

General conclusions

Methodological Problems

This report presents a cross-sectional view of the elderly, their attitudes to health, their individual ways of life, their living conditions, and their use of health and social services. As in all cross-sectional studies, it is not possible to distinguish age effects from cohort effects, i.e., it is not known whether the present population aged 60–64 years will, in 10 years' time, be similar to the present population aged 70–74 years. Quite apart from any long-term changes in the provision of services and any general economic changes, it is likely that each age group in the present study has been subject to selection pressures that will be different from those of other cohorts. The extent of such differences can be determined only by longitudinal studies and these, it is anticipated, will be carried out in at least some of the centres participating in the present study. Even more complex research set-ups with actual physical examinations will be needed in order to distinguish between aging processes, differences between age groups, and the effects of time.

Before the results of the present survey are considered, a number of other methodological problems need to be examined. The first is that the results in general have been presented in five-year age groups and for each sex separately. This sampling procedure was adopted in order to obtain a sufficient number of persons in the oldest age groups. Because of the different age–sex structure in the different survey areas, it was not considered appropriate to attempt an overall estimate of the global position of the elderly. The results as presented may therefore seem to concentrate overmuch on the position of the very old if it is not kept in mind that the very old are a relatively small proportion of those aged over 60 in the present populations.

A problem in any international survey of this type is uniformity of data collection. A standardized questionnaire was used that had been designed by the group of investigators and tested in a number of centres. Despite this coordinated planning and the visits of WHO personnel to some of the centres, there were difficulties in interpreting the protocol of the study and in translating the questionnaire into different languages. There were further difficulties because interviewers were not uniform in age and background and because in some centres it was not possible to train the interviewers along the lines laid down by the group of investigators. A study such as this demands an interdisciplinary approach that combines the skills of clinical

medicine, gerontology, epidemiology, and sociology. Such an approach requires a common understanding and this took time to achieve amongst the various collaborating centres.

It must be borne in mind that the areas selected were a varying combination of urban and rural districts that may not have been in any way typical of the mixture of urban and rural in any particular country. The purpose of the surveys in the 16 areas was to provide material for comparative studies. However, a cross-national or cross-cultural study requires a full analysis of a great number of factors that influence the results and their interpretation, and even then comparisons would be only partly successful in several problem areas with which this study is concerned. In many ways one of the more valid comparisons between the different survey areas would be between the urban areas of the large cities. It is hoped that comparative analyses of these will be made on the basis of the data that have been collected. In practice, in the selection of areas and in other respects the surveys presented here fall short of the original, sometimes optimistic, plans in the study protocol.

The aim of this first report is to provide a description of the elderly that is considered relevant to the planning and implementation of health and social services for them within each country. Further analyses of the data will provide an opportunity for a more thorough study of the questions raised during the writing of this report.

In relation to this study it must be remembered that some subjects were too ill to interview and that subjects who were in institutions are excluded from consideration. It is therefore probable that the picture presented here differs somewhat from the actual picture in the survey areas, in particular among the very old. There were also difficulties in quality control despite the intensive efforts devoted to the planning and standardization of the study. Some questions were not understood in the same way everywhere and quality control varied from centre to centre, depending partly upon their expertise and experience of similar surveys. The questions in which difficulties were noticed were excluded from this report.

In some areas the results are rendered somewhat unreliable by the low response rate. While it is not possible to lay down a response rate considered to be satisfactory, the particular response rate concerned should be kept in mind in any comparisons that are made on the basis of these data.

It might be asked whether the present study is too big, with too many centres and too wide an age variation to ensure standardization at all stages of its design and completion. It is, however, exactly because of the big variations in geography, sampling frame, and age range that this report is of particular interest.

The Findings

The findings of the present survey are summarized at the end of each chapter and it is not proposed to repeat them here. In general it is possible to

compare all the data with respect to whether they show age trends, differences between men and women, and geographical differences, and if so whether they show any cultural or economic patterns.

In the urban areas the majority of the elderly are retired, whereas in the rural areas they are still employed, even in the oldest age groups. The majority of the urban elderly had more than five years of full-time education, rural dwellers, particularly women, less commonly. Full-time vocational or professional training was relatively uncommon; in some areas less than 5% had received such a training, and the percentages did not vary significantly between the age groups. Although the overall level of education and training of the elderly will become better in the future, it is apparent from the present data that by the year 2000 the majority of the elderly will still be people of relatively low educational level with a history of manual or agricultural work, but no longer productively employed. How to provide meaningful social roles for the retired will be one of the most important questions in the planning of community measures for the aged.

One of the most striking findings was the assessment by women of their health and wellbeing. Individuals "not feeling healthy now" were more likely to be women than men. The percentages of those who evaluated their health as very good were higher among men than among women. Again, those who had complaints in the two weeks before the interview were more likely to be women than men, and in general women reported conditions affecting their daily life more than men. The age difference in health variables was much less constant than the sex difference. Women also reported more difficulty in coping with the activities of daily life, and the prevalence of various physical impairments, for instance foot problems, was greater in women than in men. However, in relation to certain specific problems the picture is rather different; for example, there is a marked increase in the prevalence of hearing problems with age and hearing problems are generally commoner in men than in women.

