

## ABSTRACT

*Weakness and disability which are concomitants in the elderly need to be handled both at the physical and the psychological levels. Interventions and compensations will enable the aged to function reasonably well and with satisfaction within those constraints. The present paper focuses on the concept of disabilities of the elderly and intervention strategies.*

## INTRODUCTION

India is witnessing a demographic revolution, leading to a considerable increase in the proportion of older people in the population. Life expectancy at age 65 in India is also gradually rising and getting closer to that of the developed countries.

According to Census of India (2001) that there are 76.6 million people over the age of 60, accounting for 7.4% of the total population of India.

Old age is subdivided into early old age (60 to 70 years) and advanced old age (70 years to end of life).

- Ageing is a period of decline.
- Ageing requires change of roles.
- Poor adjustment is characteristic of ageing.
- Old age is followed by neurological and sensory changes.

Taking a biological perspective it can be suggested that most living organisms show an age-related decline: there are changes related to the cells within the body which are usually associated with decline. It is suggested that ageing is universal as it occurs in all members of the population. It is a continuous process and it is intrinsic and degenerative (Bond et al., 1993). This approach proposes that old age is associated with increasing frailty and dependency and there is no possibility for development. However, such changes are not universal and do not affect all individuals in the same way. Other aspects of people's lives impact on individual development such as social, environmental and psychological factors (Crawford and Walker, 2003).

Older Person's needs might be interpreted from the two models given below:

## THE MEDICAL MODEL OF DISABILITY

A physiological or biological approach to explaining disability starts from the perspective that the circumstances of someone's life result directly or entirely from illness, disease, bodily changes and physical, biological or sensory impairments. Parker and Bradley (2003) describe the medical model as one that focuses on physical deficits and on individual health needs.

## THE SOCIAL MODEL OF DISABILITY

The social model of disability has been written about extensively since the late 1980s when movements of disabled people began to campaign and challenge widely accepted views of disability. The key difference between this perspective and the medical model set out above is that this viewpoint considers the social oppression that is experienced by people with a disability and places the problem within society, whereas the medical model locates the disability with the person (Oliver, 1996).

The term 'disability' means any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.

**Dr. A. Kusuma**

*Associate Professor,  
Human Development and Family Studies,  
Department of Home Science,  
Sri Padmavati Mahila Visvavidyalayam  
(Women's University), Tirupati – 517 502.  
Chittoor (Dt.), A.P., India.*

Disability in old age is an impairment, physical or psychological that reduces the efficiency of functioning of the elderly person.

The elderly are considered a high risk group for multiple morbidity: Physical, Mental and Social (Venkoba Rao, 1997).

It has repeatedly been pointed out that the progress India has made in extending the life span of its citizens has not been carried over to providing a healthy and disability-free old age (Satyanarayana and Medappa 1997; Sharma and Agarwal 1996).

### VISUAL IMPAIRMENT

Older people are significantly more likely to suffer eye diseases than any other age group, with many of these older people experiencing loss of sight significant enough to affect independent living.

Visual impairment is an age-related condition. Increased life expectancy means that more people will experience sight loss.

There are many causes of impaired vision such as genetic conditions, diseases, accidents and deterioration. There are also many forms of impaired vision depending on the condition: some older people have no central vision; others have no side vision; others may see things as severe blurs and others may see patchworks of defined areas and blanks. Some older people may be able to read large print yet have difficulties in crossing a road.

Particular medical condition can have an impact on vision. The four main conditions of visual impairment associated with old age are:

- Muscular degeneration
- Cataracts
- Glaucoma
- Diabetic retinopathy

### HEARING IMPAIRMENT

Hearing impairment has a significant impact on the quality of the older person's life and their experience of everyday living including the ways in which as a

consequence of their hearing impairment they may experience additional discrimination.

Hearing loss and deafness is usually measured by finding the quietest sounds someone can hear using tones with different frequencies. These are heard as different pitches. The person being tested is asked to respond when they can hear a tone. The tone is adjusted until they can just hear it – the threshold. Thresholds are measured in decibels of hearing level (dBHL). Any one with a threshold of up to 20 dBHL across all the frequencies is considered to have 'normal' hearing.

More men than women experience hearing loss; this is assumed to be linked to hearing impairment as a result of industrial related noise. However for older people aged over 80 years the number of women with hearing impairments is higher; this is directly linked to the fact that women live longer.

### PHYSICAL IMPAIRMENT

The main causes of disability in old age, following sight and hearing impairments are physical impairments such as

**Disabilities of locomotor system:** A wide range of articular and non-articular disorders affect the aged - fibrositis, myositis, neuritis, gout, rheumatoid, arthritis osteoarthritis, spondylitis of spine, etc. These conditions cause more discomfort and disability.

**Cardiovascular diseases:** The inner walls of arteries break down, and a lipid material is deposited. This in time is replaced by calcium which leads to narrowing of blood vessels or atherosclerosis. This leads to diminished blood supply, thrombus formation, rupture of blood vessels and high blood pressure.

