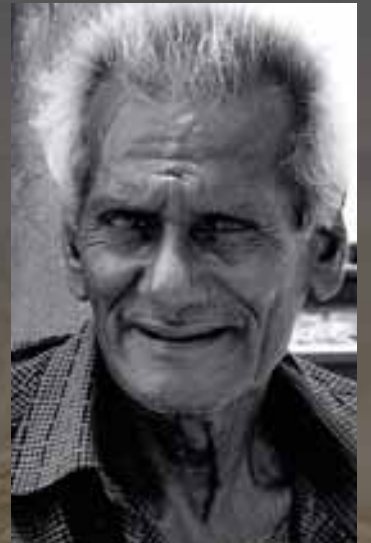


# 20.4 MILLION:

SRI LANKA'S POPULATION AT A GLANCE



The United Nations Population Fund



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- Mr H.R. Gunasekera, Consultant, UNFPA, lead author of the publication and 1: Demography of Sri Lanka, Chapter 2: Age-sex structure, Chapter 5: Patterns of marriage, Chapter 6: Sexual and reproductive health, Chapter 7: Ageing, Chapter 8: Mortality, and the Glossary. Mr. Gunasekera was also responsible for planning the publication.
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## UNFPA

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every childbirth is safe and  
every young person's  
potential is fulfilled



# 20.4 MILLION:

## SRI LANKA'S POPULATION AT A GLANCE

CHAPTER 01 - Demography of Sri Lanka – An Overview	Page No 10
CHAPTER 02 - Age-sex structure	Page No 22
CHAPTER 03 - Youth	Page No 34
CHAPTER 04 - The differently abled	Page No 44
CHAPTER 05 - Patterns of Marriage	Page No 56
CHAPTER 06 - Sexual and reproductive health	Page No 72
CHAPTER 07 - Ageing	Page No 88
CHAPTER 08 - Mortality	Page No 100
CHAPTER 09 - Mobility	Page No 114
CHAPTER 10 - Labour	Page No 130
Conclusions	Page No 140
Glossary	Page No 143
References	Page No 147





# Foreword

Demography is not destiny. Recent data from the Population and Housing Census 2012 suggested that by 2041, one in four Sri Lankans will be over the age of 60.

At the same time, data also reveals that the proportion of the country's population aged 15 to 59 is gradually declining which has a lasting impact on the society as a whole.

With the rapidly shifting population dimensions of Sri Lanka, there is a need for continuous research and evidence to formulate short, medium and long term development strategies which take into account basic demographic shifts. Demographic dimensions such as ageing, gender ratio, migration and spatial distribution will influence how the policy- and decision makers have to plan and budget for Sri Lanka's development.

Evidence-based data which captures changes in population dynamics will directly affect some of the elements of Sri Lanka's socio-economic development such as employment, health and education. At the United Nations Population Fund (UNFPA) we work closely with the Government of Sri Lanka and other partners linking population issues relating to reproductive health and rights, youth, ageing, gender equality, disability and mobility to the main development challenges.

The objective of this publication is to provide a comprehensive, yet simple overview of Sri Lanka's population. The analysis is based on the latest available information from the Population and Housing Census 2012, various surveys, research studies and administrative records. But as we go beyond numbers, we thought that it was important, to show how the data



continued in this report is bringing emerging issues to the forefront of the nation's development agenda. We hope that the evidence-based policy directions outlined in this publication will serve as a reference guide for policy makers and planners for many years to come.

As Representative of the United Nations Population Fund (UNFPA) in Sri Lanka, I am proud that we are part of Sri Lanka's journey as a newly emerging middle-income country. We stand ready, and we are honoured and pleased to confirm our continued assistance and commitment to the Government of Sri Lanka and all key stakeholders to link data to national development planning and budgeting.

**Mr. Alain Sibenaler**  
**UNFPA Representative**

# Executive Summary

Sri Lanka is a country going through rapid demographic change. The changes taking place have far reaching implications for Sri Lankan society and its future trajectory. For the policymaker, accounting for demographic trends is a key factor to consider in planning and can also act as a guide in selecting policy priorities.

Sri Lanka's population has increased threefold since 1871. However, between 1946 and 2012 there has been a steady decline in the population growth. In terms of demographic transitions, we have seen a lowering of death rates since 1946, and fertility rates, since the 1960s. However, fertility rates have increased slightly since 2000.

Decomposing the future population into demographic components, it is concluded that Sri Lanka's future population growth will be mostly driven by population age structure.

The data from 2012 highlights the ethnic and religious majorities as Sinhalese and Buddhist (74.9 per cent and 70.1 per cent). The ethnic minorities comprise of Sri Lankan Tamils, Indian Tamils, Sri

Lankan Moor and other, while the religious minorities comprise of Hindu, Islamic, Roman Catholic and other Christian groups.

Sri Lanka's age-sex composition is an important factor to consider when studying population dynamics. Unlike India and China, Sri Lanka does not have the problem of excessive prenatal selection due to son preference. In the Sri Lankan population, females outnumber men by about 646,000 and females have a higher life expectancy than men.

Sri Lanka's population is ageing fast and life expectancy is increasing due to a combination of social and economic factors. As a result, living

The data from 2012 highlights the ethnic and religious majorities as Sinhalese and Buddhist (74.9 per cent and 70.1 per cent). The ethnic minorities comprise of Sri Lankan Tamils, Indian Tamils, Sri Lankan Moor and other, while the religious minorities comprise of Hindu, Islamic, Roman Catholic and other Christian groups.



arrangements of the ageing population is an important factor with important socio-economic implications.

In terms of Sexual and Reproductive Health (SRH), Sri Lanka has been a South Asian frontrunner in the move towards developing SRH programmes. As a result, in general the youth have an acceptable level of access to resources and information about SRH, resulting in lower adolescent fertility rate than most other South Asian countries. But there are still significant knowledge gaps amongst the youth about SRH.

8.7 per cent of Sri Lanka's population consists of persons with at least one of the six disability domains defined in the Census of Population and Housing 2012. The census also revealed that there is a positive correlation between age and disabilities. As a result, there needs to be a greater focus on not only disability services and care, but also geriatric care. With regard to a younger,

differently abled population, there is room for improvement of educational services and vocational training resources. Finally for the entire differently abled community, there is a lack of accessible social services.

The marital status of women may determine their participation in the labour force, which, in turn, affects their levels of dependence and poverty. It is reported that in Sri Lanka, out of 5.3 million households in the country, 1.3 million households or 24.3 per cent are female-headed households, and of those 24.3 per cent, there are more married women than widowed. Widowhood can have negative social and psychological consequences, which can result in a socially disadvantaged situation. Marriages at teen ages can also have very negative social, psychological and physical consequences, increasing the rates of maternal and child mortality.



Sri Lanka has historically been a success story in population related policy making. The key driver has been its early and steady fertility decline, achieved without coercive measures, and playing an important role in facilitating economic and social development. Sri Lanka's fertility decline was largely due to its relatively easy and sufficient access to education and health services which facilitated a rapid decline in maternal and infant mortality and saw major gains in overall life expectancy.

Sri Lanka's fertility transition began in the 1960s and its Total Fertility Rate (TFR) has declined continuously since then, and has reached the replacement fertility level. There is an inverse relationship between education and fertility levels and policymakers still need to work towards attaining a stable decline in the TFR. In 1965, Sri Lanka accepted Family Planning as a national policy and since then the contraceptive prevalence rates have increased continuously.

Several issues also remain relatively unexplored. Recent developments suggest that Sri Lanka may be seeing an increase in fertility beyond replacement levels (Sri Lanka's fertility fell below replacement levels in the 1990s). This is largely unprecedented for countries which have achieved fertility decline through the introduction of family planning. Further investigation is required into whether such developments are a temporary anomaly or an emerging trend. If it is an emerging trend, the implications and responses will need to be studied carefully.

As a result of this demographic transition, that is still underway, the country is within the window of a 'demographic dividend' where the population shifts from having a high number of (usually) young dependents to a greater number within the working age population. While the higher numbers in the working age population combined with lower numbers of dependents can be crucial for economic growth, it is insufficient on its own.

**In Sri Lanka, out of 5.3 million households in the country, 1.3 million households or 24.3 per cent are female-headed households. Of that 24.3 per cent, there are more married women than widowed.**





The demographic dividend is also transient. Sri Lanka is now in the latter stages of its demographic dividend and with increased life expectancy, needs to prepare for the onset of population ageing. To prevent 'growing old before growing rich', policy measures will need to work towards creating an environment where people can choose to actively participate in the labour force beyond the current retirement age. Sri Lanka will also need to solve the problem of the extremely poor labour force participation by women, which is one of the lowest in Asia.

Furthermore, the labour force participation rate of Sri Lanka's ageing population has shown to be lagging behind that of other South Asian countries and the functional difficulties of Sri Lanka's aged population is especially pronounced. The country's fast ageing population could have profound implications on the greater population.

Mortality in Sri Lanka saw a substantial decline in the second half of the twentieth century and that decline has been continuous. Life expectancy for both males and females increased significantly between 1920 and 2000. It is projected that by 2021, male life expectancy will reach 71.7 years while female life expectancy will reach 81.7 years (Gunasekera, 2008). New challenges have also emerged. While there were impressive gains in life expectancy for many years, those gains are relatively low for men. Male mortality is traditionally higher in most countries, but in Sri Lanka the gap of over 8 years is unusually high, suggesting serious issues in men's health and other external risks.

Mobility in Sri Lanka has contributed to an uneven distribution of the population because more than one third of the internal migrants migrated to the Western Province, known for its developed infrastructure, commercial services, industrial zones and resources. The demographic profile of these migrants is very important and can directly affect society.

In 2013, Sri Lanka's labour force was made up of 53.8 per cent of the country's population. Although Sri Lanka has an impressive Human Development Index in the South Asian context, it is still lagging behind in its labour force participation. This is partly due to the extremely low levels of female participation in the labour force of the country. The post-war era has seen a decline in unemployment perhaps due to the recommencement of economic activity in war-affected areas.

Overall, Sri Lanka remains ahead of its South Asian neighbours in the completion of its Human Development Goals. It was ranked highest in South Asia in 2013 for its Human Development Index (an indicator of Health, Education and Income). As a signatory to the Millennium Declaration of 2000, Sri Lanka has been working towards eight Millennium Development goals over the last fourteen years. It has managed to make a large amount of progress and has achieved a great deal in its efforts to reach these development goals. However, many challenges remain in unlocking the full potential of Sri Lanka's population.



## Chapter 01

# Demography of Sri Lanka

– An Overview





Sri Lanka's population as recorded in 2012 is 20,359,439.

This is an eightfold increase from the number recorded in Sri Lanka's first Population Census conducted in 1871.





## Why Demography?

A better understanding of a country's population dynamics and related issues is critical for informed and effective policy making. Many aspects, including population growth, ageing, reproductive health of women, urbanization, migration, and the changing aspirations of youth contribute to the development debate. The development agenda must consider these population dynamics and address the associated challenges. Population dynamics affect economic development, employment, health, poverty, social protection, gender equality and many other areas. The sustainability and viability of development strategies initiated by a country depend greatly on how these population-related issues are integrated into the development framework.

Sri Lanka has historically overcome some of the key population challenges faced by the developing world such as rapid population growth, infant

mortality and maternal mortality more successfully than many of its peers in similar economic positions. However, while this brings advantages for a country's positioning for economic growth and development in the form of a 'demographic dividend', other challenges such as population ageing can also emerge.

## Population size and growth

Sri Lanka's population as recorded in 2012<sup>1</sup> is 20,359,439. This is an eightfold increase from the number recorded in Sri Lanka's first Population Census conducted in 1871. The country's population doubled from 2.4 million in 1871 to 4.8 million in 1925 (a period of 54 years); reached 9.6 million in 1960 (in 35 years); and doubled again to 19.2 million in 2004 (in 44 years). The number of years taken for each two fold increase differed due to variations in growth rates. The average annual population growth rates over the census years are shown in Figure 1.1.<sup>2</sup>



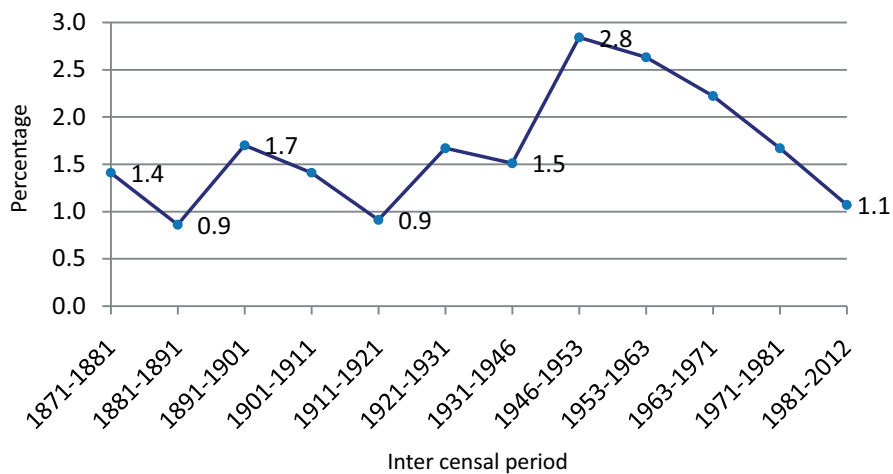
1. Census of Population and Housing, 2012

2. Figure 1.1 shows growth rate for 1981-2012, as no census was conducted in the 1990s and 2001 census did not cover the entire country.

Population growth rates in Sri Lanka have fluctuated up to 1946. There was a significant increase from 1946-1953 followed by a decline in population growth rates. It remains at 1.1 per cent from 1981-2012.

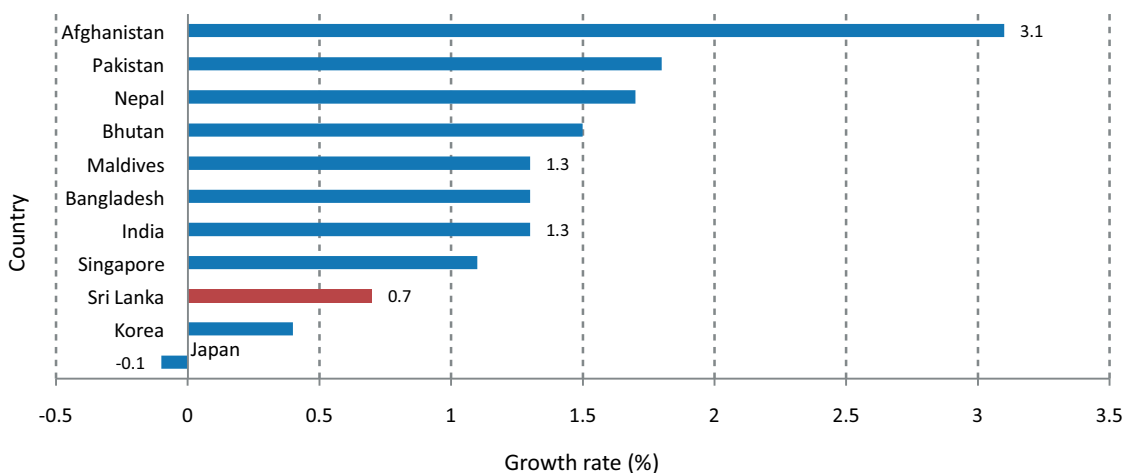
Comparison of population growth rates in the South Asian region, specifically among the countries of the South Asian Association for Regional Cooperation (SAARC), are shown in Figure 1.2.

**Figure 1.1: Population growth rates 1871 - 2012**



Source: Various Census Reports, Department of Census and Statistics

**Figure 1.2: Comparison of growth rates in SAARC and selected Asian countries**



Source: State of the world Population, 2012; Sri Lanka figure computed from Population Census data

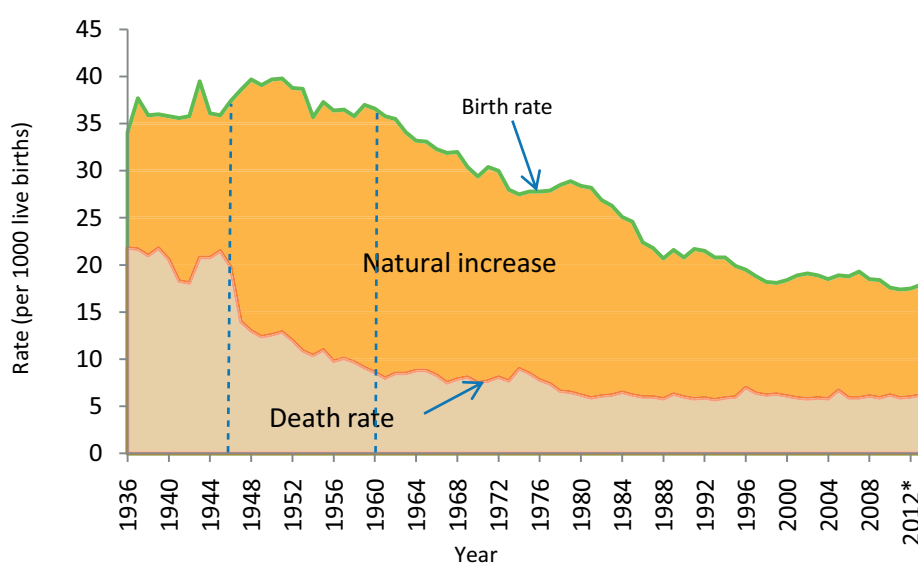
The growth rate for Sri Lanka presented in Figure 1.2 here is for the 2001-2012 period in order to compare it with available data from other countries. Sri Lanka has the lowest growth rate among the SAARC countries. In fact its value is nearly half that of India and Bangladesh. These changes in growth rates occur as a consequence of demographic transition.

### Demographic transition

Demographic transition refers to the transition from high birth and death rates to low birth and death rates as a country develops over a period of time. Population growth is slow when both birth and death rates are high, resulting in lower life expectancy and unstable demographics for economic and social development. The slow

growth, arising from low levels of both births and deaths, is most desirable for the development of a country. The gradual decline in death rates in Sri Lanka began in the 1920s with an organized effort to provide public health services. However, up to 1946, both birth and death rates were relatively high, so the growth rate remained below 1.7 per cent. The success of the malaria control programme resulted in the eradication of malaria in 1946. Consequently, the death rates fell rapidly, resulting in growth rates well above 2 per cent during 1946 - 1953. After 1960, birth rates started to decline, arresting the higher growth. Sri Lanka is still cruising through this stage of fertility decline.

**Figure 1.3: Natural increase of population 1936 - 2013**



Source: Various Census Reports, Department of Census and Statistics



### Decomposition of future population into demographic components

Population changes occur as a result of changing fertility, mortality and migration patterns. In addition, the current population age structure also influences future growth (momentum). All four demographic components can have a significant impact on the future population growth. Factoring the contribution from demographic components is important for developing future economic, social and environmental policies and programmes.

### Impacts of the demographic components on population growth

- Contribution of fertility to population growth is positive if fertility is above replacement levels. At the replacement level a woman, on average, is replaced by one daughter. To have one daughter, a woman needs two children on average, as the probability of having a daughter at pregnancy is 0.5. But since more boys are born than girls and not all daughters survive

from birth to reproductive ages, a slightly higher value of 2.1 children per woman is taken as the replacement level fertility.

- Contribution of mortality to population growth is positive, if mortality declines and vice versa.
- Contribution of momentum to population growth is positive if the age structure is predominantly young and negative if the age structure is predominantly old.

Population is subject to increase or decrease even when fertility remains at the replacement level and mortality at the constant level with no migration.<sup>3</sup>

### Decomposition procedure

The contribution of each demographic component (fertility, mortality, migration and momentum) to future population growth has been analyzed recently by the United Nations Population Division (United Nations, 2013a). The analysis covers the period 2010–2100 for 201 countries.

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**Unwanted Childbearing: defined as births that occur after a woman has reached her desired family size. By 2050, the unwanted fertility component is expected to contribute to a population increase of 1.7 million**

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3. When the age structure is predominantly young, population momentum has a positive effect, as births produced by females at reproductive ages will exceed deaths and vice versa.

An advanced version<sup>4</sup> (UNFPA) has been released attributing the fertility component to two distinct underlying causes (1) unwanted childbearing (defined as births that occur after a woman has reached her desired family size), and (2) high desired family size, which are of importance to policy makers. Mortality and migration are combined in this approach, as these two factors are of less interest to population policymakers. The four projections in the decomposition

procedure and the effects on population growth with each added one factor are shown in Table 1.1.

The summary of these projections for Sri Lanka is shown in Table 1.2. The base population value used for 2010 in the United Nations projection is not consistent with the Census of Population and Housing 2012 figure. Hence the United Nations projections have been refined and shown in the Table 1.2.

**Table 1.1: Factors affecting future growth by type of projection**

Type of projection	Factors affecting future growth
Momentum	Age structure
Replacement	Age structure, mortality + migration
Wanted	Age structure, mortality + migration, wanted family size
Standard	Age structure, mortality + migration, fertility (wanted + unwanted)

Source: <http://www.devinfolive.info/decomposition>

**Table 1.2: Alternative population projections for Sri Lanka 2010-2050**

Population projection	2010 (in mil)	2050 (in mil)	% growth
Momentum	20.124	24.538	21.9
Replacement	20.124	22.800	13.3
Wanted	20.124	21.405	6.4
Standard (UN medium)	20.124	23.105	14.8

Source: adjusted projections from <http://www.devinfolive.info/decomposition>

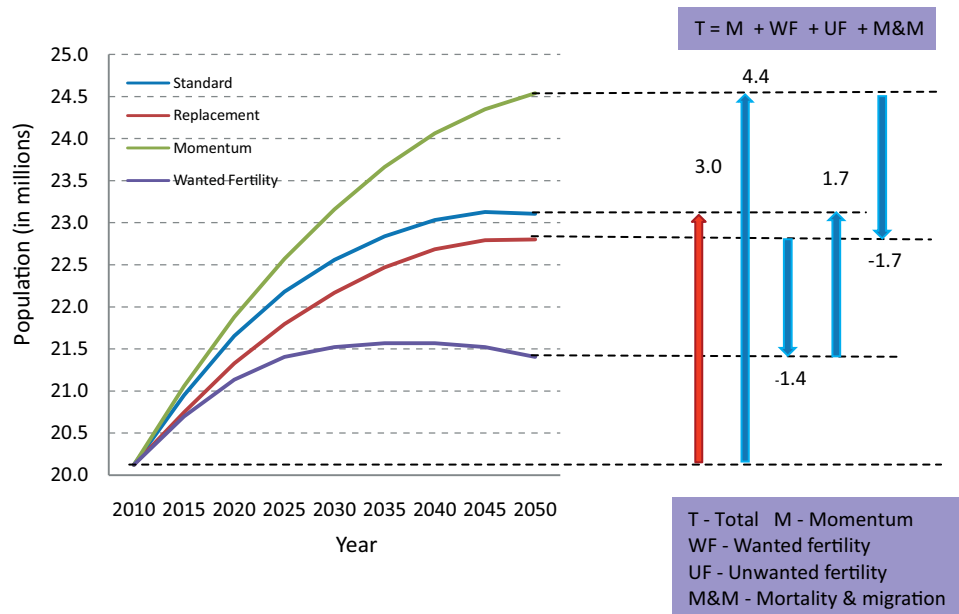
4. <http://www.devinfolive.info/decomposition>

The total population of Sri Lanka is expected to increase by 3.0 million, from 20.1 million in 2010 to 23.1 million in 2050, according to the standard variant. The effect of the momentum component, resulting from changes in age structure, is expected to increase the population by 4.4 million. The unwanted fertility component also contributes to an increase of 1.7 million. On the other hand mortality

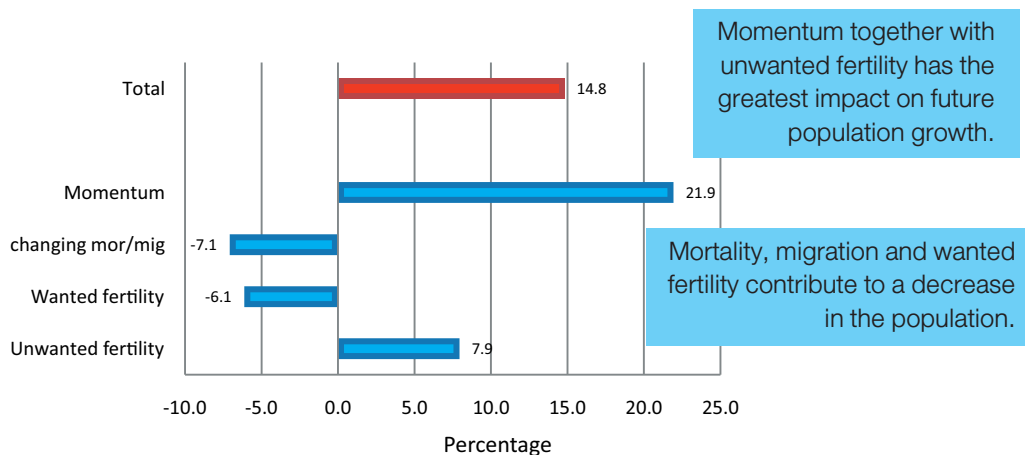
and migration components together explain a decline of 1.7 million. Wanted fertility also tends to decrease the population by 1.4 million. Component totals add up to the total population increase.

The percentage contributions from adding each component to the growth of population are shown in Figure 1.5.

**Figure 1.4: Alternative population projections 2010 - 2050**



**Figure 1.5 : Percentage change in population due to addition of components**

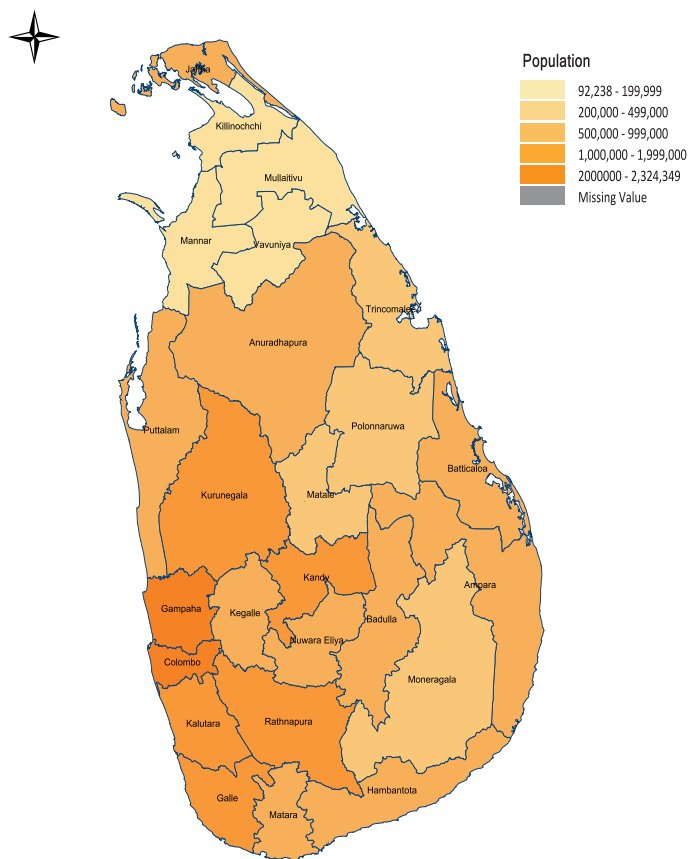


### Population size and growth by district

Colombo and Gampaha are the only districts with a population exceeding 2 million comprising of 2,324,349 and 2,304,833 respectively. Colombo's population is 11.4 per cent of the total population of Sri Lanka. (Department of Census and Statistics, 2014a).

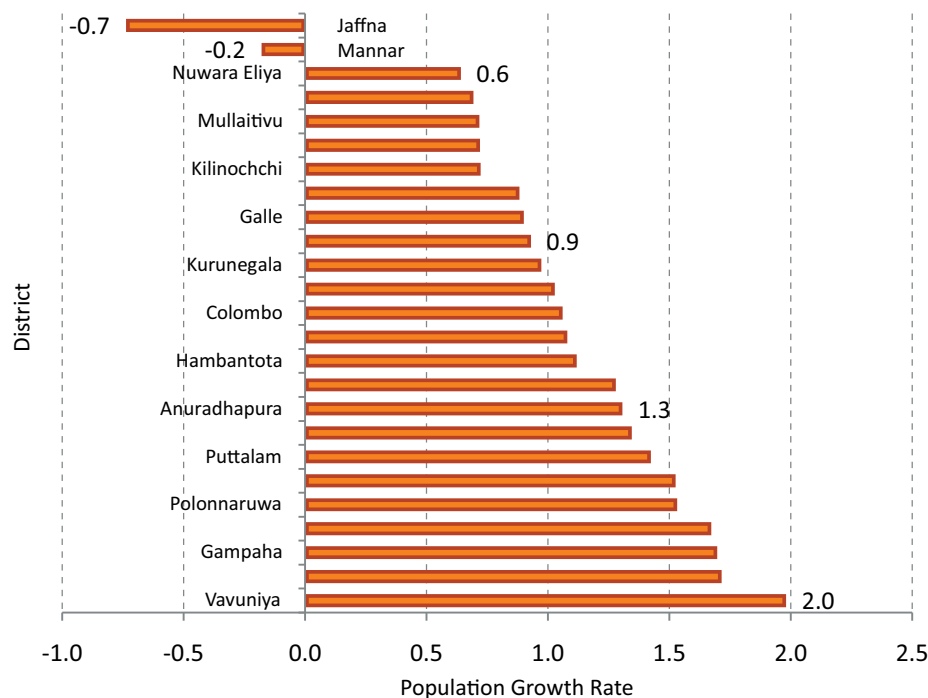
The Kurunegala, Kandy, Kalutara, Ratnapura and Galle districts have populations exceeding one million contributing to more than half of the total population of Sri Lanka. (Department of Census and Statistics, 2014a). The districts of the Northern Province (except Jaffna) record populations less than 200,000, with Mannar recording less than 100,000 and Mullaitivu (the lowest) at 92,238.

**Figure 1.6: Population distribution by district – 2012**



Source: Census of Population and Housing, 2012

**Figure 1.7: Population growth rates of districts 1981-2012**



Source: Data from Census of Population and Housing 2012

There is a significant spatial variation in growth rates across the 25 districts ranging from 2.0 to -0.7 per cent, with the highest (2.0 per cent) reported from the Vavuniya district. This may be due to a large number of in-migrants being received by Vavuniya from the neighbouring districts of the Northern Province during the conflict. Many have since returned following the end of the conflict. However, some have opted to settle down in the Vavuniya district due to the better education and employment facilities. High growth rates are recorded in Ampara, Gampaha and Moneragala districts (1.7 per cent), with the lowest growth (0.6 per cent) recorded for Nuwara Eliya district (among rates with positive values). A possible reason for this is out-migration for employment. It is interesting to note the prevalence of negative growth rates in Jaffna (-0.7 per cent) and Mannar (-0.2 per cent) due to out-migration

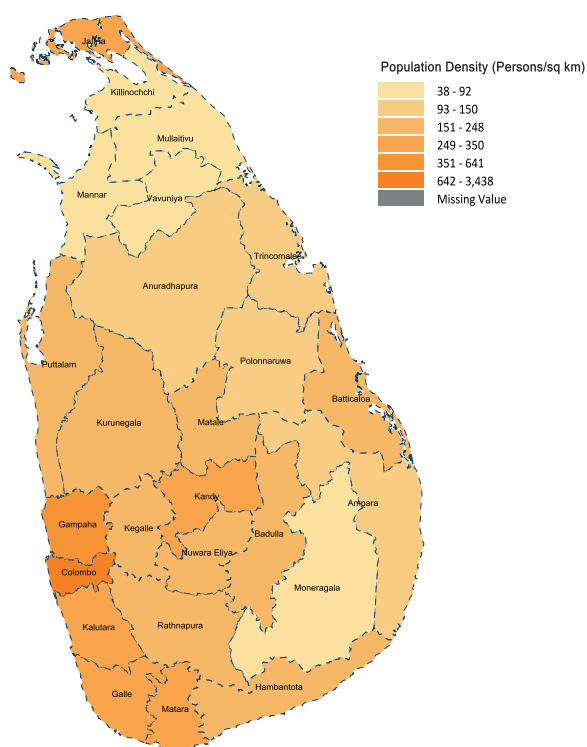
during the conflict period (Department of Census and Statistics, 2014a).

The number of persons living in an area of one square kilometre is defined as population density. At national level, population density is 325 persons per square kilometre, which records an increase of 41 per cent from 230 persons per square kilometre since 1981 (Department of Census and Statistics, 2014a). Sri Lanka has the fourth highest population density among SAARC countries and a significantly higher density than the global average.

There is a wide spatial variation in population density among districts in Sri Lanka. It varies from 38 persons per square kilometre in Mullaitivu to 3438 persons per square kilometre in Colombo. The highest density for Colombo is due to its high level of urbanization.



**Figure 1.8: Population density by district - 2012**



Source: Data from Census of Population and Housing 2012

**Table 1.3 Level of density by district**

	Province	District	Density (persons per sq kilometer)
High Level of density	Western	Gampaha	1719
		Kalutara	775
	Southern	Galle	658
		Matara	641
	Central	Kandy	717
Northern	Jaffna	629	
Low level of density	Northern	Kilinochchi	Less than 200
		Mannar	
		Mullaitivu	
		Vavuniya	
	Eastern	Ampara Trincomalee	Less than 200
North Central	Anuradhapura Polonnaruwa	Less than 200	
Uva	Moneragala	Less than 200	



# Age-sex structure





## Sex Ratio at Birth (SRB)

is usually in the range of 102 to 106.

Departure from this biological norm may be due to prenatal selection or under reporting of female births.





Understanding age–sex structure, which is a fundamental characteristic of population composition, is essential for the analysis of population dynamics. Variations in the basic components of population change i.e. fertility, mortality and migration are reflected in the age–sex structure while conversely, the age–sex composition of a population affects its fertility behaviour, mortality levels, migratory movements and labour force participation.

The age–sex structure of a country also has profound policy implications. Sri Lanka's age–sex structure has undergone and is undergoing significant change. This creates policy considerations for many areas including:

1. Implications of demographics for future economic growth potential
2. Demand for jobs and labour force participation
3. Gender distinctions in labour force participation
4. Health care provision and changes in demand on types of health care
5. Demand for education and changing expectations
6. Pensions and welfare allocations

N.B. Issues on jobs, labour and education are discussed in Chapter 3. Healthcare and Pensions are discussed in Chapter 7.

## Sex composition

Examination of the sex ratio, which is defined as the number of males per 100 females at different stages of the life cycle, reveals how it varies due to underlying demographic processes. Biologically, the probability of conceiving a male embryo is slightly higher than that of conceiving a female embryo. As a result, the sex ratio at birth (SRB) is usually in the range of 102 to 106.<sup>5</sup> Departure from this biological norm may be due to prenatal sex selection or under reporting of female births or both. practices or both. Son preference, seen in countries like India and China, has not been a prevalent issue in Sri Lanka. Birth registration data for Sri Lanka shows that the SRB has remained constant in the range 104–105 during the last four decades (Department of Census and Statistics, 2013), implying that a son preference is not a contributing factor in Sri Lanka.



