

A close-up photograph of two white plumeria flowers with yellow centers, set against a background of dark green tea leaves. The flowers are in sharp focus, while the leaves are slightly blurred.

The health and well-being of older people and their families in the tea estates of Sri Lanka

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Sri Lanka

Population: 19 million

Lower middle income
country

Ethnic groups:

Singhalese 74%

Tamil 18%

Muslim 7%

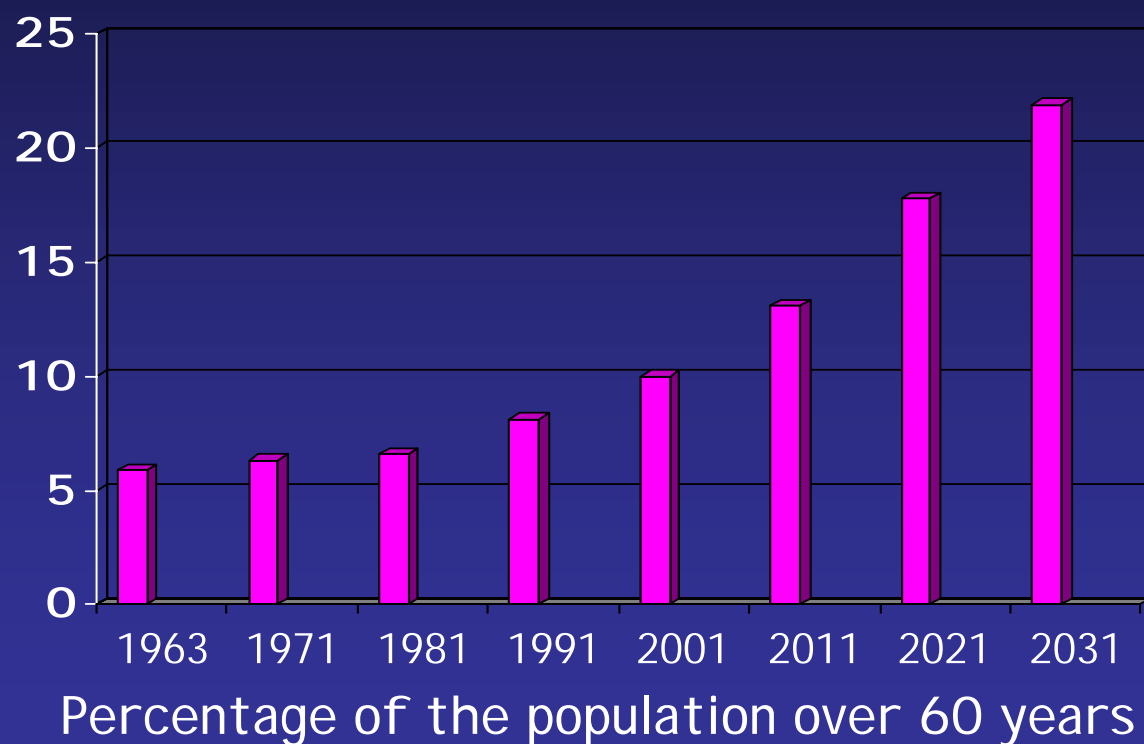
Other 1%

Gained independence
from Britain in 1947



Ageing in Sri Lanka

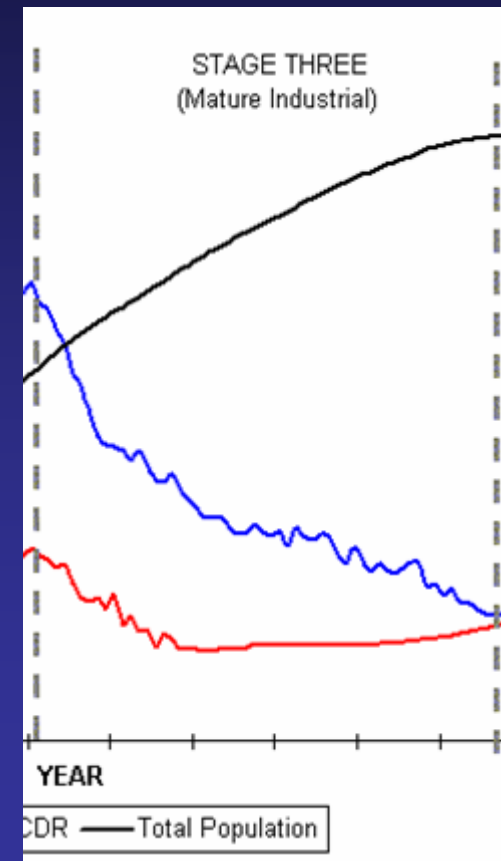
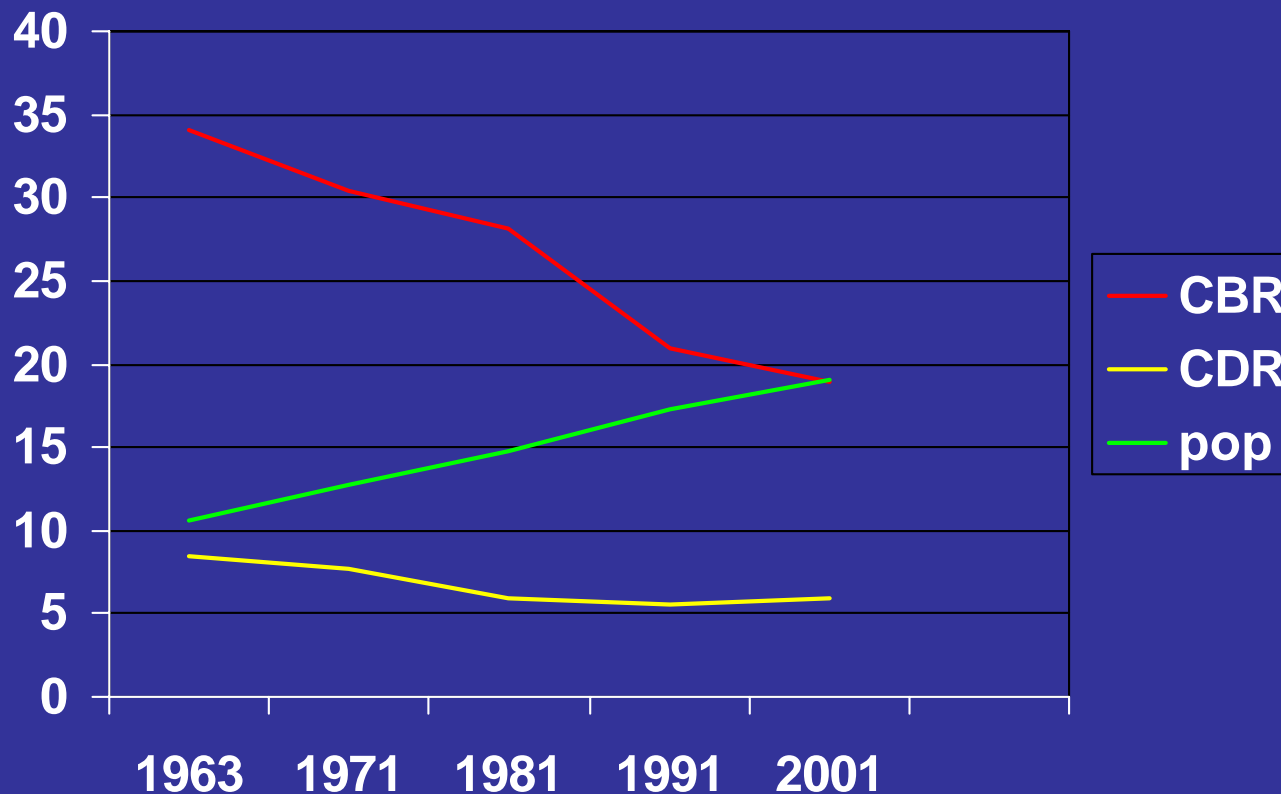
The proportion of those over 60 years of age is increasing more rapidly in Sri Lanka than in any country in the world



