

Original Research



Prevalence of selected chronic diseases, health seeking behaviour and associated factors among the elderly workers of a selected district of Sri Lanka

Niluka Gunathilaka^{1*}, Dulani L Samaranayake², Manuj C Weerasinghe²

¹Regional Director of Health Services, Kurunegala, Ministry of Health, Sri Lanka; ²Department of Community Medicine, Faculty of Medicine, University of Colombo, Sri Lanka

*Correspondence: nilukaguntahilaka@yahoo.com

 <https://orcid.org/0000-0001-6887-8790>

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Abstract

Introduction: Sri Lankan demographic transition has shifted the country to a fast-ageing population. Consequently, elderly in labour force will be noteworthy. Ageing increases the prevalence of non-communicable diseases. Hence, its prevalence, health seeking behaviour and associated factors need to be sought to improve the health of elderly workforce.

Objectives: To describe the sociodemographic and work-related characteristics of elderly workers, health status, health seeking behaviour and association between the health seeking behaviour and sociodemographic and work-related characteristics in Gampaha District of Sri Lanka

Methods: A community-based descriptive cross-sectional study was conducted using multistage cluster sampling in Gampaha District, Sri Lanka among 835 elderly workers who met the operational definition and eligibility criteria. Data were collected using a pretested interviewer-administered questionnaire, covering sociodemographic and occupational details, and information on chronic illnesses and health-seeking behaviour. Bivariate analysis was carried out using Chi-squared test, considering a p-value of 0.05 as statistically significant.

Results: Majority of the workers (78.4%; n=655) were having at least one chronic illness and the occupation of 58% of them was affected by their chronic illness. For acute and chronic illness, 48.1% were taking treatment from private medical centres. The healthcare seeking behaviour for chronic conditions among the elderly was influenced by factors such as educational level, income, marital status, living arrangements, skill level and working patterns.

Conclusions & Recommendations: The findings emphasize the need for policies and interventions that address socio-demographic disparities in healthcare access by promoting family support, insurance schemes, and adopting the health care facility provision according to the workplaces and working patterns.

Keywords: elderly worker, chronic illness, acute illness, health seeking behaviour

Introduction

Elderly is considered as persons aged 60 years and above in World Health Organization (1), the United Nations (2) definition as well as in Sri Lanka (3). Globally, the elderly population is experiencing a significant growth, and societies are aging at an unprecedented rate. In 2021, there were 761 million people in this age group, a number expected to surge to 1.6 billion by 2050 and the increase is particularly pronounced in Eastern and South-Eastern Asia (4).

Sri Lanka is experiencing a significant aging population trend, with elderly individuals increasing from 12.3% in 2010 to reach 27.6% by the year 2050. If the present trajectory persists, it is projected that by 2071, the overall dependency ratio will reach 92.4%, with the specific ratio for elderly dependents being 64% (5). Sri Lanka's demographic landscape in 2023 reflects a notable aging trend, with the population aged 60 and above comprising 17.2% of the total population, totalling 3,761,000 individuals. Among this elderly group, women account for 57.9% (6). Literature shows that population aging and increased rural and urban migration which leads to lack of family support, could increase the labour force participation of elderly.

Based on labour force participation forecasts, by 2050, there will be 31.2% older individuals actively engaged in or available for work in the developed countries. This underscores the significant reliance of the economy on the contributions of older workers (7). Similarly, in 2015, a quarter of Sri Lanka's elderly population participated in economic endeavours and out of them, 55% were engaged in their own economic activities (8). A vast majority of the elderly workforce in Sri Lanka is in informal sector, while the rest would belong to government sector and formal private sector employees (9). Although the government and formal private sector employees would be forced to abide by the mandatory retirement regulations, elderly workers in the informal sector usually would work until death or disability due to

chronic health problems (10). Despite facing disabilities and age-related physical limitations, older workers are highly regarded within organizations due to their specialized knowledge, leadership abilities, and extensive experiences (11). Health of the elderly workforce, being an integral part of the multifaceted concept of Quality of Work Life (QoWL), is an important aspect to pay attention to, in the current context of the rapidly aging population and the increasing trend of elderly workforce. Chronic diseases, which are one of the major culprits responsible for various adverse consequences of health, including disability, untimely mortality and significant healthcare costs that individuals often have to bear out of their own pockets, potentially pushing them into poverty. In 2016, it was approximated that 83% of all deaths in Sri Lanka resulted from chronic non-communicable diseases (NCDs). Individuals living with chronic diseases would have a higher economic burden due to the disparity between their income and expenditure (12). Evidence reveals that having a chronic disease made the elderly less likely to be engaged in full-time work (13).

