiene and Public Health, Kolkata in 1932 and the subsequent inclusion of preventive and social medicine — later known as community medicine — as an essential part of medical education. Specialists in community medicine, well-trained in public health provided public health services and met human resource needs in this field. However, their numbers were limited, and they were often engaged in medical teaching.

Many students pursued MPH courses abroad in countries such as Australia, the European Union, the United Kingdom and the U.S. Yet, the supply of public health professionals remained constrained. Recognising the growing need and demand, MPH institutions and teaching expanded in India. The number of institutions offering MPH and related courses in India has grown rapidly. Currently, over 100 institutions offer master's level courses in public health, whereas in 2000, there was only one. This expansion coincided with the launch of the National Rural Health Mission (NRHM) in 2005, which opened public health system roles to non-medical public health specialists. A wide range of institutions, from social science faculties to community medicine departments within medical institutions, have begun offering MPH courses. However, after an initial surge in demand, government recruitment for public health specialists plateaued, while the number of schools, programmes, and graduates continued to rise. As a result, securing jobs has become increasingly difficult for graduates.

Question 4:

What is one of the major consequences of the U.S. withdrawing from WHO and reducing USAID, as mentioned in the passage?

- (A) India's public health sector has suffered severe financial losses.**
- (B) It has led to a decline in global research collaborations.**
- (C) It has significantly disrupted health-care services in many low- and middle-income countries.**
- (D) India has become heavily dependent on alternative foreign funding sources.**
- (E) None of the above**

Question 5:

Why was the launch of the National Rural Health Mission (NRHM) in 2005 significant for public health education in India?

- (A) It led to the inclusion of preventive medicine in medical education.**
- (B) It opened public health system roles to non-medical public health specialists.**
- (C) It significantly reduced the dependency on foreign MPH programs.**
- (D) It introduced community medicine as a compulsory specialization.**
- (E) None of the above**

Today's Descriptive Question

Precis Writing:

Original Text:

The silver economy refers to the economic activities, products, and services designed to cater to the needs of an aging population. As life expectancy increases and birth rates decline, many countries, including India, are witnessing a growing elderly demographic. This shift presents both challenges and opportunities for economic growth, healthcare, and social development. One of the key drivers of the silver economy is the rising demand for healthcare services, including elderly care, specialized medical treatments, and wellness programs. The development of geriatric healthcare infrastructure, home-care services, and telemedicine has gained momentum to support the growing elderly population. Additionally, industries such as pharmaceuticals, assistive technology, and smart home solutions are expanding to cater to senior citizens' needs.

The financial sector is also adapting by offering pension schemes, retirement planning, and insurance products tailored for older adults. Moreover, as many seniors remain active post-retirement, there is a surge in demand for elder-friendly employment opportunities, lifelong learning programs, and digital literacy initiatives. The travel, leisure, and wellness industries are also evolving to provide age-friendly experiences, creating a thriving market for the elderly.

However, the silver economy comes with challenges such as rising healthcare costs, social security concerns, and the need for stronger elderly support systems. Governments and businesses must work together to create age-friendly policies, infrastructure, and social inclusion programs to ensure the well-being and financial security of older adults. By investing in the silver economy, societies can turn aging into an opportunity for economic and social progress.

Precis:

The silver economy focuses on economic opportunities arising from an aging population, driving demand for healthcare, financial services, and elderly-friendly products. Growth in geriatric care, smart technology, and retirement planning supports seniors' evolving needs. As older adults remain active, sectors like employment, lifelong learning, and leisure are adapting. However, challenges such as rising healthcare costs and social security concerns require policy reforms and investment to ensure the well-being of senior citizens while leveraging their economic potential.

- **You have made a business purchase and require an official invoice. Write an email to the supplier requesting the invoice.**

To:@gmail.com

Subject: Request for Official Invoice for Recent Purchase

Dear [Supplier's Name],

I hope you are doing well. I recently made a purchase from your company, and I would like to request an official invoice for this transaction. Below are the details of the purchase:

Order Number: [Order Number]

Date of Purchase: [Purchase Date]

Items Purchased: [Brief Description of Items]

Total Amount Paid: [Amount]

Payment Method: [Payment Method]

Please issue the invoice with the necessary details, including your company's GST/TIN and our billing information:

Billing Name: [Your Name/Company Name]

Billing Address: [Your Address]

GST/TIN (if applicable): [Your GST/TIN]

You may send the invoice as a PDF attachment to this email or to [Alternative Email Address]. If any additional details are required, please let me know.

