

Neglected Old-age & Health

What is the issue?

\n\n

\n

- In the National Health Policy (NHP), 2017, little has been said about the rapid rise in the share of the old — i.e. 60 years or more — and associated morbidities, especially sharply rising non-communicable diseases (NCDs) and disabilities.

\n

- This is a glaring omission, in the context of declining family support and severely limited old-age income security, increasing number of destitute.

\n

\n\n

What are the major challenges?

\n\n

\n

- The neglect and failure to anticipate the demographic and epidemiological shifts from infectious diseases to NCDs, there may be more costly policy challenges.

\n

- An estimate provided for the 2014 World Economic Forum suggests that NCDs may cost as much as \$4.3 trillion in productivity losses and health-care expenditure between 2012 and 2030, twice India's annual GDP.

\n

- Detailed projections of the old in India by the United Nations Population Division (UN 2011) show that India's population, ages 60 and older, will climb from 8% in 2010 to 19% in 2050. By mid-century, their number is expected to be 323 million.

\n

\n\n

How will the population dynamics affect?

\n\n

- \n
- A rapidly changing age structure reflects the combined impact of increasing life expectancy and declining fertility.
- \n
- Even as the life expectancy at birth in India climbed from 37 years in 1950 to 65 years in 2011.
- \n
- There are serious doubts whether longer lives are translated into healthier lives.
- \n

\n\n

What the evidence from IHDS show?

\n\n

- \n
- Analysis, based on the India Human Development Survey (IHDS) 2015, the only nation-wide panel survey covering the period 2005-2012, throws new light on these issues.
- \n
- The prevalence of high blood pressure among the old almost doubled over the period 2005-12; that of heart disease rose 1.7 times; the prevalence of cancer rose 1.2 times; that of diabetes more than doubled, as also that of asthma; other NCDs rose more rapidly (i.e. by two and a half times).
- \n
- Often multi-morbidities (i.e. co-occurrence of two or more NCDs) occur non-randomly or systematically. The prevalence of high blood pressure and heart disease rose more than twice while that of high blood pressure and diabetes nearly doubled.
- \n
- It is asserted that the burden of NCDs is increasingly borne by less affluent sections of the population.
- \n
- As NCDs are associated with a large majority of deaths among the old, they are now more vulnerable to mortality risk.
- \n

\n\n

How to assess disability?

\n\n

- \n
- Disability is the umbrella term for impairments, activity limitations and

participation restrictions.

\n

- An assessment of functioning in activities of daily living (ADLs) is one method widely used to assess disability in older persons.

\n

- The activities of feeding, dressing, bathing or showering, walking 1 km, hearing, transferring from bed and chair, normal vision, and continence are central to self-care and are called basic ADLs.

\n

- The IHDS provides data on seven disabilities defined in this manner.

\n

\n\n

What is the way forward?

\n\n

\n

- By age 60, the major burdens of disability and death arise from age-related losses in hearing, seeing or moving, and NCDs (WHO, 2015). Thus co-occurrence of disability and NCDs poses a higher risk of mortality.

\n

- Along with expansion of old age pension and health insurance, careful attention must be given to reorient health systems to accommodate the needs of chronic disease prevention.

\n

- Enhancing the skills of health-care providers and equipping health-care facilities to provide services related to health promotion, risk detection, and risk reduction.

\n

\n\n

\n\n

Source: The Hindu

\n

