

# Ensuring Dignity and Rights: Navigating Disability and Ageing Challenges

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## Abstract:

This article analyses the interplay between disability, ageing, and human rights, especially about the fundamental rights to food, shelter, and health for the population of a similar background as well as the powerless. The analyses are based on a literature review including policy documents and empirical findings. The focus is on how individuals with disabilities and older adults are confronted with obstacles and inequity in acquiring basic resources and public services. This includes the necessity of bridging the gap through influencing the legislators, providing social support and noble policies that will protect the rights of these groups. Furthermore, the article points to the value of autonomy and independence by providing special help, including the part where technologies as well as community-based services and suitable housing are discussed which in turn lead to improvement in quality of life and social integration. Also, it is aimed at guaranteeing appropriate and overall healthcare coverage, prevention services, and mental health support to cater for the specific needs of those with disabilities and old ages. The article which also highlights the strategies of food insecurity tackles the sustainable agriculture, nutrition education and the food recovery initiatives. In addition, it evaluates the role of providing secure and inclusive housing options, prioritizing affordable housing programs, and enabling the improvement of dwelling for senior people and disabled individuals. The role of diverse research strategies, the engagement of stakeholders, and the adoption of an intersectional perspective as a basis for development of sound evidence-based policies and practices that safeguard the dignity, autonomy, and rights of older adults with disabilities are emphasized throughout the article. Through these rights' prioritization and the barriers' check, societies can embrace the idea of equality and inclusion, and ultimately achieve social justice for everyone.

**Keywords:** Disability, Ageing, Human rights, Food insecurity, Accessible housing

## 1. Introduction:

As time goes by, human community insight and respect of human dignity and rights are being regularly enhanced. With the course of this voyage, we have to acknowledge the problems that have been circling around those in the cross-road of disability and ageing. This article endeavours to dissect the nuanced nature of safeguarding dignity and rights for the elderly, exploring their challenges as well as the manner they can be solved.

Disability and ageing have multiple factors that are biological, psychological, social, and environmental which make them intricate phenomena. The natural process of ageing often increases physical and mental

deficiencies, and disabilities may stem from birth or be acquired later in life. Mastery of this complexity is the cornerstone of creation of effective support systems and policies (Freedman & Spillman, 2014).

Dignity has its roots within the depths of human heart, irrespective of the physical and mental condition. Every person, regardless of their physical and mental abilities, is entitled to being treated right and having a self-determining decision. On the other hand, public perception together with structural barriers would undermine the dignity of those with disabilities and older ones, and this could promote the stigma and exclusion theory (Kaufman & Silverberg, 2019).

Rights of the group are the core of the conversation on the ageing and disability. The UNCRPD and other international declarations stress the integration of individuals with disabilities right into society, equality of opportunities along with the right of living independently. Furthermore, senior citizens are also entitled to age-related rights, which include among others access to healthcare, social services, and anti-ageism program implementation (United Nations, 2006).

Disability and ageing too, intersect other dimensions of identity like gender, race, ethnicity, sexuality and socio-economic status. These complex combinations of things determine the way people experience life and acquire resources that often widen the scope of inequalities. Therefore, approach that takes account of the varied requirements and challenges of disability and ageing populations is necessary (Smith, 2016). The fast pace of technological progress, health care, and social policy are creating new services and creating disabilities and ageing persons. Technological developments in the form of assistive devices, telemedicine, and inclusive design, have come up with possibilities for improving the self-reliance of the individual as well as the overall quality of life. On the other hand, they implementation should be combined with actions to make sure that the access is equitable and affordable (World Health Organization, 2020).

Taking into account all these intricacies and benefits, it is crucial that all stakeholders should work together to provide services that would improve standard of living of persons with disabilities and the elderly. It deals with such tasks as spreading consciousness, fighting against discrimination, developing inclusive policies, as well as facilitating collaboration across sectors. Through diversity and human rights humanization, we are able to have a more inclusive and compassionate society that grants equal opportunities for people with all abilities and ages.

## 2. Methodologies:

The methodology used in this article is mainly a broad literature review and analysis of relevant policies and empirical studies relating to the entitlements of people with disabilities and seniors to food, clothing and health. This meant a thorough scanning and integration of peer reviewed journals, governmental reports, international commitments and NGO papers sourced from different perspectives, authentic practices, and policy suggestions. The methodology used consisting of the intersectional crossroads of disability and ageing in terms of social determinants of health and gender, socioeconomic status and geographic location. As well as that, I consulted with the professionals from the areas of disability rights, ageing, public health, and social welfare providing the indispensable expert's inputs to the content and recommendations developed in my article. Through a process strictly adhering to a normative and inclusive approach, this article intends to be a part of the ongoing dialogue about enabling individuals with disabilities and ageing to live with dignity and have their rights protected; thus, offering practitioners, policymakers, and advocates approaches and insights to establish equitable societies.

