

EMERGING HEALTH ISSUES AMONG AGEING POPULATION IN SRI LANKA – A REVIEW



Original Research Article

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ABSTRACT

The ageing population in Sri Lanka as a country in South Asia has grown rapidly in the past few decades due to decline in birth rate coupled with longevity of living population. Statistics showed that the population above the age of 60 years was 2.5 million in 2012 which is 12.5% of the total population. According to the standard projection, presently the ageing population is around 14.6 percentages and it is expected to increase 22.1 percent in 2037. Ageing is associated with physiological, functional and pathological changes in human being affecting physical mental and social well being. Thus, the study has focused to identify the emerging health issues among elderly population and support to the policy makers to provide advancing health and wellbeing in senior citizens in Sri Lanka and secondary data has been utilized.

Emerging issues related to ageing and healths care of the elderly have been recognized by the government as a critical. While, almost 93 percent of the elderly population seeks health care from the existing primary health care network in the country and the rapid increase in the elderly population requires review of the existing health facilities. National survey on self-reported revealed that 55 percent of elderly population put pressure on health systems with the rise of chronic illness such as Diabetes, Hypertension, cardiovascular diseases, osteoarthritis, stroke, cancer, and Asthma. Further, defect of vision, hearing physical and mental performance are affected in various proportions of elders and resulted in lack of morbidity. Further predominance of current health issues present with age and female are more influence than male. Moreover, it has been identified that 32-50 percent of adult population seeking extraordinary care and geriatric therapeutic measures. Hence, promoting health lifestyles and broadening the use of palliative treatments to preserving the health of older adults are important to the present society. Thus, attention should be focused on making the policies to implement fruitful interventions to preserve the rights of the elderly and ensure their social security and easy access and also boarding to healthcare services.

Keywords : Ageing population, Emerging Health issues, Sri Lanka, Geriatric care

I. INTRODUCTION

Population ageing is a universal phenomenon, and it has become one of the leading demographic issues in most developing countries, particularly in the Asian region.

Sri Lanka has experienced a growing trend in population aged over 60 years since the 1950s. As a result of decline mortality and fertility rates; elderly population increasing rapidly in the past decades and one in eight Sri Lankans 60 yrs or over will be double by 2041. So every fourth person in the country will then elderly person in Sri Lanka. The projected proportion of the ageing population in Sri Lanka for the period of 2000-2030 is much higher than any other country in the southern Asian region with an expectation that 22 percent of the population will be over 60 by the year 2030^[1].

Ageing itself is not a disease, but changes at the cellular level, give rise to the changes of the organs of the body and make individuals vulnerable to various non communicable disease. Moreover, the National survey on self reported health in Sri Lanka conducted in 2014 highlights that more than 55 percent of the elderly population have reported some chronic illness including high blood pressure, Diabetes mellitus, cardiovascular diseases, Renal diseases, strokes, various types of cancers, and mental disorders^[2].

In addition, mental, social and Spiritual health also plays a role in the general health of the ageing population. Elderly people are more prone to have deteriorated levels of mental and social health due to physiological, psychological and social changes of his or her environment^[3].

Analysis based on several epidemiological studies, reported that dementia and depression are the most common mental disorders seen in elderly Population in Sri Lanka^[4]. But exact information on the national prevalence of mental diseases among the elders is not available.

As evidenced by several community based studies hearing, visual impairment and joint disorders leading to morbidity and disabilities identified among the older age population in the country.

Moreover a fairly high level of consumption of health service has been observed with 32-50 percent seeking medical care^[5]. The preferred source of care has been the allopathic system especially for the young- olds and for more severe form of diseases. Ayurveda medicine and over- the- counter drugs use was also high. In spite of such high levels of health care use, further needs were expressed to identify the health issues of ageing population and implement the national strategy to formulate policies to promote the health of senior citizens in Sri Lanka.

II. OBJECTIVES OF THE STUDY

1. To identify the emerging health issues among elderly population in Sri Lanka.
2. To support policymakers for implementation of strategies to enhance the quality of life of elderly individuals.

III. DATA AND METHODOLOGY

The data used for this study are secondary level and the data were gathered from the Department of Census and Statistics-Ministry of National Policies, Economic affairs of Sri Lanka, Ministry of Health and Central Bank Reports of Sri Lanka, publications and journals. The gathered data were analyzed using MS Excel 2007 software.

IV. RESULTS AND DISCUSSION

1. Growth of the Total population and Elderly in Sri Lanka

Table: 1 Growth of the total population and elderly, Sri Lanka 1971-2071

Year	Population 60+ years ('000)	Percentage (as of aged 60+) 60-74	Annual Growth Rate (%)	
			Total	60+yrs
1971	807	6.3	-	-
1981	986	6.6	1.60	2.04
2001	1731	9.2	1.17	2.83
2012	2468	12.2	0.74	3.32
2021*	3605	16.7	0.68	4.06
2031*	4536	20.7	0.14	2.29
2041*	5387	24.8	-0.08	1.72
2051*	6081	28.8	-0.28	1.21
2061*	6302	31.3	-0.47	0.36
2071*	6329	33.3	-0.57	0.42

Source: Data for 1971-2012 are from the Census Reports of the Department of Census and Statistics. Data for 2021-2071 are from De Silva (2007)

Note: * projected Population.