This study aimed to address critical gaps in our understanding of the prevalence of chronic diseases and health-seeking behaviour among the elderly workforce in Sri Lanka, which has remained understudied despite its growing significance. Given the significant implications of chronic diseases and health-seeking behaviour for the wellbeing, productivity and economic stability of this aging workforce, this research provides valuable insights for policymakers, healthcare providers, and society at large, in contributing to the development of targeted interventions and policies that can enhance the quality of life and working conditions for elderly workers in Sri Lanka, ultimately fostering a more inclusive and sustainable society in the face of a rapidly aging population. The objective of the study was to describe the sociodemographic and work-related characteristics of elderly workers and identify their health status, health seeking behaviour in Sri Lanka.

Methods

A community based, descriptive and cross-sectional study was conducted in Gampaha District in 2019, which is the most population dense district in Sri Lanka.

In this study, ‘elderly worker’ was defined as a person aged 60 years or above who had been working during the last six months at least for 20 hours per week. The

study population consisted of those who met the operational definition and had been living in Gampaha District for more than six months. The worker may belong to any skill level and can be a paid regular employee or a self-employed person who works for a wage in cash or goods. Casual and seasonal workers, severely ill workers not fit to engage in the study and those who could not be contacted following three visits were excluded.

Table 1: Sociodemographic characteristics of elderly workers (N=835)

Characteristic	No.	%
Age in completed years		
60 - 64	355	42.5
65 - 69	317	38.0
70 - 74	105	12.6
75 - 79	41	4.9
80 and above	17	2.0
Sex		
Male	574	68.7
Female	261	31.3
Highest level of education		
Not attended school	28	3.4
Up to grade 5	221	26.5
Up to GCE O/L	272	32.6
GCE O/L passed*	101	12.1
GCE A/L passed**	79	9.5
Graduate	28	3.4
Other	106	12.7
Monthly income level (LKR)***		
Less than 15,000	144	17.2
15,000 - 30,000	344	41.2
31,000 - 50,000	273	32.7
More than 50,000	74	8.9
Living status		
Alone	42	5.0
With spouse	192	23.0
With children	193	23.1
With spouse and children	366	43.8
With relatives	37	4.4
With non-relatives	5	0.6
Total	835	100

*General Certificate of Education Ordinary Level; **General Certificate of Education Advanced Level; ***The median Sri Lankan household income according to the Household Income and Expenditure Survey 2019 was calculated as LKR 53,333

Using multi-stage cluster sampling technique, seven divisional secretariate divisions (DSD) were selected randomly in the first stage. From these DSDs, 85 *Grama Niladhari* divisions (GND) were selected randomly. A GND was considered as a cluster. From each cluster, 10 participants were randomly selected. Sample size was calculated applying the probable estimation of 55.4% of elders reporting any chronic illness (14) at the significance level 95%, with a relative precision of 0.05 and the design effect of 2. Considering a non-response rate of 10%, the calculated sample size was 838.

A pre-tested interviewer-administrated questionnaire

was used for data collection at the workers' residence. Information on sociodemographic and occupational characteristics, illnesses and health seeking behaviour for chronic illnesses was collected through multiple questions.

Data analysis

Data analysis was carried out using Statistical Package for the Social Sciences (SPSS) version 17. Categorical variables were presented in frequencies and percentages. Bivariate analysis was done between sociodemographic, health seeking behaviour using Chi-squared test. P value of 0.05 was considered statistically significant.

Table 2 : Chronic illnesses profile and health seeking behaviour of elderly workers (N=835)

Variable	No.	%
Prevalence of chronic illness		
Diabetes mellitus	370	44.3
Hypertension	337	40.3
Asthma	55	6.5
Heart disease	93	11.1
Hypercholesterolaemia	283	33.8
Arthritis	288	34.4
Psychological illness	22	2.6
Place of treatment for acute illness		
Government only	238	28.5
Private only	291	34.8
Self / home	117	14
Ayurvedic	13	1.6
Mixed places	175	21.0
Place of treatment for chronic illnesses		
Government	382	45.8
Private	103	12.3
Self / home	65	7.8
Ayurvedic	12	1.4
Mixed places	87	10.4
Job affected by the chronic treatment centre		
Yes	326	39.0
Yes, to certain extent	151	18.1
No	159	19.1
Cannot say	19	2.3
Not relevant	180	21.6

