



Growing Old Gracefully



**HelpAge
Sri Lanka**

age helps



GROWING OLD GRACEFULLY

**HUMAN RIGHTS COMMISSION OF SRI LANKA *IN PARTNERSHIP WITH*
HELPAGE SRI LANKA**

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The partners also would like to thank all the government and non-governmental organizations, institutions, individuals, UN agencies, INGOs and the participants of the National Forum on Elders for their valuable contributions (A full list of participants can be found at the end of this report).

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We appreciate Mrs. R. V. Fernando, who took pain to go through the reports and for the suggestions and amendments made appropriately.

Our heartfelt gratitude is extended to all the staff of the HRCSL that assisted with this report in their respective capacities.

Preface

The fast increasing population of the elderly is one of the most challenging problems in almost all parts of the world. In Sri Lanka the economic and social changes combined with the three-decade conflict and the natural disastrous situations have impacted negatively on the life of the elderly. The weakened family support system and the inadequate social security programmes have resulted in the well being of elders becoming a matter of serious concern.

The essence of the content in this report that came out of the proceedings of the National Forum on Elders – entitled “*Growing Old Gracefully*” – is focused on how to cope with the challenges of the elderly population. What is urgently needed is a National Development Plan for the social integration of this sector, and to change the overriding perception of the elderly as a burden on society. Instead the mission should be to improve the quality of help for the fast growing population of senior citizens so that they could have a dignified, healthy, secure and active life.

“*Growing Old Gracefully*” is one of the significant themes for reflection, being mindful of the fact that by 2040 one in every four Sri Lankans will be over the age of sixty. Not only do we need to appreciate their contribution to society but also to promote and protect their right to health care and social, economic and physical security, thereby creating an empowered elderly citizenry who enjoy a sustained capacity to contribute positively to the country.

Deshabandhu Mrs. Jezima Ismail

(Commissioner, Human Rights Commission of Sri Lanka)

Abbreviations

UN	-	United Nations
INGO	-	International Non Governmental Organization
HRCSL	-	Human Rights Commission of Sri Lanka
LLRC	-	Lessons Learnt and Reconciliation Commission
HASL	-	HelpAge Sri Lanka
NGO	-	Non Governmental Organization
SaG	-	Sponsor a Grantparent
HAI	-	HelpAge International
ESCAP	-	Economic and Social Commission for Asia and the Pacific Region
WHO	-	World Health Organization
UNFPA	-	United Nations Population Fund
TFR	-	Total Fertility Rate
SLDHS	-	Sri Lanka Demographic and Health Survey
SLBFE	-	Sri Lanka Bureau of Foreign Employment
EPF	-	Employees Provident Fund
ETF	-	Employees Trust Fund
FDI	-	Foreign Direct Investment
DCSC	-	Department of Census and Statistics
SLAS	-	Sri Lanka Administration Service
UNESCO	-	United Nations Educational, Scientific and Cultural Organization
UNDP	-	United Nations Development Programme
OECD	-	Organization for Economic Co-operation and Development
GP	-	General Practitioner
ADL	-	Activities of Daily Living
MOH	-	Medical Officer of Health
NCD	-	Non Communicable Diseases
GP	-	General Practice
YEDD	-	Youth, Elderly, Disabled and Displaced
OPD	-	Out Patient Department
IHD	-	Ischemic Heart Disease

Human Rights Commission of Sri Lanka Chairman's Message



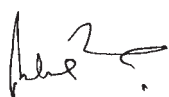
Justice Priyantha R. P. Perera

Senior Citizens are a valuable part of our society, having devoted a large part of their lives to our nation and its development through their contributions to the workforce and to family life. Yet, they are also a vulnerable population and so deserve special care, attention and respect for their rights.

While older persons can be a vulnerable population, it is important not to confuse this with powerlessness or a loss of ability. Our elders should be empowered to influence and make decisions regarding their own future, as they are still capable human beings, just older ones. They deserve respect, understanding and flexibility, which they have, after all, earned.

Sri Lanka has created a number of policies regarding Senior Citizens, including the Protection of the Rights of Elders Act in 2000, and the National Charter for Senior Citizens and the National Policy for Senior Citizens in 2006. The Commission of Inquiry on Lessons Learnt and Reconciliation (LLRC) also specifically recognizes the suffering of the elderly during the recent conflict and the physical, psychological and economic hardships many of our older population have undergone and, in some cases, continue to experience. These are worthy policies that simply require a concerted effort to ensure their own successful implementation, guaranteeing the equal and full participation of persons in social life and development.

To this end, the Human Rights Commission of Sri Lanka seeks to outline the issues facing older persons, highlight areas requiring improvement, and assist in the effective realization of the existing policies. We welcome the partnership with HelpAge Sri Lanka in this endeavour. Planning for the future is essential, as it is a future we all face.



Priyantha R. P. Perera

Chairman,

Human Rights Commission of Sri Lanka.

HelpAge Sri Lanka Chairman's Message



Deshabandu Tilak de Zoysa

It is with much pleasure I send this message to the joint publication of HelpAge Sri Lanka (HASL) and Human Rights Commission of Sri Lanka (HRCSL) on the subject of “*Growing Old Gracefully*”. HelpAge Sri Lanka (HASL) the leading non-governmental organization (NGO) in the field of ageing continues to play a pivotal role in enhancing the quality of life and the well-being of the fast growing elderly population in Sri Lanka.

One out of every ten persons in the world today belongs to the category of older people. The global statistics reveal that this situation will drastically increase by 2050. It is estimated that by 2025 one out of every five, and in 2040 one out of every four Sri Lankans will be over 60 years.

The time has come now for all Sri Lankans to focus on the objective of improving the quality of life of the growing population of senior citizens. Together we should extend a helping hand to this fast growing elderly population to live in good health with dignity during the twilight days of their lives.

As a valuable component of “*Sponsor a Grandparent*”(SaG) programme implemented by HASL with the financial assistance from HelpAge International (HAI), this book is published with the aim of drawing the attention of all stakeholders towards the issues concerning the older persons in Sri Lanka. HASL and HAI is privileged to be associated with the Human Rights Commission of Sri Lanka to publish this book written by five eminent scholars of the country. The book provides many inspiring insights on the current issues of elders which should be taken into consideration by the authorities and other stakeholders. The publication successfully addresses ageing issues and the concerns of elders in the country.

HASL is very grateful to His Excellency Mahinda Rajapaksa, President of Sri Lanka, Honourable Felix Perera, Minister of Social Services and the ministerial officials, for having implemented a scheme to pay the most needy elders over the age of 70 years a monthly allowance of Rs.1,000/=. This was in line with several recommendations made by HASL to the government over the past few years.

HASL is fortunate to enjoy an excellent working relationship with the government and non-governmental organizations and HASL owes a debt of gratitude for their past and present contribution to the up-liftment of older citizens in Sri Lanka.

HASL is deeply indebted to all corporate and individual donors in Sri Lanka and overseas. I would also like to place on record with much gratitude the monetary assistance received from HAI for the publication of this book in all three languages.

Further, I appreciate the HRCSL for the assistance given in compilation, translation, printing and launching of this book.

HelpAge would like to acknowledge with gratitude the extremely useful contribution made by the five authors who have earned the respect of all Sri Lankans for their commitment and dedication to society.

I would like to conclude by congratulating the staff of HRCSL and HASL who contributed towards this nationally important initiative.



Deshabandu Tilak de Zoysa

Chairman,
HelpAge Sri Lanka.

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1.0 Introduction

1.1 Vision, Mission, Mandate and Objectives Concerning Senior Citizens Rights Protection

Vision

We envision a country wherein all citizens including the senior citizens will enjoy universal, civil, economic, social and cultural rights without restriction and live up to maximum possible age, basking in the love, affection and security provided by their families, to their utmost satisfaction.

Mission

Our Mission is to provide them with a comfortable form of life and enable them to be treated with utmost dignity and gratitude for their services to the country, community and families.

Mandate

Powers of the HRCSL enable the Commission to undertake research and promote awareness of human rights (Sections 10(f) and 11(f) of the HRCSL Act), relating to areas that are important and needs urgent attention and remedying. Wide powers have been vested with the Commission to carry out its numerous statutory functions including an *omnibus* clause, which empowers the Commission to “*do all such other things as are necessary or conducive to the discharge of its functions*”.

Objectives

Objectives of this report are as follows;

1. Ensure that all decision making on behalf of, and the well being of older persons are effective and relates to protecting their rights in law, policy and in practice.
2. Ensure that the senior citizens be treated with dignity and without any discrimination, upholding all religious and cultural aspects and human rights related norms and standards.

3. Ensure protection of senior citizens from neglect, all types of physical and mental abuse.
4. Ensure that all senior citizens enjoy full and active participation in all aspects of political, economic, social and cultural life of the society in an equal footing with others and with absolutely no discrimination.
5. Understand the rights, duties and responsibility of the State, society, and the senior citizens themselves relating to the values, religious and cultural aspects and ensure full development of human personality by guaranteeing that all persons are the central subject, the active participant and the real beneficiary of sustainable development of the country, which also would lead them to live productive lives.
6. Ensure that all segments of the society are well aware of rights of senior citizens.

1.2 Elders Rights Protection in Sri Lanka

Sri Lanka has a growing ageing population, with 25.7 *per cent* of the total population expected to be over the age of 60 by the year 2050, compared to 12.7 *per cent* today.¹ This is an issue that must be adequately prepared for by Sri Lanka.

A respect for their human rights means a respect for the dignity of the elders, which in turn can facilitate measures to improve the quality of their lives and living standards.

The creation of the Protection of the Rights of Elders Act (2000), and National Charter for Senior Citizens & National Policy for Senior Citizens (2006) are decisive steps in the care for Sri Lankan older population. The National Action Plan for the Protection and Promotion of Human Rights and the LLRC report, currently being attended to by the government, also promises to include the protection of the rights of elders. These policies build upon the international mechanisms that include the Vienna International Plan of Action on Ageing (1982), its successor the Madrid International Plan of Action on Ageing (2002), the UN Principles for Older Persons (1991) and the UN Proclamation on Ageing (1992). Similarly, under the Ministry of Social Services and Social Welfare various domestic mechanisms have been established; a National Council for Elders; a National Secretariat for Elders; an Elders Maintenance Board, and the establishment of Social Service Officers concerned with elders

¹ United Nation's Department of Economic and Social Affairs, "World Population Prospects: The 2012 Revision: Highlights and advance tables", viewed 11 March 2014, <http://esa.un.org/unpd/wpp/Documentation/pdf/WPP2012_HIGHLIGHTS.pdf>, p.68.

rights protection at the Divisional Secretariat level. The Ministry of Social Services has also taken steps to establish village level Elders Committees island-wide. Similarly, there are numerous programmes initiated by the non-governmental organizations and the private sector with the government institutions and/or singly concerning senior citizens' rights protection, and such initiatives are acknowledged with appreciation.

Despite these measures, the older population in Sri Lanka is still vulnerable to neglect, poverty, abuse and discrimination. Changes in society as a result of the expansion of international or internal migration, increased female labour force participation, declining fertility rates, growing life expectancy and changing family structures as well as the ramifications of the prolonged internal armed conflict along with natural disastrous situations have contributed to a worsening of the quality of life experienced by older persons. As the proportion of the population over the age of 60 rapidly increases, these issues could similarly proliferate.

To this end, in recent years the Human Rights Commission of Sri Lanka with other stakeholders that work towards promoting and protecting the human rights of senior citizens has made moves towards improving the protection, promotion and monitoring of the rights of older persons in Sri Lanka.

In 2012, the HRCSL convened a National Consultation to submit possible recommendations or inputs for an international document to the United Nation's Open-Ended Working Group on Ageing.

In 2013, HelpAge Sri Lanka invited the HRCSL to work in partnership to conduct a study on the government-assisted programmes on elders' rights protection in the Island. An important part of the said consultations was the inclusion of representative members of Sri Lanka's elderly population.

These developments have made it clear that greater attention needs to be given to the actual situation prevailing in the society and remedying such situations collectively by all persons involved in protecting rights of older persons. The stereotypes of silent, powerless older persons must be put to rest, with elders provided the opportunity to empower themselves when dealing with issues of concern to their community. There is a need for flexibility and understanding when it comes to the abilities of the senior citizens and of the labour force. The particular issues faced by the growing elderly female population, sometimes referred to as the feminization of ageing, require their own special consideration as well.

1.3 A Study on Elders Rights Protection Programmes in Progress in Sri Lanka under Five Identified Themes

Studying the existing elder's rights protection initiatives and filling in the gaps are necessary for the furtherance and improvement of the national status of elders' rights protection and promotion. To this end, the HRCSL and HelpAge Sri Lanka in collaboration with five (05) experts in the field that have made a vital contribution to the work of elders rights protection, along with various government and non-governmental organizations, as well as actors of the civil society worked towards identifying areas focused in this report.

1.4 Outlined Work

On 28.03.2013 a National Forum was organized by the HASL in partnership with the Human Rights Commission to introduce and to obtain a feedback (from various stakeholders that work on elders' rights protection in Sri Lanka, including the elderly themselves) on five identified themes that relates to older persons' rights protection as the base for this study. Also, the five experts were invited to research in to their respective thematic areas and produce reports outlining various dimensions, issues and challenges.

1.5 Structure of the Report

The said expert commentaries form the body of this report. The knowledge and experience of the five experts in the fields of social sciences, elders' rights and medicine have written the following expert reports titled; Population Change and Ageing: Emerging Challenges in Sri Lanka for the 21st Century; Social Integration, Sustainable Livelihood and Social Protection of Elders in Sri Lanka; Achieving a Happier Old Age; Abuse-Protection Needed and Elderly Health in Sri Lanka. These reports consider a wide range of issues pertaining to older persons and the protection of their rights. Profiles of the experts can be found under each individual report. Based on the issues identified in the expert reports and taking various other submissions to Commission's consideration, the HRCSL will make its recommendations to the government and other relevant institutions in due course. As *Annexes* to the report, Agenda to the National Forum on '*Growing Old Gracefully*', the participants list, photographs, Protection of the Rights of Elders Act, No.9 of 2000, (Amendment) Act, No.5 of 2011, and information on the report compilation committee are provided. Where possible, the compilers of this report adopted the Oxford referencing system in the expert reports.

EXPERT REPORTS :

- 1. Expert Report I** : *Population Change and Ageing: Emerging Challenges in Sri Lanka for the 21st Century*
Professor W. Indralal De Silva
- 2. Expert Report II** : *Social Integration, Sustainable Livelihood and Social Protection of Elders in Sri Lanka*
Professor S.T. Hettige
- 3. Expert Report III** : *Achieving a Happier Old Age*
Mrs. N. J. Pathirana
- 4. Expert Report IV** : *Abuse; Protection Needed*
Mrs. Sumithra Rahubaddhe
- 5. Expert Report V** : *Elderly Health in Sri Lanka*
Dr. Anil Dissanayake

EXPERT REPORT – I

Population Change and Ageing: Emerging Challenges in Sri Lanka for the 21st Century

Professor W. Indralal De Silva

W. Indralal De Silva is a Professor of Demography (Chair) and former Dean of the Faculty of Arts, University of Colombo. He is currently serving as a Senior Research Fellow, National Center for Advanced Studies in Humanities and Social Sciences, University Grants Commission, Sri Lanka. He has published a number of books, monographs, presented over 40 research papers in many international conferences and has published over 50 research articles in reputed international journals (for details refer to www.indralal.com). Professor De Silva obtained his Bachelor's Degree in Development Studies (Statistics) from University of Colombo in 1977. He obtained Master's and Doctoral Degrees from Australian National University, Canberra in 1985 and 1990 respectively. He was a Visiting Professor at the National University of Singapore in 2004, Harvard School of Public Health during 1996-1998 and a Visiting Fellow at the Australian National University from 1990-1991. He has obtained a number of prestigious awards including Senior Fulbright, Takemi and Rockefeller Foundation Fellowships. He has acted in the capacity of a consultant to umbrella organizations of the United Nations such as ESCAP, WHO, UNFPA, and so on.



Introduction

An ageing population is commonly defined as one with an increasing proportion of the population in the elderly age group. As a result of the rapid decline in mortality and fertility there have been notable increases in the proportion of the population in the elderly age group in many countries in the developing world.¹ Since the achievements of such declines in mortality and fertility are amongst the policy planning objectives of most developing countries; ageing may be viewed as one of the by-products of success.² Although the definition of the term 'elderly' or 'aged' varies from society to society, in most of the developing countries including Sri Lanka, 'elderly' is defined as those who are 60 or more years of age rather than 65. The prime reason for taking 60 as the cut-off age is that, in both government and private institutions in Sri Lanka, the retirement age falls between 55 to 60 years.

¹ K.S. Seetharam, 'Age-structure transition and development in Asia and the Pacific: opportunities and challenges', in Asia-Pacific Population Journal, Vol.21 (Special Issue), 2006, pp.65-86.

² G.W. Jones, 'Consequences of rapid fertility decline for old age security', Paper presented at the IUSSP Seminar on Fertility Transition in Asia: Diversity and Change, Bangkok, 28-31 March, 1988.

Even though population ageing is a universal phenomenon, it is noted to be particularly problematic for Sri Lanka due to two particular reasons. Firstly, Sri Lanka already has a fairly large proportion of elderly (over 12 *per cent* in 2012) in the population and it is also one of the fastest ageing countries in the world. Secondly, the population of Sri Lanka is ageing in a rapid form, in an era where our economic progress is also not very satisfactory.³ As projected, by the 2030 the Sri Lankan population will be as old as Japan's⁴, however its *per capita* income and well being of the elderly would be much lower than that of contemporary Japan. In view of the fact that the population of the year 2031 has already been born, no policy adopted now can change their absolute numbers in the future.

Asian societies have traditions that hold the elderly in reverence. However, as Chakraborti⁵ states, industrialization, urbanization and new technology have brought about radical social changes which have weakened the family support system, which in turn has created a negative impact on the elderly. With recent economic and social changes in Sri Lanka, such as migration, urbanization, female participation in education and the labour force and three decades long internal armed conflict, the ability of families to support the elderly is extremely challenging.⁶ At the same time provision of social security programmes for the elderly in Sri Lanka has also not improved adequately. Therefore, the well being of the elderly population and also their families is becoming a serious concern for policy planners in Sri Lanka.

Demographic trends, particularly the growing size of the population and its uneven distribution have made a strong negative influence on the natural resource base of the country, and therefore have brought about many efforts to achieve sustainable development and balanced growth. However, apart from the changes on the socio-economic front, as observed commonly among the developing countries in the Asian region, the three decade long internal armed conflict which ended recently has also altered the Sri Lankan society significantly.⁷ All these changes have brought elders and their families to a more vulnerable position compared to their counterparts a few decades back in Sri Lanka.

³ W.I. De Silva, 'How serious is ageing in Sri Lanka and what can be done about it?', in Asia-Pacific Population Journal, Vol.9, No.1, 1994a, pp.19-36; W.I. De Silva and S. Senarath, 'Longer longevity an early retirement: justification for increasing the retirement age in Sri Lanka', in Sri Lanka Economic Journal, Vol.10, No.1, 2009, pp.1-17.

⁴ World Bank, 'Sri Lanka: Addressing the Needs of an Ageing Population', Washington, 2008.

⁵ R.D. Chakraborti, 'The Greying of India: Population Ageing in the Context of Asia', Sage Publications India Pvt Ltd, New Delhi, 2004.

⁶ K.T. Silva, 'Elderly population, family support and intergenerational arrangements', in Ageing Population in Sri Lanka, United Nations Population Fund, Colombo, 2004, pp.45-76.

⁷ *ibid.*

Growth of the Total Population and the Elderly

The population of Sri Lanka has grown almost nine times since the first national census in 1871, which had recorded only 2.4 million people.⁸ The first dedoublement of the population occurred in 54 years and the second in 35 years. *As per* demographic estimates, the size of the population had reached 19.2 million by the year 2003 from 9.6 million reported in 1960 (**Table 1**). This demonstrated the third dedoublement of the size of the total population of Sri Lanka which took about 43 years. Dedoublement of the population in short time spans has resulted in a high rate of population growth, particularly in the 1950s and 1960s. However, projected results for Sri Lanka clearly demonstrate that, under the present demographic trends, the total population will never be doubled beyond the year 2003.⁹ Will this scenario be true with the elder population as well?

Table 1: Population Growth and Density in Sri Lanka: 1871-2003

Year	Population (000')	Average Annual Growth Rate (%)	Density (Per sq km.)
1871 → 2.4 million	2,400	-	37
1881	2,760	1.4	43
1891	3,008	0.9	47
1901	3,566	1.7	55
1911	4,106	1.4	63
1921	4,498	0.9	70
1925 → 4.8 million			
1931	5,307	1.7	82
1946	6,657	1.5	103
1953	8,098	2.8	125
1960 → 9.6 million			
1963	10,582	2.7	165
1971	12,690	2.2	196
1981	14,847	1.7	230
2001	18,734	1.2	300
2003 → 19.2 million	19,252	-	323

Note: Except 1925, 1960 and 2003, the rest are census years.

Source: Department of Census and Statistics- Sri Lanka, *Statistical Abstracts & Census Reports*.

The period covering 1946-53 and 1953-63 indicated a spurt in the rate of population growth in Sri Lanka, which was 2.8 *per cent* and 2.7 *per cent - per annum* respectively (**Table 1**). By identifying the implications of rapid population growth rates, the government of Sri Lanka

⁸ W.I. De Silva, 'A population Projection of Sri Lanka for the New Millennium 2001-2101', in *Trends and Implications*, Institute for Health Policy, Colombo, 2007.

⁹ *ibid.*

introduced policies and programmes to reduce the fertility rate in the 1950s and as a result, after 1953 one can observe a clear decline in the population growth rate.¹⁰ At present, it stands as low as 0.7 *per cent - per annum* for the period 2001-2012.¹¹ The present population growth rate is low, but Sri Lanka still adds more than 250,000 people annually to its population.

The country covers a land area of 65,610 square kilometers, and ranks as one of the most densely populated in the Asian region. Along with the increase in the total population, the country's population density has increased from 37 in 1871, 230 in 1981 and 323 persons in 2012 *per square kilometer* (**Table 1**).

As in many other countries, the population of Sri Lanka is not evenly distributed. Some parts are very densely populated while others are less so. The current distribution of population shows a skewed distribution favoring the Western Province and the Wet Zone⁺ of Sri Lanka. The census of 2012 showed that almost 30 *per cent* of the total is concentrated in the Western Province and at least 80 *per cent* in the Wet Zone of the country.¹² Urbanization is largely concentrated in these areas. The internal migration pattern of the country indicates that a bulk of the net population addition would be concentrated in and around the Western Province of the country.

Projected Population

Demographic projections suggest that the size of the population will reach 20.5 million by mid 2011.¹³ Compared with the population of 18.7 million reported in the 2001 census, almost 2 million should have been added to the population of Sri Lanka by 2012. However, the latest population census conducted in 2012 indicates that the population of 20.3 million is slightly lower than the projected figure of 20.5 million for the same year.¹⁴

Sri Lanka's total population will continue to rise in the foreseeable future. However, thereafter it will remain stable for some time before a possible declining trend could occur. According to the standard projection, the population of Sri Lanka would reach 21.6 million

¹⁰ N. Dangalle, 'Fertility control policies of Sri Lanka', in 'Fertility Policies of Asian Countries', K. Mahadevan (ed.), Sage Publications India Pvt. Ltd., New Delhi, 1989, pp.302-317; W.I. De Silva, 'Population Planning Strategies and Programs in Sri Lanka', in Asian Profile, Vol.23, N.5, 1995, pp.399-405.

¹¹ Department of Census and Statistics, 'Census of Population and Housing, Sri Lanka 2011: Basic Population Information', Department of Census and Statistics, Colombo, Sri Lanka 2012a.

⁺ A geographically demarcated area classified on the basis of higher annual rainfall is termed as the Wet Zone. Although the Wet Zone constitutes only 21 *per cent* of the total land area of the country almost 80 *per cent* of the Sri Lankan population is concentrated in there.

¹² Department of Census and Statistics, op.cit.

¹³ De Silva, 2007, op.cit.

¹⁴ *ibid.*

by 2021 (**Table 2**). During the period covering the second to the beginning of the fourth decade of the 21st Century (2021 to 2031), the size of the total population would be between 21.5 and 21.9 million maintaining a fairly stable numerical size. The standard population projection indicates that in the year 2031, the population size of Sri Lanka would reach its peak by attaining the highest mark of 21.9 million persons. When Sri Lanka's population peaks at almost 22 million by 2031 it will have increased over 9 times, compared to the 2.4 million population reported in the first national census of 1871. However, it should be noted that the present population of Sri Lanka will never be doubled in the future under any acceptable projection development.

Table 2: Growth of the Total Population and Elderly, Sri Lanka 1971-2071

Year	Total Population ('000)	Population 60+ years ('000)	Population 60+ years (%)	Annual Growth Rate (%)	
				Total	60+ yrs
1971	12690	807	6.3	-	-
1981	14847	986	6.6	1.60	2.04
2001	18734	1731	9.2	1.17	2.83
2012	20263	2468	12.2	0.74	3.32
2021*	21580	3605	16.7	0.68	4.06
2031*	21883	4536	20.7	0.14	2.29
2041*	21712	5387	24.8	-0.08	1.72
2051*	21104	6081	28.8	-0.28	1.21
2061*	20145	6302	31.3	-0.47	0.36
2071*	19030	6329	33.3	-0.57	0.42

Source : Data for 1971 to 2012 are from the Census Reports of the Department of Census and Statistics. Data for 2021 – 2071 are from De Silva (2007)

Note: * Projected Population.

Sri Lanka, although located in the South Asian region has not adhered to the common South Asian demographic model. Of the total population of 18.7 million enumerated in 2001, the sex ratio was estimated to be 97.9. This indicates that in 2001, for every 100 females in Sri Lanka there were only 98 males whereas in 1953 there were 112 males, clearly indicating that the sex ratio largely favoured males at that time. The sex ratio was 94 in the 2012 census in favour of females; in future decades the female favoured sex ratio is expected to increase further, primarily due to the greater improvement in female life expectancy relative to that of males.

As a result of combined fertility, mortality and international migration trends the proportion of Sri Lanka's population aged 60 and over rose from 6.6 *per cent* in 1981 to 9.2 *per cent* in 2001 (**Table 2**). According to the latest population census conducted in 2012, the proportion

of elderly in Sri Lanka has increased up to 12.2 *per cent*. With the rapid decreases in fertility during the 1960s to the 1990s, the onset of the ageing process has accelerated. The increase in the survival probability of the elderly population has become an additional factor in the ageing process. Moreover, the international migration occurring recently has increased the proportion of the elderly population to the extent that such emigration is concentrated within working age groups.¹⁵

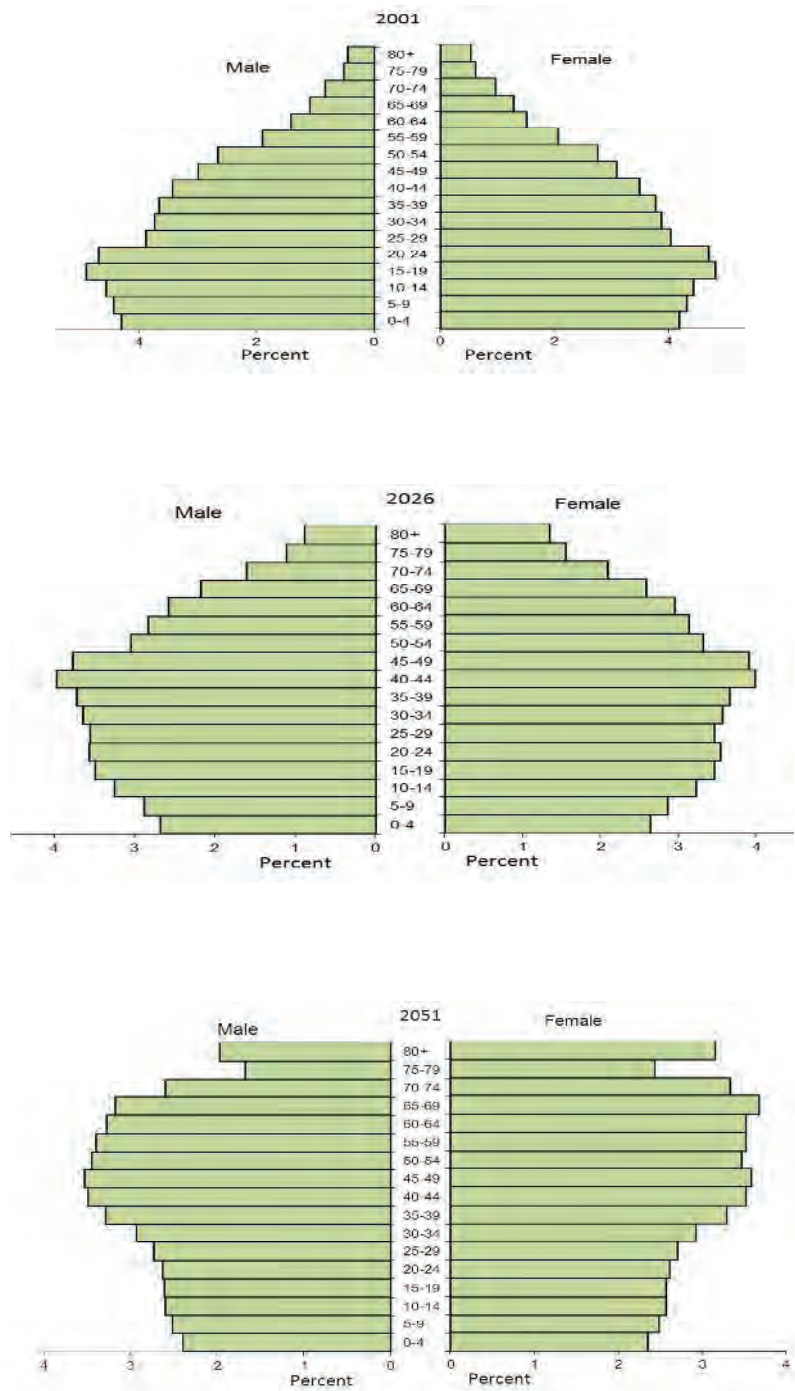
As a result of the future trends in mortality, fertility and international migration, the proportion of the population aged 60 and over is projected to increase by nearly 82 *per cent* from 2001 to 2021 (9.2 to 16.7 *per cent*). By the year 2041 about a quarter (24.8 *per cent*) of the Sri Lankan population will be in the age group 60 years and over (**Table 2**).

The proportions of people in the various age and sex categories change because of the continuous action of population growth components; namely, mortality, fertility and migration. The age pyramid is an illustration of the biological history of a population, the results of 100 years of births, deaths and migration. Sri Lanka's population will undergo major changes in its age structure in the coming decades. The population age structures of 2001, 2026 and 2051 shown in **Figure 1** clearly indicate the impact of the rapid decline in fertility and the improvement in life expectancy. The age and sex structure of the population pyramid for the year 2001 demonstrates the effect of continuous changes that have occurred in various age and sex categories due to alterations in the population growth components.

In numerical terms one can clearly observe how rapidly the elderly population is increasing in contemporary Sri Lanka. The elderly population of 1.7 million reported in 2001 is expected to increase up to 3.6 million by 2021; this population is expected to double in less than 20 years. Dedoublement of the elderly population in such a short span will create serious challenges to the well being of the elderly and their families in Sri Lanka. This special characteristic of the elderly population could be observed from the last two columns of **Table 2**. The annual growth of the elderly population is significantly higher than that of the growth of the total population in each period. For instance, during the period 2001-2012 the growth of the total population was marginal at 0.74 *per cent* while the growth of the elderly population was at a high at 3.32 *per cent*. During the 2030s, when the population is expected to stabilize, the total growth will be around zero but the elderly population will grow at a rate of 2.3 *per cent - per annum*.

¹⁵ W.I. De Silva and S. Perera, 'Trends and Determinants of Migration in Sri Lanka – 1981-2001', in *Economic Review*, Research Division, People's Bank, Vol.33, No.4, 2007, pp.2-8, 19; R.B.M. Korale, 'Middle East migration: the Sri Lankan experience', in *International Migration in the Pacific, Sri Lanka and Thailand*, Asian Population Studies Series No. 64, ESCAP, Bangkok, 1985, pp.33-36.

Figure 1: Projected Change in Age-Sex Structure of the Population, 2001, 2026 and 2051



Ageing in Sri Lanka in the Asian Context

When a population ages; the proportion of the older population increases while the proportion of children and youth decreases. This results in a rise of the median age¹⁶ of the population. According to **Table 3**, Asia as a whole had a median age of 26.2 years in mid 2000 compared to 26.8 years globally.¹⁷ In the same period among the Asian sub-regions, Eastern Asia was found to have the highest median age; South East Asia was second (24.1 years) while South Asia reported a median age of 22.5 years.

Table 3: Median Age of the Population in Selected Countries (in years)

Region	2000	2005	2030	2050
South Asia	22.5	23.5	31.1	37.0
Bangladesh	20.8	22.1	29.0	34.8
Bhutan	19.0	20.1	26.3	32.3
India	23.4	24.3	32.2	38.7
Nepal	19.3	20.1	26.9	32.7
Pakistan	18.9	20.0	27.1	33.3
Sri Lanka	27.8	29.6	39.1	43.5
South East Asia	24.1	25.7	34.4	40.0
Malaysia	23.6	24.7	33.0	39.3
Philippines	20.9	22.2	30.7	37.9
Thailand	28.9	30.5	38.8	42.5
East Asia	31.1	33.5	42.4	45.5
Japan	41.3	42.9	51.3	52.3
China	30.1	32.6	41.5	44.8
Asia	26.2	27.7	35.3	39.9
World	26.8	28.1	34.0	37.8

Source: United Nations (2005).

Within South Asia, around the year 2000, Sri Lanka reported the highest median age (27.8 years), followed by India (23.4 Years). The median age of Asia is projected to increase to 35.3 years by year 2030 and further to 39.9 years by year 2050 while the median age of South Asia will increase from 31.1 years to 37.0 years during the same time period. The median age of Sri Lanka's population is projected to rise much more than any other country in South Asia; where by year 2030 and 2050 the median age will rise to 39 and 43 years respectively.

¹⁶ Median age is often used to describe a population as "young" or "old". With time series data, one can say whether population is young or ageing. It may be said that those populations that have a median age below 20 years may be termed as young and those that have a median age above 30 years as old. Populations with a median age between 20-29 years may be put in the intermediate age category (Pathak and Ram, 1992).

¹⁷ United Nations, 'World Population Prospects: The 2004 Revision', United Nations, Comprehensive Tables, Vol.1, New York, 2005.

In other words, in 2030 and 2050 one-half of the Sri Lankan population will be over the age of 39 and 43 years respectively.

Age Structure Transition and the Elderly

The size and proportion of the population under 15 years is declining year by year in Sri Lanka (Table 4). These changes are a result of fertility changes in the reproductive age groups in recent years. Highlighting the rapidity of overall fertility decline, the proportion of the total population under the age of 15 dropped from 39.0 *per cent* in 1971 to 26.3 *per cent* in 2001. The proportion is projected to decline to 19.4 *per cent* in 2021 (Table 4).

Table 4: Percentage Distribution of the Population Selected Age Groups, Sri Lanka 1971-2071

Year	Age Groups			Total
	0-14	15-59	60+	
1971	39.0	54.7	6.3	100
1981	35.2	58.2	6.6	100
2001	26.3	64.5	9.2	100
2012	25.8	62.0	12.2	100
2021*	19.4	63.9	16.7	100
2031*	16.1	63.2	20.7	100
2041*	15.2	60.0	24.8	100
2051*	14.9	56.3	28.8	100
2061*	14.4	54.3	31.3	100
2071*	14.8	52.0	33.2	100

Note: * Projected Population.

