

## Old age is a curse in India



The swift descent of the elderly in India into non-communicable diseases could have various disastrous consequences.

Old age morbidity is a rapidly worsening curse in India. The swift descent of the elderly in India (60 years+) into non-communicable diseases (NCDs e.g. cardiovascular diseases, cancer, chronic respiratory diseases and diabetes) could have disastrous consequences in terms of impoverishment of families, excess mortality, lowering of investment and consequent deceleration of growth. Indeed, the government has to deal simultaneously with the rising fiscal burden of NCDs and substantial burden of infectious diseases. As a recent Lancet report (2018) points out, failure to devise a strategy and make timely investment now will jeopardise achievement of SDG 3 and target 4 of a one-third reduction in premature mortality from NCDs by 2030.

NCDs are chronic in nature and take a long time to develop. They are linked to ageing and affluence, and have replaced infectious diseases and malnutrition as the dominant causes of ill health and death in much of the world including India. The four NCDs (cardiovascular diseases, cancer, chronic respiratory diseases and diabetes) share a set of modifiable risk factors: unhealthy diet, physical inactivity, smoking, excessive use of alcohol and failure to detect and control intermediate risk factors such as high blood pressure, high cholesterol, high blood sugar and excess weight (Bloom et al. 2014).

Of the 56 million deaths worldwide each year, 38 million (68%) are due to non-communicable diseases (NCDs), and 16 million (more than 40%) of these deaths are premature (before 70 years of age).

The four NCDs (cardiovascular diseases, cancer, chronic respiratory diseases and diabetes) account for 42% of all deaths in India. These diseases contribute to 22% of disability-adjusted life-years in India (or DALYs—the combination of years lived with serious illness and those lost due to premature death). So the cost in terms of lives lost is horrendous.

Our analysis with National Sample Survey (NSS) data for 2004 and 2014 highlights some of these concerns in a striking way.

The burden of NCDs rose sharply among the old. It doubled among 61-70 years and 71-80 years and nearly tripled among 80+ years. In sharp contrast, prevalence of communicable diseases also rose but only slightly. So there are strong grounds for an epidemiological transition away from communicable diseases to non-communicable diseases among the old that require longer-term and more expensive solutions.

Between rural and urban areas, the latter had higher prevalence of NCDs and the disparity grew. This gap is largely attributable to greater dependence on processed food, and environmental pollution.

Comparison by gender yields an interesting reversal. In 2004, aged women had higher prevalence of NCDs than aged men, but there was a reversal in 2014. Part of the explanation lies in difference in health-seeking behaviour, with women more restricted in their access to medical care.

Highest prevalence of NCDs was observed among the widowed, followed by the divorced/separated and lowest among never married. Each of these groups recorded higher prevalence except never married who recorded a decline. Ostracised by society, widows often seek solace in slow death.

Does education make a difference? It does. Among the illiterates and those below primary, the prevalence rose while in all other categories of education it declined. The decline was sharpest among the graduates, followed by those with middle to higher secondary education.

NCDs are often associated with affluence and associated sedentary lifestyle and diets rich in carbohydrates and fats. So we examined the association between per capita income quintiles and NCDs. One striking feature is that both in 2004 and 2014, prevalence rose steadily across these quintiles except in the lowest/least affluent. Besides, prevalence rose more than moderately among the more affluent fourth and fifth quintiles. So the characterisation of NCDs as diseases of affluence is accurate.

Typically, socio-economic hierarchy comprises: the most disadvantaged STs, followed by SCs, OBCs and Others. Prevalence of NCDs was lowest among the STs, higher among the SCs, still higher among the OBCs and highest among the Others in 2004. This pattern remained unchanged in 2014. While the STs experienced a slight reduction, all other groups recorded increases in prevalence of NCDs—especially OBCs and Others.

While the recent National Health Policy 2017 and Niti Aayog have ambitious agenda for curtailing premature death and morbidity due to NCDs, the measly increase in this year's budget is ironical. Indeed, the neglect of NCDs is worse than tragic given the prediction that cumulative losses in output between 2012 and 2030 due to NCDs may be as high as one-and-a half times of India's GDP.

Pratima Yadav is an independent researcher; Vani S. Kulkarni is Lecturer in Sociology, University of Pennsylvania; and Raghav Gaiha is (Hon.) Professorial Research Fellow, Global Development Institute, University of Manchester, and Visiting Scholar, Centre for Population Studies, University of Pennsylvania.