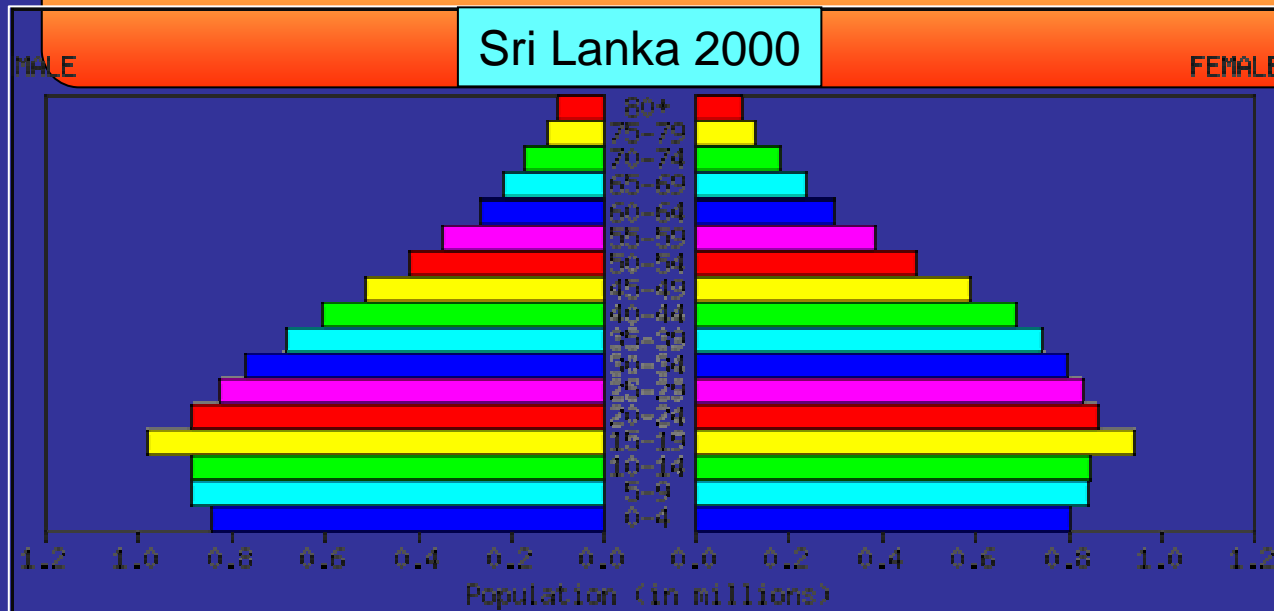
(Sources: Population Censuses and Demographic Surveys 1994 of Depr. of Census and Statistics, Sri Lanka
Annual Health Bulletin -2001(2002) Department of Health, Sri Lanka)

Demographic transition well advanced

Sri Lanka has been in the third stage of the classic transition since the 60s



Projected change in age pyramid



Source: US Census Bureau, International database

Life expectancy at birth

1946: 42.8 years

1981: 70 years

2000: 72 years

For men: 69.5 years

For women: 74 years

General situation of older people in Sri Lanka

Older people in previous generations have been cared for within an extended family. They provided important services within the family. This structure is gradually changing and being replaced by nuclear families.

- Families are smaller, with Sri Lanka reaching replacement level fertility around 2001
- Migration of the young and active to urban areas (opening of free trade zones and factories)
- Large proportion of women seeking employment outside the home
- Employment of 800,000 women in the Middle East
- Employment of both spouses for economic reasons

Government responses

'National Committee on Ageing' under Ministry of Social Welfare:

- Additional bank interest for fixed deposits
- Elders' identity card
- Special out-patient counters at some hospitals
- 3000 Elders' Committees
- Special magazine
- Coordination, monitoring, and evaluation
- Advocacy and promotion of rights

Government responses

Ministry of Health Division of Youth, Elderly, Disabled and Displaced Persons:

- Started a program of 'active aging' in March 2000, planning to cover the entire country by 2005
- Community health care for older people established in 58 of 200 MOH areas
- Training of MOH staff
- Meetings for inter-sectoral coordination
- Community needs assessment in MOH

Government responses

- Mobile screening clinics and referral for cataract surgery
- Equipment and facilities for field clinics (e.g. glucometer for urinary sugar)
- Training of health volunteers
- New day care centres, and visits to existing centres
- Survey of morbidity and mortality in 20 large hospitals
- Training of under and post-graduate students in care of older people
- Special identity card for people over 70 years, and special attention

Help Age Sri Lanka

- Training courses on care of elderly (12 types)
- Day centres (60)
- Adopt an Elder (21 projects)
- Dementia unit
- Eye camps (18 camps in 2003-4, 1500)
- Eye care hospital (2300 cases in 2003-4)
- Hearing aids
- Housing project
- Volunteer home care
- Fund raising-tills; direct mail; cards

Ceylinco home nursing services (private)

- Several home care services
- Branches in five large towns - employs approximately 400 trained nursing aids
- Provide a service that includes dressing of wounds, colostomy care, catheter care, nasogastric feeding, insulin injections, and nursing care to prevent bedsores, etc.
- Only high-income groups can afford this service
- Employs individuals trained at HelpAge Sri Lanka.

