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Abstract
This paper examines the clothing requirements of the elderly across the globe and the management and caring strategies in supporting them. There is however, no specific requirement for the elderly in terms of what they wear or how they dress over and above the requirements of early adult life in many nations of the world. It is known that the activity level declines with age and so, the need and desire for food, and probably for fashion. The taste and choice of clothing among the elderly is believed to be tied with the individual in relation to health, beliefs, norms, comfort, physical ability, retirement activities, housing facilities, nationality, and locality. This paper highlights how clothing is related to ageing and the implications for managing and caring for the elderly.

Keywords: Ageing, Clothing Requirements, Caring Managing
Introduction
Generally, the elderly refers to people up to and over 65 years of age. Managing and caring for the elderly often involves the following:

- Provide a home
- Help with financial responsibilities
- meet their socialization needs
- offer legal help and support
- deal with mental health and medical issues related to aging such as dementia, alzheimer’s disease, depression, etc
- arrange resident nursing care (when necessary)
- help the elderly make decisions, including those about clothing, dying, eating, etc.

Caring for the elderly therefore requires a thorough understanding of their needs at any point in time by the caregiver. Caregivers must be seen to be loving, forgiving, sharing, and happy, etc for them to win the trust and cooperation of the elderly persons in their care. We also quickly note that the normal or general caring for elderly persons does not have the same connotation with the term elder care. Elder care can be thought of as an umbrella of care and services for the ‘frail’ elderly, which includes meals and socialization, personal care, residential facilities, light housekeeping, adult day care, transportation, telephone, reassurance, friendly visiting, caregiver support, respite care, emergency respond systems. Frailty is defined as chronic functional impairment in one or more of six activities of daily living (ADLs) that requires the help of other persons. These ADLs include bathing, dressing, grooming, eating, transferring and toileting. Though there is no specific requirements for the elderly in terms of what they wear or how they dress over and above the requirements of early adult life in many nations of the world, it is known that the activity level declines with age and so the need and desire for food and consequently for fashion. Also, the taste and choice of clothing among the elderly is believed to be tied with the individual in relation to health, beliefs, norms, comfort, physical ability, retirement activities, housing facilities, nationality, locality, religion and name it. It may therefore be safe to say that clothing for the elderly has the physiological, physical, psychological, cultural, and social aspects to it in managing and caring for the elderly.

Elderly Persons across the Globe
The United States of America can be viewed as at typical developed nation and India as a typical developing nation in discussing elderly persons across
the globe. In the United States of America, elderly persons are loosely and sweetly referred to as ‘Seniors’ and from the wealth of available literature on them, they can be said to be well-catered for. The population of seniors in the USA (65 years and above) was approximately 45 million representing 16 percent of the 2003 general population. The frail elderly make up 5 percent of the seniors numbering about 2.25 million. It is important to note that in spite of huge government and private sector efforts at caring for the elderly, 80 percent of the care provided to frail elderly in the US is provided by family members (Modrick and White, 2008; LifeChallenges.org, 2010). One major health problem of the elderly in the US is depression and research has shown that moderate to severe depression often accompanies physical decline and frailty. For instance, Modrick and White (2008) reported that as many as 70 percent of institutionalized elder persons in the US experience significant depression, with the incidence in community settings about 18 percent in the over 65 population (as opposed to 8 percent in the general population). Also, some estimates of frail elderly living in independent settings have found a 30 percent or higher incident. This has implication for good health care management since depression is a medical condition that affects not only the quality of life, but also the way in which people take care of themselves, including what they wear and how they groom themselves.

