Cover Story

Sri Lankan 'silver-aged' population

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Similar to many developing countries worldwide, Sri Lanka defines elderly population as those who have completed sixty years of age and above. Sri Lankan elderly population currently represents 12.4% of the total population. Sri Lanka is one country in the world which has a rapidly ageing population. In 1953, the Sri Lankan elderly population was 5.4% and in 2003, it was 10.8% of the total population. From 1953 to 2003, within a period of 50 years, it has almost doubled in size. In 1981 and 2012, the elderly population was 6.6% and 12.4% of the total population, respectively. During 1981 to 2012, within a period of 31 years, the Sri Lankan elderly population has further doubled. It is estimated that one in four Sri Lankans will be elderly by the year 2041.

Declining fertility as well as mortality rates and increasing out-migration have become major causative factors for the increase in elderly population. Female life expectancy is higher than that of males in Sri Lanka, leading to an increasing elderly-widow population in the country. It is evident that one in every three older women is widowed. Census of Population and Housing 2012 shows that 5% of older males and 6% of older females have never been married. Further, elderly females have lower literacy rates than elderly males in all residence settings in the country. Geographical distribution of the elderly population varies from province to province and from district to district. The Western Province is residence for majority (31%) of the elderly population while Central Province has the second highest elderly population (3.8%).

It is reported that Colombo, Galle, Matara and Kegalle Districts have a high ageing index which reflects the rapidity of population ageing. In 2012, one in every four older persons was employed. When considering the gender distribution, more than 40% of the elderly males and 11% of the elderly females were employed in the country.

There are many health, social and economic implications identified with the increasing elderly population. Country needs to understand such implications and formulate short-term, medium-term and long-term strategies to face the challenges of increasing elderly population.

Demographic and Health Survey 2016 stated that non-communicable diseases are more prevalent among elderly. It is evident that 52.8% of males and 52.1% of females aged 60 years and above were suffering from heart disease, while 43.8% of the elderly males and 48.6% of the elderly females were suffering from diabetes in the society. Action has been already taken to prevent non-communicable diseases through life-course approach.

In 1981, there were 11 old-age dependents per 100 working age persons in Sri Lanka. In 2012, it has increased to 20 per 100 working age population. Evidence has clearly stated that the old-old group of elders (80 years and above) is more dependent than the young-old (60-69 years) and middle-old (70-79 years) groups of elders. According to the information based on Census of Population and Housing 2012, 60% of the old-old group of elderly had experienced at least one disability while 30% had experienced three or more number of physical disabilities. More than 1/3 of old-old group of elderly had vision, hearing and mobility difficulties.

The Sri Lankan community including young generations care for the elders and treat them with respect and dignity as a family practice tendered from generation to generation. Within this traditional Sri Lankan environment, younger generations have been nurtured to follow elders as their guardians. Children learn good practices, values and attitudes from their elders in the society. This system was very well-maintained during past decades but unfortunately globalization, rapid industrialization and educational desires and competition have created a wide gap between elderly and youth. Good attitudes, practices, customs and interests of younger generations have started to deteriorate in the society. Such deteriorations are additionally supported by international migration, the shifting of family system from extended to nuclear type, and advancement and availability of electronic equipment. Most of the present-day elders are kept away from their families, with social isolation among elderly becoming a public health problem.

There is a high demand for trained caregivers to provide care. Training of caregivers to look after elders at community level, providing long-term care facilities, promotion of infrastructure facilities at institutional care level, and advocacy and awareness on active ageing have been already initiated and are in progress successfully in the country. Yet, with the rapidly increasing elderly population, the availability of more services is needed faster.

Ageing is a natural phenomenon. Community needs to manage it in the most productive and desirable manner. An active healthy life during old age cannot be achieved in one instance or in one initiation. It is a process to be achieved throughout the life. Different stages in life have different roles and responsibilities to play in different settings towards a common goal to achieve an active healthy life during old age. Achieving active aged life has to be operated essentially with multi-sectoral involvement. More awareness is needed on the availability of free services for elders at community level to enhance their physical, mental social and economic wellbeing, focusing more towards improved quality of life. Elderly committees and elderly day-care centres at community provide an excellent environment for elders to promote their wellbeing. Within elders' committees, the elders are empowered to protect their rights and promotion of wellbeing. Activities are implemented to empower older people to be strengthened on self-determination.

Since the ancient era, legislative provisions were in order for the betterment of the elderly in the country. Protection of the Rights of Elders Act 9 of 2000, National Charter for Senior Citizens in 2006 and National Policy for Elders and Elderly Health Policy (2016) have been recently published in order to achieve quality care for elderly population in the country.

Life is a calculation,
 + (add) positive attitudes
 - (minus) negative feelings
 × (multiply) knowledge
 ÷ (divide) time
 = Balance life, to be active and healthy in old age
 Plan your old age!

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