Assessing the Activity of Daily Living of Elderly in Haryana - A Case Study of Rohtak District

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Abstract

Activity of Daily Living (ADL) is a reflection of physical health of old age people. An investigative enquiry consisting five hundred respondents from different age groups above 60+ was conducted in District Rohtak of Haryana. Attempt has been made to measure the index of functional capabilities. The results show that though about 95 per cent elderly have no disability and need no help in performing daily routine activities. However, females reported difficulty in cooking and need help.

KEYWORDS: Health, ADL, Disability, Rohtak, Haryana.

Introduction:

Population ageing is one of the most significant trends of the 21st century. It has far-reaching implications on economy and society. India has around 100 million elderly at present and the number is expected to increase to 323 million, constituting 20 per cent of the total population, by 2050. India's population is likely to increase by 60 per cent between 2000 and 2050 but the number of elders, who have attained 60 years of age, will shoot up by 360 per cent (http://www.gktoday.in/indias-elderly-population-some-fundamentals).

This profound shift in the share of older Indians taking place in the context of changing family relationships and severely limited old-age income support brings with it a variety of social, economic, and health care policy challenges. Although old age is not a disease in itself, the elderly are vulnerable to chronic diseases. The importance of this stage of a human life cycle can be gauged from the fact that in 2012 the World Health Organization (WHO) declared the world health day focusing on ageing (WHO; 10 facts on ageing and the life course, 2012, WHO; Ageing, WHO; Ageing and life course; What is "active ageing").

The number of older people in the developing countries who are not able to look after themselves any longer is estimated to increase four fold by the year 2050. Many of those who are very old lose the ability to live life independently due to limited mobility, weakness or other physical as well as mental health problems. Most require some or the other form of long-term care.

Physical state of body deteriorates with advancement of age leading to physical impairment as well as disability in long-term, which results in dependency on others. The challenge in the 21st century is to delay the onset of disability and ensure optimal quality of life for older people at family, community and national level (Ohri, P.et al, 2014). Many older people experience problems in daily living because of chronic illnesses or health-related disabilities. Those difficulties restrict their ability to perform self-care. This inability for self-care is a common reason why older people seek help from outsiders, move to assisted living communities, or enter nursing homes. The daily living skills most affected by aging and chronic illnesses or

disabilities include self-care activities that most people learn in early childhood and tend to take for granted as they mature.

Some 8.5 million people over age 70 have limitations either in activities of daily living (ADLs) or instrumental activities of daily living (IADLs). Although they are not disabled to the extent that they need institutional care, they do need some help to function in the community. As the population ages, millions more will need care. By 2030, some 21 million elderly people may need help with activity limitations.

Two of five people over age 70 need help with one or more daily activities. Yet many do not receive the care they need (Caregiving, 2000). Family members constitute some 72 per cent of paid and unpaid caregivers of the elderly with activity limitations.

Functional status has been used to describe motor function, ability to perform ADL (activities of daily living) and the ability to perform IADL (Knight, 2000). As people grow old they may experience that their health deteriorates and that being old often involves functional decline (Bank, 1995). Decline functional status is measured by an individual's loss of independence in Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) over a period of time. Activities of daily living (ADLs) is the term used to refer to the daily activities of self-care within the place of residence of an individual, the outdoor environments, or both (Sekhon, H. and Minhas, S. 2014).

Objective:

The sole objective of the study is to examine the physical health of elderly in context to the Activity of Daily living (ADL).

Materials and Methods:

The present study is empirical in its treatment of the theme of inquiry. The requisite information is obtained from primary as well as secondary sources. Secondary data were obtained from National Sampling Survey Organization (NSSO1995-1996, and 2004), Help Age India and Census of India.

To develop an in-depth understanding about the physical condition of elderly, a field survey was conducted in 2012 in District Rohtak, Haryana. In all, 500 respondents of 60 + age spreading over five development blocks were randomly selected. The selection of number of respondents is a function of per cent share of elderly to the total population of elderly. This way, 50 respondents were selected from Lakhan Majra and Sampla, 100 from Maham and Kalanaur and 200 from Rohtak. During the survey, due attention was given to the age of respondents. For, maximum numbers of respondents were selected from amongst 60-69 age groups followed by 70-79 age groups. Least number of respondents was selected from 80 + years age.

Study Area:

The study area Rohtak District lies in the south eastern part of Haryana between 28^0 09' North latitude and 76^0 57' East longitudes. Elderly population accounted for about 7.87 per cent of the total population whereas the percentage share of elderly in the study area is 9.2 in 2001. The district is having an area of 1668.47 sq. kms.

Results and Discussion:

ADL Disabilities:

An assessment of the activities of daily living (ADL) is an important procedure to measure the level and nature of disability. World Health Organization (WHO) developed an International Classification of Impairment Disability and Handicap (ICIDH) to catalogue the functional limitations due to physiological impairment and poor health. This model was revised in 2001 to explore the relationship among functioning, disability and health.

