17. PROMOTING HEALTHY AGEING

Experience from Tea Estate Communities in Sri Lanka

INTRODUCTION

The population of the world is ageing. There is growing awareness of this in developed countries, but less awareness that the pace of population ageing is much faster in poorer countries than in richer ones. It took a century in developed countries for the proportion of people over 60 years of age to double from 7% to 14%; many Asian countries are making the same demographic transition in fewer than 25 years. By 2020, it is predicted that 67% of the global population over 60 years of age will be living in developing countries (Shrestha, 2000).

The change in the age structure of populations, as societies develop, is the result of a fall in high death rates, followed, after a lag, by a fall in fertility rates. Death and birth rates then tend to stabilize at lower rates, and population growth slows. The proportion of older people increases. This transition is also happening at a time of other major social changes, including migration, modern social and technological influences, smaller families, with commensurate changes in traditional roles, and women working outside the home—all of which are influenced by and influence globalization and urbanization.

The ageing of populations has many benefits. Older people make significant social, cultural, and economic contributions to their families and communities. They undertake childcare, domestic and agricultural work, guide young people, and influence reproductive, maternal, and child health choices. However, their ability to contribute is often undermined by chronic health conditions, poor nutrition, and preventable disability. These conditions often lead to financial hardship and loss of productivity for the families of elders and for health care services. Promotion of healthy ageing therefore has the potential to contribute to poverty alleviation. Issues associated with ageing of the population particularly affect women, not only because women have longer life expectancies than men but also because women are the ones who tend to care for dependent elders in the family.

The rapid increase, within low-income settings, in non-communicable diseases, especially cardiovascular disease, cancers, respiratory diseases, and diabetes, is now receiving increasing attention on the international health agenda. But considerations relating to healthy ageing on the one hand and to the chronic conditions that predominantly affect quality of life on the other remain relatively neglected. These conditions include muscular-skeletal problems, urinary...
incontinence, blindness, falls, nutritional deficiencies, tuberculosis, violence or neglect, and mental health problems such as dementia and depression. The risk factors of high-fat, high-salt diets, lack of exercise, smoking and alcohol use also come into play (World Health Organization, 2010). Although there is strong evidence that social isolation is as significant a risk factor for premature mortality and morbidity as the other conditions cited (Holt-Lunstad, Smith, & Layton, 2010), this factor is one that receives even less attention than the physical concerns. There is an urgent need to re-orient primary health care and health promotion toward healthy ageing.

Sri Lanka has one of the fastest ageing populations in the world (Siddhisena, 2000). It also has a strong primary health care system. Since 2004, the Burnet Institute (an Australian medical and public health research institute) and a local non-government organization (NGO), the PALM Foundation (a community-driven development organization working toward the social empowerment of tea plantation communities), have collaborated on a community-based project in the district of Nuwara Eliya. The project aims to improve the health and wellbeing of older people in the tea estate sector, to promote traditional values of respect, and to teach lessons that will be useful for health care of the elderly throughout Sri Lanka and other nations in the region.

CONTEXT

The Democratic Socialist Republic of Sri Lanka is a small South Asian lower-middle-income island nation with a population of about 20 million. The decades-long civil war ended in 2009. The population is ethnically and culturally diverse: about 74% are Sinhalese (mostly Buddhist), 18% Tamil (mostly Hindu), and 5% Muslim. The remaining percentage is made up of Burghers and Malays. The proportion of the population aged over 60 years is currently about 12%, projected to increase to 18% by 2020.

The cool and damp district of Nuwara Eliya district is in the hill country of the Central Province. Here, 56% of the population work on tea estates and are predominantly Tamils of Indian origin; their ancestors were brought by the British in the 19th century to work on the tea plantations. Because mortality and birth rates did not decline in the estate sector until the 1980s, the rate of ageing has been slower than elsewhere in Sri Lanka; about 7.5% in the district are over 60 years of age (Department of Census and Statistics, 2010).

In 2005, we undertook a baseline survey of a random sample of households in a “project-designated” area of Nuwara Eliya district. We found that nearly all elders were living with relatives; only five percent were living alone. About 70% of the women and 34% of the men were illiterate, and 32% of respondents reported their health as “bad” or “very bad.” About 60% of the men had experienced prostate symptoms. About 44% of the respondents had experienced some degree of urinary incontinence, with similar proportions of men and women suffering symptoms. The women elders had had a mean of 5.6 live births. Almost 10% of the elders reported being blind and 9% reported poor hearing. Almost a third (32%) said they