Source: Data for 1971 to 2012 are from the Census Reports of the Department of Census and Statistics. Data for 2021 – 2071 are from De Silva (2007).

Together with the decrease in the under 15 population an increase in the older age groups is observed. However, it is the change in old age mortality that significantly influences the population in the age group 60 years and above.¹⁸ Therefore, the composition of the population of Sri Lanka will continue to change at both ends of the age pyramid.¹⁹

Another approach one could use to investigate the changes in age structure is identifying specific trends in the index of ageing in Sri Lanka. The ratio of the number of elderly persons (60+ years) to the number of children (less than 15 years) in a population is defined as the

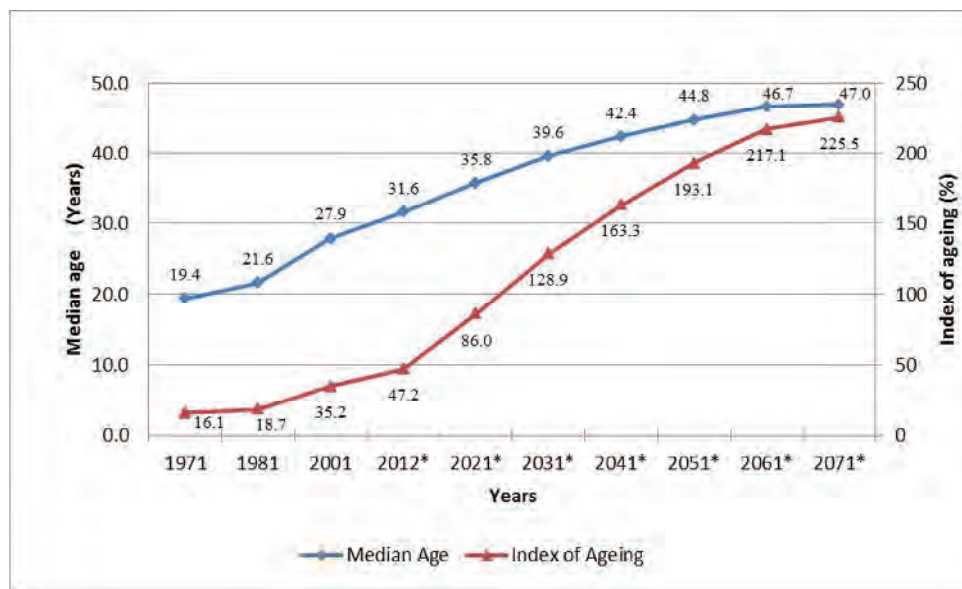
¹⁸ W.I. De Silva, 'Construction and Analysis of National and District Life Tables of Sri Lanka: 2000-2002', Ministry of Healthcare and Nutrition, Colombo, 2008.

¹⁹ A.T.P.L. Abeykoon, 'Demographic Projections for Sri Lanka', Population Division, Ministry of Health and Indigenous Medicine, Research Paper Series No.9, Colombo, 1998; W.I. De Silva, 'A Population Projection of Sri Lanka for the New Millennium 2001-2101', 2007.

index of ageing. The index of ageing is a useful summary measure of the ageing process because it both defines the structure of the dependent population and is very sensitive to changes in that age structure. In 1981, there were only 18.7 elderly persons for every 100 children. However, by 2001 this number has increased to 35.2 and is expected to further increase to 129 by year 2031 (**Figure 2**). This means that even though there was only 19 elderly for every 100 children in 1981, the corresponding figure is expected to rise up to 129 by 2031. In *parallel* to the index of ageing the median age of the future Sri Lankan population is also expected to increase significantly.

Changes in the Dependency Ratios

Figure 2: Index of Ageing and Median Age 1971 to 2071



The impact of the age structure on economic well being can be observed through demographic dependency ratios. The change in the broader age groups in Sri Lankan population has impacted on the age dependency²⁰ levels significantly. The underlying assumption in those ratios is that persons under the age of 15 and those aged 60 and older are unable to participate in economic activities depending on the population aged 15-59.

²⁰ There are three age dependencies, namely child, elderly and total (overall), considered in the analysis. The child dependency ratio is defined as the number of children under age 15 *per* 100 person aged 15-59; the elderly dependency ratio is defined as the number of persons above age 60 and above *per* 100 person aged 15-59; and the total dependency ratio is defined as the sum of the child and elderly dependency ratios.

In Sri Lanka the child dependency ratio was 71.3 *per* 100 persons aged 15-59 in 1971 (Table 5). It declined to 40.7 in 2001 and is projected to decline to 25.5 by year 2031. The elderly dependency ratio, which shows an upward trend, rose from 11.5 in 1971 to 14.3 in 2001. By year 2031, every 100 persons who are in the working age group will have to look after 33 elderly persons.

Table 5: Dependency Ratios, Sri Lanka 1971-2071

Year	Age Groups		
	Child (0-14)/(15-59)	Elderly (60+)/(15-59)	Total (0-14)+(60+)/(15-59)
1971	71.3	11.5	82.8
1981	60.5	11.3	71.8
2001	40.7	14.3	55.1
2012	41.6	19.7	61.3
2021*	30.4	26.2	56.6
2031*	25.5	32.8	58.3
2041*	25.3	41.4	66.7
2051*	26.5	51.2	77.7
2061*	26.5	57.6	84.1
2071*	28.4	64.0	92.3

Source: Data for 1971 to 2012 are from the Census Reports of the Department of Census and Statistics. Data for 2021 – 2071 are from De Silva.(2007).

Note: * Projected Population.

Because of the counter balancing effect of the young and elderly dependency, the total dependency ratio was at its lowest at the beginning of this millennium. However, as reported in the 2012 census, the overall dependency ratio has increased up to 61 dependents. This is primarily due to the unexpected fertility increase that we have experienced during the first decade of this century.²¹ However, this increase will be a temporary phenomenon and in the near future it will return to the replacement fertility. Whether this will happen sooner or later will be decided by the government reaction to this new fertility trend.²²

These dependency ratios imply that there is a likelihood that the age structure changes in the immediate future would have a favourable impact on the economy of Sri Lanka. In the five-year period commencing from 2001, the Sri Lankan population had the best demographic environment or the “*window of opportunity*” that is conducive for rapid economic development.

²¹ W.I. De Silva, B.N. Perera and K.C, Anuranga, ‘Below replacement to above replacement: dramatic increase of fertility and its determinants in Sri Lanka’, in Asia-Pacific Population Journal, Vol.25, No.2, 2010, pp.27-52.

²² *ibid.*

However, by 2021 the total dependency ratio would increase to the level of 57 *per cent*. Even though the 2012 census reports a slightly higher total dependency ratio, Sri Lanka's future dependency ratios indicate a declining trend up to 2021. The low dependency ratio observed in contemporary Sri Lanka is a result of past demographic trends. This is an opportunity that needs to be utilized immediately to capitalize its benefits for rapid economic development in Sri Lanka.²³

Demographic Dividend in an Era of Ageing

Each country would undergo a period comprising a “*window of opportunity*” or a “*demographic dividend*” during the age structure transition.²⁴ The demographic dividend is the potential accruable gain by society during the period of demographic transition in which there is a high ratio of individuals in the working age group in relation to the old and young segments in the dependent age categories (children and elders). The U.N. Population Department has defined this period as a transitional time interval when the proportion of children and youth under 15 years fall below 30 *per cent* of the population, and the proportion of people 65+ years and older, below 15 *per cent*.²⁵ The UN definition for demographic dividend is slightly modified to suit the Sri Lankan ageing situation by adopting age 60 years and older instead of 65 years and older.

In almost all countries in South East Asia, the “*window of opportunity*” had a positive impact on economic growth. The general observation about these countries is that the period offering a demographic dividend or a “*window of opportunity*” was parallel to a phase of accelerated economic growth.²⁶ Each single country of the newly industrialized countries such as the Republic of Korea, Singapore, Hong Kong and Taiwan had effectively utilized the “*window of opportunity*” offered by the best demographic environment. In each of the respective countries, the rapid economic take-off took place when the dependency burden was the least, and the highest proportion of the population age structure was in the working ages.²⁷

Population projections computed for Sri Lanka show that the country is currently undergoing a demographic bonus period, which commenced in 1991. According to the United Nations

²³ W.I. De Silva, ‘The age structure transition and the demographic dividend: an opportunity for rapid economic take-off in Sri Lanka’, in Sri Lanka Journal of Advanced Social Studies, Vol.2, No.1, 2012, pp.3-46.

²⁴ G.W. Jones, ‘Human capital aspects of economic development: A comparative perspective in Asia’, in Population, Resources and Development: Riding the Age Waves, S. Tuljapurkar, I. Pool and V. Prachuabmoh (eds.), Springer, Dordrecht, 2005.

²⁵ UN Population Department.

²⁶ D.E. Bloom, D. Canning and J. Sevilla, ‘The Demographic Dividend: A New Perspective on the Economic Consequences of Population Change’ RAND, California, 2003.

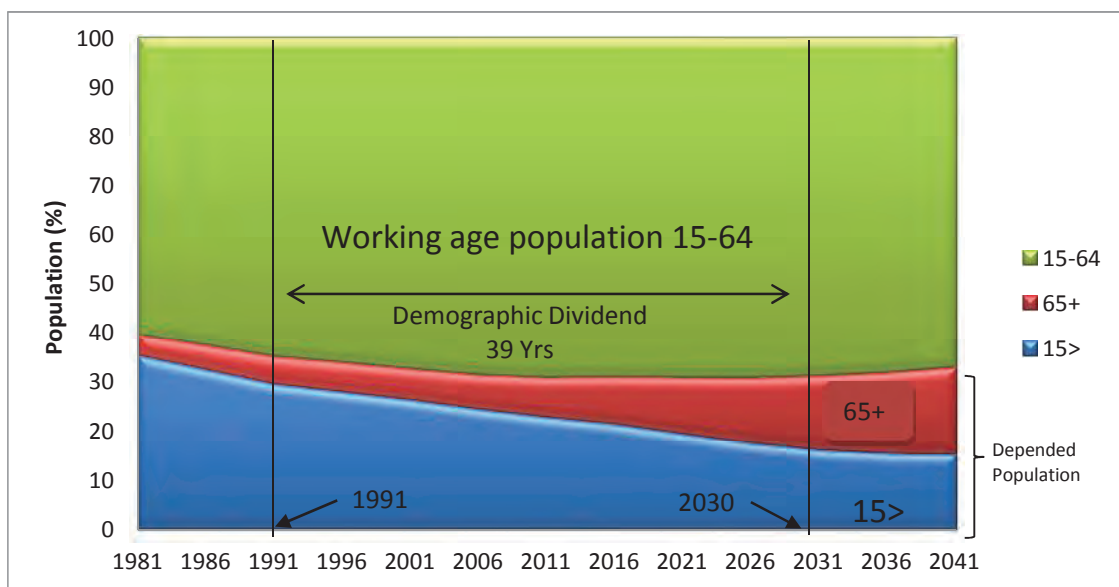
²⁷ Chong-Bum, ‘Demographic changes and economic growth in Korea’, Paper presented at the APEA Conference 2006, <www.apeakweb.org/center/sea06/papers/an-jean.pdf>.

definition, the window of opportunity is expected to last about 39 years (top diagram of **Figure 3**). Thus, this demographic environment which is most conducive for economic take-off will start to deplete by 2030; the year in which the proportion of the population of 65 years and older would increase to over 15 *per cent* of the total population.

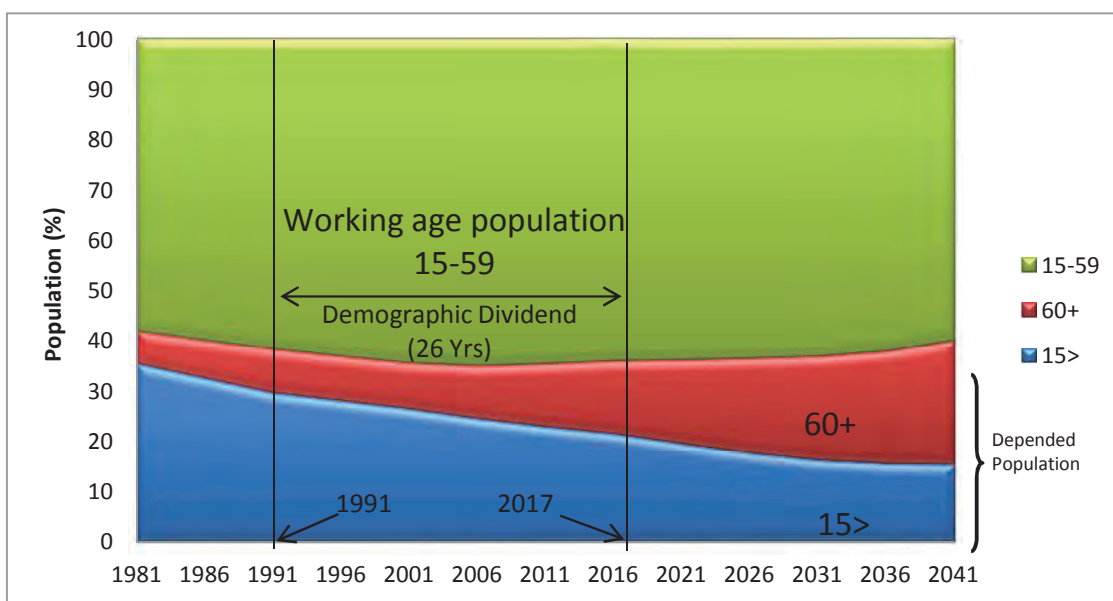
The prevalence of the demographic dividend according to the alternative definition is presented in the second diagram of **Figure 3**. Even though there is no difference in the year in which onset of the dividend had occurred, there is a significant deviation at the end point when the elderly are considered as 60 years and over. The dividend is expected to last only up to 2017, the year in which the proportion of elderly is expected to increase above 15 *per cent*. Thus, the dividend will prevail for about 26 years from its onset in 1991.²⁸

Once we consider the two definitions separately, the periods of prevalence of demographic dividend vary significantly. According to the United Nations' definition, the dividend in Sri Lanka will prevail up to year 2030; however, the best part of it will fade away after the year 2017. Thus, remaining part of the best demographic dividend in Sri Lanka noted to be only as short as five years. By observing both diagrams in **Figure 3**, it is evident that Sri Lanka had experienced the lowest proportion of dependents during the period of 2006-2011. Therefore, the remaining period of the dividend would not be attractive as the period that we have already missed.

Figure 3: Age Structure Transition and Prevalence of Demographic Dividend



²⁸ De Silva, 'A Population Projection of Sri Lanka for the New Millennium 2011-2101', 2007; De Silva, 'The age structure transition and the demographic dividend: an opportunity for rapid economic take-off in Sri Lanka', 2012.



Source: De Silva (2007).

Undoubtedly age structure dynamics is one of the important factors for economic growth, but the magnitude and direction of the effects seems to be conditioned by socio-economic policies and institutional factors. If appropriate socio-economic policies are implemented immediately, the Sri Lankan economy could be lifted to a higher orbit, thereby sustaining benefits for a longer period. Significant improvements are expected on many areas of the socio-economic arena in order to utilize this window of opportunity effectively. In a situation where the expected improvements in the socio-economic environment are not introduced, the existence of a window of opportunity alone will not be productive. Therefore, alongside a rapid ageing process Sri Lanka will enter in to a period of demographic turbulence.²⁹

Structural Changes among the Elderly

The age, sex and marital structure of the elderly population are important variables to consider when planning how to meet the demand for social services. The age composition of the elderly population changes because of the tendency of the older age groups within this population to expand more rapidly. The elderly are grouped in to two categories: the “*young old*” (aged 60-74 years) and the “*old-old*” (aged 75 and above). The proportion of the “*old-old*” was only 23 *per cent* of the total elderly population in 2001, but is projected to increase to 28.2 *per cent* in year 2031 (Table 6). According to past fertility rates and present mortality rates, the proportion of “*old-old*” will continue to increase year by year. In the 2060s, it will

²⁹ De Silva, ‘The age structure transition and the demographic dividend: an opportunity for rapid economic take-off in Sri Lanka’, 2012.

be almost 40 *per cent* of the total elderly population. Along with the increase in life expectancy, it is expected for this “*old-old*” category to increase among the future elderly populations of Sri Lanka.

The different proportions of males and females in the elderly age groups reflect the different levels of mortality and migration experienced over the lifetime of cohorts. According to **Table 6**, the proportion of females in elderly age groups is rapidly increasing. The sex ratio among the elderly population has declined from 113 in 1981 to 88 in 2001 and it is projected to decrease to 78 by year 2031. This decline is stronger among the “*old-old*” groups. The life expectancy at birth³⁰ of females is higher than males, as a larger number of females survive to old age compared to males. Therefore, as with the total population of Sri Lanka the elderly are also increasingly becoming disproportionately female.

Table 6: Age Structure and Sex Ratio of the Population Aged 60 and Older, Sri Lanka 1971-2071

Year	Age Distribution			Sex Ratio		
	60-74	75+	%	60-74	75+	All 60+
1971	80.5	19.5	100	126.0	106.2	121.8
1981	78.9	21.1	100	114.6	107.2	112.9
2001	76.3	23.7	100	89.1	84.6	88.0
2011*	75.9	24.1	100	85.2	73.7	82.4
2021*	73.8	26.2	100	83.7	69.0	80.1
2031*	71.8	28.2	100	82.3	67.6	77.9
2041*	69.0	31.0	100	82.5	66.7	77.3
2051*	68.0	32.0	100	85.7	65.1	78.6
2061*	61.5	38.5	100	87.5	66.6	78.9
2071*	60.3	39.7	100	87.3	67.2	78.7

Sources: Data for 1971 to 2001 are from the Census Reports of the Department of Census and Statistics. Data for 2021-2071 are from De Silva (2007).

Note : * Projected percentage of ‘young-old’ (60-74) and ‘old-old’ (75+).
Projected Sex Ratio: Number of Males per 100 females.

One of the most significant demographic variables that can be used to identify social well being of the elderly is the marital status, which indicates how people organize their everyday lives. Living arrangements may be especially important to the elderly, both socially and

³⁰ The male female life expectancy gap at birth, which was only 0.4 years in the period 1962-1964, had increased substantially during the subsequent period irrespective of the fact that the life expectancy for both sexes had increased considerably. The life expectancy at birth for males had reached 67.7 years and 72.1 years for females revealing a gap of 4.4 years during the period of 1980-1982. The life table for 2000-2002 indicates that this gap had increased to 8.5 years and of the projected life table for the year 2011, the corresponding gap has increased to almost 9 years (De Silva, 2008).

economically. Although the level of permanent celibacy is very low in Sri Lanka, relatively more elderly males than females are single.³¹

Never married proportions among the elderly males, in all age groups (60-64 and 75+), demonstrate a higher prevalence than among their female counterparts. However, widowhood is more prevalent among women than men.³² The proportion of widows 60-64 years of age is about seven times that of widowers in the same age group (**Table 7**).

Table 7: Marital Status of the Population Aged 60 and Older, Sri Lanka 2001

Sex & Marital Status	60-64 (%)	65-69 (%)	70-74 (%)	75+ (%)
Male				
Never married	5.9	6.1	6.3	6.8
Currently married	88.1	86.1	83.4	76.9
Widowed	3.5	5.3	7.9	14.0
Divorced/Separated	1.1	1.0	0.9	0.8
Not stated	1.4	1.5	1.5	1.5
All	100.0	100.0	100.0	100.0
N	241,081	188,007	142,030	165,742
Female				
Never married	4.7	3.8	3.6	3.7
Currently married	69.1	63.2	56.5	47.8
Widowed	23.1	30.1	37.2	46.0
Divorced/Separated	1.1	0.9	0.7	0.5
Not stated	2.0	2.0	2.0	2.0
All	100.0	100.0	100.0	100.0
N	255,096	216,742	161,443	193,731

Source: Department of Census and Statistics (2006).

There are three reasons for the high rate of widowhood among elderly females. First, at the time of marriage wives are generally younger than their husbands. Second, higher life expectancy of females is a consequence of the lower mortality of females at all ages (see foot note number 30). Third, among the elderly, there is a greater frequency of remarriage among widowers than widows, is also reflected in a lower proportion of widowers than widows among the elderly.³³

³¹ J.C. Caldwell, I. Gajanayake, B. Caldwell and P. Caldwell, 'Is marriage delay a multiphasic response to pressure for fertility decline? The case of Sri Lanka', in *Journal of Marriage and Family*, Vol.51, 1989, pp.337-351; W.I. De Silva, 'Ireland of Asia: Trends in marriage timing in Sri Lanka', in *Asia-Pacific Population Journal*, Vol.12, No.2, 1997, pp.3-24.

³² Department of Census and Statistics, 'Census of Population and Housing – Sri Lanka 2001', Population and Housing Information, Department of Census and Statistics, Colombo, 2006.

³³ De Silva, op.cit.

Those who are in a marital union have someone not only to share their difficulties with, but also to beneficially influence their physical and mental stability.³⁴ Therefore, as found in many Asian countries, it would appear that women in Sri Lanka are also disadvantaged in terms of access to companionship and assistance in their later years. The social protection of elderly females requires special attention from policy makers for two main reasons. One, females on average tend to live much longer than their male counterparts, and two, only a very small proportion of them were engaged in formal sector employment when they were of working age.³⁵

Regional Variations in Ageing

The above discussion was concentrated on the ageing process of the entire population of Sri Lanka. However, large variations of ageing can be expected at regional level, primarily due to variation in fertility, mortality and migration (both internal and international) trends during the past few decades. As such, detailed observation at this level is necessary to identify diversifications of the ageing process in the country.

District Variations

The District pattern distribution shows that in 1981 there were only four Districts (Galle, Matara, Kalutara and Gampaha) where the proportion of elderly was more than 8 *per cent* of the total population in each District. However, in no District did it exceed 10 *per cent* (**Table 8**).

In contrast, by 2001 there were four Districts in which the proportion of elderly was higher than 10 *per cent*. These Districts were Galle, Matara, Kalutara and Kegalle (**Table 8**). However, it should be noted that in the 2001 census³⁶, age structure details of the District populations were available for only 18 Districts out of 25 due to the internal armed conflict in seven (07) Districts in the Northern and Eastern Provinces.

Unlike the 2001 census, the 2012 census covered the entire country (all 25 Districts) and the overall proportion of elderly was reported to be 12.2 *per cent*. However, in 2012 there were altogether three Districts (Matara, Kegalle and Galle), which reported 14.5 *per cent* or above

³⁴ Chakraborti, 'The Greying of India: Population Ageing in the Context of Asia', 2004.

³⁵ United Nations, 'The Family and Older persons in Bangladesh, Pakistan and Sri Lanka', in Asian Population Studies No.151, United Nations, New York, 1999.

³⁶ The 2001 census, which was conducted after 20 years since 1981, primarily due to civil disturbances covered only 18 out of 25 districts in Sri Lanka. Of the balance seven districts partial enumeration was done in four districts (Mannar, Vavuniya, Batticaloa and Trincomalee) and three districts were not covered at all (Jaffna, Mullativu and Killinochchi) primarily due to civil disturbances in the country (Department of Census and Statistics, 2006).

of elderly population (**Map 1**). Interestingly, Jaffna District having 14.4 *per cent* of elderly in 2012, also approached the top ranked ageing Districts in Sri Lanka.

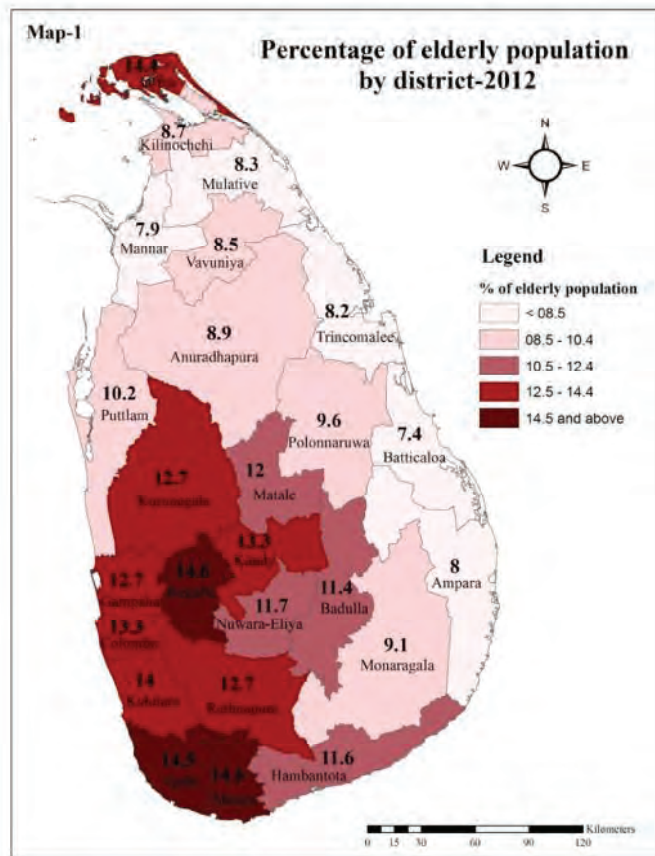
**Table 8: Percentage of Elderly Population (60+) and Index of Ageing
Sri Lanka 1981, 2001 and 2012**

Province & District	1981 (%)	2001 (%)	2012 (%)	Change 1981-2012 (%)	Index of Ageing 2012
Western					
Colombo	7.1	9.6	13.3	87.3	59.4
Gampaha	8.2	9.3	12.7	54.9	54.3
Kalutara	8.5	11.2	14.0	64.7	56.2
Central					
Kandy	6.4	9.7	13.3	107.8	50.9
Matale	5.7	8.7	12.0	110.5	45.3
Nuwara-Eliya	4.8	7.5	11.7	143.8	40.2
South					
Galle	8.8	11.8	14.5	64.8	57.3
Matara	8.7	11.7	14.6	67.8	57.3
Hambantota	6.1	9.3	11.6	90.2	43.9
North					
Jaffna	8.0	n.a	14.4	80.0	58.0
Mannar	4.8	n.a	7.9	64.6	27.0
Vavuniya	4.4	n.a	8.5	93.2	30.2
Mullaitive	4.6	n.a	8.3	80.4	26.9
Kilinochchi	n.a	n.a	8.7	n.a	26.3
South-East					
Batticaloa	4.7	n.a	7.4	57.4	23.6
Ampara	4.4	5.8	8.0	81.8	26.7
Trincomalee	4.1	n.a	8.2	100.0	25.5
North Western					
Kurunegala	6.6	9.7	12.7	92.4	50.6
Puttalam	6.7	7.3	10.2	52.2	36.3
North Central					
Anuradhapura	4.3	6.5	8.9	107.0	32.2
Polonnaruwa	3.8	6.4	9.6	152.6	35.8
Uva					
Badulla	5.0	7.9	11.4	128.0	41.2
Monaragala	3.8	6.2	9.1	140.1	33.5
Sabaragamuwa					
Ratnapura	5.9	9.0	12.7	15.3	51.2
Kegalle	7.2	11.0	14.6	102.8	59.8
Sri Lanka	6.6	9.2	12.2	84.8	47.2

Source: Census Reports of the Department of Census and Statistics.

The Batticaloa District (7.4 *per cent*) demonstrates the least proportion of elderly followed by Mannar (7.9 *per cent*) and Ampara (8 *per cent*). Interestingly, all the Districts in the Northern

and Eastern Provinces, except Jaffna, which were affected by the internal armed conflict, comprise a very low portion of elderly in their District populations.



When the change in the proportion of elderly between 1981-2012 is considered, three (03) District; namely, Polonnaruwa, Nuwara Eliya and Moneragala show an increase of more than 140 *per cent* (**Table 8**). The highest increase in the proportion of elderly is reported from Polonnaruwa District where the increase was 153 *per cent*. Several reasons can be attributed to this situation.

Because of the colonization in the 1980s, there was a large volume of in-migration to Polonnaruwa and Moneragala Districts. The overwhelming large majority who migrated were of the working age groups. By the year 2012, a considerable proportion of these migrants had reached age 60 or above resulting in high numbers of elderly in the above populations. However, current migration trends are different to those of the past. One hardly observes in-migration of young people to these Districts. Furthermore, the trend is for most of the remaining young people in the Districts to also move out resulting in the increase of the

elderly proportions of the population. The lifetime net migration rates in Polonnaruwa and Moneragala for years 1981 and 2001 show a pronounced decrease.³⁷ For instance, in the Polonnaruwa District, the lifetime net migration rate dropped from 44.6 *per cent* to 26.8 *per cent* between 1981 and 2001.

The heavy out migration (internal) and emigration (international) for education and employment resulted in the Nuwara Eliya District reporting a very significant increase (143.8 *per cent*) in the proportion of elderly during the aforesaid period, 1981-2012. Over the same period, the life expectancy of the Nuwara Eliya District population has also increased significantly.³⁸

During the period of 1981-2012, the lowest change in the elderly populations is observed in the Districts of Puttalam, Gampaha and Batticaloa. Only a 52-57 *per cent* increase of the elderly populations was observed in these three Districts and it was very much below the figures reported for the entire country (**Table 8**). Some reasons for such a situation can be given as follows;

The internal armed conflict in the Northern and Eastern areas of the country resulted in many people moving to the Puttalam District, especially Muslim families with a large number of children. Furthermore, a considerable proportion of the population in conflict areas are still residing in displaced camps in this District. With regard to Gampaha, the District has been attracting many in-migrants in the working age groups, especially young females to work in the Free Trade Zones.³⁹ This trend has resulted in the increase of the population in younger age groups, compared to elderly age groups. The lifetime net-migration rates of the two Districts for 1981 and 2001 validate these in-migration trends. However, the persistence of high fertility in the Batticaloa District compared to other Districts in the country, might have curtailed the District's elderly population increase.

Although the overall value of the index of ageing for Sri Lanka in 2012 is 47.2, there are a number of districts that fall above this average value. Of the 25 Districts, Kegalle, Colombo and Jaffna, all reported an index of ageing in the range of 58-60. This indicates that in these Districts there are 58-60 elderly *per* 100 children (less than 15 years of age). It is interesting to note that all the Districts, except Jaffna, in the Northern and Eastern Provinces indicated very low values of index of ageing. The lowest value of index of ageing is reported from the

³⁷ W.I. De Silva and S. Perera, 'Trends and Determinants of Migration in Sri Lanka – 1981-2001', 2007.

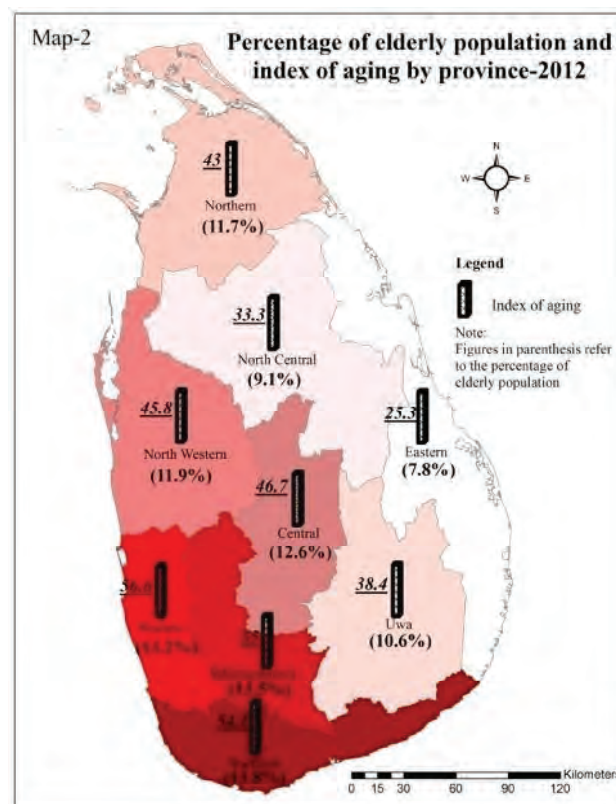
³⁸ W.I. De Silva, 'Construction and Analysis of National and District Life Tables of Sri Lanka: 2000-2002', 2008.

³⁹ De Silva and Perera, 'Trends and Determinants of Migration in Sri Lanka – 1981-2001', 2007.

Batticaloa District in the Eastern Province. In the Northern Province also Mannar, Vavuniya, Mullaitivu and Kilinochchi, all reported index of ageing between 26-30 (**Table 8**).

Provincial Variations

In Sri Lanka the provincial government system has been in operation since 1987 with the introduction of amendments to the Constitution. The country is divided into nine Provinces and each Province comprises of two or more Districts. When the prevalence of ageing in 2012 was investigated at Provincial level, the Southern Province (13.8 *per cent*) reported the highest proportion of elderly, followed by Sabaragamuwa and Western Provinces in Sri Lanka (**Map 2**). The Southern Province reported heavy out-migration during the past many decades and the level of fertility was also low there. Also, in 2000-2002 the Hambantota, Matara and Galle Districts (the Districts of which the Southern Province comprises), reported the highest level of life expectancies at birth than all other Districts in Sri Lanka.⁴⁰



⁴⁰ W.I. De Silva, 'Construction and Analysis of National and District Life Tables of Sri Lanka: 2000-2002', 2008.

It is interesting to note that the Western Province has a higher proportion of elderly than the national level (**Map 2**). This might have occurred primarily due to a significantly lower level of fertility in this Province compared to other parts of the country.⁴¹ The lowest level of ageing in 2012 is identified in the Eastern Province (**Map 2**), in which the level of fertility is significantly higher than the rest of the country. The Province comprises three (03) Districts; Batticaloa, Ampara and Trincomalee.

When the provincial variation in the index of ageing is considered, the same three Provinces (Southern, Sabaragamuwa and Western), which demonstrated the highest values of proportion of elderly, appeared with the highest values again. However, the order of rank has changed to Western, Sabaragamuwa and to Southern Provinces. The Western Province, being the highest, indicates that there were 57 elderly (60+ years) *per* 100 children (<15 years) in the Province. The corresponding estimates of the index of ageing are slightly lower in Sabaragamuwa and Southern Provinces compared to the figure in the Western Province (**Map 2**).

However, the lowest value of index is noted from the Eastern Province, in which the proportion of elderly was also the lowest. The Province reported the lowest level of ageing in Sri Lanka, presumably due to a higher level of fertility and lower level of life expectancy compared to the rest of the country. The next lowest index of value is identified in the North Central Province in which the life expectancy at birth was significantly lower compared to the rest of the country.⁴² The male life expectancy in the Anuradapura District in this Province was identified as the lowest in Sri Lanka. This mortality pattern has resulted in a very slow ageing process in the North Central Province of Sri Lanka.

Ageing: Demographic Determinants

Ageing is a by-product of the demographic transition and each country undergoes this process. In countries where fertility and mortality have declined significantly in a short period of time, a rapid ageing process was observed. In such countries, when a significantly large proportion of young adults move to foreign countries permanently or semi-permanently for employment or education, the ageing problem becomes a serious issue.

⁴¹ Department of Census and Statistics, 'Sri Lanka Demographic and Health Survey, 2006-07', Department of Census and Statistics, Colombo, 2009.

⁴² De Silva, op.cit.

Fertility

The population planning programmes and policies that have been implemented by successive Sri Lankan governments since the 1960s to achieve targeted fertility decline, have been largely responsible for the spectacular decline of birth rates. Such policy drives had to be taken because Sri Lanka had become one of the most densely populated countries in Asia. Persistent growth of the population and the consequent pressure on the habitable land has been of increasing concern to the government as population growth has been far more rapid than could be sustained by the economy.⁴³

Gradual decline of the total fertility rate (TFR - average number of live births *per* woman) towards a replacement level is reflected in the rates calculated using data collected from the population censuses, the registration system and from survey data for more recent past. The TFR has decreased from 5.3 in 1953 to 3.4 in 1981, by almost two live births *per* woman, and dropped to a further 2.8 children *per* women in 1982-1987 and to 2.3 during 1988-1993 periods. Sri Lanka's fertility had dropped by about 20 *per cent* between 1982-1987 and 1988-1993 (Table 9).