### 3. Right to a dignified life:

Between the years 2000 and 2050, it is forecast that the number of people aged 60 years and above in the world population will double from its current figure which is approximately 1.25 billion. On one hand, a society could look at aging as an accomplishment, however, on the other hand it can be a big challenge by creating a demand for health care services and maintaining level of health for the ever-growing older population. Subsequently, different kinds of chronic ailments including such problems as cardiovascular disorders, cancer and diabetes might develop. This way, the responsibilities of the citizens and the state become less challenging. Generally, patients are aged 65 or older and account for 40% of total healthcare spending. Although the definition of successful aging is still -being explained- by most experts, it has been widely acknowledged that it is made up of the freedom from chronic disease and the capacity to do well in old age, mentally and physically.

However, the word 'disabled' is considered in the broader dynamic way and as a process according to World Health Organization and conceptual models of disability, so approved by the United Convention of the Rights of the People living with Disabilities Pertaining to this ideology, a disability results from the interaction of persons with health conditions and their environments. There is also an international agreement in the view that “health and active ageing” is not without disorders or without diseases, but it refers to well-being from a biopsychosocial point of view: thus, it means the well-being and quality of life apart from reaching the so-called optimum health title.

The number of people with disabilities and people getting aged with disabilities rises steadily around the world. The community attitude towards older or disabled persons have been dual. Someone may feel indifferent concerning the normal and disabled or aged people and someone may bring a negative opinion about disabled and aged people. The feeling that they are a burden to their family, they begin to see their lives as less valuable, which in the end makes them more likely victims of depression and being isolated. Finding that is latest in the science is about older people with negative views about their own aging have less chances of recovering the disability and they live for average 7.5 years less than people with positive attitudes. People who are disabled are also discriminated in the society which ultimately leads to inferiority due to which they have to face this condition. As shown in a disability report compiled by the World Health Organization and the World Bank, since 2004, about 15.3% of people had disabilities and about 15% of people at the moment have disabilities with the number of persons with severe functional difficulties hovering within the 2-4% range.

Age plays a crucial role, the older one turns, the higher the chance of being handicapped. Therefore, the link between aging and disability has become a crucial point, considering the effect it might have on the social inclusion and quality of the life of the elderly, as well as on the social health-prevention structures. Collaboration of these aspects is likely for those ones.

Social development and progress ultimately demand the full involvement of every member of society. Disabled and elderly people compose a vast population that requires assistance. During development of disability policy simple care at institutions was the first and higher education for children with disabilities and rehabilitation for persons who become disabled in adult life followed. Through education and rehabilitation, persons with disabilities have achieved higher participation in activities and even push the disability agenda forward. The associations of people with disabilities, their relatives and their advocates appeared as well. They have called for the adequate conditions for disabled people. Following World War II two new notions were developed, namely, integration and normalization, a clear evidence of the numerous ways people with disabilities could function.

The senior citizens need too to be assisted and get equal chances to be self-reliant as well. The government is as well as NGOs are providing various schemes and other facilities in the current context to come by the uplift of socially excluded people. Generally, there are several reservations and special attention for the old and handicapped citizens. The state also subsidizes their affairs monthly, grants pension, and awards scholarships for their empowerment. The delicate process of aging and disabilities is an inevitable part of life, and with the right guidance, those persons with special needs can be better cared for.

On the sphere of education there used to be schools for children with special needs but now the pupils with disability are also integral part of schools for normal children. Thus, inclusion in education can be viewed a factor that makes two types of children more comfortable with each other, which contributes to social harmony. Education that meets their needs is the main reason seniors prefer open universities where age is not an issue. As this case shows, therefore, inclusiveness and equality of opportunity are gradually coming to be known as a norm in education.

With regard to policy recommendations at local level, there should be ordinances, or regulations for supporting and enhancing the quality of life for elderly and disabled individuals, encourage supplementary occupation, foster saving as well as investment, and expand social care systems for the elderly. At provincial level, it should connect operational plans both departmental and ministerial levels with provincial development plans, empower the support for network partners as well as entrepreneurs to create technology and innovation for rehabilitating elderly individuals with disabilities. At governmental level, the focus should be on the integration from operations across multiple sectors to solve the inequality in access to social welfare for elderly individuals with disabilities under dimensions of health, lifelong learning and education, vocational promotion and income, housing, recreation, justice process, and general social services.

#### **4. Rights of the disabled, destitute, and old age:**

Educating the public about the rights of individuals with disabilities, the homeless, and older people will help them protect their human rights. Legislative frameworks like the ADA (Americans with Disabilities Act) in the United States and similar laws in other countries are meant for the purpose of prohibiting discrimination and ensuring equal opportunity across employment, education, and public places (42 U.S.C. §§ 12101 et seq.).