Looking forward to your prompt response.

Best regards,

[Your Name]

[Your Contact Information]

Match the column

- | | |
|-------------------------------------|---|
| 1. Birds of a feather | A. something which is difficult to deal with |
| 2. Cover a lot of ground | B. make a casual or informal visit |
| 3. Drop-in on | C. of the same kind or nature |
| 4. Go through fire and water | D. to discuss everything in detail |
| 5. A hard nut to crack | E. to experience many difficulties |

Answer:

1-c

2-d

3-b

4-e

5-a

Vocabulary

1. Cessation:
2. Plateaued:
3. Damning:
4. Reinforce:
5. Starkly:
6. Jeopardy:
7. Exacerbate:
8. Perturbing:
9. Suffice:
10. Grapple:

RC ANS

1.

Ans: C

Explanation:

The passage argues that India's nutrition problem is broader than what government schemes target. It states, **"Only one aspect of the nutrition challenge receives most of the policy focus — malnutrition among women and children. Women outside of the reproductive age, men, and senior citizens rarely figure in national nutrition policy discussions."** The passage also mentions, **"Poshan 2.0 and Saksham Anganwadi offer more of the same solutions,"** indicating that the current policies do not comprehensively tackle all nutrition-related issues.

Why Other Options Are Incorrect:

- (A) Incorrect: The passage states that focusing only on malnutrition in women and children neglects other groups, such as men, the elderly, and those suffering from lifestyle diseases.
- (B) Incorrect: The passage acknowledges that food insecurity is an issue but also highlights that dietary habits shaped by "culture, caste, and gender relations" play a crucial role.
- (D) Incorrect: The passage criticizes schemes for "reinforcing the idea that malnutrition is a problem only in certain parts of India and only in certain segments of the population," implying that nutrition challenges exist across all social strata.

2.

Ans: B

Explanation:

The passage states, **"One type of nutrition deficiency is because some people just don't have enough to eat, and the other type is because people are not eating sufficient nutritionally rich food."** It further connects this issue to **"diabetes, hypertension, and other lifestyle-induced non-communicable diseases,"** showing that NCDs arise due to both lack of food and poor dietary choices.

Why Other Options Are Incorrect:

(A) Incorrect: The passage suggests that NCDs are a "manifestation of undernutrition," indicating their significance.

(C) Incorrect: The passage does not mention genetic factors; it emphasizes diet.

(D) Incorrect: The passage does not state that NCDs are limited to urban areas.

3.

Ans: D

Explanation:

The passage states, "Who will implement this in our neighborhoods every day? The clear answer is: the health and wellness centres (HWCs)." This suggests HWCs are meant to provide on-the-ground nutritional services.

Why Other Options Are Incorrect:

(A) Incorrect: The passage does not mention cash transfers.

(B) Incorrect: The passage does not propose HWCs for research purposes.

(C) Incorrect: HWCs are meant to complement, not replace, government schemes.

4.

Ans: C

Explanation:

The passage states, **“This move has disrupted essential health-care services in many low- and middle-income countries.”** This suggests that the decision by the U.S. has caused major disruptions in public health services globally, particularly in less affluent nations.

Why Other Options Are Incorrect:

(A) Incorrect: The passage explicitly mentions that India has been "largely unaffected, as international aid accounts for just 1% of its total health expenditure."

(B) Incorrect: While the decision may have indirect effects on research, the passage does not specifically highlight a decline in global research collaborations.

(D) Incorrect: The passage does not state that India has sought alternative foreign funding sources. Instead, it focuses on the broader impact on the global public health sector.

5.

Ans: B

Explanation:

The passage states, “**This expansion coincided with the launch of the National Rural Health Mission (NRHM) in 2005, which opened public health system roles to non-medical public health specialists.**” This indicates that NRHM created opportunities for individuals without a medical background to contribute to public health.

Why Other Options Are Incorrect:

(A) Incorrect: The inclusion of preventive medicine occurred much earlier and is not linked to NRHM.

(C) Incorrect: While the number of Indian MPH programs grew, the passage does not directly link this to reduced dependency on foreign programs.

(D) Incorrect: Community medicine had already been established as a specialization before NRHM.

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