Sri Lanka's total population will continue in the foreseeable future. As a result of combined fertility, and international migration trends the proportion of Sri Lanka's population aged 60 and over rose 6.6 percent in 1981 to 9.2 percent in 2001. (Table1). Research carried out by the Department of Census and Statistic in 2012, the proportion of elderly in Sri Lanka has been increased up to 12.2 percent. The increased in the survival probability of the elderly population has become an additional factor in the ageing process.

2. Female and Male Ratio

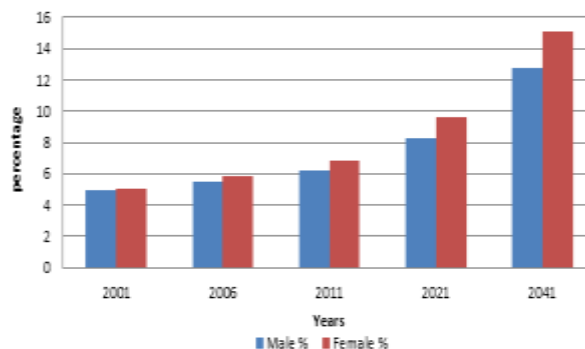


Figure: 1 Female and Male Ratio 2001- 2041

Source: Ageing population in Sri Lanka, Issues and Future Prospectus, United Nations Population Fund (UNFPA)- Pg 130

Figure:1 showed the projected proportion of elderly population suggest that there would be a remarkable increase in the elderly female population in the coming decades. As of 2001, the percentage of female above 60 year of age amounted to 5 percent of the total population with an estimated increase to approximately 15 percent by 2041. Increase of ageing population will cause the dependency burden of the working age population to increase, giving more weight age to old age dependency.

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3. Current health status of the elderly in Sri Lanka

Department of Census and Statistics, Ministry of national Policies and Economic affairs conducted national survey on self reported Health in Sri Lanka. It is first ever island wide house hold survey on health and this was conducted during 12 months period in 2014.

i. Distribution of chronic illnesses within different age groups in Sri Lanka

The prevalence rates calculated for chronic illnesses separately and for each gender for the total population and for the age 15 and above population.

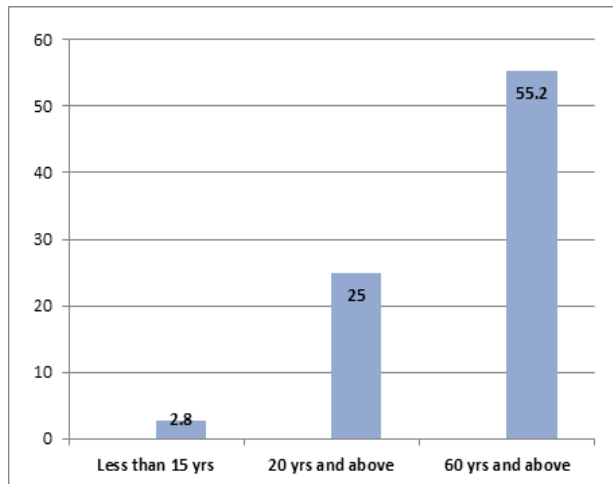


Figure: 2 prevalence of having any chronic illness within different age groups in Sri Lanka

Figure: 2 show that prevalence of having any chronic illness within different age group. The highest prevalence 55.2 is reported from the age group age 60 and above. Among the age 60 years and above population about one out of every two is reported having some chronic illness.

ii. Distribution of chronic illnesses in Sri Lanka

Table: 2 Distribution of chronic illnesses (as a percentage to the total cases reported) in Sri Lanka- 2014

Type of illnesses	Percentage to the total cases reported
High Blood Pressure	39.0
Diabetes	30.4
Asthma	13.8
Arthritis	11.4
Heart Disease	9.0
Mental illness	3.1
Stroke/ Paralyzed	2.1
Cancer	1.7
Epilepsy	1.7
Other	15.8

Source: National Survey on self- report health in Sri Lanka-2014, Department of Census and Statistics, Ministry of national Policies and Economic Affairs

Table: 2 shows the distribution of chronic illness in Sri Lanka and highest number of cases reported is on High Blood Pressure (39.0%) and Diabetes cases are the second highest (30.4%). About 15.8 percent of cases indicate other types of chronic illnesses.

i. Chronic illness by age and gender in Sri Lanka

Table: 3 Percentage distribution of persons having any chronic illness by age and gender

Age group (Years)	Gender		
	Male	Female	Total
Less than 14	5.2	3.1	4.0
15-24	2.8	2.5	2.6
25-59	47.1	48.8	48.1
60 and above	44.9	45.6	45.3
Total	100.0	100.0	100.0

Source: National Survey on self- report health in Sri Lanka-2014, Department of Census and Statistics, Ministry of national Policies and Economic Affairs

Table: 3 shows the percentage distribution of persons having chronic illness by age and gender. The higher rate of chronic illness in older groups is an expected result, because diseases such as Diabetes and High Blood Pressure occur more frequently among older persons.

