Demographic, Social and Economic Factors Affecting Aging

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Sri Lanka is now considered a country with an aging population as the proportion of the elderly age group in the country is increasing (Table 1). Those who are 60 years of age or more are referred to as elderly persons based on the age of retirement in Sri Lanka (55-60 years for both public and private sectors).

The decreasing rates of fertility and mortality have led to an increasing proportion of elderly persons. Improvements in healthcare, family planning services, education, nutrition, sanitation, and economic well being have contributed to decreasing fertility and mortality. Compared to other South Asian countries, the proportion of elderly population is higher in Sri Lanka (World Population Prospects, 2004 Revision, United Nations).

Age and sex structure

Age and sex structure of the population (either in absolute numbers or proportions) when plotted graphically will produce an age pyramid. The base of the pyramid indicates the segment of the population in the youngest ages, while the top indicates the oldest ages. The proportion of the people in various ages of the structure, changes because of the continuous functioning of the population growth components, namely, mortality, fertility and migration.

The Sri Lankan population will undergo major changes in its age structure in the coming decades (De Silva 2007). The population pyramid in year 2001 shows that the proportion of children younger than 15 years (<15 yrs) of age was higher than the elderly population. (60+yrs). The proportion of working age population (15-59 yrs) was significantly higher than the proportion of the combined magnitude of children (< 15 yrs) and the elderly persons (60+ yrs). Thus the total dependency is shown to be at the lowest level in 2001. By the end of the present century, the pyramidal shape of the population structure would modify greatly and a high dependency pattern is expected with its largest component being in the older age groups. This is illustrated in Figure 1, for year 2001, 2026, 2051 and 2101.

Population by broad age groups

The future trends of the aging population can be analyzed by focusing on specific age groups, as analyzed by W.I de Silva (2007).

Child population (<15 years):

The proportion of the child population (< 15 yrs) is declining year by year. It has dropped from 39.0% in 1971 to 26.3% in 2001 and is expected to decline steadily thereafter.

Table 1 - Percentage Distribution of Population by Selected Age Groups, Sri Lanka 1971-2071

Year	Age groups			Total
	< 15 yrs	15-59 yrs	60+ yrs	
1971	39.0	54.7	6.3	100
1981	35.2	58.2	6.6	100
2001	26.3	64.5	9.2	100
2011*	22.8	64.7	12.5	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*	14.7	52.0	33.3	100

** projected proportions*

Source: Data from 1971-2001 are from the census Reports in the Dept. of Census and Statistics, data for 2011-2071 are from De Silva (2007)

Working age population (15 - 59 years):

In contrast to the child population, the working age population will continue to increase numerically until 2026, and show a decline thereafter. However, when viewed as a percentage, the highest was seen in 2006 which is expected to decline gradually.

Elderly population (60+ years):

The elderly population is expected to increase significantly, with the decrease of the under 15 population. The elderly population of

