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Poverty and the challenges of the elderly

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Poverty and the challenges of the elderly

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Foreword

This poverty brief on ageing is based on a literature review undertaken as a part of an assignment for HelpAge Sri Lanka. CEPA carried out a review of two projects implemented by HelpAge Sri Lanka which focused on post tsunami reconstruction and livelihoods support and an elders' rights based intervention. The literature review aimed at capturing the key developmental challenges that affect the elderly poor in Sri Lanka. It was used to match the appropriateness of HelpAge's intervention within the larger context of addressing ageing issues and vulnerabilities in Sri Lanka. This brief summarises the key issues and challenges faced by the elderly that were identified through this process, their support requirements and some suggested solutions to deal with a rapidly ageing population in Sri Lanka.

The views and opinions expressed in this brief are those of the authors and do not necessarily reflect those of HelpAge Sri Lanka or the Centre for Poverty Analysis.

The Centre for Poverty Analysis would like to acknowledge the contribution of Nisha Arunatilake, Ph.D (Research Fellow at the Institute of Policy Studies) in reviewing this brief.

This Poverty Brief was prepared in 2011 and based on data available at the time. The context and issues discussed in the Brief could have changed since then.

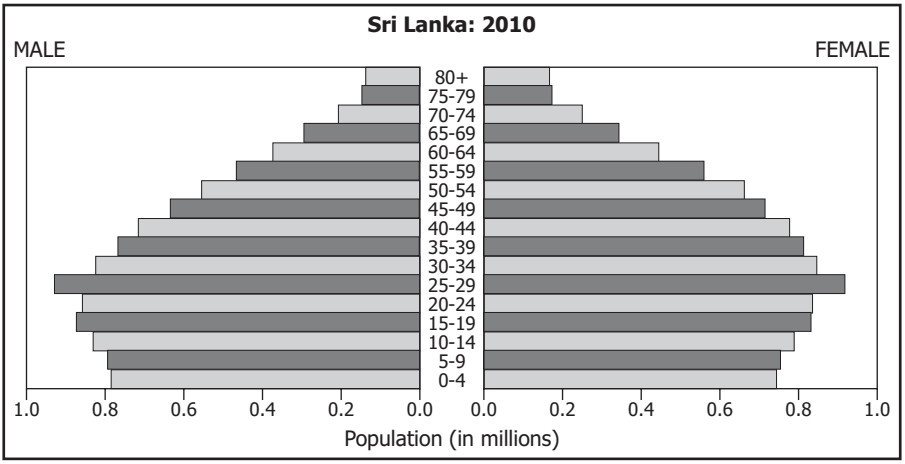
Contents

1. Introduction

Sri Lanka's population is predicted to age rapidly during the next 50 years. The population aged 60 years and over is projected to increase from one tenth of the population in 2010 to nearly a third by 2050, with those aged 80 and over making up 5% of the population (De Silva 2007). This ageing, primarily the result of declines in fertility and mortality rates, makes Sri Lanka the fastest ageing country in South Asia. The rate of change is faster than that experienced by countries in the developed world, where this shift took place over a much longer period of time (*ibid.*).

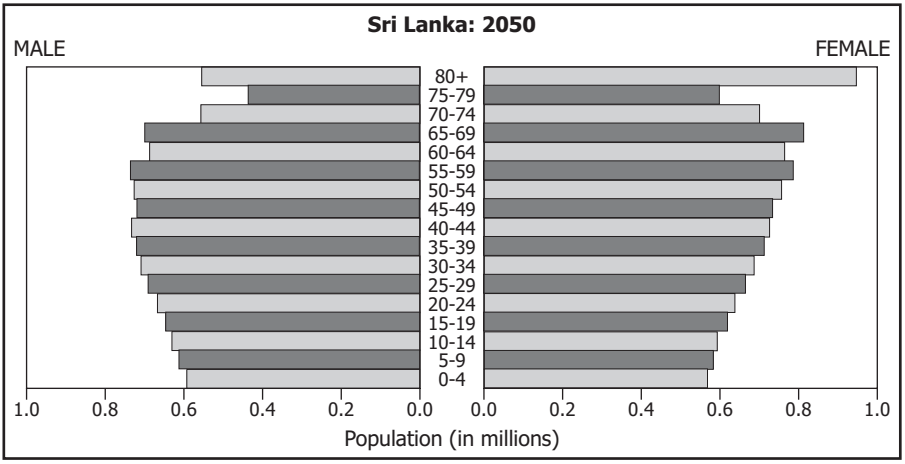
In Sri Lanka, the increase in the number of elderly contrasts with a drop in numbers of people in the younger age groups. This change in the composition of age groups means that the elderly dependency (or support) ratio, the number of persons aged 60 and over to every 100 persons aged 15-59, is set to rise above that of anywhere in South Asia. It is projected that by the year 2031, for every 100 persons in the working age group of 15-59, there will be around 38 aged over 60, rising to 52 aged over 60 by 2051 (De Silva 2007). The population pyramids for Sri Lanka (Figures 1 and 2) show this shift over the next 40 years.