5. [http://whqlibdoc.who.int/publications/2011/9789241501460\\_eng.pdf](http://whqlibdoc.who.int/publications/2011/9789241501460_eng.pdf)

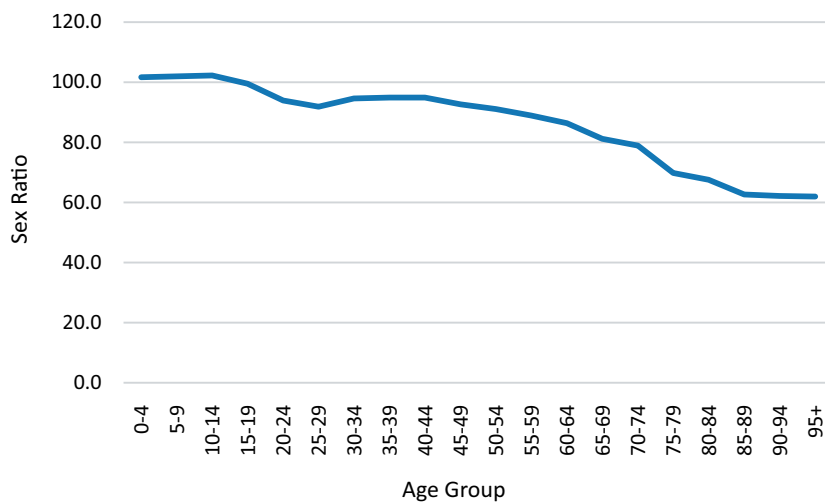


The age specific sex ratio is the sex ratio characterising specific age groups. Figure 2.1 shows the changing pattern of sex ratio with age. A declining trend is seen in the sex ratio as age advances due to the higher mortality of males compared to females(See Chapter 8).

declined over the past years (Department of Census and Statistics, 2014a). Since there is no evidence of excessive male international migration in comparison to females, the disparity is mainly attributed to higher life expectancy of females compared to males. For example, during 2000-2002, life expectancy at birth of females (77.2 years) exceeded that of males (68.8 years) by 8.4 years.

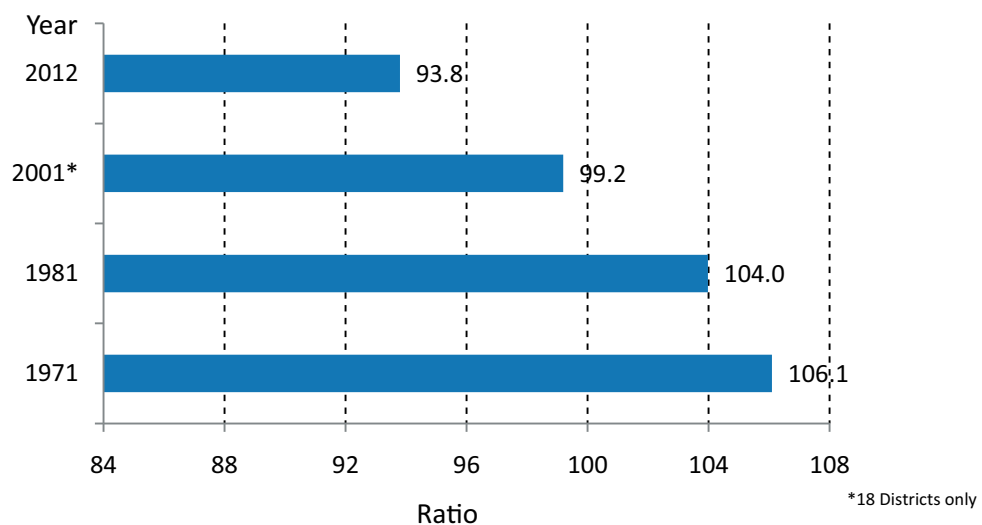
The sex ratio of the total population was 93.8 in 2012 with females outnumbering males by about 646,000. As shown in Figure2.2, the sex ratio has

**Figure 2.1: Sex ratio by age groups - 2012**



Source: Sri Lanka SIS data of the Department of Census and Statistics

**Figure 2.2: Sex ratio of the total population 1971-2012**



Source: Department of Census and Statistics, 2014a

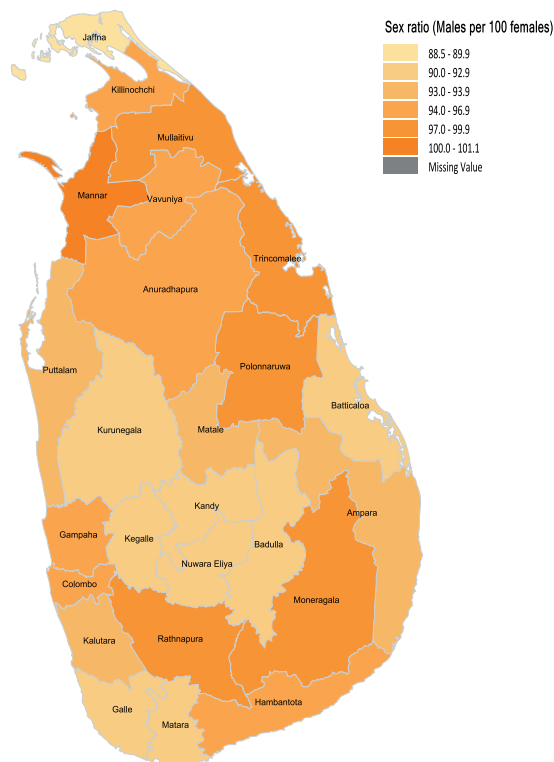
Analysis of sex ratios by district reveals that only Mannar district has more males than females with a sex ratio of 101.1 (Figure 2.3).

Traditionally, districts with high sex ratios in dry zone areas such as Moneragala, Polonnaruwa, Trincomalee, Vavuniya and Anuradhapura have recorded values below 100. The lowest sex ratio of 88.5 is recorded from the Jaffna district.

### Age composition: An Overview

Age pyramids provide a graphical view of population distribution in 5 year age groups. A comparison of age pyramids for different years shows the changes in the age composition as a result of changing fertility, mortality and migration patterns. Age structure can be divided into three broad age groups: children (below 15 years), working age (15-59 years) and the elderly (60 years and above)<sup>6</sup>.

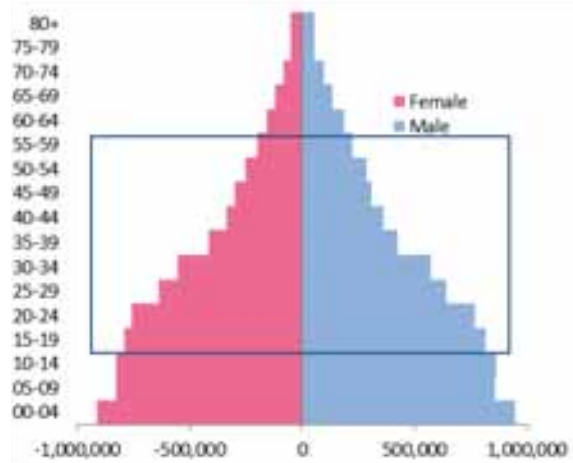
**Figure 2.3 Sex ratio by district 2012**



Source: Drawn from data in Lanka SIS database of the Department of Census and Statistics

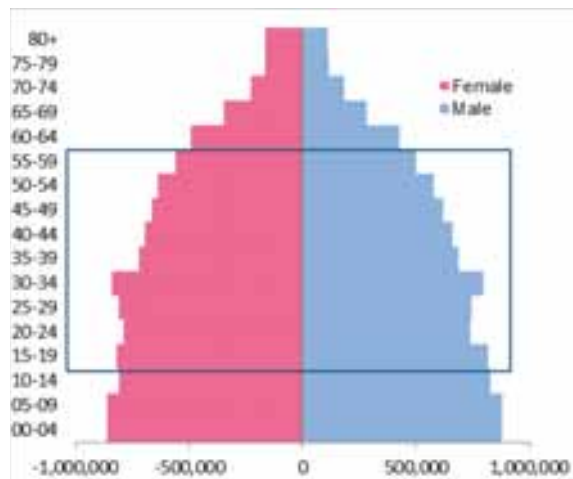
6. Some measures define the working age population as reaching up to 65. The implications of this definitional distinction are discussed in the chapter on ageing

**Figure 2.4 A: Age Pyramid - Sri Lanka 1981**



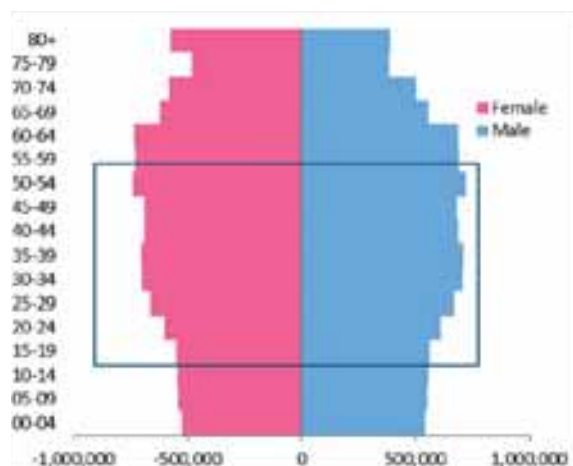
In 1981, Sri Lanka had a population age structure quite similar to the middle stage of demographic transition in a typical developing country (Figure 2.4 A); the broad base represented a fairly large number of children below age 15 in the population.

**Figure 2.4 B: Age Pyramid - Sri Lanka 2012**



By 2012, the age pyramid had a different shape characterized by a further increase in the working population (shown in the rectangle) in relation to the child population (Figure 2.4 B). This happens as a result of declining fertility and a higher number of cohorts entering the workforce. Further, it is seen that the population has become older in 2012 than in 1981 with a higher share of the population aged 60 and above as a result of improvements in health.

**Figure 2.4 C: Age Pyramid - Sri Lanka 2041**



However, the volume of population in the 10-14 cohort in 2012 was smaller than 0-4 and 5-9 cohorts suggesting that fertility might have been higher in the last 10 years than the rate reported in the previous two decades (De Silva, 2015).

Projected figures reveal that by 2041, the age structure will be far different due to the growing numbers of the elderly population and the relatively small child population. As a result the top of the age pyramid becomes much broader than in the previous cases (Figure 2.4 C). These changes caused a change in the pattern of the age 'pyramid' to a shape of a 'barrel'.

(Department of Census and Statistics, 2014a)

Source: Department of Census and Statistics, 2014b

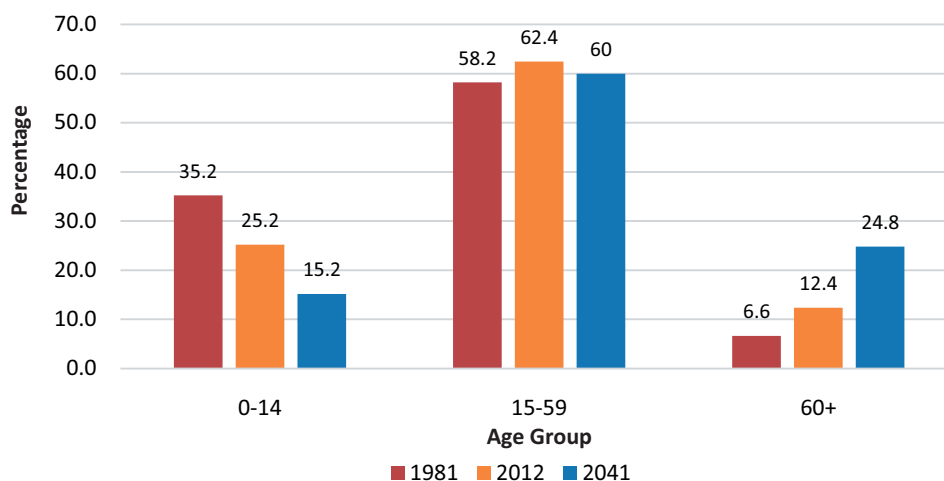
## Changing Dependency Ratios and the Demographic Dividend

The patterns in the age pyramids are shown in Figure 2.5 as a contribution from the three broad age groups to the total population. Sri Lanka's child population in 2012 was 25.2 per cent and shows a significant decline from 35.2 per cent in 1981 (Department of Census and Statistics, 2014a) due to reductions in fertility. It is expected to decline further to 15.2 per cent by 2041. The percentage of the elderly population is 12.4 per cent in 2012, which has doubled from 6.6 per cent in 1981. The ageing process will gather momentum and further double its share from the 2012 value to reach 24.8 per cent in 2041.

The working age population, on the other hand, was 62.4 per cent in 2012 and showed an increase from 58.2 per cent in 1981. As a result of the substantially higher share of the elderly population in 2041, the working age population will decline marginally from its value in 2012.

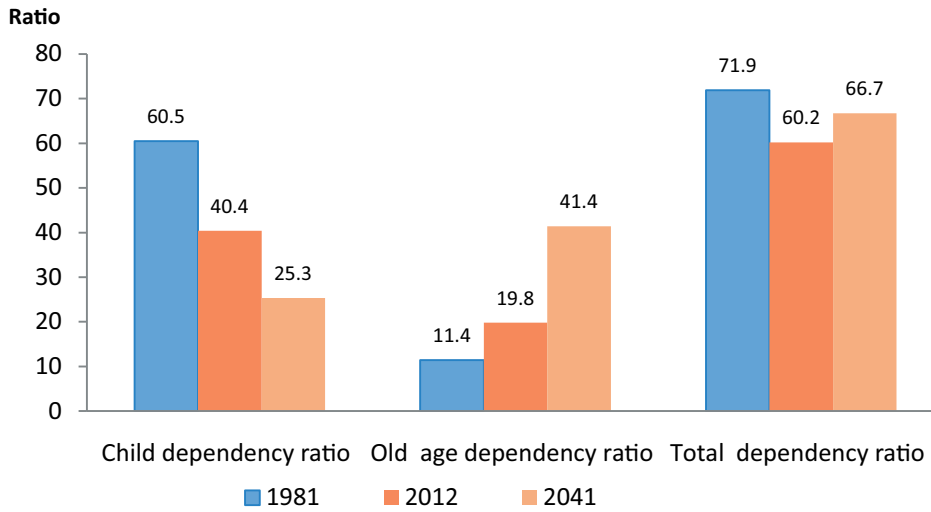
In demography, the two categories defined as 'dependents' are children and the elderly. The conventional total dependency ratio provides the number of dependents (both children under 15 years and the elderly 60 years and above) per 100 persons in the working age group. Child and old-age dependency ratios give the number of children and elders per 100 persons in the working age group respectively.

**Figure 2.6: Dependency ratios 1981, 2012, 2041**



Source: 1981 and 2012 data from the Department of Census and Statistics, 2041 data from De Silva (2007)

**Figure 2.6: Dependency ratios 1981, 2012, 2041**



Source: 1981 and 2012 data from the Department of Census and Statistics, 2041 data from De Silva (2007)

The child dependency ratio has declined by one third between 1981–2012 and is projected to further decline by one-third in 2012–2041(Figure 2.6). Conversely, the old-age dependency ratio has increased by three-fourths between 1981–2012, and is projected to double between 2012–2041. For example, there were 11 old-age dependents per 100 persons in the working agegroup in 1981 and the corresponding number will dramatically increase to 41 in 2041.

The changes in these ratios have direct implications for societal needs in terms of state services and welfare. However, other societal changes also serve to challenge the existing definitions of dependency. With increasing demand for an educated workforce, the number of persons working in the 15–19 cohort is declining and is likely to continue to decline with increasing numbers seeking to complete secondary and tertiary education. (See also chapter 3 and 7). In

The total dependency ratio changes according to variations in the child and old-age dependency ratios. As the decline in the child dependency ratio is much faster than the increase in the old-age dependency ratio, the total dependency ratio decreased during 1981–2012. But due to the rapid increase in the old-age dependency ratio in relation to the decrease in the child dependency ratio, the total dependency ratio will increase during the 2012–2041 period.

**From 1981 to 2012, Sri Lanka's Labour Force Participation Rate (LFPR) in the 60–64 cohort has increased from 33.6% to 37.7% despite the total number nearly tripling in size.**

contrast, higher life expectancy is also leading to changes in labour force participation in age cohorts above 60.

For example, from 1981 to 2012, Sri Lanka's Labour Force Participation Rate (LFPR) in the 60-64 cohort had increased from 33.6 per cent to 37.7 per cent despite the total number nearly tripling in size. In contrast, the 15-19 cohorts' LFPR has declined dramatically. In addition to falling sharply from 30.3 per cent to 20 per cent the figure has even declined in absolute terms by over 150,000.

### Demographic Dividend in Sri Lanka

Demographic transition is the change from high fertility and mortality rates to low fertility and mortality rates, with mortality declining first, followed by fertility decline. When fertility rates fall, the child population reduces and the population in the working ages temporarily grows faster than the

population dependent on it. Thus the labour force contributing through taxation to public expenditure increases while in relative welfare expenditure on dependents can decrease.

This transitory period of favourable demographics creates an environment more favourable to achieving faster economic growth. With fewer people to support, the country has a window of opportunity for rapid economic growth. Other things being equal, the per capita income grows more rapidly (Lee and Mason, 2006). This is the first demographic dividend. As the population ages and share of the working age population declines, per capita growth will slow.

Economic growth does not accelerate automatically as fertility declines and the share of the working age population increases. Appropriate policies should be in place at the right time to make use of the window of opportunity for the economic development of the country.

### Calculating the period of demographic dividend

Different criteria have been used to judge the period of the demographic dividend in a country. The United Nations Population Division has defined the period as the transitional time interval when the proportion of children and youth under 15 years falls below 30 per cent and the proportion of people 65 years and older is still below 15 per cent. Komine and Kabe (2009) used the approach of using the continuous fall in total dependency ratios with old age defined as 65 years and older. Cheung et. al. (2004) used the same dependency ratio, but used the criteria of remaining its value less than 0.5 to determine the period. Golani (2004) used the cut-off point as 0.66 but treating old age as 60 years and above in computing the dependency ratio. Dependency ratios are only crude indicators in identifying the effect of age structure on overall economic productivity. To understand the process and the period of the dividend more refined approaches have been introduced recently taking into account the total effective number of consumers and the total effective number of producers (Mason, 2007). Different approaches provide varying estimates of the period of demographic dividend.

<http://www.unfpa.org.br/lacodm/arquivos/rp7.pdf>

### The First Demographic Dividend:

The onset of the demographic dividend started in 1991/1992. Considering different available estimates, it can be assumed that the demographic dividend will last until around the early 2030s<sup>7</sup>. Therefore, the benefits of the first demographic dividend are available for approximately another 20 years.

It is important to investigate the relationship and the extent to which age structure changes influence economic growth in Sri Lanka. The first demographic dividend has contributed 0.29 percentage points per year between 1991 and 2001 and 1.54 percentage points per year during 2001-2011 to the economic growth in Sri Lanka (UNFPA,2013b)<sup>4</sup>.

### Preparing for a Second demographic dividend:

Changing age structure patterns also produce a second demographic dividend which depends on the accumulation of wealth in relation to population ageing. Countries that have already experienced later stages of demographic transition with very low fertility, show a growing share of population constituting persons nearing the completion of, or who have completed, their productive years. These persons must have accumulated wealth with the intention of financing consumption for many of their

remaining years in old age (Mason, 2005).

Sri Lanka currently has poor coverage of the working population with only 1.7 million of 7.6 million workers covered under a comprehensive pension scheme. A weak structure of pensions and poor returns from state controlled pension funds are further saddled by problems of transparency and conflicts of interest. State controlled pension funds which facilitate the second demographic dividend will require both a period of sustained economic growth and greater savings and adequate pensions coverage. This will require major reforms in current savings structures in Sri Lanka.

This motivation takes place as people comprehend they will live longer with a low profile of care from their children. On the other hand, the rise in life expectancy and the associated increase in the retirement age lead to an upward shift in the age profile of wealth. In this situation retirees rely on transfers from public pension and welfare programmes. Both types of wealth can be used to deal with the life cycle deficit at older ages. Therefore, population ageing elevates wealth accumulation, which would generate a higher capital and influence economic growth. The pro-growth effect of capital accumulation is the source of the second demographic dividend (Mason, 2005).

As seen earlier, the ageing process gathers momentum in Sri Lanka, but has still not reached

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7. For Sri Lanka, using the United Nations definition, De Silva (2012) reported that the demographic dividend will last till 2030, but following the alternative definition (treating old age as 60 years and above) he claimed that it is expected to last only up to 2017. A recent study estimates that the period will end in 2037 (UNFPA, 2013)

8. The rate of growth of per capita income is the sum of the growth of the support ratio (demographic dividend) and the rate of growth of productivity. The effective number of producers and consumers can be ascertained by multiplying the age distribution by the age pattern of production and consumption and summing it up. The ratio of the effective number of producers to consumers is the support ratio. The growth rate of the support ratio can be used to quantify the first dividend (Lee and Mason 2006).



its later stages of the fertility transition where fertility stabilizes at a very low level, which is a driving force for very rapid ageing. Sri Lanka is likely to commence its second demographic dividend towards the end of the first dividend around 2030. No detailed analysis can be carried out on the second demographic dividend, as no data is currently available on age profiles of consumption and income.

The benefits from the demographic dividend are not automatic, but depend on whether the policy environment is conducive for economic take-off. Key policies and investments are needed, to improve health care and education systems and ensure gender equity in order to maximize the dividend.

The first demographic dividend yields a transitory bonus, if the proper policies are introduced at the right time. The second dividend transforms that bonus into greater assets and sustainable development. The second dividend begins towards the end of the intermediate phase of the demographic transition and continues indefinitely through the late phase. The two dividends certainly overlap.



## Chapter 03

# Youth





Adolescents are defined as persons between 10-19 years, while youth belong to the 15-24 age group.

The exact demarcation ages of children to youth and youth to adulthood may vary by country, depending on those countries' socio-cultural, demographic and economic status (UNDP 2014).



Sri Lanka's youth population (age 15-29) is at nearly one quarter of the total population. This brings both opportunities and challenges for policy making as it is a critical cohort in determining the future trajectory in the country's economic and social development.

This chapter will examine youth demographics and resulting policy considerations for education, health and well-being (for youth labour concerns refer Chapter 10 - Youth Labour).

### Defining Youth

Adolescents are defined as persons between 10-19 years, while youth belong to the 15-24 age group<sup>1</sup>. The exact demarcation ages of children to youth and youth to adulthood may vary by country, depending on those countries' socio-cultural, demographic and economic status (UNDP, 2014a). In general, in many societies, youth can be identified by a few important socio-economic, cultural and psychological transformations of their unique characteristics, such as those who leave their compulsory education, enter the job market,

enter marriage and attempt to be economically and socially independent individuals. Usually, the age of entering the job market and entering marriage among youth is relatively high in Sri Lanka. For instance, the mean age at marriage of males and females is 27.2 years and 23.4 years respectively (Department of Census and Statistics, 2014a).

Therefore, in this chapter, youth are defined as those within 15-29 years of age.

### Youth Demography Profile

Table 3.1 presents the young population distribution by age group in 2012 and the percentage distribution in relation to the total population. It is important to note that about 23 per cent of the total population in Sri Lanka is aged 15-29 years.

Despite being a large cohort, with a fertility decline the youth population in Sri Lanka is declining in percentage terms; from 29.6 percent in 1981 to 23.2 percent in 2012. But, in absolute terms it has increased by 335,342 (Table 3.2).

**Table 3.1: Distribution of youth by age and percentage share, 2012**

Age Group	Number	Percentage share to the total population (%)
15-19	1,644,249	8.1
20-24	1,532,883	7.5
25-29	1,552,848	7.6
15-29 (youth)	4,729,980	23.2

Source: Department of Census and Statistics, 2014.

9. World Health Organization (WHO)

Table 3.2 highlights the population distribution by age and sex between two censuses in Sri Lanka and the percentage share to the total population. In addition, it highlights the inter-censal growth of the young population.

Shifting from a slightly higher prevalence of men to women between 1981 and 2012, the percentage share to the total population has been decreasing for youth in both sexes during the period. This drop in youth population is a consequence of the low fertility rates that prevailed during the past few decades in Sri Lanka.

The growth rate of the total population between the two censuses is faster than the growth rate of the young population during 1981-2012. The total population of Sri Lanka has increased by more than 37 per cent between the two censuses. In contrast, the youth population has increased by only 8 per cent from 4,394,638 in 1981 to 4,729,980 in 2012.

This highlights a slowdown in growth that creates a short to medium term opportunity, but also significant challenges.

**Table 3.2: Distribution of youth by age and sex, percentage share, and percentage increase of youth, 1981 and 2012**

Age Group	1981				2012				Percentage increase (%) 1981-2012
	Male	Female	Total		Male	Female	Total		
			Number	%			Number	%	
15-19	812,794	790,655	1,603,449	10.8	819,927	824,322	1,644,249	8.1	2.5
20-24	759,449	754,919	1,514,368	10.2	742,316	790,567	1,532,883	7.5	1.2
25-29	639,048	637,773	1,276,821	8.6	743,510	809,338	1,552,848	7.6	21.6
15-29 (youth)	2,211,291	2,183,347	4,394,638	29.6	2,305,753	2,424,224	4,729,980	23.2	7.6
All ages	7,568,931	7,277,819	14,846,750		9,856,634	10,502,805	20,359,439		37.1

Source: Department of Census and Statistics, 1986 and 2014a

### Youth and Policy Making

As noted in the demographic profile above, the youth population in Sri Lanka is declining as a percentage but still increasing in absolute terms. The slower rate of growth is favourable in terms of meeting demands on the state for higher education and job creation. In the past the failure to meet

expectations of educated youth proved a catalyst towards fueling two violent insurrections in the early 1970s and late 1980s.

A slowdown in the growing demand can help the government and the economy better deal with such pressures. However, it also places a time limit on converting the potential productive value of the



**Sri Lanka will have to address three major concerns in education, jobs and health if it is to adequately serve the needs of its youth population and enjoy the maximum benefit of having a large youth cohort entering the workforce.**

younger population in time to secure a sufficient 'demographic dividend' to meet the demands of a population on the path towards rapid ageing.

Sri Lanka will have to address three major concerns in education, jobs (see Chapter 10 - Labour) and health if it is to adequately serve the needs of its youth population and enjoy the maximum benefit of having a large youth cohort entering the workforce.

Despite making up a quarter of the population as a whole and the voting population youth in Sri Lanka remain poorly represented. This situation has seen little change despite a history of youth unrest and two youth led insurgencies against the state.

There is nevertheless a higher likelihood that youth specific issues may receive less attention in the policy sphere. Sri Lanka's youth remain largely inactive in politics which has a detrimental impact on the attention paid to issues in the age category by policy makers. Parliamentarians under the age of 35 have consistently remained below 10 per cent of the total and often below 5 per cent. The National Youth Survey showed that besides voting, which was close to the national average at 71.5 per

cent, young people in Sri Lanka were largely inactive politically. Only 1.9 per cent were involved in any political party and 1.3 per cent in trade union activities. Across different facets of workplace decision making, 90 per cent of youth surveyed reported no involvement (UNDP, 2014b).

This gap, compared to other cohorts in the working age population which are better represented in politics and decision-making, needs to be considered in policy making on youth issues which consequentially lack political voice and need closer attention.

**Parliamentarians under the age of 35 have consistently remained below 10 per cent of the total and often below 5 per cent.**

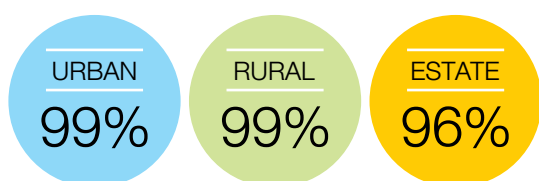


## Youth and Education

The large youth population in terms of new entrants to the job market is favourable for Sri Lanka's economic growth. However, this is conditional on the new entrants being equipped with the necessary skills to become employable, particularly in sectors that offer upward social mobility. The availability of such skilled labour also demarcates the extent to which businesses can successfully invest in creating new industries. The data on young youth cohort of 15-19 seeing a falling LFPR (see chapter 2) suggests that increasing numbers are seeking to complete their secondary and perhaps also obtain tertiary education. But other figures also show that this trend is still limited and many youth will struggle to gain the necessary educational qualifications for employment.

Youth literacy in Sri Lanka is high. Sri Lanka has largely met its ambitious Millennium Development Goal (MDG) target in universal primary education and improving youth literacy to 100 per cent (United Nations Sri Lanka, 2015). The 2012 census notes almost 99 per cent youth literacy and there are no disparities in the literacy rate among sub age groups within the youth category.

Youth literacy rate by sector:



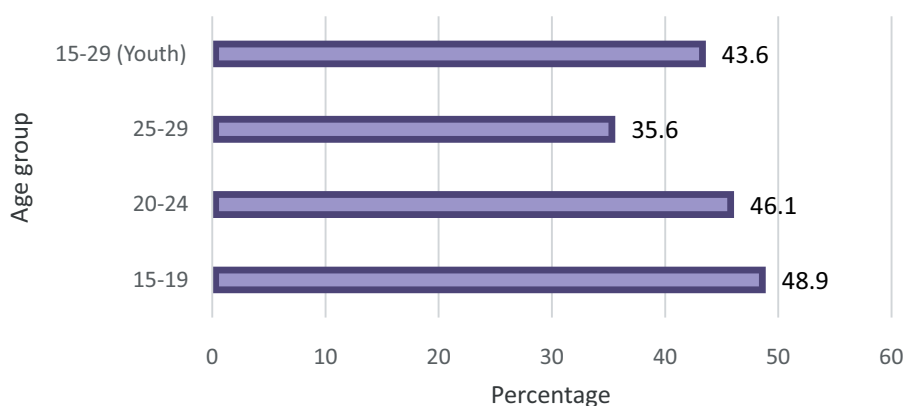
However, this has not translated into a high level of education beyond basic literacy. The 2012 census reported that of the 3,177,132 people in the age range of 15-24 years, 24,506 (0.7 per cent) have not received formal education. Moreover, the majority (44.3 per cent) of the population in this age range has passed only grade 9 or 10, indicating that in 2012 at least 44 per cent of the youth aged 15-24 years have not passed the G.C.E. (O/L) examination. The high failure rate should be a cause for serious concern as in effect this suggests that nearly half of Sri Lanka's potential entrants to the labour force have limited education which could affect their employment prospects, and creates a need for wide ranging vocational training to equip the new entrants with employable skills.

Knowledge of computer use offers an illustration of this issue. 56 per cent of Sri Lankan youth lack knowledge on how to use a computer.

Consecutive government policies feature promoting 'knowledge industries' or Business Process Outsourcing (BPO) industries as alternative areas of youth employment to traditional and increasingly unpopular sectors such as agriculture. This largely depends on a country being able to command a sufficient labour pool with ICT skills to attract investment.

The data below suggests that this will require significant attention and investment on youth skills development if Sri Lanka is to be able to make the transition into knowledge industries.

**Figure 3.4: Percentage distribution of youth by the ability to use computers by age groups, 2012**



Source: Department of Census and Statistics, 2014.

This may be easier to achieve with younger cohorts where the figure is substantially better with nearly 49 per cent of those aged 15-19 years having basic computer literacy as opposed 35.6 per cent in the 25-29 category.

Gaps between rural and urban youth in education also need attention to prevent widening disparities. 56 per cent of the urban youth in the age range of 15-29 showed an ability to use computers compared to only 41 per cent rural youth. Given that youth living in areas classified as 'rural' and 'estate' make up over 80 per cent of the youth population, this gap is of even greater concern.

This gap in capacity of skills sought after by employers could also be seen in English knowledge where only 40 per cent of urban youth surveyed in the National Youth Survey were rated as 'good' in their ability to read, speak and write English. Here too, the gap between urban and rural was high, with less than 30 per cent of rural and

less than 20 per cent of estate youth demonstrating adequate English language skills (UNDP, 2014b).

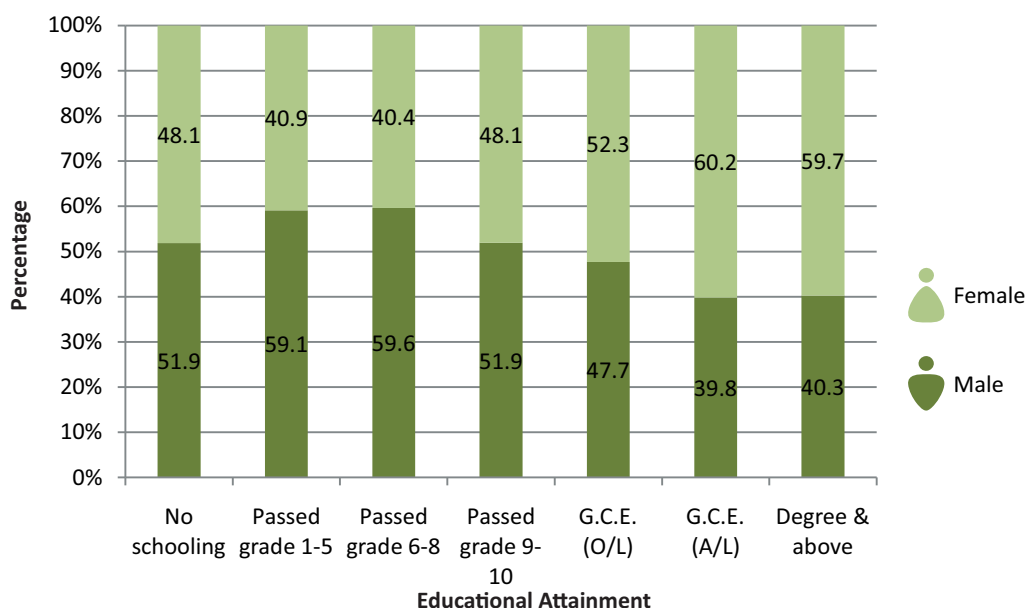
While some subsections of the youth population are in danger of being left behind, others will continue to generate ever increasing demand for services such as higher education.

#### Gender disparities in education

There is also clear disparity by sex among young people in terms of educational attainment (Figure 3.5). Young women's educational attainments are lower than that of men upto grade 9 or 10. However, after the G.C.E. (O/L), females have a better percentage in achieving higher studies and often surpass boys in higher educational achievements. For example, among the youth - who have passed the G.C.E. (A/L) examination, 60 per cent are girls and the same proportion applies for undergraduate degrees and other higher education qualifications.

**71.5% young people in Sri Lanka were largely inactive politically, only 1.9% were involved in any political work and 1.3% in trade union activities**

**Figure 3.5: Percentage distribution of young people aged 15-24\* by sex and educational attainment, 2012**



Source: Department of Census and Statistics, 2014a.

Note: \* Published data related to youth education in the 2012 Census was available for broader aged categories, and was not available for 15-29 years.

