

ABSTRACT

Sri Lanka is faced with a rapidly ageing population despite low facilities, resources and economy. Policies and services to cater the expanding elderly group has not yet established properly in the country. This can affect physical and mental health status of elders. Therefore, a community based cross sectional descriptive study was carried out among elders aged 60-74 years in Matara Municipal Council Medical Officers of Health area to describe the demographic and socioeconomic factors, functional abilities and physical health and to analyze the association of them with their mental health status.

A response rate of 92.1 percent led to the participation of 515 elders. Nearly half the participants were between age 60-64 years and the majority was females. One third of the study population was widows, where widows were significantly higher than widowers. More than half the sample had educational level above grade five.

A majority of respondents live in houses owned by themselves or spouses. Ninety percent of them live with either spouse or children and 80% had a separate room for them. Watching television, visiting religious places, listening to radio, looking after grand children, reading book and news papers and visiting friends are the most common leisure activities carried out by more than half the respondents.

Majority had financial difficulties and stated children as the main source of income. Only one fourth of the respondents were pensioners.

Majority (95%) were able to carry out activities of daily living but the percentage of impairment for instrumental activities of daily living were higher (20%).

Nearly half the respondents had either good or excellent self assessed health. Majority of them were taking medication for chronic illness for more than three months and only one-third had been hospitalized for any illness during the past one year. Prevalence of hypertensive diseases (31.6%), diabetes, ischemic heart disease, arthritis and respiratory conditions was high among the study population. One-third of the sample had self assessed poor vision with or without spectacles and only 14.4% had poor or very poor hearing.

Cognitive impairment was seen in 11.9% of the study population whereas poor mental health status was seen among 39.6% of them.

Being married, having higher educational status, being the owner of the house, having a separate room for their living and self satisfaction about their living arrangement had a favorable significant association with good mental health status of elders. Also better mental health was significantly associated with better individual and family incomes.

Independency in Activities of Daily Living and Instrumental Activities of Daily Living were significant good predictors of better mental health. Also, respondents who were satisfied with their functional status showed significant good mental health.

Poor self assessed physical health status, hospitalization during last year, taking treatment for more than three months for chronic illnesses, poor hearing and poor vision was also significantly associated with poor mental outcome of elders.

Establishment of a system to identify mental illnesses of the elderly for treatment and referral at curative care institutions, encouragement of people to adopt practices like living with the spouse, living in a house owned by self or spouse, having a separate room to live and having regular visits by friends and relatives, provision of legal advice with regard to transfer of property to the children, promotion of activities like rearing pets, doing gardening, watching television and engaging in voluntary social and aesthetic activities through community based elders committees and community centres of local government bodies, encouragement of younger generation to have savings during their economically active life years and invest on insurance policies and organizing behavior change programmes on active ageing which includes positive thinking and being satisfied with what is available are suggested to face this situation.

Key words: Elderly, Socioeconomic, functional ability, physical health, mental health