Figure 1: Age and sex distribution for the year 2010



Source: U.S. Census Bureau, International Data Base

Figure 2: Predicted age and sex distribution for the year 2050



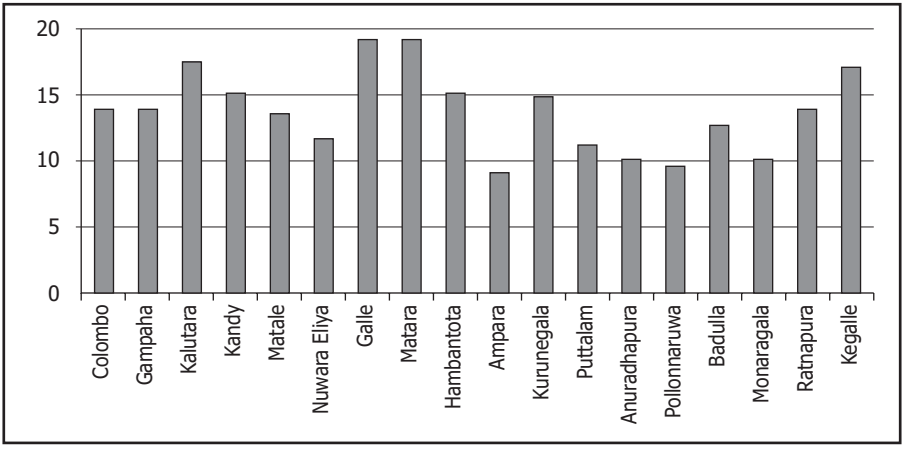
Source: U.S. Census Bureau, International Data Base

The elderly are far from being a homogenous grouping and differences in the age-sex composition and marital status of the elderly population, along with other factors such as income levels and living arrangements will be important in estimating the levels of support that may be required. Estimates suggest that there will be a significant increase in the population aged over 75 years by the year 2021. A higher proportion of these elderly will be women who even now, make up 53% of the 60-64 age group,

60% in the 70-74 age group and almost 70% of those aged over 90. The trend will be for the majority of the 'old old' to be widows (De Silva 2007, World Bank 2008). These gender and marital status differences are attributable not only to the longer life expectancy enjoyed by females, but also the greater frequency of remarriage of widowers than of widows and the fact that women in Sri Lanka generally marry men who are 5–6 years older than themselves (Caldwell *et al.* 1989).

The elderly population is not distributed evenly throughout the country, the majority live in rural areas (80%) while over 15% live in the more developed urban areas (i.e. Western Province) (WHO/MSS&SW 2009). This geographic distribution, which arises mainly from sizable regional disparities in fertility and migration, has important implications for the delivery of support to the elderly population. Districts with low out migration (or which attract workers in) and higher fertility preserve a balance between the prime working age population and the elderly; those that combine high rates of out migration and low fertility experience a higher dependency situation. As shown in Figure 3, a district like Ampara has less elderly persons per individuals within the prime working ages when compared with districts such as Galle and Matara, where there are twice as many dependents (Siddhisena and DeGraff 2009).

Figure 3: Elderly Dependency Ratio by district, 2001



Note: Number of elderly (age 60 and over) per 100 working age population (age 15-59)
Source: Census of Population and Housing 2001

Although global data shows that the incidence of poverty disproportionately affects the elderly, especially women, this is not the case in Sri Lanka (World Bank 2008, Gunewardene *et al.* 2007). Relative to the total population, the elderly do not appear to be over represented in the poorest section. However, since the majority, around 80%, live in extended family households, they are less likely to be assessed as poor because of the combined income capacity of the household (Gamaniratne 2007).

Consequently, there are marked variations in poverty levels between the elderly urban population and those living in the rural and estate sectors, reflecting the poverty levels of the general populations of those areas. Based on Department of Census and Statistics data, poverty among the elderly (as seen in the population as a whole) is correlated to education; those with higher education have only 1/5th of the poverty rate as those at the lowest education levels (Siddhisena and DeGraff 2009).

Although the elderly are not a homogenous group they can be considered a high risk category in comparison to other age classes. Whilst for some, old age can be a time of relaxation and pleasure, others find themselves vulnerable to the risks of exclusion and isolation, poor health, disabilities, poverty or lack of family and social contact. The elderly also tend to need additional care and support in order to have a better quality of life. Hence the changing demographics of Sri Lanka raise important issues for planning and policymaking if the country is to make adequate provision to deal successfully with the social and economic welfare of its growing elderly population. This brief highlights trends in family structures and support networks, health and health care services and the economic status of the elderly as key issues that need to be considered if the wellbeing of the elderly - those who may need extra care and safety nets - are to be addressed.

2. Changing family structures and values

By far the most common pattern of residence is for the elderly to live with one of their children. About 80% of the elderly live with family in multi-generational households. They are able to play a positive part in contributing to the household economy, by continuing to work in paid employment, sharing any pension income with the household, or by helping with child care and domestic chores. In return this household unit has traditionally provided care for the elderly when required. However this traditional pattern is now threatened by changes in the wider society such as the move to nuclear family units, reduced household size, a continuing drift towards urbanisation, increased female employment and overseas migration (Siddhisena 2005).

Since the 1970s there has been a steady decline in average household size from 5.2 persons in the 1970s to 4.5 in the 1990s. This trend is believed to be strongly associated with the nucleation of the household unit along with a significant reduction in fertility. There has also been a rise in single-parent households, a phenomenon seen across Asia. Sri Lanka has shown a marked increase in the proportion of female-headed households, which at 20%, is the highest in South Asia (De Silva 2003). This is largely attributed to the war and the subsequent emergence of a significant population of widows. In 1994, over half (56%) of female-headed households in Sri Lanka were headed by widows (World Bank 2008).