Despite free university education, male youth either opt for employment or seek professional qualifications. Low male participation in higher education is commonly attributed to two reasons. The first is financial pressure requiring earlier entry into the workforce falling disproportionately on males. The second is that many perceive a question of utility in terms of higher education in advancing employment prospects, particularly in the state system.

### Youth: Health and Well-being<sup>10</sup>

Sri Lanka's youth continue to see purposely inflicted injuries, homicide and suicide as a major cause of death. In 2011, among male suicide victims those aged 17-30 accounted for 18 per

cent of the total while among females it was 44 per cent (UNDP, 2014b).

Furthermore, a United Nations Children's Fund (UNICEF) study indicated that 14 per cent of young people aged 14-19 reported being sexually abused. A conservative extrapolation of that figure would still put Sri Lanka's youth population that have experienced sexual abuse in the 100, 000s.

However, problems of mental health in Sri Lanka remain largely unaddressed with Sri Lanka's mental health spending (as a percentage of total health spending) was less than 2 per cent of which approximately 80 per cent is spent on asylums (Raja et al, 2010)<sup>11</sup>. Support for victims of sexual abuse who maybe suffering from trauma or those

10. Issues on reproductive health are discussed in chapter 6

11. According to Raja et al national ring-fenced budgets for mental health as a percentage of national health spending for 2007-08 is 1.7% in Sri Lanka compared to 3.7% in Ghana, 2.0% in Kerala (India) and 3.6% in Uganda.

considering or who have attempted suicide therefore have little mental health support in the existing system.

Given the above mentioned issues the limited attention given to mental health issues in Sri Lanka

is likely to have a disproportionately high impact on the youth population and mar its potential contribution to the Sri Lankan society. Given the volume in terms of needs, it also requires a significant policy intervention to fund and implement better mental health care in Sri Lanka.





## Chapter 04

# The differently abled





A physical or a mental disability could be due to a number of factors including congenital, environmental, long-term illnesses or injury. Generally, a differently abled person is defined as a 'person who has physical or mental impairment(s)'.



**Of the total population aged five years and over (18.6 million), 8.7 % have at least one of the six disability domains defined in the census**

A physical or a mental disability could be due to a number of factors including congenital, environmental, long-term illnesses or injury.

Generally, a differently abled person is defined as a 'person who has physical or mental impairment(s)'. The term "disability" is an umbrella term that covers any impairments, activity limitations, or participation restrictions (World Health Organization-WHO, 2010).

The Protection of the Rights of Persons with Disabilities Act (No. 28 of 1996) of Sri Lanka, defines differently abled persons as "a person with a disability" and disability as "any person who, as a result of any deficiency in his physical or mental capabilities, whether congenital or not, is unable by himself to ensure for himself, wholly or partly, the necessities of life". The world community has accepted the use of the term "differently abled" instead of "disabled" to describe these differently abled persons in our society.

In Sri Lanka, the social and economic welfare of differently abled persons has gained increased policy attention with surveys that could feed into programme development being conducted by the Department of Census and Statistics (DCS) and the Ministry of Social Welfare and Non-Government

Organizations (NGOs). However, the information available is insufficient to make proper assessments and create effective programmes.

While government agencies and NGOs continue to administer programmes to help the differently abled, there is a lack of regular research and data collection strategies to enable the creation of more effective policies and programmes. Better data collection is an immediate need for policy making regarding the differently abled; however there are several key areas which can already be identified as needing additional attention. This includes preventable forms of disability such as preventable blindness, better access to education and vocational training for the differently abled.

Dependency among the differently abled also has a gendered dimension. Women with disabilities are less likely to be employed than men, despite being a higher percentage of the total differently abled population.

### **Demography of differently abled**

Of the total population aged five years and over (18.6 million)<sup>12</sup> 1,617,924 persons were those with at least one of the six disability domains defined by the Census. This represented 8.7 per cent of the

**Sri Lanka's  
highest proportion of  
disability is  
related to vision  
impairment**

12. Census of Population and Housing, 2012

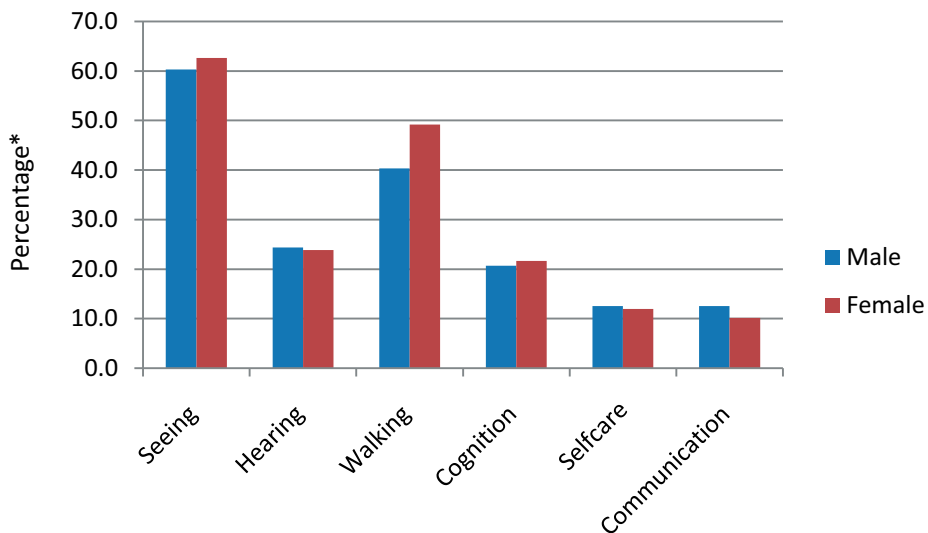
total of whom 43 per cent were males and 57 per cent were females (DCS, 2014a).

Sri Lanka's highest proportion of disability is related to vision impairment. Of the six disability domains, the highest percentage of the 'differently abled' were in the 'limitations in seeing' category. In this category there were slightly more females (62.6 per cent) than males (60.3 per cent) (Figure 4.1). A large percentage of visual impairments may be preventable. Some visual impairments, such as cataracts are linked to an increasing older population which is likely to see increasing demand for cataract procedures. A study in the 1990s also noted that childhood cataracts accounted for 17 per cent of child blindness which could also be prevented (Eckstein et al, 1995). Sri Lanka

continues to have high numbers of preventable child blindness which could be a decisive area of intervention affecting 1000s.

The geographical distribution of the differently abled population is shown in Figure 4.2. In 2012, it corresponded roughly with population distribution suggesting no major disparities between districts. The highest number of differently abled people was reported from the Gampaha district (163,369) with Colombo and Kurunegala districts reporting 150,325 and 139,921 respectively. A significant number of differently abled were also reported from the Kalutara, Kandy and Ratnapura districts. Districts such as Mannar, Mullaitivu, Kilinochchi and Vavuniya reported the lowest numbers (Figure 4.2).

**Figure 4.1: Differently abled population by domain and sex - 2012**

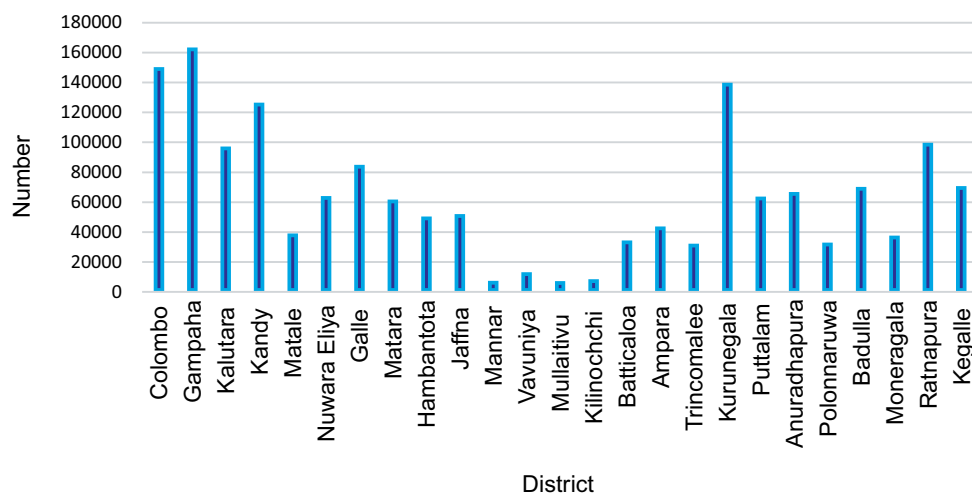


\*Multiple responses included

Source: Department of Census and Statistics, 2014

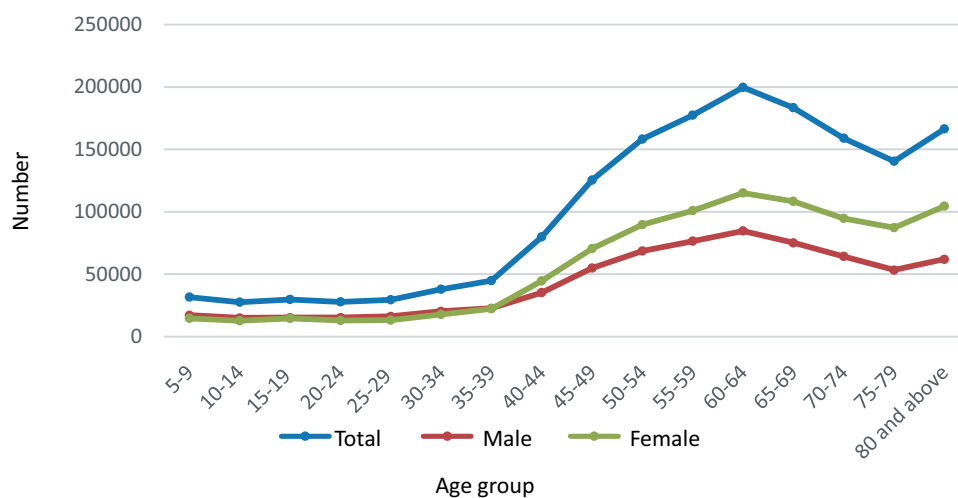


Figure 4.2: Number of differently abled persons by district in Sri Lanka - 2012



Source: Department of Census and Statistics, 2014

Figure 4.3: Differently abled population by age and sex in Sri Lanka – 2012



Source: Department of Census and Statistics, 2014a

The age and sex distribution of differently abled persons illustrated in Figure 4.3 shows that the number of differently abled persons increases with

age and the numbers rise significantly after the age of 40.

As Sri Lanka's population ages, it is also experiencing an increase in disabilities, especially among the adult and older population. Multiple factors such as the three decades of civil war, changes in income and lifestyles of people resulting in increases in non-communicable diseases, together with environmental factors such as noise and air pollution, largely through urbanization, road accidents, and occupational injuries have significantly contributed to the increase in numbers of the differently abled in the country. Due to the increase in longevity, the elderly population tends to suffer with some impairments or disabilities (physical or mental) as they grow older.

## Education

There are virtually no special facilities in schools for differently abled children in many parts of Sri Lanka. This is further exacerbated in rural areas

where some schools only have basic facilities. Most rural children have to walk several miles to school which means that differently abled children have to depend on an adult in the family to take them to school. This creates a serious gap in educational attainment between the differently abled and the average citizen which can entrench dependency.

The percentage of the differently abled persons not engaged in any kind of educational activities was higher for females (57.4 per cent) than males (42.6 per cent). The rural sector has the highest prevalence rate followed by the urban sector (Figure 4.4). In all three sectors females reported the higher prevalence rates (Figure 4.4).

**Table 4.1: The differently abled population by level of education in Sri Lanka – 2012**

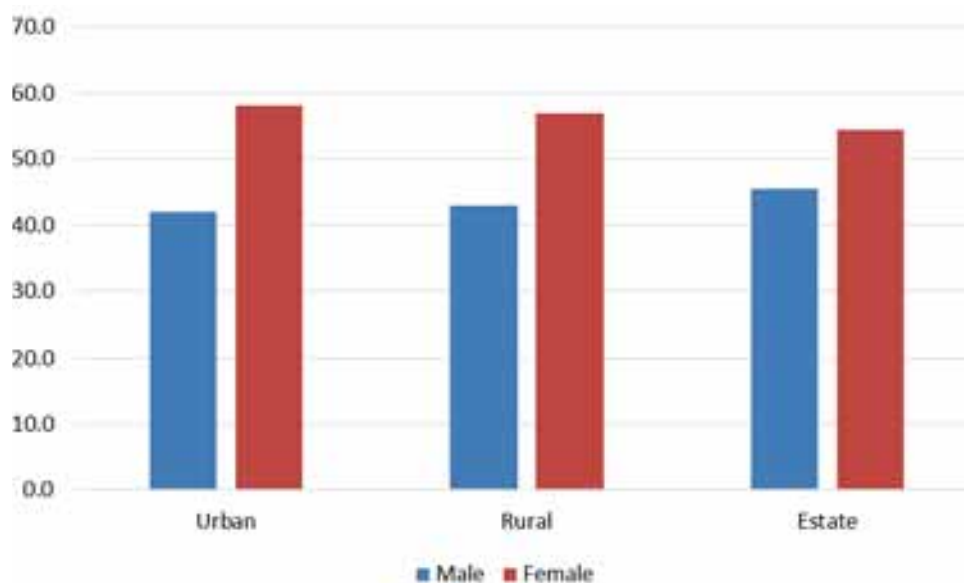
Level of education	Both Sexes	
	Number	Percentage (%)
Pre-School	2,142	0.13
School	54,311	3.36
Degree/ Post graduate degree	2,076	0.13
Other educational activity*	8,266	0.51
Not engaged in educational activity	1,548,684	95.87
<b>Total</b>	<b>1,615,479</b>	<b>100</b>

\*Vocational training is not included

Source: Department of Census and Statistics, 2014a

**In 2012, 95.9 % (1,548,684) of differently abled people had not engaged in any kind of educational activity**

**Figure 4.4: The differently abled persons who had not engaged in any kind of educational activities by sex and sector - 2012**



Source: Department of Census and Statistics, 2014a

Most of the differently abled try to attend school, but they drop out due to many reasons such as lack of support, lack of transport, lack of resources, facilities, equipment and training in schools to make inclusive education a reality. For example, about 199,042 elderly with disabilities belonging to the age group of 60–64 have not engaged in any form of educational activities, which can be considered as a significant number (DCS, 2014a). Considering the attainment of higher degrees, the percentage of bachelors and postgraduate degree holders among differently abled population is only 0.13 per cent (Table 4.1).

### Vocational training

Globally, differently abled people are faced with discrimination and barriers to fully participating in skills training and employment programmes

(Changa'ch et.al, 2014). According to the International Labour Organization - ILO (2013), an important principle for the inclusion of disabled people in employment is the promotion of vocational training.

In many countries there are three avenues for skill acquisition, open to differently abled people, i.e. informal sector employment and/or apprenticeships, formal sector apprenticeships, and formal vocational training in Technical Vocational Education and Training (TVET) institutions. Case studies have shown that training in vocational skills significantly increases a disabled person's chances of earning an adequate income, in the formal or informal sectors. However, most of the differently abled persons in Sri Lanka do not have any type of vocational training (Ministry of Social Welfare, 2003).

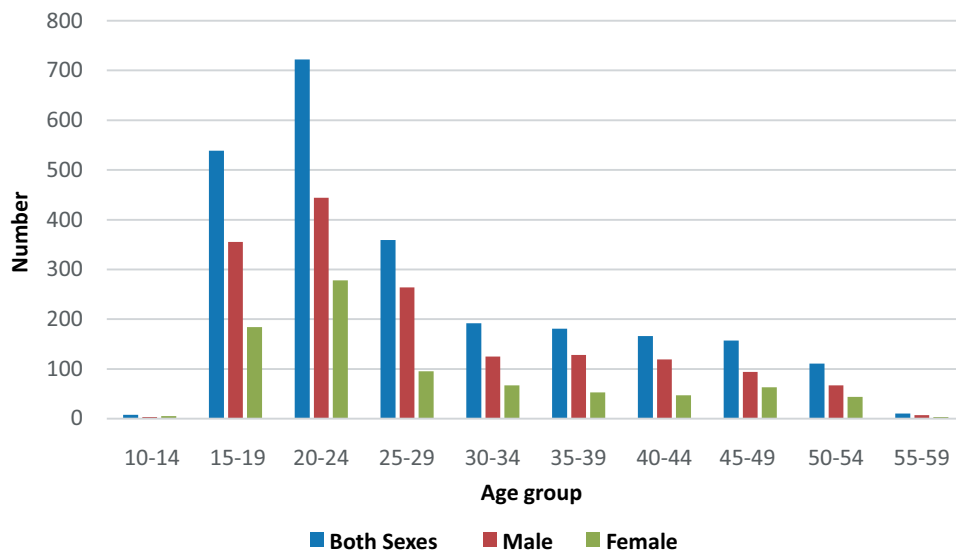
The 2012 Census shows that the highest number of persons who had received vocational training had been in the age group 20–24. However, disabled persons aged 40 or above have received a very limited vocational training, which could reflect increasing access in recent years, but also may signal that those suffering from disabilities later in life as not well integrated into vocational training programmes (Figure 4.5). Women make up a smaller share of participants in all age groups, a trend also reflected in labour force participation.

In Sri Lanka, the Department of Social Services conducts a vocational training programme for differently abled people. The Department of Social Services also monitors vocational training programmes conducted by voluntary organizations

for the differently abled youth and provides them with toolkits and financial assistance for self-employment. Opportunities for vocational training are extremely limited, with only 19 government-led vocational centres for people with disabilities across the island, and these offer segregated opportunities; keeping disabled people apart from their non-disabled peers (Ministry of Social Services, Welfare & Livestock Development, 2015).

The data above suggests that greater attention is needed in promoting vocational education among older cohorts of the working age population which have poorer participation in vocational training, despite being a larger percentage of the working age population.

**Figure 4.5: Number of differently abled persons following vocational/technical courses by age group and sex in Sri Lanka-2012**



Source: Department of Census and Statistics, 2014a

## Employment

The United Nations Convention on the Rights of Persons with Disabilities (CRPD) has recognized

that people with disabilities have the right to work, to have equal opportunity to choose the work of their choice, be accepted in the labour market and participate in an open, inclusive, and accessible

work environment (United Nations, 2006). But in comparison with the non-differently abled population, employment rate of differently abled persons is very low.

In 2012, of the differently abled persons, who were aged 15 years and above, only 29 per cent were employed. In contrast, almost every age cohort in the working age population on average (excluding 15-19) has a labour force participation rate of over 50 per cent. Most of the male and female differently abled persons, who were employed, were above the age of 40 (Figure 4.6).

When examining the disaggregated data, it appears that the lower labour force participation is also a gendered problem with women's participation being significantly lower. While economically active females and males are considered according to the sector in which they live, it is clear that the percentage of differently abled males who were employed in these three sectors was between 40-50 per cent (Figure 4.7).

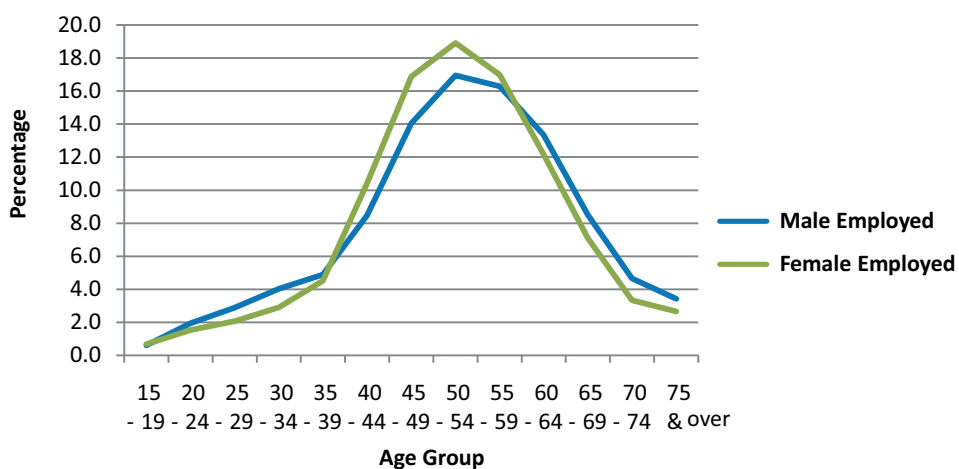


In 2012, of the differently abled persons, who were aged 15 years and above, only 29% were employed.

However, the disparity may be less wider than it appears as women are also the majority among the elderly with disabilities.

The percentage of differently abled females who were employed in urban and rural sectors was 13.7 per cent and 15.3 per cent respectively. The estate sector percentage of differently abled females employed was 28.3 per cent.

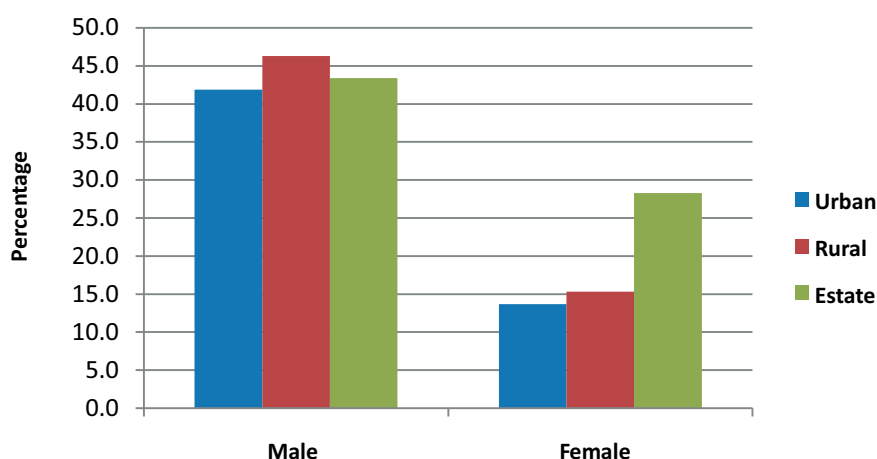
**Figure 4.6: Employed differently abled population by age and sex-2012**



Source: Department of Census and Statistics, 2014a



**Figure 4.7: Employed differently abled population by sex and sector - 2012**



Source: Department of Census and Statistics, 2014a

In many developing countries differently abled persons are employed in the informal sector or the self-employment sector (United Nations, 2011). In Sri Lanka the most popular type of employment had been self-employment (Ministry of Social Welfare, 2003). Twenty-five per cent of differently

abled women were employed in the private sector and the percentage of differently abled women employed in casual labour was the same. The most preferred types of employment were self-employment and government employment (Table 4.2).

**Table 4.2: Types of employment of adults who have disability in Sri Lanka - 2003**

Type of employment	Gender		
	Men in %	Women in %	Total in %
Self-employment	36	19	32
Government employment	34	13	29
Private sector	9	25	13
Casual labour	11	25	12
In family income-generating activity	9	12	11
Working for a community member	1	6	2
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Source: Ministry of Social Welfare. Social Research Study on Disability, draft March 2003

## Health Care

Many health care and rehabilitation services in Sri Lanka are still not accessible to people with disabilities. The Ministry of Health in Sri Lanka implements specific health programmes for differently abled persons, such as vitamin A supplementation and immunizations (polio, measles, Japanese Encephalitis and rubella). It is also establishing rehabilitation centres and developing health records for children with special needs. Specialized inpatient rehabilitation care for differently abled persons is provided by the Rheumatology and Rehabilitation Hospitals in Ragama, Kandy, Galle, Polonnaruwa and Badulla.

## Social care

In Sri Lanka, the Department of Social Services plays a key role in providing services to the differently abled population. The department aims to encourage participation of disadvantaged social groups in social development, by providing relief and rehabilitation and creating a background to enable them to participate in mainstream society (Ministry of Social Services, Welfare & Livestock Development, 2015).

The Department of Social Services assists with providing training for self-employment and developing vocational skills of the differently abled. It also conducts early intervention programmes for disabled children. The Department of Social Services also provides self-employment, housing and medical assistance and allowances for selected differently abled persons.

The National Council for Persons with Disabilities, the National Secretariat for persons with Disabilities, Provincial Social Service Departments and Divisional Secretariats are other government institutions that also provide social services for differently abled persons.

The majority of the care institutions established for differently abled persons in Sri Lanka are voluntary; therefore the administration is individual. The Provincial Ministries of Social Services keeps a record of these institutions and maintains a supervisory role. There are 27 schools for the deaf and blind in Sri Lanka, and part of the administration is through the Provincial Councils and the Department of Education. The Ranaviru Sevana Rehabilitation Centre managed by the Army, conducts a variety of rehabilitation programmes for disabled soldiers.

**The Ranaviru Sevana Rehabilitation Centre  
managed by the Army, conducts a variety of  
rehabilitation programmes for disabled  
soldiers**



# Patterns of Marriage





The establishment of the family has important sociological significance. Marital status has significant effects on the socio-economic and psychological status of men and women. Marriage typically marked the commencement of child bearing and procreation.



The establishment of the family has important sociological significance. Marital status has significant effects on the socio-economic and psychological status of men and women. Marriage typically marked the commencement of child bearing and procreation. The proportion of married women in a population has a direct and important bearing on the fertility levels and population growth. Women's marital status can have other far reaching implications. It can impact women's labour force participation, which determines their risk of dependency and poverty. Marriages in teen years have negative consequences on the physical and mental well-being of women in particular, leading to high rates of maternal and child mortality.

disadvantaged situation; widows suffer from social, psychological and cultural deprivation, with scant attention from policy makers.

### Composition of marital status

The latest Census of Population and Housing conducted in 2012 categorized the marital status of the population into the following distinct groups.

The marital status composition in 2012 for the population of 15 years and above is shown in Figure 5.1 together with the corresponding situation for the previous all-island Census held in 1981.

More females are affected by widowhood than males. Widowhood generally results in a socially

**Table 5.1: Description of marital status categories**

Category	Description
Never married	a person who has never been married
Married (Registered)	a person whose current marriage has been registered according to the law
Married (Customary)	a person whose current marriage has not been registered but claims to be married according to custom or repute
Widowed	a person whose spouse is dead and who is not currently married to another
Divorced	a person who had married but has obtained a divorce in a court of law and is not currently married
Legally separated	a person who had married but has obtained a judicial or legal separation in a court of law
Separated (not legally)	a person who had married but voluntarily separated without a court order

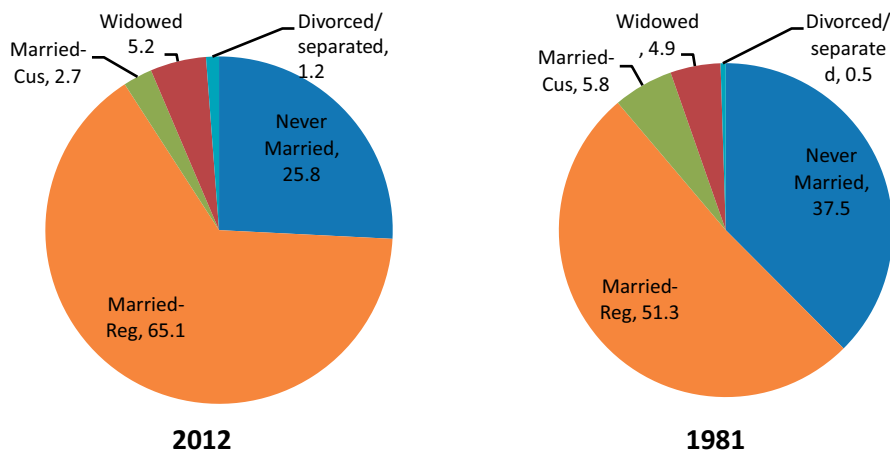
**There is a 10.7 percentage point increase in the percentage of the married population of 15 years and above from 1981 to 2012. Simultaneously, the never married percentage has decreased by nearly 12 percentage points**



The percentage of the married population (including customary marriage) was 67.8 per cent in 2012, which is an increase of 10.7 percentage points from 1981. Simultaneously, the never married percentage has decreased by nearly 12 percentage points. The percentage of customary marriages has declined by half during the 31-year

period. Only 1.2 per cent belonged to the divorced/separated category in 2012. It is important to note that among them the majority (0.7 per cent) are not legally separated. However, it has been argued that separation and divorce is underreported (De Silva, 2005).

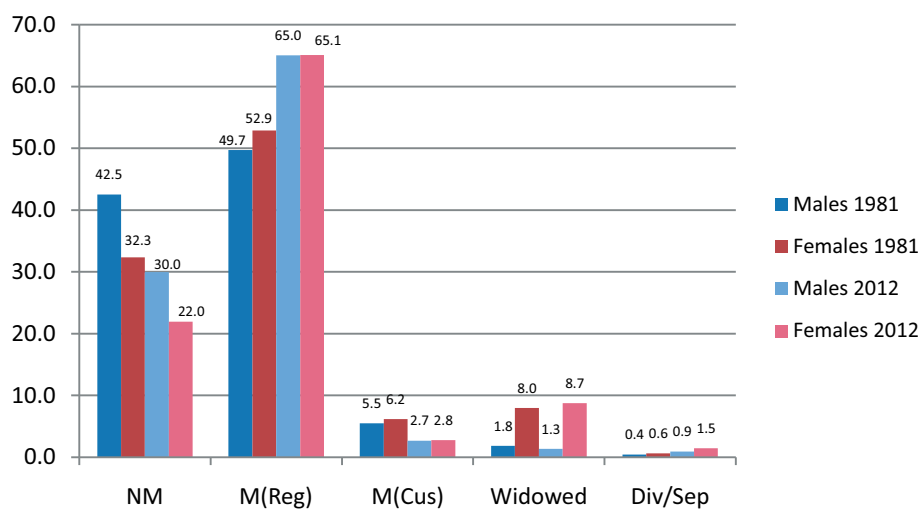
**Figure 5.1: Marital Status Composition of the Population 15 years and above above, 2012**



Source: Lanka SIS Data Base ; Department of Census and Statistics, 1986

Note: Divorced/separated category in 2012 includes separated(not legally) group, but in 1981 the latter group was included in the married category

**Figure 5.2: Marital composition of the population 15 years and above by sex - 1981, 2012**



Source: Department of Census and Statistics, 1986, 2014a

Note: Divorced/separated category in 2012 includes separated(not legally) group, but in 1981 the latter group was classified as married

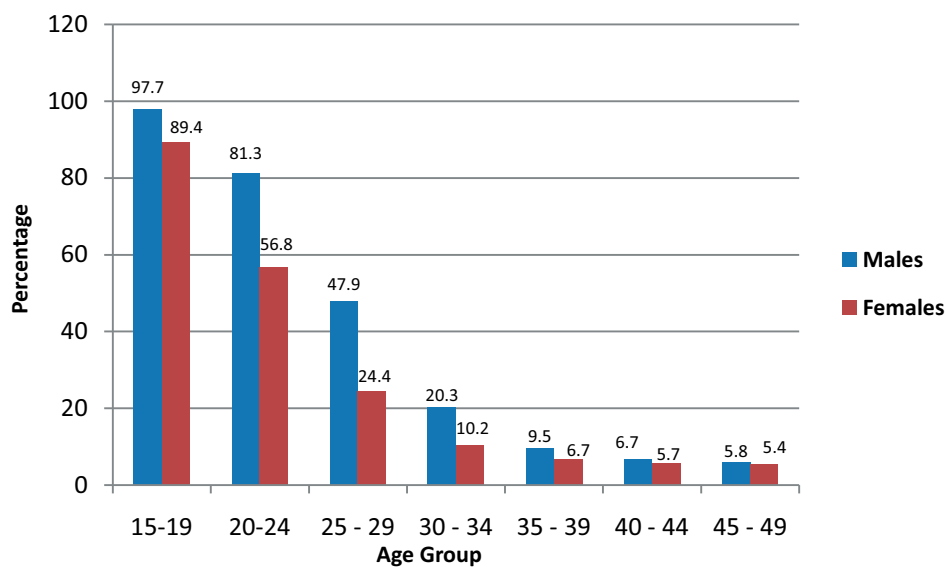
Nearly 65 per cent of both males and females above 15 years of age are legally married and around 2.7 per cent married customarily in 2012. But significant sex differentials exist among the never married and the widowed categories. The percentage of never married males is 30.0 per cent while the corresponding percentage for females is 22.0 per cent. The proportion of widows (8.7 per cent) is more than six times higher than widowers (1.3 per cent). Comparison with 1981 data reveals that the proportion of legally married males and females has increased significantly during 1981 and 2012, while the never married percentages have declined.

Nearly 65 per cent of both males and females above 15 years of age are legally married and around 2.7% married customarily in 2012.

### Never married population

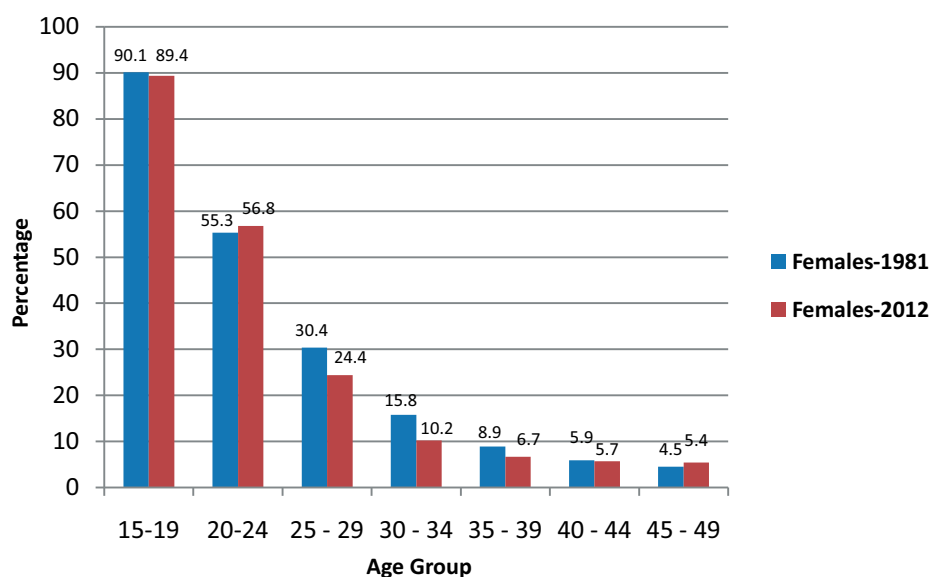
Analysis of the never married population by age and sex for 2012 reveals that the percentage of never married males is higher than the percentage of never married females for all the age groups within 15-49 years (Figure 5.3). The difference is very significant during the age interval of 20-34 years. For example, in the 20-24 age group, the percentage of never married males is nearly 25 percentage points higher than that of females. As a result, Singulate Mean Age at Marriage (SMAM) for men remains higher at 27.2 years compared to 23.4 years for women (Department of Census and Statistics, 2014a). These differences reduce in older age categories; for the 45-49 age group 5.8 per cent of males and 5.4 per cent females are never married.

