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The Economics of Population Aging in Sri Lanka

LAKSHMAN DISSANAYAKE

MANORI KALUTANTHRI

Introduction

“Population ageing”, a demographic transitional phenomenon, identified, as an increase in the proportion of the “older people”, in the population age structure, has become a prominent topic for studies on the implications of demographic change. Like in the industrialized societies, Sri Lanka, though a developing country, in the wake of a decline in fertility, along with increased life expectancy of the population, is experiencing a shift in the age structure, towards the older segment of the population. Ageing process in the developed societies is already well advanced and will continue, with serious consequences, particularly on the economy of pension schemes. It is however, also gaining importance in developing regions, because of the ongoing or incipient fertility decline. A number of countries including Sri Lanka, in the category of developing societies are being alerted about the medium or long-term social and economic implications of population aging.

Population ageing will affect economic growth, savings, investment and consumption, labour markets, pensions, taxation and the transfer of wealth, property and care from one generation to another. It also has a great impact on health and health care, family composition and living arrangements, housing and migration. The ageing phenomena of the population can also influence voting patterns and representation, because older voters usually read, watch the news, educate themselves about the issues, and hence they vote in much higher percentages than any other group (UN, 2002).

The proportion of elderly population started to rise during the twentieth century and that trend is expected to continue in the twenty first century as well. In the world in general, the proportion of elderly population was 8 percent in 1950; 10 percent in 2000 and by 2050 it is projected to rise to reach 21 percent. In Sri Lanka, the percentage of the population over 60 years of age was 8 percent in 2000 and will reach 13 percent in 2010 and 21 percent in 2025.

Changing Age-sex structure of the Population in Sri Lanka

Influence of Fertility Decline

The history of fertility decline in Sri Lanka indicates a fertility transition which commenced in 1960 and thereafter witnessed a sustained fertility decline (Dissanayake, 1998). Whether a population is “young” or “old” is mainly

determined by the extent of the change in fertility levels in the past. Annual estimates of the total fertility rate (TFR) from 1952 show that in Sri Lanka, the values fluctuated during the period 1952-60 between 4.7 and 5.16, then a continuous decline up to 1975 and thereafter stabilization of the rate around 3.8. Nevertheless, TFR again started to decline at a rapid pace after 1980 until the 1990s and has reached the replacement level (i.e. 2.1) in 2000. At present, it appears that fertility in the country is below the level of replacement. It has been projected that fertility may continue falling until it stabilizes at 1.5 by 2010.

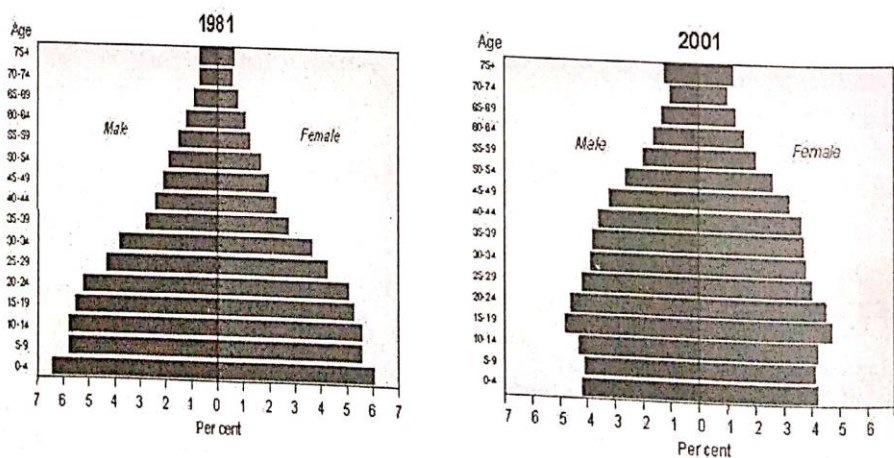
Table 1: Total Fertility Rate (TFR) in Sri Lanka, 1953-2000

Year	TFR	Percent Decline
1953	4.98	
1956	4.90	-0.54
1959	5.04	+0.95
1960	5.05	+0.19
1965	4.82	-0.91
1970	4.30	-2.16
1975	3.80	-2.33
1980	3.40	-2.11
1987	2.80	-2.52
1991	2.50	-2.62
2000	2.10	-2.12

Source: Department of Census & Statistics and Registrar General Reports for the years given..

