

Be not ashamed of thy virtues, honor's a good brooch to wear in a man's hat at all times

Ben Jonson

The new brinkmanship

Not since the dissolution of the Soviet Union has the world seen this type of nuclear brinkmanship as is being witnessed between North Korea and the United States today. North Korea's nuclear and missile programme has been a putative cause of concern for the USA, even though Washington publicly admits Pyongyang does not have and is not likely to have in the foreseeable future a nuclear warhead-tipped missile that can hit the US. Like a medieval tribal chieftain, Donald Trump has taken to bombasting that China cannot deal with North Korea, the US world. Kim Jong-un/North Korea may not have missiles to hit mainland America but can target the umpteenth bases Washington has within Pyongyang's reach.

Kim Jong-un, the present head of State of North Korea, is as big a megalomaniac as his 38-year-old US counterpart is. And both are unpredictable, if provoked beyond a point. One thinks his country is the sole world hegemon after the dissolution of the Soviet Union. The other, apparently, suffers from a hallucination of power that makes him itching to take on the world's most powerful military power. Both consider the rest of the world and the tens of millions of people living in other lands and continents to be expendable material in their competitive power-mongering, they are much less rational and circumspect than the US and Soviet leaderships were during the cold-war era. And they have also a much less sense of responsibility that they carry on their shoulders.

The tragedy is that the rest of the world is watching helplessly the muscle-flexing of two belligerent nations. One rash action by either side can plunge the world into a nuclear holocaust. Apparently there is no world leader who can knock some sense into their heads. As things stand, it is doubtful if China has any restraining influence over its tiny neighbour and whether it can drag the neighbour from the brink of a precipice. Even during the Cuban missile crisis of the 1960s, both Moscow and Washington showed exemplary maturity. The Soviet Union agreed to remove the missiles it had stationed in Cuba while the United States guaranteed the inviolability of the sovereignty of Cuba. In the game of one-upmanship that both sides are now playing, even a computer error can unleash a war in which there will be no victor and vanquished. The world or most part of it will be reduced to massive nuclear rubble.

Population explosion threatens to derail Indian economy

REFLEX ACTION

Nantoo Banerjee

As of Thursday, April 13, 2017, India's population, based on the latest United Nations estimates, was 1,339,040,095, only some 47 million more than China's total population on that day. The UN estimate (Worldometers) records India's population as 17.86 per cent of the total world population as against China's 18.47 per cent. In 2016, India's population grew by 1.20 per cent, compared to China's 0.54 per cent despite the latter's lately liberalised two-child-per-family population policy. Demographers have forecast that India may overtake China's population as early as in 2022, that is five years from now. Currently, China ranks No.1 in the list of countries (and dependencies) by population. India is No. 2.

At the time of India's independence in 1947, the country's population was only around 330 million. It went up to 520 million in 1968, said a report in an External Affairs ministry publication, that year. Indira Gandhi was India's prime minister, then. The population growth rate was always politically sensitive and Ms. Gandhi avoided its official reference, until her younger son, Sanjay Gandhi, made it a part of his five-point programme during the national emergency period and started a vigorous birth-control campaign through 'forced' sterilisation that was said to be partly responsible for the Congress party's crushing defeat in the post-emergency 1977 Lok Sabha election. Ever since, every government went for 'self control for birth control' policy until BJP's newly-elected Assam chief minister Sarbananda Sonowal announced a few weeks ago a new rigorous-looking population control policy — first time by any state in this country — for Assam which has been witnessing a big population explosion due to high birth rate as well as constant illegal immigration from bordering Bangladesh.

The population growth alone would not have been a major concern for India if it did not go apace with the growth of poverty, lack of nutrition and social security. Despite its massive middle-class population at around 300-350 million today, India is the home of

the world's largest number of poor, nearing some 400 million, or more than the country's total population at the time of its independence. India's high GDP growth rate has created a large middle-class. However, the actual number of its poor, famished, undernourished, underpaid, part-time employed and jobless has also been going up, instead of declining. For its geographical size, India is already the world's most populous country. For instance, the population density in India is 452 per Sq. Km. The country's total land area is 2,972,892 Km2, less than a third of China's total land area of 9,390,784 Km2. The population density in China is 148 per Sq. Km.