**Respiratory illnesses:** In the upper decades of life, respiratory diseases such as chronic bronchitis, asthma, emphysema are of major importance.

**Strokes:** Most strokes are blood clots that get stuck in the small blood vessels (capillaries) in the brain

that supply neurons with oxygen and other necessities. The effect of the stroke depends on the part of the brain that has been damaged as well as the older person's health at the time. It can affect walking, talking, eating, writing, care of self – a whole range of skills.

**Falls:** Osteoporosis is a condition caused by a reduction in bone mass and density, therefore increasing the risk of fractures when an older person falls. The most common places liable to fracture are the hip, spine and wrist.

### MULTIPLE IMPAIRMENTS

There is increasing concern about old people who are visually and hearing impaired. Developing adequate and effective services for old people with multiple impairments is a major challenge.

### MENTAL IMPAIRMENT

Elderly mentally impaired persons are as follows:

Person with an age-related memory problem or difficulty; person with a mental health problem; person with Alzheimer's disease; and person who has a multi infarct dementia.

### DEMENTIA

It is most usually used to describe certain signs and characteristics that are commonly associated with memory loss in older adults. The Alzheimer's Society, which undertakes to research and disseminate information about dementia care, lists the following symptoms of dementia.

**Loss of Memory:** for e.g. forgetting the way home from the shops or being unable to remember names and places.

**Mood changes:** particularly as part of the brain that control emotion are affected by disease. People with dementia may also feel sad, frightened or angry about what is happening to them.

**Communication problems:** a decline in the ability to talk, read and write.

In the later stages of dementia, the person affected will have problems carrying out everyday tasks and will

become increasingly dependent on other people.

([www.alzheimers.org.uk](http://www.alzheimers.org.uk))

### DEPRESSION

It is likely to associate with certain emotions, such as sadness or hopelessness or feeling lonely, withdrawn, even suicidal. These words are actually some of the signs and symptoms that old people may

experience if they become depressed.

The NSF for older people (DoH, 2001 a) states that depression is a disorder of mood and may be characterized by low mood and feelings of sadness, loss of enjoyment, poor memory and concentration, tiredness and fatigue, unexplained pain, feelings of guilt, suicidal thoughts or impulses and delusions.

### INTERVENTION STRATEGIES

To enrich the quality of life and a disability-free life of the elderly the following health care and welfare measures are needed at the family, community, governmental and non-governmental levels.

- All round medical and geriatric aid to the elderly with the help and support of multi-disciplinary health-care agencies and medical systems are needed.
- The Design of preventive strategies appropriate to this population becomes crucial for the utility of preventive care, both in reducing risk and maintaining functional independence.
- Appropriate professional intervention, rehabilitation and support could be used to help these older people. This will require interventions by a range of professionals such as health and social workers which will need to be carefully planned and co-ordinated.
- Interventions should be undertaken giving due importance to the preventive measures by an intelligent use of investigation, minimal medication, antioxidants, vitamins, treatment of hyper tension, hyper lipidemia etc.,

- Early identification of visual and hearing problems are necessary as they can be halted or even cured if detected early and regular health checkups are an essential part of this process.
- Assistive technology products need to be designed and used to assist people who, because of specific disabilities or the general infirmities that often accompany old age, would otherwise be unable to participate meaningfully in economic, social, political, cultural and other forms of human activity in their communities.
- Physical, occupational and speech therapy can be provided to help older people who have experienced physical impairment (especially strokes) regain much of what they have lost by re-learning or learning to work around abilities or skills they have lost.
- The emphasis must be on supporting older people with multiple impairments and developing services that support normalization – integration and participation in normal activities.
- Group counseling could be given and suggestions need to be elicited to improve the mental health status.
- Different methods of relaxation, meditation and practice of yoga in the hour of stress need to be evolved.
- Social security schemes, health insurance programmes and old age pensions are very much essential.
- While encouraging the traditional values of the extended family structure, steps should be taken to meet the growing needs arising from the nuclear family transition taking place at a fast rate. To meet this challenge, facilities could be provided for self-sufficient residences, day-care centers, community rehabilitation centers and guest houses. Such facilities could be of short or long term basis.
- Provision for meal on wheels, traveling kitchens and other public comfort facilities on reduced cost to the aged and facilities for community centers are desirable measures.
- Home-help services, mobile medicare, ambulance services, concession travel facility etc., are essential. The prompt availability of health visitors, welfare staff etc., are the basic needs of the elderly.
- Free legal service is an essential ingredient of welfare for all, especially for those having properties and affairs of their own.
- Financially self-sufficient elderly people do not generally seek assistance from government agencies. What they need is a fair measure of medical and welfare support at subsidized cost.
- It would be worthwhile if organizations such as senior citizens associations could be set up in major towns, so that welfare work could be streamlined to an effective level.
- Implementation of projects are necessary to assist the elderly and create in the younger generation a social awareness about the problems of the aged.
- Multipurpose senior centers to meet the health, social, legal, educational needs of the aged.

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