Figure 1 presents the age-sex structure of the Population of Sri Lanka as at 1981 and 2001.

Figure 1: Age-sex structure of population, Sri Lanka, 1981 & 2001



Source: Department of Census and Statistics

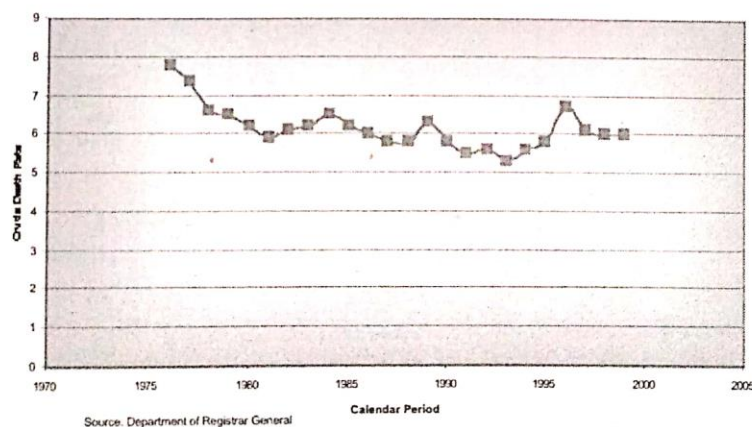
The sustained decline of fertility observed after 1960 has significantly affected the age structure to gradually move away from its broad-base, where the majority were in the younger age groups due to high fertility that prevailed before the 1960s. The trend is more visible with the accelerated decline of fertility, brought forth by the government's organized family planning programme in the late 1970s. When one compares the age structure of the Sri Lankan population between 1981 and 2001 (Figure 1), the reduction of the proportion of population under 20 years of age is clearly visible. The impact of the fertility reduction during the 20-year period, between 1980 and 2000, on the age structure of the population in 2001, establishes the fact that it is moving upwards, to produce a higher proportion of older persons.

Mortality and Morbidity Trends after 1970s

According to the theory of Epidemiologic Transition, the age of Degenerative and Man-Made diseases generally begins "when mortality continues to decline and eventually approaches stability at a relatively low level. The average life expectancy at birth rises gradually until it exceeds 70 years" (Omran, 1971:9).

This phase of the transition started in Sri Lanka in the 1970s. During this stage, it appears that diseases like heart diseases, cancer, stroke and diabetes become increasingly prominent gradually displacing pandemics of infection as causes of morbidity and mortality. Consequently, life expectancy of Sri Lankans also has increased because of the shift from infectious diseases known as the killers of the 'young' to degenerative diseases, which are associated with adult age groups. It has been

Figure 2: Crude Death Rate, Sri Lanka, 1976-1999

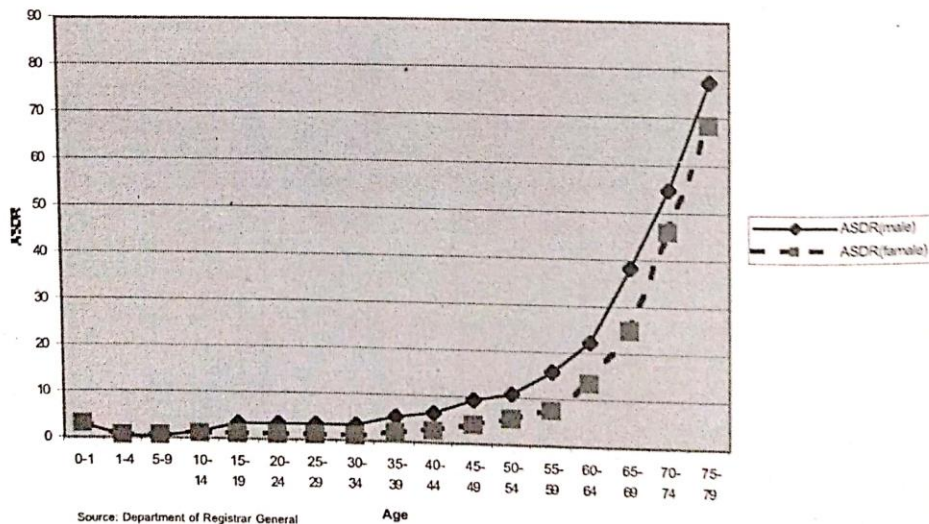


argued that when death rates fall below 10 per 1000 population as in Sri Lanka at present, death rates cease to be a sensitive indicator of a population's health (Omran,