Swami (2010) in discussion elderly care in India noted that old age is a global phenomenon that needs to be seriously addressed considering the present global tendency of families becoming nuclear and wanting to stay that way. In the past in India, when there were joint families and people were not hard pressed for time, there was always someone to take care of the elder but today, things have changed. The Indian elderly population is growing rapidly because science and technology have created a revolution in healthcare system and the needs of the elderly Indian have increased due to the ageing process. Poverty and illiteracy have also exacerbated the problem of elderly care and rendered them more vulnerable, especially in the rural areas. In most cases, they depend on their children to look after them, which brings a lot of fundamental values and the principles of ethics into play. Morally, for instance, people are bound to look after their aged parents, but what happens when the children are so poor that they cannot even take care of themselves not to talk of parents? Thus, loss of earning power, lack of any social security funds and dependence on the benefaction of children or relations who may care less, create serious traumatic psychological problems for the seniors in India and in most developing nations.
Furthermore, the role of health insurance in India and the old age pension schemes for the elderly are woefully inadequate. In this type of set up therefore, caring for the elderly without allowing them to lose their sense of dignity and independence is very difficult. Balancing safety and needs without compromising too much on independence is a difficult task on its own. Caring for the elderly is always a big challenge and the older the person is the more difficult it becomes. Sickness and ailments seem to be a regular company of the elderly with the attendant crises that often arise suddenly. A sudden running nose/sneezing, a broken limb or hip from falls, respiratory and digestive infections, allergies from side effects of medicine, etc are some of the things that require immediate and special care including the special clothing needs for these conditions. Therefore, understanding their mental make-up and learning to identify signals, which spell their requirements, are very important aspects.

Besides, medical science is today conquering more and more causes of death and a greater number of people live into old age. This implies that changes in old age are becoming mainly due to the ageing process other than disease. However, the interaction of ageing and disease is evident in various groups of disease whose severity in speed of onset and effects on joints may depend on normal physiological changes with age in bone mass and connective tissues. Another disease also unique with the aged is accidental hypothermia. This is a growing inability with age to cope with cold temperatures. Coupled with other factors, this disease could cause a person to become so insensitive to drastic falls in temperature that the aged may freeze to death. Aging blurs body senses with reduction in sensitivity to sight, noise, odour (smell), taste and pain (touch), which further reduces as a person ages the more. This may lead to partial or total blindness and poor and effective communication. It is reported that while it is true that not every old person necessarily experiences sensory loss and their attendant problems, about 50 percent of the elderly undergo some degree of sensory loss. Also, muscle function slows down and muscle weight decreases with age (Udoh, 2000). All these have implications for managing and clothing the elderly. Understanding cases like this will help elderly caregivers in selecting clothing items that would keep warmth and comfort. Besides health factors, there are other factors that determine the clothing requirement of the elderly. These are the types of activities they engage in on a regular basis and culture. Clothing without doubt is central to the ways older bodies are experienced, presented, and understood within culture, so that ‘clothing and age’ forms a significant though neglected
element in the constitution and experience of old age. Would it therefore mean that certain existing cultures will influence clothing for the aged?