Figure 5.3: Percentage of the never married population by age and sex - 2012



Source: Department of Census and Statistics, 2014a

**Figure 5.4: Percentage of the never married female population by age - 1981, 2012**



Source: Department of Census and Statistics, 1986, 2014a

A general increase in the percentage of never married females was observed from 1946 up to 1981 with a marked rise in the younger ages (Department of Census and Statistics, 1986). This has been attributed to a multitude of factors. De Silva suggests that patterns in migration and other demographics shifts could have contributed to a temporary 'marriage squeeze' for women in the 1960s and 1970s but this imbalance has declined in recent years suggesting that there is no significant imbalance among unmarried men and women (De Silva, 2015).

An important development between 1981–2012 is the decrease in 'never married women' in 25–29 age group and beyond except for the final reproductive age group (Figure 5.4). This suggests that there is an increasing proportion of women who are getting married beyond the age of 25 during recent decades than in the pre 1981 period. This has significant implications for other demographic trends such as fertility (see Chapter 6).

### Married population

The total number of marriages registered in Sri Lanka was 198,710 in 2012 (Department of Census and Statistics, 2014b), with a crude marriage rate of 9.8 per 1000 population. There is not much variation in the registered number of marriages during the 10 years preceding 2012 with an average annual value of 197,091. The incidence of customary marriages is low. According to the Census of Population and Housing 2012, customary marriages account for only 4 per cent of total marriages. This shows more than a 50 per cent decline from a value of 10.2 per cent recorded in 1981.

Census of Population and Housing 2012 data reveals that at the national level 67.8 per cent of the population of 15 years of age and above was married in 2012. No differentials exist between males (67.7per cent) and females (67.8 per cent). The comparison with the corresponding figure for

1981 (57.1 per cent) shows that the percentage married at the overall level increased during the 1981–2012 period. The distribution of the married population by age and sex for 2012 is shown in Figure 5.5.

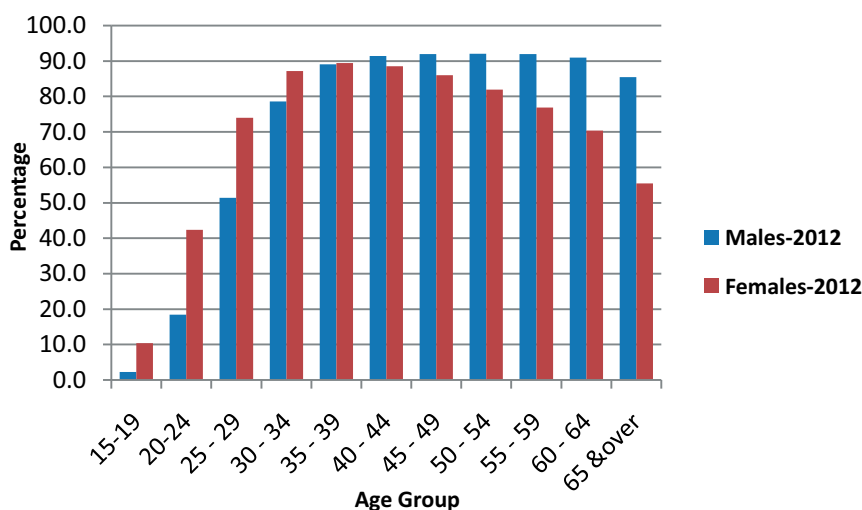
It is observed that the percentage married for females increases with age up to a peak value of 89.5 per cent in the 35–39 age group and declines gradually thereafter.

Males follow a somewhat similar pattern, but the peak value remains over a wider age range of 45–59 years. The decline is faster for females at higher age groups. It is also important to note that the percentage of married females exceeds that of married males in the 15–39 age group and the pattern reverses thereafter. This is due to the higher incidence of widowhood among females. The age variation of the married population for 1981 shows a similar pattern, but with increases in

percentages during 1981 and 2012 at all age groups for both males and females. The exception is for the 20–24 age group where a slight decrease of about 1 percentage point is recorded in conformity with the percentage of never married females seen in Figure 5.4.

Marriages in the 15–19 age group are important as that age group contains adolescents. In order to avoid negative health outcomes, their health needs including sexual and reproductive health must be addressed. The percentage married for females in the 15–19 age group has declined significantly over the decades and remained at 9.7 per cent in 1981 (Table 5.2). But in 2012, the percentage shows a slight increase to 10.4, similar to the 1971 level. The corresponding percentage for males remains at significantly low levels compared to females. But it has recorded an increase from 0.9 per cent in 1981 to 2.3 per cent in 2012.

**Figure 5.5: Percentage of the married population by age and sex - 2012**



Source: Department of Census and Statistics

## Widowed population

In the population 15 years and above there are more widows than widowers. The percentage of widows (8.7 per cent) is more than six times higher than widowers (1.3 per cent) in 2012. Widowhood increases with age as the probability of death increases, but there are more widows than widowers at all ages. For example, in 2012 there were about 3 widowers for every 100 males compared to 21 widows for every 100 females in the 60-64 age group (Table 5.3).

Analysis of widowhood by district reveals that the highest percentage of widows (12 per cent) is recorded from the Mullaitivu and Jaffna districts (Figure 5.6). Killinochchi, Vavuniya and Batticaloa districts followed with a percentage of 11 per cent. Kurunegala, Puttalam and Kegalle districts too have a relatively high percentage of widows (10 per cent).

**Table 5.2: Percentage married for the 15-19 age group by sex**

Year	Males	Females
1946	1.1	23.9
1953	0.9	23.6
1963	0.9	14.7
1971	0.6	10.4
1981	0.9	9.7
2012	2.3	10.4

Source: Various reports of the Department of Census and Statistics

**Table 5.3: Percentages of widowed persons by age and sex - 1981, 2012**

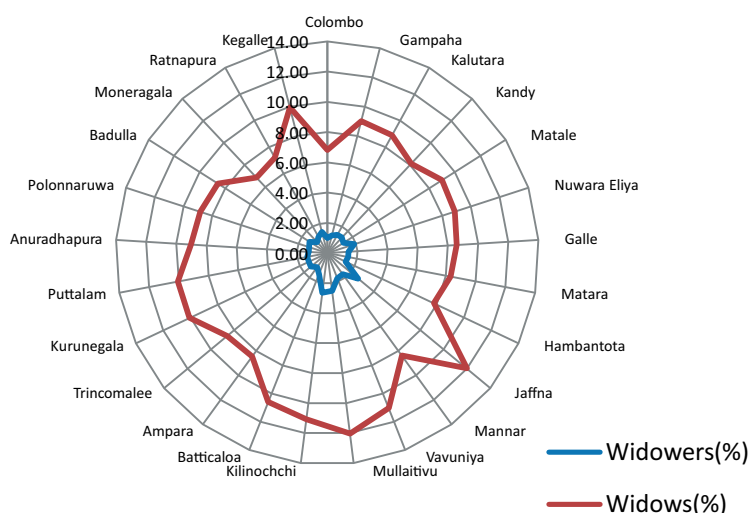
Age	Widowers		Widows	
	1981	2012	1981	2012
15-19	0.0	0.0	0.1	0.1
20-24	0.1	0.0	0.5	0.2
25-29	0.2	0.1	1.1	0.5
30-34	0.3	0.1	2.0	1.0
35-39	0.6	0.2	3.9	1.9
40-44	1.0	0.4	7.0	3.5
45-49	1.8	0.6	11.1	6.2
50-54	2.9	1.1	16.4	10.0
55-59	4.2	1.8	22.8	14.8
60-64	6.5	3.0	31.4	21.2
65+	13.3	8.6	47.7	38.4
Total	1.8	1.3	8.0	8.7

This could be attributed to several factors.

- Life expectancy of women is higher than that of men. Husbands are generally older than wives and are more likely to die first.
  - In Sri Lanka a widower has a higher probability of re-marriage than a widow and thus ends his widowhood.
- Comparison with 1981 data reveals that the percentage widowed has decreased in all age groups for both males and females.

Source: Department of Census and Statistics

Figure 5.6: Percentage of widowed persons by sex and district - 2012



Source: Department of Census and Statistics

### Divorced/separated population

When a couple is divorced the marriage has legally been rendered null and void. Legal separation does not dissolve the marriage, but suspends some of the legal consequences of marriage. Accordingly, a divorced person can remarry. Official divorce rates show that there is a very low divorce rate in Sri Lanka. However, some studies have demonstrated that there is significant underreporting of de facto separations to census enumerators, showing that the actual state of marriage in Sri Lanka, may not be well understood (De Silva, 2015). In addition to the problem of underreporting there can also be definitional issues of reporting on the divorced population in census

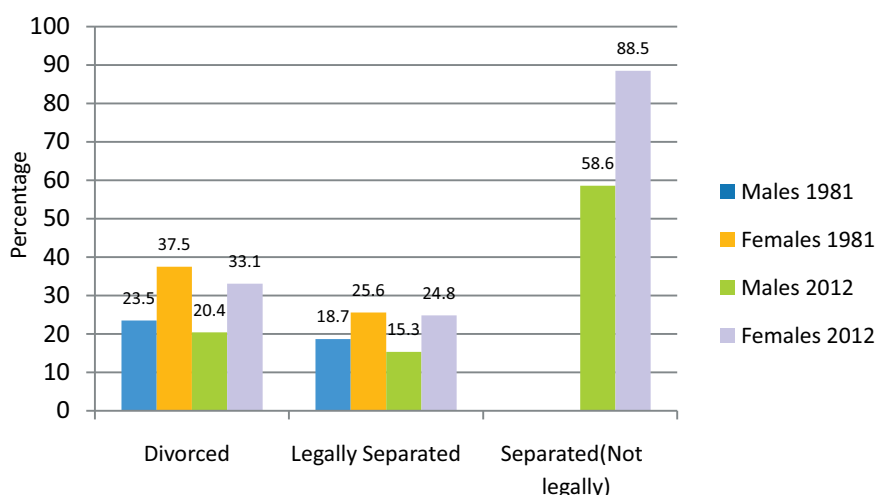
data as those who are divorced and re-married would not be captured under the 'divorced' category. While limitations in data exist, the increase in divorce cases and the increase in the divorce-marriage ratio (divorced persons per 1000 married persons) has nearly doubled from 9.2 in 1981 to 17.9 suggesting an upward trend.

In 2012, 27 persons were divorced out of every 10,000 population aged 15 years and over. About 20 in every 10,000 males and 33 in every 10,000 females 15 years of age and over are divorced from their spouses (Figure 5.7). The incidence of divorce appears to be high among females, as more divorced males tend to re-marry, than their female counterparts.

**In 2012, 27 persons were divorced out of every 10,000 population aged 15 years and over. About 20 in every 10,000 males and 33 in every 10,000 females 15 years of age and over, are divorced from their spouses**



**Figure 5.7: Divorced/separated population per 10,000 persons by sex - 1981, 2012**



Source: Department of Census and Statistics

A comparison of 1981 with the 2012 census data reveals that the proportions of divorced as well as legally separated persons, have decreased for both males and females.

The incidence of the legally separated is even lower than the percentage of the divorced (Figure 5.7) and the pattern of sex differential, is the same for both categories. A comparison of 1981 with the 2012 census data reveals that the proportions of divorced as well as legally separated persons, have decreased for both males and females.

Given the limited grounds for divorce permitted by law, it is not surprising that there is a relatively higher proportion of persons who have voluntarily separated, compared to those who are legally separated. For example, in 2012, about 89 females for every 10,000 females voluntarily separated where only about 25, had received legal approval

successfully for their marital disruption. Analysis by age group shows that voluntary separation increases with age and reaches the peak at 45-49 years and gradually declines thereafter for both males and females. No parallel data are available for comparison with 1981.

#### Age at marriage

Age at marriage has implications on the demographic dynamics. The higher the age at first marriage, the shorter the time spent in a married state during the reproductive period, which reduces fertility. Age at marriage is determined by various socio-economic factors.

**Table 5.4: Singulate mean age at marriage by sector, ethnic group and sex - 2012**

Sector/Ethnic group	Male (years)	Female (years)	Difference (years)
Sector			
Urban	28.1	24.8	3.3
Rural	27.0	23.1	3.9
Estate	26.2	22.8	3.4
Ethnic Group			
Sinhalese	27.3	23.4	3.9
Sri Lanka Tamil	27.4	24.4	3.0
Indian Tamil	26.5	23.2	3.3
Sri Lanka Moor	26.4	22.7	3.7
Other	27.7	23.4	4.3
<b>Total</b>	<b>27.2</b>	<b>23.4</b>	<b>3.8</b>

Source: Department of Census and Statistics, 2014b

In 2012, age at marriage as measured by Singulate Mean Age at Marriage (SMAM) remains at 27.2 years for males and 23.4 years for females (Table 5.4). Hence on average a Sri Lankan husband is 3.8 years older than the wife, at the time of marriage. Urban men and women marry later than their rural and estate counterparts. The estate sector has the lowest SMAM. In fact, estate women on average marry at 22.8 years. The age difference of marriage for both men and women in urban and estate sectors is around 3.3 years. The highest age difference between husband and wife at the time of marriage is recorded by the rural sector (nearly 4 years).

Among the ethnic groups the lowest SMAM (26.4 years for men and 22.7 years for women) is recorded for Sri Lanka Moors. Sri Lankan Tamil women marry later than the women in other ethnic

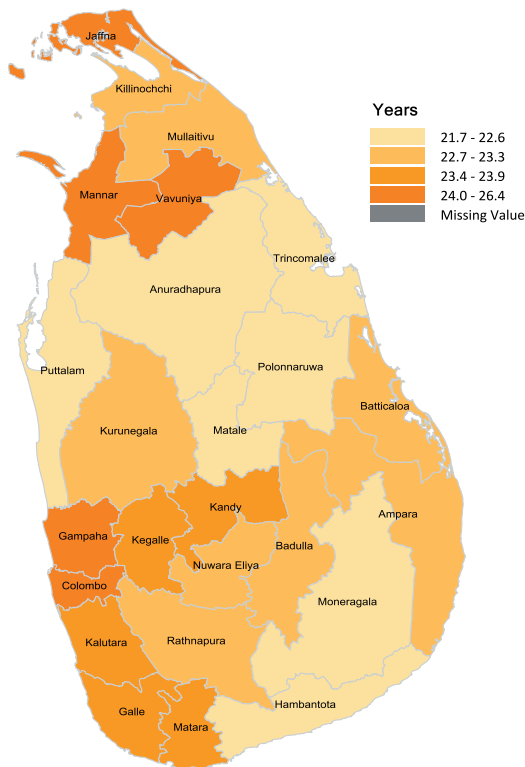
groups. Men belonging to the 'other' ethnic group category have the oldest age at marriage (27.7 years).

Analysis of SMAM by district reveals that there is a significant positive correlation between the values of males and females (correlation coefficient is 0.85). This implies that in districts, where men marry late, women too tend to marry late. SMAM for females by district is shown in Figure 5.8. In 2012, Jaffna has the highest SMAM (26.4 years) for women followed by Colombo (24.9 years). Women in Vavuniya, Gampaha and Mannar districts also marry at 24 years or above, on average. Out of these five districts, three are in the Northern Province, where the majority of the Tamil population lives. This is consistent with the higher SMAM for Sri Lankan-Tamil women as discussed earlier.

Figure 5.9 shows the trend of SMAM for females over the last few decades taken from different sources. Interpretation of data should be done cautiously as the data from the three Demographic and Health Surveys (DHS) are subject to incomplete coverage in the Northern and Eastern provinces. However, SMAM for females increased

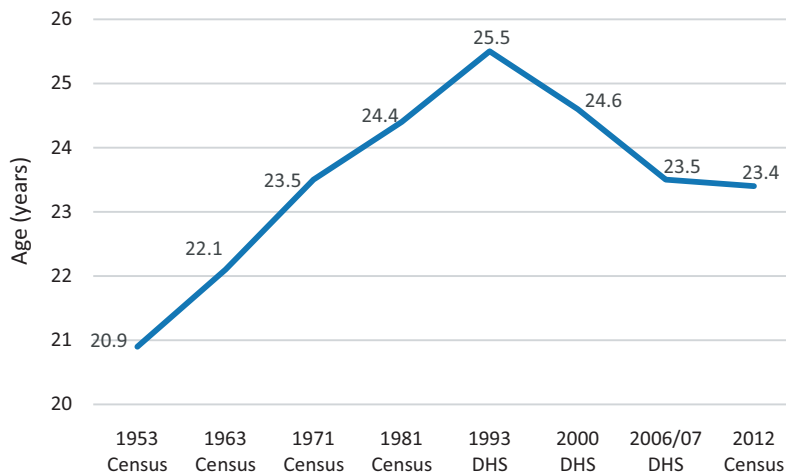
steadily by 4.6 years from 20.9 in 1953 to 25.5 in 1993, implying the marriage postponement of females. The pattern seems to have reversed after 1993, as a clear declining trend is visible with a decrease of nearly two years between 1993 and 2012.

**Figure 5.8: Singulate mean age at marriage of females by district - 2012**



Source: Department of Census and Statistics, 2014a

**Figure 5.9: Singulate mean age at marriage for females - 1953-2012**



Source: Various reports of Department of Census and statistics; 1993-2006/7 geographic coverage is incomplete

Demographic factors such as relaxation of the marriage squeeze (imbalances between marriageable men and women) and various socio-economic factors, could have contributed to the changes in the patterns of age at marriage. Further research is needed to understand the exact factors.

### Family structure

The number, size, and family structure and changes are very useful for planning and developing special policies formulated for vulnerable segments of the population. The family structure has undergone significant changes in Sri Lanka during the past few decades. This occurs in response to major shifts in the demographic, economic and social processes which impinge upon the size, structure and functioning of Sri Lankan families. In a statistical context, it appears that 'household' has been defined and commonly used instead of 'family'. The definition of household is based on common cooking arrangements and may include one or more than one family. On the

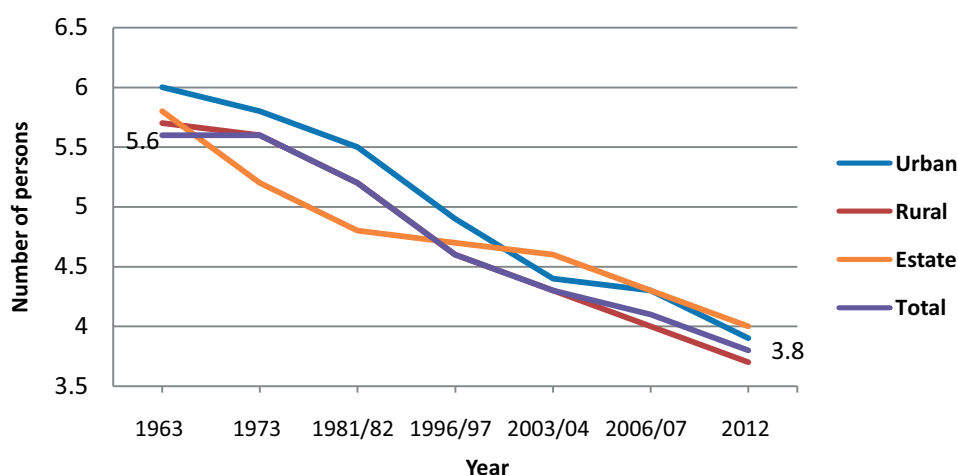
other hand a household could consist of non-related persons. The composition of a family mainly depends on the biological relationship between members, but most often a household is based on certain types of living arrangements.

### Household size

In 2012, the average household size for Sri Lanka was 3.8 persons. The size of the household declined by nearly 2 persons during 1963 and 2012 (Figure 5.10). This is true for all the sub-sectors of the population. In 1963, the average household size remained at higher levels, above 5.6 persons for all the sectors, with the highest level of 6 for urban areas. Most importantly, the household size of the urban, rural and estate sectors have started to converge from the mid-1990s, as depicted in Figure 5.10 and remained in the range of 3.7-4.0 in 2012. The decline of the size of the family could be attributed to reasons such as economic difficulties, cost of education, and higher expectation for standard of living (Dissanayake, 2012).

**In 2012, the average household size for Sri Lanka was 3.8 persons. The size of the household declined by nearly 2 persons during 1963 and 2012**

Figure 5.10: Trend in average household size by sector - 1963 - 2012



Source: Various reports from the Department of Census and Statistics

Single person households were virtually non-existent in the first half of the twentieth century. However, the proportion of single person households seems to be increasing during the past few decades. For example, its value has increased from 3.3 per cent in 1993 to 3.8 per cent in 2000 and to 4.8 per cent in 2006/07 (DHS reports, Department of Census and Statistics), adding a new dimension to the family structure in Sri Lanka. This can be a result of population ageing, international migration, and disasters such as the tsunami and the thirty-year-long civil war.

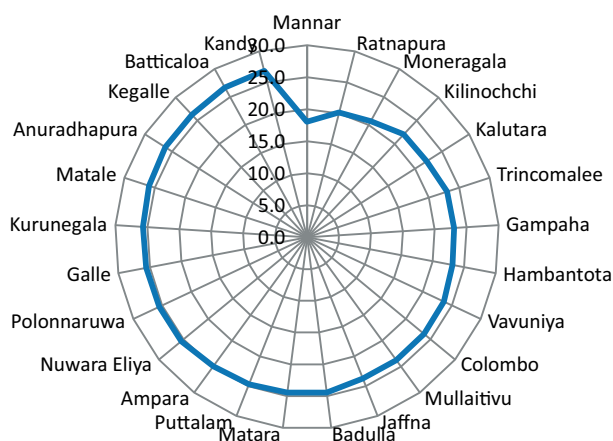
### Female-headed households

According to the Census of Population and Housing 2012, out of 5.3 million households in Sri Lanka, 1.3 million households or 24.3 per cent are female-headed households. There is not much variation across urban (24.8 per cent), rural (24.1 per cent) and estate (24.7 per cent) sectors. Among the total female heads of the households, 34.6 per cent are widows while 53.3 per cent are married and 7.4 per cent have been reported as

The majority of female heads of households are in the 60-64 age group (146,429, 11.5%) whereas for males, the peak age range is 45-49 (511,974, 12.8%).

never married. Thus more than one-third of women who head households are widows and at least some of them can be classified as a vulnerable group. Their specific needs should be identified and addressed. It is important to note, that more than half of the female heads of households (53.3 per cent) are actually married and their share is larger than the widowed female heads of households. The majority of female heads of households are in the 60-64 age group (146,429, 11.5 per cent) whereas for males, the peak age range is 45-49 (511,974, 12.8 per cent).

**Figure 5.11: Percentage of female-headed households by district - 2012**



Source: Department of Census and Statistics

**The highest percentage of female-headed households is recorded from the Kandy district (26.8%) followed by Batticaloa (26.7%) and Kegalle (26.3%). The percentage is lowest for the Mannar district (18.0%) where the sex ratio is highest.**

As shown in Figure 5.11, the highest percentage of female-headed households is recorded from the Kandy district (26.8 per cent) followed by Batticaloa (26.7 per cent) and Kegalle (26.3 per cent). The percentage is lowest for the Mannar district (18.0 per cent) where the sex ratio is highest. The percentage of female-headed households falls below the national average (24.3 per cent) for all the districts in the Northern Province.

The large number of female headed households further strengthens the case for legislative reform, with regards to discriminatory laws and practices in land inheritance that both disadvantage women and hinder economic productivity. While land laws in general are non-discriminatory, several problems exist. The Land Development Ordinance of 1935 which is applicable to state land gives inheritance preference to males over females which create problems for women cultivating land upon the death of their husbands. Similarly, some traditional laws such as Thesawalamai law in the Jaffna district place difficulties for women in gaining control of their property, if their husbands go missing, as the husband's permission is required for activities, such as mortgaging or selling of property.

#### Co-habitation within households

Different living arrangements of families highlight potential needs and problems. For example, the characteristics and issues related to nuclear families may be different from those related to



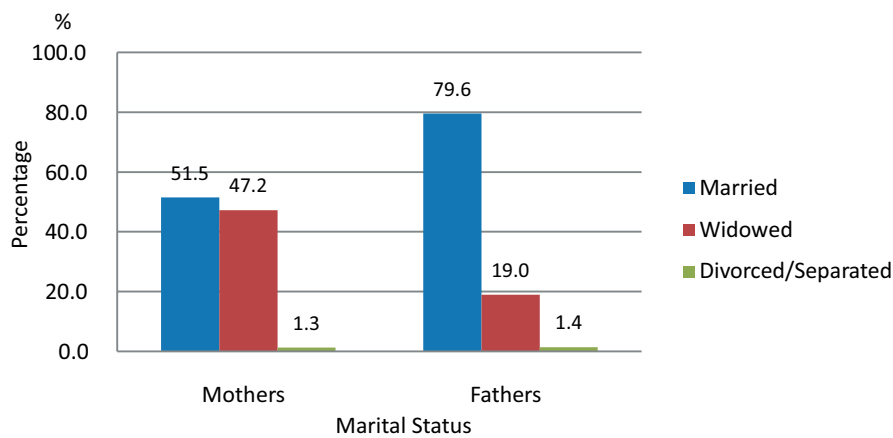
extended families; the needs of widowed mothers can take a different form compared to those of widowed fathers.

The Census of Population and Housing 2012 reveals that there are 201,463 sons-in-law living with the parents of the woman while 429,006 daughters-in-law live with the parents of the man<sup>13</sup>. The data shows that couples living with the parents of the man are more than twice, that of the couples living with the parents of the woman. This is expected as the cultural norm in Sri Lanka is for the couple to live in the husband's home, when they decide to cohabit with parents. Understanding

the cohabitation patterns of parents with their children is important in designing policies for the aged population. The number of mothers living with their sons and daughters (404,476), who are heads of the household, are more than three times that of fathers (116,221).

The marital status of such parents is shown in Figure 5.12. Among them, nearly 47 per cent of mothers are widowed, whereas only 19 per cent of fathers live alone, due to the death of the spouse. A very small proportion of them are divorced or separated.

**Figure 5.12: Marital status of parents living with their children - 2012**



Source: Lanka SIS Data Base of the Department of Census and Statistics

13. [http://sis.statistics.gov.lk/statHtml/statHtml.do?orgId=144&tblId=DT\\_POP\\_HOU\\_175&conn\\_path=l3](http://sis.statistics.gov.lk/statHtml/statHtml.do?orgId=144&tblId=DT_POP_HOU_175&conn_path=l3)

## Chapter 06

# Sexual and reproductive health





Sexual and reproductive health and rights play a leading role in people's lives and are instrumental in their well-being.

Ideally couples must experience a safe and healthy sexual life and be able to decide and afford the number of children they desire to have and ensure safe delivery and survival of their newborns.



Sexual and reproductive health and rights play a leading role in people's lives and are instrumental in their well-being. Ideally couples must experience a safe and healthy sexual life and be able to decide and afford the number of children they desire to have and ensure safe delivery and survival of their newborns. Sexual and reproductive health is a state of complete physical, mental and social well-being in all matters relating to the reproductive system and to its functions and processes (United Nations, 1994).

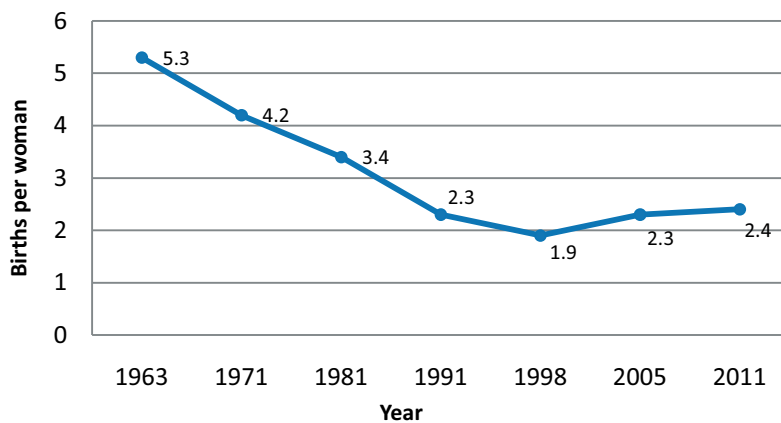
Sri Lanka is the first country to achieve replacement level fertility in the South Asian Region primarily due to the remarkable fertility reduction programmes implemented since 1960s. However, it is also the first country in Asia to see an increase in fertility after entering the latter stages of fertility decline where it reached below replacement levels (De Silva, 2015). Many Asian countries gave prominence to sexual and reproductive health after

the population policy shift which occurred along with the International Conference on Population and Development (ICPD) in 1994. That paradigm shift in the world population policy framework had alerted many developing countries to re-consider the quality of their Sexual and Reproductive Health programmes.

### Fertility

Sri Lanka's fertility transition began in the 1960s but the country is still moving through the third stage of the demographic transition even 50 years from its onset. Sri Lanka commenced the onset of the fertility transition well ahead of other countries in the region. The country's Total Fertility Rate (TFR), which measures the average number of children born to a woman during her entire reproductive period has declined continuously from 5.3 in 1963 to 2.3 in 1991 and reached below the replacement fertility level in 1998 (Figure 6.1).

**Figure 6.1: Total fertility rates 1963-2011**

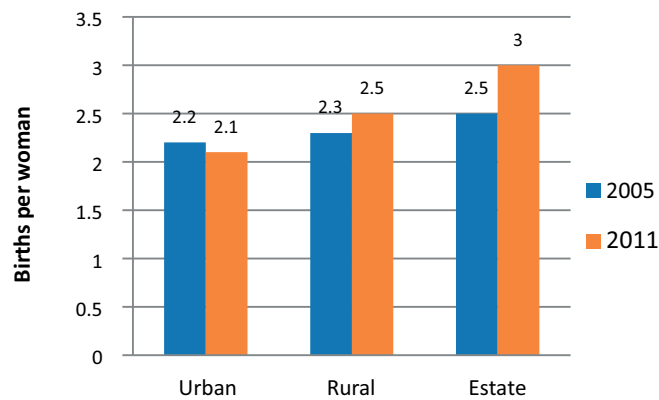


Source: Various reports of the Department of Census and Statistics

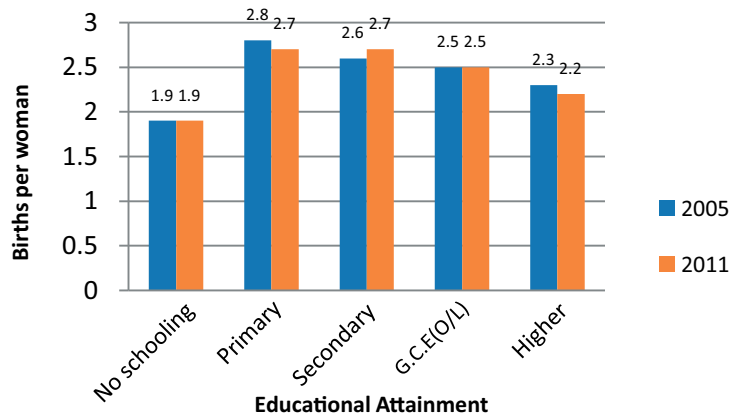
Recent data suggests that fertility has increased. TFR has increased to 2.3 in 2005, and the Census of Population and Housing 2012 recorded the value as 2.4. Further investigations are needed to understand the causes for this increase and to ascertain whether this increase is a temporary

phenomenon before reaching the replacement level of fertility. If Sri Lanka desires to attain a stable population size and obtain its consequent benefits, the country still needs to carry out its fertility-related policies further until the TFR shows a steady decline.

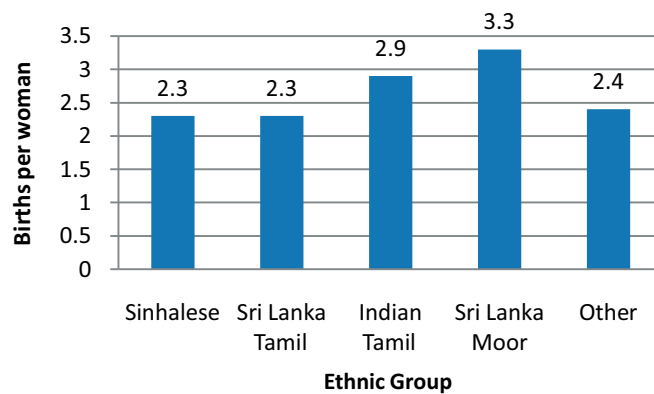
**Figure 6.2: Total fertility rate by sector 2005, 2011**



**Figure 6.3: Total fertility rate by educational attainment - 2011**



**Figure 6.3: Total fertility rate by educational attainment - 2011**





Analysis of the fertility differentials by background characteristics is shown in Figures 6.2 to 6.4. In 2011, the TFR is highest in the estate sector (3.0) followed by the rural (2.5) and urban (2.1) sectors. It is interesting to note that the urban sector has achieved the replacement level of fertility.

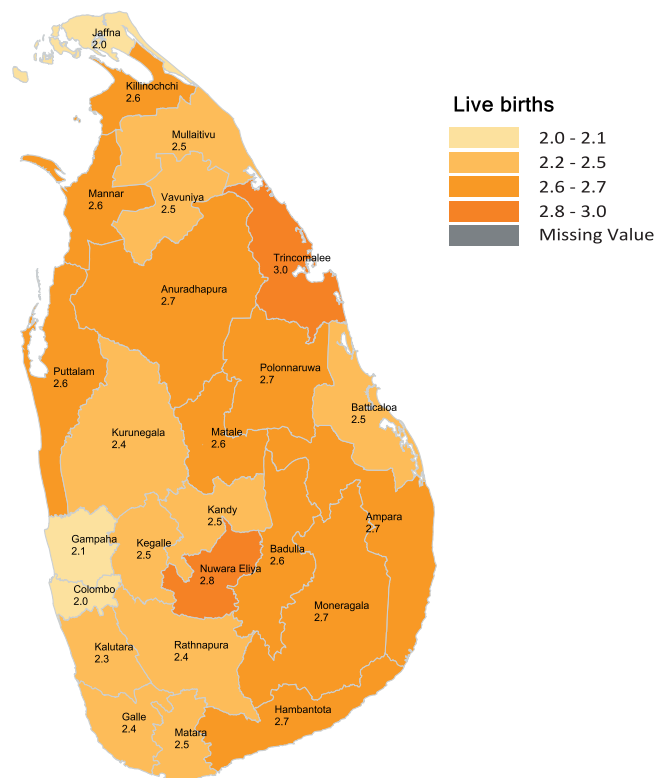
Compared to 2005 the highest increase in the TFR is recorded by the estate sector, with a half a child increase on the average. There is a marginal decrease of the TFR from 2.2 to 2.1 for the urban women, which is not sufficient to offset the national TFR value (Department of Census and Statistics, 2014a).

Among the educational attainment levels, the highest TFR (2.7) is recorded for women who completed primary or secondary level education in 2011. Contrary to the general pattern of inverse

relationship between education and fertility levels, women with no schooling reported the lowest fertility level of 1.9, which is below the replacement level in both time periods, and this needs further investigation. Fertility has increased from 2.6 in 2005 to 2.7 in 2011 among women with secondary level education (Department of Census and Statistics, 2014a).