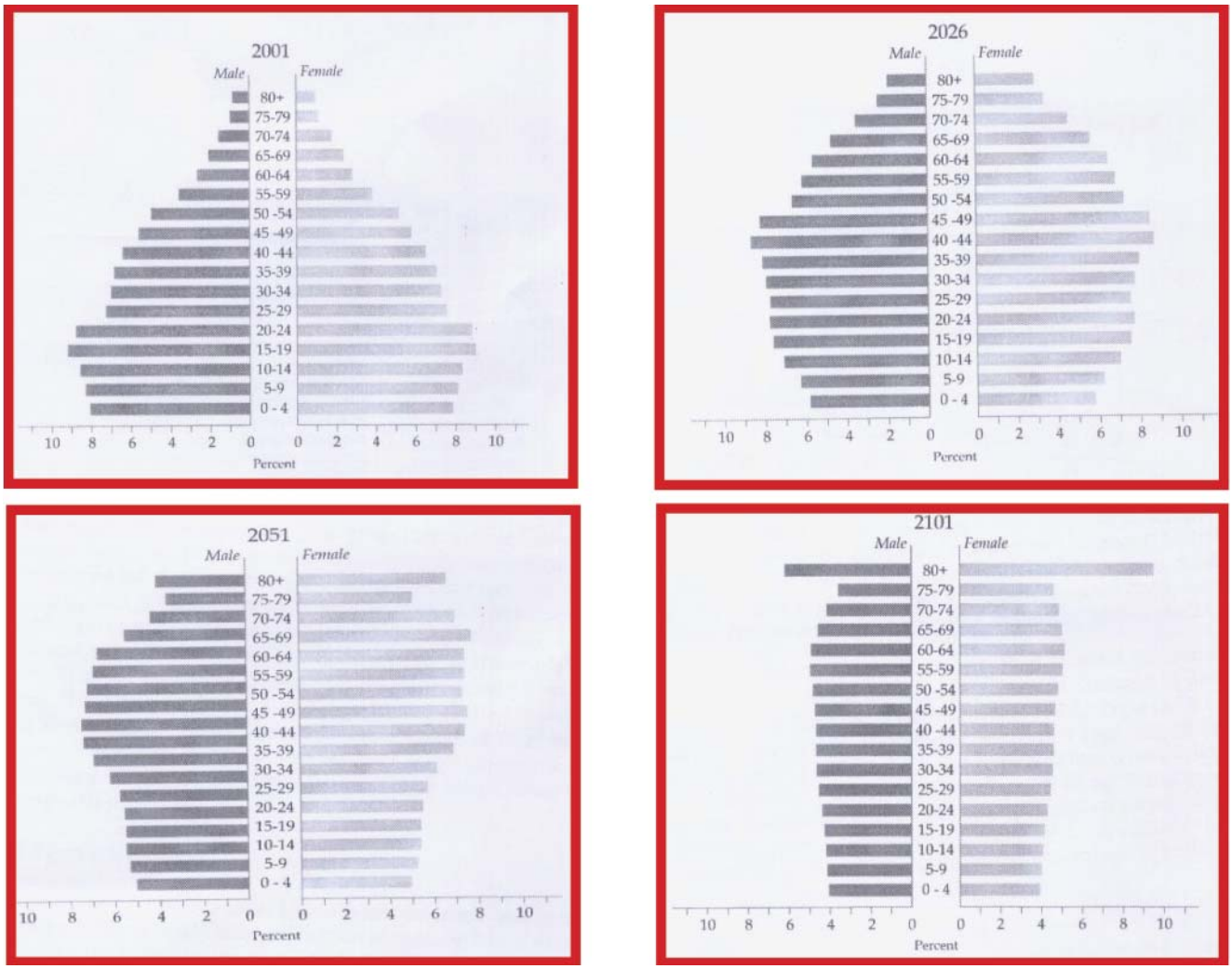

Fig 1: Projected Changes in Age-Sex Structure of the Population, 2001,2026, 2051 and 2101
Source - *De Silva, W.I, A Population Projection of Sri Lanka, (2007), Institute fro Health Policy, Sri Lanka*

1.7 million enumerated in 2001 is expected increase to 3.6 million by 2021. This means that this population will be doubled during the immediate 20 year period. Consequent to the declining trend in fertility and mortality in the coming years, particularly between 2031 and 2061 periods, there will be 4.5 million and 6.3 million respectively of elderly people. By 2041, one out of every four persons in Sri Lanka is expected to be an elderly person. Although aging of the Sri Lankan population continues, even at 2021 the proportion of elderly in the population will be outnumbered by the children. In the year 2024 the child percentage (< 15 yrs) and the elderly (60+ yrs) percentage in the Sri Lankan population would be in equilibrium at 18% (Fig 2). However beyond 2024 the percentage of elderly will increase significantly and the percentage difference between elderly and children will become wider in favour of the elderly.

Gender aspects

Among the older age groups the proportion of females would be significantly higher than that of males. In 2001, for every 100 females in Sri Lanka there were only 98 males. In the coming decades the female favoured sex ratio is expected to increase further primarily due to greater improvement in female than male life expectancy. For instance as the standard projection highlights, when the Sri Lankan population reaches its peak in 2031, the sex ratio would be 94.4 males per 100 females.

Median age of a population

In demographic studies, an increase in the mean or median age of the population is called the aging of the population. A rapid rise in the median age of the population is an important feature which reflects the aging pattern of the population and the future demographic trends in Sri Lanka. In 2001 the median

age was 27.9 years, which means that half the population was below that age. The median age is projected to rise to 39.6 years by 2031 because of the rapid decline fertility and mortality.

Demographic, social and economic implications of aging

While doubling of the proportion of the 60+ age group took place in developed countries over a span of 100 years, and when the same changes take place in Sri Lanka over a short period of 25 years, it will inevitably mean that the country will have much less time to prepare and adjust to the consequences of aging. This includes the impact of aging on the economy, increased healthcare needs, and the changes on social relations. Furthermore this adjustment will be required within the constraints of very limited resources (WHO, 2002 'Active Ageing; A Policy Framework').