Table 3: Work related characteristics of elderly workers (N=835)

Characteristic	No.	%
Occupational skill levels		
Skill level 1	166	19.9
Skill level 2	585	70.1
Skill level 3	55	6.6
Skill level 4	29	3.5
Occupational sector		
Government	13	1.6
Semi-government	5	0.6
Private Formal	133	15.9
Private Informal	320	38.3
Self-employed	364	43.6
Occupation category		
Legislators, senior officials and managers	3	0.4
Professional	41	4.9
Technicians and associate professionals	19	2.3
Clerks	8	1.0
Service workers and shop and market sales workers	330	39.5
Skilled agricultural and fishery workers	93	11.1
Craft and related workers	180	21.6
Plant and machine operators and assemblers	75	9.0
Elementary occupations	86	10.3
Employed before 60 years		
Yes	798	95.6
No	37	4.4
Working days per week		
Five days	263	31.5
Seven days	411	49.2
Other	161	19.8
Working pattern		
Shift basis	41	4.9
From morning till evening every day/ most days	455	54.3
From morning till evening few days	213	25.5
No routine pattern	126	15.1
Duration of work per day		
Less than 6 hours	184	22.0
6-8 hours	343	41.1
More than 8 hours	308	36.9
Working extra hours		
Yes	191	22.9
No	644	77.1

Results

The sample consisted of 835 individuals, giving a response rate of 99.6%. Of them, 68.74% were males while nearly one third had completed education up to

the General Certificate of Education Ordinary Level (GCE O/L). The majority (94.9%) were married and living with their family in contrast to 5% who were living alone and 8.9% having an income of more than Rs. 50,000 (Table 1).

Table 4: Factors associated with healthcare seeking behaviour for acute illnesses

Variable	Government health facility (n=238)	Private health facility (n=291)	p value
Age group			0.82
60 - 64	107 (45.0)	120 (41.2)	
65 – 69	86 (36.1)	114 (39.2)	
70 - 74	30 (12.6)	39 (13.4)	
75 – 79	12 (5.04)	12 (4.12)	
80 and above	3 (1.3)	6 (2.1)	
Gender			0.15
Male	146 (61.3)	196 (67.4)	
Female	92 (38.7)	95 (32.7)	
Highest educational level			<0.001
Not attended school	16 (6.7)	3 (1.0)	
Up to grade 5	71 (29.8)	61 (21.0)	
Up to GCE O/L*	89 (37.4)	77 (26.5)	
GCE O/L passed*	13 (5.5)	53 (18.2)	
GCE A/L passed**	16 (6.7)	42 (14.4)	
Graduate or higher	33 (13.8)	55 (18.9)a	
Income level (LKR)***			<0.001
Less than 15,000	52 (21.9)	49 (16.8)	
15,000 - 29,999	108 (45.4)	103 (35.4)	
30,000 - 49,999	72 (30.3)	105 (36.1)	
50,000 and more	6 (2.5)	34 (11.7)	
Current marital status			0.04
Single	16 (6.7)	8 (2.8)	
Married	165 (69.3)	223 (76.6)	
Divorced/widowed	57 (24.0)	60 (20.3)	
Living status			0.003
Alone	17 (7.1)	8 (2.8)	
With spouse and children	138 (57.9)	205 (70.4)	
Others	83(34.9)	78 (26.8)	
Skill level			0.001
Skill level 1	65 (27.3)	43 (14.8)	
Skill level 2	155 (65.1)	210 (72.2)	
Skill level 3	14 (5.9)	229 (7.6)	
Skill level 4	4 (1.7)	16 (5.5)	

Employed before 60 years			0.61
Yes	226 (95.0)	279 (95.9)	
No	12 (5.0)	12 (4.1)	
Continuing the same occupation after 60 years			0.02
Yes	158 (66.4)	165 (56.7)	
No	80 (33.6)	126 (43.3)	
Working days per week			0.61
Five days	92 (38.7)	106 (36.4)	
Seven days	97 (40.8)	131 (45.0)	
Other	49 (20.6)	54 (18.6)	
Duration of work per day			0.11
Less than 6 hours	45 (18.9)	72 (24.7)	
6 - 8 hours	110 (46.2)	110 (37.8)	
More than 8 hours	83 (34.9)	109 (37.5)	
Working extra hours			0.04
Yes	54 (22.7)	82 (28.2)	
No	184 (77.3)	209 (71.8)	

