

AGEING AND DISABILITY – NEED FOR PUBLIC DISCOURSE

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THE LINKAGES BETWEEN AGEING AND DISABILITY

- **Individuals affected by disability are moving on in years.**
- **Parents taking care of children who face disability are ageing.**
- **Individuals ageing are facing age related disabilities.**
- **All these three categories of group require special attention, programs and advocacy for meeting their needs.**

FOCUS OF PRESENTATION IS TO BRING ATTENTION ON

- **The need to improve quality of life and standard of living of aged disabled population and aged persons affected by disability of children and family members.**
- **To prioritize concerns related to ageing and disability in policies, programs and implementation strategies.**
- **The need for life course perspective in prevention, treatment & rehabilitation.**

THERE IS NEED TO UNDERSTAND THAT

- **Ageing is not synonymous with disability, a large no. of older people are in good health, with no significant mental or physical decline.**
- **However, as 58th Round of NSSO points out prevalence of locomotors disability is highest among older people as it is in case of mental illness, blindness, low vision and hearing.**
- **Age related disability can be prevented and use of aids can improve the condition.**

IT IS EQUALLY IMPORTANT TO UNDERSTAND

- **The situation of aged parents of disabled adults & thus have policy options in care giving by recognizing their heterogeneity.**
- **We also need to deal with issues of education, employment, health care especially long term, rehabilitation, accessibility and social security from a life course perspective and with the fact that life expectancies are increasing even for disabled.**

THE NEED FOR COMMUNITY SERVICES AND RESPONSE

- **Strengthening PHC & community based programs is essential.**
- **Having policies to enhance the informal support system is necessary. Programs to assist family care givers, such as having leave provisions, developing day care and respite care Centres, home help services need to be started and regulated.**

DEVELOPING TRAINING PROGRAMS

- **Dealing with disability issues requires adequate training of service/care providers both in formal and informal sector.**
- **Information and sensitivity can greatly aid care giving roles and also add to be independent, have self managed response and take care of prevention of problems.**
- **Change in attitudes, behavior, responses & understanding can bring positive, enhanced and enabling environments conducive to better quality of life.**

THE NEED FOR LONG TERM CARE PROVISIONS

- **Our health care system has ignored long term care provisions but these are necessary as the working paper on health for the 11th Plan, the NCMH documents and demographic & epidemiological transition indicate.**
- **Developing disability specific long term care (service & training) and making it accessible needs to be strategized in policy and programs.**

SYNERGY IS NEEDED IN POLICIES AND PLANS

- **The Madrid International Plan of Action on Ageing adopted by India at the Second World Assembly on Ageing in 2002 under 5 yr. review now, needs to be implemented on a number of objectives and recommendations stated around health, including disability.**

CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES

- **Article 1, 4, 8, 9, 16, 19, 20, 23, 25, 26, 27 and 28 are particularly sensitive to age related concerns and therefore provide opportunities for mainstreaming ageing into disability discourse.**
- **The Ministry of Social Justice and Empowerment being the nodal agency for ageing and disability concerns thus can provide the synergy to link & act.**

THE SCOPE OF THE 11TH PLAN

- **The emphasis on vulnerable groups has focus on inclusion of disability and ageing. More specifically the Health Care Program for the Elderly envisioned has the potential of responding to the age related disability concerns, but what is required is to have an integrated approach for including the concerns of the 3 categories mentioned in the beginning.**

TO CONCLUDE

- **Policies and programs have been formulated but implementation from a development and rights based orientation and with partnerships across departments and sectors needs to be enhanced by the nodal ministry. But above all we as members of the civil society need to adopt a more proactive role in quality of life concerns.**

AND LASTLY, ATTENTION ON ANOTHER NEGLECTED ASPECT

- **We need to take into account aspects of abuse of persons with disabilities across the life course.**
- **I request you to join the voluntary International Network for Prevention of Abuse (INPEA) and bring attention to the component of individual and institutional abuse.**
- **Finally, it needs to be included in the Report.**