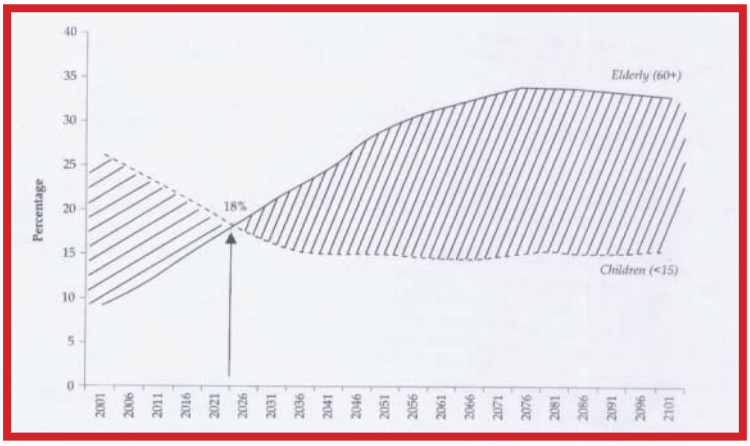

Fig 2: Projected Relative Size of Children (<15 yrs) and Elderly (60+ yrs) Populations, 2001-2101
Source - ***De Silva, W.I, A Population Projection of Sri Lanka, (2007), Institute for Health Policy, Sri Lanka.***

The age-sex and marital structure of the elderly population are important variables to consider when planning to meet the demand for social services, as observed by De Silva, Boyagoda and Ranagalage (2007).

Demographic bonus

As pointed out by Abeykoon and Sandaratne (2007), the change in the population age structure has also brought about a higher proportion of adolescents and youth in the population. Currently there are more than five million young people in this age group, which is the largest number in the country's demographic history. This is termed as the 'Demographic bonus' which is a one- time bonus.

The present demographic structure in Sri Lanka is conducive to economic expansion. It is also important to note that the dependency ratio at present is at its lowest level, and is expected to rise once again in the future due to population ageing. As Sri Lanka has made a significant investment in human development in the last five decades, we should take advantage of this opportunity. The failure to ensure appropriate economic policies for rapid economic growth could waste opportunities created by the demographic 'bonus.' Therefore the next two decades must be seen as a period of economic and social adjustment to the realities of demographic transition. It is a period that provides opportunities to make qualitative improvement in education and health services as well as to mobilize resources for economic development. It is also the time to prepare and meet the new challenges of population aging.

"Young Old" and "Old Old":

The elderly are grouped into two categories; the 'young old' (aged 60-74 yrs) and the 'old old' (aged 75+). The proportion of the 'old old' will continue to increase year by year due to declining fertility and mortality rates.

The "old old" (75+ yrs) would be especially vulnerable to visual, hearing and mobility impairment. They are

also more affected with physical disabilities arising as a result of arthritis, fractures and stroke, and will be more susceptible to conditions such as Alzheimer's disease, dementia etc needing more attention of care givers. As such, the needs of this sub-group have to be identified separately, as family support may not always be sufficient to cater to their needs.

The 'young-old' (60-74 yrs) will not only be in a better position to look after themselves, with minimum support of carers, but also be a resource to the younger family members, and be caregivers to the "old old".

Epidemiological transition

The demographic transition is associated with epidemiological transition, showing a shift from communicable to non-communicable diseases. As the population of older persons increases, there is often an increase in the proportion of population experiencing chronic illnesses (e.g. arthritis, diabetes, hypertension, myocardial infarction, stroke, cancer) and disability. The persons affected with such diseases need lifelong treatment and halfway homes for patients until they improve from disability. This will be an added burden to the government health services.

Responsibilities of the family members

Social changes such as migration (internal and external), urbanization, increased female labor force participation, mean that the elderly persons get distanced from the family members/children or left unto themselves in rural areas. With more urbanization, the living space in urban residences has become a critical factor to accommodate the requirements of the elders as well. As such more and more families are finding it difficult to care for their elderly members, unlike in the past. However, it is observed that the majority of elders live with their children and are also willing to stay with them, even with difficulties. Therefore, an important policy issue is, how best to provide economic and social support for the elderly.

Transition of the family from being extended to being nuclear, and more and more females who have traditionally been identified as the care givers for the elderly, are entering the labour force, leaving people with little time to take care of two dependent generations at the same time (World Bank 1994). As such when a choice has to be made, it is obviously the younger dependents who gain prominence. Within the context of the increasing trend of female labour force participation, is also identified their migration for employment to distant places within the country, and in some cases to foreign destinations. This in addition to the limited space available in housing units, especially in urban areas, where increasing cost of living and changing attitudes points to the need to strengthen the social protection mechanisms, so that the elderly can lead a life of dignity and quality, without having to be a burden on the family.

