

ABSTRACT

This study was performed to determine the needs of elders and availability of health care services for elders, in the Divisional Director of Health Services area of Akkaraipattu. The study area was situated in the Ampara district where 99.5% of the population are Muslims. A community based cross-sectional descriptive study was done. By using a simple random sampling technique, 400 elders were selected from the area total elders of 1,899. Trained interviewers were used to collect data by using two different interviewer administered structured questionnaires, one for elders and the other for their domiciliary chief care providers. The questionnaires were designed to collect data on socio-demographic characteristics, health status, utilisation of health care services and knowledge in the care of elders among the chief home care providers.

The elderly population was 5.65%, the sex ratio (men: female) was 81.8%. In the study area 15% were over 76 years. Among the elders, 69.1% (N=220) of females, and 20% (N=180) of males were widowed and 11.3% (N=400) of elders were living alone. 48.6% of elders never attended school, and 82.8% of elders had either no income at all or income of less than 1,000 rupees per month.

The impairment of Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) were 8.5% and 29.5% respectively; while both were significantly high in elders over 76 years. The elders were mainly suffering from the chronic diseases like arthritis, high blood pressure and chronic cough, and higher number of chronic respiratory ailments in elderly females requires further

investigation. The problem of vision, impairment of hearing, dementia and depression among elders were found to be more common when compared to other studies done in Sri Lanka. Therefore, it is recommended that necessary steps to be taken to provide these specialised medical care facilities in this district, and provide spectacles and hearing aids on free of charge to poor elders.

It is recommended that medical officers who trained in Geriatrics should be appointed in future to overcome the health needs of rapidly growing elderly population. The wards, clinics and OPD should be planned and re-organised to prevent accidental falls of elders.

Routine medical examination and basic investigation facilities were not available for elders. Therefore, the extension of Well Women Clinic facilities for elderly males also, will solve this problem and the existing primary health care system can be utilised to conduct domiciliary care services for elders.

Most of the chief care providers at home (CCPH) were females and mainly daughters or spouses of the elders. 19.8% of CCPH were 56 years of age and above; their educational level was poor. They gained some knowledge to care for the elderly mainly from the mass media, relations and friends. These important human resources should be trained and motivated to provide good quality care for elders at home.

Policy planners should consider providing poor elders with pensions or other incentives and other concessions, to maintain their quality of life.