

ABSTRACT

A case control study to determine some demographic, functional, physical, mental and social factors associated with institutionalisation of the elderly in the Kalutara district was conducted in phase one of the study. One hundred and ninety five elderly aged 60 years and above who were newly admitted to elders' homes in the district were the cases. Five hundred and eighty five non-institutionalised elderly controls in the district matched for age, sex and residence were selected by simple random sampling, at a ratio of one case to three controls.

Data on independent variables were obtained using an interviewer-administered validated and structured pre-tested questionnaire. The elderly were subjected to a medical examination, anthropometric measurements and urine tests for sugar and albumin. Data on some aspects of the burden of care-giving were collected from the caregivers of non-institutionalised elderly.

Phase two of the study determined the perception of the elders and their caregivers on the usefulness of elder day care centres. Forty-four elders and their caregivers who utilised these services were interviewed using a pre-tested questionnaire.

Matched analysis using univariate techniques and conditional logistic regression was done to analyse data from the case control study. Descriptive statistics were used in the analysis of data in phase two of the study.

Variables associated with institutionalisation as identified from logistic regression were, currently unmarried status (widowed, divorced, separated or never married) [Odds Ratio ($\hat{\psi}$) = 2.248], not having children ($\hat{\psi}$ = 45.97), ownership of the house by a non-relative ($\hat{\psi}$ = 43.564), poor perceived health when compared with others of similar age ($\hat{\psi}$

= 2.336). depression ($\hat{\psi} = 6.86$), inadequate help given at home ($\hat{\psi} = 2.99$) and poor participation in leisure activities ($\hat{\psi} = 5.4396$).

There were other variables that had a highly significant association with institutionalisation in univariate analysis, but not so in logistic regression. They were, living alone or with one other, not having a separate room, arthritic symptoms, difficulty in chewing, poor dental hygiene, an acute illness in the recent past, non-availability of a caregiver for the needy, dependence on Instrumental Activities of Daily Living and feeling of loneliness.

Non-institutionalised elderly had higher levels of bowel incontinence, chronic illnesses including diabetes mellitus and disability in Physical Activities of Daily Living (PADL). This can be related to the admission policy of the elders' homes that were included in the study. The elderly with debilitating diseases, physical disabilities and chronic illnesses were not accepted to any of these elders' homes. The illnesses and conditions were diabetes mellitus, psoriasis, eczema, stroke, incontinence and mental problems. The family at community level cared for a significant proportion of elderly with these problems (33 percent with any one PADL disability).

Care-giving at home is time consuming, tiresome at times and needs specialised skills for some of the activities. Though these activities cause 'caregiver stress', they were not perceived as a 'burden' by the caregivers.

Reasons for the usefulness of elder day care centres for the elderly and their caregivers were mainly psychosocial and less financial. The elderly and their caregivers who utilised the services of elder day care centres cited psychosocial and not financial reasons for the perceived usefulness of these. Companionship and involvement in

activities were the main reasons given by the elderly. Better mental wellbeing of the elderly and the freedom enjoyed by the caregivers during daytime were the main reasons given by the caregivers.

The perceived needs of the elderly as given by the elderly and their caregivers were mainly economic and health. Better accessibility to obtain medicine, getting them at a low cost and receiving subsidised living aids were the priority needs of the elderly. Needs of the elderly as perceived by the caregivers were, monetary incentives to provide better care for the elderly, in addition to the above needs.