The large variation in health indicators among the study populations requires further attention in any continuation of the study. The results suggest that the physical capacity of the aged is dependent on cultural differences. It should, however, be remembered that the model used in the assessment of health is functional, not medical; clinical epidemiological assessments of health are needed for further examination of the health status of the elderly.

In general the standard of housing seemed fairly satisfactory, although in a number of instances the dwelling was obviously unsuitable for the elderly (accommodation on different floors, many stairs, etc.). There seemed to be few important differences in standards of housing among the different age groups, but again there was a tendency for older women to be living in less satisfactory accommodation. This situation, at least partly, reflects cohort differences; new generations start from a higher standard of housing than previous generations. The large numbers of single-person households, particularly among elderly women and in industrialized urban

areas, is likely to have harmful effects if new community measures are not developed to improve the social integration of the aged.

Large differences between the sexes, the age groups, and the study areas were observed in a number of spheres of their individual ways of life. Satisfaction with life was in general experienced by women less than by men, and in almost all study areas women felt lonely more than men. The results of the surveys also show that there is progressive disengagement from social activities by the elderly, but those who actively participate in social gatherings are again more likely to be men than women.

The differences between the study populations in the so-called health habits often exceed the differences between the age groups or sexes. For example, the proportion of women consuming alcohol varied from the great majority in some areas to less than 10% in the older age groups of others. Overall, a higher proportion of men than of women consumed alcohol, but the difference was very much more evident in some areas than in others. The prevalence of smoking in the various survey areas showed very great differences, especially among men. Physical exercise for its own sake seemed to be a widely accepted habit in urban areas in highly industrialized societies, but in most rural areas the interest in physical exercise was low. These variables deserve more attention in attempts to prevent premature impairment of health and functional ability among the elderly. Large variations in individual way of life between the populations studied suggest that cultural traditions and social and economic conditions rather than aging *per se* have a marked effect in determining the activities and behaviour of the elderly. It may also be assumed that adaptation to retirement could be improved by the development of specific programmes for that purpose.

Large variations exist, as would be expected, among the centres in the provision of services for the elderly. A number of centres showed a very considerable increase in their use among the oldest age groups, and women in general used health services somewhat more than men. Health services are likely to be more widely spread than social services. Specific social services for old people are still uncommon in several countries, whereas in others a more and more marked differentiation of the range of services offered has developed. It is now widely recognized that various forms of service need to be combined into a flexible system that takes the individual needs of every old person into consideration.

Contemporary medical practice is characterized by the ample use of medicines, but variations in the consumption of both prescribed and self-bought medicines are large. This question should be more thoroughly investigated during the continuation of the study. It is generally known that, besides the desired effects, medicines often also cause undesirable side effects among the elderly. The analysis of differences in drug consumption among various groups of the elderly might provide valuable information on the proper balance between drug treatment and other therapeutic and rehabilitative measures.

An inventory of existing services in some of the study areas is being made and will, for example, provide an opportunity for analysing more precisely the relationships between the use of services, health variables, and existing service systems.



This survey, which deals with the health and functional ability of, the use of services by and the way of life among the elderly shows enormous differences between different areas, between the sexes, and between different age groups. In general the differences between the different study populations seem to be greater than between the different age groups, but the increasing proportion of those in institutions in the older age groups and other factors giving rise to selection need to be taken into account.

The survey not only highlights the health problems of the elderly; it also shows that many of the elderly, including the very old, are living their life in relatively little contact with the health and social services. The individuals in the oldest age groups in the survey are the survivors of a very much larger number of individuals. Since an increasing proportion of the population will survive to old age because of the much lower mortality in all the younger age groups, the question is whether future cohorts of the very old will have these same problems. It is hoped that this survey extends the knowledge at present available on the health of the aging, a question that has recently been reviewed in the WHO European Region (108).

The results of the survey can be used to help plan services for the elderly and with the elderly, and in particular to increase the provision of such services as the proportion of the elderly rises in most areas of the world. It is also hoped that they will stimulate positive thinking about the elderly. It is not just the increasing provision of health and social services with increasing age that is needed, but an overall vision of the health and place of the elderly and individual and collective efforts to prevent some of the isolation, loneliness and disability in the elderly, in particular among old women, that the present survey has revealed. The factors that make the elderly feel themselves to be healthy should be further investigated, and their aspirations fulfilled at an achievable level, one that is yet high enough to provide them with satisfaction and as much independence as is possible.

Old age as such is not the source of most of the problems found among the elderly. The findings of this study show large differences between the populations studied not only in their feelings and attitudes but also in their ability to cope with daily living and in their activity and roles. These findings give grounds for optimism about the possibility of reducing social disparities among the elderly and securing their independence and self-realization by providing appropriate services and strengthening their social relationships.

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