With widowhood, divorce and separation on the increase, women have come under pressure to engage in economic activities to maintain the family unit. As a consequence, female participation in the labour force has increased from 25% in 1970 to 38% in 2008. This has increased the burden on many women who are expected to work as well as to continue shouldering their domestic responsibilities for household chores and the care of children and elderly relatives.

For those who move away from their hometowns to find employment, daily care and support for parents becomes even more of a problem. The migration of young adults from rural locations in search of better employment opportunities has led to a lack of extended family available to provide care and support for the elderly. Internal migration increased by 25% during the 1995-2000 period and international migration has also increased over the past 20 years. Approximately 1.2 million Sri Lankan workers, about 10% of the total labour force, reside or work overseas (Gamaniratne 2007).

Modernisation of traditional societies has shifted production to more specialised processes and away from family-based and unspecialised production (De Silva 2003). Some argue that increasing individualism in the labour market eventually diffuses into other areas of life, including social values and family relations. The authority of elderly parents over adult children weakens, and generally loses most of its economic and legal basis. In Sri Lanka, it is becoming harder for younger people to live with their parents as the search for better economic opportunities takes them further from home. The older generations, left behind in rural areas, lose not only their source of daily care and support, but also their influence over their children and grandchildren. Overall, Sri Lanka appears to be at a more advanced stage when compared with most countries in South Asia in the changes that lead to the decline of traditional family structures and values (De Silva 2003).

These trends do not affect all elderly in the same manner, some may enjoy their independence, and have adequate means to take care of themselves but for those who do not, the implication is that at a time in their lives when they need extra care and family support they have to manage without it.

3. Health

Sri Lankans now live longer, mainly due to a successful policy over the past half-century of reducing deaths from infectious disease (World Health Organisation 2006). By 2001, non-communicable diseases (NCDs) accounted for 71% of all deaths, compared with 18% from injuries and 11% from communicable diseases, maternal and prenatal conditions. The leading causes of death are heart disease (35%) cancer (12%) cerebro-vascular conditions (12%) and diabetes (5%) (Ministry of Healthcare and Nutrition 2007). Whilst the shift away from deaths due to infectious diseases has benefitted both men and women, life expectancy for females has continued to increase, but has stagnated for males. This is largely due to an increasing occurrence of NCDs such as heart disease and diabetes amongst men (*ibid.*).

NCDs are more common with ageing, since with age comes longer exposure to risk factors, making their ill effects more likely to develop. However, longer life does not necessarily lead to extra years of poor health or functional disability. Compared to developed countries, risk factors for NCDs such as hypertension, obesity, physical inactivity, alcohol and tobacco use, are currently lower in Sri Lanka.

However, there are fears that some of these factors may increase; changes in lifestyles, which result from urbanisation and higher economic status, may increase the incidence of obesity and physical inactivity. Other NCDs, such as hypertension

and diabetes which develop in later life are linked to inadequate prenatal and infant nutrition (Engelgau *et al.* 2010).

The debilitating effects of NCDs tend to manifest with age and there is a growing body of evidence that the elderly in Sri Lanka are presenting with conditions such as diabetes, hypertension, osteo-arthritis, asthma (Weerasuriya and Jayasinghe 2005, Gooneratne *et al.* 2008). The evidence also points to many of these conditions remaining undetected and untreated until their latter stages.

3.1 Ageing and disability

Census evidence suggests that the incidence of disability amongst the elderly has increased significantly in the period between 1981 and 2001. Several explanations are suggested, including the ageing of the population and the impact of war (De Silva *et al.* 2008). Although the 2001 census was incomplete for the conflict areas, violence and accidents in those areas are believed to have left a large number of casualties suffering permanent disability. Increases in disability also arise directly as a consequence of ageing and the development of debilitating diseases such as cardio-vascular disease, respiratory conditions and diabetes, along with deteriorating vision and hearing.

In part, the apparent rising trend of disabilities may be a consequence of the substantial emigration over the years (De Silva *et al.* 2008). In general, those who have left the country, either permanently or semi-permanently would be the most able and likely to be free of disabilities. Additionally internal migration might also explain some of the variation by district in levels of disability amongst the elderly. The 2001 census identifies Hambantota, a district that has experienced substantial out migration, to have the highest level of both physical and mental disability.

Levels of disability amongst the elderly are generally higher for males than for females, although recently rates for females have increased more rapidly than those for males. Disabilities associated with vision, hearing and speech have all increased significantly, along with disabilities of the hands and legs. Rates for hearing and speech disabilities have increased from 15 per 10,000 in 1981, to 53 in 2001 for women, and to 59 per 10,000 for men (De Silva *et al.* 2008).

A recent study (Østbye *et al.* 2010) found that how the elderly felt about their health was strongly associated with independence in activities of daily living (IADLs), mobility, positive mood, and freedom from chronic diseases. It concluded that although some health decline in old age is inevitable, these associated factors are often modifiable with appropriate intervention and support and it can mitigate some of the effects of ill health. The study also found that even when not suffering from acute physical disability, the elderly often face difficulties in accessing their external environment. A survey of adult carers looking after parents reported that nearly a fifth assisted the elderly to access areas outside the home, and nearly 60% were assisting their parents to use public transport (*ibid.*).

3.2 Mental health

With an average of 6000 deaths and nearly 100,000 attempted suicides each year, Sri Lanka has one of the highest suicide rates in the world (WHO 2006). Sri Lanka shows a similar trend to many other countries with the highest percentage of fatal suicides being among the elderly. It has been argued that this high death rate reflects the greater physical vulnerability of the elderly to small ingestions of poison rather than an intent to die (Eddleston *et al.* 2006). However, whatever the strength of the intent, the statistics indicate a significant issue in terms of the care and mental wellbeing of the elderly in Sri Lanka.