Promoting health and well-being of elders in the plantation sector in Nuwara Eliya and neighboring districts

– a community health project collaboration between the Palm Foundation and the Burnet Institute



Plantation sector

The tea and rubber plantations have around a million Tamil residents (about 5% of SL population).

Almost all brought from South India in the first half of the 19th century, during the British occupation.

Some workers are from neighbouring Sinhala villages.



The men get ready to spray pesticides

Plantation sector

When Sri Lanka achieved independence in 1948 'Indian Tamils' disenfranchised.

The country made progress in social welfare - plantation residents left behind.



Only in the 1970s health, education, housing, water and sanitation interventions began.

Many able to vote only in the last decade.

Access to health care and educational services remains limited.

Plantation sector

The hill-country is cold and wet for half the year.

~ 80% of workers still live in 'line rooms' - 10 x 10 feet with a small verandah; 10-20 rooms back-to-back and side-to-side.



Poorly maintained, overcrowded, damp and smoke-filled.

The largest killer is respiratory diseases

Tamil tea workers waiting in the rain for their daily wages.

Plantation sector

Workers receive only \$2 per day. Women retire at 50; men at 55 years. Most live with their children.

Retirees receive a provident lump sum to which they contribute along with the employer.

Once retired they have no trade union or political voice.



Gigi Oddone, <http://digilander.libero.it/travelphoto/>

Plantation sector



Little attention paid to older people – health professionals mostly speak Sinhala and English – not Tamil - health care services tend to focus on maternal and child health

Palm Foundation

Registered NGO - founded in 1985

Based in Nuwara Eliya – work at 16 state-owned tea plantations, and 14 villages

Palm's aim:

To improve the situation of Tamil families of Indian origin working on the tea plantations, and the Sinhalese inhabitants of the surrounding villages.

Serve about 50,000 people in 10,500 families.
About 5000 would be over 60 years.

PALM activities

- CBO formation and strengthening
- Savings and credit projects
- Organic farming
- Waste management
- Catchment protection
- Drinking water supply
- Sanitation
- Alternative technology promotion
- Masonry training
- Construction of pre-school buildings
- Minor infrastructure-footpaths, bridges, etc
- Community health education
- Early childhood (pre-school) education
- Fundamental rights education program

The health and well-being of older people and their families in the tea estates of Sri Lanka

Goal

Through a participatory development approach, to promote the health and social well-being of elders and their families, and to foster traditional values of respect and care for the elderly



The damp, hilly, tea country

The health and well-being of older people and their families in the tea estates of Sri Lanka

Objectives

- To advocate for the rights of elders in the plantation sector, and for re-orientation of health and social welfare services to better address their needs
- To train health care and social welfare workers in the prevention and management of disability and chronic diseases suffered by the elderly



Tea pickers, Nuwara Eliya

The health and well-being of older people and their families in the tea estates of Sri Lanka



- To mobilise plantation sector communities to improve the participation and quality of life of elders and of family members that care for dependent elders
- To identify and assist the most vulnerable elders – beggars, homeless, neglected, and mentally disturbed

The health and well-being of older people and their families in the tea estates of Sri Lanka

- To improve the economic and social security of older people in the plantation sector
- To develop and evaluate strategies for working with older people and with their families and communities



www.notcrazyisnormal.de/aussschreibung斯里兰卡.htm

The health and well-being of older people and their families in the tea estates of Sri Lanka

- To provide opportunities for older people to transfer and preserve their traditional skills, medicines, and history
- To identify research needs
- To disseminate our experiences to govt and non-govt agencies in Sri Lanka and elsewhere