Analysis of the TFR by ethnic group for 2011 reveals that Sri Lanka Moor women have the highest TFR (3.3) and both Sinhalese and Sri Lanka Tamil women recorded the lowest value (2.3). Thus Sri Lanka Moors have on the average one child more than the Sinhalese and Sri Lanka Tamils. The level of fertility of Indian Tamils (TFR value of 2.9) is only second to Sri Lanka Moors (Department of Census and Statistics, 2014a).

**Figure 6.5: Total Fertility Rate by district - 2011**



Source: Department of Census and Statistics, 2014



The highest TFR was recorded in 2011 from women in Trincomalee (3.0) followed by Nuwara Eliya (2.8). Despite the TFR being highest in Trincomalee, it is interesting to observe that the lowest mean age at marriage for males as well as a relatively low value for females, have been reported from the Trincomalee district. Other relatively less developed districts such as Anuradhapura, Ampara, Moneragala, Hambantota, Polonnaruwa, Kilinochchi, Mannar and Puttalam reported relatively high TFR values. Three districts (Colombo, Jaffna and Gampaha) recorded TFR values below the replacement level of 2.1. (Department of Census and Statistics, 2014a).

### Age-specific fertility rates (ASFR)

Analysis of the age pattern of fertility provides indications on the tempo of childbearing and any changes in the pattern of childbearing over time.

Age-specific fertility rates (ASFR) declined significantly for all the age groups between 1993

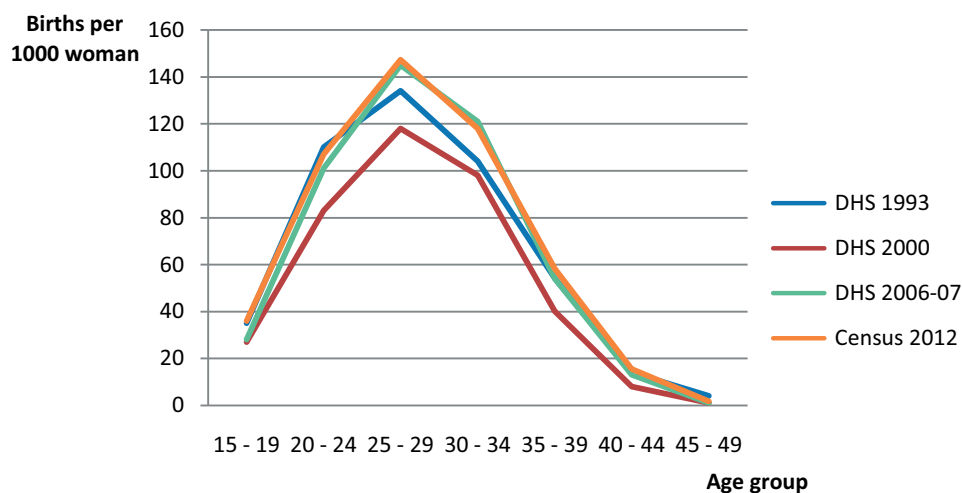
and 2000. It is important to note that the decline in fertility in the younger age groups is more prominent, than the older ages during that period. Between 2000 and 2006-07, fertility increased unexpectedly in all the age groups except for the 45-49 age group. The ASFRs for the 25-39 age group in 2006-07 were even higher than the corresponding values in 1993. Although fertility increased, the age pattern of fertility remained unchanged with the peak value at the 25-29 age group. Comparison of ASFRs in 2012 with 2006-07 reveals that there is an increase in teenage fertility as well as fertility in the 20-24 age group. Further investigation is necessary to understand the factors behind this increase.

### Adolescent and youth fertility

“Adolescents who are under 18 years of age in the reproductive age group are considered as having a high risk for pregnancy related illness and death.

Although their bodies may be mature enough to conceive, some adolescents are not physically well

**Figure 6.6: Trends in age-specific fertility rates 1993-2012**



Source: Various reports of the Department of Census and Statistics

developed to have a safe pregnancy and delivery. The crucial period of growth associated with poor intake of all nutrients and vitamins due to improper dietary habits place adolescent girls at high risk for anemia and nutritional deficiency. The added burden of pregnancy may not only be psychologically traumatic, but also deprive her of nutrition” (De Silva & Boyagoda, 2009:14).

The trend in ASFR of young people in Sri Lanka over the period 1975- 2011 is shown in Table 6.1. It is important to note that in the 15-19 age group there is an increase of 33 percent or an increase

Many studies reveal that women who use family planning are generally healthier, better educated, more empowered in their households and communities and are more economically productive (UNFPA, 2012).

from 27 to 36 live births per 1000 women between the 1995-2000 to 2011. An area of concern for policymakers would be that the second sharpest increase in ASFRs, (after the 35-39 age group) is in the 15-19 age group (De Silva, 2015). Childbearing at younger ages can increase the risk of maternal mortality, disrupt educational attainment and bring about psycho-social disadvantages such as the loss of mobility (UNICEF, 2001).

As per data reported in the latest census, fertility levels among adolescents and youth is higher among Muslim communities than other ethnic groups (Department of Census and Statistics, 2014a).

#### Family planning and contraceptive use

Family planning plays an important role for a couple to plan the number of births as well as spacing between births. Many studies reveal that women who use family planning are generally healthier, better educated, more empowered in their households and communities and are more economically productive (UNFPA, 2012).

**Table 6.1: Age-specific fertility rates of the young population in Sri Lanka, 1975 - 2011**

Age	WFS 1975 (1974)	SLDHS 1993 1988-1993	SLDHS 2000 (1995-2000)	SLDHS 2006/2007 (2003/4 -2006/7)	Census 2011	Percentage change 1995 -2000 to 2011
15-19	31	35	27	28	36	33.3
20-24	146	110	83	102	107	28.9
25-29	161	134	118	147	147	24.6

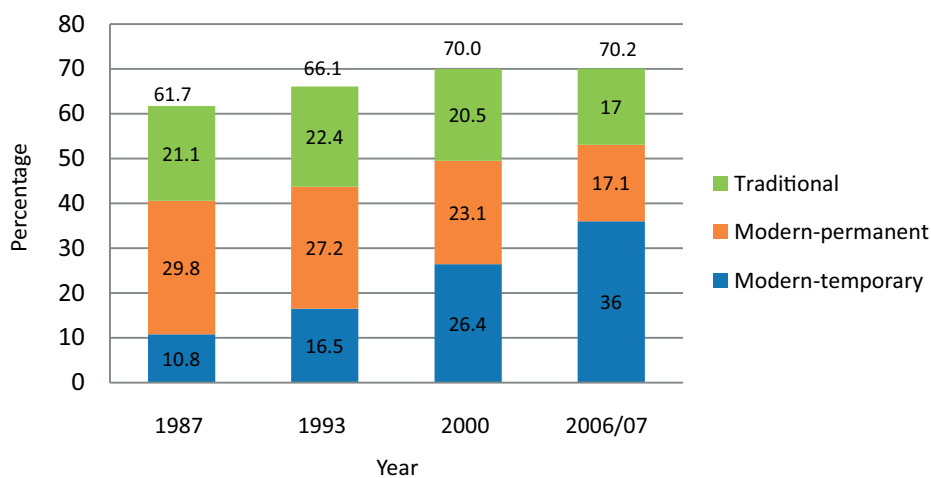
Sources: Department of Census and Statistics (2002);  
Department of Census and Statistics ([www.statistics.gov.lk/dhs](http://www.statistics.gov.lk/dhs))

In Sri Lanka, the government accepted family planning as a national policy in 1965 and in 1968, it was integrated with maternal and child health services and the programme became widespread in the country. Oral Contraceptive Pills (OCP), Depo-Provera injections, Intra Uterine Devices (IUD), condoms and implants are among the modern temporary methods offered in the current

programme. Modern permanent methods include vasectomy and female sterilization.

Contraceptive prevalence rates as reported in Demographic and Health Surveys (DHS) are shown in Figure 6.7.

**Figure 6.7: Trends in the contraceptive prevalence rate 1987-2006/07**



Source: Department of Census and statistics, 2009 (Excluding Eastern Province for 2006/07)

The Contraceptive Prevalence Rate (CPR) has increased from 61.7% in 1987 to 70.2% in 2006/07. However, the CPR shows some stagnation in recent times. One factor that contributed to this pattern is the insufficient supply of some contraceptive commodities (Family Health Bureau, 2012).

The contraceptive prevalence rate (CPR) has increased from 61.7 per cent in 1987 to 70.2 per cent in 2006/07. However, the CPR shows some stagnation in recent times. One factor that contributed to this pattern is the insufficient supply of some contraceptive commodities (Family Health Bureau, 2012). It is clearly seen that modern temporary methods (e.g. pill, condom) have increased while modern permanent methods (e.g. male and female sterilization) have shown a declining pattern during the 30 years. Traditional methods (rhythm or withdrawal) started to decline since 1993.

The Family Health Bureau (FHB) reports the CPR among eligible families registered under care. Although this value is not strictly comparable with the figure reported in the DHS, it provides some indication about the more recent changes. According to the data, the CPR has increased from 60.1 per cent in 2007 to 64.6 per cent in 2012 (Family Health Bureau, 2012). Modern methods and traditional methods account for 55.1 per cent and 9.5 per cent respectively in 2012.

Some interesting patterns emerge from the variation of contraceptive prevalence by population subgroups. Contrary to the experience of most other developing countries, in Sri Lanka CPR for the urban sector (59.9 per cent) is lower than the rural (69.9 per cent) and estate (64.7 per cent) sectors as reported in the DHS 2006/07. Female sterilization is the most commonly used method in the estate sector, which accounts for more than 60 per cent. Among youth, 68 per cent of ever-married women between the ages of 15-19 years, had not been provided any information related to family planning by the family health worker responsible for providing such services (Department of Census and Statistics, 2009). This demonstrates a serious issue in sharing knowledge on SRH with adolescents and youth. The National Youth Survey – 2013 states that nearly 57 per cent of the respondents in the age group 15-29 reported that they were not aware of contraceptive methods.

**The National Youth Survey – 2013 states that nearly 57 % of the respondents in the age group 15-29 reported that they were not aware of contraceptive methods.**

**Table 6.2: The use of Contraceptives in selected districts**

District	The usage %
Ampara	56
Batticaloa	35
Mullaitivu	Below 50
Trincomalee	53
Vavuniya	50-60

The relationship between education and contraceptive prevalence is usually positive, but in the 2006/07 DHS, it was evident that as education increased women were less likely to use modern contraceptives and instead used traditional methods. It is also observed that women belonging to the highest wealth quintile tend to use more traditional methods than women with less affluence (Department of Census and Statistics, 2009).

level of unmet need of family planning remained at 7.3 per cent in 2012 (Family Health Bureau, 2012). The unmet need of family planning has declined only from 9.2 per cent in 2007 to 7.3 per cent in 2012. It is desirable to reduce the unmet need at a higher speed as it is an attributable factor of maternal mortality. Batticaloa and Vavuniya districts record more than a 9 per cent, while Trincomalee, Mannar and Gampaha districts too have values above 8 per cent. Such districts warrant appropriate interventions.

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### Unmet need

To examine changes of unmet needs in recent times, data from the Family Health Bureau are analyzed. In that context, unmet need means the percentage of sexually active couples who are not expecting (to have) a child in the next two years and not following any family planning method. The

### Birth spacing

The adverse effects of a short birth interval on infant and child survival and maternal mortality are well researched. This is mainly attributed to the 'maternal depletion syndrome' meaning a woman, not fully recuperating from one pregnancy, before supporting the next one. Other mechanisms possibly contributing to a detrimental effect of a short preceding interval on infant and child survival are: competition between closely spaced siblings for parental time or resources, the inability to give a child adequate attention and disease transmission among closely spaced siblings. Children born too close to a previous birth, especially if the interval between the births is less than two years, are at on

increased risk of health problems and prone to loss of life at an early age (Miller, 1991; Da Vanzo, 2004)

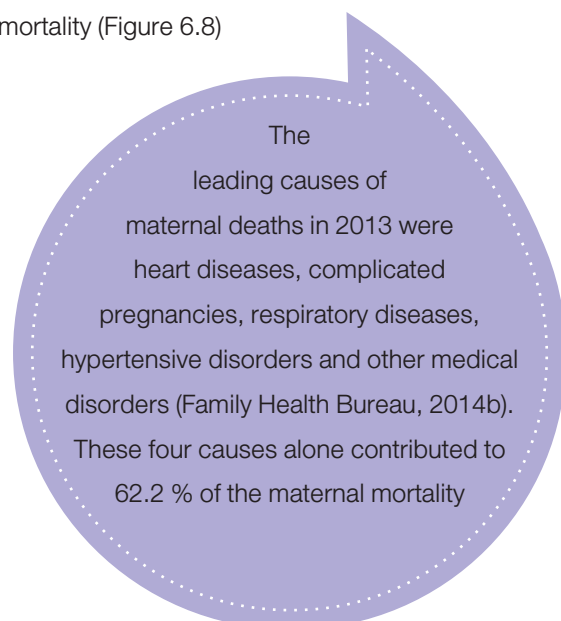
In Sri Lanka, the median birth interval has increased sharply from 37 months in 1993 to 43 months in 2000, followed by 52 months in 2006/07, which is exceptionally long. Only one in ten births occurs after a very short birth interval of less than two years (Department of Census and Statistics, 2009). It is also evident from the DHS 2006/07 that the median birth interval increases substantially with the age of the mother, from 45 months in the 20–29 age group to 66 months in the 40–49 age group.

It is observed that the length of the birth interval is very strongly associated with the survival status of the preceding birth, since the median birth interval is 24 months shorter for children whose previous sibling had died (28 months), than for children whose previous sibling was alive (53 months). Furthermore, the percentage of births occurring less than 18 months after a previous birth was six times higher for children whose prior sibling died (20 per cent), than for children whose prior sibling survived (3 per cent). It has been claimed that the shorter intervals for the former group were partly due to a shortened period of breastfeeding for the preceding child, leading to an earlier return of ovulation and thus an increased chance of pregnancy (Department of Census and Statistics, 2009). Another contributory factor is the minimal use of contraception, due to the desire to replace the deceased child as soon as possible. Further analysis suggests that the median birth interval is shortest for women living in estate areas, while the highest is recorded for the rural sector.

### Maternal mortality

Sri Lanka's achievement in reducing maternal mortality is impressive. The maternal mortality ratio is 32.5 per 100,000 live births in 2013 (Family Health Bureau, 2014b) and it is the lowest in South Asia. Many factors such as free health services, well organized primary health care systems as well as the socio-economic development of the country contributed to this success story. However, in order to reduce maternal mortality further, it is necessary to examine the causes of such deaths.

Data from the Family Health Bureau reveals that in 2013, 55 per cent of maternal deaths occurred due to indirect causes. Nearly 60 per cent of maternal deaths have occurred during the post-partum period, which implies the need for interventions during that time span. The leading causes of maternal deaths in 2013 were heart diseases, complicating pregnancy, respiratory diseases, hypertensive disorders and other medical disorders (Family Health Bureau, 2014b). These four causes alone contributed to 62.2 per cent of the maternal mortality (Figure 6.8)



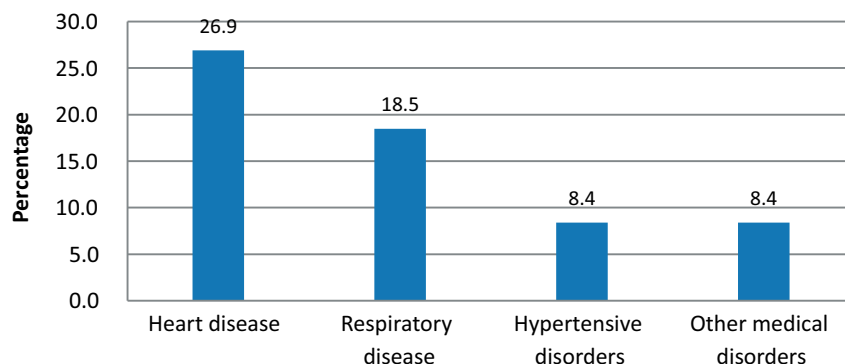


Heart diseases (26.9 per cent) and respiratory diseases (18.5 per cent) account for nearly 45 per cent of maternal deaths in 2013. All these are preventable with the right interventions at the correct time.

Causes of maternal mortality were studied for the 2009–2010 period during the most recent

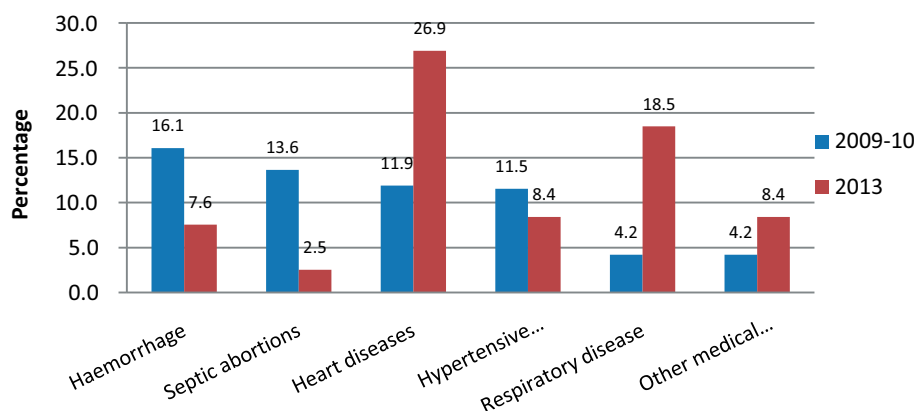
assessment of Emergency Obstetric and Newborn Care conducted in 2012. For the same period, the four leading causes were post-partum hemorrhage, septic abortions, heart diseases and hypertensive disorders accounting for 53.1 per cent of maternal mortality. The comparison of leading causes in the 2009–2010 period with 2013 is shown in Figure 6.9.

**Figure 6.8: Percentage contribution from leading causes to maternal mortality - 2013**



Source: Family Health Bureau, 2014b

**Figure 6.9: Comparison of contributions from leading causes to maternal mortality: 2009-10 and 2013**



Source: Family Health Bureau, 2014a, 2014b

Analysis of the maternal mortality ratio by district reveals that the Polonnaruwa district has the highest ratio of 92.5 per 100,000 live births in 2013 followed by Nuwara Eliya (61.1), Kegalle (50.9) and Mannar (50.7). These districts need more attention to minimise the high maternal mortality.

Heart disease was the third major cause of maternal mortality in 2009–2010 and has become the highest cause with a contribution of nearly 27 per cent in 2013. Respiratory disease, which was not among the four leading causes in 2009–2010, was the second largest contribution in 2013. On the other hand, hemorrhage and septic abortion, which were the two largest causes in 2009–2010, were not among the four leading causes in 2013. Therefore, in recent times, several changes have taken place in relation to the causes according to their contributions to maternal mortality.

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### Unsafe abortions

In Sri Lanka, though abortions are illegal, therapeutic abortions are allowed under certain circumstances in order to safeguard the life of the mother. As such, the majority of women lack access to safe abortion care and control of their

reproduction (Abeyesekera 1997; Hirve 2004). This has opened up a market for unregulated and unqualified private providers leading to unsafe abortions. Rajapaksha (1998) estimated that the abortion ratio would be as high as 741 per 1000 live births and found that the problem of induced abortion is seen predominantly among married women ranging from 25–39 years having two or more children. By applying Bongaarts' Model, Abeykoon (2009) indirectly estimated that the total abortion rate to be .087 in 2006/7. It has increased from a relatively low level of 0.035 in the early 1990s to more than four times by the year 2000 (0.147). This ratio had declined by about 40 per cent from the level during the 2000 to 2006/07 period. The high contribution of abortions to maternal deaths in 2009–2010 suggests a high prevalence of unmet need for family planning, although it is less prominent in 2013.

De Silva notes that many studies show that two thirds of abortion seekers practiced traditional methods of contraception that have higher rates of failure in comparison to modern methods (De Silva, 2015). This points to a need to further expand accessibility and awareness to modern contraception to reduce demand for illegal and potentially unsafe abortions.

### Sexual and Reproductive Health (SRH) among youth

One of the key factors is sexual and reproductive health issues among the youth in Sri Lanka. It is a fact that youth go through various phases of physiological, psychological and social changes

from a young age and face various issues related to SRH. The youth should be well educated on the subject of SRH to be able to face psycho-social and physical transition in their lives successfully. A considerable percentage of adolescents have had sexual relationships at least once in their lives or they knew friends who are engaging in sexual relationship (UNICEF, 2004). Table 6.3, presents the prevalence of sexual intercourse among adolescents.

Child bearing by adolescent mothers is relatively limited in Sri Lanka, but as mentioned above, recent increases in fertility of women in the 15-19 age group should be monitored to determine if there is a significant reversal in the long term trend towards child bearing at an older age in the country, that is increasing teenage pregnancies

**Table 6.3: Prevalence of sexual intercourse among adolescents, 2004**

Category	Percentage of those who had friends having heterosexual intercourse	Percentage of those who had heterosexual intercourse	Percentage of those who had homosexual /lesbian relations
All	20.5	6.1	10.2
Male	40.1	13.9	18.2
Female	10.7	2.2	3.6

Source: UNICEF, 2004.

**Table 6.4: Teenage pregnancy and motherhood by single age, 2006/07**

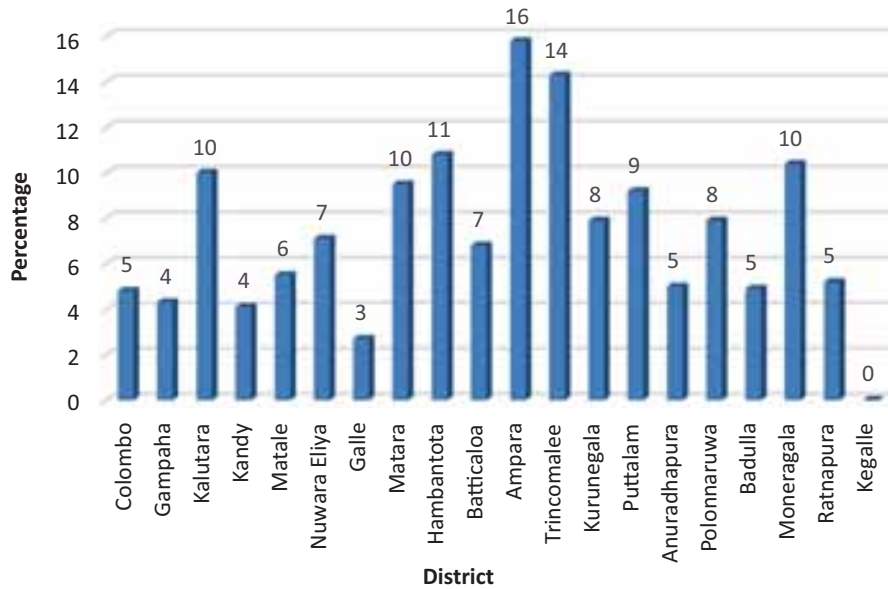
Age	Have had a live birth	Are pregnant with first child	Percentage who have begun childbearing	Number of women
				758
16	0.6	1.0	1.6	713
				639
18	7.0	2.7	9.7	727
				649
15-19 (adolescents)	4.3	2.1	6.4	3486

Sources: Department of Census and Statistics (2009).

The district breakdown gives a clear picture of the disparities in the prevalence of teenage pregnancies and childbearing experiences by

geographical locations. The highest prevalence of teenage pregnancies and childbearing experiences is from the Ampara and Trincomalee districts.

**Figure 6.10: Teenage pregnancy and motherhood by district, 2006/07**



Source: Department of Census and Statistics, 2009.



# Ageing







Population ageing refers to the process of an increasing average age in the population through rising numbers in the older population cohorts. Changes in age distribution, which occur as a consequence of declines in fertility and mortality levels (resulting in higher life expectancy), lead to population ageing.



Population ageing refers to the process of an increasing average age in the population through rising numbers in the older population cohorts. Changes in age distribution, which occur as a consequence of declines in fertility and mortality levels (resulting in higher life expectancy), lead to population ageing. As in many parts of the world fertility decline in Sri Lanka is the primary driver in the population ageing process.

Ageing is the relatively the newest demographic phenomenon that policymakers have encountered across the world. It originally was a problem facing the developed world but the highly successful family planning policies in Sri Lanka and the relatively advanced public healthcare system has allowed it to see gains in life expectancy and fertility decline beyond that which is typical of its income status. This is further accelerated by the trend towards out-migration as opposed to the influx of working-age migrants seen in the developing world (see also 'Migration'). The Ageing and Development Report note that several countries including Sri Lanka, Cuba, Argentina and Thailand will have a higher proportion of over-65s than the United States (Randel et al, 1999).

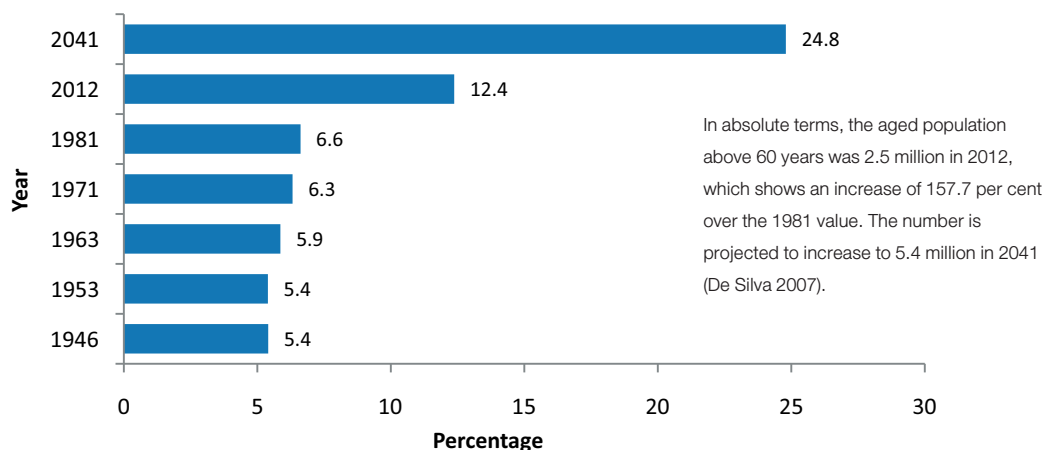
These shifts bring about fresh challenges and a need to re-imagine the role of different age cohorts in the population e.g. retirement age. The report

also notes that in the developing world ageing is commonly associated with poverty, with older people being among the poorest and despite formal retirement ages, poverty requires older populations to find work. Due to disparities in life expectancy, ageing is also an increasingly female experience (Randel et al, 1999). This chapter will explore the demographic profile of Sri Lanka's older population and policy implications for labour, healthcare and the 'feminization of ageing'.

The extent of population ageing is influenced by a country's definition of the age threshold for 'elderly'. In Sri Lanka persons in the age group of 60 and above are considered 'elderly' but some countries use 65 years as the cutoff mark. In 2012 this figure had risen to 12.4 per cent (Figure 7.1) rising from an aged population that remained between 5-7 per cent during the 35-year period 1946-1981. The ageing process gathered momentum since the 1980s and the percentage doubled from 6.6 per cent in 1981 to 12.4 per cent in 2012. Projected values show that it is expected to double again from the current value in 2012 and reach the level of 24.8 per cent in 2041. Therefore, in 2041, one out of four persons in the population will be an elderly person (Department of Census and Statistics, 2014a).

**Data shows that, in 2041, 1 out of 4 persons in the population will be an elderly person (Department of Census and Statistics, 2014a).**

**Figure 7.1: Percentage of population over 60 years of age, 1946-2012**



Source: Department of Census and Statistics 2014a, 2041 data from De Silva (2007)

### Age composition of the aged population

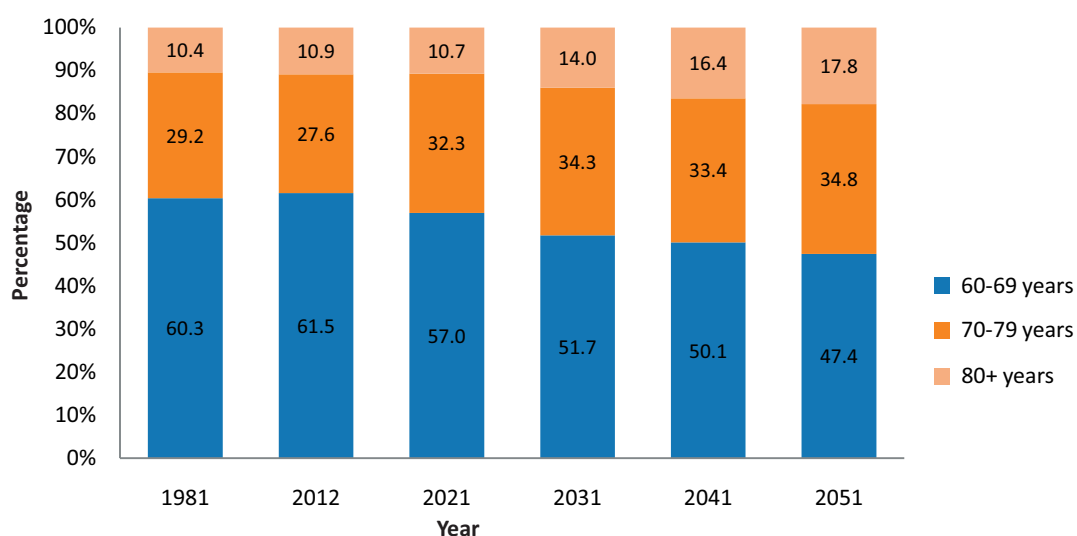
Apart from the increase in the share of the population above 60 years, ageing is taking place within the elderly population. In 2012, 61.5 per cent fell into the 60-69 age group, which will reduce to 47.4 per cent in 2051 (Figure 7.2). On the other hand, the percentage shares of 70-79 and 80+ age groups will be increased from 27.6 per cent and

10.9 per cent in 2012 to 34.8 per cent and 17.8 per cent in 2051 respectively. Hence, the rate of increase of the 'oldest old' category of the aged 80 years or above is more prominent. In 2012, the number of such persons was about 274,000. It is projected to increase nearly fourfold to 1.08 million in 2051.

Women comprise the majority of the aged population in Sri Lanka. In 2012, there were 289,000 more women than men in the aged population 60 years and above in 2012

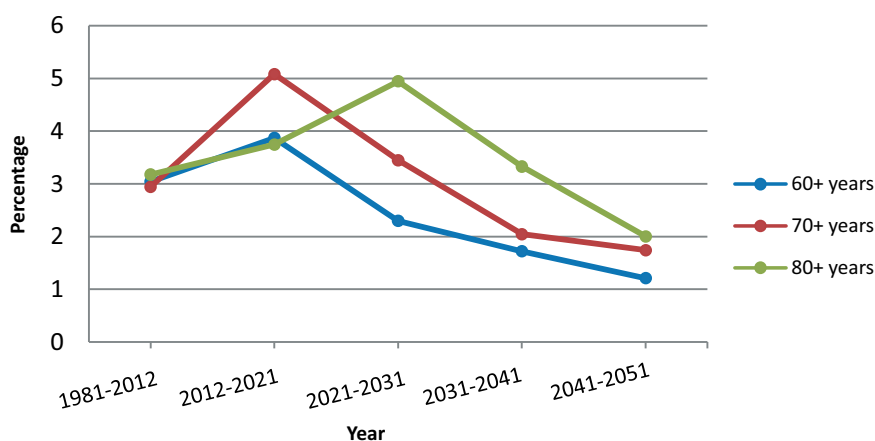


**Figure 7.2: Distribution of the aged population by broad age groups 1981-2051**



Source: Department of Census and Statistics; 2021-2051 data from De Silva (2007)

**Figure 7.3: Average annual growth rates of population 60+ years, 70+ years and 80+ years 1981-2051**



Source: Department of Census and Statistics; 2012-2051 data from De Silva (2007)

The increasing share of very old people is a main feature of ageing. This can be illustrated further by examining the growth rates of the population of 70+ years and 80+ years and comparing the rates with the growth rates of the overall aged population (Figure 7.3).

The average annual growth rate during 1981-2012 was around 3 per cent for the three age groups under consideration. In particular, the growth rate

of the population aged 80+ is 3.2 per cent in that time period, which is higher than the average for South Central Asia, 2.6 per cent in 2013, and East Asia, 2.7 per cent in 2013, (United Nations 2013b). During the 2012-2021 period, the growth of the population aged 70+ will increase to about 5 per cent while the other two groups remain at the level of around 3.8 per cent. But after 2021, the growth rate of the 'oldest old' age category becomes much higher than the other two age groups, with a

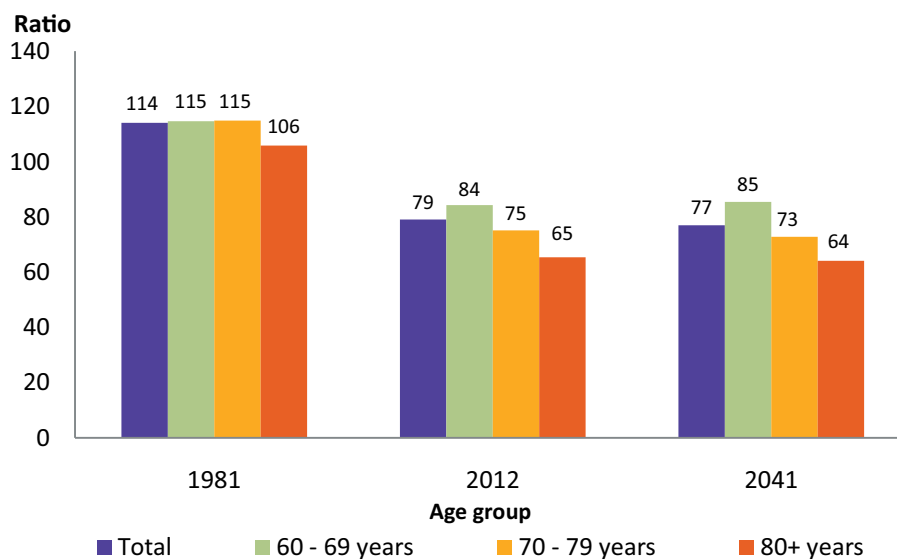
peak of 5 per cent during 2021–2031, while some convergence is seen during the 2041–2051 period. The growth rates of all the age groups shown in Figure 7.3 are expected to decline from the second or third decade of this century. However the growth rate of the 'oldest old' population during 2041–2051 (2.0 per cent) will still be above that of the population aged 60+ (1.2 per cent) and 70+ (1.7 per cent).

### Sex ratio of the aged population

Women comprise the majority of the aged population in Sri Lanka. There were 289,000 more women than men in the aged population 60 years and above in 2012 (Department of Census and Statistics, 2014a). This is nearly 45 per cent of the number of women who exceed the number of men in the total population. Women represent the majority of the aged population since women have a higher life expectancy than men.