The conflict and the 2004 tsunami have compounded the mental health problems that might be expected in a stable environment, causing additional stress and increasing the risk of mental trauma in the whole population. Further, misuse of alcohol is frequent, especially in areas affected by disasters. It is estimated that overall, 3% of the Sri Lankan population suffers from some form of mental illness (WHO 2008).

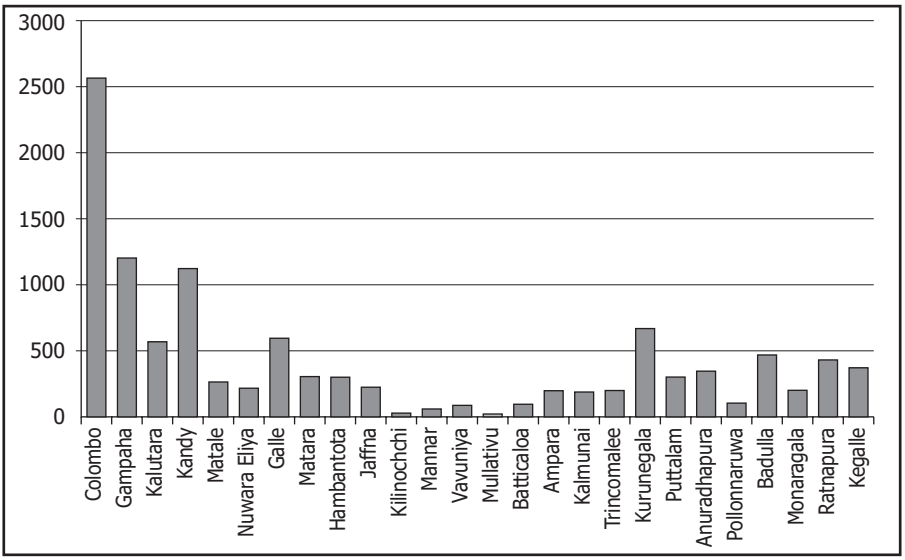
The psychological issues that many elderly face are often overlooked or underestimated in favour of physical wellbeing. They may experience feelings of loneliness, helplessness and worthlessness, arising from a lack of social support, social engagement and a sense of control over their life circumstances (Andrew *et al.* 2008). The elderly report feeling a general lack of respect towards them which they see as a result of cultural globalisation amongst the younger generations. Although a majority of the elderly live with their children, the World Bank study (2008) reported that only 4% claim daily contact with their non-resident children.

Since depressive symptoms often go unnoticed by clinicians and carers, the incidence of depression is likely to be higher than generally reported. A study of elderly people in Sri Lanka found the prevalence of depressive symptoms was 27.8% overall, but lower for men (24.0%) than for women (30.8%). This study found that gender and ethnicity were significant factors; the two most vulnerable groups were elderly women living alone and ethnic minority males. Those with disabilities, functional limitations, and perceived income inadequacy, were all significantly more likely to report depressive symptoms (Malhotra *et al.* 2010).

3.3 Access to healthcare

Healthcare is universal and free in Sri Lanka and the Health Master Plan (HMP) identifies the elderly as a vulnerable group that needs more attention. The HMP also recognises that public health systems do not provide continuous or integrated care for the elderly so there is no systematic screening for illness or disability (Ministry of Healthcare and Nutrition 2007). A major problem in the current healthcare coverage is the spatial deployment of resources and personnel, not necessarily a lack of them (Abeykoon 2003, DCS 2002). The elderly reside mainly in rural areas, including the conflict affected areas and the estate sector, where the number of health personnel is extremely low. As Figure 4 shows, areas such as Colombo, Kandy and Galle are better served with significantly high concentrations of services.

Figure 4: Distribution of medical officers



** This number includes all types of medical personnel - doctors, specialists, PHIs, midwives, hospital and administrative staff etc.)*
Source: DCS Annual Health Statistics 2007

Public healthcare currently provides the bulk of in-patient care and primary care services via hospitals and local dispensaries. The service is characterised by a busy and overcrowded system of National, Provincial, General and Base (large town) hospitals and a widely spread network of district hospitals and healthcare units. The latter tend to be less busy, with lower levels of utilisation and occupancy. There is no publicly funded general practitioner service and hence this need is met mostly by the private sector. Consequently, this lack of available primary care, coupled with insufficient out-patient departments, results in a heavy demand on in-patient hospital facilities. The absence of clear admission and referral policies means that patients tend to opt for the better resourced larger city and provincial hospitals and bypass local services which remain under utilised (Ministry of Healthcare and Nutrition 2007).

Accessing mental health services and support is problematic for many Sri Lankans, regardless of age. A recent review by WHO highlights the pressing need for more localised service, both community resources and acute units. Currently, most are concentrated in the Colombo area and located within large institutions. It reported that 11 districts still lack local provision (WHO 2006).

The inaccessibility of health services affects the elderly disproportionately, not only

because they are mainly living in rural localities, but also because they tend to rely more on public services. Data suggests that 70% of visits by the elderly are to public sector services, compared with 44% for the total population. Whilst public services are free, government healthcare facilities routinely ask patients to purchase their own medication and supplies, because underfunding results in hospitals and dispensaries carrying insufficient stocks (World Bank 2008). Not surprisingly, around a third of the elderly reported the need for more medical care, of whom 90% cited their inability to afford health care services as the main reason, and too great a distance from services as a further barrier. This was especially true for people over 80 years (World Bank 2008).

