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Associated factors of doctor visits made by urban-dwelling older adults in Sri Lanka: an application of Anderson's model of health service utilization

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Abstract

Background: Although universal free healthcare is available for all Sri Lankan citizens, older adults face somewhat unique obstacles when utilizing available healthcare services. The aim of this study was to examine some vital predisposing, enabling, and need factors associated with doctor visits made by urban-dwelling older adults in Sri Lanka.

Methods: A representative sample of 880 urban-dwelling older adults (aged 60 years and above) was surveyed using an interviewer-administered questionnaire. Number of doctor visits, self-rated health, physical activity, and socio-demographic and self-report health conditions were collected. The data were analyzed using chi-squared tests and multinomial logistic regression.

Results: Participants' mean age was 70.01 ($\pm$ 6.02) years. The majority was women (75.0%). The mean number of doctor visits was 6.77 ($\pm$ 5.92) per year. Nearly half of the participants (47.0%) had made, on average, at least one doctor visit per month. Older men and those of aged 80 years and above were the least likely to make frequent doctor visits. Participants who were physically active and who rated their health as poor were more likely to make frequent doctor visits after adjustment for age, gender, and educational level.

Conclusions: Doctor visits made by Sri Lankan older adults are satisfactory. The factors that best explain high frequency of doctor visits by older adults are female gender, younger age, higher physical activity and poor self-rated health. Attention should be paid to examine possible accessible and affordable issues related to doctor visits by bedridden or physically dependent older adults in advanced age categories.

Keywords: Doctor visits, Older adults, Self-rated health, Physical activity, Sri Lanka

Background

Sri Lanka, a middle-income country in South Asia, has one of the fastest aging populations in the region [1]. Population aging in Sri Lanka is not parallel to its economic growth and the majority of older adults in Sri Lanka do not have any social security benefits. The situation would create devastating health and economic consequences in the near future if necessary policy and corrective actions are not taken in time [1, 2]. Geriatric healthcare in the country is still in its infancy and the rates of healthcare utilization by older adults found to be low [3–5].

Individual decision-making regarding medical consultations or treatment is a complex process [6–8]. Gender, age, non-proximity of services, self-perception about health status, personal attributes, decision-making

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