Twigg (2007) made an extensive critical review of clothing, age and the body, linking them to the cultural processes of ageing. She traced how clothing intersects with three current and key debates in social gerontology concerning the body, identity and agency. It examined the part played by clothing in the expression of social difference and explored the role of age-ordering in determining the dress choice of older people and its enforcement through moral discourses that discipline their bodies. Dress, also seen as an arena for the expression of identify and exercise of agency, she further articulated on how far older people are able to use clothing to resist or redefine the dominant meaning of age as well as the changing cultural location of older people and the role of consumer culture in age identities. This elaborate study revealed a lot about clothing, ageing and culture. It concluded that clothes are the principal means through which the body is presented and seen, therefore how dress operates in relation to age, is significant for understanding how cultural expectations act directly at a bodily level. Furthermore, it revealed that clothing choices in old age reflect changes in the body and dress thus offers a field in which the complete interplay between physiological and cultural influences in the constitution of old age can be explored. Clothing has also traditionally embedded age-ordering even though the phenomenon seems elusive. In Europe, the retail clothing industry is quiet on it while many older people repudiate its influence, but it does exist. For instance, ‘cut’ and ‘colour’ can be seen as responses to changes in the body, but their predominant meanings relate to cultural estimation of the status of older people. Also, loose shapeless forms and pale drab colours underwrite invisibility for elderly people and point to social marginalization. Besides, there is a widespread adoption of easy, relaxed forms of clothing that seek to maintain older people in mainstream culture. Furthermore, clothing exposes the ways in which certain disciplinary discourses impinge upon the lives of older people, where they find themselves being judged with a new harshness by lapses of dress found socially unacceptable. This is usually found in the Arab world where women elderly and frail must dress in a stipulated ‘cultural’ manner, discomfort or fashion being thrown to the winds. They could get stoned in the streets for defying cultural dress modes. In the USA cultural dress modes for the elderly are more liberal than the UK and the developing nations. However, cultural forms as finally concluded by Twigg (2007), are themselves protean,
with the nature of the fashion and clothing system shifting to the form that age is replacing class as the primary engine of change, while consumer culture, instead of integrating older people into the mainstream of clothing may indeed be imposing new and more subtle forms of age-ordering. Crane (2000) noted that the clothing market had become fragment and differentiated, with age operating as a hidden unacknowledged variable in the United States of America. She therefore, concluded that for gram disappearing, age-ordering may have been transformed into a more subtle form, representing a new dynamic of change. However, the corporate perspectives of advertiser and retailers of clothing insist that there are no clothes for older people as such, but just a variety of modes aimed at different lifestyles which customers young or old are free to choose as they wish. The elders themselves who have attained the Third Age status have no wish to forgo the pleasures of consumption, and no desire or intention to adapt ‘older’ style or mode of life, but wish to remain part of mainstream consumer culture. From their perspective, age-ordering is simply oppressive, and something to be resisted. This implies that the growing fluidity and choice in dress and fashion is consistent with the widely held view that the dress of people in middle or later years is no longer constrained by cultural norms. This perception indicates that the old hierarchies in relation to age and dress seem to have broken down, together with the institutional structures that previously entrenched a normative life-cycle, with the result that the age – ordering that was a prominent feature of the dress of the older people in previous generations has also broken down (Twigg, 2007). Clothing therefore is seen as an everyday bodily practice in which various influences including those of fashion, culture, age, identity, etc come into play. From the foregoing, it does appear that clothing becomes age-specific only when dealing with problematic old age and the challenges this presents at a social level. It is this group of elderly that really needs to be managed and cared for.

Management and Caring Strategies
Managing and caring of the elderly are closely had and the strategies for effective and efficient care also go together. It is very necessary that plans be made ahead for every need since these needs have huge financial implications. For the frail elderly, the job becomes even more tasking. Plains have to be made about reaching the companies and factories that specialized in designing elderly clothing pieces that meet the needs of ageing adults.
The following strategies are important for selecting clothing in caring for the elderly:

1. Elderly persons, especially the women and even the frail elderly would not just want to wear anything or dress anyhow. They still want to look fashionable. The ability to select the right fashions is to understand the special needs of the person who will be wearing them. This however, requires concentration on comfort, movement and easy care.

2. Retirement living often means a change in fashion needs. The retired Banker or company chief executive for example will not continue to dress the same way. Also, as elderly persons continue to age, several factors may affect their fashion needs and might cause the need for more revisions in their wardrobe, from dress/garments to shoes, ties, hats, caps, socks, stockings, hand gloves, eye-glasses, walking sticks, under wears, neckties, shawls, etc. These factors include the following (Hamilton, 2008; White, 2006; Weber and Karam, 2007):

- Health issues – changes in energy levels and reaction to medications can make it difficult to dress and perform personal care activities. It can become very difficult for individuals to dress themselves when they become physically or mentally challenged with Alzheimer’s, arthritis, muscle weakness or other medical issues like cooler body temperatures. Getting fingers to move easily enough to button up, zip up, or operate bra closures or tie a shoe lace can become impossible. Frail older people often have problems getting dressed and finding clothes to fit people with arthritis can struggle with small buttons while someone with dementia may forget how to dress altogether. In addition to movement issues, seniors may develop special medical issues that make it difficult to be comfortable in standard off-the-rack fashions and shoes. For example, someone who has trouble standing may not be able to step into pants; a foot condition could mean swelling of the feet all day requiring a shoe or slipper that can adapt to the foot’s changing size.