Increased healthcare costs will be a significant feature as the population ages. Table 1 gives an indication of total estimated expenditure on health by the elderly compared with that spent for children and the working age group. It shows that although those over 60 constitute around 10% of the population, their health expenditure is around 15% of the total for all ages (Rannan-Eliya 2008).

Table 1: Medical expenditure by age group for 2005 (estimated)

Age Group (Years)	Share of Population	Public Outpatient Costs (Rs. M)	Public Admission Costs (Rs. M)	Private Outpatient Expenditure (Rs. M)	Private Admission Costs (Rs. M)	Total Expenditure (Rs. M)
0 - 14	25%	4,896	5,541	9,376	2,209	22,022
15 - 59	65%	9,920	17,810	18,995	7,099	53,824
60 - 74	8%	2,199	3,920	4,211	1,562	11,892
75+	2%	644	1,056	1,234	421	3,355
All	100%	17,659	28,327	33,816	11,291	91,093

Source: Rannan-Eliya 2008

Expenditures on NCDs are already the major components of health care spending in Sri Lanka, and this share is likely to increase in the foreseeable future, especially in relation to cardiovascular disease, diabetes mellitus and chronic respiratory disease. These trends in spending patterns will follow those of countries within the Organisation for Economic Co-operation and Development (OECD) (Rannan-Eliya 2008).

There is a strong case that the most cost effective policy will be to provide good treatment and clinical care for the elderly. A dual focus is advocated; prevention through health promotion, and mitigation of the effects of NCDs through clinical treatment. Disability and frailty have a high economic cost because they lead to physical dependency and the need for long term care. It can be argued that investment in health care for the elderly [and those approaching old age] to help them to remain healthy would be cost effective because it reduces the financial

burden of long term care costs (World Bank 2008). This requires substantial organisational reforms that in turn require greater public financing. However, government spending as a whole on healthcare has fallen since the 1960s and in 2008 stood at 1.7% of GDP and 1.4% in 2011 (De Alwis *et al.* 2011, Central Bank 2011). The involvement of the private sector in providing health care services has increased since the 1990s (mainly providing pharmaceuticals and out-patient treatment). According to the HMP, private sector involvement is encouraged as this would then allow those who can pay to use private healthcare, while the government system could focus on the vulnerable groups – one of which is the elderly.

4. Ageing and income

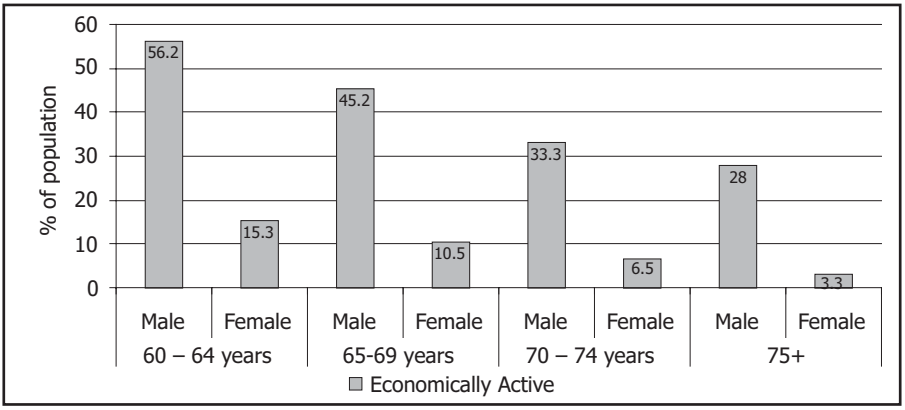
The trend of an increasingly ageing population has implications for size of the labour force and the economic growth of the country. Population projections indicate that, if labour force participation continues at its current rate, by 2035 the population of working age will begin to shrink and continue to do so thereafter. Not only will the population of working age decline, it too will age with a reduction in the size of the younger workforce. This has important implications for economic growth, which is likely to slow as the work force contracts (Vodopovic and Arunatilleke 2008).

Over 60% of Sri Lanka's work force is engaged in the informal sector which plays an important role in the economy of the country. The most dominant occupational groupings are agriculture and fisheries, proprietors and managers and crafts (DCS 2010). These occupations, characterised by casual employment, have strong associations with poverty (Gunewardene *et al.* 2007). They offer only a marginal income and those involved continue to work well into old age, until ill health or extreme old age forces retirement.

In 2001, (Figure 5) 56% of men aged 60 to 64 years and 45% of those aged 65 to 69 years were engaged in economic activities. At higher ages, 33% of 70-74 year olds and 28% of men over 75 years were reported to be economically active. Rates of economic activity are substantially lower for women and decline rapidly with

increasing age. Elderly women however tend to play a more active role as unpaid family labour, often providing child care within the family particularly where both parents are employed outside the home or when the mother has become part of the migrant labour force. Labour force participation among the elderly tends to be greater in rural districts where the work is predominately agricultural and part-time opportunities are more common than in urbanised localities (Siddhisena 2005).

