

Rehabilitation of the Elderly—An Indian Approach

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INTRODUCTION

The old age can not be regarded as a disease or infirmity. It is a biological process, normal, inevitable phenomenon. The early Roman pessimistic concept does not hold good in Modern Medicine. We have to protect it, promote it and extend it. Then question arises, are we aware of this? Are we having any rehabilitation services for the elderly? Is there any national approach?

APPROACH

Care of elderly in India has been assessed differently from that in the western countries because of the special Indian conditions and social habits which are as under:—

- (a) Extended family system.
- (b) 80.06% Rural Population with agricultural base.
- (c) Low literacy.
- (d) Problem of unemployment.
- (e) 5-10 years of gap between pre-vocational, vocational and job placement.
- (f) Early retirement age.
- (g) Lesser longevity.
- (h) Less of mechanisation.
- (i) Squatting habit—Living on floor.
- (j) No clinical past history.
- (k) No clinical records/No drug monitoring.
- (l) No follow up.
- (m) Different ADL—use of Daturin & drawing water from well, etc.

Let us look into the elderly problems. These are multifactorial and multidimensional covering mental, physical, socio-cultural and economic aspect. However, these problems are universal in nature. Mental problems are acute. A certain degree of biological regression is an inevitable consort of advancing years. As physical health goes down the mental urge for recreation, sympathy and acceptance grows higher. India has got a different tradition, custom and ecology. The respect of aged, their shelter and care by the younger once are gradually being eroded, more marked in urban population. The economic insecurity in urban population is largely due to

- (a) Increasing nuclear family system.
- (b) Increasing cost of living.
- (c) Scanty benefits offered to aged by government.
- (d) Social indifference and apathy.

At our centre the rehabilitation of the Geriatric patients have been on the above lines and besides the medical services rendered, the services of Govt., voluntary and social agencies as well as the family were also involved.

We have tried this approach and our results were as follows:—

The questionnaires were put to the patients and their family members as to their

- (a) Physical problem?
- (b) Mental attitude?
- (c) Any financial constrain?
- (d) About social maladjustment?

For every problem concerning physical,

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mental, social and financial, 3 points were deducted from the score. Similarly 3 points were added to the score if there were no problem. Thus a score-board was prepared accordingly from this format.

58% of the cases expressed their economic insecurity. 18% of them had also some sort of social maladjustments. 52% of them had physical problems and 27% with mental concern.

Table I. Format of questionnaire

Name	Age	Sex	Address	Code No.	Problem	Score
					Physical	—
					Mental	—
					Social	—
					Financial	—
					Total	—

Table II. Sex incidence and age group

Age (years)	Male	Female
60-65	28	18
65-70	33	8
70-75	19	4
75-80	4	5
80 (+)	Nil	1
Total	84 (70%)	36 (30%)

Table III

Rs. in month	Socio-economic	Character
0-350	6	(5%)
350-750	72	(60%)
750-1000	36	(30%)
Above 1000	6	(5%)
Total	120 cases	

Table IV

Percentage of studied group	
Physical ailment	52%
Economic insecurity	58%
Social maladjustment	18%
Mental concern	72%

Average aged Indian comes under both medically and economically deprived groups. Medically he is prone to such diseases, which if not recognised in time may become chronic in nature and without timely recognition and proper treatment may also result in secondary complications. In the wake of urbanisation and industrialisation, shift of the population from rural to urban areas and with break-up of conventional joint family system to nuclear family system, it is becoming imperative that we should start planning rehabilitation services for the people, who will be entering or have entered the old age to which at times, we refer to as third age.

DISCUSSION

Over the centuries elderly in our country, by and large have a place of honour in the society. They are precious asset for the country. There is no National Policy on this vital issue of great significance. The responsibility of the state toward the senior citizens is enshrined in the constitution of our Republic. We are also party to the Vienna International plan of action adopted by the United Nations World Assembly on aging. The principle and goals set out in these documents can be achieved, if little effort is made.

SUGGESTED POLICY

Therefore, it is recommended that the Indian approach to Rehabilitation of the elderly should be that :—

—All the senior citizens be covered by a compre-

- hensive health care programme. The strategy for this programme shall be preventive, early diagnosis of diseases and an integrated health care system with the primary health centres—which is the existing infrastructure for primary health care in rural areas.
- Paramedical personnel be imparted an orientation programme to deal with elderly at community level.
 - Home care or community support system should be adequately strengthened, it offers cheaper and psychologically, superior services when compared to institutionalised care.
 - Elders be given priority for protection and relief in times of distress and natural calamities.
 - To formulate and implement a comprehensive social security programme both in the unorganised and organised sectors.
 - A sound National policy for the guidance of agencies is needed to give direction to the mental health services for the elderly. We do not have, what might be termed as “comprehensive mental health care system for the elderly”. Instead, what we have is a fragmented patchwork compounded by diverse regional and local programmes (public and private) that have evolved with minimal consideration of whether they are responsive to the mental health needs.
 - Formulation and planning about the economic security of aged persons according to increasing cost index and improvement in the post-retirement pension scheme.
 - Part time job be given to such elderly who are otherwise physically fit and can fruitfully contribute in number of activities. This will ease the economic situation and at the same give an opportunity to remain engaged in some occupation.
 - Legislative security to older persons so that they are not left out of the family.
 - Old age pension be enhanced and eligibility criterias for the same may be liberalised. A scheme of insurance should be introduced in the unorganised sectors in order to meet financial and health needs of elderly.
 - Special day centre be provided for aged with hobbies, course literature, physical therapy etc.
 - Continuous surveillance as the needs of elderly people are likely to multiply and change. Implementation strategy should be there through “National Board for care of the aged.” It should be set on the lines of National Children’s Board in order to pursue the National policy on the rehabilitation of the elderly. It is equally important that the problems of the elderly should be made aware among policy makers, administrators, planners and paramedical personnel. Mediums of seminars, workshop and mass media should be fully exploited and a National day for the aged may be observed each year.

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