*General Certificate of Education Ordinary Level; **General Certificate of Education Advanced Level; ***The median Sri Lankan household income according to the Household Income and Expenditure Survey 2019 was calculated as LKR 53,333

Majority (78.4%) were having at least one chronic illness (Table 2), of whom 58.1% admitted that the work was affected by their chronic illness. The commonest diseases reported were diabetes mellitus (44.3%), hypertension (40.3%), arthritis (34.4%) and hypercholesteremia (33.8%). As given in Table 3, the majority (70.1%) belonged to skill level 2 and engaged in the private informal sector. Most of them were employed as service workers and shop and market sales workers and employed before the age of 60 years. Only 5% were on shift duty (95.1%). Nearly half of the workers (48.1%) visited private medical centres for treatment of both acute and chronic illnesses. Almost 50% admitted that their work is affected by the type of healthcare facility they visit for chronic illnesses.

The educational level ($p<0.001$), income category ($p<0.001$), marital status ($p=0.04$), living status ($p=0.009$), skill level (0.001), continuing same employment after 60 years ($p=0.023$) and working extra hours ($p=0.037$) were significantly associated with health seeking behaviour for acute illnesses among elderly employees (Table 4). Further, age group ($p=0.01$), level of education ($p<0.00$), income level ($p<0.00$), marital status ($p=0.026$), living status ($p=0.025$), skill level ($p<0.00$), continuity of employment ($p=0.012$), number of working days per week ($p=0.012$) and engaging in shift work ($p=0.008$) were significantly associated with seeking health care for chronic conditions.

Table 5: Association of healthcare seeking behaviour for chronic care with socio-demographic factors

	Government health facility (n=382)	Private health facility (n=103)	p value
Age group			
60 - 64	191 (50.0)	35 (34.0)	0.01
65- 69	136 (35.6)	57 (55.3)	
70-74	33 (8.6)	7 (6.8)	
75-79	17 (4.5)	3 (2.9)	
80 and above	5 (1.3)	1 (1.0)	
Gender			
Male	251 (65.7)	73 (70.9)	0.32
Female	131 (34.3)	30 (29.1)	
Educational level			
Not attended gone to school	15 (3.9)	0 (0.0)	<0.001
Up to grade 5	122 (31.9)	21 (20.4)	
Up to GCE O/L	133 (34.8)	33 (32.0)	
GCE O/L passed *	34 (8.9)	10 (9.7)	
GCE A/L passed**	26 (6.8)	14 (13.6)	
Basic degree	1 (0.3)	12 (11.7)	
Other	51 (13.4)	13 (12.6)	
Income level (LKR)***			
Less than 15,000	76 (19.9)	9 (8.7)	<0.001
15,000 – 29,999	159 (41.6)	36 (35.0)	
30,000 – 49,999	126 (33.0)	39 (37.9)	
50,000 and more	21 (5.5)	19 (18.5)	
Marital status			
Unmarried	15 (3.9)	0 (0.0)	0.03
Married (legally or customary)	280 (73.3)	89 (86.4)	
Divorced	4 (1.1)	1 (1.0)	
Widowed	83 (21.7)	13 (12.6)	
Living status			
Alone	22 (5.8)	4 (3.9)	0.03
With the spouse	99 (25.9)	30 (29.1)	
With the children	95 (24.9)	14 (13.6)	
With spouse and children	146 (38.2)	54 (52.4)	
With relatives	18 (4.7)	1 (1.0)	
With non- relatives	0 (0.0)	0 (0.0)	
Other	2 (0.52)		
Skill level			
Skill level 1	97 (25.4)	12 (11.7)	<0.001
Skill level 2	260 (68.1)	70 (68.0)	
Skill level 3	19 (5.0)	11 (10.7)	
Skill level 4	6 (1.6)	10 (9.7)	

Employed before 60 years			
Yes	367 (96.1)	100 (97.1)	0.63
No	15 (3.9)	3 (2.9)	
Continuing the same occupation after 60 years			
Yes	241 (63.1)	65 (63.1)	0.01
No	141 (36.9)	38 (36.9)	
Working days per week			
Five days	137 (35.9)	53 (51.5)	0.01
Seven days	171 (44.8)	38 (36.9)	
Other	74 (19.4)	12 (11.7)	
Commonly Engaged Shift patterns			
Morning	5 (1.3)	0 (0.0)	0.01
Night	9 (2.4)	1 (1.0)	
Evening	0 (0.0)	3 (2.9)	
Not particular	7 (1.8)	3 (2.9)	
Not working on shifts	361 (94.5)	96 (93.2)	
Duration of work per day			
Less than 06 hours	85 (22.3)	29 (28.2)	0.27
6 - 8 hours	165 (43.2)	36 (35.0)	
More than 8 hours	132 (34.6)	38 (36.9)	