1971:18). In such a situation, health progress needs to be measured more by morbidity than by rates of mortality. In fact, the improvement in morbidity has been much less than in mortality. It is important to note that Traumatic Injuries, Disease of the Respiratory System, excluding diseases of upper respiratory tract, Influenza and Pneumonia and symptoms, signs and abnormal clinical and laboratory findings have become the three leading causes of hospitalization in Sri Lanka in 1997. Morbidity and mortality rates in selected sub groups of government hospital patients indicate that the major substantial increase is seen in the group of Hypertension and Ischemic Heart Diseases during the period 1965 to 1981.

As shown in Figure 3, Sri Lankan women enjoy a better health status than women in other Asian countries. In contrast to the other countries of the region where the overall life expectancies at birth of the two sexes are similar, female life expectancy in Sri Lanka exceeds that of male by several years. In this context, Sri Lanka, seemingly has more in common with countries outside South Asia than other countries within the region. The major causative factors of these differences include, the development of the health system, public health measures that have reduced maternal mortality as well as socio-economic changes that have changed female status and the value of children (girls relative to boys) to both the parents (Pieris and Caldwell, 1997).

Figure 3 : Age-specific death rate, Sri Lanka, 1995



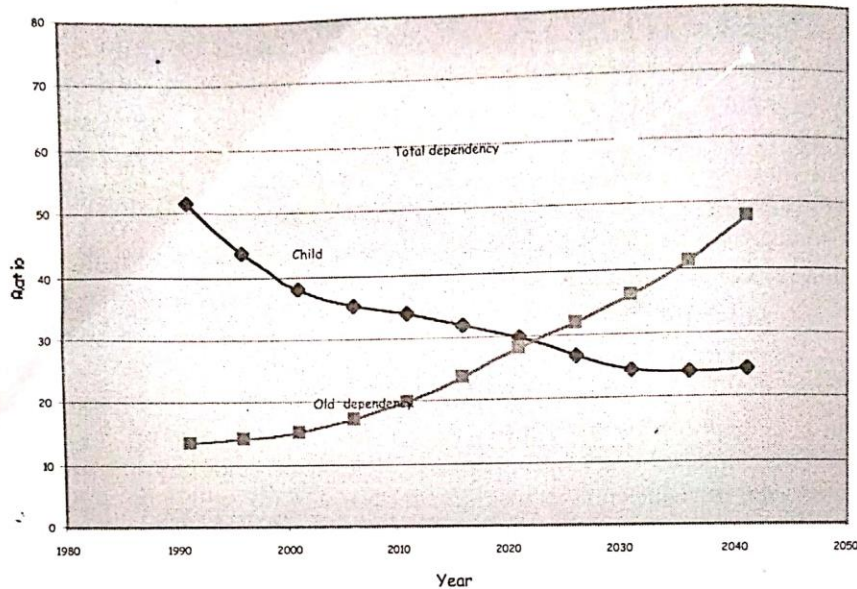
Population Ageing Process

As indicated in the earlier sections, changes in fertility as well as mortality influenced the age-sex structural change in Sri Lanka. The resultant age structure will produce a larger proportion of elderly population by the middle of this century. Projected population figures suggest that there can be about 29 percent of population in the ages above 60 years (De Silva, 1997) in the next few decades to come. This is even more than expected from the age-sex structural change of New Zealand because its elderly population may be around 26 percent by the year 2050 (Stephenson and Scobie, 2002). Furthermore, we may expect a change in the overall population growth rate. The population growth rate in the standard projection will be negative after 2036 (i.e. -0.10 during 2036-2041 period), which will indicate a decline in the total population. In this context, the total population in Sri Lanka will be 22.7 million by 2041. Therefore, the elderly population in year 2041 will be about 5.9 million, which is equivalent to the total population of 1931. This suggests that during about a little more than one hundred years time, Sri Lanka produces older persons equivalent to its original total population. The resultant change also will affect the median age of the population moving from 25 years in 1991 to 44.1 years in 2041. This is an indication that Sri Lanka in the 21st Century, is going to have a predominantly adult population compared to its predominantly young population during the twentieth century.

