SOCIAL CHANGE AND PROBLEMS OF THE OLDER PERSONS IN SRI LANKA A SEARCH FOR NEW STRATEGIES TO MEET THE CHALLENGES

By

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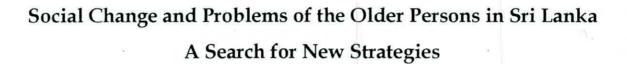
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CHAPTER I

Introduction

1.1. Introduction

In Sri Lankan society the elderly persons are held as a precious human resource. The traditional family gave expressions to this value system and the family and the community protected older people. Both Sinhala and Tamil cultures provided pride of place to the value of the wellbeing of the older persons. It is the duty of the young children to treat the older persons with respect and care ensuring that the children are nurtured to look up to older persons as guardians of cultural values and norms. As a result, older persons are protected through the extended family, which was well established in the self-sustained traditional society.

With the advent of the external influences, this in-built value system began to show signs of disintegration. Foreign invasions from the west commencing around the early 16th century disrupted the self-sufficient family system causing near destitution for majority of older persons. Economic depression along with the out break of malaria and other epidemics and temporary set back in the newly introduced plantations industry caused unprecedented hardships to force the colonial rulers to bring in statutory provisions to provide relief to the local poor and destitute. For the first time, the poor elders had to find refuge in asylums set up for vagrants under the Vagrancy Ordinance No. 5 of 1907 and the poor older people became recipients of charitable allowances paid through Kachcheries and village headmen. Thus it was during the colonial period that the poor older persons in Sri Lanka began to feel the pinch of losing traditional protection (Social Service Commission Report, 1948).

Thereafter, these older persons became dependent on poor relief and public assistance from the State. This situation was clearly borne out by the observation made by the Social Service Commission in 1944 with Sir Ivor Jennings as the Chairman. The Commission has pointed out that nearly 50 percent of the recipients under Poor Law Schemes and 37 percent of the Relief Assistance recipients were older persons.

While the recommendations of the Social Services Commission paved the way for minimum state protection for the older persons, their traditional place in the family and society came to be affected by modernization and development. Simultaneously decline in the birth rate and the death rate had resulted in the increase of the number of older persons in the population.

In the South-Asian context, Sri Lanka ranks high as a country with a rapidly ageing population. The projected elderly population 60 and above in Sri Lanka for between 2000 and 2030 is almost double any other country in the South Asian Region. By 2030 Sri Lanka is expected to have 22 per cent of its population where nearly one in 5 people will be elders whilst other countries in the region – eg. Afghanistan will have one in 18 people and in India one in 7 people will be old (Siddhisena, 2004:8). The continuous declining fertility and tremendous increasing trend of life expectancy caused mainly this situation. Life expectancy in Sri Lanka, which was 43 years in 1946 increased up to 69 years in 1981 and rose to 75 years in 2001.

Due to high fertility, which prevailed before 1950's the younger proportion in Sri Lanka has increased up to 1971 and thereafter it decreased dramatically since 1990. The decreasing trend of younger proportion was replaced by huge proportion of old in the future. The trend in increasing the ratio of older to young (index of ageing) is speedy from 1981 – 2031. The ageing index will increase more than 6 fold from 18.7 in 1981 to 126.6 in 2031. This shift of age structure from younger to older with a higher proportion resulted in a transformation of the shape of the age pyramid of the country from a broad based to "barrel shaped" thus confirming ageing at the apex (Siddhisena, 2004:9).

Although fertility is the key factor in determining age structure and ageing process, mortality and migration do have some effect in determining age structure as well as ageing process. The reduction of infant mortality specially, on the escalation of life expectancy however keeps longer life of ageing population specially the "old-old" (Siddhisena, 2004:9).

During the last five decades, Sri Lanka has achieved a steady and sustained decline of fertility. The crude birth rate dwindled from 37 in 1946 to 17.3 in 1998, while it plunged into further reduction of birth rate as of 16.9 per thousand in 1999. The Total Fertility Rate (TFR) decreased to replacement level fertility from 5.3 in 1953 to 2.0 in

2000 (excluding north and east). The mortality transition is well ahead than fertility transition and thus crude death rate decreased substantially to a low level as a single digit since 1950's from 19.8 in 1946 to 5.9 in 1998 and consequently increased life expectancy from 42 in 1946 to 75 in 2001 (Siddhisena, 2000).