Jay Boyle Co, www.astrologicalgem.com

Stakeholders

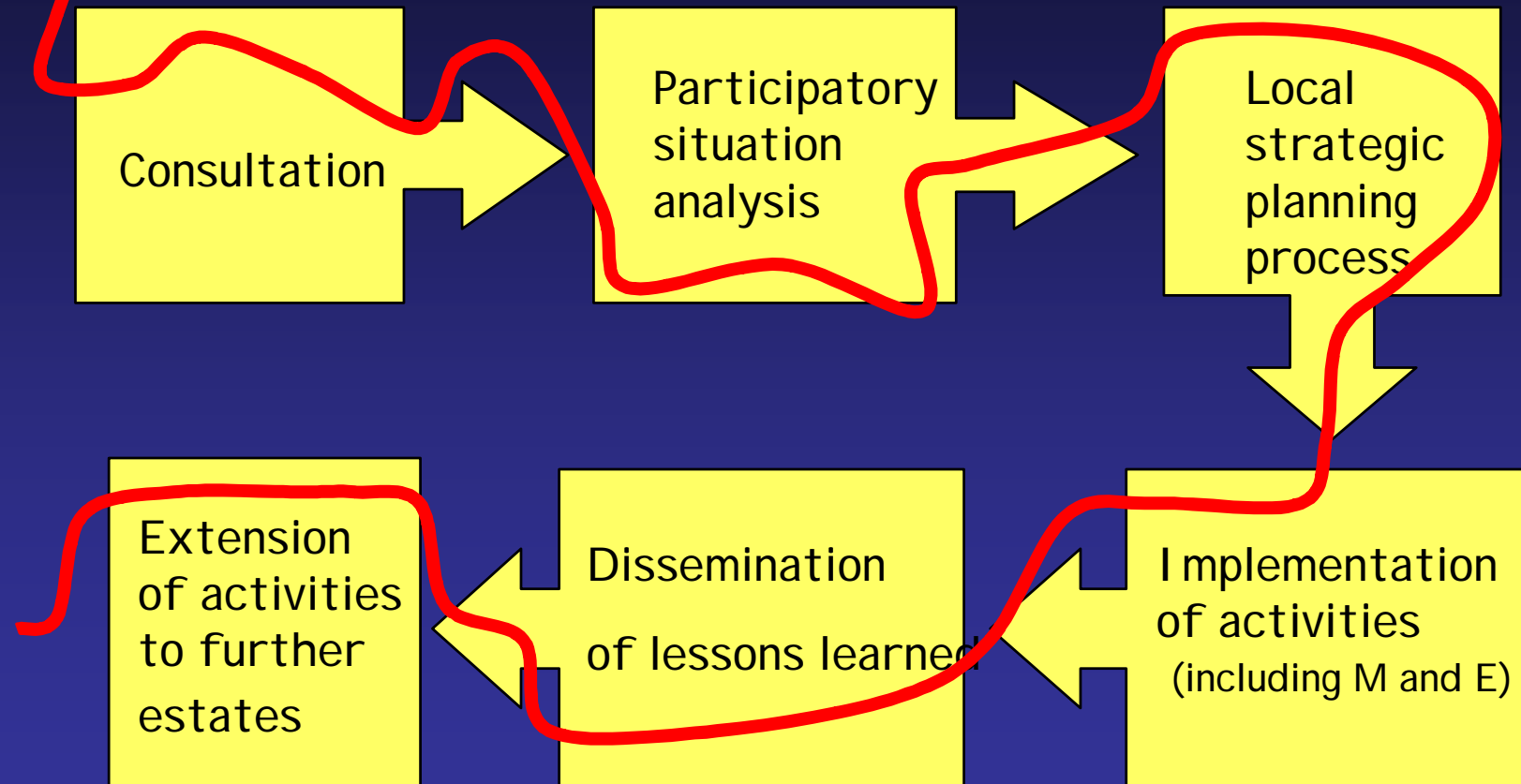
- Local elderly community members and their families
- Social mobilizers
- Leaders and members of CBOs
- Preventive and curative peripheral health workers
- Ayurvedic practitioners
- NGOs which work with the elderly, disabled and mentally ill, especially HelpAge Sri Lanka
- Religious leaders
- District and Divisional Secretariats
- Grama Sevaka (village leaders)
- Municipal Council of Nuwara Eliya
- Plantation Managers
- Union officials

Stakeholders

- Social workers
- Teachers
- Health education officers
- Board members of local Homes for the Elderly
- The Provincial Council Ministry of Health
- The Committee on Elderly Persons
- The National Ministry of Health
- The National Ministry of Culture
- The National Ministry of Social Services
- The Plantation Human Development Trust
- Print and electronic communication media organisations
- Interested private sector companies, and
- The Sri Lankan Medical Council and other relevant professional bodies.