Besides of the law providing protection, elaborate social support system needs to be in place to address the specific needs of the various groups. Social security programs that include disability benefits, old-age pensions, and affordable housing policies are very important as they give a financial lift and also promote social integration (Sullivan & von Wachter, 2009).

Grassroots advocacy initiatives represent an instrumental tool that is used to advance the rights of the marginalized groups. CBOs and DPOs are frequently the most powerful voices for change and amendments because they have the ability to mobilize the people, raise awareness, and advocate for policy reforms at the local, national, and international levels (Barnes, Mercer, Shakespeare, 1999).

The central aspect of advocacy is overall to acknowledge the intersections of ID and experiences of individuals. Intersectional approaches are that disability, destitution and old people connect the other kinds of marginalization, which are the poverty, race, sex and sexuality. Advocates should therefore address these intersections between oppressive systems and inequality as part of their effort to strive for justice and equality.

Legal aid and justice services access is the paramount for the enforcement of rights and taking discrimination action. Legal clinics, pro-bono initiatives, or advocacy organizations in this respect carry out a crucial role for individuals who are trying to go through the complicated legal processes by challenging discriminatory practices and advocating about the violations of their rights (Landsberg, 2001). The international human rights guidelines, such as the Declaration of Universal Human Rights and Convention on the Rights of Persons with Disabilities, play a role of general guidelines for those who want to highlight the rights of the marginalized groups. The creation of advocacy campaigns that adhere to these norms will increase the power of solidarity among all nations and thus put pressure on the governments to be in line with human rights values (United Nations, 1948).

Personalized assistance involves discovering the specific talents, tastes, and requirements of those with impairment, people in the street, and seniors. Person-centered care is based on autonomy and individual self-determination, which enables customers to be informed when making choices about their lives and being active in making up their own support systems (Brooker et al., 2007).

The development of assistive technologies have been changing the space of help on disability and ageing. Technological advances come in various forms such as mobility aids, communication devices, smart home technology and personal care robotics. These devices do not only make living easier for people with disabilities but also improve the quality of their life (World Health Organization, 2020).

So far as home, community-based services are concerned affordability and accessibility, they play a crucial role in enabling the independence and social inclusion. These services, including personal care assistance, nutritional meals, transportation and peer support, give individuals the necessary means to remain in their private homes and communities while getting the help they need (Reinhard et al. 2019).

Providing the foundation of self-care and community living to members is the key to achieve independence. Skill development programs, trade schools, and peer-led workshops help people to develop self-confidence, resilience, and to master daily issues steeper (World Health Organization, 2001).

Identifying and acknowledging that the families and caregivers of people with disabilities and elders play a significant role in the process is an essential step. Respite care centers, caregiver training, and financial aid programs give caregivers a chance to relieve their burden and at the same time continue the provision of care and wellness to their families (National Alliance for Caregiving, 2020).

Governments, service providers, and community organizations must prioritize innovation and flexibility in designing support programs and policies. Tailoring assistance to meet the diverse needs of individuals requires ongoing collaboration, research, and evaluation to identify best practices and adapt interventions to changing circumstances (Foster et al., 2017).

## **5. Right to protection and care:**

Constitutional Indian law is the pillar supporting the provision for equal opportunities to everyone. The act 2016 of protecting the rights of disabled persons (RPwD) came into action from 19th April, 2017. This act is designed so that one can equally live his/her life in dignity, with no discrimination as well as to have equal opportunities. The act sets out specific articles in order to uphold them. Some of the rights guaranteed under this act are:

1. Persons with disabilities have the right to equality, dignity and respect for integrity,
2. Persons with disabilities have the right to live in the community,
3. The Act provides protection to persons with disabilities from being subjected to torture, cruel, inhuman or degrading treatment,



4. The Act ensures protection of persons with disabilities from abuse, violence and exploitation,
5. Persons with disabilities are entitled to equal protection and safety in situations of risk, armed conflict, humanitarian emergencies and natural disasters.

For instance, there are certain schemes and scholarship programs which eventually help disabled people to have the right to protection against discrimination. Scholarship programs enable the able-bodied students to be successful and also help them to achieve financial support for their tertiary education. On the other hand, provision of reservation facilities and protection system help the people with disabilities also enjoy equal rights like every other citizen of the society. Our community is filled with numerous examples of physically challenged persons who are turning their lives around due to such social coverage. One of the policy steps that the government took was the welfare of senior citizens. In 2007 the Ministry of Social Justice and Empowerment came up with the act that was a landmark in legislation. It's been called Maintenance of Parents and by Senior Citizens. It is focused on improving the state supervision to ensure compliance with the constitutionally-guaranteed senior citizens' welfare provisions and institutional care by the state are:

1. National Policy on Older Persons (NPOP): The rule came into force in 1999. It provides for state support in areas like food and financial security, healthcare, shelter provision and other essential needs of older people and also against any form of abuse or exploitation. All in all, this policy looks to ensure that the elderly have a better life.
2. Atal Pension Yojana (APY): Commencing in the month of May, 2015, the scheme aims to confer pension to informal sector individuals. Also, the central government has to contribute some percentage in this scheme.
3. Integrated Programme for Senior Citizens (IPSc): In fact, it is a Central Sector Scheme meant to uplift the living conditions of the elderly persons, that is, the Senior Citizens. The updated and implemented in April, 2018 scheme provides 100% grant for the maintenance and operation of various projects like senior citizens' homes, dedicated homes for senior citizens with Alzheimer's disease, Mobile Medicare Units, Physiotherapy Clinics for Elderly people and Establishment of Regional Resource and Training Centers (RRTCs).
4. National Council of Senior Citizens (NCSRC): In 1999, the National Council for Older Person (NCOP) was born with the Minister for Social Justice and Empowerment as its Chairman to handle the issues of the National Policy on Older Persons (NPOP). Late in 2012, they rebranded and changed its name to National Council of Senior Citizens (NCSRC). The Council gives recommendation to Central and State Governments concerning elder citizens' problems and the living standard improvement.
5. Rashtriya Vayoshri Yojana (RVY): While addressing the Union Budget speech in 2015-16, Hon'ble Finance Minister declared the Rashtriya Yogishri Yojana (RVY). The RVY Scheman helps eliminate the financial burden of such devices for elderly with age related ailments belonging to the Below Poverty Line Category.

People living with disabilities and those that are elderly require the same health care services, similar to all population members including vaccination, screening, sexual and reproductive health and all other routine health care procedures. They could also be experiencing some more special health conditions together with the effects of that impairment. The disabled, the elderly and the sick may have the additional challenge of their access to clinical services. A major factor is the equality in depth and diversity of health quality of those with and without disabilities or age complexity. For example, the analyses of the World

Health Surveys in the World Report on Disability showed that both men and women with disabilities were significantly more likely to report needing healthcare services but not receiving them, than people without disabilities (women: Women showed higher rates of anxiety and depression during lockdown (6.3%-3.1%) compared to men (5.8%-4.1%). Access to healthcare poses a development issue and a matter of human right realization. Sustainable Development Goal 3 “Good Health and Well-being” aim at working to ensure equal opportunities for everyone to access health services through the implementation of Universal Health Coverage (UHC). UHC involves the situation when all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, regardless of their quality as it is still effective, while also being sure that the use of these services will not lead to financial difficulties. What hinders a clear discussion of health coverage for people with disabilities is the lack of specific parameters for defining what should be included in a measurement model. The absence of measurement tools does not merely relate to academics; from various ways of being the answers will be different whether the disability access is being mentioned in healthcare or not and what the program and policy response accordingly would be.

People with disabilities and elderly people may benefit from specialist services as a result of their impairment, which includes physical therapy, assistive devices, speech and language therapy, psychiatry and more. Many of these services are usually known as “rehabilitation”: It should be noted that this is a complex concept to define. The same term is also used for vocational rehabilitation, rehabilitation of offenders, drug and alcohol rehabilitation. WHO defines rehabilitation as a “*set of measures that assist individuals who experience or are likely to experience, disability to achieve and maintain optimal functioning in interaction with their environments*”. Using this definition, a broad range of interventions that may be required to maximise functioning were included under “rehabilitation” for the review, including: access to medical rehabilitation, access to therapy, coverage of assistive devices, and adherence to medication. These interventions are mainly operating at the level of the individual child or adult with disability.

Some of the special healthcare facilities for these persons are:

1. **Special Training:** Special training should be provided to hospital staff so that they can deal and help the disabled and aged personnel during health care. Special training will be helpful and effective as these kinds of people would feel more comfortable in the environment.
2. **Ayushman Bharat Scheme:** Introduced by the government of India in 2018, it is the largest government funded healthcare project. Here main priority will be given to senior citizens, women, girl child. Government will cover health expenditure up to Rs 5 lacs under this scheme. The scheme will be very helpful for the health benefit of these people.
3. **The need for interpreters:** Another big issue for access is the requirement of interpreters in hospitals and health care facilities. Most respondents to the questionnaires stated that they go to their health care facilities accompanied by their own interpreter. Only some stated that the hospitals or health care centres provided interpreters. The issue of sign language interpreters is a concern as there are insufficient interpreters available and no effort is being made by hospitals to ensure that they have sign language interpreters available with them for persons with hearing impairment.

#### **6. Right to access and avail the resources:**

Striking the equality of access to essential facilities and amenities is extremely critical for maintaining human rights entitlements of DE individuals, destitute persons, and elderly citizens. For this deepening

accessibility is achieved through ramps, lifts, tactile signs, audio-visual aids and making public spaces, buildings, transportation, and information systems available (World Health Organization, 2011).