Economics of Aged Dependency

The most frequently cited summary statistics regarding the projected demographic changes are the so-called "dependency ratios". The old-age dependency ratio is the number of people over the age of 60 relative to the number of working aged people (15-60). Similarly we measure the child dependency ratio as the ratio of the number of people in the population less than 15 years of age relative to the working age population. The total dependency ratio is the sum of those people above and below the working age, all relative to the number of people in the working age population. Figure 4 shows that child dependency decreases, while old dependency increases in an accelerated pace during the 1991-2041 period. Old dependency will be 47.9 percent by 2041, which is equivalent to the child dependency observed during the first half of the 1990s. In fact, child dependency, which was 51.9 years in 1991, will drop to 24.6 in 2041, which is equivalent to the old dependency projected for the year 2016. It should also be noted that the lowest total dependency will be recorded in 2006, which shows that the changes taking place in the age structure will have favorable effects on the economy until the year 2006. However, economic planning needs to address the impact of population ageing which is going to be created after 1970 with the increase in the total dependency mainly due to the increase in old age dependency.

Figure 4 : Dependency Ratios, 1991 to 2041



Source: DeSilva, 1997

As the total dependency ratio reflects the burden on the working population, who has to simultaneously support their children and elders, a sharp increase in the total dependency means important implications for the economy. The decline in the total dependency until the year 2006 is mainly due to the decline in child dependency, which is caused, by the decline in fertility in the recent past. This suggest that the decline in child dependency will be able to pull the total dependency down to a certain time period but the growth in the old dependency will minimize the influence of the child dependency because of the age-sex structural change which is going to be caused due to the historical decline of fertility together with the increase in life expectancy.

Need for a Qualitative Life for the Elderly

The overwhelmingly important policy issue, which arises out of the preceding demographic analysis, must be that of the need to at least maintain and hopefully enhance the quality of life of the older population in the face of the prospect of rapidly expanding numbers of elderly citizens during the first half of the 21st century. Since the level of human poverty in Sri Lanka is substantial (UNDP, 1998: 40), this will be a major challenge to policy development and program implementation in the aged care area.

Available Support Systems and Living Arrangements

At the same time, it could be argued that some of the prevailing family and community organizations in Sri Lanka, can take the initiative in strengthening family and community based support systems for the elderly. Two aspects of traditional families in Sri Lanka favoured the aged being given support: firstly, the intrinsic normative structure which placed primary significance upon caring for one's parents and gave people a key and central role in the family; secondly, having a large number of progeny meant that the burden of care of the elderly was shared among a large number of children and grandchildren. The first of the two is clearly under threat with increased predominance of the nuclear family but the implications of the second also need to be recognized. With the decline in fertility and increased longevity, the ratio of kin carers to old people is being reduced and this may well be a factor in reducing the strength and effectiveness of informal support systems for the aged. It appears that the extent to which family support is accessible or even available to elderly people in Sri Lanka is being reduced. With the increased participation of females in the labour force outside the home, the availability of caregivers in the family house is declining.

It is not easy to establish with confidence, how the children of the aged and younger family members are willing and able to support the dependent elderly in the family, because of the unavailability of data. However, it is quite clear that greater labour force participation of both males and females, nucleation of the family and lesser number of children in the younger generation can contribute in a negative manner on the support of the elderly.

Health of Elderly and Issues of Health Care Expenditure

The single largest fiscal issue relating to ageing population is health care. A rising old-age dependency means that society's demand for healthcare will rise. This alone may mean an increase in government expenditure. By looking at the changes occurring in the age-structure of the population with the increase of the mean age of the population one can reasonably argue that changes in morbidity patterns that occurred in the twentieth century in developed countries can be expected to occur in the first half of the twenty first century in Sri Lanka. In this context, we may see basically three categories of morbidity and associated health care expenditure. One is the chronic disease requiring repeated or continued medical care such as diabetes, kidney diseases, arthritis, obesity, allergies and emphysema. This is in fact in addition to the highly fatal chronic diseases of the heart, cancer and stroke. The next category is accidents, particularly traffic accidents. The third category of diseases is the ones caused by stress, such as drug dependency, mental illness, peptic ulcers, suicide tendencies and hypertension. All these indicate that older populations will naturally place

a greater demand on health care systems and resources. Since the public sector is sharing the part of the burden of financing health care services, such an increase will inevitably put pressure on government budgets.

