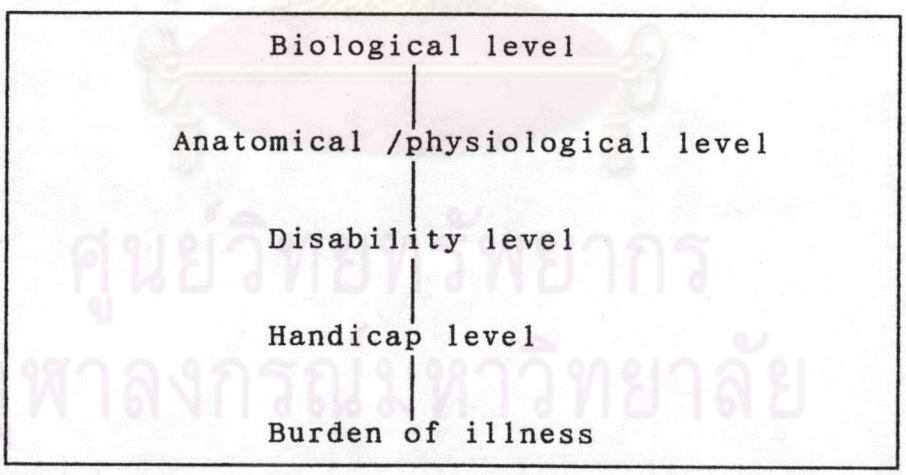
CHAPTER III

RESEARCH DESIGN

Disabilities have been well covered by numerous activities of daily living scales, and more recently other dimensions of disability have been practically applied to measure the prevalence and severity of disability in the population. From table 3.1 showed an expanded I-D-H model which break the impairment category into biological and anatomical / physiological levels. This is the territory of clinical scientists, and is a relevant level of measuring outcome or severity for many diseases.

Table 3.1 **An expanded impairment-disability-handicap (I-D-H) model.**



The next levels are of disability and handicap which must be distinguished from each other. A final level of "burden of illness" is needed to encompass the wider concerns of population science, and to acknowledge that the

health services can be measured in term of a reduction in the burden of illness.

This expanded I-D-H model demonstrates that the frames of reference that separate scientists and therapists, both clinically and ideologically, can be fitted into a single model of consequence of disease.(Embrahim, S. 1990).

This study attempts to find the proportion of functional of disability among the elderly and find out the associated factor that may influence functional disability. In 1980, the International Classification of impairments, Disabilities, and Handicaps (ICIDH). This publications was classification schemes for the consequences of disease, namely, impairment, disability and handicap. The importance concept of disability and definition was deficits in performance (resulting from impairment) that represent restriction in a manner or range of activities considered normal with in the context of physical and social environments. Examples of disability are activities restrictions in performing toileting, ambulation, maintaining person to person contacts and using transportation.

The idea of assessing the elderly's need for improved the care and prevention further disability is a specific analysis the degree of physiologic, psychologic and social circumstances in combining account for limitation in function. Moreover, how these limitations can be reduced to preserve the range of normal activities through medical and physical restoration. Disability is most frequently experience by those of our population who are disadvantage

and increase with age. This study was considered as the combination of factors that contribute to disability and method of functional assessment.

Design Architecture

This study was a cross-sectional descriptive study to identify the proportion of functional disability and a number of factors influencing the functional disability in elderly.

Research Question

1. What is the proportion of functional disability and degree of severity among elderly in Thamprakorn Home, Chiangmai Province during October to November 1992 ?

2. What is the factor(s) associated with functional disability?

Research objectives

1. To find the proportion of functional disabled elderly related to activities of daily living of elderly in Thamprakorn Home, Chaingmai Province.

2. To categorize the severity of functional disability in this population.

3. To determine factors associated with functional disability.

Conceptual framework

To study the proportion of functional disability, categorize the severity of the disability and find out associated factors in the elderly who lives in Thampakorn Home, Chiangmai Province by descriptive cross-sectional study (figure 3.1).