Table 9: Total Fertility Rate (TFR) Sri Lanka, 1953 to 2003-2006

Source	Year/Period	TFR
Census, Registration	1953	5.3
Census, Registration	1963	5.3
Census, Registration	1971	4.2
World Fertility Survey 1975	1974	3.6
Census, registration	1981	3.4
Demographic & Health Survey 1987	1982-87	2.8
Demographic & Health Survey 1993	1988-93	2.3
Demographic & Health Survey 2000	1995-2000	1.9
Demographic & Health Survey 2006-07	2003-2006	2.3

Source: Department of Census and Statistics (2009).

The fertility rate started to decline from the 1960s, and by 1994 Sri Lanka experienced several transitions in major demographic phenomena, reaching the crucial stage of replacement fertility⁴⁴, and had even moved to below that level. The demographers researching determinants of population growth predicted that Sri Lanka would reach a TFR

⁴³ W.I. De Silva, 'Population Planning Strategies and Programs in Sri Lanka', 1995.

⁴⁴ Replacement fertility implies a total fertility rate usually between 2.1 and 2.2 children *per* woman, depending on a country's level of mortality. Since the infant mortality rate of Sri Lanka is at a very low level, its replacement fertility is defined as an average of 2.1 children *per* woman (TFR=2.1). Net reproduction rate (NRR) of 1.0 is also considered as the appropriate measure to represent replacement fertility (Pathak and Ram, 1992).

of 2.1 by the year 2000 and would be the only country in the South Asian sub region to achieve that level of fertility before the dawn of the new century ahead of the targeted time frame.⁴⁵ A total of 18 countries in the Asia and Pacific region had reached below replacement fertility by 2007.⁴⁶

The indices related to fertility transition in Sri Lanka, particularly the TFR valued at 1.9 for the period 1995-2000 calculated from the Sri Lanka Demographic and Health Survey (SLDHS) 2000, aroused the general expectation among researchers that Sri Lankan fertility could remain stable or even go below the level reported by SLDHS.⁴⁷

Meanwhile, since the SLDHS 2006-07 indicated an unexpected increase in the TFR, the hypothesis of replacement fertility or even below that level in Sri Lanka in the new millennium was unconfirmed.⁴⁸ According to SLDHS 2006-07 (**Table 9**), the TFR calculated to be 1.9 during 1995-2000 had increased to 2.3 during the three years of 2003-2006. The already existing below replacement fertility had increased to above replacement-level. Even though this may be a temporary phenomenon, a reversed trend had surfaced in Sri Lankan fertility transition.⁴⁹

The increase in fertility during the last decade has made a marginal change in the process of ageing in Sri Lanka. For instance, the projected proportion of elderly of the total population in 2012 was 12.5 *per cent*⁵⁰, which is higher than the observed value (12.2 *per cent*) in the 2012 census. The marginal change in the proportion of elderly in 2012 could be largely attributable to the recently reported fertility increase.

Mortality

The period 1921-1945 was generally one of overall decline in mortality.⁵¹ Nevertheless, there were occasionally years in which a heavy toll of deaths had occurred. The rapid mortality decline observed during the post World War II period in Sri Lanka contributed towards

⁴⁵ W.I. De Silva, 'Ahead of target: Achievement of replacement level fertility in Sri Lanka before the year 2000', in *Asia-Pacific Population Journal*, Vol.9, No.4, 1994b, pp.3-22.

⁴⁶ B. Gubbhaju, 'Fertility transition and population ageing in the Asian and Pacific Region', in *Asia-Pacific Population Journal*, Vol.25, No.2, 2008, pp.55-80.

⁴⁷ De Silva, 'A Population Projection of Sri Lanka for the New Millennium 2011-2101', 2007.

⁴⁸ W.I. De Silva, B.N. Perera and K.C. Anuranga, 'Below replacement to above replacement: dramatic increase of fertility and its determinants in Sri Lanka', 2010.

⁴⁹ The fertility level in any given country is largely determined by three non-genetic factors such as changes in the age at marriage, use of contraception, and the practice of induced abortion with a differential impact of these changing agents on fertility (Caldwell and others, 1989).

⁵⁰ De Silva, 'A Population Projection of Sri Lanka for the New Millennium 2011-2101', 2007.

⁵¹ United Nations, 'Population of Sri Lanka', Country Monograph Series No.4, United Nations, ESCAP Bangkok, 1976.

achieving a phenomenal increase in the life expectancy of the Sri Lankan population. A parallel pattern of mortality decline during the same period was observed in a number of other developing countries including Mauritius, Cuba, and Mexico.⁵²

Sri Lanka has progressed substantially in reducing the mortality level of its population during a period covering more than seven decades, particularly showing a significant reduction in mortality between 1946 and 1981 (**Table 10**).

Table 10: Life Expectancy at Birth and at Age 60 (in Years), Sri Lanka

Year	At Birth			At Age 60	
	Male	Female	Difference (F - M)	Male	Female
1900 -1902	36.4	34.2	-2.2	11.5	10.6
1920 -1922	32.7	30.7	-2.0	14.3	14.5
1945 -1947	46.8	44.7	-2.1	16.0	14.9
1953	58.8	57.5	-1.3	16.6	17.0
1962 -1964	63.3	63.7	0.4	16.6	17.8
1970 -1972	64.0	66.9	2.9	18.0	20.0
1980 -1982	67.7	72.1	4.4	17.2	21.3
2000-2002	68.1	76.6	8.5	17.3	21.5
2011*	68.8	77.6	8.8	17.5	21.8

Source: Department of Census and Statistics (1991); De Silva (2008).

Note: * Projected figures.

The sharp decline in mortality in the post World War II period was largely due to the eradication of malaria, expansion of health and education services, and better distribution of food supplies with general improvements in the economy of the country.⁵³ The social infrastructure that was developed before independence and the improvements in the economic well being, together with an increase in the average level of consumption⁵⁴, rapidly yielded positive results in terms of an increase in the life expectancy of the Sri Lankan population. The health related indicators for Sri Lanka demonstrate a success story, despite

⁵² S.A. Meegama, 'The mortality transition in Sri Lanka', in Determinants of Mortality Change and Differentials in Developing Countries, the Five-Country Case Study Project, United Nations, New York, 1986, pp.5-32.

⁵³ United Nations, 'Population of Sri Lanka', 1976.

⁵⁴ Ministry of Health and Women's Affairs, 'Annual Health Bulletin – Sri Lanka 1991', Government of Sri Lanka, Colombo, 1991.

the fact that compared to many countries in the world health expenditure in Sri Lanka is significantly low by any standard.⁵⁵

The efficient performance of the health system is mainly linked to the socio-economic and political status of a given country. The life expectancy, derived from the life tables for Sri Lanka using the latest available data indicate an expected longevity of 68.1 years at birth for males in 2000-2002, a marginal increase of only 0.4 years higher than the figure reported (67.7 years) for 1980-1982 (**Table 10**). In contrast to males, the expectancy of life for females had increased from 72.1 to 76.6 years during these two periods, an increase of almost 5 years (**Table 10**). This trend shows that unlike in the past, large sex differences in life expectancy continue at present in Sri Lanka. From 1980-1982, the gender difference of longevity was only 4.4 years while in the 2000-2002 period it had increased to 8.5 years.

The Sri Lankan situation is not exceptional as the female advantage in life expectancy had widened to 10 or more years in a number of countries in the world. Some of the countries where the highest levels of such differences were observed are contemporary Belarus (12.2 years), Russian Federation (11.3 years), and Kazakhstan (11.1 years).

The Sri Lankan advantage in female life expectancy of over 8 years clearly demonstrates that during the last two decades socio-cultural and political factors were more favourable for females and not very supportive for the overall improvement of the health situation of males. Insurgency, civil strife, suicides, accidents and homicides all of which were prevalent at high levels during the last three decades in Sri Lanka had taken a higher toll on the lives of males when compared to their female counterparts.

Life Expectancy among the Elderly

Before the 1950s, most of the gain in life expectancy in Sri Lanka was due to large reductions in the death rate at younger ages. However, during the second half of the last century, improvements in survival after the age of 60 propelled the rise in life expectancy. Thus, the key feature in mortality transition in Sri Lanka is the extended longitude of life available at older ages, specifically the age of 60 years and above.⁵⁶

In 1920-1922 a man or a woman who reached age 60 could expect to live 10 to 11 years more (**Table 10**). By 1980-1982 on approaching 60 years of age, a Sri Lankan man can expect to live a further 18 years and a woman on average 20 more years. More recent mortality data produced in the life table of 2000-2002 indicates a slight decline in the remaining life

⁵⁵ Meegama, op.cit.

⁵⁶ De Silva, 'Construction and Analysis of National and District Life Tables of Sri Lanka: 2000-2002', 2008.

expectancy of men (17.2 years) after reaching age 60; however the corresponding female value has increased to 21.3 years. The projected life expectancy values also indicate a further increase in remaining life span after age 60 (**Table 10**).

How could people who have already reached age 60 live for another two decades? It is because they have already dodged the mortal dangers such as infant mortality, violence, auto wrecks, drowning and so on occurring mainly amongst younger aged persons. At the same time, those with good genes who have lived in beneficial surroundings – good nature and nurture – are over represented in older populations.

Among nations today, the longest expectation of life, almost 85 years is enjoyed by Japanese women. For Japanese females, remaining life expectancy at age 60 grew from 15 years in 1950 to 26.6 years at present. A Japanese man on average is expected to live another 21.2 years after reaching age 60. This trend indicates that in countries such as Japan, a significantly large proportion of the elderly population tend to live during retirement ages. Researchers who study ageing trends believe that life expectancies for the old will continue to grow longer. The main reason is that the three biggest killers of older people; heart disease, cancer and stroke are being treated more successfully.

International Migration

Unlike fertility and mortality, migration responds more rapidly to events such as war, famine, economic conditions and restrictions on immigration. In countries with small populations, particularly in determining population change, migration is often more important than either fertility or mortality. Hence, the government may consider migration to be a component of population change over which it can exert a substantial influence in the medium-term, and sometimes in the short-term.

In the past, the out-migration flow was more related to the exodus of professionals who migrated for permanent settlement in the more developed countries. This phenomenon, popularly referred to as “*brain drain*” severely affected the economy of Sri Lanka. In the 1970s the pattern of migration changed to mostly semi and unskilled workers who left in large numbers on contract basis to West Asia for employment. The labour migration to the Middle East assumed significant proportions only after the introduction of the “*free flow*” migration policy of the Sri Lankan Government in the late 1970s.⁵⁷ The backward and almost stagnant economic base of the country initially triggered this phenomenon, but subsequently, the out migration of low and middle level workers increased as a response to external stimuli.

⁵⁷ Korale, ‘Middle East migration: the Sri Lankan experience’, 1985.

Economic development in Middle East countries since the 1970's paved the way for a massive technological development and an expanded construction industry opening up new employment opportunities in overseas employment for skilled, semiskilled and unskilled labourers of the South and Eastern Asian region.⁵⁸ This market expanded in the 1980s and 1990s. The contract labour migration trend, defined as a migration event for a short period only, mostly one to two years with a facility for renewal can be described as an extension of the previous out migration pattern but with a different focus. The impetus of contract migration for families in the region providing labour resources for development work in the Middle Eastern countries was large and varied. Such an economic impact is seen at the family, community and village level of the out-migrants with an inevitable socio-cultural impact at the point of destination and among the returnee migrants at the point of origin.⁵⁹

Table 11: Departure for Foreign Employment, Sri Lanka

Year	Male		Female		Total
	Number	%	Number	%	
1986	11023	76.25	3433	23.75	14456
1995	46021	26.68	126468	73.32	172489
1996	43112	26.52	119464	73.48	162576
1997	37552	24.99	112731	75.01	150283
1998	53867	33.71	105949	66.29	159816
1999	63720	35.45	116015	64.55	179735
2000	59793	32.82	122395	67.18	182188
2001	59807	32.50	124200	67.50	184007
2002	70522	34.61	133251	65.39	203773
2003	74508	35.51	135338	64.49	209846
2004	80699	37.59	134010	62.41	214709
2005	93896	40.60	137394	59.40	231290
2006	90170	44.65	111778	55.35	201948
2007	103476	47.37	114983	52.63	218459
2008	128232	51.19	122267	48.81	250499
2009	119381	48.31	127745	51.69	247126
2010	136850	51.16	130657	48.84	267507
2011	136307	51.84	126654	48.16	262961
2012	143784	50.93	138547	49.07	282331

Source: Sri Lanka Bureau of Foreign Employment (2013).

⁵⁸ Central Bank of Sri Lanka, 'Annual Report 2011', Central Bank of Sri Lanka, Colombo, 2011.

⁵⁹ W.I. De Silva, 'Demographic and Social Trends Affecting Families in the South and Central Asian Region', in Major Trends Affecting Families, United Nations, New York, 2003, pp.45-77.

As reported by the Sri Lanka Bureau of Foreign Employment, the annual labour out-migration rose to 172,489 persons in 1995 from 14,456 in 1986 (**Table 11**). Females accounted for 23 *per cent* of the total migrants in 1986. But by 1995 the female component increased to 73 *per cent* of the total. At present, over 280,000 Sri Lankans leave the country annually for foreign employment⁶⁰, of them nearly one-half is female. Over the past many years, female dominance has decreased significantly. It is estimated that about 1.8 million Sri Lankans work in the Middle East and other countries under contract employment agreements.⁶¹

Among the international labour migrants of Sri Lanka the highest proportion is found to be from 25-29 age groups. It is also important to note that close to 70 *per cent* of the female migrants are in the prime reproductive age group of 20-39 years (**Table 12**). It has also been found that among the female migrants, overwhelmingly large proportions are married and have sizable numbers of children at the time of migration. As is common practice in Asian cultures, in Sri Lanka basically the women provide primary care for the elders. A heavy out-migration of women to foreign labour markets has created a serious vacuum for elderly care, which has impacted significantly on the well being of the elderly.

Table 12: Departure for Foreign Employment by Age and Sex, Sri Lanka

Age Group	Average (2005-2010)		
	Male (%)	Female (%)	Total
19 & Below	1.5	1.6	1.5
20-24	17.3	13.2	15.1
25-29	25.3	19.5	22.2
30-34	16.9	18.2	17.7
35-39	13.5	16.9	15.3
40-44	9.6	15.3	12.7
45-49	6.7	9.3	8.1
50 & Above	6.1	5.0	5.5
Not Identified	3.0	1.1	1.8
Total	100.0	100.0	100.0

Source: Information Technology Division – SLBFE.

⁶⁰ Sri Lanka Bureau of Foreign Employment, 'Annual Statistical Report of Foreign Employment – 2012', Sri Lanka Bureau of Foreign Employment, Colombo, 2013.

⁶¹ Central Bank of Sri Lanka, 'Annual Report 2010', Central Bank of Sri Lanka, Colombo, 2010.

Another stream of migration which started from the aftermath of communal riots in 1983 is the mass scale of out-migration of Sri Lankan Tamils to countries like Canada, Australia, U.K., Switzerland, France, Germany and Norway. This “*Tamil Diaspora*” is considered to have been supporting the country’s economy immensely at the time. Presumably over 500,000 Sri Lankan born Tamils are living in the countries listed above.

The majority of the migrants who migrated to developed countries also fall into the age group of 20-39 years at the time of migration. Almost all of those who migrated to greener pastures left their parents behind in Sri Lanka. Undoubtedly these parents are now at an elderly stage in life and in many cases have no single child left in Sri Lanka to support in their old age. These migration trends that prevailed in the last many decades have aggravated many dimensions of the ageing problem in Sri Lanka.

It is important to note from a number of recent surveys among youth in Sri Lanka that about one-half of them want to settle down in a developed country either permanently or semi-permanently. If these aspirations continue and are largely realized, this trend is expected to have more-and-more negative impacts on elderly and also their families in Sri Lanka.

Family Transition and Its Impact on Ageing

Family may be defined as a group of persons related to a specific degree through blood, adoption or marriage. The difficulty is that comparative data on the family in the broad definition of the term above is not available. The available statistics relate to households, defined by location, community or living arrangements. Surveys and censuses usually cover all households, not merely family households. Nevertheless, the latter type constitutes a major proportion enabling the characteristics of the totals to be identified as those of family households.⁶²

In Asian countries, young people commonly live jointly with their parents after their marriage and later move to another place whenever custom imposes or the economic condition of the new couple permits to do so.⁶³ Lloyd and Duffy⁶⁴ believe that, beyond this natural ebb and flow of family members, families are becoming more dispersed. Young and elderly adults, spouses and other relatives who might otherwise have shared a home are now more likely to live apart from one another.

⁶² De Silva, op.cit.

⁶³ ibid.

⁶⁴ C.B. Lloyd and N. Duffy, ‘Families in transition’ in *Families in Focus: New Perspectives on Mothers, Fathers and Children*, The Population Council, New York, 1995, pp.5-23.

Changes in Size and Structure of the Family

Households grow larger when children are born or ageing parents move in, and then shrink again when elderly parents die and grown children leave to start their own households.⁶⁵ Since average household size could be considered as a proxy for the average family size, estimates obtained for the former is presented in **Table 13**.

Table 13: Average Household Size 1963 to 2012, Sri Lanka

Sector	1963	1981/82	1996/97	2003/04	2009/10	2012
Urban	6.0	5.5	4.9	4.4	4.3	n.a.
Rural	5.7	5.2	4.6	4.3	4.0	n.a.
Estate	5.8	4.8	4.7	4.6	4.2	n.a.
Total	5.8	5.2	4.6	4.3	4.0	3.9

Source: Central Bank of Sri Lanka (2005); Department of Census and Statistics (2012b).

In Sri Lanka, the nuclear family is the norm, which has strongly established during the past few decades. High fertility coupled with social and cultural factors favouring co-residence with the extended family (including non-relatives) has disappeared significantly. Over the past three decades Sri Lanka has demonstrated a clear decline in the average household size and reported the lowest figure for the South Asian region.⁶⁶ The average household size of Sri Lanka in 2009/2010 is about two members less than the corresponding figure reported in 1963 (**Table 13**). The latest population census conducted in 2012 reports an average household size as low as 3.9 members *per* household.⁶⁷ At present, the lowest average household size is located in the rural sector, while the highest is in the urban.⁶⁸

With the onset of fertility decline in almost all the countries in South Asia, a strong negative impact on the prevalence of large families will soon be experienced. Thus, the declining trend in average household size will emerge in almost all countries in the region during the early part of the present century.

⁶⁵ *ibid.*

⁶⁶ W.I. De Silva, 'Family Transition in South Asia: Provision of Social Services and Social Protection', in Asia-Pacific Population Journal, Vol.20, No.2, 2005, pp.13-45.

⁶⁷ Department of Census and Statistics, 'Census of Population and Housing, Sri Lanka 2011: Basic Housing Information', Department of Census and Statistics, Colombo, 2012b.

⁶⁸ Department of Census and Statistics, 'Household Income and Expenditure Survey: 2009-2012', Department of Census and Statistics, Colombo, 2011.

A few decades ago in South Asian countries single-person households were virtually nonexistent. Nevertheless, consequent to population ageing and migration, social and economic changes occurring in the region, there is an emerging trend of single-person households. For example, during recent years in Sri Lanka the proportion of single-person households increased from 3.3 *per cent* in 1990s to 3.7 *per cent* in 2000.

Female – Headed Households

In many societies in Asia, the oldest male is designated as the head of household regardless of whether he is the primary source of economic support, the authority figure or fulfils other tasks purportedly performed by household heads.⁶⁹ In the mean time, female-headed households have become a steadily growing phenomenon in many countries in Asia, including Sri Lanka.

This increase in female-headed households could be due to a variety of factors. Bruce and Lloyd⁷⁰ suggest that widowhood, migration, non-marital fertility and marital instability could be some of the important causes. In recent decades, an increasing number of women, particularly rural women have become heads of households because men, the traditional heads of households have gone to the war front or are working far away. Moreover, due to civil unrests and displacements, a refugee status exists in a number of countries in the region, leaving the females to take over the task of running the household.⁷¹

The highest proportion of female-headed households in South Asia is observed in Sri Lanka where figures have increased from 19 *per cent* in 1993 to 23 *per cent* in 2009/2010. In Sri Lanka the increase is mainly due to political unrest and social strife in the Southern part(s) of the country in the late 1980s and the internal armed conflict in the North and East. Consequently, a significant number of young widows have emerged as female heads of households.

Widowhood is a noteworthy feature of the majority of female-headed households, although the average size of their households is comparatively smaller than male-headed households. As noted in the 1994 Demographic Survey of Sri Lanka, 56 *per cent* of the female heads were found to be widowed while only 37 *per cent* were married. In contrast, a mere 2 *per cent* of

⁶⁹ M. Ayad, B. Barrere and J. Otto, 'Demographic and Socioeconomic Characteristics of Households', DHS Comparative Studies, No.26, Macro International Inc., Maryland, 1997.

⁷⁰ J. Bruce and C.B. Lloyd, 'Finding the ties that bind: Beyond headship and household', Working Papers, No.41, The Population Council, New York, 1992.

⁷¹ De Silva, op.cit.

the male heads were reported to be widowed, while 95 *per cent* were currently married.⁷² The proportion of widows among the female-headed households had further increased to 64 *per cent* by 2009/2010.⁷³

A new social issue in many developing countries is seen in the context of these female-headed households as they generally have one adult who is the sole income earner. Typically, these households are smaller than male-headed households. The 1993 National Household Survey of Sri Lanka indicated that 66 *per cent* of these households in the country comprised 1 to 4 members, while only 44 *per cent* of male-headed households are estimated to be at this size. In many instances, male-headed households are comprised of more than one member who can participate economically. Consequently, female-headed households are poorer than their male counterparts.

Ageing: Challenges of the 21st Century

Consequences and challenges of population ageing may take many forms. Broadly it can be divided into four parts: social, economic, health and rights. As has been demonstrated and proven world over, the advancement in life expectancy, reduction in fertility and increased migration results in the increase of both the number and percentage of the elderly. This results in several socio-economic and health consequences for the elderly themselves, their families and the country as a whole.

Social and Economic Implications of Ageing

Social changes such as migration, urbanization and increased female labour-force participation means that generation of a family may live in different places and that they may live in a place where there is not enough space to accommodate a multi-generational family. As such, Sri Lankan families are neither as able to nor as willing to care for their elderly members as they were in the past. Therefore, a most important policy issue that arises as a result of population ageing is how best to provide economic and social support for the elderly. Health care, housing, everyday tasks and economic support are only a few of the areas in which the elderly have special needs. Sri Lankans believe that it is the responsibility of the family, especially the spouse and children to help its elderly members; although that belief may be seldom articulated. At the same time, the public has increasingly been expecting the government to help care for the elderly and a number of programmes are already in place even though their adequacy and coverage may be grossly inadequate.

⁷² Department of Census and Statistics, 'Changing Role of Women in Sri Lanka', Department of Census and Statistics, Colombo, 1997.

⁷³ Department of Census and Statistics, 'Household Income and Expenditure Survey: 2009-2012', 2011.

Usually, ageing of the overall population is accompanied by ageing of the labour force. This specific feature of an ageing population (graying of the labour force) influences labour productivity in a number of ways. First, elderly people are usually paid more, although they may not produce more; and secondly, young people usually introduce new techniques and ageing may slow down the pace of modernization.⁷⁴

Social Protection for the Elderly in Sri Lanka

The increase in the proportion of the elderly reflected in Sri Lanka's demographic profile brings to focus the immediate need of sound and secure social security mechanisms so that the quality and dignity of the elderly will be upheld in their mature years.⁷⁵

In the Sri Lankan context, it is still the family unit that takes on the larger share of care and protection of the elderly. However, the family unit itself is facing many changes which in return will have an effect on the tradition of elderly care long embedded in our culture. Major among these changes is the transition of the family from being extended to nuclear. Apart from this, more and more females who have been traditionally identified as the care givers for the elderly are entering the labour force which leaves them little time to take care of two dependent generations at the same time. As such, when a choice has to be made, it is obviously the younger dependents who gain prominence. Within the increasing trend of female labour force participation is their migration for employment to distant places within the country and in some instances to foreign destinations. The number of children available for elderly care has also declined due to the reduction in fertility levels which results in fewer children being available to take on the responsibility of caring for the elderly, potentially for a long period of time.

Limited space available in housing units, especially in the urban areas, increasing cost of living and changing attitudes are all contributing factors towards this change. This situation stresses the need of strengthening the social protection mechanisms so that the elderly can lead a life of quality and dignity without having to be a burden on the family.⁷⁶

Social protection for the elderly is not a strange concept for Sri Lanka. In the past, the social system in the country was so arranged that the security of the elders was guaranteed within the extended family set up that prevailed. In the traditional economic system, the children continued with the parental occupations and as such, when economic responsibilities passed

⁷⁴ World Bank, 'Sri Lanka: Strengthening Social Protection', World Bank, Washington, 2007.

⁷⁵ Ministry of Social Services and Social Welfare, 'National Charter for Senior Citizens and National Policy for Senior Citizens: Sri Lanka', Government of Sri Lanka, Colombo, 2006.

⁷⁶ United Nations, op.cit.

on to the next generation so did the responsibilities of caring for the elderly. Within this setup, even the unmarried or the childless elderly did not have to face old age insecurity. However, with the changes that have occurred in the economic and social context of Sri Lanka like other parts of the world, there is a need for a more formalized social security mechanism.⁷⁷

Sri Lanka is a country that has several social protection schemes targeting the vulnerable groups among its citizens. However, there are only a few comprehensive social protection mechanisms especially targeting the elderly in Sri Lanka compared to the developed countries with similar or higher levels of ageing. At the national level, the issue of ageing has been fully recognized by the adoption of the National Policy for Senior Citizens in 2006. The goal of the policy has been cited as the well being of senior citizens. The policy therefore incorporates the financial security, health care, shelter, welfare and other needs and protection against abuse and exploitation of the elderly. It further makes available opportunities to develop the potential of senior citizens.⁷⁸

The major social security mechanisms especially focusing on the elderly in Sri Lanka are the Public Sector Pension Scheme which targets the government sector workers, and the Employees Provident Fund (EPF) scheme concentrating on private sector employees. Several other mandatory and voluntary social security systems are also in operation in the government as well as the private sector.

The government employee in Sri Lanka is assured of a regular monthly income for life from the government. After the government pensioner dies, his spouse and any dependent children below the age of 18 or any handicapped children will be entitled to the pension until they die or attain the age of majority as the case may be. The public service pension is non-contributory although widows and orphans benefits are contributory. In that respect, government servants have much greater security than other sections of the work force. However, such government pensioners are about 500,000 among the total of 2.5 million elderly of age 60 and above today. This indicates that among our elderly, or their next of kin, only close to 20 *per cent* receive the monthly pension income. Among the rest of the elderly, an overwhelmingly large do not have any regular monthly income.

The basic structure of the EPF in Sri Lanka is that, both the employer and employee make contributions to the fund and upon retirement the employee gets the whole amount to his credit, which he is then supposed to invest wisely to enable him to live while he is no longer

⁷⁷ De Silva, op.cit.

⁷⁸ Ministry of Social Services and Social Welfare, op.cit.

active in the workforce. However, unfortunately the majority of the EPF retirees have not utilized that money wisely to safeguard their own future well being.⁷⁹

Health Care Implications

Sri Lanka has experienced a substantial reduction in mortality in the post-conflict period, primarily because of the highly subsidized health and educational services. Improving the standard of living, better sanitary conditions and immunization campaigns have also played an important role in this regard. Accessibility to health care facilities, especially in rural areas is made possible by an extensive network of roads and transportation facilities.

As individuals live longer, and as the quality of that longer life becomes a central issue, people do ask themselves whether they are living healthier as well as longer lives or whether they are spending an increasing portion of their older years with disabilities, mental disorders or other ill health. The meaning of a healthy life is normally taken as life expectancy without curtailment of functions. Sometimes it is called “*active life expectancy*” or “*disability free life expectancy*”. Healthy life expectancy does not mean the complete absent of disease. In fact, many elderly may live and function close to normal lives with long term chronic diseases such as diabetes or hypertension. Healthy life expectancy is likely to be an important measure of the health and development of societies in the future.

The incidence of disability in Sri Lanka increased during the period 1981 to 2001 as a result of the ageing population and the civil strife that the country has experienced during that period and it is likely that the disability rate will continue to increase in the future.⁸⁰ During the period 1981-2001 there was a conspicuous increase in the disabilities involving hearing and speaking, legs and hands. There was a marginal increase in disability in seeing (total blindness) over the same period. In 2001, except in the case of total blindness all other type of disabilities are significantly higher among the males in Sri Lanka. However, gender-wise the increase was mostly felt among females;⁸¹ since an increasing proportion of females have entered into the workforce occupational hazards could be a leading cause for the increasing disability in Sri Lanka.

⁷⁹ De Silva and Senarath, ‘Longer longevity an early retirement: justification for increasing the retirement age in Sri Lanka’, 2009.

⁸⁰ W.I. De Silva, W.P. Amarabandu and H.R. Gunasekera, ‘Disability amongst the elderly in Sri Lanka: Comparison of disability rates in the censuses of 1981 and 2001’, Research Studies Series No.1, Institute for Health Policy, Colombo, 2008.

⁸¹ Department of Census and Statistics, ‘Information on Disabled Persons – Census of Population and Housing, 2001’, Department of Census and Statistics, Colombo, 2003.

The spatial variation of disability was investigated in 2001. Hambantota District is marked with the highest level of disability in both physical and mental categories. Why do the elderly populations in Hambantota District lead in the prevalence of disability? For many decades, Hambantota has lost a significantly large number of people due to migration, particularly due to internal migration.⁸² Those who migrated away from Hambantota in general would have been free of disability and healthier than non-migrants. Thus, the recent migration process would have contributed along with a number of other factors to rank Hambantota District with the highest level of disabilities in Sri Lanka.⁸³

In the past, the elderly were not considered a specifically vulnerable group in Sri Lanka; their proportion and absolute number were not large enough to warrant the adoption of special measures for providing elderly medical care. However, with the expected huge increase in the size of the elderly population in Sri Lanka, it is important to consider how health services can cope with service provision for the elderly.

Age-specific mortality among the population aged 60 years and older indicates senility as the most significant cause of death in Sri Lanka. But circulatory, nervous, infections and parasitic diseases and neoplasm are also responsible for a high degree of mortality among the elderly.⁸⁴ In a community in which mortality has declined rapidly and the proportion of the ageing population is in the increase, such as in Sri Lanka, the pattern of causes of morbidity of the elderly reveals to some degree the expectation of chronic diseases such as asthma and rheumatism as well as cardiovascular diseases and cancer.⁸⁵ These diseases of the elderly demand diagnostic equipment, a long hospitalization, treatment and rehabilitation.⁸⁶ This will pose new challenges for the Sri Lankan health care system.

Health care professionals in Sri Lanka are inadequate, especially those who are providing services for elderly people. Private sector healthcare facilities in Sri Lanka received a major impetus with the open economy policy introduced in 1977. By 2010, Sri Lanka had over 200 private hospitals even though they provide only about 5 *per cent* of the total number of in-patient beds, the proportion is on the rise. Of course, the elderly have access to both government and private sector facilities. There is already a gap in the quality of the health

⁸² De Silva and Perera, 'Trends and Determinants of Migration in Sri Lanka – 1981-2001', 2007.

⁸³ De Silva, Amarabandu and Gunasekera, op.cit.

⁸⁴ Ministry of Health and Women's Affairs, op.cit.

⁸⁵ D.B. Nugegoda, and S. Balasuriya, 'Health and social status of an elderly urban population in Sri Lanka', in Social Science and Medicine, Vol. 40, No.4, 1995, pp.437-442.

⁸⁶ De Silva, 'How serious is ageing in Sri Lanka and what can be done about it?', 1994a; D.N.Fernando, and R.de A. Seneviratne, 'Patterns of health care use in an elderly population in Sri Lanka', in The Ceylon Journal of Medical Sciences, Vol. 40, 1997, pp.7-12.

care facilities between the government and private sector in Sri Lanka. In view of the situation, in government hospitals, many elderly people may wish to receive treatment especially as in-patients from private hospitals. Unfortunately, in-patient care at private hospitals is not possible for large segments of the elderly population who require such services because of the generally tight household budget in Sri Lanka.

The socio-economic and health implications of population ageing discussed above clearly indicate that the elderly or their families are not in a position to handle the process of ageing alone. As such, the need for secure social protection is now increasingly becoming necessary in Sri Lanka.

Summary and Conclusions

The total size, as well as the age and sex structure of the Sri Lankan population has been exposed to irreversible changes during the past many decades. The population has grown almost eight times since the first national census, i.e., from 2.4 million in 1871 to 20.3 million in 2012. The changes that have occurred in components of population, namely fertility, mortality and migration are reflected in the growth and structure of the population.

Population projection also indicates that in the year 2031 the population size will reach its peak of 21.9 million persons. The population is expected to stabilize around 22 million. If the observed increase in fertility continues for a reasonable period of time in the future, the expected population stabilization will be delayed and the size of the population may exceed the projected 22 million mark. Nevertheless, according to the present projection almost 2 million persons will be added to the present population of 20 million. It will be an enormous challenge to plan for this added segment for a planning period of at least the next 20 years.

The pattern of changes in demographic components which have caused irreversible changes to the population age-sex structure of Sri Lanka are such that, within the next few decades, the pyramid shaped population age structure in 1981 will take the shape of a barrel. The population ageing phenomena has already emerged. Apart from ageing, the Sri Lankan population is also feminising; the female favoured sex ratio is expected to continue in the future from the present value of 94 men for every 100 females.

Ageing is primarily a result of decline in fertility and mortality. Since the achievement of such a decline is among the policy planning objectives of most developing countries, ageing may be viewed as one of the by-products of success. The population ageing is an unavoidable demographic issue in the latter period of the demographic transition.

The changing agents that have effectuated the transitional process have also caused the disintegration of family traditions and irrevocable damage to the traditional old age social security mechanisms. The migration of females to the Middle-East and other countries for employment has aggravated the problem of aged care as females are generally the primary care-takers of the elderly in Sri Lanka.

The country is well advanced in its demographic and epidemiological transitions. It was one of the first developing countries to achieve below replacement fertility and its population is set to rapidly age during the course of this century. However, in Sri Lanka, the ageing process has also become a challenge with the large exodus of young adults who started to migrate to many parts of the globe, permanently or semi-permanently, for employment or higher education.

As has been observed, Sri Lanka still being a developing country is demographically more in par with the developed countries. As such, the country is now facing a rapid process of ageing, although economically it is not in a position to face this challenge. The elderly population of 1.7 million enumerated in 2001 is expected to increase to 3.6 million by 2021 showing that the elderly population will be doubled during the 20-year period.

The share of elderly will increase from 9.2 *per cent* in 2001 to 21 *per cent* by 2031. The life expectancy at birth of females is higher than males, as a larger numbers of females survive to old age compared to males. Therefore, as with the total population of Sri Lanka, the elderly are also increasingly becoming disproportionately female.