Project sequence

Ongoing documentation
of process





PALM workers
have held 30
focus group
discussions with
older women...

...and older men

as well as with young
people, and the middle-
aged





Focus group discussion, older women, Palm Foundation, Sri Lanka



Focus group discussion, older women, Palm Foundation, Sri Lanka

Quotes from focus group discussions

Older people are valued by their families and contribute in many ways:

"They tell stories, they sing lullabies, they take us to temple festivals, they advise us not be involved in bad habits – if only they live better they will look after us" *[young person]*

Quotes from focus group discussions

Many adult children feel a sense of responsibility for their parents:

" Since I spent their EPF (Employment Provident Fund) I will surely look after them .
Won't I?" *[middle-aged man]*

Quotes from focus group discussions

But older women, without income, often feel a burden to their families:

“There are many grand children. Only my son works, they have family problems; How can I ask for good food?” [older woman]

Quotes from focus group discussions

Not all adult children take care of their elderly parents, and there were some stories of abuse:

"I have three sons, yet no one looks after me, I live alone with my wife. They don't even give food. If we ask they will hit us, therefore we do not ask for any thing"
[older man]

How do older people spend their time?

Older people undertake many household jobs:

- cooking
- washing utensils
- cleaning house
- laundering
- collecting and storing firewood
- collecting water
- taking tea for those working in the fields
- grocery shopping

How do older people spend their time?

- Pass on cultural and traditional practices, including traditional medical practices, how to pluck tea and other work skills
- Look after children while parents are at work
 - bathing and feeding children
 - taking children to and from school
- Gardening, cultivation, weeding
- Casual labour, collecting fodder for cattle
- Carpentry and other income generating activities

Social problems reported by older people

- Lack of security
- Neglect by children
- Dependency
- Cannot demand or talk for themselves
- Giving up own comforts for their adult children
- Conflicts with youth and children-in-law
- Feeling lack of respect
- Frustration

Social problems reported by older people

- Cannot meet or satisfy their own needs
- Becoming destitute
- No ownership of house
- No access to any help
- Beaten by adult children
- No basic civic documents
- Lack of income generating work
- Having to do domestic jobs though feeble
- Not being able to keep up with 'modern life'

Social problems reported by older people

- Illness
- Unable to get nutritious or favourite foods
- Seizure of assets and pension (retirement payment)
- Looking after children
- Burden of looking after the family if the daughter-in-law is working in the Middle-East
- Inadequate medical and health facilities
- Lack of awareness of available medical facilities
- Lack of income
- Lack of prominence or respect in public functions or public places

Questionnaire survey

A questionnaire survey was conducted to quantify these problems and explore associations.

The questionnaire was developed through a participatory process – with technical support from Burnet Institute.

It was translated into Tamil and Sinhala, pre-tested and modified.

The survey reference population was the households in estates served by the Palm Foundation.

Questionnaire survey

Topics included:

- Personal details
- Household and family
- Education
- Health status, including symptoms, disability, mental and emotional health
- Health-care seeking behaviour
- Health risk factors (nutrition, hygiene behaviours, exercise, drug and alcohol use, water, and sanitation)
- Housing
- Family and community participation and connectedness
- Economic issues
- Problems and benefits of getting older

Questionnaire survey

Staged cluster sampling method

420 old people were surveyed

Stage	List used	Sampling method
One	Divisions of estates	30 clusters by random PPS within the survey area
Two	Division clusters from Stage One	14 households by standardised systematic sampling
Three	Households from Stage Two	Person older than 60 years resident in the household

Planned strategies

- Advocacy
- Increasing community awareness of the need to care for older people and enable them to participate fully
- Initiatives to encourage the preservation and transfer of traditional skills and cultural strengths, e.g. music, dance, and crafts
- Oral history program
- Activities between young and older people
- Improving facilities at estate dispensaries/hospitals and district hospitals for older people
- Health promotion

Planned strategies

- Training of estate health and welfare staff in care of older people, including improved record-keeping
- Development of management and referral guidelines
- Linkages with MOH services
- Improving access to basic civic documents and pension schemes
- Micro-credit schemes for income generating activities
- Linkages with Dept of Social Services, including pension scheme