An attempt has been made to examine ADL difficulties on two parameters of health, i.e., physical and sensory. For this purpose, the sample size remained the same, i.e., 500 and the respondents were asked about 9 physical and two sensory health parameters (Hearing loss and Vision impairment). Besides, the need for assistance and availability of assistance was also asked. The nine ADL difficulties considered were as follows (Katz et al. (1963):

(1) Eating (2) Bathing (3) Dressing (4) Indoor walking (Bath room) (5) Outdoor walking (Meeting friends, Shops, etc.) (6) Cooking (7) Climbing Stairs (8) Combing hairs (9) Getting up from sitting position (10) Reading and (11) Hearing.

Using these parameters we attempted to measure the index of functional capabilities based on the following criteria.

(a) Functionally Normal: No difficulty/ No help (ND/NH)
(b) Disabled with unmet support : Difficulty/ No help (D/NH)
(c) Assisted Disabled: Difficulty/ Help (D/H)
(d) Exceptional Case: No difficulty/ Help (ND/H)

The elderly without any major functional problem or requirement of help are considered healthy. There may be people who are not in need of any support but still it is available but number of such people is negligible. The group of people with difficulty/ no help (D/NH) and difficulty/ help (D/H) is therefore may be considered problem group.

Table 1 reveals some interesting facts about elderly. A good number of elderly feel no difficulty and require no help in combing (97.70 per cent) closely followed by eating, dressing, bathing and ID walking. The per cent share of elderly falling under D/H and ND/H is more than the elderly falling under D/NH in eating, dressing, bathing, cooking, climbing stairs, combing and getting up. It is an indicator of economic condition and the care extended by the family. In case of D/NH category, large number of elderly reported problem in walking (indoor/outdoor) and making their life miserable. This category needs special attention of planners. Cooking is an important ADL parameter but, generally not taken well. It is a parameter generally concerned with women. About 19 per cent such elderly fall under the category of D/NH. This segment generally looks towards the society and pass pity life.

The second category of disability, i.e., sensory is purely related to the age. Socio-economic condition and family care has no role to play at all. It is evident that hearing problem is more than the reading problem. Reading problems are easy to handle as such numbers of facilities are provided by NGOs and government agencies at

affordable cost but least facilities are available to handle hearing problems. This is because the elderly and family members generally don't consider it a problem.

Gender and ADL disabilities:

The proportion of women physically immobile due to various health problems is higher than for men of the same age (Table 2).

Low social status, discriminatory practices, early marriage, food taboos, multiple pregnancies and poor attention to health are responsible for the poor health of older women. There is an accumulation of disadvantages that make them vulnerable. Older women have more problems with activities of daily living (ADL), but get less help from others. They are the traditional care-givers and are expected to provide care to parents, parents-in-law, and spouse. Women report lower life satisfaction and higher psychological distress (Prakash, 1997).

Conclusions:

Old age in itself is problem but the increased dysfunctionality has added to their hardship. However, the situation in the study is quite satisfactory as 97.70 per cent of the respondents' reported no or minimal problem in their daily routine activities. The per cent share of elderly falling under D/H and ND/H is more than the elderly falling under D/NH in routine activities. A good number of respondents reported difficulty in walking but need no support. The dominant rural character of the study area is reflected in the life style of old women who have to devote enough time on cooking. About 19 per cent such elderly fall under the category of D/NH. The sensory disability is purely related to the age. Socio-economic condition and family care has no role to play at all. It is evident that hearing problem is more than the reading problem. Reading and hearing problems are reported by the elderly but the families generally don't consider it a problem.

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Table 1: Rohtak: Physical Status and Availability of Support, 2012

ADL	ND/NH	D/NH	D/H	ND/H
Eating	96.35	1.25	1.8	0.6
Dressing	95.16	1.80	2.5	0.54
Bathing	93.25	2.5	3.2	1.05
Indoor Walk	92.75	5.5	1.6	0.15
Outdoor Walk	75.26	20.15	4.2	0.39
Cooking	59.77	19.26	20	0.97
Climbing Stairs	18.67	20.15	60	1.17
Combing	97.70	0.20	1.5	0.6
Getting up	28	30	40	2.0
Reading	76	-	-	-
Hearing	82	-	-	-

Source: Based on Field Survey, 2012.

Table 2: Rohtak: Gender and ADL Disabilities, 2012

ADL	ND/NH		D/NH		D/H	
	Male	Female	Male	Female	Male	Female
Eating	94.45	92.76	1.2	1.9	4.8	9.5
Dressing	99.00	94.7	0.6	3.6	3.8	7.5
Bathing	97.8	93.3	0.78	4.8	5.0	6.9
ID Walking	80.8	73.6	8.2	13.78	16.7	30.98
OD Walking	65.0	45.00	24.5	28.23	30.45	62.00
Cooking	74.0	49.12	18.65	13.76	23.98	62.00
Climbing Stairs	45.31	23.0	25	19	56	76.00
Combing	98.23	96.45	0.7	0.8	1.9	5.3
Getting-up	35.23	17.87	38.0	28.56	45.12	78.54

Source: Based on Field Survey, 2012.