Along with the increase in life expectancy, it is expected for the '*old-old*' category to increase among the future elderly populations of Sri Lanka. The most affected by the transition are the '*old-old*' segment of the elderly who need special care in-terms of health, companionship and psychological support. Consequently, an emerging population issue in the new millennium is the destitution and poverty of the elderly in Sri Lanka. In this regard, the longevity of the females makes them the most affected segment of the society. The households will need to incur extra expenses to maintain older aged persons in their homes. Accordingly, on average, every family will have one aged person to take care of. To overcome this situation, elderly support systems have to be established which will require the allocation of a large amount of funds, especially to provide for their health services, pensions and for other required social security provisions. The security net and the needed institutional set up to cover this segment is either inadequate or still lacking in the government and the private sectors of the country.

In view of the fact that the elderly population of the year 2031 has already been born, no policy adopted now can change their absolute numbers in the future. Thus, structural changes

necessitated by ageing may demand a greater share of expenditure from the State. Although the Sri Lankan economy is not performing well for this task, the country is now fortunately passing through a “*window of opportunity*” or demographic dividend period, which indicates a low level of dependency and a very high proportion of the total population in the working age groups. The present demographic environment is conducive for economic takeoff and that could provide sustainable benefits to all segments of the population, including the elderly.

The age structure transition, covering the period of 1991 to 2030 has produced a demographic dividend, which is conducive for an economic take-off in the country. During the period of demographic dividend, the proportion of the people in the working ages (aged 15-64) is noted to be significantly larger than the proportion in the dependent age categories (aged less than 15 and 65 and above). Nevertheless, if the working age is defined as 15-59 years, the most lucrative part of the population dividend would fade away by 2017. Thus, the remaining period of the dividend will be as short as only five years.

The mere existence of a favourable demographic dividend will not be effective without a proper environment for economic acceleration. Nevertheless, in a congenial environment of political stability, adequate savings, investment potential including the ability to draw FDI, development of human capital, productivity and knowledge economy, the optimum utilization of the demographic dividend to gain economic acceleration would materialize.

The prevailing political stability and peace in the country provides a congenial environment for the accelerated economic development of Sri Lanka and the maximization of a knowledge economy to suit the current national and international demands for a skilled labour force. Another important area of development of human capital is technological and academic advancement of females to increase their competitiveness in labour force participation. It is essential that the economic planners in the country identify the growth sectors of the economy to generate sufficient amounts of employment for the influx of workers to the labour markets during the period of the demographic dividend.

Ageing and disability is noted to have increased significantly over the last few decades in Sri Lanka. Apart from these issues, the TFR also increased from below replacement fertility to above replacement fertility during the early part of last decade. These three factors combined could have a negative impact on the available demographic dividend. If these problems are aggravated, the demographic dividend will fade away earlier than the predicted period.

In the past, in traditional Sri Lankan society it was the family who provided the elderly with the necessary social protection. However, the family is itself facing a transition with relation

to its structure and functions as well as its socio economic position. The average household size has declined from almost six members in 1963 to less than four members in 2012 and this declining trend is expected to continue in the future.

As the country's population ages and there are fewer members in each family, the traditional family support structure that generations of Sri Lankans relied on as their social safety net is collapsing. As such, families may not want or may not be in a position to handle the care and the protection of the elderly by itself. This situation leaves most of the elderly in vulnerable and disadvantageous positions, the ultimate result being the deterioration of their quality of life; economically, socially and psychologically. The situation therefore calls for sound and secure social protection mechanisms so that the elderly may lead a more productive life. Thus, structural changes necessitated by population ageing may demand a greater share of expenditure from the government.

The inadequacies of the social security net to cover the population segments that need social security (i.e., the elderly, disabled, single parents and so on) is also an important issue at hand to be addressed immediately. Such issues are the basis of grave demographic, social and economic implications with an ability to generate a crisis situation in the country. These circumstances, in addition to the prevailing peace and the current political stability will drive the government to implement the necessary structural changes to the economy to achieve a level of economic development capable of making the maximum utilization of the last phase of the window of opportunity created by the demographic dividend that has been identified prior to the onset of demographic turbulence.

Bibliography

1. Abeykoon, A.T.P.L., *Demographic Projections for Sri Lanka*, Research Paper Series No. 9, Colombo, Ministry of Health and Indigenous Medicine: Population Division, 1998.
2. Ayad, M., Barrere, B and Otto, J, *Demographic and Socioeconomic Characteristics of Households*, DHS Comparative Studies, No. 26, Macro International Inc., 1996.
3. Bloom, D.E., Canning, D and Sevilla, J., *The Demographic Dividend: A New Perspective on the Economic Consequences of Population Change*, California, RAND., 2003.
4. Bruce, J. and Lloyd, C.B., 'Finding the ties that bind: Beyond headship and household', Working Papers, No. 41, New York, The Population Council., 1992.

5. Caldwell, J.C., Gajanayake, I, Caldwell, B and Caldwell, P., 'Is marriage delay a multiphasic response to pressure for fertility decline? The case of Sri Lanka', *Journal of Marriage and Family*, vol. 51, 1989, pp. 337-351.
6. Central Bank of Sri Lanka, *The Consumer Finances and Socio Economic Survey Report 2003/04*, Colombo, Central Bank of Sri Lanka, 2005.
7. Central Bank of Sri Lanka, *Annual Report 2010*, Colombo, Central Bank of Sri Lanka, 2010.
8. Central Bank of Sri Lanka, *Annual Report 2011*, Colombo, Central Bank of Sri Lanka, 2011.
9. Chakraborti, R.D., *The Greying of India: Population Ageing in the Context of Asia*, New Delhi, Sage Publications India Pty Ltd., 2004.
10. Chong-Bum, 'Demographic changes and economic growth in Korea', *Paper presented at the APEA Conference 2006*, Author, 2006, www.apeakweb.org/center/sea06/papers/an-jean.pdf.
11. Dangalle, N., 'Fertility control policies of Sri Lanka', in Mahadevan, K (ed.), *Fertility Policies of Asian Countries*, New Delhi, Sage Publications India Pvt. Ltd., 1989, pp. 302-317.
12. Department of Census and Statistics, *Sri Lanka National and District Life Tables: 1980-1982*, Colombo, Department of Census and Statistics, 1991.
13. Department of Census and Statistics, *Changing Role of Women in Sri Lanka*, Colombo, Department of Census and Statistics, 1997.
14. Department of Census and Statistics, *Census of population and Housing - Sri Lanka 2001: Population tables*, Colombo, Department of Census and Statistics, 2001.
15. Department of Census and Statistics, *Information on Disabled Persons – Census of Population and Housing, 2001*, Colombo, Department of Census and Statistics, 2003.
16. Department of Census and Statistics, *Census of population and Housing - Sri Lanka 2001: Population and Housing Information*, Colombo, Department of Census and Statistics, 2006.
17. Department of Census and Statistics, *Sri Lanka Demographic and Health Survey, 2006-07*, Colombo, Department of Census and Statistics, 2009.
18. Department of Census and Statistics, *Household Income and Expenditure Survey- 2009-10*, Colombo, Department of Census and Statistics, 2011.
19. Department of Census and Statistics, *Census of Population and Housing, Sri Lanka 2011: Basic Population Information*, Colombo, Department of Census and Statistics, 2012a.
20. Department of Census and Statistics, *Census of Population and Housing, Sri Lanka 2011: Basic Housing Information*, Colombo, Department of Census and Statistics, 2012b.

21. De Silva, W. I., 'Population Planning Strategies and Programs in Sri Lanka', *Asian Profile*, vol. 23, no. 5, 1995, pp. 399-405.
22. De Silva, W.I., 'How serious is ageing in Sri Lanka and what can be done about it?', *Asia-Pacific Population Journal*, vol. 9, no. 1, 1994a, pp. 19-36.
23. De Silva, W. I., 'Ahead of target: Achievement of replacement level fertility in Sri Lanka before the year 2000', *Asia-Pacific Population Journal*, vol. 9, no. 4, 1994b, pp. 3-22.
24. De Silva, W. I., 'Ireland of Asia: Trends in marriage timing in Sri Lanka', *Asia-Pacific Population Journal*, vol. 12, no. 2, 1997, pp. 3-24.
25. De Silva, W. I., 'Demographic and Social Trends Affecting Families in the South and Central Asian Region', in United Nations, *Major Trends Affecting Families*, New York, United Nations, 2003, pp. 45-77.
26. De Silva, W. I., 'Family transition in South Asia: Provision of Social Services and Social Protection', *Asia-Pacific Population Journal*, vol. 20, no. 2, 2005, pp. 13-45.
27. De Silva, W.I., *A Population Projection of Sri Lanka for the New Millennium 2001-2101: Trends and Implications*, Colombo, Institute for Health Policy, 2007.
28. De Silva, W.I., *Construction and Analysis of National and District Life Tables of Sri Lanka 2000-2002*, Colombo, Ministry of Healthcare and Nutrition, 2008.
29. De Silva, W.I., 'The age structure transition and the demographic dividend: an opportunity for rapid economic take-off in Sri Lanka', *Sri Lanka Journal of Advanced Social Studies*, vol. 2, no. 1, 2012, pp. 3-46.
30. De Silva, W.I., Amarabandu, W.P., and Gunasekera, H.R., *Disability amongst the elderly in Sri Lanka: comparison of disability rates in the censuses of 1981 and 2001*, Research Studies Series No. 1, Colombo, Institute for Health Policy, 2008.
31. De Silva, W.I., Perera, B.N, and Anuranga, K.C., 'Below replacement to above replacement: dramatic increase of fertility and its determinants in Sri Lanka', *Asia-Pacific Population Journal*, vol. 25, no. 2, 2010, pp. 27-52.
32. De Silva, W.I. and Perera, S., 'Trends and Determinants of Migration in Sri Lanka - 1981-2001', *Economic Review*, vol.33, no.4, 2007, pp. 2-8,19.
33. De Silva, W.I. and Senarath, S., 'Longer longevity and early retirement: justification for increasing the retirement age in Sri Lanka', *Sri Lanka Economic Journal*, vol. 10, no. 1, 2009, pp. 1-17.
34. Fernando, D.N. and Seneviratne, R. de A., 'Patterns of health care use in an elderly population in Sri Lanka', *The Ceylon Journal of Medical Sciences*, vol. 40, 1997, pp.7-12.
35. Gubhaju, B., 'Fertility transition and population ageing in the Asian and Pacific Region', *Asia-Pacific Population Journal*, vol. 25, no. 2, 2008, pp. 55-80.

36. Jones, G.W., 'Consequences of rapid fertility decline for old age security', *Paper presented at the IUSSP Seminar on Fertility Transition in Asia: Diversity and Change*, Bangkok, 28-31 March, 1988.
37. Jones, G.W., (2005). 'Human capital aspects of economic development: A comparative perspective in Asia', in Tuljapurkar, S., Pool, I and Prachuabmoh, V. (eds.), *Population, Resources and Development: Riding the Age Waves*, Dordrecht, Springer, vol.1, 2005.
38. Korale, R.B.M., 'Middle East migration: the Sri Lankan experience', in Asian Population Studies Series No. 64, *International Migration in the Pacific, Sri Lanka and Thailand*, Bangkok, ESCAP, 1985, pp. 33-36.
39. Lloyd, C.B. and Duffy, N., 'Families in transition', in The Population Council, *Families in Focus: New Perspectives on Mothers, Fathers, and Children*, New York, The Population Council, 1995, pp. 5-23.
40. Meegama, S.A., 'The mortality transition in Sri Lanka', in United Nations, *Determinants of Mortality Change and Differentials in Developing Countries, the Five-Country Case Study Project*, New York, United Nations, 1986, pp. 5-32.
41. Ministry of Health and Women's Affairs, *Annual Health Bulletin - Sri Lanka 1991*, Colombo, Government of Sri Lanka, 1991.
42. Ministry of Social Services and Social Welfare, *National Charter for Senior Citizens and National Policy for Senior Citizens Sri Lanka*, Colombo, Government of Sri Lanka, 2006.
43. Nugegoda, D.B. and Balasuriya, S, 'Health and social status of an elderly urban population in Sri Lanka', *Social Science and Medicine*, vol. 40, no. 4, 1995, pp. 437-442.
44. Pathak, K.B. and Ram, F, *Techniques of Demographic Analysis*, Bombay, Himalaya Publishing House, 1992.
45. Seetharam, K.S., 'Age-structure transition and development in Asia and the Pacific: opportunities and challenges', *Asia-Pacific Population Journal*, vol. 21 (Special Issue), 2006, pp. 65-86.
46. Silva, K.T., 'Elderly population, family support and intergenerational arrangements', in United Nations Population Fund, *Ageing Population in Sri Lanka: Issues and Future prospects*, Colombo, United Nations, 2004, pp. 45-76.
47. Sri Lanka Bureau of Foreign Employment, *Annual Statistical Report of Foreign Employment – 2012*, Colombo, Sri Lanka Bureau of Foreign Employment, 2013.
48. United Nations, *Population of Sri Lanka: Country Monograph Series No.4*, Bangkok, ESCAP, 1976.
49. United Nations, *The Family and Older Persons in Bangladesh, Pakistan and Sri Lanka*, Asian Population Studies No. 151, New York, United Nations, 1999.

50. United Nations, *World Population Prospects: The 2004 Revision, Vol. 1, Comprehensive Tables*, New York, United Nations, 2005.
51. World Bank, *Sri Lanka: Strengthening Social Protection*, Washington, World Bank, 2007.
52. World Bank, *Sri Lanka: Addressing the Needs of an Ageing Population*, Washington, World Bank, 2008.

EXPERT REPORT – II

Social Integration, Sustainable Livelihoods and Social Protection of Elders in Sri Lanka

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Introduction

Elderly population as a proportion of the total population is increasing in almost all parts of the world. The pattern is similar in Sri Lanka. This naturally increases the proportion of the population dependent on income earners in the country. While declining fertility and decreasing family size tend to reduce the proportion of child dependents in a country. The long-term impact of this is significant. While the economically active population in proportion to dependent population decreases, a decreasing working age population shares the economic burden of supporting an increasing elderly population. This is a dilemma that most societies confront today.

What is presented above is the commonly given interpretation of the changing age composition of the population in terms of its economic implications. How do societies cope with the challenges emanating from such demographic shifts? Since these demographic shifts have taken place in societies that are generally characterized by higher levels of life expectancy, most of these societies are also the ones with better social and economic conditions. However, this does not automatically mean that they all have the necessary institutional capacity and readily available material resources to address the issues involved in ensuring a decent standard of living for all segments of the elderly population. Therefore, each country needs to take stock of the prevailing local situation and plan and implement policies and programmes aimed at making the lives of the elderly secure, satisfying and dignified.

Socio-Economic Profile of the Elderly

Demographers have analyzed the present and future trends in the changing composition of the population in terms of dependency ratios, size and composition of the elderly population, and so on. Elderly population is defined as the number of people above sixty years. The proportion of the elderly population in Sri Lanka has increased steadily over the last several decades from a low of 6.3 *per cent* in 1971 to 12.2 *per cent* in 2012. This trend is expected to continue in the next decades, in spite of a declining rate of growth of the overall population.

Table 1: Total Population, Population Percentage and Growth Rate of 60+, 1946-2031

Year	Total Population ('000)	Elderly as a Percentage of Population	Average Annual Growth Rate		Median Age
			Total	Age 60+	
1946	6,657	5.4			21.3
1953	8,098	5.4	2.80	2.81	20.8
1963	10,582	6.0	2.68	3.51	19.4
1971	12,690	6.3	2.27	3.27	19.7
1981	14,847	6.6	1.57	2.12	21.4
1991	17,259	8.1*	1.51	3.50	25.0
2001	19,015	10.0*	0.97	3.09	28.8
2011	20,873	13.1*	0.93	3.63	32.5
2021	22,324	17.8*	0.67	3.72	36.3
2031	23,129	21.9*	0.35	2.40	39.5

Source: Department of Census and Statistics, Statistical Abstracts, Sri Lanka.

**Estimates derived from De Silva, 1993, population projections.*

The increase of the proportion of the elderly population is an important phenomenon. What is equally important is the composition. In this regard, the age composition of the elderly population is significant. The fact that the proportion of the elderly population above 75 years is also increasing is important as this population is obviously more vulnerable and requires special attention from a health and welfare perspective.

Today, most people who are employed in the formal sector, both State and private are expected to retire when they reach the age of sixty years. However, the majority of the economically active people in the country, over 60 *per cent*, are not in the formal sector and therefore do not have regular employment with formal retirement benefits like pensions and Employees Provident Fund. Therefore, unless these persons working in the informal sector either as wage earners or self employed persons have accumulated considerable productive assets or substantial financial savings, they are likely to find themselves dependent on others to meet their basic needs. In this regard, families in particular economically active adult

children become the most significant source of support for them. Yet, it is unreasonable to assume that all adult children are able to provide the necessary material and social support their elderly parents needs. Those who are dependent on informal income sources in general have low and unstable incomes and often undergo economic hardships for various reasons. Alongside this, their responsibilities to take care of the diverse needs of their children and unemployed spouses do not leave much room for them to adequately satisfy the needs of their dependent elderly parents. Therefore, as long as the informal sector remains the main source of livelihood for a majority of people in the country, a significant proportion of the elderly population in the country is likely to face a deficit in material and social support for them.

We generally assume that those who are employed in the formal sector retire with adequate social protection as a result of their retirement benefits. Yet, the reality is more complex. Given the increasing number of years that retired persons live today, even these formal social protection schemes inadequately meet the increasing material and other needs of the elderly. For instance, the real value of pensions steadily declines due to inflation and becomes grossly inadequate to satisfy their needs over time. Those who are dependent on EPF/ETF benefits often find their accumulated funds exhausted over time and are often left with no more savings to generate an interest income. It is reasonable to assume that many beneficiaries of Provident Fund schemes do not leave their jobs with adequate amounts of money to ensure a steady and adequate income for the rest of their lives.

What is evident from the above discussion is that the vast majority of the elderly population is theoretically exposed to a range of vulnerabilities emanating from inadequate material resources at their disposal and may experience difficulties in adequately satisfying their basic needs. On the other hand, from a planning point of view we cannot make too broad a generalization and analyze issues in too abstract a fashion. Therefore, an attempt is made subsequently to disaggregate the increasing elderly population in the country in a more meaningful fashion with a view to indicating the need for a functional approach to understanding and addressing the key issues involved.

Elderly Population : Towards a Functionally Disaggregated Model

Social science literature, in particular demographic analyses tends to treat all those who are above 60 years of age as elderly. The elderly dependency ratio is computed taking this age group into account. Given the fact that this population is steadily increasing both in this country and elsewhere, the picture that emerges is alarming. However, the reality is more complex. This becomes clear when we disaggregate this population.

The population over 60 years of age in Sri Lanka in 2012 was 2.4 million or 12.2 *per cent* of the total population. While this population is expected to increase steadily in the years to come, by 2031 it is projected to increase to 20.7 *per cent* of the population. While the child dependency ratio (1-14 years) is expected to decline from 41.6 *per cent* in 2012 to 25.5 *per cent* in 2031; the total dependency ratio is expected to decrease from 61.3 *per cent* in 2012 to 58.3 *per cent* in 2031, and then increase gradually in the next few decades.

The above demographic trends undoubtedly point to the need for long term planning to improve the life chances of the elderly. Yet, thinking more realistically, a country like Sri Lanka needs to take its own social and economic conditions into account and develop appropriate strategies in keeping with such conditions. In this regard, there are two critical factors that need attention: firstly, the macro economic situation and secondly, the socio-economic status of the elderly. These two factors require some elaboration.

As far as the macro economic situation in the country is concerned, we need to look at the structure of the economy and the status of public finances. The life chances of the elderly depend a great deal on both of these. As mentioned before, a large majority of the working age population is dependent on informal sector activities for their livelihoods. These are often unstable. Low-income activities performed under difficult conditions that more often than not involve physical and health risks. By the time they stop work, they are often not in a good state of physical and mental health, not to mention the fact that they neither have adequate State provided social protection nor adequate savings or assets of their own. As mentioned earlier, even many of those who are employed in the formal sector may not leave the workforce with adequate social protection as is usually the case with many low income formal sector employees whose social security funds are inadequate to provide sufficient resources for the rest of their lives.

As is well known, inadequate income opportunities have encouraged a significant proportion of the labour force, anything between 20-25 *per cent* to seek overseas employment. Such employment gives them and their families a higher income. However, much of the earnings are used for day-to-day needs and not many returned migrants have considerable savings or assets to provide adequate cover for their old age. Migrant workers usually have no social security cover at home. Besides these economic circumstances, many migrant workers also face serious social challenges due to the weakening of social and family ties under diverse circumstances.

Many rural families continue to derive their sustenance from small holding agriculture. They often face environmental challenges such as floods, droughts, wild animals and pests that destroy their crops leading to loss of income. Crop insurance has long been ineffective due to

inadequate compensation and/or administrative irregularities. Many youths do not want to engage in agriculture due to these and other reasons. Though a farmer's pension scheme was introduced some time back, it is not very popular among farmers and only some farmers have enrolled in it. Moreover, the actual benefits are also few, making it grossly inadequate as an old age pension. The payment of pension benefits has been suspended for several years, due to liquidity problems faced by the fund administration. This naturally discourages farmers from joining the scheme.

The casualization of employment even in the formal sector due to widespread out-sourcing of labour is another factor that makes many people vulnerable not only after retirement but also during their employment. Cleaning services, domestic labour, garbage disposal and sanitary work undertaken by private companies; construction labour employed by large and small construction firms, and so on, rely on thousands of casual daily paid workers whose working conditions leave much to be desired. Not only are their incomes low and unstable, these workers face an uncertain future due to grave health risks and the lack of any provision for old age social protection. Many older workers take up this kind of casual work as they lack better, alternative income opportunities.

A high rate of unemployment, widespread poverty and a worsening balance of payment crisis persuaded Sri Lanka to adopt an open economic policy in 1977, with the main objective of attracting foreign capital to establish labour intensive industries. The Free Trade Zones that were established absorbed considerable rural labour, but there has been little industrialization beyond the garment industry. On the other hand, most of the pre-existing import substitution industries were closed down due to stiff competition from cheaper imports. Though a few such industries have been revived with the participation of private capital, most of them remain abandoned to this day. While there has not been a concerted effort to promote industrialization, the economy remains dominated by services such as trade, banking, finance, construction, telecommunication, transport and tourism. Since productive sectors remain weak, the cost of imports far exceeds the value of exports leading to an increasing trade gap. While foreign remittances and borrowings help bridge this gap, the increasing prices of basic goods and services continue to erode the living standard of low-income groups and other vulnerable groups like the elderly.

The socio-economic status of the elderly is intricately connected with the macroeconomic situation outlined above. Many of the elderly today have been exposed to the macroeconomic climate that has prevailed in the country over the last three to four decades. In other words, a majority of them are more than likely to be experiencing difficulty in satisfying their basic needs. Moreover, they are also likely to be faced with an uncertain future.

Given the unfavorable macroeconomic climate of the country, the State's current capacity to improve the socio-economic status of the elderly is very low. Furthermore, the vast majority of the people in the country reach old age without building up a resource base, either individually or collectively. A majority of them do not contribute to old age social security funds such as pensions, life insurance or Provident Funds. Their low and unstable incomes do not often permit substantial savings or productive assets that can generate a sufficient income on a regular basis. This situation compels them to resort to various survival strategies such as continuing engagement in economic activities, reliance on family, or social support or begging.

Given the above state of affairs, it is meaningless to treat all those who are over 60 years as a dependent elderly population. It is more logical to divide the population over 60 years into three groups; namely, 60-70, 71-79 and 80 and above. While the first group can be considered as economically active, both potentially and actually, a significant proportion of the second group is also likely to be economically active, depending on their social, economic and physical status. It is the third group that is highly unlikely to be economically active, even when they do not have sufficient means to satisfy their basic needs.

The population over 60 years in 2012 was 2,468,000. As is clear, this entire group is not economically dependent. They could be conveniently divided into three sub-groups as follows:

- a) Economically inactive or active but dependent on formal social security schemes (like pensions).
- b) Economically active but not dependent on formal social security systems.
- c) Neither economically active nor dependent on formal social security systems.

The first category of elders is a minority of the total elderly population as they have been either government servants or regular private sector employees. The second category is no doubt the largest group as they can still engage in economic activities to support themselves, and perhaps also their families. The third category is the most vulnerable as they are without formal social security and are most probably too old to engage in livelihood activities or suffer from disability or chronic ailments. A majority of them are likely to be dependent on the support of their families or charities. We cannot compute the numbers involved in each of the above categories, as census data cannot be used to do so. Yet it is not difficult to come up with reasonable estimates.¹

¹ For planning purposes, it is necessary to collect data through surveys and estimate the size of each one of the above categories. So far, no such surveys and estimates have been undertaken either by the Department of Census and Statistics or by other research institutes. This is a major gap in the data on the elderly population.

As one might expect, the socio-economic situation in each of the above three categories can vary widely. Given the fact that the first category is privileged to have access to formal security, the elders in this group are likely to have fewer problems in meeting their basic needs although individual circumstances can make a difference with regard to their life situation. On the other hand, the second category without formal social security engages in economic activities to satisfy their needs. The life circumstances among the members of this group can vary widely depending on a range of factors. Given that this is undoubtedly the largest group of elders, issues are likely to be more complex. Finally, the third category of elders, without formal social security or current livelihood activities are more likely to be older and more vulnerable although some of them might be well looked after by their families. Once again, no detailed analysis of their socio-economic situation can be done for want of quantitative data.

An important point to make here is that the above categorization is not based on age but on their activity status and access to social security. While age is certainly a major factor, social security and activity status are even more important as the issues they face depend as much on age as on socio-economic status. While age is an important determinant of the elder's ability to adjust to changing life circumstances, from a social planning point of view estimation of the elderly as a broad demographic category is not very useful particularly in a developing country context like ours. While the broad category of the elderly, namely 60 years and over displays great diversity in terms of their actual life situation, the issues and needs also varies accordingly. An attempt is made subsequently to look at some of the age-specific issues and needs that deserve the attention of policy makers and the like.

Social Integration, Livelihoods and Social Security

For the purpose of the present paper, the elderly population is divided into three categories. **Table 2** provides a broad overview of the issues that concern each of these categories: social integration, livelihood and social security.

The above table is intended to show how significant social integration, livelihoods and social security are for different elderly age groups. The need for social integration of elders is applicable to all three categories equally and is in keeping with State policy. Withdrawal from the world of work can lead to isolation of the retiree unless the person concerned is well connected to networks of family, community and institutions.

Networks also constitute self-help groups that can facilitate social interaction and exchange of favours. Social integration enhances the quality of life of elders and therefore is applicable across the entire age cohort of elders, namely 60+.

Table 2: Work, Integration and Security for Elders

Area of Concern		Age Groups		
		60-70 Years	71-75 Years	Above 75Years
<u>Social Integration</u>				
	Family	++	++	++
	Peers	++	++	++
	Community	++	++	++
	Institutions	+	+	+
<u>Livelihoods</u>				
	Full time	++	+	-
	Part time	+	++	-
	Occasional		++	-
<u>Social Security</u>				
	Formal	+	++	+++
	Informal	+	++	+++

There are significant differences across the three age groups as regards livelihoods and social security. While it is not advocated here that social security is merely applicable to older age groups, in the absence of it livelihoods become an alternative for relatively younger age groups, namely 60-70 years. For older age groups, social security becomes a critical factor particularly for those who are in a vulnerable situation. The plus signs are used to indicate the degree of importance, whereas minus sign indicate non-applicability of the area of concern. For instance, for the 80+ age group, livelihoods are mentioned as rather irrelevant while social security becomes very important as indicated by three plus signs.

The classification given in **Table 2** is indicative of the kind of interventions that we may advocate in order to enhance the social and economic well-being and quality of life of the elderly population using a disaggregated social model that emphasizes three key areas of concern. At this stage it seems necessary to explain the relative significance of these three areas across the elderly population.

The degree of social integration is a critical aspect of the well-being of the elderly population. We can imagine the situation of an elderly person who is isolated, lonely and cut off from family and social networks. The first shock may come from the retirement but loss of spouse, separation from family, neglect by children, inability to move around, and so on can aggravate the situation. While suicide rate is high among the elderly, the lack of social

integration is a key factor behind the impulse to take one's own life. There are of course other factors that precipitate suicide among the elderly such as chronic ailments, poverty and mental illness. The lack of social integration can also aggravate these problems.

Any attempt to improve the well being and quality of life of the elderly therefore needs to pay attention to social integration. There are two important dimensions of social integration; namely, inter-generational and horizontal. While the former refers to the relationship between younger and older persons within families, neighborhoods and communities, the latter refers to the relationship between the elderly and other members of the community. Unlike in traditional societies, inter-generational relationships have become weaker in fast changing modern societies. On the other hand, the rapid spatial mobility of people for employment and educational purposes makes social relationships transitory, even within families and neighborhoods. Such changes have a negative effect on the elderly as it is usually them who are left behind and alone. The situation is worse for older adults who are less mobile due to their health or other factors.

As previously mentioned, a majority of elderly people continues to engage in livelihoods. Those who are employed in the formal sector are required to retire from their jobs. Yet, some of them find work elsewhere after retirement at least partly due to their inability to live on retirement benefits. For those who are engaged in informal economic activities, there is usually no question of retirement when they reach old age so they often continue to work as long as their physical strength and health condition permits them to do so. It is also evident that private companies that outsource labour are often unconcerned about the age of the workers with many of these casual workers well above their retirement age.

While wage employment and self-employment are quite common among elders, it is often not a matter of choice particularly among older age groups. On the other hand, many elderly people wish to continue to earn a living without being dependent on others. The issue of livelihoods for the elderly is therefore complex and needs to be considered in a pragmatic manner. Firstly, in a country where population is already aging, retirement age need to be reviewed at least to make it more flexible. Secondly, in the absence of an adequate publicly financed or contributory national retirement scheme, it is natural for the vast majority of elderly people who are not entitled to retirement benefits to engage in income-generating activities such as casual labour and self-employment. Thirdly, given the fact that a large majority of elderly people have diverse skills and extensive experience and are still physically and mentally alert, they constitute a vast human resource base that can be utilized for the benefit of society while also giving the elderly the opportunity to engage in certain useful activities that can bring material benefits to them. Finally, if the livelihoods that the elderly people engaged in can be formally recognized, regulated and supported, more

resources can be devoted to address the problems faced by economically inactive older age groups, for example, those who are over 70 years of age. In other words, those who fall within the age cohort 60-70 years can be given the option of engaging in gainful economic activities under conditions that are not detrimental to their physical and mental health instead of nominally treating them as a dependent adult population as is the case today.

The official recognition of the fact that a large majority of elderly people, in particular those who are in their sixties and early seventies are engaged in gainful economic activities will allow the State and civil society organizations to look at their working conditions more closely and find out how such conditions can best be improved. It is also necessary to identify elders who are compelled by abject poverty to engage in income-earning activities in spite of their poor physical and mental health and wean them away from such work and provide them with income support to meet their basic needs.

Elderly people cannot engage in gainful economic activities indefinitely as they reach a point when they can no longer do so. Different individuals may reach this point at different stages in their old age depending on health and other factors, although in general age is a key factor. Though today we use 60 as a cut-off point to classify the elderly, the vast majority of elders over 60 years cannot retire and withdraw from the workforce. As long as elders do not have adequate formal social security or social support the majority of them will have no choice but to continue to work. This situation can be seen today.

Though it may be desirable for elders belonging to lower age cohorts, say 60-70 years, to engage in gainful economic activities under reasonable working conditions, it may not be so when they are compelled to work beyond a certain age, say after 70 or 75 years. In fact, most of those who work to earn a living after 70 are highly unlikely to do so as a deliberate choice on their part. It is more likely that they have no choice in this matter. This is where the need for an alternative to work clearly arises. It seems reasonable to assume here that most elderly people who are 70 or above will be pleased if a viable alternative to work is offered. This brings us to the last part of the paper where we will address the issue of social protection.

Although we classify the elderly population as those who are 60 and above years, only a small minority of them today has access to adequate social security. The vast majority of them depend on other sources of subsistence including gainful employment. This situation is undesirable and needs to be changed. While it is unrealistic to expect a fully publicly funded or contributory old age pension scheme to fill the current void, leaving the status quo intact is also not an acceptable alternative. Given this dilemma, how can we proceed to find a reasonable solution?

Given the fiscal challenges the country is faced with and the low socio-economic status of the vast majority of the elderly, taking the entire elderly population as a target group for publicly funded comprehensive social protection is unrealistic. On the other hand, if the disaggregated picture of the elderly is considered, it is not difficult to identify the most vulnerable segment of the elderly population, namely, those who are above 75 years. This is about 23 *per cent* of the total elderly population. This amounts to about 550,000 persons, if we go by the 2012 population of the country. On the other hand, a certain proportion of this population may be already well looked after by existing schemes or some of the well to do families. Therefore, a figure of less than 500,000 persons can be estimated.

The data in **Table 3** illustrates the breakdown of the elderly population by activity status. Activity status of elderly people varies widely by age and gender. If we first consider variations among age groups, it is clear that nearly 67 *per cent* of males in the 60-64 age categories are in the labour force. This is almost the same rate as among the working age people, namely, 15-59 years. In other words, most males continue to be active in the labour force at least till they reach 64 years.

Table 3: Activity Status of Elders in Sri Lanka

Population by the Age Group			Domestic Work		In Labour Force		Unable to Work/ Retired	
	Male	Female	M	F	M	F	M	F
60-64	208459	219,352	5.2	69.1	66.9	16.6	27.9	14.3
65-69	162239	168,797	6.2	66.9	58.8	11.5	35	21.6
70+	249011	253,726	7.8	50	38.8	6.8	53.3	43.2
Total	618279	639,983	6.5	61	53.5	11.4	40	27.7

Source: DCSC: Demography Survey, 1994.

The rate of active labour force participation among males 65-69 years of age is nearly 59 *per cent* again a very high rate indicating that they continue to engage in livelihood activities. When we take the entire male population over 60 years, the average labour force participation rate is 53.5 *per cent*. In other words, over 50 *per cent* of the elderly male population continues to be economically active. The picture is different among elderly females as the economically active female elderly population constitutes a small minority, namely, 11.4 *per cent*, the rate is higher among females belonging to the 60-64 age group: 16.6 *per cent*. By contrast, most of the female elderly population continues to engage in domestic activities. This low rate of labour force participation among elderly women might be at least partly due to their active engagement in childcare, a significant responsibility traditionally entrusted to them by their married children.

What is significant to note is that in spite of the high rate of labour force participation of the elderly, particularly males, the category classified as fully retired or unable to work increases steadily with age. The rate is about 53 *per cent* among males while the rate is 43 *per cent* among females. This is understandable given the fact that the health and physical status of the elderly deteriorates with increasing age. This then is the most vulnerable category among the elderly. This group deserves the greatest attention and support by way of policy and programme interventions. While a minority of elderly people belonging to this category may have adequate material resources, either their own or from their families it is reasonable to assume that a majority of them lack sufficient material and social support.

Table 4 below provides data on the changing age composition of the ‘*dependent*’ population in the country. While child dependency ratio has declined over time, adult dependency has increased steadily over the last few decades. This trend is expected to persist in the next few decades. Though overall dependency ratio has declined in recent years, it is expected to increase gradually in the next few decades.

Table 4: Changing Dependency Ratios in Sri Lanka

Year	Children	Adults	Total
1946	64.8	9.4	74.2
1953	72.3	9.8	82.1
1963	79	11.4	90.5
1971	71.8	11.5	82.8
1981	60.5	11.3	71.8
1991	51.4	13.3	64.7
2001	38.9	15.4	54.3
2011	35.6	20.4	55.8
2021	31.9	28.6	60.5
2031	28.4	36	64.5

Source: Department of Census and Statistics, *Statistical Abstracts and Census Reports (Various years)*.