It is imperative to adopt the principles of universal and inclusive design if we aim to improve accessibility for all users. The development of products, environments, and services that are easy to use by people of different ages and abilities is not only inclusive but also creates an impact on everyone by improving the user ease and sustainability of the solutions (Preiser, & Smith, 2010).

As the world becomes more digitalized, it is undoubtedly important to provide accessibility for all in order to avoid marginalization of some people. Websites, mobile apps and digital content must be in compliance with the Web Content Accessibility Guidelines (WCAG) in order to ensure they are easy to perceive, operate and understand by everybody (World Wide Web Consortium, 2018).

Accessible transportation and mobility services must be an integral part of everyone's life for the people with disabilities and old adults. Increasing street transportation, accessible paratransit, and community transport services will not only improve the mobility, but also bring independence, social connection, and economic participation out (UN, 2015).

Healthcare service should be a basic right that must be extended to all individuals regardless of age or disabilities. This is combined with not only the physical access but also culturally and linguistically appropriate care, affordable health insurance coverage and being supported in how to navigate the complex health care system (Braveman et al., 2011).

Enabling communities to participate in such pursuit generates collaboration, awareness, and ownership of applying inclusive approaches. Attendance to community-oriented accessibility audits, participatory planning process, and outreach efforts lead the local stakeholders to be able to identify barriers, prioritize needs, and make a true change at the neighborhood level (Hahn & Goldsmith, 2018).

A financial stability is created by eliminating the barriers for people with disability by allowing access to social security programs, destitute persons and elderly with low income. Social security stipend, disability pensions, unemployment payments, and targeted cash transfer programs are vital means of support for the people who need them (Social Security Administration, 2020).

Planning for retirement and old age should definitely be one of the main constituents of the financial safety net in future. It has been realized that age-specific policies that promote pension coverage, retirement savings incentives, and financial literacy education to an extent help individuals build financial resilience and facilitate the transition to retirement (OECD, 2019).

Sufficient supply of the secure, affordable and convenient housing is necessary for financial stability and people's welfare. Rental assistance resources, subsidies for low-income families, and supportive housing programs are some of the initiatives available to make sure that all people have the stable and affordable housing options they need, thereby preventing homelessness and housing insecurity (National Low Income Housing Coalition, 2020).

Even when it comes to healthcare, individuals with disabilities and senior citizens can face a huge financial difficulty especially in case of chronic illnesses. Access to universal health care, Medicare, Medicaid or other publicly funded health insurance programs that provide shelter from the financial burden of health care costs and guarantee availability of essential health services (Centers for Medicare & Medicaid Services, 2020).

Envisioning for a long-term care plan will help avoid financial instability during retirement days. Long-term care insurance, long-term care benefits under Medicaid and the home and community-based care



waivers help seniors to receive the services they need without harming their personal finances (AARP, 2020).

In order to ensure financial literacy and accessibility, individuals should be accorded the necessary information, proficiency and tools to correctly handle their financial issues. Financial education programs, asset-building initiatives, and the access to mainstream banking systems give individuals knowledge to make informed financial decisions and contribute to their economic stability according to Consumer Financial Protection Bureau (2020).

### **7. Right to the dignity of life, participation:**

A society where everyone is treated equally can be enriched with prosperity and progress. For the progress of the society people should give emphasis towards engagement of all kinds of people i.e. physically abled, disabled as well as elderly ones. Community participation is important for people with disabilities because it helps them make connections and feel part of the community. It can also improve their physical health and mental wellbeing. Appropriate sociocultural environment is essential to enable disabled people to develop their skills and gain a place in social life. For example, the parent of a person with a disability does not have an interest in him because he does not trust him or herself and shows an extreme protectionist attitude. In order to enable individuals with disabilities to find jobs, get married, continue education and vocational training in the society they live in, relations with various social institutions. Community participation activities are those that relate to organizing behaviours that arise during interaction with others in a particular social system.

The elderly people also feel segregated when they are being ignored or excluded from social functions, various community programs. This may affect their mental health. If they are included like the rest of the people and treated equally then it will boost their confidence level and they will be active both physically and mentally. Government and various NGOs are working simultaneously for this cause and this has brought many fruitful results.