- Mobility challenges - seniors may need cloths that are easy to get on and get off from a seated or even lying position.
- New environment – activities in an active senior require a wide range of fashions than if they have health or mobility problems that require them to bedridden, bound to wheelchairs in an assisted living or nursing home situation.
- Change in peer group fashions – often, women senior would want to make changes in her wardrobe to more closely follow the styles worn by new peers.
- Downsizing a living situation – less closet and storage space might cause seniors to reduce their wardrobe.
- More leisure time – fashions to fit all sorts of time spent in leisure – travel, gyms, games, etc, may influence the senior’s wardrobe.

3. The next strategy having known the foregoing discourse is to be able to select appropriate fashion for the active as well as the frail elderly persons. In doing this, it is necessary to continue to seek their input and pay special attention to their comments about what they enjoy wearing and fashions worn by other peers. There is need therefore to check out for fashions that:

- Match personal style – for example, colours, styles, designs, worn by them for many years would still be cherished.
- Match correct body size – As people get older, their overall physical stature often shrinks, and may need smaller sizes and shorter garments.
- Are easy on/off styles – look for pull–on and wrap-around styles of tops and pants (bottoms). Front-closure bras are significantly easier for women than having to twist arms to reach the back. Avoid small buttons, snaps and small zippers that are difficult to maneuver.
- Are made from easy care fabrics – look for fabrics that can be machine-washed and machine –dried in either a home or care environment. Avoid fabrics which are delicate, require special care and ironing. In the poor rural areas of developing countries where hand-washing and hang-dry is what obtains, fabrics that are easy to manage, wash and dry fast, without needing ironing should be used.
- Are comfortable to wear – fabrics should be soft against sensitive skin, clothes should provide layers to stay warm, wraps and shrugs are particularly useful in keeping warmth especially for nursing home residents. Avoid closures and
seams at back. Shoes should have non-slip soles to minimize the risk of falling as well as easy-on easy-off styles that help the elderly change or remove shoes without much stress. Athletic styles with velcro closures can provide steady firm base for the feet and easy to wear and remove.

The comfort factor is very important so far as they do not violate medical conditions. In fact, for many seniors, comfort is the primary factor that influences clothing preferences. After retirement for instance, there is no more need to dress for the professional environment on a regular basis. Those who have spent years wearing uniforms (e.g. nurses, policemen, the army), and business suits (e.g. bankers, chief executives) often look forward to ‘dress freedom’. While aiming at still looking good, they go for clothing that are easy to care for, causal, have low maintenance, and extremely comfortable.

4. Adaptive clothing for the elderly should be adopted as needed since it makes dressing easier with all the attendant comfort offered to both the elderly and the caregiver. It is specially designed for people with restrictive movement or loss of function. Many people experience health problems with ageing which require the use of adaptive clothing. These include:

- **Seating Dressing Options** – older adults who experience loss of mobility or balance can benefit greatly from clothing that allows them to dress or undress in a seating position. These typically have open backs.

- **Easy to fasten clothing** - seniors with limited manual dexterity could wear clothing items which fasten with velcro or snaps rather than buttons or zippers and these put in position that are reachable without stress.

- **Incontinence concerns** – elderly persons who experience incontinence problems need clothing that helps hide or camouflage their problem especially in public as well as being designed to allow for easy and quick access and quick changes on a regular basis.