The age composition of the dependent population is significant. Dependent children cannot contribute to economic production but investment in children is critically important for their own and society’s future prospects. On the other hand, assurance of health and well being of the elderly population is a social obligation as much as a right of the elderly people. A healthy and contented adult population is also beneficial to society as social problems and

physical and mental health issues faced by elderly people adversely affect the well being of other members of society. Though elderly people face more health and other problems with their advancing age, adequate material and social support can extend their healthy and contented lives for a longer period leading to a substantial reduction in health and other costs.

As mentioned earlier, a majority of the elderly people in the country continues to be economically active often by default. Many have no choice in this regard as it is often the only way to satisfy their basic needs. Many elderly people engage in livelihood activities under difficult conditions but there is no official agency to look into this issue. Some of the work they do may be unsuitable for their physical and mental well being but we do not possess any systematically collected data on this phenomenon.

Elderly people who engage in economic activities out of sheer necessity need to be relieved of such responsibilities. This might be particularly applicable to elderly people suffering from chronic ailments or those who are too old to engage in strenuous physical activity. There is also a need to identify activities that elderly people can engage in comfortably. Flexibility of working hours is particularly relevant for older workers as long hours of strenuous work can pose a threat to their physical and mental health.

There are many elderly people who have been engaged in physically demanding income-earning activities for many years and are compelled to continue to engage in such activities in spite of their increasing physical weakness. This is certainly not a desirable trend. They need to move into less physically demanding activities but, due to lack of opportunities many working elderly people may not be able to make this transition. Institutional interventions can play a crucial role in these situations.

The Old Age, Retirement and National Planning

Aging is a natural phenomenon that societies are required to manage in the most desirable manner. Societies faced with a fast ageing population need to find the most effective strategies to address issues arising out of an ageing population. This is an important issue that deserves the careful attention of national planners and policy makers.

With increasing productivity and a growing social surplus, modern societies have been able to support an increasing proportion of dependent persons, both young and old. Yet, developing societies with lower productivity and a smaller social surplus have been unable to provide adequate support to a large dependent population. The result has been widespread child labour and working elderly. Though Sri Lanka has reduced child labour to a great extent, a majority of the elderly population continues to engage in livelihood activities. The

modern concept of retirement is not a practical possibility for many of them. On the other hand, elderly people eventually reach a point where they can no longer support themselves and need social support and protection. Yet, such support and protection is not necessarily assured in all societies.

It is in view of the above, that there is an urgent need to formulate strategies to address issues relating to an ageing population within a national planning framework. While the present state of public finances may not permit the formulation and implementation of an adequate social protection scheme for the elderly, it is still necessary to develop and implement a strategic plan to meet the diverse needs of the most vulnerable sections of the elderly population based on a systematic needs assessment. Such a plan would include at least the following;

- a) Measures to improve working conditions of economically active elders.
- b) Adequate income support for the elderly who cannot engage in income earning activities due to their advanced age or physical and/or health status.
- c) Social infrastructure facilities that can meet the non-economic needs of the elderly such as recreation, healthcare, personal services and transport.
- d) Social mobilization of the elderly for their own benefit and the benefit of others.
- e) Utilization of knowledge and skills of the elderly at national and local levels for national development.

Each one of the above areas needs systematic exploration as part of a situation analysis that can provide the basis for the development of a national plan to facilitate the social integration of the elderly. It may be necessary to collect additional data on the above aspects to supplement existing data. A detailed needs assessment to find out the needs and the extent to which these needs are satisfied is a prerequisite for the formulation of a national strategy.

The dominant social perception that the elderly are an increasing burden on society, as against children who are generally treated as an asset needs to be revisited. Given the fact that the elderly in general have contributed to society and continue to do so, it is necessary to recognize that society has an obligation towards the elderly who can no longer support themselves and others. Moreover, the elderly also have the same rights that other members of society are entitled to. These naturally include civil and political rights as well as economic and social rights. On the other hand, these rights cannot be guaranteed by legislation alone. A national action plan within an overall national planning framework needs to be developed and implemented on an on-going basis with adequate provisions made for continuous monitoring, evaluation, periodic review and timely corrective action. Adequate participation of representatives of the elderly population in such a process is necessary to ensure that their

views and lived experiences are taken into consideration in the planning and implementation of policies and programmes. Today, the elderly remain largely silent even regarding their own issues. This needs to change, and so the elderly population must be given a voice on matters that are important for and to them.

Given the fact that many of the elders are organized at a community level in most parts of the country in the form of Elders Committees under the guidance of the Elders Secretariat of the Ministry of Social Welfare involving elders in a national action plan to address their problems and improve their socio-economic status, including their empowerment, is quite feasible. The active participation of elders in various activities and programmes can be beneficial not only to elders but also to the wider society. While the elders committees and their federations at higher levels can organize and implement various programmes for the benefit of elders, these organizations can also contribute to national development in various ways. In other words, there is a largely untapped potential that can be made use of in order to address persisting and emerging challenges faced by the elders, their families and the country at large, in particular those relating to elderly care in the country.

The elders do not need to be lonely and marginalized from the mainstream society. They do not need to suffer in silence. By being integrated into wider society through their own networks they could continue to be active citizens and lead healthy and contented lives as long as their physical and health conditions permit. When they are no longer able to move around on their own, society needs to take care of their diverse needs. This is where the State, local communities and families need to extend support of various kinds ranging from professional services to personal care. Society owes support to them, both on account of the contribution the elders have made to society over long years and the basic rights they deserve to enjoy as (senior) citizens of the State.

Conclusions

Sri Lanka's elderly population is increasing steadily as a proportion of both the population in general and the dependent population in particular. Since the formal sector of the economy is not expanding rapidly, more and more elderly people do not enjoy formal social protection such as old age pensions. This pattern has been reinforced by the expansion of the informal economy and the casualization of labour due to out-sourcing by private firms. The lack of formal social protection compels many elderly people to engage in more income earning activities well passed the official age of retirement. When the elderly stop working often due to physical weakness or ill health they do not necessarily have resources or adequate social support to meet their basic needs such as food, let alone secondary needs such as recreation and mobility. While it is unrealistic to expect the State to establish a publicly funded

comprehensive social protection system for the elderly, at least in the near future, alternative strategies to address livelihood and other issues faced by the elderly need to be formulated and implemented within a national planning framework. While it is necessary to accept the need for many elderly people to engage in livelihood activities, measures need to be taken to improve their working conditions. Yet, given the fact that elderly persons cannot continue to engage in livelihood activities indefinitely due to physical and health conditions, an adequate social protection system to cater to the needs of those who can no longer support themselves needs to be developed and implemented as part of an overall national strategy to promote health, well being and social integration of the elderly. The participation of the elderly in the implementation of such a strategy is necessary to ensure that their views and experiences are taken into consideration in the process.

Bibliography

1. De Silva, W.I., *Population Projections for Sri Lanka: 1993-2041*, Colombo, IPS, 1977.
2. De Silva, W.I., 'Population Change and Aging: An Emerging Challenge for Sri Lanka in the 21st Century', *Paper presented at the National Forum on "Growing Old Gracefully*, [draft], Colombo, Human Rights Commission of Sri Lanka and HelpAge Sri Lanka, March 28, 2013.
3. Department of Census and Statistics, *Estimated Elderly Population for 2010*, Colombo, Department of Census and Statistics, 2010.
4. Department of Census and Statistics, *Census Reports*, Various years.
5. Hettige, S., 'Social Protection in the Urban Informal Sector in Sri Lanka' in Chandhoke and Agrawal, S.K. (eds.), *Social protection policies in South Asia*, New Delhi, Routledge, 2013.
6. Ministry of Social Services, *Family Policy for Sri Lanka*, Institute for Health Policy, Colombo, Institute for Health Policy, 2010.
7. Sri Lanka Government Publications, *Act No. 09 for the Protection of the Elderly*, Colombo, Sri Lanka Government Press, 2000.

EXPERT REPORT – III

Achieving a Happier Old Age

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Mrs. Nimala Jayalath Pathirana is a retired senior class 1 SLAS officer who has been a former Director of the Department of Social Services for 8 years. Having followed a Postgraduate Diploma in Gerontology and Geriatrics at the INIA (United Nations International Institute on Ageing) in Malta, on top of her experience attending several International and National workshops and conferences on elders, she has contributed immensely for the outcome of 'The Protection of Rights of Elders Act No 9 of 2000' and several other publications on elders. Apart from the said, she has experience in providing services for persons with disabilities, drug addicts, vagrants, victims of disasters, and so on.



Introduction

Growing old is a continuous process that all beings have to undergo throughout their life. Scholars divide the life of a person into five stages as follows;

1. Gestation
2. Childhood
3. Adolescence
4. Adulthood -
 - i. Early adulthood
 - ii. Middle adulthood
 - iii. Late adulthood (45 to 55 years)
 - iv. Pre-retirement years (55 to 65 years)
5. Old age
 - i. 'Young old' (65 to 75 years)
 - ii. 'Old old' (75 years and over)
 - iii. Terminal illness and death

According to the above analysis, old age begins at the age of 65 years. In Japan, Great Britain and many other European countries old age is considered to start at this age. In Asian countries inclusive of Sri Lanka, the retirement age - that is the age of 60 years - is taken as the beginning of old age. We can therefore roughly consider age 60 to 65 years as the commencing period of old age.

“Achieving a Happier Old Age” means reaching old age considering it as a natural process and living it with happiness, contentment and satisfaction. One who is reaching old age wishes to spend it simply, peacefully and happily. However plans for old age should be drawn prior to reaching it if one is to become successful in the process of growing old gracefully.

Life and activities can be pre-planned. Parents implement their plans with regard to children from their infancy. The role played by parents at home in this regard is significant by way of providing them with a sufficient supply of nutrition, training to lead a clean and healthy life, bathing them daily unless sick, getting them to play and be active, introducing creative toys, puzzles and so on, providing the opportunity to associate with peer groups and assuring them of parental love and care. The strong foundation laid by the love and care of parents as well as the external connections developed in dealing with friends, relations, teachers and neighbours, in addition to the child’s inborn talents brings about a mentally and physically healthy youth who cares and shares with others.

Until the middle of the 20th century, the needs and expectations of the society were limited and uncompetitive and a healthy background for social and spiritual development existed. Children enjoyed the love of parents, grandparents and great grandparents while they too enjoyed the immense love and care of children. Older generations enjoyed themselves by being instrumental in the qualitative development of the younger generation.

As a result of the downfall of the extended family system and popularity of the nuclear family, due to unavoidable circumstances created by local and foreign influences and globalization, the social and economic system is being subjected to a revolutionary change where the simple and peaceful social system has become very complex. Most of the elders have become either babysitters or servants of their children. If they are not efficient enough to be of service to the *‘always busy’* family, sending them to an elders’ home has become the practice. However, in certain families with good social and religious backgrounds and also in many of the poor families, old parents are well looked after and provided with facilities to live their life at home the way they wish to live. Some parents live with their children as they do not have any other alternative and suffer silently without disclosing the unpleasant situation in the family. The guidance and love of grandparents too has become obsolete with the ultra-modern changes in society.

The complex situation that has taken root in the present society demands large amounts of money. Competition in every field has made people lose their heads. Selecting good from bad is nobody’s concern. Most of the people become frustrated, depressed and unsatisfied towards the last days of their life. In order to overcome this situation, island wide

programmes should be launched to make people aware of how they should face life before and after 60 years of age.

In the meantime, statistics have revealed that almost all the Asian countries inclusive of Sri Lanka have faced an explosion of the older population in the first half of this century. Estimates of the United Nations based on the statistics of the Department of Census and Statistics support this fact.

Percentage of 60 Years and Over in Some of the Asian Countries 1995- 2050

	1995		2025		2050	
	Women	Men	Women	Men	Women	Men
Hong Kong	15.6	13.4	35.9	32.0	44.1	38.7
Japan	22.4	17.6	34.7	28.9	38.5	32.9
Sri Lanka	8.8	8.5	18.4	14.8	26.6	22.8
Singapore	11.0	9.2	29.8	25.7	32.2	27.8

Source: Added years of life in Asia – ESCAP Asian population studies series No. 141, 1996.

According to the above data, towards the year 2050 the population over 60 years of age will be more than 50 *per cent* of the total population in Asian countries such as Hong Kong, Japan, Sri Lanka and Singapore with older women outnumbering older men. If such a high percentage of the old population become frustrated and depressed it will affect and reflect undesirably in the society as a whole.

Surveys and research carried out in Sri Lanka within the period from 1990 to 2010 by statisticians, health personnel, and sociologists have also revealed the rapid increase of the elderly population in the first half of the 21st century. The absolute number of the ‘60 years and over’ population would be around 5 million with women being the majority. Owing to increased life expectancy, older persons over 70 years of age will need health care and social support. As such, inter-sector coordination and a multidisciplinary approach are essential to achieve the required health, social and economic needs of elders.

Suggestions for Achieving a Successful, Satisfactory and Contented Old Age

1. Maintaining a good physique and a healthy mind.
2. Building adequate financial strength prior to reaching old age.
3. Minimizing the impact of changes brought about by the complexity of society on the old generation.
4. Getting used to a simple way of life and being optimistic in everything.
5. Building up strong inter-personal relations.
6. Development of religious and spiritual aspects.
7. Strengthening old age by following dignified, contented and exemplary people living at the time.
8. Obtaining self-satisfaction by being a person needed by the family, neighbours, society and the country.

Maintenance of a Good Physique and a Healthy Mind

Old age is inevitable for all those who have not faced an untimely death. In the journey of life various physical and mental sicknesses are unavoidable. Therefore, it is very important to take treatment for such sicknesses without neglecting them. It is in old age that many sicknesses come to light. Ailments in adolescence if not properly diagnosed and treated can become life-threatening illnesses.

Health is wealth. A healthy older person can live a happy life without being a burden to himself, his own family, neighbours, relations and everybody else.

Old age is not a medical diagnosis although the expression is sometimes used to cover illnesses that are common in later life. Unfortunately, disorders that can be treated effectively are sometimes not properly diagnosed or not treated in the most appropriate way. This is a consequence partly of the complexities of biomedical conditions in late life and partly of the “*socialization to ill health*”, the tendency to accept poorer health in late life as natural and inevitable.¹

Since more than 99 *per cent* of the elderly population in Sri Lanka live in their own homes with their community², services such as health visits, the supply of food, maintenance of day centers and day hospitals and so on are of immense importance. A good physical and mental

¹ Dr. Bromley, D.B., Professor of Psychology, University of Liverpool. Founder member & Chairman of British Society of Gerontology.

² Elders, 2012 October, A publication of The National Secretariat for Elders.

health depends mainly on social, personal, economic and environmental factors. In order to minimize the problems such as congestion in hospitals, economic difficulties, and loneliness of middle aged and older people, community health services should be improved. Screening for vision and hearing and the management of dental problems could be attended to at community health clinics. They may help ease the burden in hospitals and on the government to minimize the expenditure in this field.

Building an Adequate Financial Strength Prior to Reaching Old Age

A second important problem faced by elders is the lack of adequate economic strength to fulfill the needs of old age as most of them have not saved anything for the future. Finances are essential for health, religious and other needs. Only saving something for the future starting from an early age can solve this issue. When one has the ability to earn one should earn and invest something so that it will bring about an additional income for the future.

In addition to these, planning to live old age in a simple manner, obtaining training for self-employment and identifying the means of income to suit one's abilities and skills will help strengthen the economy. To make a living as mentioned above one has to grow old as an active person. In this way, out of the population of elders, which is 13 *per cent* of the present total population, the majority will be independent and a resource to the family and the community. In studies on intergenerational support with regard to elders in Sri Lanka it was found that co-residence with a child in later life is preferred by 75 *per cent* to 86 *per cent* of the elderly and the majority live with their children.³ The parents can lead a happier life with their kith and kin if they have saved something for their old age.

Minimizing the Impact of Changes Brought About by the Complexity of Society

People of Sri Lanka previously led a very simple and contented life under the agricultural economy. However, the Sri Lankan economy underwent a severe change under foreign influences, due to international relations and free trade policy and the influence of the industrial revolution in Europe in the 17th century. The socio-economic pattern of the country greatly changed due to urbanization, industrialization, the increase of women engaged in employment, the downfall of the extended family system in villages and the popularity of the nuclear family system in the urban areas, migration from village to the city and from Sri Lanka to countries abroad. Against this background, the greater part of the older population became isolated. Those who migrated from village to city had no room for the elders in their

³ Seneviratna, R.d.A., 'Aging and Health in Sri Lanka', in United Nations Population Fund, *Ageing Population in Sri Lanka: Issues and Future prospects*, Colombo, United Nations, 2004.

small houses. Elders too preferred to stay in their own village homes even without the company of children, since the children are '*too busy*' all the time.

Elders also become isolated when their children have migrated for educational purposes or to seek '*greener pastures*'. Old parents who sacrificed their lives for the sake of children have to satisfy themselves with the minimum facilities they have here. Some are proud of the high salaries and luxuries their children enjoy in those countries.

Other parents who have the wisdom to acknowledge the reality of life are content to devote themselves to meritorious deeds in their search for eternal bliss according to their own religions.

All these conditions are the consequences of the eternally changing nature of everything. Those living and working in urban areas pay attention to the upbringing of their children (whether they have one child or two) according to their own arrangements and affordability regarding cost of living and insufficient living space in small houses. On the other hand, lack of fertility too is one of the causes for having small families. Since a large number of young men and women who are without sufficient qualifications to find employment in Sri Lanka have managed to gain employment in Middle Eastern countries, Sri Lanka is unable to find the traditional caregivers (women) needed for looking after the older generation. This demonstrates how social changes have negatively affected the needs of the older population.

The fertility rate of many countries of the world increased after World War II. Affected by this increased fertility, Sri Lanka too experienced a baby boom during the period from 1940 to the 1950s. In the year 2000 these baby boomers reached the age of 60 and were instrumental in bringing about a rapid growth in the elder population. Another special feature of this period of baby boomers is that most of them have had a higher education and sufficient income; although children living abroad are financially supporting some of this generation. Another matter of importance is that these elders prefer to be under the protection of fee-levying institutions rather than live in isolation at home. As a result, in addition to the elders homes maintained by the government and the NGOs free of charge, a special class of fee-levying homes with more facilities for the elderly have come into being as business ventures. Even though their charges are very high (varying from Rs.10,000 to 75,000 *per* month) retired elders and other affluent elders seem to enjoy living under the care of these institutions. Though many of them live simply and light heartedly without being affected mentally thanks to their upbringing and understanding of the reality of life, some seem to be mentally stressed since they have not practiced how to live in the present moment with contentment.

Another tendency that developed as a result of the aforementioned social changes is the establishment of a separate service caring for elders who are not under the protection of their children or who do not have children. In order to supply caregivers on a commercial basis, some special organizations have been created. The duty of a caregiver of these commercial organizations is to stay with the elderly person and attend to their needs either at hospitals or at home on a day and night, night only, day only basis according to the requirement of the person. The caregivers are selected not on the basis of educational qualifications but on their ability and strength to look after the elders. Establishment of such services is a great concession to the affluent elders but of no use to those who cannot afford to pay. On the other hand, with the introduction of such services the already deteriorating connections between parents and children may be still worsened in addition to the deterioration of traditional values. Or children may tend to think that their kindness and gratitude towards parents can be monetarily repaid.

This situation deserves the concern of the State. A State-launched programme to fulfill the needs of these vulnerable older persons who suffer as a result of prevailing social ills would be welcomed.

If the above changes of society are observed and identified and the requirements needed to face these changes are satisfactorily fulfilled with flexibility, a contented elderly life is not impossible.

Getting Used to a Simple Way of Life and Being Optimistic in Everything

Another important thing is to be simple in every aspect of life. Our needs should be limited. Storing things for an unseen future with a lot of strain is useless. Since death is inevitable one should make one's mind free from all sort of defilements. There is nothing to be attached to since everything is impermanent. With the maturity in age and mind, one may practice renouncement of all the physical and mental attachments and ownership of everything else. Defilements such as greed, hatred and delusion should be reduced gradually. Even greed for tasty food, alcohol, sugar and sweets make people sick. According to medical statistics 20 *per cent* of our people are suffering from diabetes. Each day about 300 amputations are being done. Blindness and heart attacks are also illnesses commonly connected to diabetes. Since 71 *per cent* of elders die of non-communicable diseases changes in lifestyle and eating habits will help to reduce this situation.

Dress sense of the people, especially of women has deteriorated very badly. Even the old people suffer from wearing various kinds of dresses that are unsuitable for them. The value of a person lies on his or her spiritual qualities but not on the price of the dress he or she wears.

In pictures, Mahatma Gandhi who was greatly instrumental in gaining Indian's independence from British colonial rule is seen covering himself with only a loincloth. In the well-known Madam Tussauds Wax Museum in London where images of important persons of the world are displayed, Mahatma Gandhi's image is displayed. This demonstrates that the British even today honour Gandhi for the service he rendered to his country, India. This shows how important the quality and simplicity of one's life is.

Building up Strong Inter-Personal Contacts

Nobody in society can live in isolation. Social contacts are very important in life. Connections are varied such as with husband, wife, parents, children, siblings, friends, neighbours, office mates and so on. These connections are very important and play a great role when discussing one's problems, receiving advice, agitating for change, getting help in sickness and the like. However, there are a great number of elderly who become isolated in their own homes among their children and grandchildren. Children are so busy that they do not realize the importance or the necessity of talking at least a few words with their parents and grandparents.

Advance planning to prepare for retired life has become a '*must*'. Those who have not built up a good connection with neighbours prior to retirement will naturally feel lonely after retirement. Connection with neighbours will make one happy even if the children are abroad and the spouse has passed away. It is very unfortunate to hear instances where isolated old people die in the absence of anybody at home and the neighbours come to know of it only because of the decaying body. If a person does not appreciate the company of neighbours, the neighbours too will not tend to inquire about him. Lack of compassion and love for others makes one suffer in life. Unless a person gets over the defilements within him he cannot reach happiness and contentment. Sound interpersonal relations are very important where happiness is concerned.

To spend the old age actively one can join various societies available in the area and participate in activities those societies are involved with.

Religious and Spiritual Developments

Everybody's desire is to lead a satisfactory life. Ways of becoming satisfied are varied. However, the deepest happiness and satisfaction could be gained only by being simple at heart and living in the moment knowing that from moment to moment things rapidly change. This awareness can cause one to be mentally at peace with change.

From a young age one should build up a correct approach to life by way of practicing compassion towards other living creatures. If parents are mindful about the character-building aspect of children from their childhood, a society-friendly youth could be gifted to the society. Such a youth will never go against the accepted norms, ethics and values of the society. When such a youth becomes a parent he surely will see that his children also maintain such values. When such a parent becomes old too he maintains his own values. He surely will achieve a happier old age. He is matured, wise, spiritually developed and has a wealth of knowledge and experience.

Even an ordinary person could get used to hobbies and interests such as reading, listening to music, singing, gardening, playing with children, engaging in a simple task that one is used to like sewing, drawing and so on to make life more interesting in old age. At times it may bring about some income too. Doing nothing makes life dull for anybody. However, it is so much the better if the hidden talents of a person could be woken up prior to reaching the old age so that he can use such talents to make old age interesting and optimistic.⁴

Strengthening Old Age by Following Dignified, Contented and Exemplary People Living at the Time

Identity and the dignity of a country depend on its culture, traditions and values. Great personalities like Professor Sarachchandra, Pandit Amaradeva, Chitrasena and Vajira; historians like Professor Paranavithana and so many others in various fields deserve the honour of Sri Lankans for the fame they have brought to the country. Professor Carlo Fonseka is another dignified personality with many faceted talents who shines in a variety of fields such as medicine, art and religion and deserved to be followed by youths who wish to lead a balanced life. Resource persons like them are present among the elders. While being grateful to them we must try to get their service to stimulate our youth and elders. Before reaching old age we have to realize the greatness of such people and depth of their hearts to have lived their lives with purpose. We should encourage youths as well as adults to follow such exemplary dignified personalities.

Obtaining the Self-Satisfaction of Being a Person Needed by the Family, Neighbours, Society and the Country

Some enjoy themselves by being a person accepted by the family, neighbours and the country. Those who are unable to work for acceptance can try to become rich in knowledge,

⁴ Hand book for Elders, 2001, Dept. of Social Services.

wealth, good qualities and generosity. Parents should provide an environment where children are able to develop their good qualities.

Being rich is not a condition that can attract people unless a person has good qualities and sympathy towards the suffering of others. Dignity can only be attained by being a strength to others.

Contributory Institutions for Achieving a Happier Old Age

The contribution of the community as well as a variety of international, government, non-governmental and voluntary organizations are required to support one to reach old age with contentment and dignity.

The United Nations Organization is one such international institution that has played a key role in planning a dignified old age. The incentives provided by the UN Population Fund and the Economic and Social Commission for Asia and the Pacific Region (ESCAP) established under the UN have been greatly helpful in drawing up successful plans and action plans. Holding international conferences has been helpful for the exchange of ideas introducing more effective programmes and the development of knowledge, attitudes and skills.

It is the UN through the World Assembly on Ageing in 1982 that made countries aware of the fact that the number of elders would rapidly increase in all countries of the world in the first half of the 21st century and that there is a pressing need to face this challenge. The *Vienna International Plan of Action on Ageing* was adopted at that Assembly. Workshops and conferences were held on the issue and in 1990, the 1st of October was named “International Day for the Elderly” with a view to raising awareness among the general public.

In 1991, Independence, Participation, Care, Self-fulfillment and Dignity were declared as the UN Principles for Older Persons.

In 1992, for the purpose of assisting older persons regionally, nationally and divisionally the *Proclamation on Ageing* was adopted. The following contents of the Proclamation are very important for gaining the assistance of other social groups in activities pertaining to older people;

- Expediting community development activities with the assistance of donor countries.
- Encouraging the media to raise awareness about the rapid increase of the ageing population without delay.

- Encouraging the traditional cooperation that existed between youths and older persons.
- Bringing about a balance between traditional knowledge and new knowledge in economic, social and cultural development fields considering that the youth group are the upcoming leaders.

The year 1999 was named “The International Year of Older Persons” with the theme a “*Society for All Ages*”.

The Second World Assembly on Ageing in 2002 in Madrid focused attention towards three major directions as guidelines in drawing national policies;

1. Senior citizens and their participation in development.
2. Advancing health and well being into old age.
3. Ensuring an enabling and supportive environment.

These demonstrate that the UN has created an environment for future generations to grow old actively, effectively and with awareness.

Government Organizations

The Ministry of Social Services and Social Welfare has been entrusted with the task of overseeing the State’s commitments and responsibilities towards those who have reached older age or are to reach old age in future. Accordingly, the Ministry enacted legislation for the protection of the rights of elders.

The main objectives of *The Protection of the Rights of Elders* Act No. 9 of 2000 were the establishment of a National Council for Elders, a National Secretariat for Elders, a Board of Maintenance to deal with requests for maintenance made by elders, a National Fund for Elders and the Protection of the Rights of Elders.

A National Council and a National Secretariat were established in 2002. The National Secretariat is the institution that implements the recommendations of the National Council which is headed by the Minister in-charge of that portfolio.

The registration of NGOs dealing with older persons and the establishment of Senior Citizens Societies at village level are being effectively carried out under Act No. 9 of 2000. The establishment of over 10,000 senior citizens societies throughout the country demonstrates great progress.

The training of home-helpers in collaboration with the Ministry of Health is another important step taken by the Elders Secretariat. This programme should be expanded and services of home-helpers should be made available to poor elders who cannot afford payment for the service.

The Elders Secretariat should be strengthened by providing necessary human resources, giving them proper training on the subject and allocating funds required for the implementation of policies and plans of action urgently.

The Department of Pension is another government institution established for the payment of pension benefits for public servants, their widows and orphans. Currently, 10 *per cent* of the total recurrent expenditure of the country is allocated for pension payments. This will be a large burden to the country in the future. The Employees Provident Fund and The Employees Trust Fund are contributory lump-sum retirement benefit schemes. Farmers, fishermen and self-employed persons' pension schemes are functioning as contributory pension schemes which develop the concept of '*save for the old age*'. Owing to a lack of awareness, the number of persons enrolled in these schemes is less than one million.

Provincial Councils

Under the 13th Amendment to the Constitution, Provincial Councils are entrusted with the fulfillment of tasks including the maintenance of welfare centres for needy elders, the provision of grants to uplift the quality of services of institutions for poor elders managed by NGOs and voluntary organizations, the payment of public assistance to poor elders who live in their own families and the strengthening of senior citizens societies at the provincial level. Close supervision is needed for the smooth running and improvement of the quality of services of residential homes for older persons managed by NGOs, voluntary organizations, or the private sector. Guidelines for administration and in-service training for the staff of these residential homes is necessary to create a homely environment for achieving a happier old age.

Non-Governmental Organizations (NGOs)

Non-Governmental Organizations can be classified into four functioning levels: national, district, divisional and village. Also, various religious organizations such as the All Ceylon Buddhist Congress, Young Men's Christian association, Young Men's Muslim Association and many other religious organizations provide welfare services to older persons. In addition, HelpAge Sri Lanka, Sarvodaya, the Lions Club and Lanka Mahila Samithi are some of the NGOs engaged in social services for older persons throughout the country.

HelpAge Sri Lanka, through its implementation of an action plan at the national level and as an institution that holds membership of the National Council for Elders fulfills an extraordinary role for the success of government programmes. In addition to the policy planning, it contributes immensely to the stimulation of the community of elders. Creating awareness through fundraising and essay competitions for school children, conducting training programmes for caregivers in institutions, providing appliances such as spectacles and wheel chairs, and conducting health clinics are important programmes of HelpAge Sri Lanka.

On occasions when the Government is slow in implementing programmes due to legal and financial implications, it is the assistance provided by the NGOs that expedites the implementation.

Banks

The creation of various saving systems to encourage youth to save and the establishment of a concession rate of an extra 1 *per cent* interest on deposits made by older persons is a welcome introduction and installs a sense of dignity. Accounts introduced by honorific names such as “*Gaurava*”, “*Upahara*”, “*Sanhinda*”, “*Udara*” also promote savings and become important since deposits for many of these accounts are made by sons and daughters for their parents.

However, the assistance provided for elders by insurance institutions is insufficient where loans for older persons are concerned.

Urban Development Authority

The additional 15 to 20 years (or the prolonged period) of life of a pensioner can be spent actively and with contentment only if he has good physical and mental health. As one aspect of promoting the physical and mental health of older persons the Urban Development Authority has created several attractive gardens to walk in without any obstacles. It is said that the cholesterol and blood sugar levels of those who walk regularly in these gardens have gone down. Further, the older persons can get together as groups in these attractive gardens and enjoy themselves walking, discussing their experiences and talking on common topics or having religious discussions and thereby ridding themselves of their loneliness.

Awareness on the importance of exercises in old age should be regularly stressed through television programmes.

Elders' Organizations

Pensioners associations and elders' societies are voluntary organizations that have been established for persons who are over 60 years of age. In addition, some of the Old Students Unions of schools and universities have also developed to be pensioners societies. The membership of many of the societies such as Death Donation Societies, Self-help Associations, Donor Societies and so on consists mostly of older persons. These societies carry out a variety of activities for the benefit of older persons and provide support not only by the supply of financial assistance but also by supplying labour and companionship.

These organizations are very useful not only for organizing activities such as excursions, pilgrimages and religious activities, but also for obtaining counseling for solving problems faced by children of the member families. Furthermore, these societies indirectly help to build desirable relations between elders and children.

Senior citizens societies in villages established on the instructions of the National Secretariat for Elders supply a wide variety and a great number of services when compared with the other societies.

At the Divisional Secretariat level, more than 50 village level societies have been established in each Division (depending on the number of villages in the Division). An Authority (Balamandalaya) where all these village committees are represented has been established and the implementation of government programmes for the benefit of older persons is carried out on the instructions of the Divisional Secretary.

The activities carried out have been helpful to bring to light the various abilities of elders. Religious, social, health, economic and somewhat more political programmes are also among such programmes. Since most of the meetings of these village-level committees are conducted in religious places, the connection between the senior citizens societies and the religious institutions become stronger. Such a situation has also helped to identify the important and politically connected people from village to ministerial level and the government officers from whom support could be obtained even for the launching of large development projects.

The awareness, active nature and dignity of an older person is better recognized when he is socially engaged. Such elders will not be discarded by society. In fact, the establishment of village level societies for senior citizens is a timely and practical step taken by the National Secretariat for Elders.

Voluntary Organizations

Like many other countries in Sri Lanka, the family, neighbours or the community provided protection for elders prior to changes that occurred in the social system. They never hesitated to provide voluntarily whatever service an elder sought. With the lapse of time volunteers and societies started supplying these services. Thereafter the necessity arose for providing institutional care for needy elders whereby elders' homes came in to being. In order to lend a hand to this process, the government provided funding and affluent generous people in society provided food, clothes and so on. More than two hundred such homes have been established throughout the country with the majority found in urban areas.

In addition to these, services such as the maintenance of day centres, the conducting of health clinics and the supply of assistant devices are provided by voluntary organizations. Participation of youth groups in organizing such activities is a welcome sign since that would help develop a desirable connection between the youth groups and the elders and would also enable youth to acquire the traditional knowledge and experience of the elders.

Religious Organizations

Many of those who approach old age tend to have a desire to draw closer to religious institutions. At this age most of the elders tend to reflect upon their life and realize its reality. Religious environments provide a suitable background for this realization by way of meditation, retreats and radio, and television programmes.

Prior to the arrival of counselors it was the priests of religious institutions who settled disputes among the villages. In addition, their blessings for the sick provide mental stability and peace of mind. Since priests educate the people about the nature of life and how it should be lived they have become essential parts of a funeral too.

Media

Messages and information issued by various sectors with regard to achieving a happier old age can be easily and attractively disseminated through mass media. Though convenient and successful systems of communication such as electronic and print media have become very popular, their contributions towards communicating messages relevant to old age are not at all sufficient. The media should convey positive messages regarding elders and old age.

Lack of knowledge about modern technology in those who are already older is a barrier for them to use the available facilities. This situation makes it necessary to implement programmes at village level to disseminate knowledge on modern technology.

Conclusions

A sufficient intervention on the part of the government is needed for the implementation of policies already available. The Ministry of Social Services has prepared The National Charter for Senior Citizens, the National Policy for Senior Citizens and National Action Plan on Ageing incorporating the facts approved at the Second World Assembly on Ageing held in the year 2002. The Charter obtained Cabinet approval in 2006.

These policies encapsulate positive attitudes towards the abilities of elders and their contribution to the country's development and are appreciative of the sacrifices they have made for the sake of the country. These policies do not consider older persons negatively as a weak, dependent population that causes increasing welfare expenses.

Protection of the Rights of Elders Act No. 9 of 2000 safeguards the rights of elders. Since rules, regulations and policies are already available steps should be taken to implement them urgently in order to create awareness and an attitudinal change in all communities to achieve a happier old age.

In the Mahinda Chinthana Manifesto under the “*Respected Senior Citizens Programme*” His Excellency Mahinda Rajapaksa, President of Sri Lanka has mentioned the facilities expected to be provided for the elderly. Early action should be taken to implement the proposed programme with consideration for it as a priority area.

A monitoring system should be established to follow up the implementation of the Act, Charter, and Plans of Action and to advise as and when necessary.

Sufficient publicity should be given to the problems related to older persons; mass media should be entrusted with the important responsibility of disseminating information. It should be encouraged to use the honorific term ‘*Senior Citizens*’ in place of the term ‘*old people*’ and ‘*elders*’. Similarly a strong community awareness of the emerging problems of ageing needs to be created through electronic and print media.

The fact that the senior citizen is a person who deserves love and care should be highlighted by including positive aspects relevant to elders in university programmes and vocational and technical training institutions and schools.