The Centrally Sponsored Samagra Siksha Scheme implemented since 2018-19 has a dedicated Inclusive Education module, Special Needs Education, for the education of Children with Special Needs (CwSN). It looks at it as a system of education of CwSN that starts from Pre-Nursery and lasts till Class XII. The scheme is applicable to all children with special needs having any one of the disabilities covered in the schedule of the Rights of the Persons with Disabilities (RPwD) Act, 2016 which includes those under Government, Government-aided and local body schools are:

- A. To enable all children and young persons with disabilities to have access to inclusive education and improve their enrolment, retention and achievement in the general education system.
- B. Identification of children with disabilities at the school level and assessment of her/his educational needs.
- C. Provision of aids and appliance and assistive devices, ICT resources like JAWS & SAFA, as well as transportation, escort & scribe allowances to the children with special needs as per requirement and stipend for all girls with special needs (from pre-primary to XII).
- D. Removal of architectural barriers in schools so that students with disability have access to classrooms, laboratories, libraries and toilets in the school.
- E. Supplying appropriate teaching learning materials, medical facilities, vocational training support, guidance and counselling services and therapeutic services to children with special needs as per their requirement in convergence with line departments.

F. General school teachers will be sensitized and trained to teach and involve children with special needs in the general classroom. For existing special educators, capacity building programmes will be undertaken.

“Vocational Education” is an important and integral part of successful rehabilitation. Vocational education prepares a disabled person towards a better future where he/she can be financially independent. The social exclusion and discrimination faced by person with disability has increasingly been acknowledged as a human rights issue. A paradigm shift, from a medical and charity-based welfare model of disability to that of empowering the disabled persons. Today’s right based model acknowledge the movement to link disability issues to a full range of civil, political, economic, social, and cultural rights. Evidence already shows that right based frame work for looking at disability has increased social and economic developments. Vocational education or skill-based education available in certain disciplines that enables students to acquire skills which are traditionally non –academic and totally related to specific trade, occupation or vocation. They are also known as “Technical Education”. Career and Technical Education (CTE) or Vocational Education and Training (VET) as they directly develop expertise in a particular group of techniques or technology through manual or practical activity. Vocational Education and Training (VET) may be defined as an education and training which aims to equip people with knowledge, know-how, skills and /or competences required in particular occupations or more broadly on the labour market. Vocational education as the term itself denotes the students receiving this are specialized in particular trade/ vocation & skills and therefore they have more chances getting gainfully employed and a better place in the society as compared to others. It makes an individual a responsible and independent where as those who study regular, traditional and lack of skill developing courses lack in this sphere. This education provides stable jobs as these are the jobs whose demand is never fulfilled. It is the need of the hour to make “Vocational Education” to be integral part of school education curriculum. With the help of various government schemes and policies disables persons are getting vocational education which is helping them to earn livelihood and become financially independent rather than depending on other people.

### **8. Right to health and hygiene:**

Comprehensive healthcare coverage is a key factor to consider when striving to make the right to health a reality for all individuals, irrespective of whether they have disabilities, lack money, or are elderly. For example, universal healthcare systems, including the ones used in Canada and the United Kingdom, provides everyone with the access to the most needed medical care without financial restrictions so that everyone gets needed treatment on time.

The proactive approach in healthcare service is very important as a factor that helps to reduce the number of diseases, and improving the public health. Strategies, like vaccinations, screenings, health education, and life-style interventions, aid in identifying health problems early, prevent the beginning of diseases, and promote better long-term health (Centers for Disease Control and Prevention, 2020).

Integrated care models facilitating a range of coordinated and holistic health services are therefore especially needed by patients with multiple health problems. Integrated care is a multidisciplinary approach to healthcare that brings together medical, behavioral, and social services. Hence, this integrated care addresses the holistic concerns of the patient and not just medical conditions.

The complete health insurance schemes should include mental health services, as the mental health component determines the overall well-being of a person. To achieve mental health equity, we ought to enable mental health care within primary care facilities, increase the number of providers of counseling

and therapy services, and end social stigma towards mental health ailments (World Health Organization, 2019).

The reduction of health disparities needs to be incorporated in the approach which seeks to tackle the social determinants factors of health. Health equity program initiatives including community health programs, culturally competent care practice, outreach programs to marginalized groups are intended to reduce the variations in availability of healthcare and enhance the health outcomes of communities which are economically disadvantaged (Braveman&Gruskin,2003).

HIT plays an essential role in both the provision and the coordination of care services. Electronic health records (EHRs), telemedicine platforms, and health monitoring devices promote the communication between healthcare providers, facilitate remote consultations, and give patients two-way communication for healthcare engagement so as to uplift the health outcomes and patient satisfaction (HealthIT.gov, 2020).

Water and sanitation is a fundamental human right, which is also viewed as a prerequisite for health and hygiene. Investing in sanitation systems, for example, safe water supply systems, improved sanitary facilities and wastewater treatment facilities, lowers the risk of waterborne infections and improves the overall state of public health (United Nations, 2010).

Improving proper hygiene procedures is fundamental to both control disease transmission and ensure the good overall sanity. Running hygiene education campaigns, handwashing promotion initiatives, and sanitation training programs heightens awareness about personal hygiene empowering people to practice good hygienic behavior (WHO, 2020).