The sex ratio of the total aged population was only 79 in 2012 compared to 114 for the total population 1981 (Figure 7.4). Value for 2012 is well below the sex ratio for the aged population in Asia (91) and South Central Asia (92), but quite on par with the value (80) of South East Asia (United Nations 2013). Female predominance tends to increase with age; the sex ratio gradually reducing from 84 in the 60–69 age group to 65 in the 80+ age group. The sex ratio for the 80+ age group is well below the value for South Central Asia (83) and close to that of East Asia (67), but above the value (61) for South East Asia (United Nations 2013b). The speed of decline seems to be reducing in the coming decades due to a somewhat faster projected decline in adult and old age mortality of men compared to women.

**Figure 7.4: Sex ratio of the aged population by age group - 1981, 2012 and 2041**



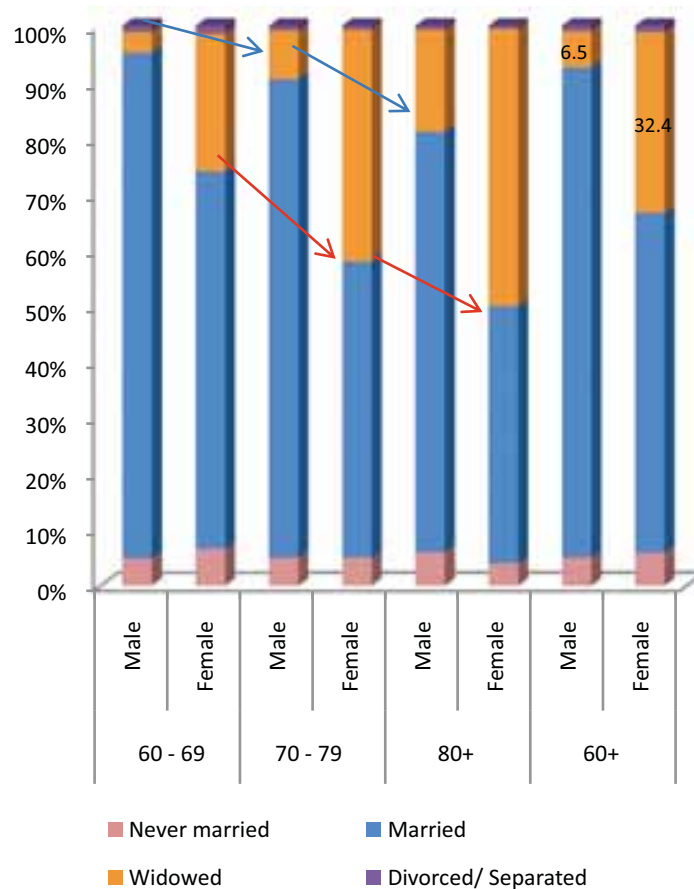
Source: Department of Census and Statistics; 2041 data from De Silva (2007)

### Marital status of the aged population

Marital status affects the living arrangements, financial as well as emotional well-being and social relationships of the elderly population. Research shows that elderly persons who are married are less likely to show signs of depression and to feel lonely, as well as more likely to report that they are satisfied with life, than those who are unmarried (Kinsella and Wan 2008). Being married has also been linked to lower mortality. The health benefits of marriage tend to be greater for men than for women. The economic situation of elderly women is usually more heavily influenced by the marital status than that of men.

One in five aged persons (20.9 per cent) of 60 years or above was widowed in 2012. As shown in Figure 7.5, the percentage of widows among the elderly population of 60 years or above (32.4 per cent) is nearly five times higher than the percentage of widowers (6.5 per cent). Male spouses are more likely to die before their wives due to lower life expectancy of males and the fact that men tend to marry women who are few years younger to them. In addition, probability of remarriage of widows is less than that of widowers. These factors lead to widen the gender gap in the widowhood of the elderly population. As expected, the widowhood increases when age advances from 60-69 years to 80+ years. Social isolation of women without the

**Figure 7.5: Marital status of the aged population - 2012**



Source: Department of Census and Statistics, 2014a



economic and emotional support of their husbands is a matter of growing concern to the society (Department of Census and Statistics, 2014a)

### Living arrangements of the aged population

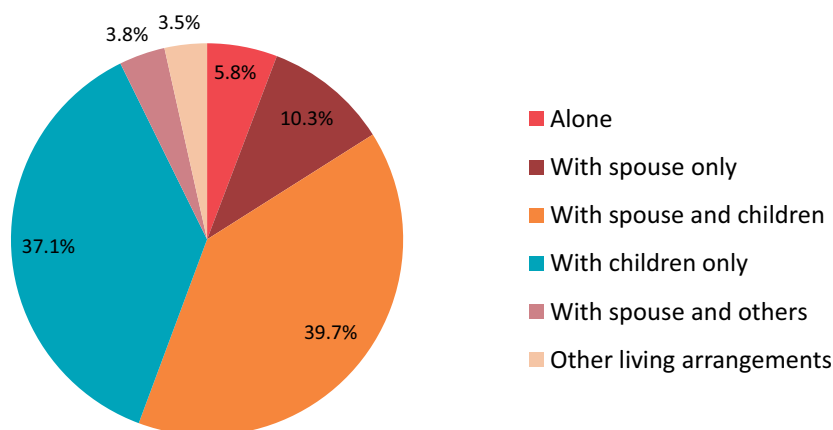
The living arrangements of the aged population are mainly determined by cultural norms prevailing in society on caring for the elders, intergenerational ties and familial support. Co-residence of elderly and younger family members can be treated as an aspect of a 'lifetime reciprocity' arrangement in which children traditionally helped their aged parents in exchange for parental support at various stages of the children's lives.

The pattern of living arrangements is shown in Figure 7.6.

The elderly couple living with their children is the most common living arrangement (39.7 per cent) in Sri Lanka. This is closely followed by the arrangement of an elderly person living with his or her children without spouse (37.1 per cent). Thus the majority of the Sri Lankan aged population (76.8 per cent) lives with their children, indicating the significance of the family in relation to the living arrangements of the elderly. The share of elders living alone is 5.8 per cent.

There are significant gender differences in the living arrangements of the aged population (Figure 7.7). The share of aged women living alone (6.7 per cent) is nearly double than the share of men (3.4 per cent). This happens because elderly women are more likely to be widowed than men, and hence less likely to be living with the spouse. Due

Figure 7.6: Living arrangements of the aged population



Source: World Bank 2008

to the same reason, the percentage of aged husbands living with wife and children (62 per cent) is nearly three times higher than the corresponding percentage for aged wives (21.4 per cent). In contrast, the share of aged women living with children (57.9 per cent) is nearly four times higher than that of aged men (14.9 per cent).

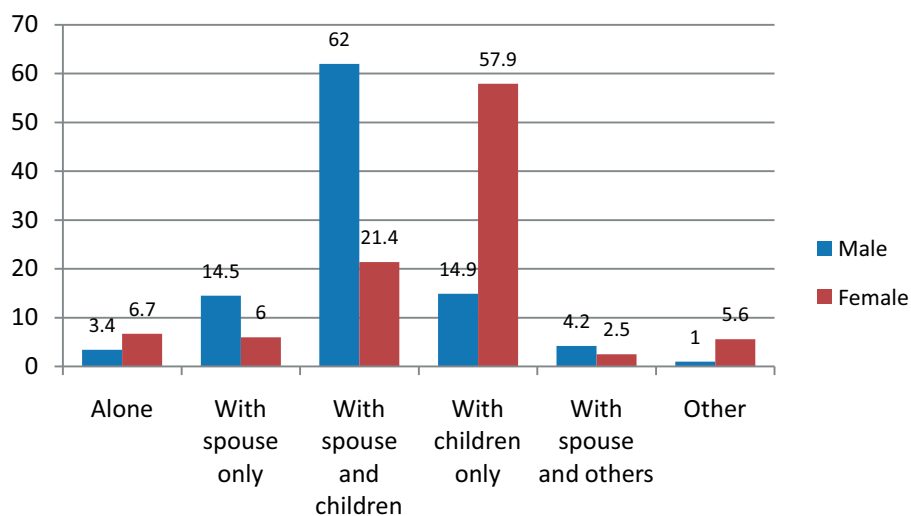
### Working in Old Age

Re-defining the working age: In many countries definitions of working age and retirement age are being re-considered to match demographic trends. While Sri Lanka's over 60 population was projected to reach 13 per cent by 2014, the over 65 population would be 17 per cent (De Silva, 2015). The total labour force participation rate for the aged population above 60 years of age is 25.6 per cent. Therefore retaining a larger cohort of older workers within the labour force (keeping other things equal)

will generally increase Sri Lanka's dependency ratio and mitigate the problem of increasing poverty linked to ageing.

In practice, the 60-64 age cohort already has a higher labour force participation rate than the 15-19 age cohort which is currently defined as working age in both percentage terms (37 per cent vs 20 per cent) and absolute terms (345, 690 vs 327, 470). At 27 per cent even the 65-69 age category has a higher LFPR (Department of Census and Statistics, 2012). Given that the smaller 60-64 cohort already contributes more to the labour force as it grows this number will increase and may increase further with the right policy interventions. The current steep drop from 53 per cent in the 55-59 category to 37 per cent may be reduced through active policy making to accommodate increasingly longer working age patterns.

Figure 7.7: Living arrangements of the aged population by gender



Source: World Bank 2008

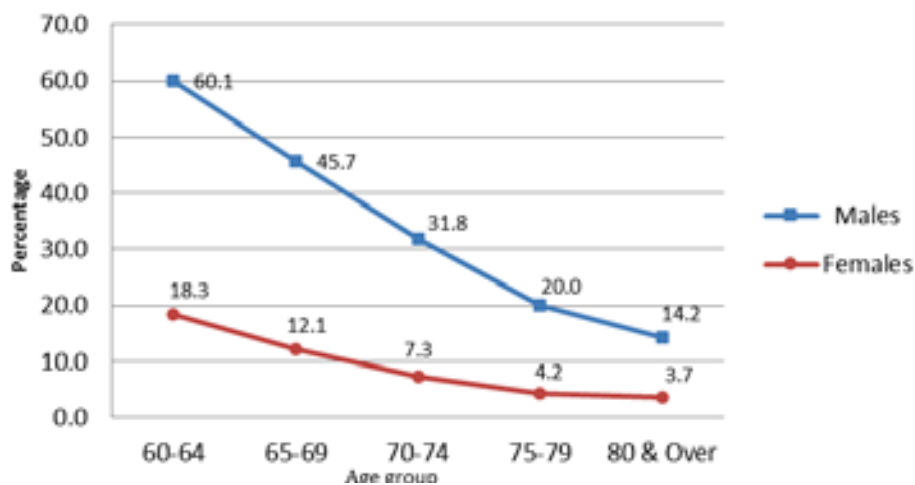
Among the aged population who contributed to economic activity, more than half (55 per cent) are engaged in own account work (self-employed without paid employees). Another 32 per cent are engaged in economic activities in the private sector. Most of the aged populations in these categories do not have a social security system to support them. The high proportion of self-employed older workers too may require policy interventions to facilitate greater financial independence. Current government interventions focus on increasing welfare payments or higher interest rates on savings (Interim Budget, 2015). However, lending to older self-employed workers remains an area that has received less attention. Feminization of ageing: Women in Sri Lanka are increasingly outliving their male counterparts with the sex ratio for Sri Lankans over 60 set to decline from 79.4 in 2012 to 75.8 in 2041 (De Silva, 2015). While this demographic shift has many

implications, disparities in labour force participation is likely to become a central issue.

Male LFPR in the over 60 category is 43.2 per cent. This is much higher than females (11.6 per cent). As shown in Figure 7.8, the labour force participation of males is higher than that of females in all the age groups above 60. In fact, the rate is 3-4 times higher for males than for females in all age groups under consideration. One in five aged men is economically active even at the age of 75-79.

Among the aged population who are not economically active, the highest proportion (40.3 per cent) are unable or too old to work and another 38.6 per cent are engaged in household work. The percentage in the latter group diminishes as age advances. These categories of aged people mostly depend on the support of others.

**Figure 7.8: Labour force participation rates of the aged population - 2012**



Source: Lanka SIS Data Base of the Department of Census and Statistics

### Functional difficulties of the aged population

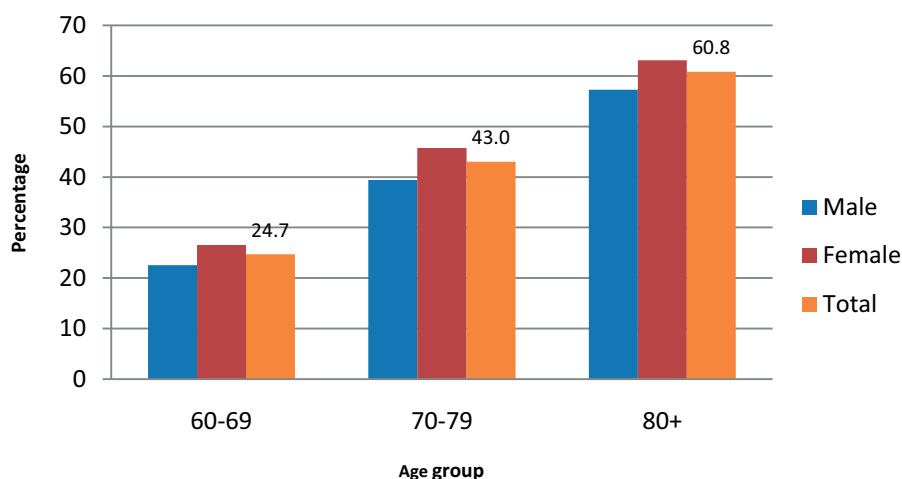
The prevalence of disability is especially pronounced among the elderly population.

According to the Census of Population and Housing 2012, there are 848,978 aged persons with functional difficulties (33.3 per cent) compared to 1,617,924 persons (8.7 per cent) of the total population aged 5 years and above. As such, more than half of the total persons with functional difficulties are among the aged population. More

aged females are suffering from functional difficulties (36.3 per cent) than males (30.4 per cent) although females enjoy higher life expectancies than males. Functional difficulties among the aged increase as age advances (Figure 7.8) from 25 per cent in the 60-69 age group to 61 per cent in the 'oldest old' category of aged 80+. It is observed that females suffer from more functional difficulties than males in all the age groups above 60 years.

According to the Census of Population and Housing 2012, there were 848,978 aged persons with functional difficulties (33.3 %) compared to 1,617,924 persons (8.7 %) of the total population aged 5 years and above.

Figure 7.8: Functional difficulties of the aged population - 2012

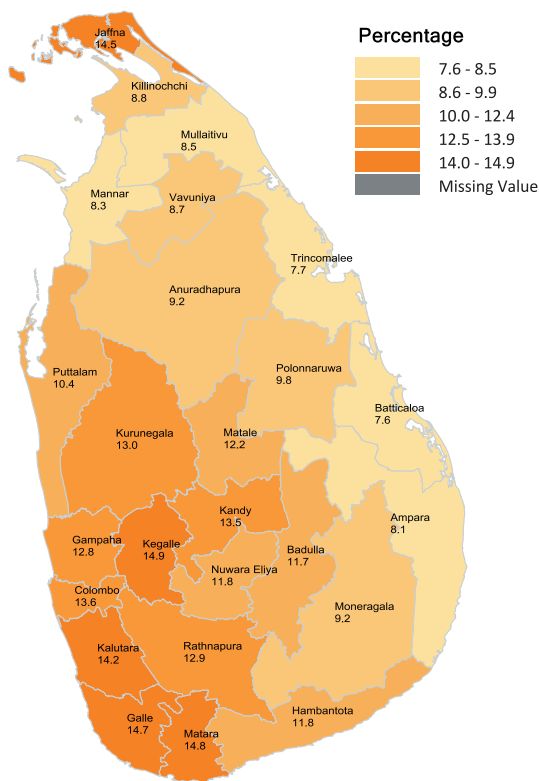


Source: Lanka SIS Data Base of the Department of Census and Statistics

Changing health care demands: In a landmark paper Olshansky and Ault studied changing mortality patterns in the US during the 1980s and argued that the changing nature of diseases or epidemiological transitions which had moved from infectious diseases to degenerative diseases, would now move to a fourth stage of delayed

degenerative diseases with gains in life expectancy (Olshansky and Ault, 1986). Sri Lanka too can expect increasing healthcare demands for hitherto less prevalent diseases including neurodegenerative diseases such as Alzheimer's disease.

**Figure 7.9: District patterns of the aged population**



The highest percentage of population 60 years and above is reported from the Kegalle district (14.9 per cent) in 2012. The southern districts of Matara, Galle and Kalutara in the Western Province and Jaffna in the Northern Province recorded values above 14 per cent. In addition, Colombo, Kandy, Kurunegala, Ratnapura and Gampaha districts too have values above the national average of 12.4 per cent. The lowest value belongs to the Batticaloa district (7.6 per cent) while Trincomalee, Ampara and Mannar districts too recorded relatively low values. These changes can be explained largely by variations in the levels of fertility and migration patterns.

Source: Lanka SIS Data Base of the Department of Census and Statistics

## Chapter 08

# Mortality





Mortality in Sri Lanka  
has declined  
considerably  
over the latter  
half of the  
twentieth century

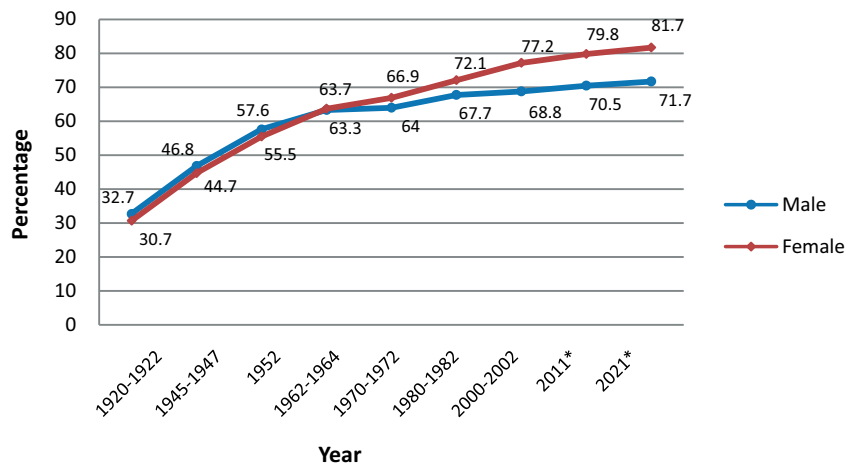


Mortality data in a country indicates the deaths by place, time and cause<sup>15</sup>. Mortality in Sri Lanka has declined considerably over the latter half of the twentieth century and continued positively into the new millennium. Overall there are continued gains in life expectancy and both maternal and infant mortality rates have fallen. Further strategic investment in health sectors such as addressing post-partum maternal mortality and neonatal care can help facilitate a continuation of this trend. However, some regional disparities exist, especially in war affected districts such as Mullaitivu and the more economically deprived estate sector. Further, in recent years, gains in male life expectancy have stagnated in relation to female life expectancy.

### Life expectancy in Sri Lanka

Life expectancy at birth (the average length of life of a person) for males and females was 32.7 and 30.7 years respectively for the 1920-1922 periods. In the 2000-02 period, this increased to 68.8 years for males and 77.2 years for females in (Figure 8.1). The most rapid improvement resulting in an average increase of 1.8 years per annum for both males and females was recorded in the latter half of the 1940s due to the dramatic mortality decline during the before mentioned period. It is projected that by 2021, male life expectancy will reach 71.7 years while female life expectancy will reach 81.7 years (Gunasekera, 2008).

**Figure 8.1: Life expectancy at birth by sex, 1921-2021**



Source: Gunasekera, 2008 \* estimated values

15. <http://www.who.int/topics/mortality/en/>

Once the life expectancies reach relatively higher levels, the tempo of gains in life expectancy gradually retards over time. This is more prominent for males as their life expectancy had increased by only 1.1 years during the 1981-2001 period.

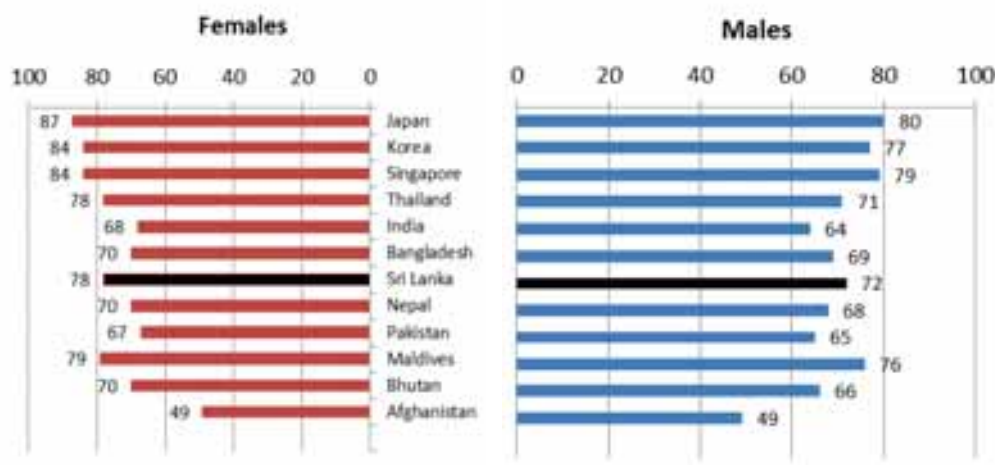
### Gender Differences in Life Expectancy: Problem of Male Mortality

Gender differences exist in Sri Lanka's life expectancy at birth, which is common to many other countries. Up to 1952, females were at a disadvantage, with their life expectancy being less than that of males by about 2 years. This pattern had reversed around the early 1960s (Figure 8.1) due to improvements in female mortality. In 1971, female life expectancy at birth was higher than that of males by 2.9 and in 1981 by 4.4. In 2001, the gap rose to 8.4.

Figure 8.2 shows life expectancies at birth for SAARC and selected Asian countries for 2010-2015. Among the SAARC countries Sri Lanka's performance is impressive and recorded the second highest life expectancies for both males and females. The Maldives shows the highest values among SAARC countries. When compared to more advanced economies in Asia, such as Japan, South Korea and Singapore, Sri Lanka has further scope for improvement.

With a few exceptions, life expectancy at birth worldwide is higher for females than for their male counterparts. The female advantage is 4.4 years for the world, 7.4 years for more developed countries and 3.4 years for less developed countries (United Nations, 2006). The female advantage in life expectancy at birth for Sri Lanka based on the 2000-2002 life tables is 8.4 years, which is unusually high for a developing country. This is even greater than the average gap that exists for

Figure 8.2: Comparison of life expectancies at birth in SAARC and selected Asian countries, 2010-2015



Source: State of the World Population, UNFPA, 2012

more developed countries (7.4 years). This is very similar to the difference observed in Europe in 2000–2005. Further research is needed to understand the exact reasons for this high female advantage.

However, in order to understand the significant difference in life expectancies between males and females, age sex specific mortality rates for selected causes are shown in Figure 8.3. Men are more vulnerable to external causes such as transport accidents, falls and intentional self-harm at ages beyond 20. Significant differences exist between men and women in the death rates due to diseases of the digestive system, which includes diseases of the liver as the major share. The differences are higher for the age range 30–74. Neoplasms (includes different types of cancer) is more common among males than females after 50 years of age. A consistently higher vulnerability for men is seen for diseases of the circulatory system (includes mainly heart diseases and hypertensive

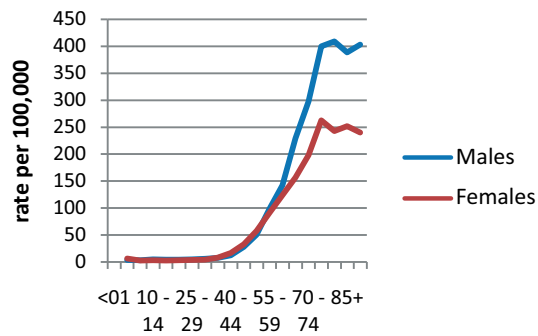
diseases), which is the highest cause accounting for nearly 31 per cent of all causes of deaths in 2001. These facts demonstrate that men are more vulnerable to degenerative and man-made diseases than women. An increase of such diseases could contribute to a higher gap in life expectancies between women and men.

Available disaggregated data further strengthens the hypothesis that high male mortality may be due to a combination of greater external risks and personal lifestyle choices that exacerbate health risks. Sex specific mortality rates from the 1990s show that the male mortality rate in road accidents is nearly 5 times higher than females and 5 times higher in accidental poisoning (De Silva, 2015, pg 71). This may partially be explained by higher exposure to risks through greater labour force participation. Male mortality is also higher in most non-communicable diseases (NCDs) including heart diseases.

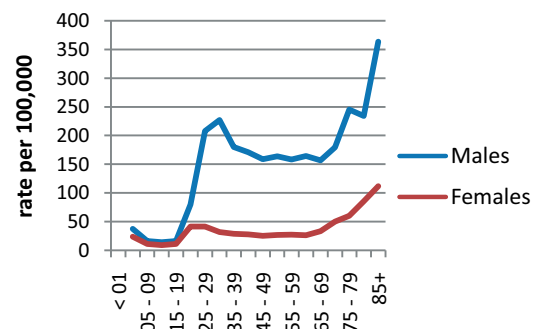


Figure 8.3: Age sex specific mortality rate for selected causes, 2001

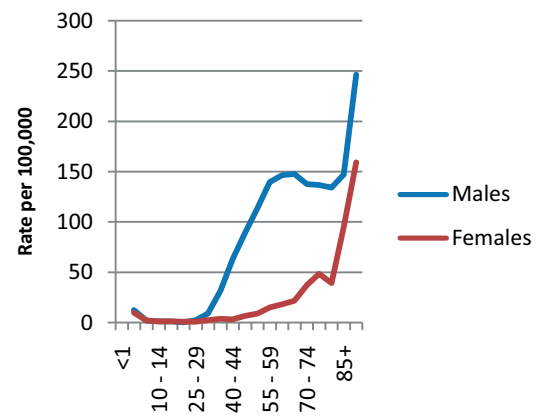
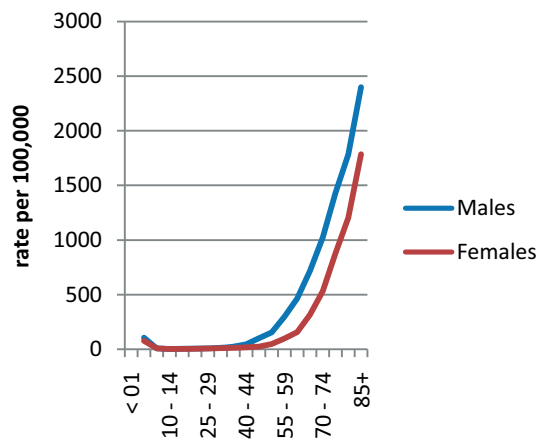
Neoplasms External causes



External causes



Diseases of the circulatory system Diseases of the digestive system



Source: Registrar General's Department

### Types of Mortality

#### Infant mortality

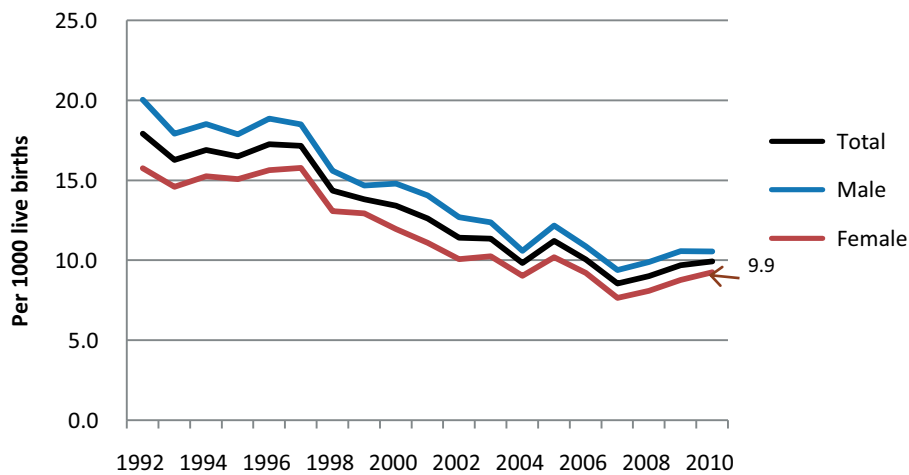
Infant mortality is generally measured by the infant mortality rate, which refers to the number of children who die before reaching their first birthday per 1000 live births in a given period. It is an

important indicator of infant well-being as well as a reflection of socio-economic development of a country.

Sri Lanka's performance has been impressive when compared to other developing countries in reducing infant mortality during the last six decades. The infant mortality rate reduced from 141 per 1000 live births in 1946 to 9.9 per 1000 live births in 2010 or a decline of 93 per cent. The patterns of decline for total, male and female infant

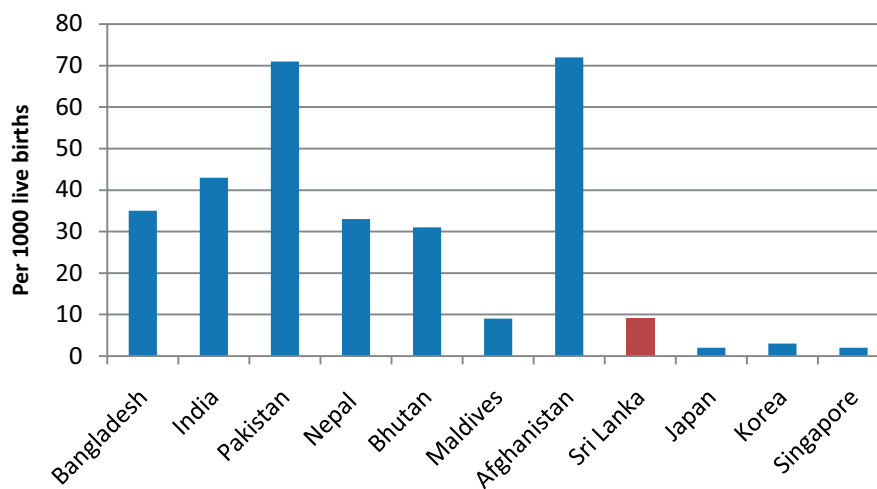
mortality rates for the period 1992-2010 are shown in Figure 8.4. The declining trend is clearly visible with some fluctuations. Extrapolating the values using a reverse exponential model shows that infant mortality will reach a value of 7 per 1000 live births in 2015.

**Figure 8.4: Infant mortality rate, 1992-2010**



Source: Various Statistical Abstracts of the Department of Census and Statistics

**Figure 8.5: Comparison of infant mortality rates of SAARC and selected Asian countries - 2012**



Source: Global Health Observatory Data Repository, World Health Organization,



Sri Lanka's infant mortality rate is unusually low compared to most other developing countries (Figure 8.5) due to improved public health and education systems.. According to the WHO estimates for 2012, among the SAARC countries Maldives was positioned with Sri Lanka.

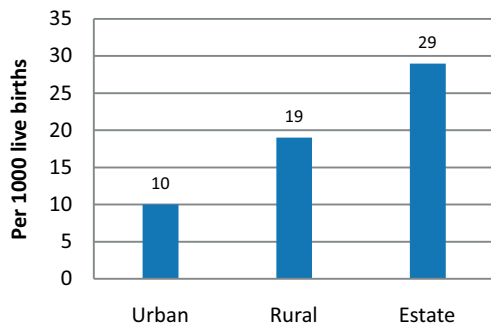
District disparities exist in infant mortality. In 2010, Mullaitivu district recorded the highest infant mortality rate of 26.0 per 1000 live births. In addition districts of Batticaloa (19.2 per 1000 live births) and Anuradhapura (16.7 per 1000 live births) recorded very high infant mortality rates compared to the national average of 9.9 per 1000 live births.

These areas need special attention and effort to reduce infant mortality.

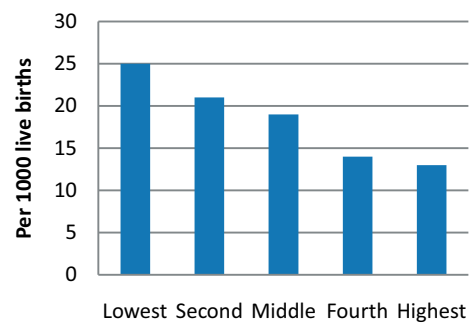
There is a clear inverse relationship between the wealth quintile and infant mortality (Figure 8.7) implying that the economic status of the household positively influences the health status of the infants.

The inverse relationship between infant mortality and a mother's education is well documented. More educated mothers have a higher likelihood of seeking pre- and ante-natal care, obtaining better nutrition during pregnancy and seek prompt medical care, thereby minimizing the risk of infant

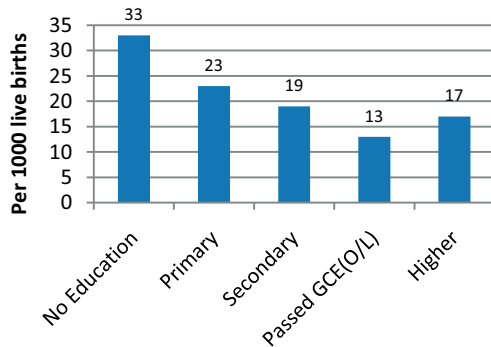
**Figure 8.6 : Infant mortality rate by sector - 2006/07**



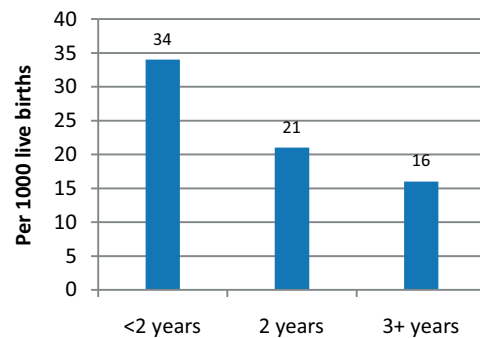
**Figure 8.7 : Infant mortality rate by wealth quintile - 2006/07**



**Figure 8.8 : Infant mortality rate by mother's education - 2006/07**



**Figure 8.9 : Infant mortality rate by previous birth interval - 2006/07**



Source: Demographic and Health Survey 2006/07

deaths. This relationship prevails in Sri Lanka except for the highest educated cohort (Figure 8.8) where the infant mortality rate for their children is little above that of a woman who has passed the GCE (O/L) examination.

The differentials in infant mortality according to the Demographic and Health Survey 2006/07 show that estate sector infants experience higher levels of mortality than infants in urban and rural sectors (Figure 8.6). The findings in Figure 8.7 and 8.8 probably suggest that the combination of low incomes and poorer access to public services, including education and healthcare, may be contributing to this wide disparity in the estate sector, when compared to other areas.