Another major health care cost issue of concern will be the feminization of the elderly population indicating an increase in dependent elderly widowed women. Increasing number of old-old women (i.e. those who are aged 80 years and over) can be discernible in Figure 3, compared to men in those ages. As discussed in earlier sections, in the absence of family support, increasing health care problems of the elderly and the inadequacy of old-age security systems, elderly women will be in a more disadvantaged position, if the government will not take any meaningful action to remedy this situation during the first half of this century.

Labour force participation among Elderly and Labour Markets

United Nations Economic and Social Commission for Asia and the Pacific (2002) emphasized the need for older persons to participate in the development process and the importance of facilitating their economic and social empowerment. The labour force participation rates of elderly males and females suggest that to a considerable degree, the family still relies on the elderly for economic support. This is very clear when Sri Lankan rates are compared with the Indonesian rates.

**Table 2: Labour Force Participation among the Elderly:
Sri Lanka and Indonesia, 1990**

Country	Males	Females
Sri Lanka	68.1	30.1
Indonesia	49.0	13.3

Source: Hugo, 1994; Department of Census & Statistics, Sri Lanka, 1997

Table three clearly indicates that as at 1994 a substantial proportion of Sri Lankan elderly in the younger age groups are participating in economic activity to earn their living. The proportion of males participating is much higher than the females

Table 3: Labour Force Participation Rates of Elderly Persons by Age Group, 1994

Age group	Male	Female
60-64	67.0	16.5
65-69	59.0	11.5
70 & +	39.0	7.0
60 & above	53.4	11.3

Source: Department of Census & Statistics, Sri Lanka, 1997

The sectoral composition and the age distribution of the Sri Lankan elderly show that a large proportion of them live in rural areas (Department of Census and Statistics, 2001, 1986). The urban-rural dichotomy of the locational distribution of elderly in Sri Lanka largely favouring rural areas, has far-reaching ramifications in the spheres of agricultural production, food security, the labour markets in rural areas and the process of development itself. The elderly in paddy cultivation, which is a labour-intensive crop, will experience reduced family support in the face of current demographic transitional trends. The possible alternatives in such a situation are, adoption of low labour-intensive technology or change to less labour-intensive crops. The poorer category of elderly who constitute the larger proportion of farmers in rural areas in Sri Lanka, will not be able to afford the modern labour-saving equipment. If they change over to less labour-intensive crops the quantities of staple diet of Sri Lankans, produced in rural areas may be reduced. In such circumstances there is a possibility that the agricultural land may be sold, transferred or taken out of production. The financial outcome of all these possible options is negative for the elderly farmers.

A major negative issue related to accessibility of elderly persons to labour markets is the prevailing high levels of unemployment in the country and the competition offered by young educated unemployed persons for a limited number of employment situations created by an economy which is obviously expanding at a slower pace than the current ageing process. The new skills and knowledge required for the modern jobs, place the older workers at a disadvantage, as the skills and training that they had received earlier become obsolete. In addition to technical modernization of the economy at a rapid pace, shrinking avenues of employment even in the traditional sectors such as agriculture creates further difficulties. For example, historical data on trends in employment by major industrial sectors show that in Sri Lanka, the proportion employed in agriculture declined from approximately 50 per cent in 1971 to approximately 41 per cent in 1994 (Department of Census and Statistics, 1976 and 1997). At least 8 per cent of those engaged in agriculture were elderly persons (Department of Census and Statistics, 1976, 1983, 1997). Even in the sphere of self

employment where better chances of gainful employment may exist, obtaining loans from the current banking system is a major problem due to unavailability of adequate collateral for the elderly.

Nevertheless it is clear that with advancing age, the capacity of the elderly to earn their own living declines and they are forced to reduce their workload or move out of the workforce altogether with the onset of old age. In situations where the elderly are unable to work enough to earn a living, their level of well-being is going to depend upon:

- * The extent to which they have been able to accumulate wealth and assets during the period of their more active working years.
- * The extent to which their children and other younger family members are willing and able to give them support.
- * The extent to which government provides support.
- * The extent to which other elements in the community give support (e.g. friends, NGOs etc).