Figure 5: Percentage of Economically Active Elderly Population, 2001



Source: DCS 2001

There is no universal state pension available in Sri Lanka. Seventy two percent of Sri Lanka's working age population, who are currently predominately informal sector workers and those outside the labour force are not covered by formal retirement schemes. Less than a fifth of the elderly in Sri Lanka are receiving regular pensions, although a similar proportion are believed to have made mandatory contributions to provident funds that provide a lump sum on retirement. Pension schemes are generally only utilised by those working in the formal sector, both private and public. For those in the public sector, retirement is as early as 57 years of age. Although about half the working population is eligible to join a retirement scheme, such as the pension schemes for farmers and fishermen and self employed pensions, these require contributions with fixed payment schedules. Hence, there is a high level of default, so that only about a quarter of the total working population contribute at present (Gamaniratne 2007).

Without pensions, savings or retirement plans, the position of the elderly is precarious. Those who continue to generate income through paid work face an uncertain old age as their occupations often require a level of physical wellbeing that might be difficult to maintain with advancing years. It is unsurprising that about 50% of Sri Lankan elderly receive cash assistance from their children, with around 75% reporting receipt of in-kind transfers. Women are more likely than men to be the

recipients of these monetary transfers because very few are in paid work. This leaves them especially vulnerable when traditional household structures are eroded and support becomes more difficult to provide (World Bank 2008).

The Ministry of Social Welfare provides financial safety nets through the Samurdhi programme, administered nationally under the Samurdhi Authority, and public assistance schemes (*pin padi*) through the Provincial Councils. However, this support is marginal. The schemes are not specifically designed for the elderly, but as national safety net programmes for all poor people. The Samurdhi programme is the larger and more widespread, but it has been criticised for being poorly targeted. It is reported that 70% of the elderly in the bottom income quintile are excluded from the programme (Gamaniratne 2007). The public assistance allowance (*pin padi*) provides a very small monthly hand out (Rs. 150 – 350) for critically poor households or persons that include people with mental and physical disabilities, elderly, and young children. In 2012, a decision was taken to give elders over 70 years of age an allowance of Rs. 1000 instead of the *pin padi*. The local government agencies are responsible for administering this allowance.

The most recent budget proposes the setting up of a new Citizens' Pension and Insurance Fund (CPIF) by merging all existing schemes. The fund aims to collect a minimum annual payment of Rs. 5,000 with pensions available after 10 years of contributions and after age 65. The target groups will be those working in agriculture, fisheries, transport, construction, self-employment etc. Whilst laudable, this system will fail to address the needs of those who cannot contribute because they have no, or very low, income from paid work.

However, a universal pension policy is unlikely to be a viable option in the medium and long term because of its high cost. In addition it is argued that due to other social welfare expenditure, Samurdhi, and free health care, a universal pension may not be needed. However some means of targeted support for the vulnerable elderly, especially the very elderly, may become necessary.

5. Legislative support for the elderly

The Protection of the Rights of Elders Act (PREA) was passed in 2000 to deal specifically with the rights of elders in Sri Lanka. The Act covers three main areas of protection; that children shall not neglect their parents; the provision of residential facilities by the State for elders who are destitute and who have no children or who have been abandoned by their children; and for non-discrimination of people based on age. The Act also provides for the setting up of a National Council of Elders (NCE) to protect and promote the welfare and rights of the elderly and a National Secretariat for Elders (NSE) to assist the Council to perform that role. In addition to the Act, there is a National Charter for Senior Citizens and National Policy for Senior Citizens of Sri Lanka, formulated by the Ministry of Social Services. This provides guidelines for future policy formulation and for mainstreaming elders' rights into the social welfare framework of the country (Jegarasasingam and Karunarathne 2007).

The Act (PREA) has been slow in implementation because the elderly were unaware or unwilling to take advantage of their rights and entitlements. Most have traditionally participated in community activities, taking on leadership roles in organisations such as death donation societies, agriculture organisations and village development organisations (Siddhisena 2005). The Senior Citizens' Committees (SCCs) have been created (under this Act) at the village level as a means of extending the activities of the elderly to also advocate for their rights.

Human resources in the form of Elders' Rights Promotion Officers (ERPO) have been placed in Divisional Secretariats (DS) to assist with the implementation of the Act. They are expected to set up SCCs, provide them with information on their rights and entitlements, and to organise social and economic activities. They organise health camps and provide small loans (up to Rs. 5000) whilst offering an opportunity for elders to interact and engage in various activities (as shown in Box 1). However, the ERPOs have no specific budget for their activities, and currently only a few DS divisions have ERPOs.

Box 1: SCC activities

The SCCs engage in a range of activities:

- Religious activities
- Cultural tours/Pilgrimages
- Shramadana
- Revolving funds – that provides emergency and livelihoods loans for members at very low interest rates
- Adopting of vulnerable members and providing a monthly stipend – by other SCC members or by others
- Attending consortium meetings
- Participating in and organising events and performances in the village and outside
- Providing nutritional support to pregnant mothers and school children