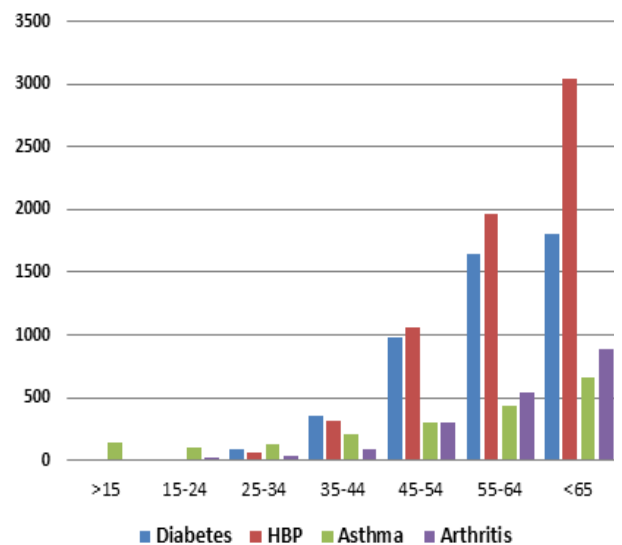
It has been revealed that the distribution of population having any chronic illness by age gender and level of education of the population.

Education has important social impacts on health conditions of the people. Some studies show that the level of education is strongly linked with health and the determinants of health conditions of people such as health behaviors, risky contexts and preventative service use. (Leon Feinstein, 2006)

iv. Prevalence of Diabetes, High Blood Pressure, Asthma and Arthritis in Sri Lanka

Figure: 3 Prevalence of Diabetes, High Blood Pressure, Asthma and Arthritis by age group (Per 10,000 populations)

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Source: National Survey on self- report health in Sri Lanka-2014, Department of Census and Statistics, Ministry of national Policies and Economic Affairs

The figure: 3 show the prevalence of diabetes, High Blood Pressure, Asthma and Arthritis. The data clearly highlighted that prevalence for all selected chronic illnesses are increasing with age. It is observed that High Blood Pressure and Diabetes are more prevalent among elderly population.

v. Disability among the elderly population

Table: 4 Age Specific overall disability among the elderly by number of persons per 10000 populations by Sex, 1981 and 2001.

Age group	Male		Female		Both Sexes	
	1981	2001	1981	2001	1981	2001
60-64	119.7	202.6	75.2	123.8	99.1	162.2
65-69	135.8	274.3	85.3	184.6	111.8	226.2
70-74	157.6	359.8	116.8	275.8	138.9	315.0
75 & above	202.8	549.4	164.6	525.3	184.3	536.4
Total	118.4	229.0	77.7	171.6	99.1	199.1

Source: Disability among Elderly in Sri Lanka, comparison of Disability Rates in Census of 1981 and 2001, 2009

Impairment of visual and hearing, difficulties in mobility and other disabilities in physical and functional performance are the most common disabilities found in elderly individuals in Sri Lanka. The proportion of the disabilities increase with age and female are affected more than their male counterparts. Table: 4 shows that all categories of disabilities have shown dramatic increases among the elderly population. For males the overall disability rate per 10,000 has been nearly doubled for all age groups during the period and for female the increase is above that of males.

In view of the above it has been observed that consideration need to be paid on aging population when health policies are formulated.

IV. CONCLUSION

Since Sri Lanka has experienced demographic transition in the past and also low death rate and longer living condition of elderly population has been increased generally. This increase of the segment of the aged population will have to address social, economic and health care issues in the country. The health care system in the country has focused on curative segment. However this situation has to be strengthened so as to improve preventive and elderly care system. Moreover the policy makers have to broaden their vision in the area of “growing old gracefully” since elderly population will take large proportion of the population in the future.

V. RECOMMENDATION

1. National Health Policies for geriatric health care services [6] [7] [8] [9]

- i. Manpower training and resource allocation needs to be accompanied by reorientation of health services for the needs of senior citizens
- ii. In the curative sector, cadre creation, appointment of specialist including Geriatrician and other Paramedical personnel
- iii. Develop geriatric medicine as a sub specialty, to appoint at least one geriatrician per Teaching Hospital initially to manage those over 70 years of age
- iv. Early detection of common health problems would lead to postponement or prevention of disability reduced health care cost and improve quality of life for senior citizens
- v. To promote health services delivery at primary, secondary and tertiary level need to be improved.

- vi. Preference to senior citizens at OPD and pharmacy strengthening and observing the referral system access to health clinics, mobile services and issues of assistive devices, day centers with mobilization of community resources and NGOs support

2. “The elderly”- to be redefined

Sri Lanka is demographically on par with developed countries with the increased life expectancy. Hence, the authorities could reexamine cut-off age of elderly and shifting it to 65 years, which would be beneficial to the country.

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