- **Slip Resistant Shoes/Special Needs Footwear** – To reduce risk of falling, elderly people require shoes that have special slip-resistant soles for those that are prone to falls. Foot problems are very common among the elderly with some needing
orthopedic shoes, diabetic footwear, shoes with velcro closure, and other special accommodations.

5. The individual’s health conditions must be considered before buying clothing. In purchasing clothing for the elderly we should therefore consider clothes that allow for easy access to the toilet, room for slings, splints, and incontinence facilities, easy-wear for chair-or-bed-bound seniors, and most importantly, comfort for the wearer. There are also fashionable adaptive clothing manufacturers, both local and international that abound that can be contacted and orders place if need be ahead of time. These manufacturers have inventories that cover a wide variety of fashionable adaptive clothing that covers or satisfies the tastes and comfort of seniors. They include clothing for Alzheimer’s patients, arthritis patients, disabled individuals, nursing home residents, wheelchair-bound individuals, incontinence individuals, and full-figured individuals.

For an individual suffering from dementia, select and purchase clothes that foster individuality an independence. People with dementia often have a favourite outfit and may resist wearing certain clothes, therefore buying several of the one favoured outfit may help. They also do not feel a change in temperature, therefore in ensuring that the person is dressed appropriately for the weather, clothing that fit various weather conditions should be brought and made handy.

6. The following clothing tips (Hamilton, 2008) in elderly care could be always remembered:
   • when dressing paralyzed limbs, dress the affected limb first but undress it last.
   • choose natural fibre and cotton fabrics that breathe.
   • choose fabrics that can be washed frequently especially for nursing-home residents up to 90 degrees.
   • stretchy fabrics are easier for those with paralysis, pain or decreased limb function.
   • Velcro straps and elastic waist pants are easier for those with incontinence.
   • choose clothes with front or side closures for easy access.
   • choose clothes with lots of room in sleeves or calves for splints, slings, crutches.
Choosing tops with back opens for people who are bed or chair bound.

Choose wrap-around skirts, elastic skirts-waists for easy access and to pull over the head.

Choose boxer shorts for men and drous for women.

Avoid clothes with small buttons, zippers and hooks.

Slippers should be avoided or well-fitted if it must be worn.

Choose socks and stockings with base-grip to avoid falls on feet without shoes especially at night.

Choose slip on shoes not lace-ups with non-slips soles.

Conclusion

It is evident that old persons are more or less the same everywhere in the world because their health needs constitute the common denominator. The health issues that pertain to the elderly and therefore have implications for clothing and care occur around the globe. These are so much so much that they transcend cultural values, norms, beliefs, morals and religion. For example, the clothing and consequent care that is given to a paralyzed senior is basically the same in all counties even though the quality may differ. We can conveniently conclude that ageing is a global unifying factor with reference to clothing needs and care.

It is also evident that under normal circumstances, there is no specific requirement for the older persons in terms of what they wear or how they dress over and above the requirements of early adult life across the globe. What is fashionable in whatever country still remains fashionable and “wearable” for the older people of that country. This implies that across the globe, fashion in clothing for the elderly is not a discriminating factor. However, health problems of the frail elderly and disabled old persons do require resort to adaptable clothing which in effect is in the best interest, comfort, and care of the elderly.

What is to be noted is that ageing does not mean frailty and dying and ‘relegation to the background’ from the goodies in family talks, ties and relationships. There is now a special slogan in Nigeria that is gaining substance that ‘life begins at seventy’! This is as result of the growing population of healthy, agile and strong seniors in Nigeria. There is also the vogue whereby grand and great-grand mothers now look after their grand and great-grand children on a continued live-in basis while their parents are off to school or to work or travel away from home for long periods of time. This
has implications for the educational administrator who now deals and relates with “seniors” about the academic and other welfare issues of the pupils and students in school. The lifestyles of these seniors will definitely impact upon these young school children, and influence what they do at home and at school.

References