Health, economic and social messages on achieving a happier old age could be made known to the general public, especially to youth through the senior citizens societies throughout the island. Implementation can be done with the help of senior citizens themselves without incurring much expense. Senior citizens societies should be empowered through this connection.

With the cooperation of the senior citizens training programmes at all levels could be launched for all communities. Government intervention is essential for all these programmes. Special attention should be paid to especially identified groups. Women who have become isolated for reasons including being unmarried, disabled, widowed, abused or displaced should be brought back to society through the rehabilitation programmes and a suitable atmosphere for them to live with consolation and for achieving a happier old age should be created.

Older persons with disabilities, especially war victims of the armed forces who reach the age of 60 years towards 2030 will cause a high increase in the number of elderly disabled people. Planners should pay special attention to this social sector. Generally it is essential to create a supportive, safe, caring and enabling environment free from abuse and violence against older people and barrier-free, age-friendly and accessible housing and roadways for older persons to remain in their own community as long as they wish.

Institutions that deal with supplying protection and care for older persons should see that employees are well trained to reach the expected standards through a follow-up programme. The condition of services and facilities provided to old persons may be further improved. Transit homes should be introduced for temporary accommodation for older persons when their family members need to attend important events.

Community services and mobile services at village level should be arranged. Introducing community services in health, economic and social fields improving the already available services and providing mobile services at village level will make for easier access to such services and help the elders to live in their community, enjoying a happier old age.

Home help service and home health service should be introduced with the financial support of the State for the 'old old' group of elders to stay in their own homes or in the community as long as possible. Institutionalization should be the last resort for older persons.

Life inclusive of the 15 to 20 years of increased life expectancy can be lived happily only by those who accept the ageing process and simplify their lifestyles and develop life habits and

practices that enable them to be contented with their status in life. A life of simplicity, non-attachment and renunciation should be promoted.

Bibliography

1. Dr. Bromley, D.B., Professor of Psychology, University of Liverpool. Founder member & Chairman of British Society of Gerontology.
2. Coming of Age. An invitational Symposium for Federal Leaders, United States of America, on "Towards a Society for all Ages."
3. Elders, 2012 October, A publication of The National Secretariat for Elders.
4. Hand book for Elders, 2001, Dept. of Social Services.
5. Implications of Asia's Population. Future for Older people in the family. Report and selected background papers from the expert group 1996, Bangkok.
6. National Charter for Senior Citizens and National Policy for Senior Citizens in Sri Lanka, Ministry of Social Services and Social Welfare. 2006.
7. Perera, M.R.L. Counsellor, Dip. In Psychology and Counselling for Elders.
8. Protection of the Rights of Elders Act no. 9 of 2000. Ministry of Social Services.
9. Report on the Regional Survey on Ageing, 2002 June UN, ESCAP.
10. Seneviratna, R.d.A., 'Aging and Health in Sri Lanka', in United Nations Population Fund, *Ageing Population in Sri Lanka: Issues and Future prospects*, Colombo, United Nations, 2004.
11. Shanghai Regional Implementation Strategy for the Madrid International Plan of Action on Ageing 2002 and Macau Plan of Action for Asia and the Pacific 1999.
12. UN, ESCAP, Asian Population Studies series No. 141 Added Years of life in Asia, Current situation and future challenges.
13. UN Population fund, Ageing Population in Sri Lanka, issues and future prospects 2004.

EXPERT REPORT – IV

Abuse-Protection Needed

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Mrs. Sumithra Rahubaddhe is a well-known writer who started writing in 1978, who was also an Administrative Service Officer that had served 35 years in the public service. She last served as the Secretary to the Ministry of Child Development and Women's Affairs. Mrs. Rahubaddhe is a well known writer, script writer, visiting lecturer in visual media and a translator of world famous novels, academic reports and books. She is very keen on writing on women's rights and children's rights. In 2010, she won all five Literary Awards in Sri Lanka for her novel 'Kandak Sema'.



Introduction

Elder abuse generally refers to any form of maltreatment of an older person by someone who has a relationship with the elder. Elder abuse is complex and difficult to define and there is no one universal definition. There are some definitions that only focus on abuse in the home or within the family. However, it is important to think of 'elder abuse' as a term for the wide range of harm that can affect older people. Most developed countries have accepted the chronological age of 65 years as a definition of 'elderly' or older person. However, this does not adapt to the situation in most Asian and African countries as the life expectancy is low in some of these countries. There is no United Nations standard criterion, but the UN has agreed on 60 years as the limit when referring to the older population. In Sri Lanka, age 60 is considered as retirement age and you are also considered as an elder. The population of elderly persons has been increasing over the years. UNESCO estimated that there would be 590 million elders in the world by 2005 and that this figure would double by 2025. In 2025, the world will have more elderly than young people and will increase to over two billion by 2050. It is expected that the elderly population in Sri Lanka will be 27.6 *per cent* of the total population in the year 2050. According to the Department of Statistics the elderly population in Sri Lanka in 2010 will be as follows;

Total population	20653000
Population 60>	1910000 (9.248%)
Population 60-69	1094000 ((5.297%)
Population 70-74	372000 (1.8%)

Population 75>	444000 (2.1%)
Population 80>	206530 (1%)

Definition of Elder Abuse

On December 16th 1991, the UN General Assembly adopted 18 principles with regard to the elderly. They are organized into 5 clusters: independence, participation, care, self-fulfillment and dignity of the older persons. One of the principles states that: *Older persons should be able to live in dignity and security and be free of exploitation and physical or mental abuse* (Principle 17).

Identification of elder abuse however is complex and difficult. Those suffering abuse are often isolated from society. The deliberate actions of the abuser may make access to society difficult for the elder to obtain. In fact, the lack of a generally acceptable definition has spawned a wide variety of definitions of elder abuse and neglect all over the world. Despite this, most definitions agree that elder abuse is an action or inaction by someone in a position of trust such as a family member or un-related caregiver. Any older person may become the victim of abuse. Males and females of any income level, any cultural or ethnic group of good health or incapacitated in some way may be abused by someone close to them. The belief of the elders in a society like ours where family privacy is paramount can also be a barrier to seek any outside intervention. The common barrier is that the elderly themselves hinder identification of abuse and they are reluctant to admit that they are being abused.

“Elder Abuse is a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person”.

This definition was developed in the United Kingdom in 1993 by Action on Elder Abuse and has been adopted by the International Network for the Prevention of Elder Abuse. However, this definition fails to include self-neglect and crimes committed by unknown perpetrators.

Elder Abuse is a relatively recent term for a form of mistreatment and it is just one part of a spectrum of violence that occurs when differences in authority and power exist in relationships between people. In this case there may be a dominant person or persons who may control the elder harming their wellbeing.

Behavioural warning signs of an abused elder include being: withdrawn from society, confused or forgetful, depressed, angry, helplessness, hesitant to talk to others, secretive and

frightened. Many abusers want the elders to be isolated. Accomplished with the systematic exclusion of all outside contact, the elder victim is eventually driven to distrust friends, doctors and even close family members. Ultimately, the elder victim trusts only the abuser. More often, family members or caregivers have isolated the elder, restricting the elder's contact with others including family, visitors, doctors, clergy or friends. The elder is not given the opportunity to speak freely or have contact with others without the caregiver being present. Therefore, elder abuse is not always easy to detect and has many underlying causes.

There are several forms of abuse, with often more than one form of abuse being inflicted on to the elder. Any or all of which may be perpetrated as a result of deliberate intent, negligence or ignorance. Physical abuse, sexual abuse, psychological abuse, financial abuse, neglect and discriminatory abuse are among the most discussed types of elder-related abuse.

While **Physical abuse** includes beating, slapping, pushing, kicking, misuse of medication or inappropriate sanctions, **sexual abuse** includes rape and sexual assault or sexual acts to which the older person has not consented, or could not consent, or into which he or she was compelled to consent. This includes all unwanted sexual activity including touch, verbal or suggested behaviour. **Psychological abuse** includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, harassment, verbal abuse, isolation or withdrawal from services or supportive networks. **Financial or material abuse** includes theft, fraud, exploitation, pressure in connection with last wills, property, inheritance or financial transactions or the misuse or misappropriation of property, possessions or benefits.

Neglect and acts of omission includes ignoring medical or physical care needs and the non-provision of appropriate health care, social care or recreational services.

Discriminatory abuse includes racism, sexism, abuse based on a person's disability and other forms of harassment.

Elder abuse victims often live in silent desperation unwilling to seek assistance because they unfortunately believe their cries for help will go unanswered and they fear retaliation from their abusers. Many remain silent to protect abusive family members from the legal consequences of their crimes or are too embarrassed to admit that they have fallen victim to predators. Others fear that no one will believe them, chalking up their allegations to the effects of old age. Thus, it may take the courage of a caring family member, friend or caretaker to take action when the victim may be reluctant.

There are some instances when the abuse constitutes a criminal offence. When it is a criminal offence older adults are entitled to the protection of the law in the same way as any other citizen. Examples of actions that might constitute criminal offences are physical assault, sexual assault, theft and fraud or all forms of financial exploitation.

Abuse Faced by Elders in Sri Lanka

Sri Lankan elders of today face more loneliness than elders ten years ago. The time between the ages of 5-23 is spent by most Sri Lankans obtaining an education. The period after that up to the age of 60 is spent in struggle to create the life they envisioned for themselves. They immerse themselves in educating their children and building a home during this period. By the time of retirement they will be exhausted from the financial and social problems they have faced. However, retirement age brings forward another set of problems created by modern society. For example;

1. Due to current population trends the number of children in families has decreased. Therefore caring for elderly parents falls upon one or two children.
2. Due to most children moving to the city most parents face loneliness.
3. Even when parents live with their children, parents may be neglected due to the busy life styles of their children.
4. Grandchildren have no time to spend with grandparents the way they did in times past.
5. Physical and psychological ailments of the elderly are considered a part of ageing.
6. Dietary restrictions are imposed upon elders as a rule.
7. Institutionalised elders are considered to be destitute.

It is imperative that our society gives attention to these facts.

Is Elder Care a Strenuous Responsibility?

The need to care for an elderly relative is a stressful situation which can lead to abusive behavior. Many caregivers are unskilled and they are incapable of the persistent, often

strenuous responsibilities of care giving. On the other hand, most of the elderly people are not in a position to recruit caregivers and so their family members, sometimes children, grand children or other relatives may serve as caregivers. People in the modern society are mostly employed and they have busy schedules and do not have time to look after their elderly relatives. The cost of living for families does not allow them to recruit caregivers for their elderly relatives. Therefore, the elders have to adapt to the situations in the present day and either go to elder homes or stay at home with children or relatives with less care and less attention. But elderly persons require increasingly more assistance as the years go on. An elder will only require assistance with traveling, banking and work related to his or her pension in the first years of elderly life, but later they may require assistance with cooking, washing their cloths, reading and getting medical treatment. Later on they may seek assistance for help with dressing or eating and for daily sanitary purposes. In the lifestyle of modern families it is very difficult to give care for most vulnerable elders. There are instances when family members leave home for work and school and the elder will remain at home sometimes on a wheel chair without any care during the whole day. Families with a long history of family violence are likely to turn their wrath against the weakest members, who may be an elderly parent or relative. The need to provide care for an aged family member may also cause old hostility between siblings or between parents and their children to surface, adding to the likelihood of abuse or neglect. Researchers have identified adult children with personal problems as being the most common source of elder abuse. Some of the problems these children experience may include mental and emotional disorders, alcoholism, drug addiction and financial difficulties and these problems may also result in the child's dependence upon the elderly parent. Even the most cordial family relationships can be stretched to breaking point by the requirements of providing care for an aged relative. Sometimes, a few generations living in a household can also strain relationships. The home becomes more crowded and privacy is at a minimum, children may be noisy while their grandparents need calm and so are seeking peace and quietness.

Also these elders are used to being in control for a long period of their lives and they now find their children making important decisions for them and they lose their control. Such changes in status or decision-making power make elders feel neglected and this may cause them to face psychological problems. These social and emotional changes alongside biological ageing make a caregiver's duty more strenuous especially considering the fact that these relatives are not trained for care giving.

Violation of Human Rights

Elder abuse is a violation of human rights. It hinders the ability of older people to live independently and with dignity. Due to the abuse they have undergone, they will not be able

to participate in society to their full capacity. This makes elder abuse an infringement of human rights. Human rights recognize that older people should be able to fully participate in social and cultural aspects of life while leading a life of dignity and independence. Every older person has the right to be free of abuse, neglect and exploitation. Therefore, victims of elder abuse need to have their voices heard and issues addressed. There is a need for an adequate public and private sector intervention to prevent, detect, treat and understand elder abuse and where appropriate prosecute abusers to ensure the human rights of the elder.

The Circumstances

Abuse can take place in any context. It may occur when an older person lives alone or with a relative, it may occur within residential or day-care settings, in hospitals, home support services and other places assumed to be safe or even in public places.

‘Soma is a 76 year old woman who lost her husband two years ago. She has had diabetes for 11 years and her left leg has been amputated. Due to her physical limitations she lives with her daughter Samantha who is 50 years old. Samantha has two children, a girl and a boy who are studying for their O/Levels and A/Levels. Samantha and her husband Ranjith are middle level government servants. The situation with Soma is difficult for all of them. Caring for her mother has limited Samantha’s life in certain aspects. She is worried about her children who are studying for their exams without much help from her. Samantha accuses her mother of ruining her life. After a heated argument Samantha lost her temper and slapped her mother. Soma felt trapped and worthless.’

This is an example of abuse by a family member within a household. Even when there is no such assault involved, many older parents are emotionally abused by their children.

The Abuser

A wide range of people may abuse older people, including relatives, family members, professional staff, paid care workers, volunteers, other service users, neighbors, friends and associates. However, the abuser is often a family member. Elder abuse may manifest itself in a number of ways such as physical harm, psychological harm or neglect or as exploitation and illegal use of another's property.

It is difficult to identify the abuser unless the elderly person does so, but medical practitioners and other professionals like social workers have ways of identifying elder abuse. It is very

unfortunate that elders are often dependent on their abuser for care. Abusers of the elderly tend to have more personal problems than others. As they have many issues to be solved they tend to get support from elders whom they are looking after. These abusers frequently have mental and emotional disorders, alcohol addiction, drug addiction and financial problems.

Patterns of Abuse and Abusing

Patterns of abuse and abusing vary and reflect different circumstances.

- **Long-term abuse**, is in the context of an ongoing family relationship such as domestic violence.
- **Situational abuse / opportunistic abuse for example theft**, occurs because money has been left around.
- **Neglect of a person's needs**, occurs because those around him or her are not able to be responsible for their care; for example, if the caregiver has difficulties because of debt, alcohol abuse or mental health problems.
- **Institutional abuse**, which may comprise of poor care standards, lack of positive responses to their needs, rigid routines, inadequate staffing and an insufficient knowledge base within the service.
- **Unacceptable 'treatments'**, which include sanctions or punishment, such as the withholding of food and drink, the unnecessary use of control and restraints or over or under-medication.
- **Inability to gain access to key services**, such as healthcare and dentistry.
- **Misappropriation of benefits and/or use of the person's money**, by other members of the family or by care staff.
- **Fraud or intimidation**, in connection with the last wills, property or other assets.

Elder abuse happens culturally and corporately as well as on an individual basis. Institutional abuse can sometimes occur unintentionally. It comes from the structures of health and social care. Some elders are being looked after in destitute environments. They are being treated and cared for by over-worked, stressed, burnt-out staff that is too small in number to be

able to cater for the elders needs properly. In their own households, elders are being treated differently as the family members could consider the elder as a burden to the family in the present economic and social environment.

Sri Lankan Context

Numerous factors in modern Sri Lankan society may favor the increase in the mistreatment of elders or elder abuse. The increased life expectancy rate due to modern health care facilities has resulted in an increase in the elder population. The cultural values and religious discipline of Sri Lankan society gives the responsibility of caring for elderly parents and relatives to the children. There is great difficulty placed on families to provide care for elderly members for a longer period. In recent generations families are smaller and a smaller number of children have to provide the care for the elderly members of their family. In the past, families lived in the same geographical area and hence several children were available to help elders with their care. At present, new families spread over cities with only one or no children nearby to assist an aged parent.

Nearly 2.3 million people of Sri Lanka's population are senior citizens who have surpassed 60 years of age. Society must remember that the elders who have gained wide knowledge and immense experience are the greatest resource of a country. But their expertise or experience is not being used by society. When these elders feel that they are unwanted, their loneliness may start from there. He or she may be a farmer, technician, clerk, doctor, engineer, administrator or lawyer who has worked for decades in their specific field. Their experience can be used by younger generations to develop the respective field of work.

There are a number of government initiatives to ensure the welfare of the elderly in Sri Lanka. The country's elderly population is increasing and the elder population has been identified as a vulnerable group in human rights assessments. According to HelpAge Sri Lanka, some of the key problems faced by senior citizens in Sri Lanka are poverty, immobility, isolation, loneliness, dependency, ill health and lack of proper nutrition.

Government Response to Elder Abuse

Among the number of important measures introduced for the welfare of elderly people in Sri Lanka, the enactment of Act No. 9 of 2000 for the Protection of the Rights of Elders is a significant achievement. This Act has some salient features to improve elders' welfare and well being. The establishment of the National Council for elders, the protection of the rights of elders, the registration of persons and organizations providing services to elders, the establishment of a National Fund for the welfare of elders and the appointment of Boards to

inquire into complaints of elders and determine claims for their maintenance and related matters are some of the important measures taken after the establishment of the legal framework for elders' protection in Sri Lanka. There is a provision in the Act to secure elder's rights. If their rights are violated they can take legal action against such acts. It is important to mention that there were increasing awareness programmes on the issues of older people.

The Act No. 9 of 2000 and the amendments Act No. 5 of 2011 include the following provisions for elders;

- Children must look after their parents (Para.15(1)).
- Destitute parents must be given shelter by the State (Para.15(2)).
- Elders have accessibility rights to any place that is available for others (Para.15(3a)).
- Elders have the right to any service that is provided to any other person (Para.15(3b)).

Although the 2000 Act deals with the issue of “*care of the elderly*”, especially of those neglected by their own families, issues regarding physical, financial and psychological abuse are inadequately addressed. When we think about the plight of these elders we should not forget that these elders served the country for decades, they sacrificed their young life for the betterment of the country, society and their families. There are many legal issues concerning elders in Sri Lanka. Therefore the Elders' Desk of the Legal Aid Commission has been set up for the following purposes ;

- To provide free legal advice regarding maintenance rights, accident claims, loss of property, pension and fundamental rights of destitute elders.
- To lead Elders Homes with counseling and ‘*Day Centers*’ in view of educating Grama Niladharies, Social Service Officers and school children on elders' rights and the law.
- To launch joint programs in collaboration with the National Secretariat for elders and the People's Bank.
- To help win the rights guaranteed to elders under the Protection of Elders Rights Act No. 9 of 2000.

The National Committee on Ageing under the Ministry of Social Welfare is the apex body established to assist the Ministry in policymaking and the formulation of national plans and programmes for the welfare of the elderly. The National Committee on Ageing coordinates the public and non-government sector activities for elders. The Committee has played a significant role for 30 years in association with agencies such as UNDP and HelpAge Sri Lanka.

The National Policy on elders provides leadership and makes policy initiatives to create a healthy environment for older persons. Its main concerns are as follows ;

- a. The preparation of the population for a productive and fulfilling life in old age: socially, economically, physically and spiritually.
- b. Ensuring independence, participation, care, self-fulfilment and dignity for the elderly.

International and local non-government organizations (NGOs) have played a vital role in providing assistance for the care and well being of elderly people. The NGO sector in Sri Lanka, influenced by international conventions has established voluntary organizations for elder's well being.

Even though the country has a plan there is a gap between it and its implementation. There are more and more incidents of elder abuse reported from urban and rural areas.

The Gap

The prevalence of elder abuse in Sri Lanka is inadequately reported but it does happen frequently. It is important to note that the figures underestimate the size of the problem since we have no figures on the incidence of abuse in homes, hospitals and institutions. We know that the number of people in the Sri Lankan population aged 60 and over is growing and that the number aged 80 and over is also growing substantially. It is inevitable then, that the number of people at risk of and currently suffering from abuse will increase while at the same time the need for awareness among caregivers and family members on elders and elder abuse is increasing. It is therefore imperative that the issue of elder abuse is discussed at national and local levels with all the institutions concerned.

The Ministry of Social Services has started a few programmes and established a working group on elder abuse. There are institutions such as the Elders Secretariat, the Human Rights Commission and HelpAge and other NGOs that have an interest in elders well being. All these organizations need to recognize that a key challenge is to meet the welfare, safety and support needs of older people suffering from or at risk of abuse. It is also useful to initiate processes that will contribute to their well being in the long term.

There are many concerns if we are to genuinely decrease this gap. For example, legal support is one requirement. Legal support is a key concern to secure the protection of vulnerable older people who cannot protect themselves from harm and abuse, be it because of mental incapacity or the consequences of extreme abuse.

Existing Problems

Although there are many steps taken by public and private institutions to combat elder abuse at present, the absence of a comprehensive framework to protect elders from abuse increases the prevalence of elder abuse. There are currently significant gaps in the provision of services in both community and extended care, including lack of services and lack of social services for older people. There is the absence of national standards of care and a lack of regulations governing statutory residential care for older people.

In the last three decades the cultural text has begun to change partly due to the technological developments of the world and the rapid urbanization of society. Elders become a burden to young families with the changes in society. But fortunately the involvement of advocacy groups and institutions like the Elder Secretariat and other relevant organizations, with older people play a vital role in combating elder abuse.

A clear policy on elder abuse that will emphasize a multi-disciplinary and holistic approach to elder abuse is a requirement for the society today. The policy should therefore be developed in consultation with health, legal and social care sectors, local authorities, other public, private and voluntary organizations and with representatives of older people.

Legislation

There is a need for legal support to secure the protection of vulnerable older people who cannot protect themselves from harm and abuse. They may suffer mental incapacity or the consequences of extreme abuse. In the Sri Lankan context the main problem is that, although we have rules and regulations and cultural discipline, awareness is at a minimum. What we need is awareness among the general public and a consciousness towards elders who are suffering from the results of abuse.

Advocacy

The Ministry of Social Services should facilitate access to an advocacy service for older people in long-term residential care and, also for elders in the long term care of their children or relatives. This would enable them to protect their financial and other assets and to have their opinions heard and their wishes respected when making decisions and transactions.

Research and Education

In addition to the implementation body, there is a need for the provision of education and research services to facilitate the implementation process. This is important in terms of maintaining and developing the considerable knowledge relating to elder abuse. The services needed include;

- A service that will provide information, advice and support on elder abuse to service-planners and care providers.
- A service to provide induction and ongoing training on elder abuse.
- Research on elder abuse.

There are important issues to be included in research plans such as training and education, older people's perceptions of elder abuse, public perception of ageing, the development of approaches to elder abuse which focus on empowerment of elders, the need for structured counseling services for those suffering from elder abuse, the development of strategic approaches to prevention, protection identification and management of elder abuse in institutional settings, the identification of current practices in residential care that result in the abuse of older people and evaluation of the results of elder abuse interventions.

The Problem of Underreporting

The cultural setup in Sri Lanka does not allow elders to complain about any type of abuse as they think it will bring disgrace to their families. It is not always possible to know the full extent of abuse of older persons. Furthermore, disability, lack of awareness and their traditional attitudes may also preclude the victim from reporting abuse. Elder abuse victims often live in silent desperation, unwilling to seek assistance because they unfortunately believe their cries for help will go unanswered and they fear retaliation from their abusers. Those who are being abused may be unwilling or unable to report due to the fear of being punished, of institutionalization, of rejection or abandonment by family members, of losing the care giver or other family members including grand children or of thinking that the disclosure would reflect poorly upon their family. Love towards the abuser, lack of understanding and shame or guilt are other reasons for not reporting.

The problem of underreported elder abuse is not limited to cases involving physical abuse. Elderly victims of financial abuse are frequently unwilling or unable to report that they have been or are being exploited for many of the reasons mentioned above.

Conclusions

Identification of elder abuse is complex and difficult. As discussed, the elders suffering abuse are often isolated from society. The deliberate action of the abuser may make access more difficult. If the society is vigilant, careful and cooperative, elder abuse can be stopped and its perpetrators arrested and prosecuted. Any person who suspects that abuse of an elder has occurred should report it. Abuse can continue and often escalate if there is no intervention. Known or suspected cases of abuse should be reported to the appropriate agencies or to local law enforcement offices. We have to remember that intervention can often save the assets, health, dignity or even the life of an elder. In conclusion, it is recommended that policymakers on the protection of elders should look into the following areas;

Policy for Elders

The implementation of a policy on the prevention of elder abuse and setting up the necessary structure to support it presents a significant challenge. It is important to recommend that each institution concerned with elder well being is involved to ensure the process runs smoothly and services are comprehensive and effective. Also it is important to recommend each institution concerned should prepare an implementation strategy including the development of a feedback system for monitoring referrals, the outcome of cases, the impact of interventions and the implications of all this in terms of service.

The development of a system for incorporating this knowledge into training programmes at local and national level is also important.

Creating Awareness of Elder Abuse

People need to be made more aware of the different forms of abuse and potential signs to look out for. To this end, education and information provision throughout a person's life are considered vital. This is to start in childhood in school. Knowledge is power. If older persons are aware that they do not have to accept abuse and know where to go, they can protect themselves. Furthermore, there should be a trustworthy information flow to have easy access to clear information on whom to contact and what steps to take if elder abuse is reported. It is also important that investigations of alleged abuse will be speedily and sensitively dealt with.

A public awareness programme needs to be undertaken to raise awareness of elder abuse among the general public in Sri Lanka. This may also increase awareness among relevant service-providers. The introduction of policies and procedures should be accompanied by a nationwide publicity and promotion campaign aimed at those involved in the health and social care of older people.

Financial abuse is a widespread concern today. Like many other forms of abuse, it is difficult to identify; in particular, it is difficult to distinguish between acceptable exchange and exploitative conduct, between misconduct and mismanagement. There should be a national awareness programme for middle-aged people on financial abuse as well as all other types of abuse so that they are prepared for their elderly life. This may be in the form of pre-retirement awareness programmes. Therefore, national and regional education and awareness programmes should be developed. These should be targeted at two main groups, older people and the general public. First, to create awareness of the risks and consequences of financial abuse. Secondly, to encourage older people to seek independent legal advice when making major decisions. These programmes should be developed by the Ministry of Social Services in collaboration with the Ministry of Finance, Ministry of Land, Ministry of Women's Affairs and with major banking institutions as well as NGOs and other government organizations that work on elders well being and welfare.

In addition, it should be a requirement that the curricula of professional training courses and continuing professional development education for health, social care workers and those in legal and financial services is expanded to include elder abuse. This is particularly important for those groups involved in elders care. There is considerable evidence to show that identification of elder abuse by these sectors is critical in reducing the incidence of abuse. An introduction of the policy and procedures accompanied by a nationwide publicity and promotion campaign aimed at those involved in the care of older people is essential to combat elder abuse.

Training and education serve to increase awareness and sensitivity. Training should also aim to develop the skills necessary for identification; the ability to gather information in a sensitive way, to understand the older person's thoughts and feelings about the situation and to build a trusting relationship. These skills are crucial to the success of any initiative. Experts believe that identification is a process and depends to a great extent on establishing a trusting relationship between the elder and the caregiver.

Enabling Elders to Maintain Independence

Elders who are isolated are at greater risk of abuse than those who regularly meet other people. Older people with low-income levels are more likely to report mistreatment compared to those with strong or moderate levels of income. Women with low-income levels are more vulnerable to psychological and physical abuse. They are more dependent and unable to report or complain. Therefore, there should be well-maintained support services for elders to prevent them from potential elder abuse. Social service officers, medical practitioners and women's development officers should be aware of the elders within their official geographical area.

Supporting Family Care Givers

Elder care can lead to stress and strain on caring relatives. Most of them are employed and their children may be attending school. On the other hand, care staffs are responsible for elder abuse in institutionalized situations. One solution proposed was a mentoring service, whereby family caregivers could contact someone for information and support on how best to approach the challenges of caring for an older person.

Professional Responsibility in Caring for and Advising Older People

Unlike family members, professionals involved in the care of older people have a legal and moral duty of care. In terms of home care, paid care givers going into older people's homes should be properly trained and supervised. There is a system maintained by major private hospitals to look after elders and the hospital send caregivers to homes. There are no regulations or well-established standards when it comes to these home caregivers.

Enforcement of legislation on standards of care is vital in order to identify incidents of elder abuse. Overall, identifying elder abuse should be seen as having wider relevance to other related professions; for example, GPs, bank officials and solicitors, women development officers and social workers.

Responsibility of Relevant Government Organizations

The relevant organizations of government have a responsibility to;

- Ensure the implementation of rules and regulations concerning elder abuse.
- Establish strong Steering Committees to prevent elder abuse.
- Implement comprehensive awareness programme on elder abuse.

Responsibility of Older People

Enabling older people to maintain their involvement with friends and the community is an essential aspect of limiting the potential for abuse. This can be facilitated through senior citizens collectives. They can build the support networks and confidence of older people, which can both help to prevent elder abuse from happening and help older people to seek formal intervention if it does occur. In summary, policy on elder abuse should be focused on “*empowerment*” : strengthening older people’s rights and enabling them to act and make choices in what they see as their best interest. While services that respond to elder abuse are crucial, empowering older people themselves can help to prevent elder abuse and facilitate the independence of older people in society.

Preventing Elder Abuse

The main objective is to stop elder abuse and to ensure protection for elders. Inter-agency coordination is essential for prevention and protection. The establishment of an advocacy service is useful to combat elder abuse. A prevention strategy may be effective as it examines the attitudes of older people and the devalued status of the older people in the society. If we are really concerned about prevention, public awareness on elder abuse, proper training and attitudinal changes of carers are essential. Lack of specialized training for carers is a problem that should be considered seriously. The implementation of these measures may be the first step and it may be a minimal change that will take us towards preventing elder abuse. Many barriers remain; barriers that may not be easily overcome in the short term but should nevertheless be the aim of policy in the long term.

Prevention in institutional settings is easier than in other settings. When the writer was working for the Ministry of Child Development and Women’s Affairs, a few petitions relating to institutional abuse came from female elders. Their areas of concern included: neglect, degrading treatment, overcrowding and lack of privacy, absence of therapies, too much noise, mismanagement of medication, and physical, financial, psychological and verbal abuse. It can be understood that lack of nursing staff in the institutions may foster negligence towards elders. Lack of privacy and mismanagement of medication may be a result of an administration problem. In cases of physical and verbal abuse, petitioners assign the blame to individual members of staff.

Identifying what constitutes good practice and establishing and maintaining it is key to prevention of elder abuse in institutional settings. In institutional settings as in the wider community, good practice is not just a matter of the actions of individuals. It is determined

and affected, by a range of inter-related factors, both at the level of the institution and in the wider health and social care system. These include the following ;

- Rules and regulations.
- Policies and procedures.
- Attitudes of relevant individuals.
- The skills of carers.
- The level of support, supervision and training available to carers.
- Support for older people.
- Availability of resources.

In institutional settings good practice depends on proper care planning, protection of elders' property, good facilities, confidentiality, privacy, advocacy and disciplinary procedures. But in practice most institutions do not have at least minimum standards. Preserving the dignity of its residents should be the responsibility of these institutions. There should be an effective leadership to understand this aspect. Similarly, teamwork, education, training and supervision and the development of staff are essential.

Bibliography

1. Baumhover, L.A, and Beall, S.C., (eds.), *Abuse Neglect and Exploitation of Older Persons: Strategies for Assessment and Intervention*. London, Jessica Kingsley Publishers, 1996.
2. Biggs, S, Phillipson, C, and Kingston, P, *Elder Abuse in Perspective*, Buckingham, Open University Press, 1995.
3. Cooney, C. and Wrigley, M, 'Abuse of the elderly with dementia', *Irish Journal of Psychological Medicine*, vol. 13, 1996, pp. 94-96.
4. Council of Europe, *Violence against Elderly People*. Strasbourg, Council of Europe Press, 1992.
5. Delaney, S., Garavan, R, McGee, H, and Tynan, A, *Care and Case Management for Older People in Ireland*, Dublin, National Council on Ageing and Older People, 2001.

The following websites were also of use ;

[www.parliament.lk/.../national_council_for Elders](http://www.parliament.lk/.../national_council_for_Elders)

www.socialwelfare.gov.lk

www.socialwelfare.gov.lk/web/index.

www.statistics.gov.lk

[www.whosrilanka.org/.../WHO Sri Lanka](http://www.whosrilanka.org/.../WHO_Sri_Lanka)

EXPERT REPORT – V

Elderly Health in Sri Lanka

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Introduction

Ageing is an irreversible biological process that begins at least as early as puberty, leading to physiological changes and progressive loss of functional capacity. Ageing leads to many socio-economic challenges experienced by the individual resulting from their physical and psychological changes. Therefore, defining ‘elderly’ is complicated and it is extremely difficult to give a single definition to suit all biological, social, economic and chronological contexts. Chronological age has been used as the typical indicator for defining the elderly. Although the definition may change with the life expectancy of the population many countries consider 60 years of age as the starting point of the elderly population. The ageing process is also the combined effect of acting extrinsic or environmental factors on the genetically determined intrinsic factors. Therefore, ageing differently affects individuals living under different environments.¹

Biological ageing, both structural and physiological (at the cellular level) and the deteriorating functional capacity of the individual increase the vulnerability to disease and injury among the elderly. The declining mortality and fertility of the population along with the improved socio-economic status have changed the disease pattern of populations and the leading cause of death from acute infectious diseases to chronic and degenerative diseases, commonly known as non-communicable diseases. Epidemiologists describe the phenomenon as an epidemiological transition.²

¹ World Health Organization, ‘Health of Elderly: Report of an expert committee’, World Health Organization, Geneva, 1989.

² World Health Organization, ‘Global Health and Ageing’, World Health Organization, Geneva, 2011.

Declining mortality rates lead to greater longevity and result in certain amounts of disabilities along with the morbidities. Therefore, another common concern among the elderly is disabilities affecting various functional domains as a consequence of chronic diseases and injuries.

Despite all the challenges, it is of paramount importance to ensure not only longer living but also healthy living of the elderly with improved quality of life. This will ensure both individual and societal benefits and reduce the cost for health-related interventions. Many determinants of elderly health are beyond the health care systems and require multi-sector collaboration. The interventions should be started in the early stages of life in order to preserve healthy living and prevent disabilities in old age.

With the global trend of populations ageing, it has been observed that most developed and affluent countries are facing the problem of catering to the increased elderly population. As a South Asian country with exceptionally good health services compared to the *per capita* income of the country, Sri Lanka also faces the issue of a rapidly ageing population. The projected proportion of the population over 60 years of age in Sri Lanka for the period of 2000-2030 is much higher than any other country in the South Asian region with an expectation that 22 *per cent* of the population will be over 60 by the year 2030.³

The issue is more challenging for a country like Sri Lanka for many reasons. The population has non-communicable diseases and injuries as well as communicable diseases giving rise to a triple burden. Almost all social welfare services for the elderly including health should be provided free of charge at the point of delivery in the current context. The upcoming demands and health needs of the elderly population should be addressed despite the comparatively low *per capita* income level of the country while still allocating a considerable portion of the annual budget for development-related activities.

Biology of Ageing

The human body is made up of basic functional and structural units called cells, which form tissues, organs and ultimately all the body systems. Some cell types are constantly being formed, developed and replaced while some other types of cells only regenerate in special circumstances. The biological ageing process takes places at the cellular level and commences from puberty. The rate of regeneration of cells decreases and permanent cell types gradually alter the structure and lose their functions as chronological age increases.