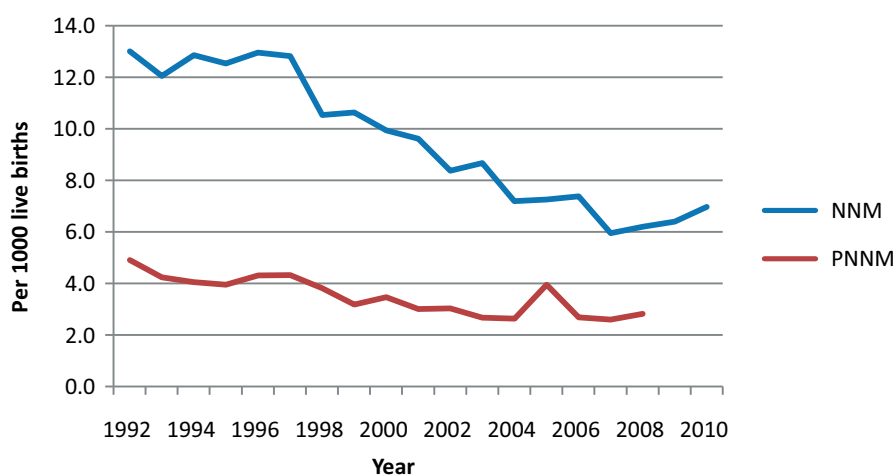
There is an inverse relationship between the previous birth interval and infant mortality for Sri Lanka as suggested in the literature (Figure 8.9). The risk of losing an infant with a previous birth interval less than 2 years is more than twice that for

an infant, whose previous birth interval is 3 or more years.

To understand the age pattern of infant mortality, it can be further divided into neonatal mortality (related to deaths during the first 28 days after birth) and post neonatal mortality. Neonatal mortality shows a declining trend with some variations and post neonatal mortality has already reached low levels and fluctuated between 2 and 4 per 1000 live births during 1998-2008 (Figure 8.10).

Neonatal deaths are caused mainly due to congenital abnormalities and prematurity and on the average during the 10 year period 2000-2010, it comprised of 72 per cent of total infant deaths. For infant mortality to further reduce and reach the levels of more developed countries, reduction in neonatal mortality is vital. However, further reduction in neonatal mortality is challenging as it requires more resource investments of resources for better interventions and improvement to the quality of care.

**Figure 8.10: Neo-natal and post neo-natal mortality 1992-2010**



Source: Registrar General's Department,

Basic neonatal care services are provided by all the government hospitals with maternity services.

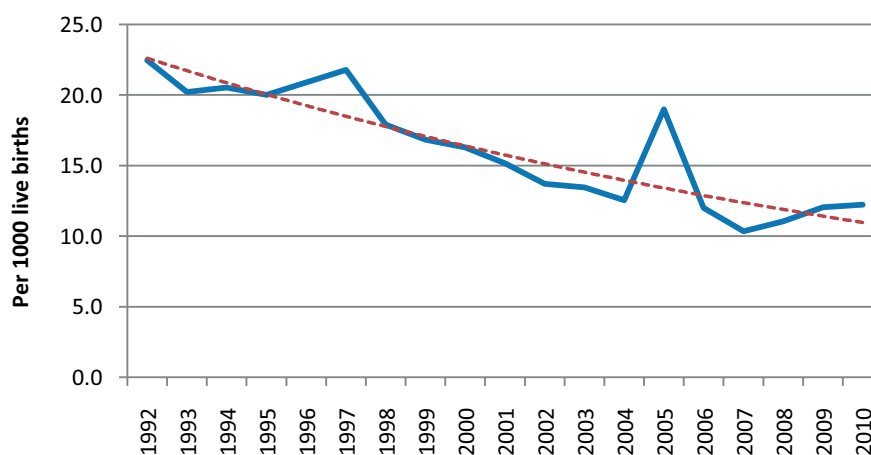
Specialised care is provided through Special Care Baby Units (SCBU) and Neonatal Intensive Care Units (NICU). According to the National Emergency Obstetric and Neonatal Care Needs Assessment conducted by the Family Health Bureau of the Ministry of Health, on average there are 1.6 SCBUs per 500,000 population in the country and less than one NICU per 500,000 population. Further, 89.6 per cent of deliveries occur in hospitals with the SCBU facility and 58.5 per cent occur in institutions with the NICU facilities. The assessment provides many recommendations to improve the neonatal services under availability, accessibility, establishment of norms, human resources, clinical standards quality of care and referral systems (Family Health Bureau, 2014a). It is important to apply these recommendations to reduce neonatal mortality and thereby improve infant mortality further to reach the levels of more developed countries.

### Under-five mortality

The under-five mortality rate refers to the number of children who died before reaching their fifth birthday per 1000 live births in a given period. The under-five mortality rate is influenced by the socio-economic development of a country, including accessibility and quality of health services, nutrition levels as well as access to safe water and sanitation.

As in the case of infant mortality, the under-five mortality rate too has declined in Sri Lanka over the decades experiencing some fluctuations (Figure 8.11). The under-five mortality rate reduced from 22.5 per 1000 live births in 1992 to 12.2 per 1000 live births in 2010 or by 46 per cent during the 18-year period. The exponential trend curve highlights a clear declining pattern over the years (Figure 8.11). If assumed that this exponential pattern prevailed in the years from 2010 to 2015 as well, the projected value of under-five mortality for 2015 would be 9.0 per 1000 live births.

**Figure 8.11 : Under-five mortality rate, 1992-2010**



Source: Registrar General's Department, ..... Exponential trend

Mullaitivu district highlighted an extremely high under-five mortality rate of 187.5 per 1000 live births in 2010 (Registrar General's Department). This is 15 times higher than the national average of 12.2 per 1000 live births. In addition to Mullaitivu, Batticaloa district also showed an under-five mortality level above 20 per 1000 live births. These districts require special attention in the efforts to reduce the under-five mortality.

The pattern of differentials discussed under infant mortality remains the same for under-five mortality; under-five mortality is highest in the estate sector and an inverse relationship holds between the wealth quintile, mother's education (except for the highly educated mothers) and previous birth interval (Department of Census and Statistics, 2009).

Effective child health measures taken by the government health systems certainly contributed to the prevalence of low levels of under-five mortality. This is clearly demonstrated by the measures taken by the government to control mortality rates. As a result, 99.6 per cent of children aged 12–23 months were vaccinated for BCG. More than 99 per cent were vaccinated with three doses for DPT and polio and 97.2 were vaccinated for measles (Department of Census and Statistics, 2009). Moreover, only 4 per cent of children below five years of age were reported to have had a cough with short and rapid breathing. As a result, nearly 58 per cent of children with such symptoms were taken to the health facility for treatment. Further, 85 per cent of children with fever and 82 per cent of

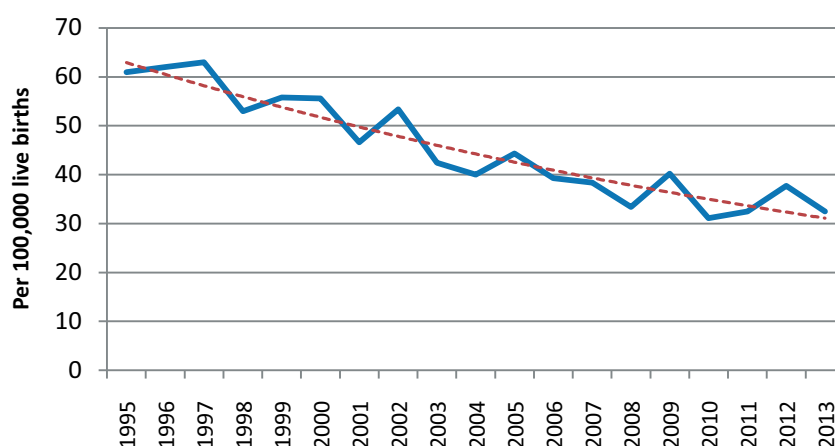
those with diarrhoea were taken to the health facility for treatment. It was also reported that over two-thirds of the children with diarrhoea were treated with some form of oral rehydration therapy or increased fluids and over half were given a solution prepared using a packet of oral rehydration salts.

### Maternal Mortality

Sri Lanka has recorded tremendous achievements in reducing maternal mortality over the decades. Maternal mortality is usually measured by the maternal mortality ratio which provides the number of women who die from pregnancy-related causes while pregnant or within 42 days of pregnancy termination per 100,000 live births. The maternal mortality ratio declined from 240 in 1963 to 32.5 in 2013 or by 86 per cent during the 50-year period. The changes in the maternal mortality ratio based on the surveillance system of the Family Health Bureau are shown in Figure 8.12. The exponential trend shows a clear decline in maternal mortality over the years. The projected value of the maternal mortality ratio for 2015, assuming this trend continues, was 28.8 per 100,000 live births.

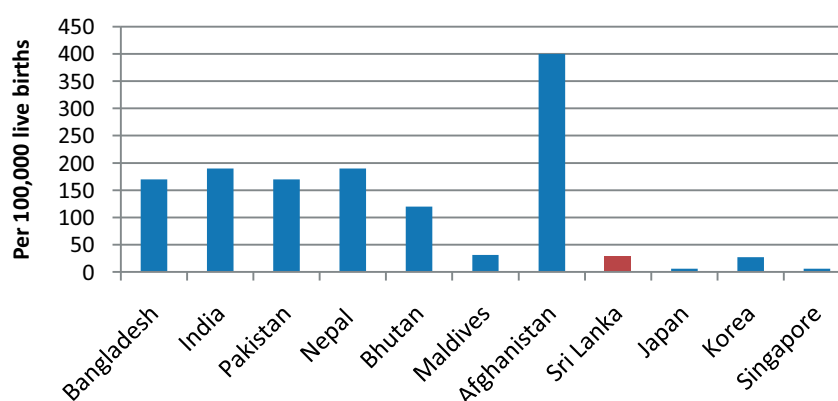
Sri Lanka's performance is impressive in reducing maternal mortality as it has the lowest maternal mortality ratio, when compared to other SAARC countries (Figure 8.13). This is largely due to its improved public health systems and the public awareness about health concerns due to higher educational levels.

**Figure 8.12: Maternal mortality ratio, 1995-2013**



Source: Registrar General's Department, ..... Exponential trend

**Figure 8.13 : Maternal mortality ratio of SAARC and selected Asian countries - 2013**



Source: UNFPA, 2014

**Table 8.1: Districts with Maternal Mortality Ratio above national average- by District 2013**

District	Maternal mortality ratio per 100,000 live births
Polonnaruwa	92.5
NuwaraEliya	61.1
Kegalle	50.9
Mannar	50.7
Puttalam, Anuradhapura, Batticaloa, Badulla, Hambantota, Ampara, Kilinochchi and Kandy	32.5 (above the national average)

Table 8.1 highlights the analysis of the maternal mortality ratio by districts in 2013. (Family Health Bureau, 2014b)

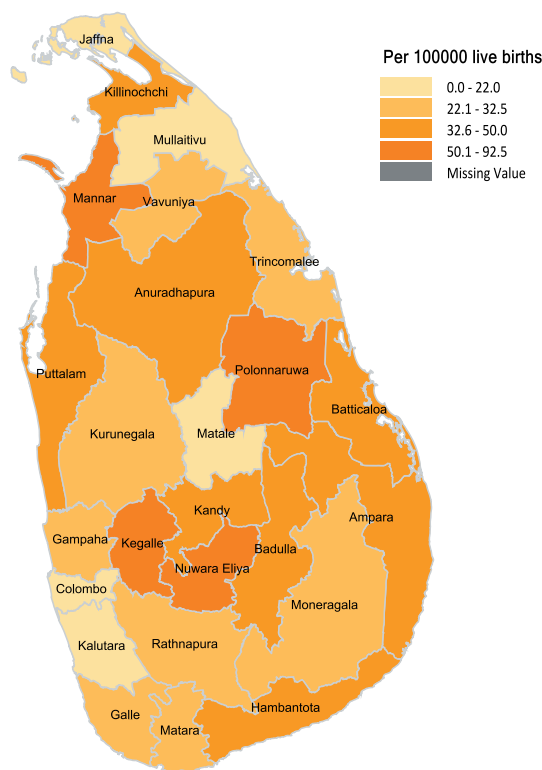
Polonnaruwa district has the highest ratio of 92.5 per 100,000 live births and it needs special attention to minimize the high maternal mortality

ratios. However, it should be noted that maternal mortality ratios by district should be interpreted with caution as ratios are subject to wide fluctuations over the years as a result of the small number of deaths observed. For example, in a district with 15,000 live births in a year, an increase of one maternal death leads to the increase of the maternal mortality ratio by nearly 7 units.

The majority of deaths in 2013 (55 per cent) was due to indirect causes; but during the 2007-2012 period, contribution from direct causes had the larger share. Nearly 60 per cent of maternal deaths

occurred during the postpartum period in 2013; the higher contribution had also remained in the previous six years. Therefore, it is necessary to focus on postpartum interventions to further reduce maternal mortality. As discussed in chapter 6, the leading causes of maternal death in 2013 were heart diseases, complicated pregnancies, respiratory diseases, hypertensive disorders and other medical disorders. These four causes alone contributed to 62.2 per cent of the maternal mortality. It was estimated that 71 per cent of maternal deaths which occurred in 2013 were preventable (Family Health Bureau, 2014b).

**Figure 8.14: Maternal mortality ratio by districts- 2013**



Source: Family Health Bureau, 2014b





## Chapter 09

# Mobility





Migration is a form of geographic or special mobility involving a permanent or semi-permanent change of usual residence between clearly designated geographical boundaries.



Migration is a form of geographic or special mobility involving a permanent or semi-permanent change of usual residence between clearly designated geographical boundaries. It is an important demographic component, affecting change in size, growth, distribution and structure of the population in an area. In demographic and socio-economic analyses, two broad types of migration are identified: internal migration and international migration. Internal migration refers to migration within the boundaries of a given country while international migration refers to movement across national boundaries. In Sri Lanka, both internal and international migration has contributed extensively in determining the demographic, economic and social positions on which the country stands today.

### Internal migration

Over the decades, internal migration has affected various facets of economic and social development in the country such as urbanization, economic growth, labour, health, education, etc. (Perera, 2005; De Silva, & Perera, 2007). The pattern of internal migration between districts is also determined by demographic, socio-economic, political and environmental factors.

### Recent patterns of internal migration

Through the development of information and communication flows and transportation in the mid-20th century, internal mobility has become a key mode of acquiring new opportunities for people. As

a result, a significant influx of in-migrants have been observed from rural to urban areas, especially to the urban areas of the Western Province, seeking employment opportunities and better living facilities. A large numbers of migrants, both male and female, migrated to the Export Processing Zones established in Colombo and Gampaha districts under the liberalized economic and industrial policies implemented in 1977. At the same time a significant increase in student migration has also been observed over the decades with the expansion of educational opportunities in both public and private sectors. Many student migrants with rural origins tend to move to Colombo, Kandy and Gampaha districts for secondary and tertiary education.

Another form of internal migrants is the Internally Displaced Population (IDPs), who were compelled to leave their homes during the civil war period in the Northern and Eastern Provinces. Many people migrated from these conflict-affected areas to adjacent areas. In late 2010, over 300,000 IDPs fled their homes of which 180,000 returned (IPS 2013; IOM 2015).

### Patterns of in-migration, out-migration and net-migration 1981-2012

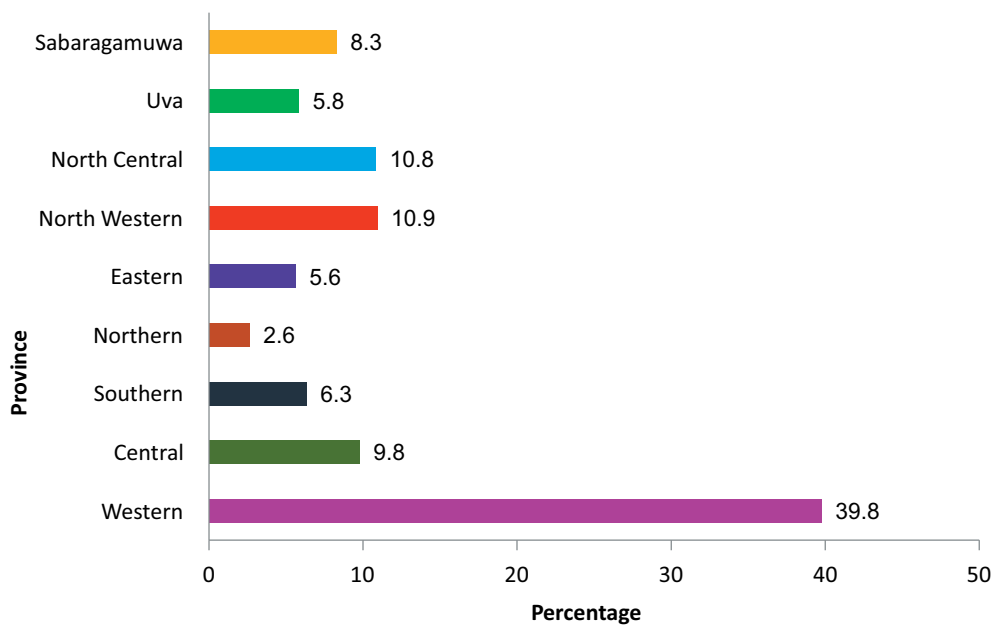
One in every five persons in Sri Lanka (20 per cent of the total population) is a migrant, or has changed the district of residence at least once (Department of Census and Statistics, 2014). The pattern of in-migration, out-migration and net- migration of the country has changed over the last three decades.

However, the volume of internal migrants has increased disproportionately across the districts in Sri Lanka. By 2012, the districts of Colombo, Gampaha and Kalutara have become popular migration destinations with a population density of 3438, 1719 and 775 persons per square kilometer respectively.

40 per cent of the total in-migrants of the country live in the Western Province (Figure 9.1). The highest volume of in- and out-migrant reported districts in 1981 and 2012 are given in Table 9.1.

These ten districts comprised two-thirds of the total in- and out-migrants of the country. The dramatic increase in the volume of in-migrants was from the Gampaha district and the volume had increased three-fold from 178,734 in 1981 to 613,070 in 2012. All other districts, such as Colombo, Kalutara, Kandy, Kurunegala, Anuradhapura, Puttalam, Ratnapura and Polonnaruwa have shown that their volume of in-migrants has more than doubled (Table 9.1). The pattern of in-migration by district for 2012 is given in Figure 9.2.

**Figure 9.1: Percentage distribution of in-migrants by province - 2012**



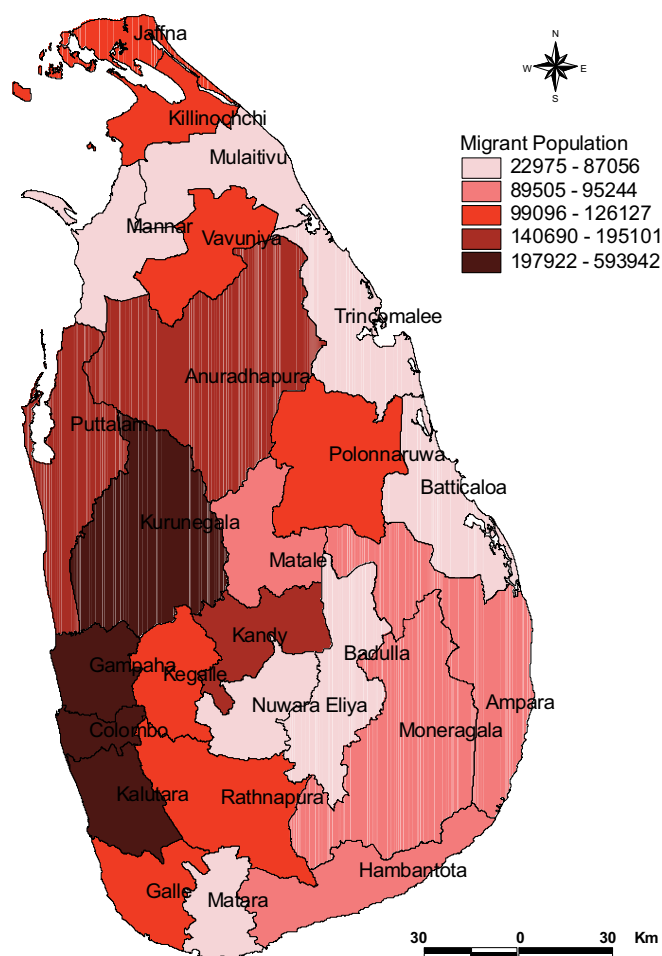
Source: Department of Census and Statistics, 2014a

**Table 9.1: Largest volume of in- and out-migrant reported ten districts, 1981 & 2012**

In - migrants				out- migrants			
District	1981	District	2012	District	1981	District	2012
Colombo	274,201	Colombo	641,922	Colombo	226,642	Colombo	485,956
Gampaha	178,734	Gampaha	613,070	Kandy	213,688	Kandy	354,897
Anuradhapura	129,153	Kalutara	226,289	Matara	141,166	Kurunegala	256,333
Polonnaruwa	108,077	Kandy	223,640	Galle	131,740	Matara	256,135
Kurunegala	100,292	Kurunegala	222,962	Kegalle	123,958	Galle	226,584
Ratnapura	79,458	Anuradhapura	181,463	Kurunegala	122,596	Vavuniya	209,738
Kalutara	73,819	Puttalam	142,855	Kalutara	100,493	Kegalle	205,744
Monaragala	71,971	Ratnapura	131,179	NuwaraEliya	84,764	Badulla	191,895
Kandy	70,816	Polonnaruwa	126,818	Gampaha	77,567	NuwaraEliya	191,029
Puttalam	70,509	Kegalle	121,557	Badulla	74,475	Ratnapura	179,270

Source: Data for 1981 & 2012 based on the special tabulation obtained from the Department of Census and Statistics,

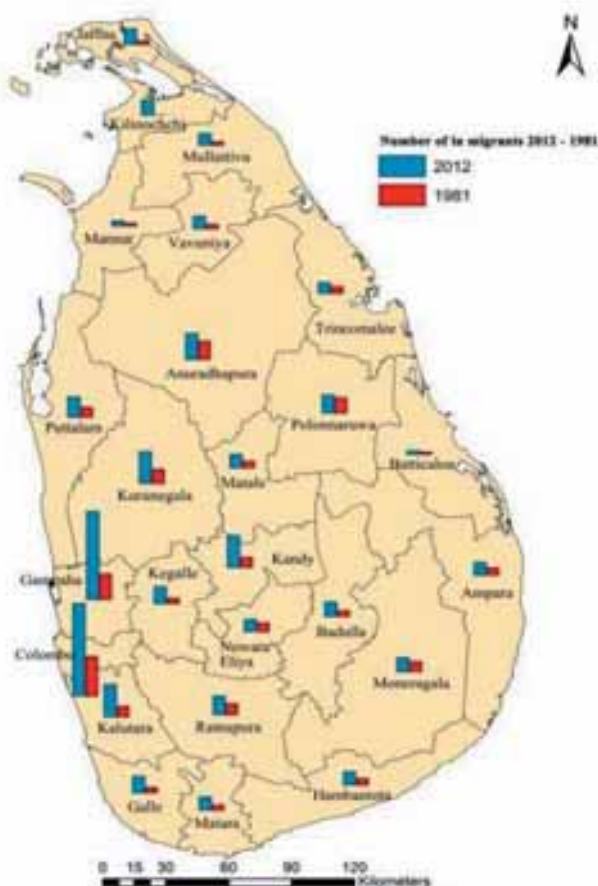
**Figure 9.2: Distribution of internal migrants by district – 2012**



Source: Based on 2012 Census of Population and Housing data



**Figure 9.3: In-migration patterns by district – 1981 & 2012**



Source: Department of Census and Statistics, 2014a

Figures 9.2 and 9.3 highlight the distribution of the migrant population across district. It is clear that a few districts have attracted a large volume of migrants while others have been less attractive, reflecting that development disparities are key drivers of migration. The Colombo district reported the highest volume of in-migrants (641,922) while the Gampaha district recorded the second highest volume of in-migrants (613,070) (Table 9.1 and Figure 9.2). Of the total in-migrants to Colombo, approximately 24 per cent originated from Matara and Galle. More than 37 per cent of the in-

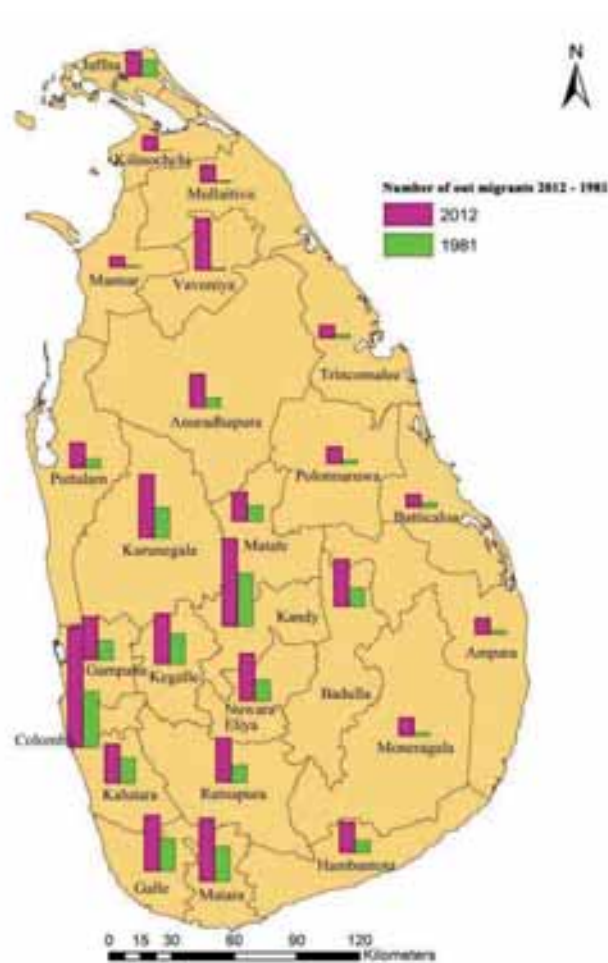
migrants to Gampaha were from nearby districts, such as Colombo and Kurunegala. The Kalutara district has become the third highest recipient of in-migrants in 2012. The data further suggests that the districts of Anuradhapura, Polonnaruwa, Moneragala and Ratnapura showed a decreasing trend of in-migration while all other districts recorded increasing trends of net in-migration during the 1981-2012 inter-censal period.

The pattern of out-migration shows that the highest volume was reported from the Colombo district

(485,956) followed by Kandy, Kurunegala and Matara districts (354,897, 256,333 and 256,135) respectively (Table 9.1). In addition, a significant volume of out-migration has been observed from districts such as Galle, Vavuniya, Kegalle, Badulla, Nuwara Eliya, and Ratnapura. An increasing trend of out-migration is seen from traditional settlement districts, such as Kurunegala, Anuradhapura and Polonnaruwa due to the lack of agricultural land and employment opportunities. The net volumes of migration (in-migration minus out-migration) further highlight that with exception

to the Kalutara district, all other districts indicate an increasing trend of out-migration (Figure 9.4). Even though in 1981, the Kalutara district reported as a net out-migration district, by 2012 it had become a net in-migration district due to industrial and infrastructure development and better living facilities and services. The net migration rate for each district for 1981 and 2012 is presented in Table 9.2 and the rate is calculated as the number of net migrants (in-migrants minus out-migrants) per 1000 of the resident population.

**Figure 9.4: Out-migration patterns by district – 1981 & 2012**



Source: Department of Census and Statistics, 2014a

Figure 9.5: Net migration patterns by district – 1981 & 2012



Source: Department of Census and Statistics, 2014

Table 9.2: Net Migration rates by District - 1981 & 2012

District	1981	2012	District	1981	2012
Colombo	28.4	67.1	Mullativu	318.8	143.9
Gampaha	74.0	190.2	Bataloa	-4.8	-44.3
Kalutara	-32.4	56.6	Ampara	101.0	40.0
Kandy	-138.4	-95.4	Trincomalee	141.1	65.8
Matale	-41.6	-48.8	Kurunegala	-18.6	-20.6
NuwaraEliya	-37.1	-144.2	Puttalam	67.6	52.2
Galle	-111.7	-102.5	Anuradhapura	160.8	54.7
Matara	-161.2	-198.7	Polonnaruwa	371.6	142.5
Hambantota	-4.6	-50.0	Badulla	-49.6	-109.2
Jaffna	-53.4	24.0	Monaragala	221.9	58.2
Mannar	150.9	-36.1	Ratnapura	14.6	-44.2
Vavuniya	263.5	-697.7	Kegalle	-121.6	-100.1

Source: Department of Census and Statistics, 2014

Note: The net migration rate for each district for 1981 & 2012 is calculated as the number of net migrants (in-migrants minus out-migrants) per 1000 of the resident population.

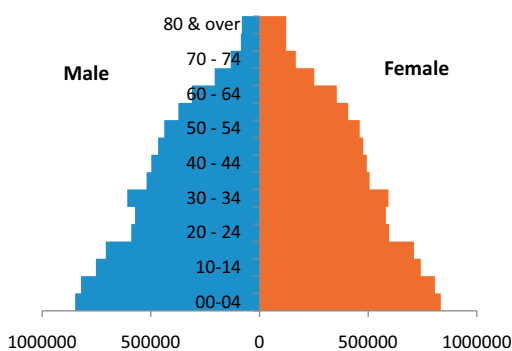
The pattern of net migration rates suggests that several issues have to be addressed with regards to internal migration in Sri Lanka. The highest rate of positive net migrants has been observed in the Gampaha district (190.2) in 2012 due to the establishment of industrial zones. Even though the Vavuniya district was reported as a positive net migrant district (263.5) in 1981, it was reported as the highest net out-migrant (negative) district (-697.7) in 2012. This may be due to the return of people who fled from the conflict areas following the end of the civil war.

### Age-sex distribution of internal migrants

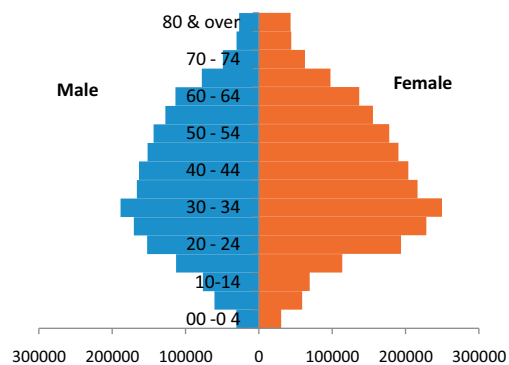
The age-sex distribution of the non-migrant population and migrant population in 2012 are presented in population pyramids (Figure 9.6 and

Figure 9.7). There is a relatively small proportion of children and school-going population (less than 19 years) among the migrant population for both sexes, when compared to the non-migrant population of that age group. Children are less likely to migrate on their own unless they accompany family members who migrate (Figure 9.7). In contrast, Sri Lanka's age distribution of the migrant population (Figure 9.7) shows a common pattern of migrant selectivity, reflected by significant migration of working age adults. One of the key features in 2012 is feminization of internal migration in Sri Lanka. An extensive volume of female migration is seen within the country, especially in the age groups 20-24 and 25-29, due to marriage and employment related factors. Figure 9.7 shows that females outnumber males in almost all age groups in internal migration.

**Figure 9.6: Non-migrant population pyramid of Sri Lanka - 2012**



**Figure 9.7 : Internal migrant population pyramid of Sri Lanka-2012**



Source: Based on Data from the Department of Census and Statistics, 2014

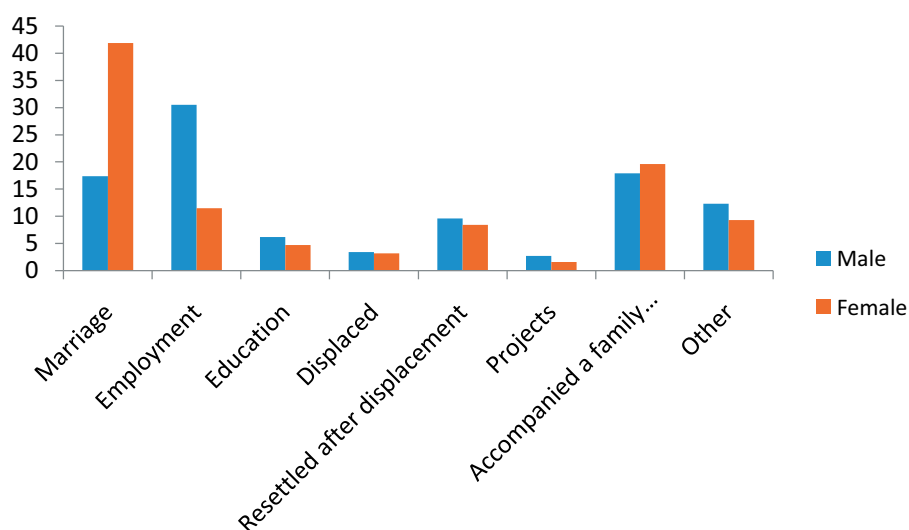
## Reasons for inter-district migration

The recent determinants of inter-district migration identified in the Census of Population and Housing 2012 revealed that migration occurs due to several reasons, such as marriage (30.9 per cent), employment (20.0 per cent), education (5.4 per cent), displacement (3.3 per cent), resettlement after displacement (8.9 per cent), development projects (2.9 per cent), accompanying family members (18.8 per cent) and other reasons (10.6 per cent). However, it is clear that one in every five migrant persons move for employment. Figure 9.8 illustrates the reasons for migration by sex and it clearly shows that gender differences exist in the determinants of internal migration. Males dominate in employment, education and development project related reasons while females dominate in marriage and family related reasons. In addition, a substantial percentage migrated due to displacement and resettlement after displacement, irrespective of gender.

As noted in a report by the World Bank on Urbanization, Sri Lanka has largely succeeded in avoiding 'push' migration often found in South Asia, as there is less need to migrate to cities for reasons other than employment such as basic healthcare or education access (World Bank, 2015). Limiting the divide between urban and rural areas will therefore remain a policy priority if Sri Lanka is to maintain a relative absence of slums and prevent the stresses caused by mass internal migration.

Approximately 40 per cent of marriage related migrations were from Colombo (12 per cent), Gampaha (14 per cent), Kalutara (7 per cent) and Kandy (7 per cent). One in three employment related migrations were from the Colombo District. More than half of the employment related migrants (55 per cent) are absorbed to Colombo (34 per cent) and Gampaha (23 per cent) districts. About two-thirds of education related migrants were identified from five districts: Colombo (34 per cent), Gampaha (13 per cent), Kandy (11 per cent), Kurunegala (5 per cent) and Kalutara (4 per cent).

**Figure 9.8: Reasons for internal migration by sex**



Source: Based on the data of the Department of Census and Statistics, 2012

Nearly half of the displaced migration was identified from Vavuniya (30 per cent) and Puttalam (19 per cent) districts. Resettlement migration was mainly from the districts of the Northern and Eastern Provinces: Kilinochchi (29 per cent), Mullaitivu (21 per cent), Jaffna (21 per cent), Mannar (9 per cent) and Vavuniya (8 per cent).

These results suggest several implications with regard to migrant sending and receiving areas. Colombo and Gampaha districts still remain as popular migrant attracting areas, especially for reasons such as employment and education. The Western Province comprises of the administrative and the commercial capital of Sri Lanka and offers more urban facilities. Therefore, a significant internal migration has been from the rural areas to Colombo and Gampaha districts, particularly to seek or engage in economic and service related activities. In addition, considerable attention should also be given to districts such as Kilinochchi, Mullaitivu, Jaffna, Mannar and Vavuniya that have experienced resettlement related migration. The development of infrastructure facilities and expansion of livelihood opportunities for people who had moved to those areas are essential in order to retain and reduce out-migration from such areas. Furthermore, several districts of the Central, Southern, Western, and Sabaragamuwa provinces show high net out-migration, due to lack of development.