Limitation and Obstacle

1. The aging people may not be able to complete the questionnaires. The local dialect is difficult to communicate.

2. The elderly may have diseases that affect their actual ability.

Expected benefit of the study

1. Suggestion of setting up the rehabilitation programs with appropriate health care.

2. To provide team approach in elderly's health care.

3. To provide consultation services in other areas of health care services inside and outside institute.

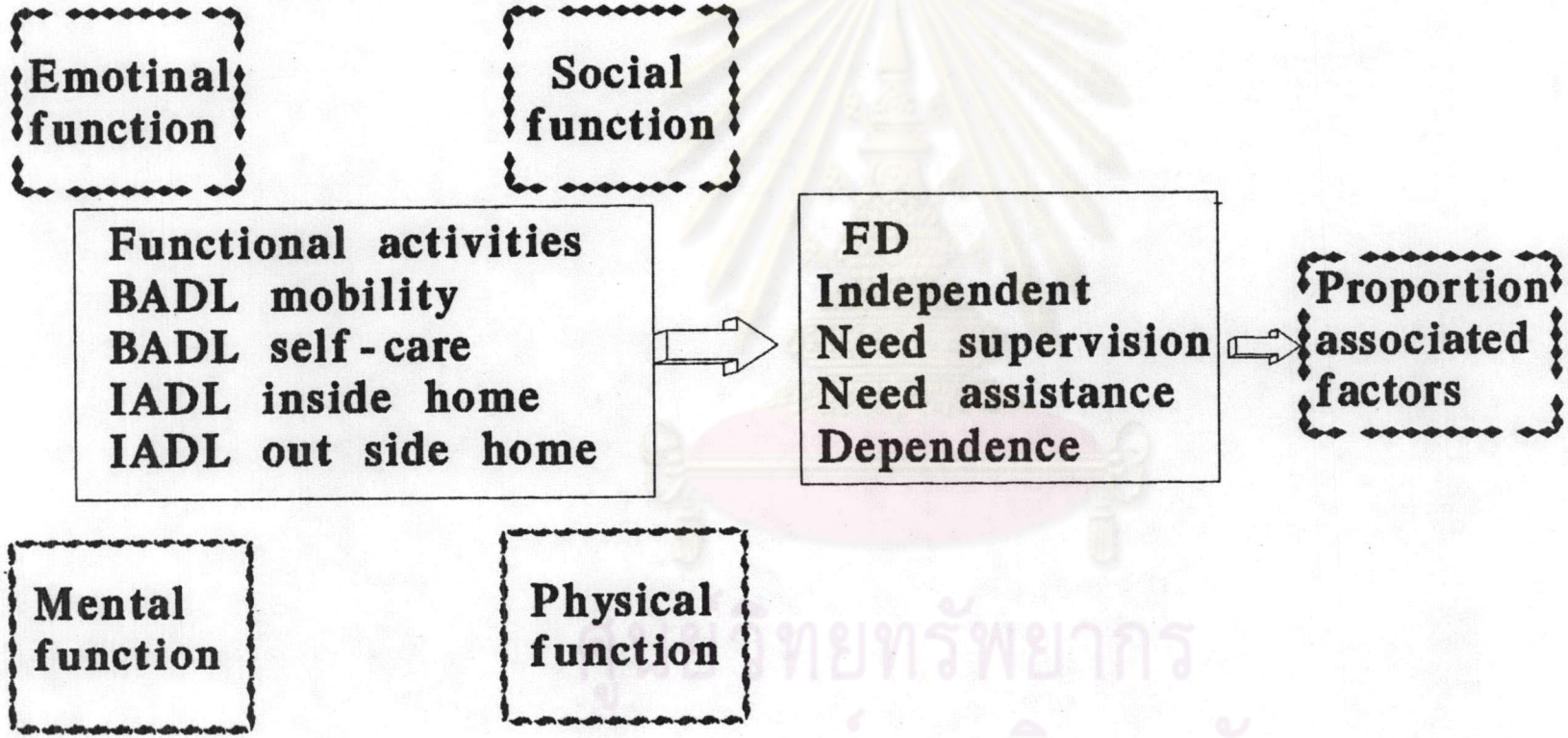


FIGURE 3. CONCEPTUAL FRAMWORK.