³ K.A.P. Siddhisena, 'Demography of Ageing in Sri Lanka', in Ageing Population in Sri Lanka: Issues and Future Prospects, United Nations Population Fund, Colombo, 2004

This will bring about enormous structural and physiological changes of the body giving rise to various physical, mental and emotional manifestations among the elderly.

Elderly Health

According to the well-known definition of the World Health Organization (WHO), health is described as “*the state of complete physical, mental and social well being and not merely the absence of diseases or infirmity*”.⁴ Like any other age group, this definition is also applicable to the elderly population. Services, whether health focused or non-health focused and aimed at upgrading the health status of the elderly population of a country need to pay attention to preserving the physical and mental health of this population and the prevention of disabilities as far as possible. People already with disabilities should be provided with proper and timely rehabilitation services in order to minimize the disability and to aid them in achieving proper social inclusion.

Health is identified as a basic human right of every individual irrespective of the age, sex, nationality or any other disparity by many international agencies. Therefore, it is the fundamental right of elderly populations to access and utilize health and non-health services in order to remain healthy. The United Nations Principles for Older Persons adopted at the II World Assembly on Ageing has clearly identified five key areas in elderly care: independence, participation, care, self-fulfillment and dignity with health recognized under ‘*independence*’.⁵

Common Health Issues among Elderly

Ageing populations do not necessarily mean less healthy populations. There is a large literature in developed countries that elderly populations in their respective countries are healthier than their counterparts in previous decades.⁶ With this evidence, the concept of morbidity compression – the delay of the first appearances and manifestations of ageing or morbidity at increasingly higher ages – has become a reality.

However, although ageing itself is not a disease, changes at the cellular level give rise to changes of the organs of the body and make individuals vulnerable to various non-communicable diseases including high blood pressure, diabetes mellitus, heart diseases,

⁴ World Health Organization, ‘Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference’, World Health Organization, New York, 1946.

⁵ United Nations, ‘United Nations Principles for Older Persons’, United Nations Organization, New York, 1991.

⁶ Jacobzone, S.E. et al., ‘The health of older persons in OECD countries: Is it improving fast enough to compensate for population ageing?’, *Labour market and Social Policy Occasional Papers No. 37*, Paris, OECD, 1998.

kidney diseases, various types of cancers and many other. Changes in the bones and other connective tissues lead to impairments in the locomotive system and manifest as bone and joint diseases. Although not considered as diseases or impairments external appearance of the individual changes dramatically due to the aging process. Impairments of sensory organs result in impaired hearing, vision, smell, taste and touch. Altered level of functioning of the brain and the nervous system can give rise to slower responses to stimuli and many other conditions which affect the mental health of the elderly population including depression, anxiety, dementia and Alzheimer's disease and so on. Strangely, the learning ability of older persons is affected very little compared to the other functions of the brain. The statistics show that globally, non-communicable diseases are the leading cause of morbidity, hospitalisation and disability among the elderly.

The phenomenon of older people experiencing higher rates of disability is almost inseparable from the ageing process and reflects the accumulated health risks throughout life. The prevalence of disability increases with age and nearly half (46 *per cent*) of the population over 60 years claim to have some type of disability with female predominance.⁷

The elderly are also more susceptible to enormous nutritional problems arising from various issues including effected mastication, digestion and absorption mechanisms which deteriorate as part of the normal ageing process. A general loss of appetite can result from impaired taste and smell sensors. Even though little attention has been paid to this component of health, nutrition greatly affects the health status of the elderly population.

Mental, social and spiritual health also plays a role in the general health of the elderly population. Quality of life, the ultimate goal of elderly health promotion is the end result of the combined effect of all aspects of health. Elderly people are more prone to have deteriorated levels of mental and social health due to psychical, psychological and social changes of his or her environment, such as '*empty nest syndrome*' or bereavement due to the death of a spouse.

The terminally ill elderly have a different set of health needs. The incurability of their disease may lead to death within a relatively shorter period of time. Their needs should be addressed in a more focused and sensitive palliative care service. The main aim of palliative care is to improve the patient's quality of life by relieving their symptoms, pain and mental distress and ultimately preparing them for a peaceful death.

⁷ World Health Organization, 'Global brief for World Health Day 2012: Good health adds life to years', World Health Organization, Geneva, 2012.

Health Status of Elderly Population in Sri Lanka

Globally, non-communicable diseases are the leading cause of morbidity, hospitalization, disability and mortality among the elderly. Increased life expectancy and other challenges such as lifestyle changes have altered the pattern of disease among the elderly in Sri Lanka and other countries in South East Asia. Coronary artery diseases, high blood pressure, stroke, diabetes mellitus, chronic renal failure and chronic obstructive pulmonary disease are the most prevalent non-communicable disease among the elderly.⁸

Disabilities resulting from the normal ageing process, chronic diseases and injuries affect the quality of life of the elderly in an extensive manner. The high prevalence of disability among the elderly can be observed in all the populations that have increased life expectancy. Many countries in South East Asia including Sri Lanka suffer from a scarcity of reliable data on disabilities, especially among the elderly populations. As evidenced by several community based studies hearing, visual impairments and joint diseases leading to mobility problems top the list of disabilities or defects identified among the older age population in Sri Lanka.⁹

Exact information on the national prevalence of mental diseases among the elderly is not available for Sri Lanka. Analysis based on several epidemiological studies reported that dementia and depression are the most common mental disorders of the elderly population sampled.¹⁰

A number of measures are used to describe the health status of the elderly population. Their physical and mental well being, health-related quality of life, disease burden, impairments and extent of disability are just some of the parameters that serve the purpose. Although to date there is no systematic and continuous collection of health-related information of the elderly in Sri Lanka many epidemiological studies and other hospital based information systems provide a satisfactory overview. Described below is some such information available on the health status of the elderly in this country.

⁸ World Health Organization, Health of the elderly in South-East Asia: A profile', World Health Organization, New Delhi, 2004.

⁹ Ibid.; S.H. de Silva, 'Prevalence and extent of functional disability, "quality of life" and health care costs among the young elderly in urban and rural areas of the district of Kalutara', in Postgraduate Institute of Medicine, University of Colombo, Colombo, 2011; R.d.A. Seneviratna, 'Ageing and Health in Sri Lanka', in Ageing Population in Sri Lanka: Issues and Future Prospects, United Nations Population Fund, Colombo, 2004.

¹⁰ R.d.A. Seneviratna, 'Ageing and Health in Sri Lanka', in Ageing Population in Sri Lanka: Issues and Future Prospects, United Nations Population Fund, Colombo, 2004.

Self Perceived Health

Self-assessed health statuses based on several studies revealed that 43-60 *per cent* of the elderly population feels that they are healthy. It was noticeable that perceived health status of females is always lower than that of males.¹¹ A study done among the elderly population (above 60 years of age) by Fernando and Seneviratne in Western Province of Sri Lanka on physical health and functional ability describes some aspects of the self-perceived health status of the elderly population.¹² Among the study population 49 *per cent* of male and 38 *per cent* of female had answered 'Yes' to the question asked whether they were healthy.

Activities of Daily Living

Some studies conducted to assess the functional status of the elderly population measured by activities of daily living (ADL) revealed that 82 *per cent* of the males and 76 *per cent* of females were able to carry out all ADLs measured.¹³ A study done among the elderly on seven areas of ADLs including feeding self, dressing, grooming, cleaning and washing, continence, transferring and mobility found that all ADLs can be performed by more than 96 *per cent* of the sample, with the exception of climbing a staircase which is covered under mobility (87 *per cent*).¹⁴

Non - Communicable Diseases

According to the results of the needs assessment done for community healthcare for the elderly population in 50 Medical Officer of Health (MOH) areas in Sri Lanka published in Health of Elderly in South East Asia,¹⁵ it was revealed that joint pain is the number one health problem followed by hypertension (high blood pressure), asthma, heart problems and diabetes mellitus respectively.¹⁶ Parentages of joint pain and hypertension are predominantly higher among females than males. Heart problems among males show a remarkably high percentage - 8 *per cent* compared to the 5.9 *per cent* among females (**Table 1**).

¹¹ *ibid.*

¹² D.N, Fernando and R.d.A, Seneviratna, 'Physical Health and Functional Ability of an Elderly Population in Sri Lanka' in Ceylon Journal of Medical Sciences, Vol.36, No.1, 1993, pp. 9-16.

¹³ Seneviratna, *op.cit.*

¹⁴ de Silva, *op.cit.*

¹⁵ World Health Organization, *op.cit.*

¹⁶ *ibid.*

Table 1

**Distribution of Health Problems among Elderly according to the Needs Assessment:
“Community Health Care for Elderly in 50 MOH Areas, Sri Lanka, 2002”**

Health Problem	Sex			
	Male		Female	
	Number	Percentage	Number	Percentage
Joint pain	20749	39.2	32849	43.8
Hypertension	8747	16.5	14990	20.0
Asthma/Dyspnea	7406	14.0	8929	11.9
Heart Problem	4260	8.0	4471	5.9
Diabetes mellitus	4156	7.8	5551	7.4
Fracture	1983	3.7	2471	3.3
Mental Illness	824	1.5	1055	1.4
Cancer	451	0.8	550	0.7
Other	4298	8.1	3993	5.3

Source: Needs Assessment ‘Community Health Care for Elderly in 50 MOH Areas Sri Lanka’, 2002.

A community-based study done among the elderly population in the District of Kalutara in 2011 revealed that high blood pressure had already been diagnosed in 31.9 *per cent* of the total sample of the elderly population. Diabetes mellitus and ischemic heart disease had already been diagnosed among 21 *per cent* and 7.9 *per cent* respectively¹⁷ (Table 2).

Table 2

Distribution of Already Diagnosed Medical Conditions among Elderly in a Study Done in Kalutara District

Disease Condition	Female(n=1027)		Male (n = 873)		Total	
	No.	%	No.	%	No.	%
Hypertension	373	36.3	234	26.8	607	31.9
Diabetes Mellitus	225	21.9	179	20.5	404	21.3
Ischemic Heart Disease	76	7.4	74	8.5	150	7.9
Asthma or Chronic Respiratory Condition	115	11.2	89	10.2	204	10.7
Muscular Skeletal Problem	329	32.0	184	21.1	513	27.0
Cancer	17	1.7	7	0.8	24	1.3

Source: de Silva, 2011.

¹⁷ de Silva, op.cit.

Although classification according to age groups is unavailable, hospitalization patterns and hospital deaths due to NCDs based on indoor morbidity and mortality data are shown to be in an upward trend for the period of 2003 to 2007¹⁸ (Table 3).

Table 3
Pattern of Hospitalization for Selected Non-Communicable Diseases
(2003 to 2007)

Disease	Hospitalization Cases <i>per</i> 100 000 Population				
	2003	2004	2005	2006	2007
Diabetes Mellitus	231.1	246.8	265.2	296.8	307.3
Hypertensive Disorders	444.1	417.2	429.1	480.4	469.8
Ischemic Heart Disease	341.7	336.4	353.9	399.9	427.1

Source: Annual Health Statistics 2007.

Similar to the pattern of morbidity, hospital deaths due to diabetes mellitus, hypertensive disorders and ischemic heart disease are observed to be increasing for the period of 2003 to 2007 (Table 4). Although with the available data it is not possible to confirm the fact that the elderly population is suffering from NCDs, the information provides a proxy indicator.

Table 4
Pattern of Hospital Deaths for Selected Non-Communicable Diseases
(2003 to 2007)

Disease	Deaths <i>per</i> 100 000 Population				
	2003	2004	2005	2006	2007
Diabetes Mellitus	2.9	2.5	3.4	3.0	2.7
Hypertensive Disorders	2.9	2.7	3.6	3.0	2.9
IHD	18.8	19.2	19.1	20.7	22.7

Source: Annual Health Statistics 2007.

¹⁸ Ministry of Healthcare and Nutrition, 'Annual Health Statistics', Ministry of Healthcare and Nutrition, 2007a.

Table 5 illustrates the causes for deaths that occurred in hospitals in Sri Lanka for the year 2007 according to rank order. The top four causes of death are directly related to non-communicable diseases. Although towards the end of life it is more common for a person to die from one or more NCDs, much attention needs to be paid to prevent or limit the NCD deaths occurring during the early stages of elderly life.

Table 05

Distribution of Cause of Hospital Deaths

Rank Order	Causes of Death	Number of Deaths	Proportionate Mortality	Rate per 100,000 Population
01	Ischemic heart disease	4536	13.1	22.7
02	Neoplasm ¹	3498	10.1	17.5
03	Pulmonary heart disease and diseases of pulmonary circulation	3490	10.1	17.4
04	Cerebro-vascular diseases	3193	9.2	16.0
05	Diseases of the gastro intestinal tract	2431	7.0	12.1
06	Diseases of the respiratory systems, excluding diseases of upper respiratory tract	2258	6.5	11.3
07	Zoonotic and other bacterial diseases	1923	5.6	9.6
08	Symptoms signs and abnormal clinical and laboratory findings	1829	5.3	9.1
09	Diseases of urinary tract	1803	5.2	9.0
10	Traumatic injuries	1389	4.0	6.9
11	Pneumonia	1380	4.0	6.9
	All causes ²	34593	100.0	172.7

1 - Includes deaths reported (not classified by type of neoplasm) from Cancer institute Maharagama.

2 - Analyzed deaths only.

Source: Annual Health Statistics 2007.

Impairments and Disability

Visual and hearing impairments, difficulties in mobility and mastication and other disabilities in physical and functional performance are the most common disabilities found in those over 60 years of age in the country. Mental and social health issues affect the elderly population in varying degrees and can result in disability. The proportions of the disabilities increase with age and females are affected more than their male counterparts.¹⁹ In the same aforementioned study Fernando and Seneviratne found that visual problems were the most common disability reported (65 *per cent*) with mastication and hearing problems reported among

¹⁹ Seneviratna, op.cit.

21 *per cent* and 30 *per cent* of the population respectively. Arthritis has been reported by 32 *per cent* of the total population and high blood pressure and heart disease were reported among 22 *per cent* and 14 *per cent* of the population respectively.²⁰

An analysis has been done using the census data from 1981 to 2001 about the extent of disability among people above 50 years of age under the categories of disabilities of sight, sound, hands and legs. The report explains that all categories of disability except visual impairment have shown dramatic increases among the elderly population (see **Table 6**). For males the overall disability rate *per* 10,000 has been nearly doubled for all age groups during the period and for females the increase is above that of males. A very clear trend of increasing disability rates has been observed with the advancement of age.²¹

The national survey of elderly conducted by the Ministry of Social Services in 2003-2004 covering 11663 elders in the country found that out of the total sample 28 *per cent* have a hearing impairment and 2 *per cent* were totally deaf. 65 *per cent* of them claimed to have some sort of visual impairment and 2 *per cent* were severely visually impaired.²²

Table 6

**Age Specific Overall Disability among the Elderly by Number of Persons *per* 10000
Populations by Sex, 1981 and 2001**

Age Group	Male		Female		Both Sexes	
	1981	2001	1981	2001	1981	2001
50-54	81.1	117.4	48.2	69.1	65.4	92.8
55-59	96.1	154.9	53.7	89.5	75.9	121.0
60-64	119.7	202.6	75.2	123.8	99.1	162.2
65-69	135.8	274.3	85.3	184.6	111.8	226.2
70-74	157.6	359.8	116.8	275.8	138.9	315.0
75& Above	202.8	549.4	164.6	525.3	184.3	536.4
Total	118.4	229.0	77.7	171.6	99.1	199.1

Source: *Disability among Elderly in Sri Lanka, Comparison of Disability Rates in Census of 1981 and 2001, 2009.*

²⁰ Fernando and Seneviratna, op.cit.

²¹ W.I. De Silva, W.P. Amarabandu and H.R. Gunasekera, 'Disability amongst the elderly in Sri Lanka', Research studies series, Number 1, Institute for Health Policy, Colombo, 2007.

²² World Health Organization, 'WHO – Sri Lanka Home Page', Ministry of Social Services and Ministry of Health, Colombo, 2009.

Elderly Health Services in Sri Lanka

Structure

Sri Lanka claims to have an exceptionally good health care system in the South Asian region. The majority of health services are provided by the State sector for all age categories free of charge at the point of delivery. State sector health services consist mainly of allopathic health services (Western Medicine) and comparatively less Ayurvedic and other traditional health services. National policy and planning for health care services are made by the central government and when considering provincial level planning and health care delivery, provincial health departments play a major role.

The majority of curative health services are delivered by State sector hospitals while private sector contribution is less in inpatient care and almost equal in outpatient care. General Practice (GP) done by doctors on a full time or part time basis constitutes a larger part of private outpatient care. Nearly the entire preventive health care services are provided by the State sector with a very minimal contribution from the private sector.

International non-governmental organizations and other non-governmental organizations contribute to the health care services of the country through a direct or indirect manner. Many such organizations are extensively involved in preventive health activities.

Ayurvedic and other traditional health services also play a role in providing health services for the elderly as the majority of the elderly population seeks Ayurvedic or traditional health care for their joint and locomotive system-related ailments.

Health care for the elderly population is provided by the health care systems described above and involves the necessary sectors as required.

Policy Framework

‘Mahinda Chinthana’ and ‘Mahinda Chinthana Way Forward’ the governing policy documents of Sri Lanka have identified elderly health care services as a priority. It has been proposed to improve the well being of the elderly through a well-organized elderly healthcare service and by ensuring accessible and affordable health services.²³ Addressing the health needs of elderly is the eighth strategy of the National Policy for Senior Citizens of Sri Lanka.

²³ Department of National Planning, ‘Sri Lanka: The emerging wonder of Asia’, Department of National Planning, Colombo, 2010.

This comprehensively describes 20 areas to ensure the health, nutrition and entertainment of the elderly in the country.²⁴

In line with the leading policy statements of the country, the third broad objective of the Health Master Plan for the period of 2000 to 2016 notes that the elderly people need more focused and special attention to optimize the health status of the elderly population in the country. The need to strengthen primary health care services to address elderly care and non-communicable diseases has also been highlighted.²⁵ Almost all other health-related policies such as the National Nutrition Policy have given adequate attention to elderly care.

At the national level, elderly health care services are looked after by the Directorate of Youth, Elderly, Disabled and Displaced persons (YEDD) in the Ministry of Health and the Director of YEDD represents the National Council for Elders, which is the governing body of elderly care services in the country.

With such an encouraging policy framework activities are being planned and some have been implemented in order to achieve the goal of a healthy and active elderly population.

Elderly Health Care Initiatives

The availability of free healthcare services addresses elderly health care needs at the highest level. A patient's autonomy has been ensured by making the primary health care service and the highly specialized national level tertiary care institutes accessible for any person coming from any place of the country at any given point of time without any discrimination.

According to the socio-economic statistics published by the Central Bank of Sri Lanka in 2012 there were 17,354 doctors, 29,101 nurses and 69,731 hospital beds in the country. Considering the mid-year population of 20,869,000 for the same year there were 83.2 doctors, 139.4 nurses and 334.2 hospital beds *per* 100,000 people.²⁶

Although geriatric care is not demarcated from other services available in the country, prevention and treatment of non-communicable diseases are directly related to elderly health care. The provision of continuous and lifelong treatments for chronic diseases such as diabetes mellitus, high blood pressure and ischemic heart diseases through the island-wide

²⁴ Ministry of Social Services, 'National Charter and National Policy for Senior Citizens of Sri Lanka', Ministry of Social Services, Colombo, 2006.

²⁵ Ministry of Healthcare and Nutrition, 'Health Master Plan', Ministry of Healthcare and Nutrition, Colombo, 2007b.

²⁶ Central Bank of Sri Lanka, 'Economic and Social Statistics of Sri Lanka 2012', Central Bank of Sri Lanka, Colombo, 2012.

network of OPD services; specialist clinic based care and inward care; the provision of highly expensive medicines for patients with cancers; and the conducting of high-tech investigations and surgical operations such as coronary artery bypass operations are some of the treatment modalities directly aimed at non-communicable diseases among the elderly population. Medical and surgical care facilities targeting locomotive ailments also directly address one of the most common health problems among the elderly. The Government therefore spends a substantial amount of financial resources for health care service delivery in Sri Lanka.

The establishment of stroke units in each hospital above the base hospital level is being carried out. The main intention of this project is to provide the best possible care for stroke victims, which cannot be given in an acute care ward before they are discharged from hospital. This will ensure rapid recovery and minimized disabilities.

Most of the hospitals conduct clinics for diseases that require comprehensive and continuous health care such as diabetes mellitus and this has provided an opportunity for elderly patients to receive more holistic care for such diseases.

In outpatient procedures, senior citizens are given priority and in most hospitals priority counters have been established in order to provide quality service for the elderly population.

The Directorates of NCD, cancer prevention and oral health under the Ministry of Health conduct national level non-communicable disease prevention programmes.

National programmes for the prevention of sight and hearing loss have been initiated. The two programmes facilitate the elderly population to have improved vision and hearing status.

The government has taken initiatives to open healthily lifestyle clinics in curative sector hospitals with the view of early screening and diagnosis of chronic diseases.

Preventive health care services for the elderly are provided through community-based elderly clinics located in some MOH areas. Although such services are not available to cover the entire country it has been observed that most of the primary health staff voluntarily provide such services for the elderly population in their region.

The establishment of day centres for the elderly has greatly improved the mental and social health status of this population. The Ministry of Social Services has taken the initiative to establish such centres for every '*Grama Niladhari*' Division.

Human Resource Development

The Postgraduate Institute of Medicine has commenced the postgraduate diploma in geriatrics for medical officers. An elderly health care component has been included to all basic and post basic curricula of health personnel in order to guide them on such services.

The Ministry of Social Services in collaboration with the Ministry of Health has occasionally conducted training of community caregivers for the elderly and people with a disability. These caregivers act as community level caregivers to look after the elderly at home.

Service Gaps

With the increasing elderly population there is no doubt that existing health systems need many improvements. This growing population means not only more clients for the health system but also more clients with high demanding health needs. Improving elderly health services may therefore be costly and require massive infrastructure development. It is recommended to look for evidence-based cost effective interventions. However, there are service gaps in elderly health care in the country, which hinder the receipt of good and quality services by the elderly population.

Health Promotion and Primary Prevention

It is evident that to live a healthy elderly life, health promotion and disease prevention programmes should be started as early as possible in one's life course. Population based structured programmes aiming to prevent non-communicable diseases should begin at least during the third decade of the individual and thereafter continuous follow-ups as needed. The country is suffering from a lack of such programmes to minimize the disease occurring and to prevent devastating consequence of the diseases that consume a huge amount of financial and social resources.

Since present day adults spent much more time in a work setting than at home and as current day work settings are unfavorable for healthy living, the promotion of a healthy lifestyle through work is an approach very much required.

It has been observed that the programmes and activities targeting disease prevention and health promotion are gender biased resulting in men being cared for less during early adulthood. Women have the opportunity to acquire the services of women's clinics while men do not have such structured programmes.

Curative Care

There are no specialized geriatrics services available in the country to date. In future it is a real need of the country to establish such units or hospitals to care for the elderly population with focused and specialized settings. Facilities for treating NCD-related condition need to be improved.

Special attention needs to be paid to the prevention of chronic renal diseases, which is a complication of uncontrolled common NCDs like diabetes mellitus and hypertension. Facilities should be improved for haemodialysis and other treatment modalities such as kidney transplant surgeries.

Nutrition is one of the neglected parts of elderly health. Nutritional assessment and appropriate dietary advice in conjunction with dietary supplementations should be provided.

Mental Health

Mental health is an important aspect of health and the issue is much bigger than we expect. Elderly populations should be provided places with qualified counselors to identify any mental health disorders and to refer treatment, if necessary.

There is a strong need to address dementia and Alzheimer's disease among the elderly through a focused national level programme with adequate allocation of resources.

Disability Care, Rehabilitation and Palliative Care

The health care system is not geared towards adequately identifying disabilities either physical or mental among the elderly. It is necessary to identify and refer people with a disability to appropriate disability care. This includes visual, hearing and locomotive system disabilities.

Care for destitute elders and patients with dementia and Alzheimer's disease is a neglected health service in the country. A programme to address their health needs is also strongly required.

Terminally ill patients with serious diseases need quality palliative care services. Relieving the symptoms and pain, improving the quality of life and preparing the patient for a peaceful death is the main aim of palliative care. This could be achieved either by upgrading the knowledge and skills of primary care staff at community level or by conducting clinics at

curative sector institutions. Furthermore, there is a strong need to establish separate units in curative care hospitals to cater for the inward care for such patients.

Care of Carer

Caring for a terminally ill or bedridden elderly person at home is stressful and requires a certain amount of training. Often a female at home will be the carer and she may need continuous support and should be able to be relieved from her care-giving duties and participate in social events and the like. The carer's physical and mental well being should be ensured and to this end, other family members should give their fullest support.

Human Resource Development

It is essential to undertake initiatives to establish postgraduate degree programmes leading to doctorates to train medical officers in specialized geriatric care. More emphasis should be given to elderly care in the teaching of undergraduates of medicine and other health staff training programmes.

Partnership with Private Sector

With the emerging health care needs of the elderly population it is mandatory to opt for private-public partnership in providing services to the elderly. It is essential for the government to facilitate the private sector to initiate and provide health services for the elderly at affordable prices through monitoring and regulation of the sector.

Collaboration with UN Agencies, INGOs and NGOs

It is very important to strengthen the collaboration with United Nations (UN) agencies, International Non-governmental Organizations and other Non-governmental Organizations in order to provide quality elderly health care. The activities undertaken by such organizations should be coordinated and streamlined through the government to direct all services to fulfill the national goal in a financially efficient and culturally acceptable manner.

Information and Research

Sri Lanka suffers severe scarcity of systematically collected data on the elderly, NCDs and disabilities. It is essential to establish cost effective and sustainable data systems to cover all three aspects and that information is very much required for effective planning, implementing

and monitoring of elderly healthcare. The scientific evidence generated through properly conducted epidemiological researches is also mandatory for better service delivery.

Way Forward

In addition to the improvements needed to fill the service gaps mentioned above, the introduction of a cost recovery system for healthcare delivery would improve the accessibility and the quality of health services. Health insurance systems may be a strategy and could improve the quality of the system dramatically. Solutions for most of the gaps identified above also can be given if there are sufficient financial resources provided for healthcare services.

Introducing new technology to the healthcare system like e-health and m-health systems (health services through mobile phones) will improve healthcare accessibility. The elderly in remote areas of the country with fewer transport facilities would most likely benefit the most.

Introducing geriatric specialties and services will be a turning point in the healthcare of Sri Lanka's elderly population.

Conclusion

Sri Lanka's rapidly ageing population is changing both the age structure and disease patterns of the population giving rise to various social, economic and health issues. The existing health system caters only marginally to the emerging issues of elderly health. The future burden demands improvements to the system in order to provide good quality care. This effort requires a multi-sector approach and all need to work in harmony to create a better world for tomorrow's elderly.

Bibliography

1. Central Bank of Sri Lanka, *Economic and Social Statistics of Sri Lanka 2012*, Colombo, Central Bank of Sri Lanka, 2012.
2. Department of National Planning, *Sri Lanka: The emerging wonder of Asia*, Colombo, Department of National Planning, 2010.
3. De Silva, W.I., Amarabandu, W.P., and Gunasekera, H.R., *Disability amongst the elderly in Sri Lanka: comparison of disability rates in the censuses of 1981 and 2001*, Research Studies Series No. 1, Colombo, Institute for Health Policy, 2008.

4. De Silva, S.H., *Functional disability, health related quality of life and health care cost profile of young elderly in urban and rural areas of Kalutara district*, Colombo, Post Graduate Institute of Medicine, 2010.
5. Fernando, D.N and Seneviratna, R.d.A., 'Physical health and functional ability of an elderly population in Sri Lanka', *The Ceylon Journal of Medical Science*, vol. 36, 1993, pp. 9-16.
6. Fries, J.F., 'Aging, natural death, and the compression of morbidity', *New England Journal of Medicine*, vol. 303, 1980, pp. 130-35.
7. Jacobzone, S, Cambois, E, Chaplain, E and Robine, J.M., 'The health of older persons in OECD countries: Is it improving fast enough to compensate for population ageing?', *Labour market and Social Policy Occasional Papers No. 37*, Paris, OECD, 1998.
8. Ministry of Healthcare and Nutrition, *Annual Health Statistics*, Colombo, Ministry of Healthcare and Nutrition, 2007a.
9. Ministry of Healthcare and Nutrition, *Health Master Plan*, Colombo, Ministry of Healthcare and Nutrition, 2007b.
10. Ministry of Social Services and Social Welfare, *National Charter and National Policy for Senior Citizens: Sri Lanka*, Colombo, Ministry of Social Services and Social Welfare, 2006.
11. Seneviratna, R.d.A., 'Aging and Health in Sri Lanka', in United Nations Population Fund, *Ageing Population in Sri Lanka: Issues and Future prospects*, Colombo, United Nations, 2004.
12. Siddhisena, K.A.P., 'Demography of Aging Sri Lanka', in United Nations Population Fund, *Ageing Population in Sri Lanka: Issues and Future prospects*, Colombo, United Nations, 2004, pp. 7-43.
13. United Nations, *United Nations Principles for Older Persons*, New York, United Nations, 1991.
14. World Health Organization, *Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference*, New York, World Health Organization, 1948.
15. World Health Organization, *Health of Elderly: Report of an expert committee*, Geneva, World Health Organization, 1989.
16. World Health Organization, *Health of the Elders in South-East Asia: A profile*, New Delhi, World Health Organization, 2004.
17. World Health Organization, *WHO: Sri Lanka*, Colombo, Ministry of Social Services and Ministry of Health, 2009.
18. World Health Organization, *Global Health and Aging*, Geneva, World Health Organization, 2011.
19. World Health Organization, *Good Health adds life to years: Global brief for World Health Day 2012*, Geneva, World Health Organization, 2012.

ANNEXES




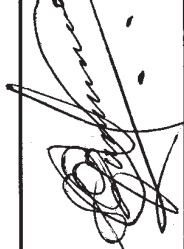

Agenda

National Forum - “Growing Old Gracefully”

Date : 28.03.2013
 Venue : Luxman Kadiragamar Hall, Colombo 07.
 Target Group : Elders Rights Protectors

Time	Topic	Resource Person/s
08.30 a.m. – 09.00 a.m.	Registration & Tea	
09.00 a.m. – 09.15 a.m.	Lighting the Oil Lamp & National Anthem	
09.15 a.m. – 09.25 a.m.	Welcome Speech	Mr. Samantha Liyanawaduge (Executive Director- HelpAge Sri Lanka)
09.25 a.m. – 09.40 a.m.	Inaugural Speech	Hon. Justice Priyantha Perera (Chairman, HRCSL)
09.40 a.m. – 09.55 a.m.	A General Introduction	Deshabandu Mrs. Jezima Ismail (Commissioner, HRCSL)
09.55 a.m. – 10.10 a.m.	Objectives of the Programme	Miss. Shirani Rajapakse (Directress- Education and Spl. Programmes, HRCSL)
10.10 a.m. – 10.20 a.m.	Presentation of Papers by the 05 Experts	Session Chaired by Mrs. Samanthi J. Paranagama (Secretary, HRCSL)
10.20 a.m. – 10.35 a.m.	<u>Presentation I</u> Population Change & Ageing and Emerging Challenges of Sri Lanka in the 21 st Century	Professor Indralal De Silva (Professor of Chair – Department of Demography, University of Colombo)
10.35 a.m. – 10.45 a.m.	Q & A	
10.45 a.m. – 11.00 a.m.	<u>Presentation II</u> Sustainable Livelihood and Social Protection of Elders	Professor S. T. Hettige (Professor of Chair – Dept. of Sociology, University of Colombo)
11.00 a.m. – 11.10 a.m.	Q & A	
11.10 a.m. – 11.25 a.m.	<u>Presentation III</u> Achieving a Happier Old Age	Mrs. Nirmala J. Pathirana (Former Director – Dept. of Social Services)
11.25 a.m. – 11.35 a.m.	Q & A	
11.35 a.m. – 11.50 a.m.	<u>Presentation IV</u> Elder Abuse - Protection Needed	Mrs. Sumithra Rahubaddha
11.50 a.m. – 12.00 p.m.	Q & A	
12.00 p.m. – 12.15 p.m.	<u>Presentation V</u> Health of Older Persons	Dr. Anil Dissanayake (Director – National Blood Bank)
12.15 p.m. – 12.45 p.m.	Open Interactive Discussion	
12.45 a.m. – 01.00 p.m.	Summary of the National Forum and Vote of Thanks	Mr. Nimal G. Punchihewa (Legal Secretary, HRCSL)
End of Programme		







Participants List
National Forum On Elder's Rights Protection "Growing Old Gracefully"
28.03.2013, Auditorium Lukshman Kadirgamar Institute, Horton Place, Colombo 07.

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





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27 S. Perumal	Citizens and Citizens	BY Hand Kee	071708740002				
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29 Govin. Govindarajan		රාම ජයරත්න ජයරත්න					
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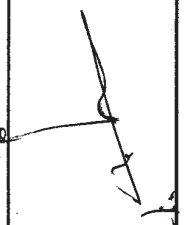

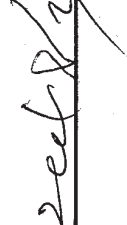
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38 ඩබ්.එම්.පී.වික්රමසිංහ	දිනසිරි සමාජවිද්‍යා	187/1, නුවරඑළුව සමාජවිද්‍යා සාර්වභූමි	Tel. 2802960 Fax. Mobile. Email.	ආච්ඡාතිකරත්න
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42 ඊ.එස්.වික්රම- රාජපක්ෂ	Interpretation	187/4/3, Edurathala Co.06	Tel. 0112513980 Fax. Mobile. 0718581807 Email.	ඊ.එස්.වික්රම- රාජපක්ෂ

National Forum On Elder's Rights Protection "Growing Old Gracefully"
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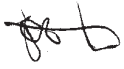




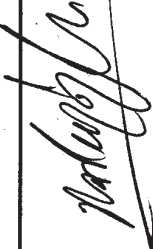
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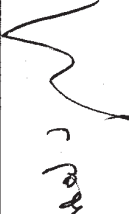




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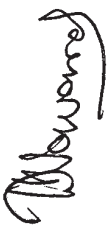
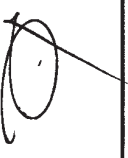
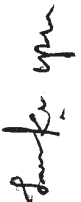
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83	A.A. Samarakoon	H.D.C	H.D.C					
84								

Event Photographs



Lighting the Traditional Oil Lamp



Standing for the National Anthem



Mr. Samantha Liyanawaduge, Executive Director Helpage Welcoming the Gathering



Justice Priyantha Perera, Chairman HRCSL delivering the Inaugural Speech



Mrs. Samanthi J. Paranagama Chairing the Expert Presentations Session



Some of the Participants

Dr. Anil Dissanayake Explaining Health aspect of Ageing





Professor Indralal de Silva Explaining Demographic aspect of Ageing



Professor Siri Hettige making his Presentation



Mrs. Sumithra Rahubaddha giving an account on Elder Abuse



Some of the Attendees



Dr. Pushpa Ranasinghe providing Details about Mental Health and Ageing



A Participant Raising a Question

Participants Listening





**PARLIAMENT OF THE DEMOCRATIC
SOCIALIST REPUBLIC OF
SRI LANKA**

**PROTECTION OF THE RIGHTS OF ELDERS
ACT, No. 9 OF 2000**

[Certified on 04th May, 2000]

Printed on the Order of Government

Published as a Supplement to Part II of the Gazette of the Democratic Socialist
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Protection of the Rights of Elders Act, No. 9 of 2000

[Certified on 04th May, 2000]

L.D.—O. 32/98.