According to the census data for the period 1946-1981, the percentage of those aged 60+ in 1946 was 5.4 percent and in 1981 it was 6.6 percent. As projected, population data for 1991-2041 shows that 8.1 percent of older persons in 1941 will increase to 13.1 percent in 2011 and to 27.8 percent in 2041 (De Silva, 1997:3).

This increase will have a tremendous impact on the labour force, education and other social welfare programmes, which in turn will exert pressure on the development of the country. Although the above facts indicate improved standard of living and health care, this situation has increased the dependency rate of Older People and made the provision of social services and social security for old age an increasingly important consideration in the development of future social policies.

1.2. Research Problem

One of the most conspicuous emerging features of Sri Lankan temography is the trend of increasing older age groups relative to the younger age groups. The population is ageing faster than in any other developing country. It is unique that Sri Lanka has achieved this demographic status despite the fact that the country had a per capita income of US. \$ 990/= per annum (2001). According to the Department of Census and Statistics in 1981, the percentage of elderly persons over 60 years was 6.6 percent. In 1991, it was estimated to be 8.1 percent by 2001, it is projected to be 10 per cent and by 2041 it would be 27.8 percent.

It is clear from the data that the median age of Sri Lanka population will increase from 25 years in 1991 to 30 years in 2005 followed by 40 years in 2030 and 50 years after 2050. This means that more than half of the population will be over 50 years after another 50 years. The rapid trend is projected to affect all sectors of the economy, the labour force, education, health and social security.

With the emergence of new socio-economic situations due to modernization, industrialization and urbanization, the extended family system is increasingly undergoing a severe change-yielding place to nuclear families, which are now becoming the social norm.

Long-term care of the elderly will be affected by the rapid increase of older people. The cultural value system of taking care of the elderly that has existed in Sri Lanka has been projected as a system that cannot be expected to last too long because of the rapid economic and social changes. Sri Lanka society has traditionally depended on the family system and non-working women to care for the elderly. This feature cannot be expected to continue in the future since a large proportion of the females who provided the free services at home are now employed in Sri Lanka and abroad.

Accordingly, on the one hand the number of older persons increases and on the other hand there will be a few persons to look after the older persons due to declining of birth rate. Unless effective solutions are found in the near future, issues relating to the aged populations of the country may reach a crisis situation.

The welfare of the aged will therefore, require the strengthening of the family support system and development of supplementary community based programmes concerning matters such as employment, income maintenance, health, nutrition and medical care; housing and living arrangements; and personal social services.

At present, the most elderly are still taken care by the family and community, in keeping with the traditional norms for the caring of elderly. However, socio-economic changes especially modernization including migration have resulted in the proliferation of nuclear families causing the break-up of the extended family system. There is evidence that the number of persons per household is declining due to the limitations imposed by economic and social constrains while the number of old people is increasing. There are misgivings as to whether the family could maintain the traditional in-built protective care for the elderly indefinitely into the future. This situation is forcing a need to evolve a carefully planned family based support system for the care of older persons.

The extended family system, which has continued to prevail even today, safeguards the bonds of love and affection among family members. The elders receive physical and emotional support from their family, their grandchildren and the community. This practice continues to this day as a tradition emphasized by all ethnic groups mainly in the rural areas. The present education system too promotes in the younger generation, the ethics of respecting the elders based on the teaching of Buddhism, Hinduism, Christianity and Islam (Gunasekera, 1993:10).

The socio-economic issues that have confronted modern society demand greater support for families to look after their elders. Home Help Services, Security Schemes and Economic Incentives to keep the home fires burning, have to be provided to avoid the older persons being institutionalized in homes for elders.

The State has taken the main responsibility of looking after the elderly where family support is not forthcoming. There has been a growing awareness of the need to help the older persons since the United Nation's World Assembly on Ageing in 1982 and the establishment of the Sri Lanka National Committee on Ageing under the Ministry of Social Service with greater participation of the non-government sector. However, the direct involvement of the Government in providing care and protection for older persons is marginal. The free health service, education, pensions and Government assistance schemes provide indirect services to the elderly. The Department of Social Services since its inception in 1948 provides direct services and assistance to the elderly.

1.3. Significance of the Study

Specific policies and programmes for the elderly have never been a priority of the policy makers in Sri Lanka. Welfare and care for the elderly has always been a social topic among concerned authorities, philanthropists and social service minded and religious organizations. As a cultural trait it is taken for granted that elders should be looked after by the children and the community. This is due to the fact that until 1980s the population in Sri Lanka had been comparatively young and people were not living longer to very old age.