Pensions, Consumption Savings and Investment Among Elderly

Receipt of retirement benefits is a survival prerequisite for the ageing population. Sri Lanka spends 2.2 percent of GDP on pension expenditure while in most industrialized countries, pension expenditure had become the largest single item in the public budget (ILO, 1995). Sri Lanka had a minute on pensions as early as 1901. This was made part of the statutory law by the enactment of the Judicial Officer's Pension Ordinance No.2 of 1947. In addition, a more limited Public Service Provident Fund was established in Sri Lanka as early as 1942 to cover certain categories of public sector employees that did not benefit from the government pensions. As people get old, they become less able to work and require material support from others. In this context, pension schemes have been developed to ensure a secure and adequate source of income for retirees. In fact, pensions are a form of old-age income security arrangement. It was shown earlier that the old age dependency tends to increase in an exponential manner and hence this will lead to an increase in the percentage of old-age pensioners and a decrease in the percentage of those in the formal sector of the labour force. Of an estimated workforce of 6.4 million in late 90's, public service pension is estimated to cover about 1.1 million and the provident funds and pension schemes for informal workers in the private sector are estimated to cover around two million. Therefore these retirement benefits are estimated to cover only 51 per cent of the work force (Wijewardena, 1999). Around 49 per cent of the elderly population have no retirement income.

A substantial proportion of the labour force in the country is employed in the informal sector, a sector of the economy, which does not, either register with official agencies, nor pay taxes and involves a vast multiplicity of small scale enterprises, often family based. In spite of difficulties, a formal pension scheme, incorporating this group has been developed in 1996. Introduction of 'Fisherman's Self Employed Pension Scheme' and 'Farmers Pensions Scheme' are two recent attempts in this regard. Another step towards the same goal is the attempt to utilize the Janasaviya and Samurdhi programme set up to achieve poverty alleviation among poor elderly. The adequacy of social welfare income received through these schemes, to meet the full living costs of elderly persons, is an important issue in this regard..

The role of elderly as consumers and their consumer rights have received less attention in most Asian countries largely due to low income levels associated with this segment of the population and their lower consumption rate. Sri Lanka is no exception. In the Asia Pacific region, programmes to promote consumer awareness and education among the older persons have been conducted only by 11 countries (ESCAP, 2002). Even though in most Asian countries the elderly constitute a smaller proportion of the age pyramid, they would constitute at least a fifth of the total population in Sri Lanka in the next two decades to come. Developing consumerism of the elderly is a step towards ensuring participation of the elderly in the development process.

Taxation and Transfer of Wealth Issues

Lump sum benefits received at retirement from pension schemes or provident fund schemes are generally exempt from taxation. Nevertheless profits incurred by the use of such funds for capital investment in self employment schemes or other industrial ventures may be liable for taxation, creating discouragement among elderly to engage in such ventures. The proportion of own account workers in the Sri Lankan economy amount to more than forty per cent of the total employed and close to 5 per cent are persons of age 60 years and above (Department of Census and Statistics, 1997). If there are mechanisms and encouragement for the young elderly pensioners (those in age group 60-71 years) to invest their lump sum benefits more profitably, with least risk, additional avenues of employment may be crated for elderly and enable them to be directly involved in the development process.

In situations concerning transfer of wealth, assets or property from one generation to another, there is a liability of the elderly being taxed. It is important to recognize that older persons play a dynamic role in transfer of land from one generation to another especially in traditional societies (UN, 2002). The expectation of the society as well as the tradition is that, at the reach of old age, the older generation should transfer assets such as property and other items of wealth to the younger generation. In such

circumstances not only the ownership or the income accrued from such assets is no more but the elderly person concerned may have to pay taxes which he can ill afford.

There are strong indications that the current generation of older persons in Sri Lanka has not been able to share in the economic benefits of Sri Lanka's development over the last few decades to the same extent, as have the younger generations. This is partly associated with the fact that the elderly have fairly low levels of formal education, as they were the first to experience the benefit of attending formal school. The primary school participation rates did not rise up to at least 50 percent of the school age population until 1945, in which year one could safely comment that the onset of mass schooling had commenced (Dissanayake, 1995).

