The elderly are Assets, not Dependents

What is the issue?

Proof of a truly developed country lies in the way it not only nurtures its young but also cares for its elders equally

What is Demographic Dividend?

- The **Demographic Dividend** is expected to give a push to economic growth due to the lower dependency ratio which results from having a larger proportion of the population in the working-age group.
- The “Asian Tigers” — countries such as South Korea, Taiwan, Hong Kong and Singapore — as also China, have exemplified the benefits.

What NFHS-5 data indicates?

Younger population

- A larger youth population will give an impetus to innovation and entrepreneurship.
- As desired the young are in focus, with many programmes to facilitate their education, entrepreneurship, sports training as well as their well-being.
- The focus must not only be from an economic viewpoint, but also from the health perspective. Poor health could nullify the demographic advantage.
- The metrics for infant and child health continue to be at dismal.

Senior Citizens

- Life expectancy in India has risen from 50 (1970-75) to 70 years (2014-18).
- As a result the number of elders (over 60 years) is expected to increase (195 million in 2031, and 300 million by 2050.)
- Rather than looking at them as dependents converting them to productive members of society depends on two factors - their health and their capabilities.

What is the current health status of Senior Citizens?

- As per Longitudinal Ageing Study in India (LASI), 11% of the elderly suffer from at least one form of impairment (locomotive, mental, visual and hearing).
- About 58 lakhs Indians die from non-communicable diseases (NCDs) in India annually.
- Cardiovascular disease (CVD) prevalence is estimated to be 34% amongst 60-74 year olds.
- Though in 2016 Healthcare Access and Quality Index (HAQ), India improved its score (24.7 in 1990 to 41.2 in 2016) it ranks 145 out of 195 countries.
- Factors such as familial neglect, low education levels, socio-cultural beliefs, low trust on institutionalised health-care services and affordability affects the health of elders.
- Inequity in health-care access compounds the problems for the elderly who are physically,

financially and at times psychologically restricted.
- With rising elderly population the biggest challenge is providing quality, affordable and accessible health care services to the elderly.

Are Government Schemes adequate enough?

- The Government does have schemes but are inadequate.
- Despite Ayushman Bharat, the Government's health insurance scheme for the deprived, and private health insurance, a NITIAayog report indicates that 400 million Indians do not have any financial cover for health expenses. (largely elders)
- Both the Centre and States have pension schemes for the elders, but these provide as low as ₹350 to ₹400 a month in some States. Even this is not universal.
- A 2007 law requires States to ensure earmarked facilities for elders in every district hospital, headed by a doctor with experience in geriatric care.
- Yet, a status report filed by the Government in the Supreme Court of India in 2019 stated that 16 States and Union Territories ('of 35') did not have a single ward/bed dedicated to elders.

How should we address this issue?

- **Home Consultations -** They require specialised medical services like tele or home consultations, physiotherapy and rehabilitation services, mental health counselling and treatment.
- **Seniors-first approach -** Seniors-first approach led to over 73% of elderly population receiving at least one dose and 40% being doubly vaccinated by October 2021.
- Considering the success story, India should go with an elderly prioritised approach.
- Creation of adequate services for them will benefit all other age-groups.
- **Funding -** India needs to rapidly increase its public health-care spending, and invest in the creation of well-equipped medical care facilities, home health-care and rehabilitation services.
- **Infrastructure -** Presently, India has a major deficit in infrastructure and skilled medical care resources, with 1.3 hospital beds, 0.65 physicians, and 1.3 nurses for every 1,000 people.
- Over the next decade, we have the potential to add more than 3 million beds, 1.54 million doctors and 2.4 million nurses.
- We need to accelerate implementation of programmes such as the National Programme for Health Care of the Elderly (NPHCE).
- **Schemes -** The Ayushman Bharat and PM-JAY ecosystems need to be further expanded and similar, special health-care coverage schemes and services need to be created for senior citizens from the lower economic strata.
- The National Digital Health Mission has tremendous potential to expand medical consultations into the interiors of the country.
- However, this requires a digital literacy campaign for senior citizens.
- These essential steps will help to convert elders into a massive resource for socio-cultural and economic development, giving an altogether different perspective to "demographic dividend".

Reference

1. https://www.thehindu.com/opinion/lead/the-elderly-are-assets-not-dependents/article38044240.ece



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