Hired caregivers

In the absence of family caregivers, there is an increasing need for the services of hired care givers for homecare of the elderly. Families who look after ailing elderly will be further burdened due to additional requirements such as the cost of hired caregivers, the need for additional living space and toilet facilities, the necessary aids and appliances, and the cost of drugs. In such situations, neglect and abuse of older persons is likely to occur.

The need of hired caregivers will also be an issue for those at institutions such as elders' homes, hospitals, and nursing homes. This is emerging as a potential source of employment, which can be handled by the private sector. Ministry of Social Services and the Ministry of Health should take steps to ensure proper training of caregivers, and steps should also be taken to ensure minimum professional standards through regulations, and supervisory and monitoring mechanisms. Implementation of such measures should be entrusted to provincial level.

Affordability of hired trained caregivers is another issue. As an option, training a family member to take care of the older person affected with a specific illness will also needs to be considered, as a cost-effective and a more practical measure.

Widowhood

Widowhood is more prevalent among women than among men. The proportion of widows of 60-64 years of age is about five times that of widowers in the same age group. This could be mainly attributed to husbands being generally older than wives and higher life expectancy of females.

It needs to be recognized that the category of widows living alone will lack security, care and companionship. They will also find it difficult to undertake responsibilities such as maintenance of house, banking, and payment of monthly bills while seeking appropriate medical attention for themselves.

Housing and other utilities

Special attention needs to be given to housing and other facilities for elders to become independent or to live with minimal assistance. Lack of care givers or the inability to afford such services makes this more important. Accessibility to houses and buildings (especially public places such as offices, shops, banks, religious places etc) will be a critical requirement to the rising population of elderly, and wheel chair accessibility also need to be considered when designing buildings. The living environment such as the pavements, slopes etc. also have to be carefully designed. Kitchen utensils, bathroom fittings, taps, door and window locks need to be elderly-friendly promoting accessibility, reachability, usability and safety.

Social protection schemes

Though Sri Lanka has several social protection schemes, there are only a few social protection mechanisms, especially targeting the elderly. The main mechanisms in Sri Lanka are the public sector pension schemes specifically for the government sector workers. Employees Provident Fund (EPF) and Employees Trust Fund (ETF) are other social security schemes concentrating on the private and public corporation sector employees. In addition, some voluntary contributory schemes have also been introduced by the government for farmers, fishermen, and self-employees. However, there are only a few comprehensive social protection mechanisms specifically focusing on elders in Sri Lanka, compared to developed countries with similar or higher levels of ageing (Jegarajasingham & Karunaratne 2007). Banks and insurance companies also have introduced pension schemes, where a person is entitled for a pension after paying an agreed number of premium installments.

Government coordination framework

Sri Lanka has implemented various important programmes for the betterment of elders under the Ministry of Social Services and Social Welfare, by setting up in particular a National Council for Elders and a National Secretariat for elders. The main objectives of the Council are to promote and protect the rights of elders, and to assist the elders to live with self respect independently and with dignity. The National Secretariat for Elders has been established to implement the decisions taken by the National Council.

A Maintenance Board for Elders has been initiated to look into their interests, and determine the claims for maintenance of parents who have been neglected by their children. Elders are issued special identity cards which assure many benefits for them such as priority in obtaining services from the government and private institutions, a 5% discount in purchasing medicine at the State Pharmaceutical Corporation, and higher interest rates for fixed deposits in the National Savings Bank, and Commercial Bank etc.

Elders' Committees at village and divisional levels have been arranged to establish for the social, economic, cultural and spiritual development of elders, protection of their rights, and encouraging the implementation of services for their welfare.

Day centers for elders are conducted to enhance the opportunities to actively participate in exchanging views, self-employment, lectures and discussions on various subjects, religious activities, exercise and recreational activities etc.

The primary healthcare staff in provinces have been trained by the Ministry of Health to improve community healthcare for elders, and to work in collaboration with other governmental and non-governmental agencies and community leaders in the respective areas. Awareness programmes on common health problems of the elderly, and screening for early detection and referral for treatment conducted at community level, needs further expansion. Converting an under utilized hospital in each district for rehabilitation of elderly needing long-term care, is an important step initiated by the Ministry of Health.