***The median Sri Lankan household income according to the Household Income and Expenditure Survey 2019 was calculated as LKR 53,333

Discussion

The demographic transition shifting Sri Lanka's population into a rapidly ageing population has raised significant concerns regarding the health and well-being of the elderly. As there is an increase of disabilities with ageing, it is acceptable to have less numbers of elderly workers in advance years. Participants in the age group of 65-69 show a higher propensity to seek healthcare for chronic conditions. This finding is consistent with the increase in healthcare needs with advancing age (15-16). Higher male labour force participation was demonstrated in another Sri Lankan study (9).

Prevalence of morbidities are common among the elderly population in Sri Lanka as well as in other parts of the world, where hypertension, diabetes mellitus, asthma and arthritis are the common morbidities (17-19). This state is reflected also among the elderly workers with 78% having at least one chronic illness.

Since the negative effect of accessibility, flexibility and feasibility of the health services are minimal to the elderly workers job, most of the elderly employees seek care for acute illnesses at private sector. On the other hand, most of the workers who are having chronic diseases may visit government health facilities where the care is free at the point of delivery since chronic illness and need treatment for longer duration leading to high treatment cost. Usually, the government clinics are conducted at working hours and this is indefinitely affecting the work of the older employers and this had been reflected in the results.

The key socio-demographic factors that influence healthcare-seeking behaviour for chronic conditions in older employees provide valuable insights into the challenges and opportunities related to healthcare for the elderly in the context of Sri Lanka's evolving demographics.

One of the noteworthy observations is the significant impact of educational level on healthcare seeking behaviour. This finding aligns with existing literature emphasizing the role of education in accessing healthcare services (20). The income levels emerged as another determinant of health seeking behaviour as it determines the workers capacity to seek health care facility (21). This underscores the need for policies and interventions that address disparities in healthcare access based on education and income. Marital status and living status also appear as significant factors influencing healthcare seeking behaviour. Married individuals and those living with spouse and children are more likely to seek healthcare. This may be that they are taking the financial responsibility of the necessary health requirements (21). These results echo previous research that highlights the social and familial support structures as critical determinants of healthcare utilization among the elderly (22). Promoting family-centred care and community support can enhance healthcare access for the elderly. Furthermore, the study reveals the impact of working patterns on healthcare seeking behaviour, especially those involving night shifts, and number of working days appear to influence healthcare seeking behaviour. Such findings highlight the importance of considering occupational factors when designing healthcare services tailored to the elderly population.

Availability of work place based screening programmes and health care facilities, providing flexible work schedules to obtain their medications

from other healthcare institutions, provision of health care insurance for the elderly workers, giving priority for the elderly workers in the health care institutions, conducting health promotion activities specially targeted for the elders as well as promoting the healthy aging among other workers are some of the interventions that can be taken based on the study results.

The study also emphasizes the critical role of the continuity of occupation beyond the age of 60 in healthcare-seeking behaviour. Participants who continue the same occupation after 60 years are more likely to seek healthcare. This observation underscores the potential health benefits of extended workforce participation in the elderly population, which is a topic that warrants further investigation in the current Sri Lankan context.

Conclusions & Recommendations

Majority of the elderly workers were having at least one NCD. The results can lead to evidence-based policies and practices through interventions aimed at developing elderly- as well as occupation-friendly health places, to enable the elderly workers to gain the economic benefits of work whilst accommodating for their physical and psychosocial limitations. This includes adjustable work hours; elderly friendly health settings and introduction of pre-retirement plans with incorporation of healthy ageing concepts.

Public Health Implication

- Elderly friendly health settings as well as workplaces should be promoted to enhance the health service provision for the elderly workers

Author Declarations

Competing interests: No conflicts of interest.

Ethics approval and consent to participate: Ethics approval was obtained from Ethical Review committee of

Faculty of Medicine – Ragama, University of Kelaniya (P/81/02/2018). Informed written consent was obtained from each participant prior to data collection.

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Author contribution: NG participated in designing the study, data collection, data analysis and manuscript development; DS participated in designing the study, data analysis and manuscript development; and MCW participated in designing the study, data analysis and manuscript development.

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