One may say that India still has a manageable urban population rate of 32.8 per cent compared to China's 59.1 per cent. But, India's urban population rate is unlikely to remain at the current level as more and more rural poor, especially the youth, are moving towards urban fringes looking for jobs as agriculture is unable to feed the increasing number of rural population. The median age in India is 26.9 years compared to China's 37.3 years although the lower median age may not always be to the advantage of a country offering less job opportunities in the absence of enough technically educated and skilled workforce. India's demographics are mind-boggling. The country will have 900 million people of working age by 2020. The demographic boom shouldering a massive young population aspiring for jobs and manageable livelihood could make or break India. In dollar terms, India's GDP ranks the ninth in the world, below many smaller countries, whereas China ranks the second, after the USA. India has a long way to go to raise its

GDP, find millions of new life-supporting jobs for the youth and help its large population of debt-ridden marginal farmers by making their farming viable.

The massive population surge in the country's both urban and rural areas, alongside the growth of the actual number of the poor, pose the biggest challenge to its social and economic development. Unfortunately, India's steady annual GDP growth has not percolated down beyond a level. That explains why India's ranking on the global Human Development Index (HDI) is rising so slowly. The annual edition of the Global Human Development report by the United Nations Development Programme (UNDP) shows through India's slow-pace progress. From 2009 to 2014, the country moved only six positions up in the HDI ranking. India stands well below the average score of 0.630 for countries in the medium human development group. At its 131st position in the 2016 Index, India stood lower than countries like Namibia, Guatemala, Tajikistan and even Iraq. China ranked 90th. Although it may not speak too well for China, the world's second largest economy, but the country, with its population under control, is poised to be better in the coming years as its economy is still largely industry and manufacturing based.

Conversely, India seems to be moving away from industry-cum-manufacturing based growth that encourages and enlarges quality of employment and offers better job opportunities. The country is becoming increasingly dependent on foreign investment, trade and services. It is fast losing control over the economic growth direction and dimension. India, at its current level of economic growth, is leaning heavily on the less reliable services sector, import distribution, etc., offering mostly low quality, part-time employment as more and more young people are entering the restricted job market. It is rather scary to think that India of 2022 and beyond is in control of neither its population, nor its economic growth agenda. (IPA)



Children enjoying in water to beat the heat in hot afternoon in Gomti river.

Combating non-communicable diseases

FOCUS

Santosh Jain Pasi
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Our country is afflicted with the dual burden of disease – non-communicable diseases (NCDs) posing a major public health challenge. On one end are the nutritional deficiencies/infectious diseases associated with poverty, deprivation and poor environmental conditions; while on the other are the NCDs caused due to dietary excesses/imbalance and metabolic disturbances. Text Box: Proportional mortality in India (% of total deaths, all ages) The epidemic of NCDs is mainly attributed to modernisation, urbanisation, sedentary lifestyles and longevity. There is an upsurge in the incidence of overweight/obesity, cardiovascular diseases, type 2 diabetes mellitus, cancers, respiratory diseases and mental illnesses. The World Health Organisation (WHO) has highlighted that if "business as usual" continues, globally by 2030, the annual mortality due to NCDs will touch 55 million mark.

As per the WHO report (2015), in India, 60% deaths are caused by NCDs, and that 1 out of 4 Indians are at a risk of dying from one of the NCDs before the age of 70 years. Dr Poonam Khetrapal Singh, Regional Director, WHO-SEAR has remarked that the NCDs are afflicting younger generations and, thus, hampering socioeconomic development. Due to huge loss of potentially productive years (35-64 y), there is massive economic loss at the household, national and international levels. The NCD

burden can, however, be reduced immensely through appropriate preventive/curative actions. Healthy dietary practices, increased physical activity, weight management, abstinence from tobacco/substance use and alcohol abuse play an important role in their prevention/management. More than 80% of the CVDs and T2DM; and 33% of the cancers can be averted through lifestyle modifications. Regular intake of dietary fibre being inevitably important.

For maintaining an ideal body weight, total energy intake and energy expenditure need to be balanced; and the diet should be adequate in protein. There is a close link between quality/quantity of dietary fat and NCDs. A high intake of fat/oil – particularly saturated fat, poses profound risk for CHD, cancer, T2DM and hypertension. Replacing saturated fat with PUFA rich oils can significantly lower the CHD rates.

Dietary fat also impacts glucose tolerance and insulin sensitivity. Consumption of MUFA containing oils (like olive, mustard and groundnut oils) confer numerous health benefits including reduced risk of CHD and lung/oesophageal/breast/colorectal cancer. On the contrary, trans fats elevate CHD risk through undesirable effect on serum lipids. In the prevention management of NCDs, increased consumption of vegetables (2-3 servings/day) and fruits (2 servings/day) is imperative for providing adequate amount of dietary fibre, phytochemicals,

antioxidants and various vitamins/minerals. Dietary fibre plays an important role through its impact on atherogenic lipoproteins, blood pressure and thrombolysis. Regular intake of dietary fibre rich foods not only helps in weight management but also in lowering serum lipids, improving glucose metabolism, regulating blood pressure and reducing chronic inflammation of the tissues. Further, probiotics, prebiotics, and synbiotics improve lipid profile and glycaemic control by selectively supporting the health-promoting gut bacteria. Prebiotics can also prevent colorectal cancer by modifying the composition/activity of colorectal microflora.