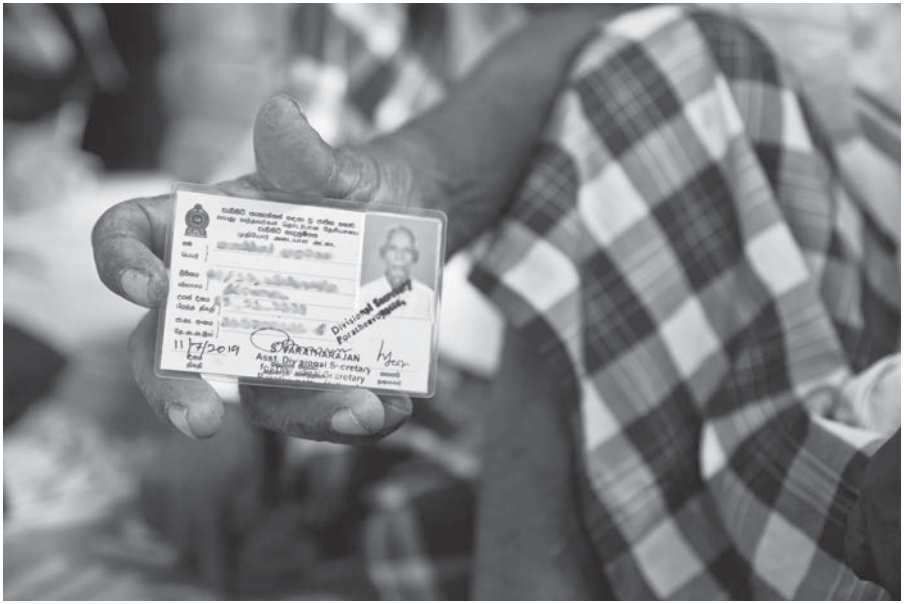
Source: CEPA 2011

HelpAge Sri Lanka (HASL) was assisting some SCCs in the South, East and North West of the country, with schemes to provide resources for loans, to improve access to health camps and clinics and to improve awareness of rights. They have also worked to influence local banks and hospitals to prioritise elders' rights under the Act. So far HASL has been able to work with only around 50 SCCs. The CEPA review found that elders involved with SCCs appreciated the opportunities to interact, get involved and not feel isolated. This was expressed most strongly by women, particularly by those not living with extended family, and those with less social opportunities who feel isolated in their homes.

Encouraging the elderly to play a more active role in their communities is an important aspect of government policy, but a gap still exists in support to encourage their wider participation. In addition there is a need to raise awareness amongst service providers and younger people about the provisions in the Act (CEPA 2010).

One of the main provisions of the Act, questioned by both the elderly and those working with the elderly, was the right to maintenance by their children. While the law offers a system that protects the elderly from abuse or mistreatment by their children, resorting to the "Maintenance Board" goes against cultural norms. The elders expressed reluctance to take their children to court, to discuss personal issues in public, and to enter into burdensome legal processes. In addition, they are deterred by the difficulties of travel to court and to Colombo. However, the presence of the law may be beneficial since it offers leverage to prevent potential wrong-doing (CEPA 2010).

6. Social programmes to support the elderly



As the trend of population ageing increases, and support for the elderly from within the family declines, there is likely to be a need for more formal care services whether institutionalised, community based or domiciliary care. Formalised support for the elderly, provided by government or charities, is limited in Sri Lanka and tends to be targeted towards the more able and fitter elderly, rather than to those needing higher levels of support for daily living or for nursing care. Consequently, institutionalised support and care services for the elderly remain underdeveloped.

Institutionalisation is currently increasing, and there are believed to be around 300 elders' homes managed by NGOs (World Bank 2008). However, not all are registered and there are no systems of regulation or inspection. A survey of the ageing population revealed that institutional care is not a popular option for three quarters of those interviewed. Some believe that care homes are only available to those who are better off and, despite the anti-discriminatory legislation of the PREA, that the selection process discriminates against the less fit and most elderly. Some elders point out that social and emotional support is lacking in institutional care and does not address the psychological problems that arise through loss of regular family contact (World Bank 2008).

Day centres offer a less expensive alternative to full institutionalised care. There are currently 147 state supported day centres, set up under the aegis of the Village Elders' Committees (World Bank 2008) and a further unrecorded number operated independently by NGOs. These centres usually operate from a village temple or vacant building and provide a venue for meetings, socialising, health promotion and screening. Not only do they provide an opportunity for the elderly to be less excluded, they also serve to encourage the aged population to participate in SCCs. A policy to increase the number of day centres may present an important and affordable compromise in providing care for the elderly. Day centres would reduce pressure on care-givers and their families without generating the feelings of abandonment that institutional care provokes (Østbye *et al.* 2010). However, day centres are unlikely to be a realistic option for the less able elderly.

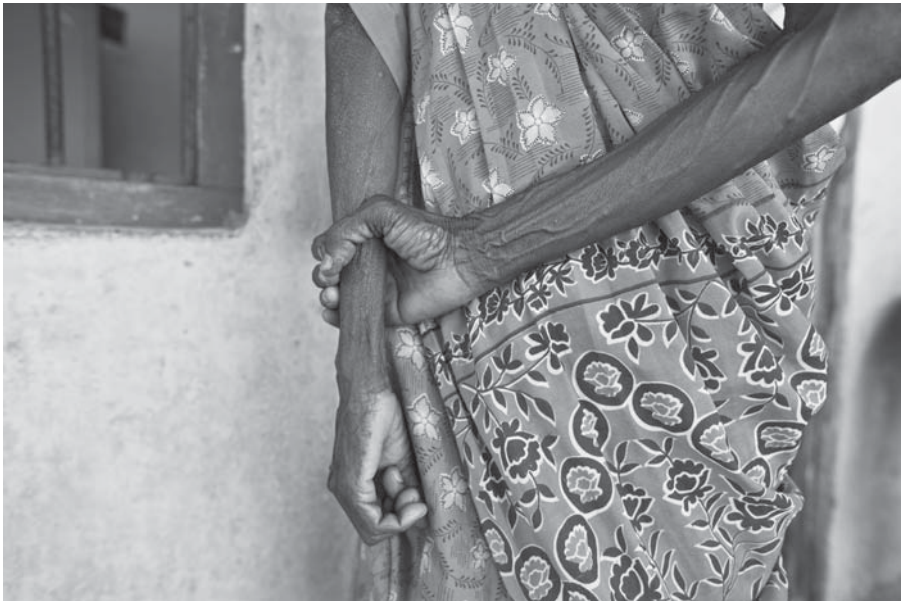
A study of adult carers and their elderly parents (Østbye *et al.* 2010) concluded that government policies and programmes for the elderly should focus on the provision and support of home-based care rather than on building institutional care facilities. Since adult children are the most likely carers of the elderly, supporting them in that task would be the most effective and appropriate use of resources. Alternatively, HelpAge Sri Lanka in their projects provided training and put in place able and willing elderly persons to become home care volunteers (HCVs) for their peers in the same community. This allows the elderly, who have retired or have time, to feel useful and also provides local, community based support. Fieldwork carried out by CEPA in its review of HASL's programmes showed that the elderly HCVs considered their work to be meaningful and rewarding. HASL is advocating that the local Ministry of Health and their officers monitor and supervise the HCVs once the project phase ends.

