

The purpose of this study is to investigate the effects of the demographic, socio-economic, cultural and environmental factors, health behavior and other characteristics on the health status and health care of the Thai elderly. The data used are from the 1986 Survey of Health Welfare and Use of Traditional Medicine conducted by the National Statistical Office. The total sample of the study is 6,095 elderly aged 60 and over.

The study of health status, as measured by the incidence of sickness and/or injury of the elderly during the past 2 weeks prior to the survey, found that among the basic variables studied, the residential area had a dominant influence on the health status of the elderly. That is elderly living in Bangkok showed a lower percentage of sickness and/or injury than those in other urban and rural areas. Education had a significant influence on the health status of the northern elderly only. Age, sex, occupation, household size, region and smoking, however, appeared to have no impact on the elderly's health status.

The examination of health care, as measured by treatment patterns of the elderly who were ill during the past 12 months preceding the survey, revealed that area of residence and symptom of illness were important factors influencing the elderly's treatment patterns. Rural elderly were more likely to use governmental health services than those in Bangkok and other urban areas. Elderly with chronic diseases during the past 2 weeks prior to the survey showed a higher percentage of using government health services than elderly with non-chronic diseases or with no illness. Age and education had an influence on treatment patterns of the rural elderly only. Treatment patterns varied by region among elderly with no education or with primary education. The effects of sex, occupation and household size on treatment patterns were minimal.

With respect to the use of herbal medicine for remedies, the study found that household size, residential areas, region and symptom of illness were important factors affecting use of herbal medicine among elderly who were ill during the past 12 months prior to the survey. However, only the residential area was related to the use of herbal medicine in the expected direction. The elderly living in Bangkok used herbal medicine for treatment less than those in other urban and rural areas. There were no age, sex, occupational and educational differentials in the use of herbal medicine.