

ABSTRACT

This study was undertaken to obtain demographic and socioeconomic data and particulars relating to morbidity, personal care capacity, utilization of health services, habits, recreation and attitudes of old people.

Old age is hard to define, since aging is a process which starts from birth.

In this study the pensionable age of 55 years was taken as the dividing line between middle age and old age, and those who were 55 years and above were included in the study.

The study area had a population of 28086, with 11.8%, being 55 years and above.

The study was carried out in two phases. In phase I, general data was collected from 3344 persons 55 years and above, living in the area. In phase II a 2% sample of the elders interviewed were medically examined. The coverage in phase I was almost 100% and in phase II it was 87.8%. During phase I, 69.6% of the 3344 elders were personally interviewed, and in the case of 19% of the elders the questionnaire was answered by the spouse or child living with the elder.

Unlike in the more developed countries where two thirds of the elderly population are females, in this study, there were an almost equal number of males and females except in the 55-59 years old age group where females constituted 58.2%:

Only 7.7% of the elders were living alone. Most of the elders were living with their spouses, and when the partner is no longer living, they lived with their children - preferably the female children.

Out of the 3344 elders, 24.4% were employed; two thirds of them were in the 55-64 years old age group.

The percentage of elders who have had no schooling was 13.3% compared to 34.2% for Sri Lanka.

Arterial hypertension was found in 11.7%, heart disease in 5.5%, diabetes mellitus in 7.8% and bronchial asthma in 8.2% of the elders. Residual paralysis of one or more limbs or face was seen in 2.2%.

Only 9.9% of the elders had obtained impatient medical care at least once during the previous one year. This figure is comparatively low when compared to developed countries.

The medical examination conducted during phase II of the study indicated that 39.7% of the 58 elders examined had a diastolic blood pressure of 90-99 mm of mercury and 6.9% had a diastolic blood pressure over 110 mm of mercury. Diabetes (17.2%) and arthritis (10.3%) were other common diseases.

Only 27.6% of the elders were using glasses. Out of those who were not wearing glasses 66.6% were unable to read the newspaper.

Distant vision too was impaired. One elder was completely blind and 33.3% were able to identify hand movements only.

Ten percent of the elders had a haemoglobin less than 10 g per 100 ml. A majority (80%) of them were females.

Oral hygiene among the elders was very poor. Paradontal disease was found in 82.8% of the elders. Carious and loose teeth were found in 32% of the elders but, none of them had gone to a dentist for dental care.

It is suggested that:

- a) Geriatric health care be incorporated into the Primary Health Care (PHC) system. The PHC workers should carry out, education, screening and referels, monitoring of chronically ill patients, training of patients or relations to carry out simple tests like testing urine for sugar in diabetics, administration of insulin, supervision of drug administration etc.
- b) Geriatric clinics be established at secondary and tertiary levels of the primary health care structure.

- c) Geriatric wards should be established at tertiary level.
- d) Long term care services be established involving, screening, rehabilitation, assisting the elders to cope with impairments and permanent residential or out-patient services as well as assistance in their homes.
- e) The criterion for retirement should not be confined to an arbitrary age limit but made more flexible in its application. Part time employment should be provided to those who are capable of working.