AN ACT TO PROVIDE FOR THE ESTABLISHMENT OF A NATIONAL COUNCIL FOR ELDERS FOR THE PROMOTION AND PROTECTION OF THE WELFARE AND THE RIGHTS OF ELDERS ; AND TO PROVIDE FOR MATTERS CONNECTED THEREWITH OR INCIDENTAL THERETO

Be it enacted by the Parliament of the Democratic Socialist Republic of Sri Lanka as follows :—

1. This Act may be cited as the Protection of the Rights of Elders Act, No. 9 of 2000 and shall come into operation on such date as the Minister may appoint by Order published in the Gazette (hereinafter referred to as the "appointed date").

Short title and
date of operation.

PART I

**ESTABLISHMENT OF THE NATIONAL COUNCIL
FOR ELDERS**

2. (1) There shall be established a Council called the National Council for Elders (hereinafter referred to as the "Council")

Establishment of
the National
Council for
Elders.

(2) The Council shall, by the name assigned to it by subsection (1), be a body corporate with perpetual succession and a common seal and may sue and be sued in such name.

3. (1) The Council shall consist of the following members :—

Constitution of the
Council.

- (a) the Secretary of the Ministry of the Minister in charge of the subject of Social Services who shall be the Chairman of the Council ;
- (b) the Additional Secretary of the Ministry of the Minister in charge of the subject of Social Services who shall be the Vice Chairman of the Council ;
- (c) the Director of the Department of Social Services who shall be the Secretary of the Council ;

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(d) three members appointed by the President in consultation with the Minister to represent elders in Sri Lanka;

(e) five members appointed by the President in consultation with the Minister to represent voluntary organisations, that are engaged in providing services to elders and are registered under this Act;

(f) four other members appointed by the President in consultation with the Minister, by name or office, from among professionals, members of corporate bodies and public officers.

(2) (a) a member appointed under paragraphs (d), (e) or (f) of subsection (1) is hereinafter referred to as an "appointed member".

(b) a member appointed under paragraph (e) of subsection (1) shall also be appointed as a Vice Chairman of the Council, by the President, in addition to the *ex-officio* Vice Chairman appointed under paragraph (b) of subsection (1).

4. Every appointed member shall, unless he vacates office earlier by death, resignation or removal, hold office for a period of three years from the date of his appointment and shall unless he has been removed from office, be eligible for re-appointment.

Term of Office of appointed members.

5. (1) The President may, in consultation with the Minister for reasons assigned remove any appointed member from office.

Removal and resignation of appointed members.

(2) In the event of any vacancy of office by death, resignation or removal, of any appointed member, the President may, in consultation with the Minister, and having regard to the provisions of section 3, appoint any other person to succeed such member. Any member so appointed shall hold office for the unexpired period of office of the member whom he succeeds.

(3) Any appointed member may at any time resign from office by letter to that effect addressed to the President.

(4) (a) Where an appointed member, by reason of illness, infirmity or absence from Sri Lanka for a period of not less than six months, is temporarily unable to perform the duties of his office, it shall be the duty of such member to inform the President in writing of such inability. Thereupon, the President may, in consultation with the Minister, and having regard to the provisions of section 3, appoint some other person to act in his place.

(b) Any appointed member who has failed to attend three consecutive meetings without prior notice shall be considered to have vacated membership of the Council unless he is re-appointed.

6. The members of the Council may be paid such allowances, as the Minister may determine in consultation with the Minister in charge of the subject of Finance.

Remuneration of members.

7. (1) The Chairman shall preside at all meetings of the Council at which he is present. In the absence of the Chairman from any meeting one of the Vice Chairmen shall preside at such meeting. Where the Chairman and both Vice Chairmen are absent from any meeting of the Council, the members present at such meeting shall choose from among themselves another member to preside at that meeting.

The Chairman and the conduct of business.

(2) The quorum for any meeting of the Council shall be eight members.

(3) The Council shall meet as often as is necessary, and in any case at least once in each month, at such time and place as the Council may determine, and may, subject to the other provisions of this Act and any regulation made thereunder, regulate the procedure in regard to its meetings and the transaction of business at such meetings.

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Acts not invalidated by reason of a vacancy.	8. No act, decision or proceeding of the Council shall be deemed to be invalid by reason only of the existence of any vacancy in the Council or any defect in the appointment of any member thereof.	13. Without prejudice to the generality of the provisions of section 12, the other functions of the Council shall be as follows :—
Delegation of powers to members.	9. The Council may delegate to any member of the Council, or a provincial Director of Social Services any power, duty or function conferred or imposed on, or assigned to, the Council by this Act, and in the exercise, performance or discharge of such power, duty or function such member or Director shall be subject to the general or special directions of the Council.	(a) to advise the Government on the promotion of the welfare and the rights of elders;
Establishment of a National Secretariat.	10. There shall be established a National Secretariat to assist the Council in the discharge of its functions.	(b) to recommend programmes to the Government and the other appropriate bodies, to strengthen the family unit based on the traditional values of Sri Lanka ;
Seal of the Council.	11. (1) The seal of the Council may be determined and devised by the Council, and may be altered in such manner as may be determined by the Council.	(c) to take all such measures as are necessary, in consultation with the relevant Ministries, Provincial Authorities, Local Authorities, Districts and Divisional Secretariats, religious institutions, Non Governmental Organisations and private sector organizations, to promote and protect the welfare and rights of elders ;
	(2) The seal of the Council shall be in the custody of such person as the Council may decide from time to time.	(d) to organise lectures, seminars, workshops and other programmes in schools and other appropriate places with a view to inculcating, in the younger generation, their duties to elders ;
	(3) The seal of the Council shall not be affixed to any instrument or document except with the sanction of the Council and in the presence of the Chairman and one member of the Council who shall sign the instrument or document in token of their presence.	(e) to ensure the adoption of, and compliance with, the relevant international declarations and conventions relating to elders, by the Government of Sri Lanka ;
	(4) The Council shall maintain a register of the instruments and documents to which the seal of the Council has been affixed.	(f) to maintain accurate and up to date statistics relating to elders ;
Principal function of the Council.	12. The principal function of the Council shall be the promotion and protection of the welfare and the rights of elders in Sri Lanka and to assist elders to live with self respect, independence and dignity.	(g) to promote studies and research with a view to identifying the principal causes of the problems of elders and their needs and aspirations and to promote effective measures for the alleviation or elimination of such causes and for the satisfaction of such needs and aspirations ; (h) to provide due publicity through all appropriate means to the findings of the studies and research referred to in paragraph (g), in order to make the public aware of the problems, needs and aspirations of elders ;

Other functions of the Council.

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- (i) to encourage the establishment of welfare centres, recreation centres, day care centres and other appropriate institutions with accommodation for destitute elders and to provide the necessary facilities to such centres and institutions ;
- (j) to monitor and coordinate programmes and schemes initiated and implemented by the Government, voluntary Organizations and bodies of persons, for the upliftment of the status of elders ;
- (k) to introduce and implement a health insurance benefit scheme for elders ;
- (l) to provide information in respect of services available for elders ;
- (m) to maintain a directory of paid and unpaid job opportunities available to elders, for the reference of elders and to assist elders wherever possible to be gainfully employed ;
- (n) to maintain a directory of elders according to their talents and expertise for the reference of the public ;
- (o) to facilitate elders to obtain necessary legal advice and assist elders to seek redress under section 25 of this Act ;
- (p) to introduce various programmes with a view to preparing the younger generation to confront old age with confidence and courage ; and to initiate appropriate Social Security Schemes and encourage the younger generation to subscribe to such schemes.

Powers of the Council.

14. The Council may exercise all such powers as may be necessary for the discharge of its functions, including the power—

- (a) to acquire, hold, take or give on lease or hire, mortgage, pledge or sell or otherwise dispose of, any movable or immovable property ;

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- (b) to construct buildings on any land conveyed to, or acquired by, the Council ;
- (c) to enter into and perform directly or through any officer or agent authorized in that behalf, all such contracts as may be necessary for the discharge of the functions and the exercise of the powers of the Council ;
- (d) to open and maintain current, savings or deposit accounts in any bank or banks ;
- (e) to borrow such sums of money as may be necessary for the purpose of discharging the functions of the Council ;
- (f) to accept and receive, grants, donations and bequests both movable and immovable, from sources in Sri Lanka and abroad and apply them for the discharge of its functions ;
- (g) to make rules in respect of the management of the affairs of the Council ;
- (h) generally, to do all such other acts and things as are necessary to facilitate the proper discharge of the functions of the Council.

PART II

PROTECTION OF THE RIGHTS OF ELDERS

Provision for the protection of rights of Elders.

15. (1) Children shall not neglect their parents wilfully and it shall be the duty and the responsibility of children to provide care for, and to look into the needs of, their parents.

(2) The State shall provide appropriate residential facilities, to destitute elders who are without children or are abandoned by their children.

(3) No elder shall, on account of his age, be subject to any liability, restriction or condition with regard to access to, or use of, any building or place or institution which any other person has access to or is entitled to use, whether on payment of any fee or not.

PART III

REGISTRATION

Registration with the Council.

16. Any person or organisation voluntary or otherwise, that is engaged in providing services or assistance in any form or manner to elders either directly or through any institution or other body or organisation may register under this Act. In this section "Organisation" does not include a Ministry or a Department of the Government.

Application for registration.

17. Every application for registration under this Act shall be made to the Secretary of the Council in the prescribed form and in the prescribed manner.

Registration.

18. (1) On receipt of an application under section 17, the Council may, after making necessary inquiries and investigations with regard to the services and assistance provided by the person or organisation making the application, register such person or organisation under this Act and issue a certificate of registration, to that effect.

(2) A person or organisation registered under subsection (1) shall hereinafter in this Act be referred to as "approved person" or "approved organisation", as the case may be.

(3) The Council may by an order made in that behalf refuse the application for registration of any person or organisation where the Council is satisfied that the services and assistance provided by such person or organisations is not of the required standard and such order shall contain the reasons for such refusal.

(4) A certified copy of the order referred to in subsection (3) shall be sent to the applicant by the Council within one week of such refusal.

(5) An applicant aggrieved by an order referred to in subsection (3), may within thirty days of the issue of such order prefer an appeal to the Minister in charge of the subject of Social Services, against such order.

PART IV

FINANCE

The Fund of the Council.

19. (1) There shall be established a Fund to be called the National Fund for the Welfare of Elders (hereinafter referred to as the "Fund")

(2) There shall be paid into the Fund—

(a) all such sums of money as may be voted from time to time by Parliament ;

(b) all such sums of money as may be received by the Council by way of donations, or bequests, aid or grants from any source whatsoever, whether in Sri Lanka or abroad ;

(c) all such sums of money as may be received by the Council by way of proceeds from the sale of any movable or immovable property of the Council ;

(3) There shall be paid out of the Fund—

(a) all such sums of money as are required to defray any expenditure incurred by the Council, in the exercise, performance and discharge of its powers, duties and functions under this Act ;

(b) all such sums of money as are authorised by the Council to make any *ex gratia* payment to any individual or organization in recognition of any

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exceptional or outstanding contribution made by such individual or organization towards the upliftment or improvement of the status of elders

(c) all such sums of money as are required to be paid out of such fund, by or under this Act.

Audit and Accounts

20. (1) The Council shall cause proper accounts to be kept of the income and expenditure, assets and liabilities and all other transactions of the Council.

(2) The financial year of the Council shall be the calendar year.

(3) The provisions of Article 154 of the Constitution shall apply to the audit of the accounts of the Council.

Investment of moneys of the Council

21. Any sum of money belonging to the Council may be invested by the Council in such manner as the Council may determine.

PART V

STAFF OF THE COUNCIL

Staff of the Council

22. (1) The Council may appoint such officers and servants as the Council may deem necessary for the proper and efficient discharge of its functions.

(2) Subject to the other provisions of this Act, the Council may—

- (a) exercise disciplinary control over or dismiss, any officer or servant of the Council ;
- (b) fix the wages or salaries or other remuneration of such officers and servants ;
- (c) determine the terms and conditions of service of such officers and servants ; and

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(d) establish and regulate a provident fund and any other welfare scheme for the benefit of the officers and servants of the Council and may make contributions to any such fund or scheme.

Appointment of public officers to the staff of the Council.

23. (1) At the request of the Council, any officer in the public service may, with the consent of that officer and the Secretary to the Ministry under which that officer is employed and the Secretary to the Ministry of the Minister in charge of the subject of Public Administration be temporarily appointed to the staff of the Council for such period as may be determined by the Council with like consent, or with like consent be permanently appointed to such staff.

(2) Where any officer in the public service is temporarily appointed to the staff of the Council, the provisions of subsection (2) of section 14 of the National Transport Commission Act, No. 37 of 1991, shall, *mutatis mutandis*, apply to, and in relation to, such officer.

(3) Where any officer in the public service is permanently appointed to the staff of the Council, the provisions of subsection (3) of section 14 of the National Transport Commission Act, No. 37 of 1991, shall *mutatis mutandis*, apply to, and in relation to, such officer.

(4) Where the Council employs any person who has entered into any contract with the Government by which he has agreed to serve the Government for a specified period, any period of service to the Council by that person shall be regarded as service to the Government for the purpose of discharging his obligations under such contract.

PART VI

APPOINTMENT OF THE BOARD

Board for determination of claims for maintenance by elders.

24. (1) There shall be appointed for the purpose of this Act, one or more Boards for the determination of the claims for maintenance by elders (a Board appointed under this section hereinafter referred to as "the Board").

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(2) The provisions of the Schedule to this Act shall apply to the powers of the Board, the procedure to be observed at meetings of the Board, the remuneration payable to members of the Board, determinations of the Board and appeals from such determinations.

Applications for
maintenance
orders.

25. (1) An elder who has a child or children and who is unable to maintain himself (in this section referred to as "the Parent") may apply to the Board for an order that one or more of his children pay him a monthly allowance or any other periodical payment or a lump sum, for his maintenance.

(2) An approved-person or organisation in whose care a parent who is unable to maintain himself resides may apply to the Board for an order that one or more of the children of such parent, pay the approved-person or organisation a monthly allowance or any other periodical payment or a lump sum for the purpose of defraying the costs and expenses of maintaining the parent.

(3) For the purposes of this section, a parent is deemed to be unable to maintain himself if his total or expected income and other financial resources are inadequate to provide him with basic amenities and for meeting his basic physical needs including (but not limited to) shelter, food and clothing.

(4) The provisions of this Act shall apply to a person who has a child or children but is not an elder within the meaning of this Act if the Board is satisfied that he is suffering from such infirmity of mind or body as prevents him from, or is affecting him in, maintaining himself.

Joinder of
respondents.

26. A person against whom a maintenance order is sought (hereinafter referred to as "the Respondent") may serve notice in the prescribed form on other persons liable to maintain the applicant joining them as respondents to the application.

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Maintenance
orders.

27. (1) The Board may, on an application made to it under section 25, make a maintenance order for the benefit of the applicant, if it considers that it is just and equitable that the respondent should maintain the applicant and that—

- (a) the respondent is able to provide maintenance to the applicant, after meeting his own requirements and those of his spouse and children ; and
- (b) the applicant is unable, despite efforts on his part, to maintain himself.

(2) When ordering maintenance for the benefit of the applicant, the Board shall have regard to all the circumstances of the case including (but not limited to) the following matters :—

- (a) the financial needs of the applicant, taking into account reasonable expenses necessary to ensure the provision of basic amenities and the fulfilment of his basic physical needs ;
- (b) the income earning capacity, property and other financial resources of the applicant and the manner in which the applicant has spent his savings or dissipated his financial resources ;
- (c) any physical or mental disability of the applicant ;
- (d) the income, earning capacity, property and other financial resources of the respondent ;
- (e) the expenses incurred by the respondent in supporting his spouse or children ;
- (f) the contributions and provisions, whether financial or otherwise, which the respondent has made for the maintenance of the applicant.

(3) If the Board is satisfied that the applicant has at any time prior to the application abandoned or neglected the respondent, it may reduce the quantum of maintenance ordered.

(4) The onus of proving the alleged abandonment, or neglect shall be on the respondent alleging it.

(5) Where there is more than one respondent, the Board may apportion the maintenance among the several respondents in such manner as may appear to the Board to be just and equitable.

(6) The Board shall, before hearing an application under this Act refer the differences between the parties to a conciliation officer for mediation between the parties.

28. (1) A maintenance order may provide for the payment of a lump sum, or a monthly allowance or periodical payment for such period as the Board may determine.

(2) The Board may, in awarding maintenance, order the applicant to—

- (a) deposit such minimum sum as the Board may determine with a bank ; or
- (b) purchase an annuity with an insurer with such minimum sum.

(3) The Board may, in making an order for maintenance, give directions as to the manner or method of payment.

29. (1) Except where an order for maintenance is expressed to be for any shorter period or where any such order has been rescinded, a maintenance order shall expire—

- (a) if the maintenance was unsecured, on the death of the applicant or the respondent, whichever is the earlier ;
- (b) if the maintenance was secured, on the death of the applicant.

(2) Where a maintenance order was made against more than one respondent, the death of a respondent shall not affect the liability of the other respondents the pay maintenance to the applicant.

Power of Board to order security for maintenance.

Duration of orders for maintenance.

(3) The applicant may apply to the Board to re-apportion the liability among the surviving respondents on the death of a respondent.

Power of Board to vary orders for maintenance.

30. (1) The Board may vary or rescind any subsisting order for maintenance, whether secured or unsecured, where it is satisfied that the order was based on any misrepresentation or mistake of fact or where there has been any material change in the circumstances of the applicant or respondents or where another person is joined as a respondent.

(2) An application for variation of a maintenance order may be made by—

- (a) the applicant ;
- (b) a respondent ;
- (c) an approved person or organisation referred to in section 25(2) ; or
- (d) in respect of secured maintenance, the legal personal representatives of a respondent.

(3) Where a maintenance order was made against more than one respondent or where another respondent is joined, the Board upon an application to vary the maintenance order, may reapportion the maintenance in such manner as it considers just and equitable in the circumstances.

Maintenance payable under order of Board to be inalienable.

31. Maintenance payable to any person under this Act shall not be assignable or transferable or liable to be attached, sequestered or levied upon for, or in respect of, any debt or claim whatsoever.

Enforcement of maintenance orders.

32. Maintenance orders made under this Act shall be deemed for the purposes of enforcement, to be orders made by a Magistrate under the Maintenance Ordinance and may be enforced by the Magistrate having jurisdiction over the place where the applicant for whose benefit the maintenance order is made, resides, in the same manner as maintenance order made under that Ordinance.

Offence of contempt against or in disrespect of the authority of the Board or a member thereof.

33. (1) Where any person—

- (a) without sufficient reason publishes any statement or does any other act that brings the Board, or any member thereof into disrepute during the progress or after the conclusion of any inquiry conducted by the Board ;
- (b) interferes with the lawful process of such Board,
- (c) fails without cause, which in the opinion of the Board is reasonable, to appear before the Board at the time and place mentioned in the summons ; or
- (d) fails without cause, which in the opinion of the Board is reasonable, to answer any question put to him or to produce any document, relevant to the inquiry being made by the Board,

such person shall be deemed to commit the offence of contempt against or in disrespect of the authority of the Board.

(2) Every offence of contempt committed against or in disrespect of the authority of the Board shall be punishable by the Court of Appeal as though it were an offence of contempt committed against or in disrespect of the Court of Appeal.

(3) Every complaint of a contempt committed against or in disrespect of the authority of the Board shall be communicated to the President of the Court of Appeal by letter signed by the Chairman of the Board.

(4) The President of the Court of Appeal may, upon his receiving a communication under subsection (3), issue a rule nisi for contempt of court on the person named in that communication as having committed the offence or contempt referred to in that communication.

(5) A person on whom a rule nisi is issued under subsection (4) shall be liable to be punished unless he shows cause to the satisfaction of the Court of Appeal.

(6) In any proceedings against any person for the offence of contempt committed against or in disrespect of the authority of the Board or member thereof, no member of such Board shall be liable to be summoned as a witness by the first mentioned person, but the Court of Appeal may, if it considers it necessary to do so, examine such member.

PART VII

MISCELLANEOUS

34. (1) The Minister may make regulations in respect of any matter required by this Act to be prescribed or in respect of which regulations are required or authorized by this Act to be made.

Regulations.

(2) Every regulation made by the Minister shall be published in the Gazette and shall come into operation on the date of publication or on such later date as may be specified therein.

(3) Every regulation made by the Minister, shall as soon as convenient after its publication in the Gazette, be brought before Parliament for approval. Every regulation which is not so approved shall be deemed to be rescinded as from the date of disapproval but without prejudice to anything previously done thereunder.

(4) The notification of the date on which any regulation is deemed to be so rescinded shall be published in the Gazette.

Power of Council to make rules.

35. (1) The Council may make such rules as it may consider necessary in relation to any matter affecting or connected with, or incidental to, the exercise, discharge and performance of its powers, functions and duties.

(2) Every rule made by the Council shall be approved by the Minister and notification of such approval shall be published in the Gazette

Powers of Council to inspect and search.

- 36.** Any officer authorized by the Council may –
- (a) enter and inspect the premises of any approved person or any voluntary organisation engaged in providing services or assistance to elders ;
 - (b) enter and inspect any premises on which he has reasonable grounds to believe that a person or voluntary organization not registered under this Act is providing services or assistance to elders ;
 - (c) examine any book, register or record maintained by such person or organization and make extracts or copies therefrom ;
 - (d) interrogate any person in any such premises, for the purpose of ascertaining whether the provisions of this Act are being complied with.

Council deemed to be a scheduled institution within the meaning of the Bribery Act.

- 37.** The Council shall be deemed to be a scheduled institution within the meaning of the Bribery Act, and the provisions of that Act shall be construed accordingly.

Protection of members and officers of the Council for action taken under this Act or on the direction of the Council.

- 38.** (1) No suit or prosecution shall lie against any member of the Council or any officer or servant thereof, for any act which in good faith is done by him under this Act or on the direction of the Council.
- (2) Any expense incurred by the Council in any suit or prosecution brought by or against the Council before any court shall be paid out of the Fund, and any costs paid to, or recovered by, the Council in any such suit or prosecution shall be credited to the Fund.

- (3) Any expense incurred by any such person as is referred to in subsection (1) in any suit or prosecution brought against him before any court, in respect of any act which is done or purported to be done by him under this Act or on the direction of the Council, shall, if the court holds that the act was done in good faith, be paid by the Council, unless such expense is recovered by him in such suit or prosecution.

No writ to issue against person or property of a member.

- 39.** No writ against person or property shall be issued against a member of the Council in any action brought against the Council.

Returns.

- 40.** The Council may for the purpose of discharging its functions under this Act, require any person to furnish to the Council, such returns or information in respect of such matters and in such form as may be determined by the Council.

Offences.

- 41.** Any person who –
- (a) fails to furnish any return or information in compliance with any requirement imposed on him under this Act ;
 - (b) knowingly makes any false statement in any return or information furnished by him ;
 - (c) willfully omits any matter in any return or information furnished by him ;
 - (d) resists or obstructs any authorized officer in the exercise by such officer of any power conferred on him by or under section 36 of this Act ;
 - (e) fails to comply with a maintenance order made by the Board or any direction given by such Board ;
 - (f) contravenes any provision of this Act or any regulation or rule made thereunder,

shall be guilty of an offence under this Act and shall on conviction after summary trial before a Magistrate be liable to a fine not exceeding one hundred thousand rupees or to imprisonment for a term not exceeding one year or to both such fine and imprisonment.

Offences by bodies of persons.

- 42.** In the case of any offence under this Act committed by a body of persons, then –

(a) where such body of persons is a body corporate, every director, secretary and officer of that body corporate shall each be deemed to be guilty of that offence ;

(b) where that body of persons is a firm, every partner of that firm shall be deemed to be guilty of that offence ;

Provided that, no such person shall be deemed to be guilty of an offence under this Act. If he proves that the offence was committed without his knowledge or that he exercised all diligence to prevent the commission of the offence.

Sinhala text to prevail in case of inconsistency.

43. In the event of any inconsistency between the Sinhala and Tamil texts of this Act, the Sinhala text shall prevail.

Interpretation.

44. In this Act, unless the context otherwise requires –

‘child’ includes an illegitimate or adopted child and a step child ;

“elder” means any person who has passed the age of sixty years ;

“local authority” means a Municipal Council, Urban Council, Pradeshiya Sabha and includes any authority created or established by or under any written law to exercise, perform and discharge, powers, duties and functions corresponding to or similar to the powers, duties and functions, exercised, performed and discharged by any such Council or Sabha. ;

“prescribed” means prescribed by regulation made under this Act ;

“Provincial Council” means a Provincial Council established under Chapter XVII A of the Constitution.

SCHEDULE [section 24 (2)]

1. The Board shall consist of five members, one of whom shall be appointed as Chairman of the Board.

2. Every member of the Board shall, unless he earlier vacates office, hold office for a period of three years.

3. There shall be appointed a Secretary to the Board and such other officers and servants (including conciliation officers) as may be necessary for the purpose of enabling the Board to discharge its functions.

4. Every application made to the Board shall be considered and determined at a meeting of the Board.

5. The quorum for a meeting of the Board shall be three.

6. The Chairman of the Board appointed under paragraph (1) shall, if present at a meeting of the Board, preside thereat. If the Chairman of the Board is absent from a meeting of the Board, the members present shall elect a Chairman for that meeting, from among themselves.

7. (a) A determination made at a meeting of the Board on any application considered at such meeting shall be deemed to be the determination of the Board on that application.

(b) Where the members of the Board disagree as to its determination on an application, the determination of the majority of such members shall be the determination of the Board on such application and where the members of the Board are equally divided in their determination, the determination supported by the Chairman of the meeting shall be deemed to be the determination of the Board on that application.

8. The Chairman of the Board, and if the Chairman is not presiding at a meeting of the Board, the Chairman of that meeting, shall, for the purposes of determining an application made to the Board, have all the powers of the District Court –

(a) to summon and compel the attendance of witnesses ;

(b) to compel the production of documents ;

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- (c) to administer, any oath or affirmation to witnesses ;
- (d) to summon any person to appear before a conciliation officer for the purposes of mediation.
- (e) to exclude the public from any inquiry held pursuant to an application.

9. (a) Before hearing an application made to it, the Board shall refer the matter to a Conciliation Officer for mediation.

(b) It shall be the duty of the Conciliation Officer to whom a matter is referred under paragraph (a), to endeavour to resolve the differences between the parties and to assist them to reach an amicable settlement.

(c) Where the parties reach on amicable settlement, the Board shall give effect to such settlement by an order made under section 27.

10. No act or proceeding of the Board shall be deemed to be invalid by reason of any vacancy in the Board or any defect in the appointment of any member thereof.

11. The members of the Board shall be paid such remuneration as may be determined by the Minister with the concurrence of the Minister in charge of the subject of Finance.

12. (a) Every summons shall be under the hand of the Chairman of the Board.

(b) any summons may be served by delivering it to the person named therein, or where that is not practicable, by leaving it at the last known place of abode of that person, or by registered post.

(c) Every person to whom a summons is served shall attend before the Board at the time and place mentioned therein and shall answer the questions put to him by the Board or produce such documents or other things as are required of him and are in his possession or power, according to the tenor of the summons.

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(d) Any summons sent by registered post to any person in accordance with subparagraph (a) shall be deemed to be duly served on the person to whom the letter is addressed at the time when the letter would in the ordinary course of post be delivered and in proving service of summons it shall be sufficient to prove that the envelope containing the summons was properly addressed, stamped and posted by registered post.

13. (1) A person who gives evidence before the Board shall in respect of such evidence, be entitled to all the privileges to which a witness giving evidence before a court of law is entitled in respect of evidence given by him before such court.

(2) No person shall in respect of any evidence written or oral, given by that person to, or before the Board be liable to any action, prosecution or other proceeding, civil or criminal, in any court.

(3) Subject as hereinafter provided, no evidence of any statement made or given by any person to, or before, the Board, shall be admissible against that person in any action, prosecution or other proceeding, civil or criminal in any court :

Provided that, nothing in the preceding provisions of this subsection shall –

(a) affect or be deemed or construed to affect, any prosecution or penalty for any offence under Chapter XI of the Penal Code read with paragraph 14.

(b) prohibit, or be deemed or construed to prohibit the publication or disclosure of the name, or of the evidence or any part of the evidence of any witness who gives evidence before the Board for the purposes of the prosecution of that witness for any offence under Chapter XI of the Penal Code.

14. (a) The members of the Board and the Secretary and officers and servants appointed to assist the Board shall be deemed to be public servants within the meaning of the Penal Code and every inquiry held by the Board pursuant to an application made to it shall be deemed to be a judicial proceeding within the meaning of that Code.

24 *Protection of the Rights of Elders Act, No. 9 of 2000*

(b) Where the party who makes an application to the Board or any other party to whom to the application relates is dissatisfied with the determination of the Board on such application, such party may by written petition to which the other party is mentioned as the respondent, appeal to the Court of Appeal from that determination, on a question of law.

(c) Every such petition of appeal shall be filed in the Court of Appeal within a period of twenty one days of the date of the determination to which appeal relates.

(d) The provisions of Chapter XXVIII of the Code of Criminal Procedure Act, No. 15 of 1979, relating to appeals from Magistrate's Courts to the Court of Appeal shall, *mutatis mutandis*, apply in regard to all matters connected with the hearing and disposal of appeals made under this paragraph.

*Protection of the Rights of Elders
(Amendment) Act, No. 5 of 2011*

[Certified on 23rd of February, 2011]

L.D.—O. 23/2007.

AN ACT TO AMEND THE PROTECTION OF THE RIGHTS OF ELDERS
ACT, No. 9 of 2000

BE it therefore enacted by the Parliament of the Democratic
Socialist Republic of Sri Lanka as follows:—

1. This Act may be cited as the Protection of the Rights
of Elders (Amendment) Act, No. 5 of 2011 .

Short title.

2. The Protection of the Rights of Elders Act, No. 9 of
2000 (hereinafter referred to as the “principal enactment”) is
hereby amended by the insertion of the following Preamble
immediately after the Long Title to such enactment:—

Insertion of
Preamble to the
Protection of the
Rights of Elders
Act, No. 9 of
2000.

“WHEREAS the Directive Principles of the State Policy
enshrined in the Constitution recognize the duty of
the State to assist in the full realization of the
fundamental rights and freedoms of all people; to
promote the welfare of the people by securing a social
order governed by justice; to recognize and assist in
the realization of adequate standards of living for the
people and to raise the moral and cultural standards of
the people and to thereby ensure the full development
of the human personality:

AND WHEREAS the state has recognized elders as a
group of persons who need to be cared for and
protected by the State, by treating them with dignity
and respect:

AND WHEREAS Sri Lanka has adopted and ratified
the United Nations Resolution No. 46/91 of December
16, 1991, which appreciates the contribution made by
elders to society and is mindful that the State must
provide the necessary infrastructure to assist elders

CM 013811—3,000 (2011/12)



**PARLIAMENT OF THE DEMOCRATIC
SOCIALIST REPUBLIC OF
SRI LANKA**

**PROTECTION OF THE RIGHTS OF ELDERS
(AMENDMENT) ACT, No. 5 OF 2011**

[Certified on 23rd February, 2011]

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(Amendment) Act, No. 5 of 2011

who are advancing in years to live a life which is socially, economically, physically and spiritually fulfilling.”

Amendment of
section 3 of the
principal
enactment.

3. Section 3 of the principal enactment is hereby amended as follows:—

- (1) by the repeal of paragraph (c) of subsection (1) of that section and the substitution therefor of the following paragraph:—

“(c) The Director, Department of Social Services;”

- (2) in paragraph (b) of subsection (2) of that section by the substitution for the words “be appointed as a Vice Chairman of the Council.” of the words “be appointed as a full time Vice Chairman of the Council”;

- (3) by the insertion immediately after subsection (2) of that section of the following new subsection:—

“(3) The Director, National Secretariat for Elders shall be the Secretary to the Council.”

Amendment of
section 14 of the
principal
enactment.

4. Section 14 of the principal enactment is hereby amended —

- (1) by the insertion immediately after paragraph (g) of that section of the following paragraphs:—

“(h) to issue an Elders’ Identity Card to every elder in order to facilitate the receipt by elders of the benefits and concessions available to elders in both public and private sector services;

- (i) to establish an Elders Committees in every Grama Niladhari Division, Divisional

Protection of the Rights of Elders
(Amendment) Act, No. 5 of 2011 3

Secretarial’s Divisions, Administrative District and Provincial Council area;

- (j) to appoint Conciliation Officers conversant with the problems of elders to assist them in settling such problems;

- (k) to disseminate knowledge of gerontology and geriatric medicine among persons involved in providing care for elders; ”and

- (2) by the re-lettering of paragraph (h) as paragraph (l).

5. Section 15 of the principal enactment is hereby amended by the repeal of subsection (3) of that section and the substitution therefor of the following:—

Amendment of
section 15 of the
principal
enactment.

“(3) (a) No person shall on account of age, subject any elder, to any liability, restriction or condition with regard to access to or use of, any building or place or institution whether such access is on the basis of payment of any fee or otherwise and where no such liability, restriction or condition is placed on any other person.

(b) No person shall on account of age, deny any elder, the use or enjoyment of any facility, benefit, advantage or service, the provisions of which is on the basis of payment of any fee or otherwise and where such facility, benefit, advantage or service is used or enjoyed by or extended to other persons.”.

Replacement of
section 16 of the
principal
enactment.

6. Section 16 of the principal enactment is hereby repealed and the following section substituted therefor:—

“Registration with the Council. 16. (1) Every person or organization whether voluntary or otherwise, engaged in the establishment and maintenance of any institution intended for providing residential

care for elders, shall if such institution has more than five elders residing therein, register such institution in accordance with the provisions of this Act.

(2) Any person or organization who fails to comply with the provisions of subsection (1) shall be guilty of an offence under this Act.”.

7. Section 18 of the principal enactment is hereby amended by the insertion immediately after subsection (2) thereof of the following new subsection:—

“(2A) The Council may require any person or organization referred to in section 16 to furnish to the Council any document or report which the Council may determine as necessary.”.

Amendment of section 18 of the principal enactment.

8. Section 24 of the principal enactment is hereby amended in subsection (1) thereof by the substitution for the words “There shall be appointed for the purpose of this Act” of the words “The Judicial Service Commission shall appoint persons of eminence and integrity who have knowledge and experience in the field of law, management, human rights, social service, medicine or counseling to be members of”.

Amendment of section 24 of the principal enactment.

9. The following new section is hereby inserted immediately after section 24 of the principal enactment and shall have effect as section 24A of that enactment:—

“Conciliation Officers. 24A. (1) A Conciliation Officer appointed by the Council shall mediate any maintenance claim referred to him by the Board.

(2) Where a settlement cannot be reached in respect of any claim referred to the Conciliation Officer, he shall refer such matter to the Board.

(3) The Council shall determine the qualifications and the criteria to be followed in the selection of a Conciliation Officer.”.

10. Section 28 of the principal enactment is hereby amended as follows:—

Amendment of section 28 of the principal enactment.

(1) by the repeal of subsection (2) thereof and the substitution of the following subsections:—

“(2) The Board may in awarding maintenance, order the respondent to—

(a) deposit with such bank as may be specified such minimum sum as the Board may determine; or

(b) purchase an annuity with an insurer of the value of such minimum sum.

(3) Where the respondent fails to comply with the provisions of subsection (2), the Board may request the employer of the respondent to deduct from the salary, the sum due to be paid by the respondent to the applicant and remit such sum to the credit of the applicant.”.

(2) by the re-numbering of subsection (3) as subsection (4).

11. In the event of any inconsistency between the Sinhala and Tamil texts of this Act, the Sinhala text shall prevail.

Sinhala text to prevail in case of inconsistency.

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