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Getting Old

20-30

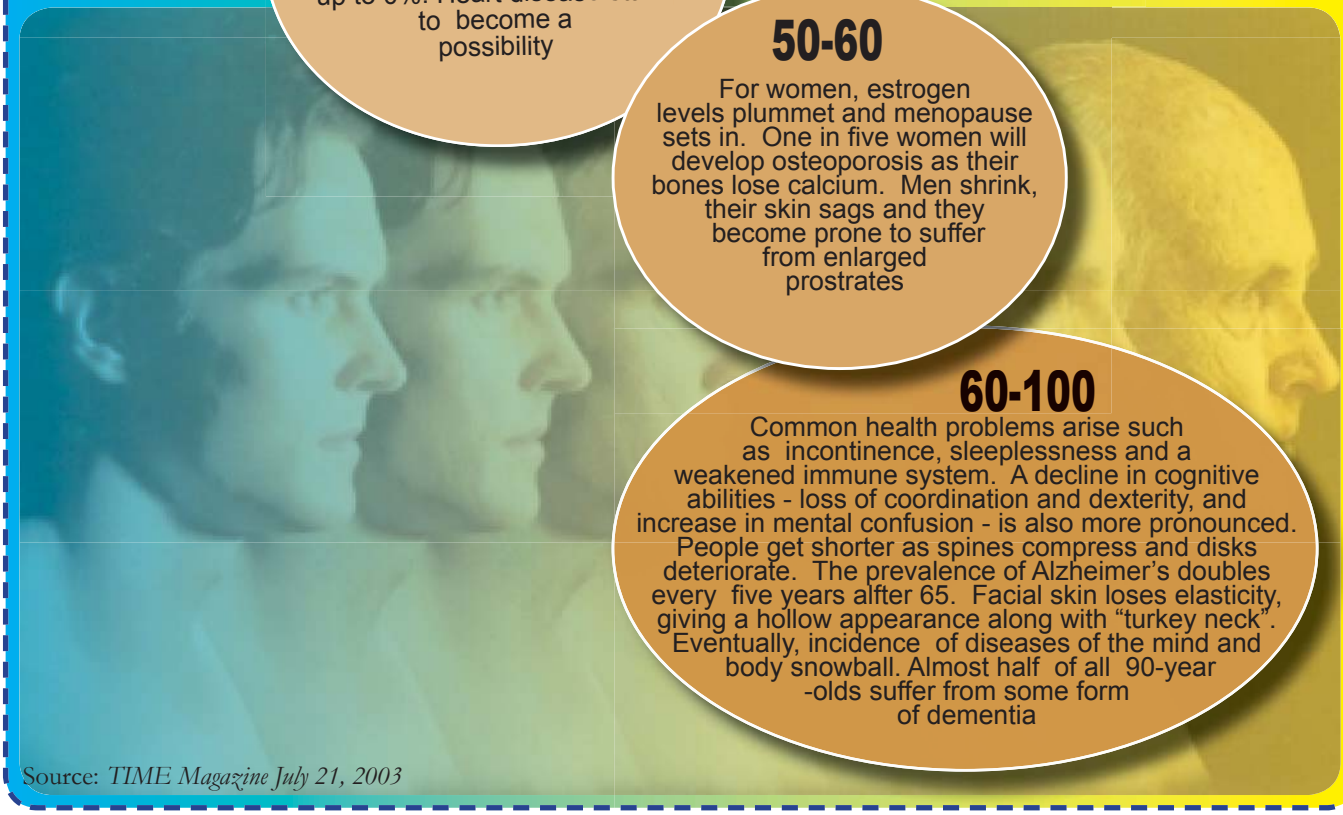
Metabolic and biological functions peak, with men producing their maximum amount of the sex hormone testosterone between 17 and 26. But it's mostly downhill from here. The brain is already beginning a long, slow decline, shrinking in weight and volume by about 2% every decade. Muscle strength begins to fade, imperceptibly at first, at about 25

30-40

It's women's turn to peak sexually, but the first outward signs of aging appear as skin starts thinning and wrinkles emerge. Female fertility drops off at age 37. Men genetically predisposed to male-pattern baldness begin to lose their looks

40-50

Metabolism slows markedly and the battle against fat truly begins; waists thicken and thighs bulge. Without exercise, heart and lung capacity decline by up to 0%. Heart disease starts to become a possibility



50-60

For women, estrogen levels plummet and menopause sets in. One in five women will develop osteoporosis as their bones lose calcium. Men shrink, their skin sags and they become prone to suffer from enlarged prostrates

60-100

Common health problems arise such as incontinence, sleeplessness and a weakened immune system. A decline in cognitive abilities - loss of coordination and dexterity, and increase in mental confusion - is also more pronounced. People get shorter as spines compress and disks deteriorate. The prevalence of Alzheimer's doubles every five years alfter 65. Facial skin loses elasticity, giving a hollow appearance along with "turkey neck". Eventually, incidence of diseases of the mind and body snowball. Almost half of all 90-year -olds suffer from some form of dementia

Source: *TIME Magazine July 21, 2003*