Housing and Migration

Regional Survey on Ageing conducted by the ESCAP identified the need to ensure enabling and supportive environments for the elderly as a major area of concern and priority in the ESCAP region (ESCAP, 2002). In this venue there is a need to promote equitable allocation of public/private housing for older persons. Individual preferences and affordable housing options should be given to ensure that new urban or rural spaces are free from barriers to access/mobility. Such housing design should be age friendly and accessible.

A large proportion of elderly who live with their immediate family are also affected by the inadequate housing conditions prevailing in the country (Department of National Planning, 1997). Access to the most basic and essential services such as toilets, clean water and garbage collection are not available to a substantial segment of the Sri Lankan population. Such services are not adequately supplied even in urban areas where a majority of urban population live in precarious and unhealthy situations in the informal sector in slum and shanty dwellings. In such deteriorated urban areas, sizes of the houses are inadequate, located in unhealthy surroundings. In addition they need protection from crime which is rampant in urban areas, social discrimination, traffic and other hazards.

Sri Lanka had undertaken several public and private housing schemes for various income categories of population in the last few decades (Department of National Planning, 1997). The housing needs of the elderly had not been particularly addressed even though they constitute a substantial proportion of the population. In countries such as Australia, life cycle migration patterns show that elderly people prefer to migrate to housing villages with supporting services provided specifically for the elderly. In Sri Lanka there is a vacuum of research on the housing needs of the elderly.

The elderly who put up with their family in the rural areas are affected by non availability of housing which provide convenient and affordable access to health clinics and hospitals.

A major difference between Sri Lanka and the developed countries with respect to the elderly relates to provision of specialized services for the aged. In fact, there is very little formal aged service infrastructure available in Sri Lanka. For example, there is only a few specialized institutions for the aged and the level of institutionalization of the aged is very low as well. If we turn to non-formal community support systems for the elderly, it is also not widely available in Sri Lanka. Therefore, it appears that the public will be increasingly dependent upon the government to take care of the elderly.

Conclusion

Population ageing has the potential to become the single biggest economic and policy issue of the next fifty years. As such future policy, needs to be developed within a framework that recognizes the potential ramifications of population ageing. This paper highlights some of the key issues that need to be addressed within such framework.

Expenditure on the elderly will represent a substantial part of the government' budget and with the continuing rapid growth of elderly, the government needs to seek ways of reducing expenditure while still delivering a high quality of life to elderly population in Sri Lanka. Broadly it might seek to do this by providing support for the elderly to remain independent as long as possible, introducing 'pay as you go' pension plans as well as encouraging intergenerational transfers, using more family and community resources in the support of the elderly and using more paramedical services to meet the health needs of the elderly as opposed to high cost medical staff and services.

Sri Lanka is faced with a huge challenge in the rapidly increasing numbers of older people and moreover, this is occurring in a context where the extent to which family resources which have traditionally been the major source of support for the aged care, to at least some extent, likely to be diluted. This dilution will occur due to the higher ratio of older people to economically active people, to greater female workforce participation outside the home and to fundamental changes in the structure and functioning of the family. On the other hand, Sri Lanka will not have resources available to divert a substantial part of their spending toward the aged. In such a context, there is a need to recognize the potential of the local community and family to provide support of many kinds to the aged. This does not mean, however, that there should be an opting out by government from the process of ensuring the well being of

the elderly. Certainly from a government perspective a local community and family based approach will be as expensive as a totally centrally organized and funded comprehensive support system. However, it will need resources and backstopping in various ways.

The community and family have been important elements in maintaining the well being of the elderly in the past and they must be incorporated in such efforts in the future. The well being of the elderly will be assured if there is a tripartite cooperative involvement and commitment by the government, the family, and the local community which, perhaps most important of all, involves the elderly themselves in a range of active and consultative ways.

The overwhelmingly important policy issue, which arises out of the preceding demographic analysis, must be that of the need to at least maintain and hopefully enhance the quality of life of the older population in the face of the prospect of rapidly expanding numbers of elderly citizens during the first half of the 21st century. Since the level of human poverty in Sri Lanka is substantial (UNDP, 1998: 40), this will cause as a major barrier to policy development and program implementation in the aged care area. At the same time, it could be argued that some aspects of family and community organization can bear the responsibility in initiating and strengthening family and community based support systems for the elderly in Sri Lanka.

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