Very few NGOs in Sri Lanka work specifically with the elderly, since most development oriented NGOs carrying out livelihoods projects do not consider the elderly to be in their target group. Therefore, this work remains more within the sphere of a charity.

HelpAge Sri Lanka (HASL) is the largest NGO working on behalf of older people in Sri Lanka. For over 20 years, its primary focus has been the delivery of services such as regular medical and eye clinics, providing treatment and free cataract operations. It also provides support to day care centres, including professional training for volunteers intending to work in care homes. Following the Asian tsunami, HASL started a community development department combining practical field-based operations with advocacy. This department works at a grass roots level to raise awareness of older people's rights, helps to set up new SCCs and provides training. It also works to empower the elderly by facilitating SCCs to work together to lobby government officers and departments to demand more facilities and rights. HASL also lobbies various government departments, local and national authorities on behalf of older people to raise the profile of older people's needs and secure their inclusion in government policies and programmes. HASL works at two levels, as an agent of development and also as a charitable body, demonstrating the necessity for both levels of input by agencies when working with the elderly.

Development activities are essential to reduce the barriers that prevent the isolated elderly from accessing services, to assist with small loans to initiate income generating activities and to engender more proactive roles for SCCs. However, the more frail and vulnerable elderly require less developmental input and more direct financial help to survive, especially for medical expenses and for emergency or revolving loans.

7. Points to consider



This brief has attempted to provide an overview of the issues that face Sri Lanka as it heads towards an increasingly ageing population. The main areas of concern are the care dynamics arising from changing family structures and household composition, the consequences of longevity, changing health profiles and health care needs, income in old age, protection of rights and provision of social care. These are areas that would need to be considered when developing policies and programmes that attempt to support those that are ageing without adequate means to support themselves.

Health becomes a primary concern as illnesses and disabilities prevent the older generation from keeping active and productive and it also leads to costs both for the patient and for health care service providers. However, old age need not be a time of ill health and disability and steps need to be taken to ensure that the ageing population stays fit and healthy for as long as possible. Preventative healthcare through health education, health screening and early treatment are essential. Health education can equip the elderly with the knowledge to help them take responsibility for maintaining their own good health, by reducing their exposure to behaviours and lifestyles that increase the risk of morbidity and disability. Good access to health care in all regions is also essential, so that timely, affordable and accessible treatment can limit the disabling impact of chronic disease, and minimise care needs.

There is a need to acknowledge and address the inequalities that arise from regional differences in access to services - both for physical and mental wellbeing.

Sri Lanka is showing a growing trend of nucleation and urbanisation of families that is leading to more elderly people living on their own. Even when the elderly are living in multi-generational households, the pressures on families, and particularly on working women, are now such that they may not be able to provide all the care that elderly family members require. Hence, alternative care structures that address both physical and psychological well-being are needed. Domiciliary support or day centre services need to be regularised and expanded to provide support to the elderly whether they live alone or with family, whilst ensuring that they are able to remain in their homes without resorting to institutional care. For those whose level of need requires more intensive support, a policy for developing care homes to provide nursing care requires to be implemented, and a system for inspection and regulation established.

Sri Lanka's achievements in terms of increasing life expectancy has not been accompanied by better financial security thereby leading to a situation where more elderly face the possibility of living in poverty in the future. Some groups, the 'old old', the disabled and women face greater risk and deserve particular attention. The majority of the elderly are without pension income or savings and those who are unable to undertake paid work may face destitution without family support. If a universal state pension is not financially viable, alternative methods need to be explored to provide age related benefits, perhaps on a means tested basis to protect the vulnerable elderly from poverty.

The recent introduction of legislation and polices to protect the elderly are a pioneering experience for Sri Lanka. There is evidence that implementation has been slow and the response not always as anticipated. Some parts of the new provisions (i.e. Maintenance Boards) are seen to be in conflict with cultural norms and therefore less likely to be applied. Many of the empowering and anti-discriminatory policy goals require campaigns to raise awareness, not only amongst the elderly, but also among the society, government and other service providers with whom they interact. Dedicated financial resources are also necessary to facilitate implementation.

Of equal importance to protecting the vulnerable elderly of today from poverty, is the task of preparing the future generations of elderly. The 40-year-olds of today are the 80-year-olds of 2050. The issues of their health, retirement incomes and long term care cannot be left to chance and need to be addressed now so that they can approach retirement protected from the vulnerability of poverty.

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