Applying environmental health regulations in reality helps to keep residents safe and ensure cleanliness of their living environment. The food safety, air quality, waste management and pest control regulations ensure the public's health and the prevent the probability of environmental hazards that are related to the lack of hygiene and reduction of disease transmission (Environmental Protection Agency, 2020).

Making sure there are public spaces that cater to the needs for hygiene such as public toilets, handwashing stations and waste management facilities is important especially on those who are homeless or live in poor areas. Providing a reasonable number of places for proper sanitation will create a clean environment and healthier people (United Nations Human Settlements Programme, 2020).

Sanitation is an important component of emergency preparedness planning and can contribute to the safety of the general population during crises. Delivering clean water, sanitary systems, and hygiene supplies to shelters and refugee camps helps to prevent unhealthy consequences of disasters and to avoid disease spread (World Health Organization, 2018).

Engaging communities in hygiene promotion and infrastructure development initiatives fosters ownership, sustainability, and cultural relevance. Community-led sanitation projects, participatory planning processes, and local partnerships empower communities to identify their hygiene needs, prioritize interventions, and take collective action to improve hygiene and health outcomes (Curtis et al., 2000).

## **9. Right to have decent food and shelter:**

Eco-friendly agricultural approaches have tremendous potential for combating food security not only without damaging the environment but also in the long run. Among these, there is agroecology, diversified farming systems and conservation agriculture focusing on fertility, water efficiency, diversity as well as productivity (FAO, 2019).

Small-scale farmers, especially in low-income countries, should not be ignored since they are necessary for ensuring food security and poverty reduction. Small-scale agricultural investments that are funding the access of credit, technical assistance and market linkage empower farmers to increase agricultural outputs, to diversify crops and to enhance the resilience to climate change and market fluctuations (IFAD, 2020). Fixing food inadequacy means not only expansion of food availability but also nutrition education and heightened awareness. Enabling people with the knowledge concerning balanced diets, good nutrition practices, and the value of micronutrients, among others, is a great step towards fostering dietary diversity, reducing malnutrition among the populace, and preventing diet-related ailments (World Health Organization, 2018).

Food waste can be addressed through recycling and distribution of food-to-food banks or poor communities which simultaneously can reduce food insecurity while environmental footprint is also reduced. The joint efforts of food banks, non-profit organizations, supermarkets, and government may allow for excess food from farms, manufacturers, and restaurants to be retrieved and distributed to those in need which will help prevent food waste and feed the community simultaneously (United Nations Environment Programme, 2020).

The implementation of policy interventions is the best way to achieve a suitable framework for creating sustainable food systems. The smallholder agriculture supporting policies, which regulate food markets, generate the incentives for the nutritious food production, and encourage the equitable access to land and resources can be the solutions to food insecurity and resilient food systems which benefit everyone (IPES-Food, 2020).

Enhancing Community Food systems ensure local food processing, distribution, and consumption which reduces the dependence on centralized food supply networks and increases food sovereignty. Community gardens, farmers' markets, food cooperatives, and community-supported agriculture initiatives (CSA) increase the sense of community resilience and social cohesion, and also provide equitable access to fresh and nutritious food (Knezevic & Chai, 2017).

Providing safe and appropriate housing for people with disabilities and older adults starts right with such thing as the design of houses with accessibility. Universal design guidelines, such as zero-step entrances, wider doorways, lever-style handles, and fixtures in bathrooms and kitchens that can be operated by everyone including people of age and physical ability, ensure that houses are accessible to all (National Association of Home Builders, 2020).

Accessible housing measures are the backbone of resolving affordability issues pertaining to persons with disabilities and older population over 65. Programs that provide subsidies, rent assistance vouchers, and tax credits for low-income housing enable many people to have a cost-effective and stable housing (U.S. Department of Housing and Urban Development, 2020).

Supportive housing models integrate housing with services like healthcare, counseling, case management and life skills training for the benefit of persons with special abilities associated with disabilities and older adults. Supportive housing care contributes to stable housing, community integration and a better health status while reducing the use of expensive hospitals and other institutions.

Making communities age-friendly involves designing neighborhoods and housing scenarios that support ageing where one stays. A great number of age-friendly factors, including walkable streets, accessible public transportation, closeness of amenities and social engagement opportunities, are the key contributors to remaining independent, connected and active within a community for older adults.

Home modification programs help both disabled and seniors population to make a living environment where it will meet their new needs and abilities. Incentives such as grants, loans, and technical service for home modifications, including the installation of grab bars, handrails, ramps, stairlifts, and bathroom modifications, will improve occupant safety, accessibility, and mobility within the home (Administration for Community Living, 2020).

Besides supporting the rights and preservations of housing, another thing that should be enforced is for housing discrimination and equal access of housing for individuals with disabilities and the older adults. Legally, the government has several protections for fair housing, for example, the Fair Housing Act and disability rights laws, that make it illegal to discriminate against a person with a disability, older person or some other protected characteristics, thus giving equal treatment in housing (US Department of Justice, 2020).

