



Assets not dependents

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(Mains GS 1 & 2 : Population and associated issues, poverty and developmental issues & Government policies and interventions aimed at development in various sectors and issues arising out of their design and implementation.)

Context:

- Concerns about “**population explosion**” have also given way to joy about a “demographic dividend” which 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.
- However, according to the Longitudinal Aging Study of India (LASI), there will be over 319 million elderly by 2050, threefold the number identified by the Census in 2011.

Demographic advantage:

- The larger youth population is also expected to give an impetus to innovation and entrepreneurship thus, the young are in focus of the government with many programmes to facilitate their education, entrepreneurship, sports training, etc.
- However poor health and inadequate education could well nullify the demographic advantage shown from the latest National Family Health Survey (NFHS)-5, which indicates that while much progress has been made, the metrics for infant and child health continue to be dismal, with some being even lower than what they were five years ago.

Need and benefit:

- Life expectancy in India has risen from 50 (1970-75) to 70 years (2014-18); as a result, the number of elders (those over 60 years) is already 137 million, and expected to increase by 40% to 195 million in 2031, and 300 million by 2050.
- While one perspective would look at them as dependents (and, therefore, a drag on the economy), a rather different view would look at them as a potential asset: a massive resource of experienced, knowledgeable people.
- Converting them from dependents to productive members of society depends on two primary factors: their health and their capabilities.

Health-care needs:

- According to the International Institute for Population Sciences, (IIPS), while 75% of elderly suffer from one or the other chronic disease, 40% have one or the other disability and 20% have issues related to mental health.
- As per the first ever Longitudinal Ageing Study in India (LASI), 11% of the elderly suffer from at least one form of impairment (locomotor, mental, visual and hearing).
- In India, 58 lakh people die from noncommunicable diseases (NCDs) annually, and cardiovascular disease (CVD) prevalence is estimated to be 34% amongst 60-74 yearolds, rising to 37% in those above 75 years.
- As we move to a demographic where the growth rate of elders far exceeds that of the young, perhaps the biggest challenge that the country would face is to provide a range of quality, affordable, and accessible health and care services to the elderly.
- They require an array of specialised medical services at home including tele or home consultations, physiotherapy and rehabilitation services, mental health counselling and treatment, as well as pharmaceutical and diagnostic services.

Years in neglect:

- As per the 2016 **Healthcare Access and Quality Index (HAQ)**, India improved its HAQ score from 24.7 in 1990 to 41.2 in 2016; However, we still are significantly below the global average of 54 points, ranking at the spot of 145 out of 195 countries.
- The low HAQ worsens even further in smaller cities and rural areas where basic quality health-care services are very inadequate.
- Factors such as familial neglect, low education levels, socio-cultural beliefs and stigma, low trust on institutionalised health-care services and affordability exacerbate the situation for the elders.
- Inequity in health-care access compounds the problems for the elderly, who are already, physically, financially and at times psychologically restricted in understanding, responding to, and seeking medical care for various ailments.

Inadequate schemes:

- The Government does have schemes that cover the elderly and seeks to take care of their health care issues, but they are completely inadequate.

- In India, an overwhelming proportion of the elders are from the lower socio-economic strata who are unable to afford the cost of health care and slip into ever poorer health.
- The vicious cycle of poor health and unaffordable health costs is further accelerated by their inability to earn a livelihood, as a result, not only are they economically unproductive but are dependent on support from family or others which further adds to their mental and emotional problems.

Ensure earmarked facilities:

- According to a NITI Aayog report, despite Ayushman Bharat, the Government's health insurance scheme for the deprived, and private health insurance, indicates that 400 million Indians do not have any financial cover for health expenses.
- 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.

Prioritise approach:

- The success of the **COVID-19 vaccination** strategy gives hope to India about taking care of its aging population as a seniors-first approach led to over 73% of elderly population receiving at least one dose and around 40% being doubly vaccinated by October 2021.
- Considering the demographic trends, India should reimagine its entire health-care policy for the next few decades, with an elderly prioritised approach.
- As senior citizens require the most diverse array of health-care services, the creation of adequate services for them will benefit all other age-groups.

Way forward:

Increase public health spending:

- 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; however, over the next decade, we have the potential to add more than 3 million beds, 1.54 million doctors and 2.4 million nurses.
- Thus, apart from legislating pro-elderly health care and insurance policies, India needs to aggressively take certain measures, while finding opportunities amidst this challenge.
- Further, India needs to rapidly increase its public health-care spending, and invest heavily in the creation of well-equipped and staffed medical care facilities and home health-care and rehabilitation services.

Accelerate implementation:

- India needs to accelerate implementation of programmes such as the National Programme for Health Care of the Elderly (NPHCE).
- 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.

Conclusion:

- The proof of a truly evolved and caring nation lies in the way it not only nurtures its young but also how it cares for its aging population.
- Thus, taking 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”.