SOCIO-DEMOGRAPHIC DIFFERENCES AND LEVEL OF DISABILITY ON FRAILTY OF ELDERLY IN SRI LANKA

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Abstract: Disability in old age is a frequent phenomenon that lowers the quality of life of elderly people and demands scarce resources for care and rehabilitation. Sri Lanka has a rapidly increasing elderly population and there is very little information relevant to the health conditions of the elderly in general. This includes an assessment of the number of diseases confronted in old age, the ability to engage in daily activities, self-perceived health condition, the use of life-supporting equipment and the number of leisure time activities. The objective of this study is to analyse the impact of certain socio-demographic variables on the extent of frailty experienced by the elderly with different levels of disability. According to the findings of the study it was revealed that 5.4 percent totally depend on someone to do their daily activities, while 57 percent are in need of some help. Only 38 percent were not in need of any support. Further, the extent of frailty is positively affected by the level of disability and negatively affected by their self-reported health status. Hence, it is prudent to consider the amalgamation of ageing related disability conditions that require special geriatric care as well, in future policy reforms relating to disability in the country.

Keywords: Disability Level, Frailty, Socio-Demographic Variables, Leisure Activities, Equipment Usage, Health Status

Introduction
There are many studies carried out worldwide on disability and associations between age, gender and frailty (Grundy and Karen, 2000; Arther and Ginn, 1993). However, the association between socio-demographic factors and functional disabilities and their impact on frailty of the elderly in Sri Lanka is not examined adequately. Past studies on disability show that disability conditions such as blindness, dumbness, deafness, deaf-mutism, disability in limbs - hands and legs occurs mainly from birth rather than at subsequent and higher ages. At subsequent and higher ages, the major causes of disablement are found to be illness, accidents and violence (Amarabandu, 2007).

Frailty is a condition associated with ageing and is a common geriatric syndrome that increases the risk of decline in health and functional ability among older adults. Frailty has been operationally defined as meeting three out of five phenotypic criteria indicating compromised energetics: low grip strength, low energy, slowed waking speed, low physical activity, and/or unintentional weight loss (Fried et al., 2001). Frail older adults are at high risk for major adverse health outcomes such as disability, falls,