## 10. Findings:

1. **Intersectional Challenges:** People, with disability and ageing experience, cross-cutting challenges and discrimination when it comes to exercise of basic rights of accessing food, housing and health.
2. **Legal Protections and Social Support:** Advocacy of legal protection and social assistance is vital in shielding disabled persons and older individuals from social exclusion and ensures their active contributions to the society.
3. **Promoting Autonomy and Independence:** Individuals with disabilities and older adults often can continue to have autonomy and independence to the extent that they are assisted in particular ways, such as via assistive technologies, community-based services, and supportive housing options.
4. **Comprehensive Healthcare Coverage:** It is imperative to have a complete coverage of medical insurance, preventive services and mental health support as they play a crucial role in meeting the disabilities and ageing challenges experienced by some people.
5. **Addressing Food Insecurity:** Sustainable measures like sustainable agriculture, nutrition education, food recovery programs, and policies should be put in place for the affected parties to have access to food securely.
6. **Ensuring Accessible Housing Options:** To ensure that various housing options including affordable homes, as well as home modification programs are accessible and safe for everyone, pushes towards advocating for the housing needs of elderly people and persons with disabilities is crucial.

We thus may conclude that more systemic obstacles should be resolved, that we should promote more inclusive policies and practice, and that human rights, autonomy, and dignity of both disabled and old people communities need to be put first and foremost.

## 11. Solutions:

### 1. **Legal Protections and Social Support:**

- Advocate for the implementation and enforcement of disability rights laws, such as the Americans with Disabilities Act (ADA) and the Convention on the Rights of Persons with Disabilities (CRPD), to ensure legal protections for individuals with disabilities and older adults.
- Strengthen social support systems by expanding access to disability benefits, caregiver support programs, and community-based services that promote inclusion and participation.



## **2. Promoting Autonomy and Independence:**

- Invest in assistive technologies, such as mobility aids, communication devices, and smart home technology, to enhance independence and quality of life for individuals with disabilities and older adults.
- Develop and expand supportive housing options, including accessible and affordable housing with onsite support services, to enable individuals to live independently within their communities.

## **3. Comprehensive Healthcare Coverage:**

- Advocate for universal healthcare coverage and the inclusion of preventive services, mental health support, and long-term care benefits in healthcare plans to address the diverse health needs of individuals facing disabilities and ageing challenges.
- Support initiatives to integrate physical and mental healthcare services, improve access to primary care providers, and promote culturally competent care for underserved populations.

## **4. Addressing Food Insecurity:**

- Implement sustainable agriculture practices, such as agroecology and conservation agriculture, to increase food production while protecting the environment and supporting smallholder farmers.
- Expand access to nutrition education programs, food recovery initiatives, and community gardens to promote healthy eating habits, reduce food waste, and alleviate food insecurity among individuals with disabilities and older adults.

## **5. Ensuring Accessible Housing Options:**

- Advocate for policies and incentives to increase the availability of safe, accessible, and affordable housing options, including universal design standards and housing subsidies for individuals with disabilities and older adults.
- Support home modification programs, financial assistance for accessibility upgrades, and partnerships with local housing agencies to ensure that housing environments meet the diverse needs of individuals facing disabilities and ageing challenges.

By implementing these solutions, policymakers, practitioners, and advocates can work towards creating more inclusive, equitable, and supportive environments that uphold the dignity, autonomy, and rights of individuals with disabilities and older adults.

## **12. Conclusion:**

Conclusively, the right to live decent food, housing, and health are the ones that are important for human dignity and welfare, but they are also unachievable to many, especially to those with disabilities and the older people. We have examined the digital privacy rights from a multitude of angles and laid out approaches to address the systemic inequalities and gaps.

By supporting legal rights up to social aid, to boost autonomy and independence, the foundation of a truly inclusive society is a full cake, which is still being baked. Ensuring accessibility to primary amenities like public service and financial stability will be possible through the creation of environments that promote health and security for all people of all ages and abilities. There should also be investment in sustainable food systems and housing options to guarantee that this happens.

On the other hand, using a more intersectional perspective which considers different disabilities and ageing experiences is an additional step. Recognizing the intersecting factors between these vulnerable groups, such as race, gender, socioeconomic status, among other considerations, enables us to work towards the equal access to health services and tailor interventions to those who need them most.

On looking ahead to the upcoming work, cooperation is definitely required at all the levels - from local advocacy to global policy structures. If the rights to health, food and shelter are made the universal human element then we will end up creating a society that is more inclusive and sensitive where all the individuals live in a dignified way. It is through shared determination and unrelenting advocacy that we can bring about changes of vision into realities and nothing will be impossible for those who seek equality and inclusion in the world.

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