Tobacco (in all forms) and alcohol abuse are major risk factors for NCDs particularly chronic obstructive pulmonary disease. Physical inactivity is one of the leading contributors to global mortality (~6% deaths) and NCD burden. Psychosocial factors and emotional stress (depression, anxiety & chronic stress) also contribute significantly to the pathogenesis of NCDs. In 2012, the World Health Assembly endorsed the important '25 by 25 goal' aimed to reduce NCD mortality by 25% by the year 2025. India is the first in

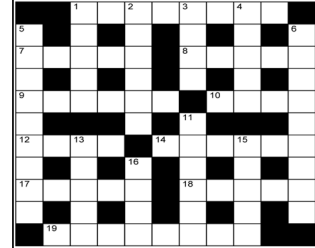
included and the programme will be scaled up. The Ministry of AYUSH has constituted an expert panel for preparing yoga protocol and its research organisations (Central Council for Research in Ayurvedic Sciences, Central Council for Research in Homeopathy and Central Council for Research in Unani Medicine) have initiated the integration of Ayurveda, Homeopathy and Unani with NPDCS. Further, a mobile application 'mDiabetes' has been launched to generate awareness, promote compliance and inculcate healthy dietary habits/lifestyle practices among the masses. The Indian NCD Network has been created for networking scientists from varied fields to support NCD related research/training activities.

The current overall health budget (2017-18) has increased from INR 39,879 crore to 48,878 crore (2.27% of the total budget). It is hoped that adequate resources are provided for generating awareness regarding the adoption of preventive health-seeking behaviours. For primary, secondary and tertiary prevention of NCDs, interventions aimed at lifestyle modifications should emphasise on improvements in dietary practices and physical activity along with cessation of smoking/tobacco consumption, alcohol restriction and appropriate stress management. It is a matter of satisfaction that government is taking various measures to ensure that the people can lead healthier lives coupled with longevity (PIB)

developing specific national targets/indicators for reaching this goal and reducing the number of NCD related premature deaths. To contain the ever-increasing NCD burden, our government has launched several programmes including National Cancer Control Programme, National Tobacco Control Programme and National Program for Prevention and Control of Cancer, Diabetes, CVD and Stroke (NPDCS). The major objective of NPDCS is prevention, early detection and control of NCDs; awareness generation on lifestyle changes; and capacity building/strengthening of the existing healthcare systems. For major NCDs, diagnosis/treatment facilities will be provided through NCD Clinics and CCUs in district hospitals/ community health centres under NHM.

Before end March 2017 (1st phase), population based screening will be conducted in 100 districts (32 states/UTs)/ operational screening guidelines for diabetes, hypertension and common cancers have been released. Data will be gathered for counselling the at-risk individuals. Subsequently, chronic obstructive respiratory diseases will be

QUICK CROSSWORD 1540



- Across**
1. Verdicit (8)
7. Bracelet ornament (5)
8. Transparent flap on helmet (5)
9. Breathe out (6)
10. Sojourn (4)
12. Coal stratum (4)
14. Spotted tile (6)
17. Bring up (5)
18. Blemish (5)
19. Answer (8)
- Down**
1. Demise (5)
2. Abide by (6)
3. Economise (4)
4. Beginning (5)
5. Extra (9)
6. Racing dog (9)
11. Owners (anag) (6)
13. Crop up (5)
15. Silly (5)
16. Ooze (4)

Previous solution
Across: 1. Progress, 6. Riff, 7. Duesess, 9. Circa, 11. Fixed, 12. Unity, 13. Fresco, 16. Edcar, 18. Coors, 19. Symmetry.
Down: 1. Parachute, 2. Offer, 3. Eddy, 4. Servile, 5. Gas, 8. Sedentary, 10. Outpass, 14. Short, 15. Trim, 17. Cod.

SUDOKU: 1827

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	3	4					8	
4								3
	9				2	1		
1	7	6		2				
	8				6	5	4	
				7				

Yesterday's Solution 1826

2	1	9	5	8	6	4	3	7
5	3	6	4	2	7	9	1	8
4	8	7	9	1	3	5	6	2
9	7	2	6	3	4	8	5	1
6	5	1	2	7	8	3	9	4
8	4	3	1	9	5	2	7	6
1	9	4	7	5	2	6	8	3
3	6	5	8	4	1	7	2	9
7	2	8	3	6	9	1	4	5

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