### Urbanization

Urbanization is a major factor in transforming the development experience of a country, determining

the economic performance at the national level with much of the productivity and employment opportunities being concentrated in urban areas.

### Level of urbanization

The categorization of urbanization depends on the definition used to identify the urban areas. In Sri Lanka, the definition is entirely based on administrative considerations. All areas under the purview of Municipal Councils (MCs) and Urban Councils (UCs) are currently classified as urban areas. However, some areas situated outside MCs and UCs possess urban facilities and are considered rural areas under the current definition. Therefore the level of urbanization is underestimated in Sri Lanka and comparison becomes difficult.

In reality Sri Lanka is rapidly urbanizing. Many areas designated as managed by Pradeshiya Sabhas or rural councils are now in areas that have urbanized. Based on measures of night-time light data, it is estimated that Sri Lanka has the fastest urban expansion in South Asia. Further, it is estimated that over one third of the Sri Lankan population may be living in areas with 'urban characteristics' (World Bank, 2015). The requirements of urban areas housing approximately 7 million persons as opposed to official figures which suggest under 4 million persons are very different. Therefore, there is an urgent need to review and if needed re-assess the size of Sri Lanka's urban population to better plan towards meeting the infrastructural demands of a rapidly urbanizing population.

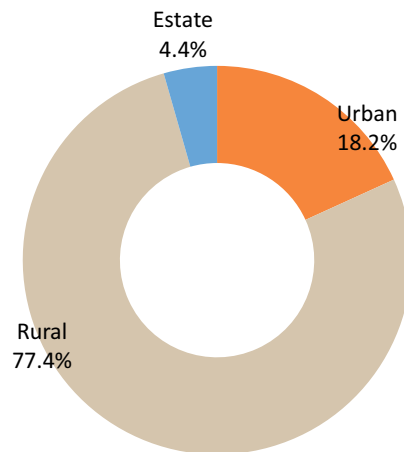


The level of urbanization in Sri Lanka was 18.2 per cent in 2012 according to the prevailing definition (Department of Census and Statistics, 2014a) and is used in the following section. The sectoral breakdown is shown in Figure 9.9

### Distribution of urban population by cities and districts

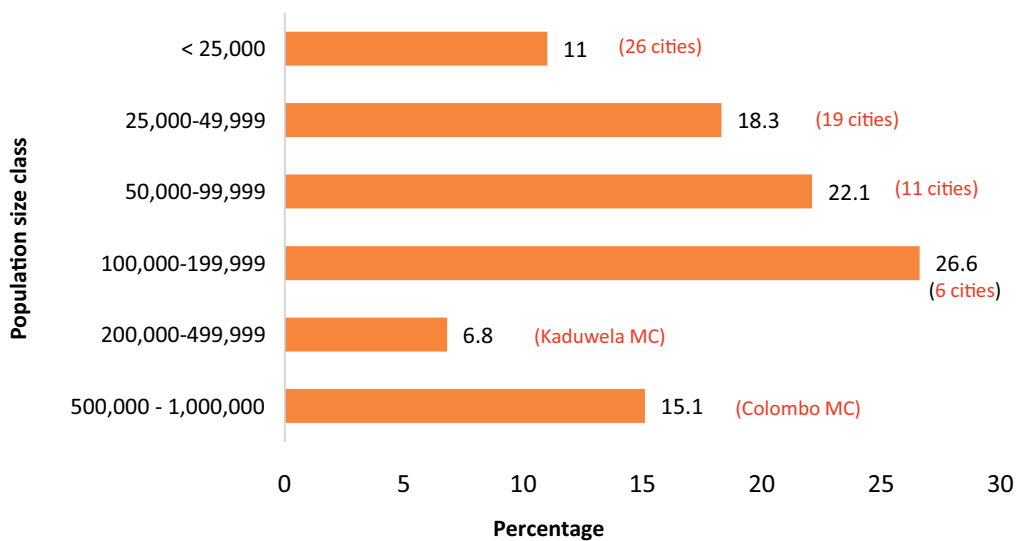
Study of the urban cities by population size classes gives an idea about the concentration of urban populations across different cities. Size class distribution of cities for 2012 is shown in Figure 9.10.

**Figure 9.9 Percentage share of sectors - 2012**



Source: Department of Census and Statistics, 2014a

**Figure 9.10 Distribution of cities by population size class - 2012**



Source: Department of Census and Statistics, 2014a

Out of the total urban population in Sri Lanka, Colombo MC has the largest contribution of 15.1 per cent, followed by Kaduwela MC (6.8 per cent). Dehiwala-Mt Lavinia, Moratuwa, Negombo, Kotte MCs, and Kesbewa and Maharagama UCs constitute another 26.6 per cent of the total urban population. These eight largest cities account for nearly 50 per cent of the urban population in Sri Lanka. The remaining 56 cities, out of a total of 64 cities, constitute the balance of the urban population. In addition, 26 cities have a population of less than 25,000. Therefore, it is clear that the urban population is unevenly distributed and concentrated more around Colombo and its suburbs (Department of Census and Statistics, 2014a).

Analysis of urbanization by district reveals that Colombo district has the highest percentage of the urban population with three out of four people (77.6 per cent) residing in urban areas. Apart from Colombo, an urban percentage exceeding the national average of 18.2 per cent is recorded in: Batticaloa (28.7 per cent), Ampara (23.6 per cent), Trincomalee (22.4 per cent), Mannar (24.5 per cent), Vavuniya (20.2 per cent) and Jaffna (20.1 per cent) (Department of Census and Statistics, 2014a).

Of the total urban population of 3,704,470 in Sri Lanka, nearly half (48.7 per cent) live in the Colombo district. The Gampaha district comes second with a share of 9.7 per cent. The share from each of the remaining districts is below 5 per cent. This again confirms the concentration of urbanization in the Colombo district.

## International migration

International migrants can be categorized under two broad areas, such as immigrants or in-bound migrants and emigrants or out-bound migrants. Both immigrants and emigrants have contributed to the national economy and population growth in Sri Lanka in different magnitudes. In recent years, emigration has been a key strategy for Sri Lankans in terms of gaining better employment opportunities, living facilities, human capital investment, social mobility, and political security. It is estimated that about 1.9 million Sri Lankan migrants are employed overseas with remittances accounting for over US\$ 6 billion in 2013 (Central Bank of Sri Lanka, 2014).

## Types of emigrants from Sri Lanka

There are three main types of international migration flows from Sri Lanka

- (1) Transitory labour migrants leaving for contract employments; estimated at over 1.9 million (Central Bank of Sri Lanka, 2014)
- (2) Permanent migrants leaving to take up permanent residence; estimated at around 800,000 (Collyer and Wimalasena, 2007), and
- (3) Student migrants; numbers have been increasing due to limited opportunities in higher education.

## Transitory labour migration

Emigration of low skilled female migrants has been a key feature during the last two decades (Figure

9.11). Labour migration from Sri Lanka was not significant before 1990. In 1980 labour emigration was dominated by males. However, from 1990 to 2009 female departures for foreign employment had dramatically increased twenty-fold.

This trend has since reversed and the male and the female migrant proportions stand equal as at 2010, and thereafter, labour migration has been dominated by males (Figure 9.11).

This trend reversal is accounted for by the relative decrease of low skilled females migrating from Sri Lanka, from 66 per cent in 1995 to 42 per cent in 2012 (SLBFE 2012).

There is recent evidence which points towards significant out-migration from the Northern and Eastern Provinces since 2009 (Jayathilake, 2010; SLBFE 2012). The gender pattern of migration has changed after the war, as international labour migration from districts of the Eastern Province is approximately 75 per cent male (SLBFE 2012). This is in contrast to the pattern observed in other parts

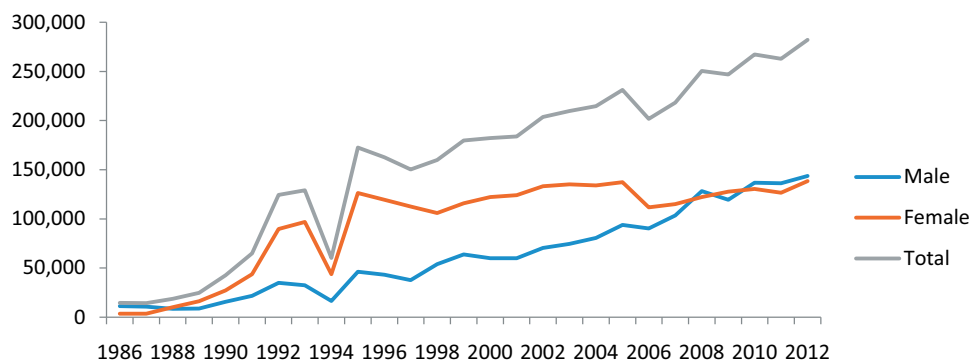
of Sri Lanka which has been dominated mostly by females. The migrant numbers from the Northern and Eastern Provinces should be interpreted carefully as these migrants often use their addresses of residence as Colombo when they provide information to register with the Sri Lanka Bureau of Foreign Employment (SLBFE). For this reason the actual number of migrant workers from Northern and Eastern provinces may be substantially under-reported.

### Sri Lankan population temporarily living abroad

Migration analysis is limited to mostly temporary labour migrants and therefore other categories have not been captured in migration data. Such omissions can have serious implications with regard to various aspects of migration. This section discusses the key findings of the Census of Population and Housing in 2012, with regard to the Sri Lankan population temporarily living abroad.

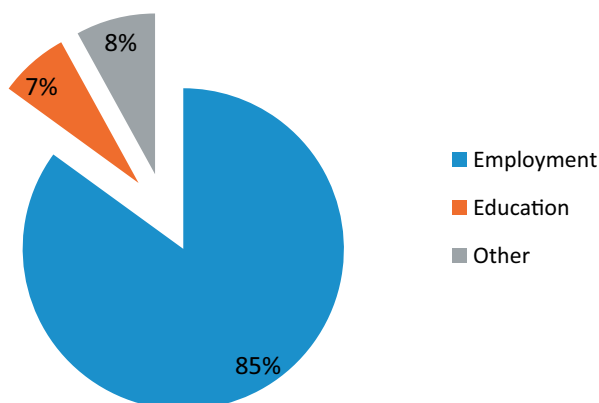
The main reasons reported for temporary overseas migration are illustrated in Figure 9.10.

**Figure 9.11: Departure for foreign employment by sex 1986-2012**



Source: Based on SLBFE Data, 2012

**Figure 9.10: Reasons for Sri Lankan population temporarily living abroad**



Source: Based on Census of Population and Housing 2012'

As depicted in Figure 9.10, eighty five per cent of the total population temporarily living overseas falls into the employment category. Approximately 60 per cent of employment related migrants were males while 40 per cent were females. 7 per cent have migrated for education of which two-thirds are males. These results suggest that males dominate in employment and education related migration. 15 per cent of migrants, a majority being females have migrated due to other reasons.

### Policy Implications of International Migration

High levels of international migration can be beneficial for the national economy in terms of foreign exchange inflows through remittances and increased employment opportunities. However, there are some concerns for policy makers to consider in terms of populations.

Despite successive electoral promises to create pension funds for migrant workers, such an infrastructure does not yet exist in Sri Lanka. As migrant workers do not contribute to the Employees Provident Fund or other national pension funds, they have no mandatory retirement

savings. A survey by the Institute for Policy Studies on returning migrant workers suggested that as little as 21 per cent see an improvement in their income status upon return, and as little as 6 per cent see an increase in productive assets and only 47 per cent were successfully re-employed. Given the large numbers of transitory labour migrants these problems can create major economic strain, particularly as the current generation of migrant workers age and become ageing dependents without adequate financing for retirement and difficulties in finding employment.

Sri Lanka's current demographic dividend is one that is likely to be short lived. In that context labour migration also poses a problem for the development of the local industry. As skilled migrants leave (either temporarily or permanently), it leaves a gap in the labour market which inhibits local industrial growth. In countries such as Sri Lanka, it also sees a failure in the heavy investment in free public tertiary education to benefit economic growth. By the 1990s academically qualified migrants formed nearly a third of the migrant outflow in Sri Lanka and research suggests that highly skilled migrants are less likely to remit incomes (Korale, 2001).



## Chapter 10

# Labour







In economic perspective,  
the population is divided  
into two broad categories,  
namely,  
economically active  
and economically inactive.

The economically  
active population is  
also known as the  
labour force



In economic perspective, the population is divided into two broad categories, namely, economically active and economically inactive. The economically active population is also known as the labour force, which consists of both employed and unemployed persons aged 15 years and above. The economically inactive population were those 'who were neither working nor available/looking for work' during the reference period of the survey, because of such reasons as: full-time care of the household, full-time students, retired or old age, infirmed or disabled, or are not interested in working for one reason or another (Department of Census and Statistics, 2013).

### The labour force

In 2013, 53.8 per cent of the total population was in the working age population as either employed or unemployed persons (Department of Census and Statistics, 2014). This signifies that around half of Sri Lanka's population is either currently contributing to or is eligible to contribute to the country's development process. However, this definition does not account for those over the age of 60 who may still be economically active.

The highest labour force participation in 2013 was recorded from the Anuradhapura District (66.5 per cent), while Moneragala, Nuwara Eliya and Badulla

were ranked second highest in terms of labour force participation (Department of Census and Statistics, 2014c). Interestingly, a majority of the labour force employed in these districts were from the agriculture sector, signifying that the labour intensive agriculture sector still plays a vital role in employment generation in the country.

Nevertheless, Batticaloa recorded the lowest labour force participation rate followed by Ampara, Mannar and Jaffna (Department of Census and Statistics, 2014c). In 2013, the rural labour force participation was 55 per cent, while the urban labour force participation was 47.8 per cent (Department of Census and Statistics, 2014c).

Despite Sri Lanka being in the forefront in terms of its Human Development Indicators in the South Asian Region, it still stagnates regionally on labour force participation (Table 10.1). Much of this situation prevails predominantly due to the comparatively low levels of the female labour force participation in the country. As women fare well in terms of education, have higher literacy levels, and university enrollment rates compared to that of men, it is likely that social constructs have influenced the decision of women to participate in the labour force. Sri Lanka could see a surge in the availability of labour, and mitigate the effects of population ageing through enhanced female labour force participation.

## The economically active population is also known as the labour force

### Breakdown of the labour force by gender

The total labour force participation has remained relatively unchanged over the past three decades, with the male labour force participation largely exceeding the female labour force participation (Figure 10.1). In 2013, the male labour force

participation was 74.9 per cent to that of the female participation of 35.6 per cent. Despite Sri Lanka faring well in several aspects of gender equality compared to its South Asian counterparts, it still lags behind in female labour force participation (Table 10.1).

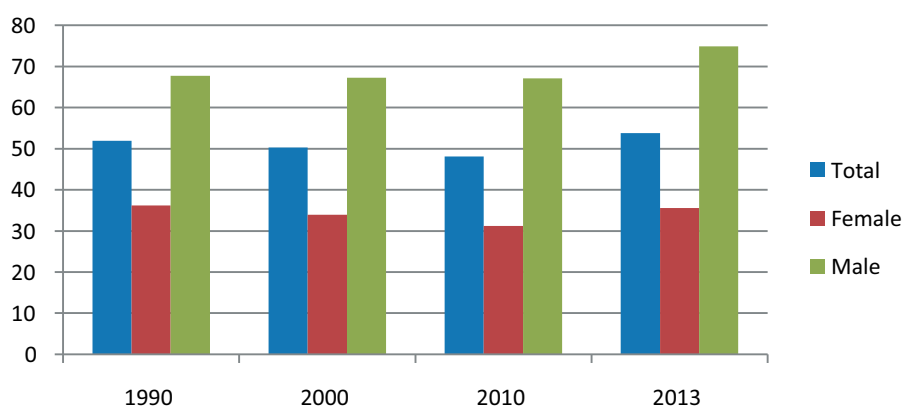
**Table 10.1: Labour force participation rates across South Asia, 2013**

Country	Labour force participation rate, Total (% of the total population ages 15+)	Labour force participation rate, Female (% of female population ages 15+)
Nepal	83	80
Bhutan	73	67
Bangladesh	71	57
Maldives	67	56
<b>Sri Lanka</b>	<b>55</b>	<b>35</b>
India	54	27
Pakistan	54	25

Source: World Bank, World Development Indicators Database (Online).

Available at: <http://data.worldbank.org/indicator/SL.TLF.CACT.ZS>

**Figure 10.1: Sri Lanka's labour force participation rates (per cent)**



Source: Department of Census and Statistics, Labour force survey 2013; change 2014 to 2014c

### Breakdown of the labour force by age

Sri Lanka's labour force, which seems to be at its peak around 35 years, for both males and females, records a downward trend thereafter (Figure 10.2). In this context, efforts to bring those who are younger into the labour force together with efforts to prolong the participation of those at the apex of the labour force for a longer period requires more attention. With enhanced life expectancy, Sri Lanka will need to work towards retaining a larger proportion of the population within the labour force for a longer duration (see also Chapter 7), to maintain a sustainable dependency ratio. Sri Lanka's current public sector pension system is also unfunded and would need to maintain a high number of contributors to finance its pension obligations.

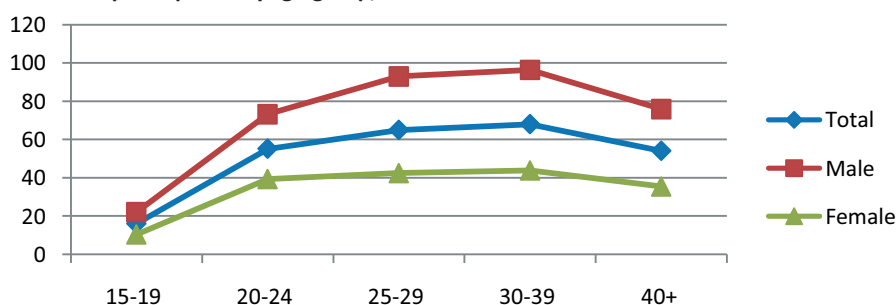
### Gender and the labour force

The dynamics of the labour force is studied by the length of working life, determined by the level and duration of labour force participation, and mortality. However, the present analysis lacks data on mortality for the year 2011. Therefore, only the gross years of working life have been computed

and presented in Figures 10.3 and 10.4. Data used for this analysis are drawn from the Labour Force Surveys carried out by the Department of Census and Statistics and thus the final age group is truncated at age 40+ years. The number of years during which an individual is economically active is determined very largely by the labour force participation rate.

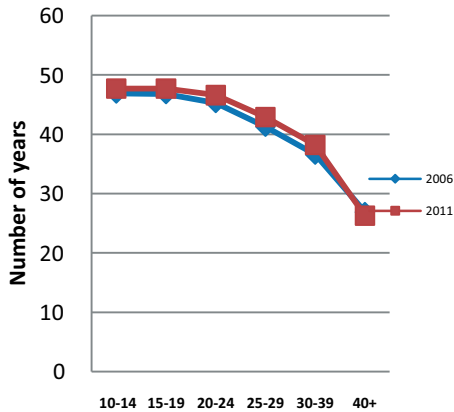
Figures 10.2 and 10.3 demonstrate that the total gross years of working life for males, between 2006 and 2011, have increased while females have shown a decline. Males who entered the labour force at the age of 10 in 2006 were expected to be in the labour force for another 46.9 years, compared to those who entered the labour force at the same age in 2011 who were expected to be in the labour force for 47.7 years. The gross years of working life for females who entered the labour force at the age of 10 in 2006 was 23.52, while it was 20.7 years for those women who entered the labour force at the same age in 2011. This analysis suggests that the overall decline of labour force participation was not due to the changes that occurred in the size of the population as usually expected by the so-called 'demographic bonus', but as a result of the decline in the women's activity rates. (UNFPA, 2013b).

**Figure 10.2: Labour force participation by age-group, 2013**

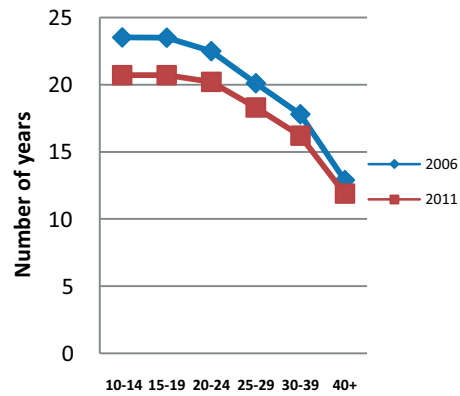


Source: Department of Census and Statistics, 2014

**Figure 10.3: Gross years of working life, Males, Sri Lanka, 2006 and 2011**

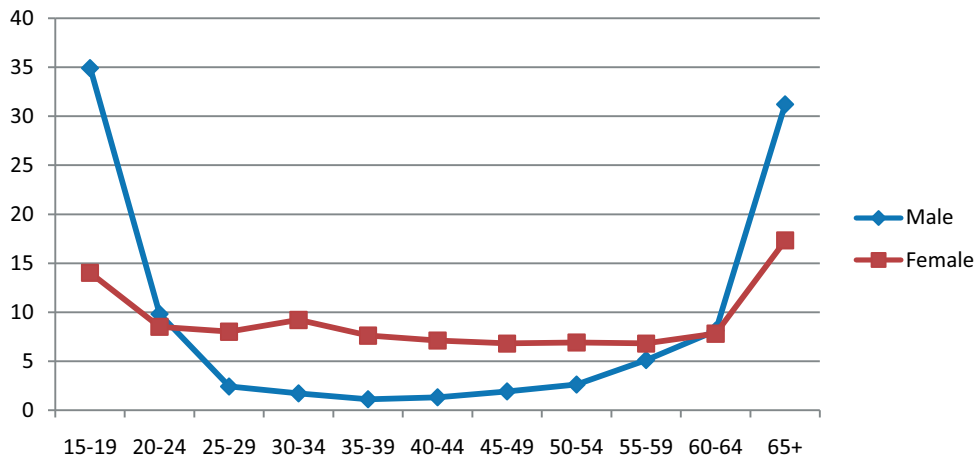


**Figure 10.4: Gross years of working life, Females, Sri Lanka, 2006 and 2011**



Source: Labour Force Surveys, 2006 and 2011

**Figure 10.5: Economically inactive population by age-group and gender**



Source: Department of Census and Statistics. 2014c

Women who are economically inactive account for 74.9 per cent of those who are economically inactive (persons who neither work nor are looking for work), and largely exceed the population of economically inactive men. Furthermore, they are also spread across all age groups than being concentrated in young and old groups like in the case of males, implying that women across all age groups are faced with the challenge of falling into the economically inactive group (Figure 10.5).

The main reasons for keeping men away from participating in work are engagement in studies and retirement, while involvement in housework prevent females from being economically active (Figure 10.6). Women are at a more disadvantageous position compared to their male counterparts, as socially determined roles confine women to household activities which still play a predominant role in defining labour market dynamics.

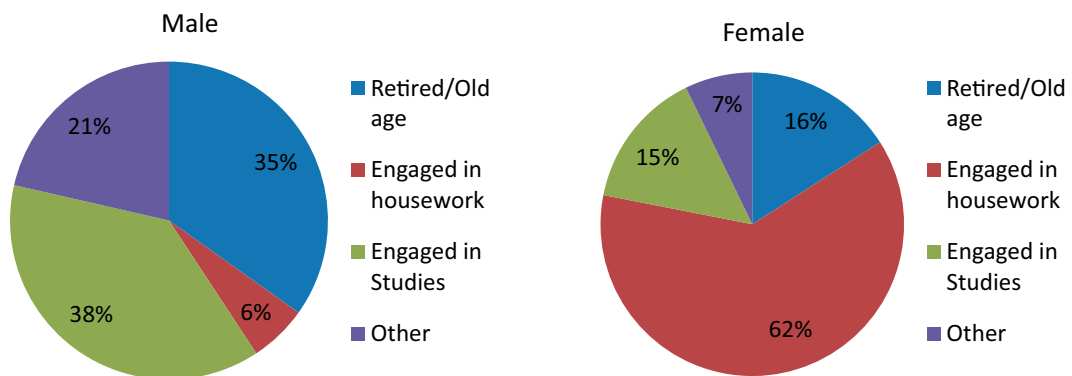
## Trends in Employment

In 2013, Sri Lanka's employed population totaled 8.4 million, of which about 5.5 million (65.3 per cent) were males and 2.9 million (34.7 per cent) females (Department of Census and Statics, 2014), implying that as male employed population exceeded by 30.6 per cent. In addition, Sri Lanka's employment rate positioned at 95.6 per cent in 2013 (Department of Census and Statics. 2014c).

A sectoral analysis of employment shows that a

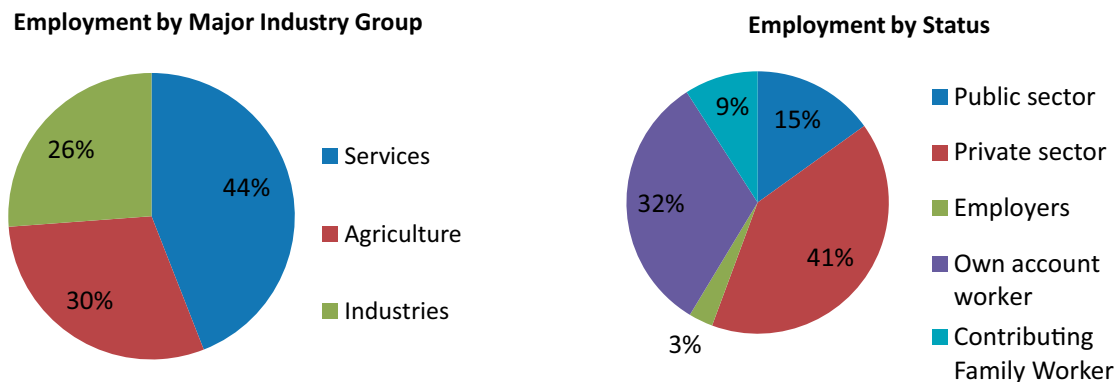
large majority of Sri Lanka's labour force is employed in the services sector. In 2013, the share of employment in the services sector amounted to 44.1 per cent, while the agriculture and industry sectors employment accounted for 29.7 per cent and 26.2 per cent respectively (Figure 10.7). The private sector being a major contributor of growth, provided employment to around 41 per cent of the labour force in 2013, while own-account workers (self-employed, without any paid employees) were the second largest share of employment (Figure 10.7).

**Figure 10.6: Reasons for being economically inactive**



Source: Department of Census and Statistics, 2014c

**Figure 10.7: Classification of employment by major industry group and employment status**



Source: Department of Census and Statistics, 2014

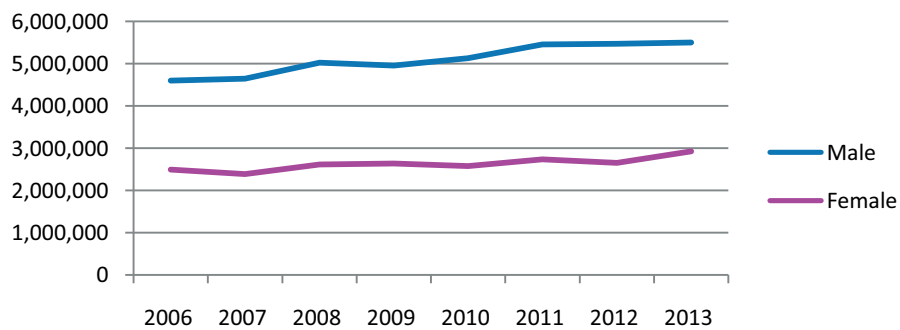
## Gender and employment

Traces of Sri Lanka's socio-cultural influence on the definition of gender roles are reflected in the country's labour market trends. The widening gap between male and female employment recorded over the years, provided evidence for this notion. Interestingly, in 2013 there were 2.6 million more men employed than women (Figure 10.8).

It is important to note that while male employment at all categories of work largely exceeds female

employment, a large majority of females (78.5 per cent) belong to the category of contributing family workers. This implies that women's contribution is still shaped by socially defined norms and is confined to household activities. Moreover, the proportion of women at higher categories of work as employers was minimal compared to men, as females accounted for only 10.3 per cent of employers in 2013 (Figure 10.9).

**Figure 10.8: Employed population by gender**



Source: Department of Census and Statistics, 2014

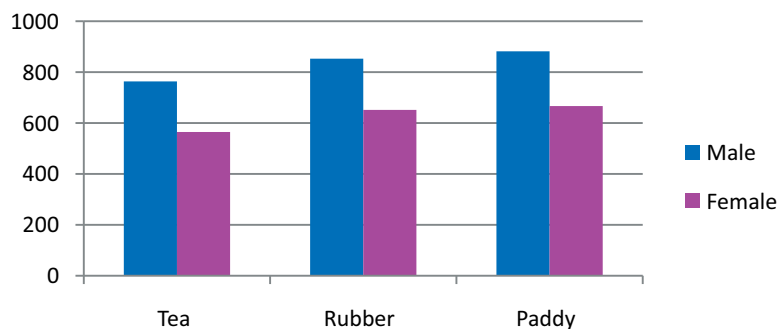
**Figure 10.9: Employment status by gender, 2013**



Source: Department of Census and Statistics, 2014c

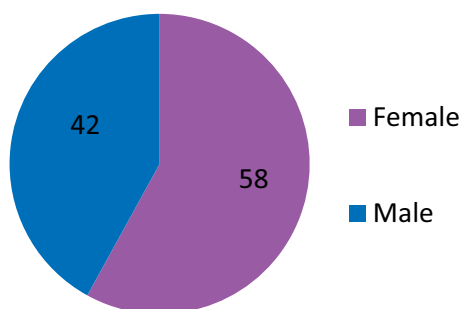


**Figure 10.10: Informal private sector daily wages in the agriculture sector, annual average (Rs.)**



Central Bank of Sri Lanka, 2014

**Figure 10.11: Total undergraduate enrollment in higher educational institutions**



University Grants Commission- Sri Lanka. Sri Lanka University Statistics, 2010.  
 (Online) Available at: <http://www.ugc.ac.lk/en/publications/1115-sri-lanka-university-statistics-2010-.html>

Gender inequalities are reflected in terms of informal sector wages as well. For example, informal sector wages for women in the agriculture sector appears to be considerably lower than that of males (Figure 10.10).

The inability of women to secure more and better jobs compared to men is contradictory in line with the high educational attainment of females compared to males. Statistics show that 14,396 more girls were enrolled in undergraduate programmes in higher education institutions as at 2010 (University Grants Commission, 2010). Moreover, female undergraduate enrollment in higher educational institutions exceeds that of males (Figure 10.11).

However, statistics also highlight that the highest female enrollment in education is seen in streams such as the arts, paramedical studies, indigenous medicine, etc. Whereas streams such as

engineering, architecture, and ICT are predominantly male dominated, suggesting that male graduates may have an advantage in demand from the labour market (University Grants Commission, 2010).

The danger of women being exposed to precarious work on a temporary or contract basis needs attention as it has implications on women's wellbeing. The growing trend of businesses shifting towards contract labour is more favourable to employers as opposed to employees as contractual work imposes limitations on contractual wages, leave entitlements, health benefits, etc. It is a concern that the majority of women are enrolled in sectors such as the garment industry, light manufacturing industries and the services sector, etc., where more women are exposed to routine and monotonous work for long working hours which have consequences on their health, especially with restricted health benefits opposed

to that of permanent workers. Moreover, the additional danger of contracting illnesses due to the nature of precarious work, also deter their long-term employability. Therefore, working towards making work less precarious in nature for women remains an important concern in Sri Lanka's labour market.

### Unemployment Trends

The gradual upturn of the domestic economy in the post-war period (after 2009) has led to a dip in unemployment levels. Promisingly, both female and male unemployment levels have recorded a declining trend. The re-commencement and expansion of economic activities in war-affected areas especially in the services sector, may have led to declining unemployment, which lasted till

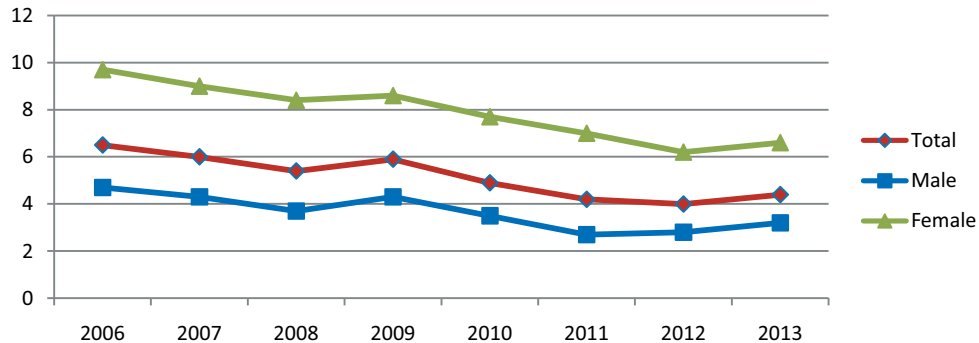
2012. However, in 2013 the entry of new job seekers into the market had resulted in an increase in unemployment, from 4 per cent in 2012 to 4.4 per cent in 2013 (Central Bank of Sri Lanka, 2014).

### Profiling the unemployed

An age-sex analysis of unemployment in Sri Lanka shows that female unemployment surpasses male unemployment at all age groups, while unemployment among both males and females appear to reduce as age increases (Figure 10.13).

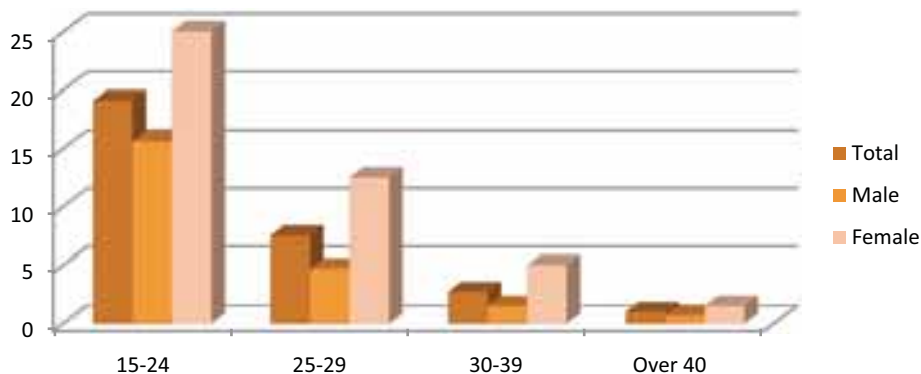
The highest level of unemployment is recorded among the 15-24 age groups, emphasizing that the youth population of Sri Lanka account for the majority of those who are unemployed (Figure 10.13).

**Figure 10.12: Sri Lanka's unemployment rate - 2006-2013**



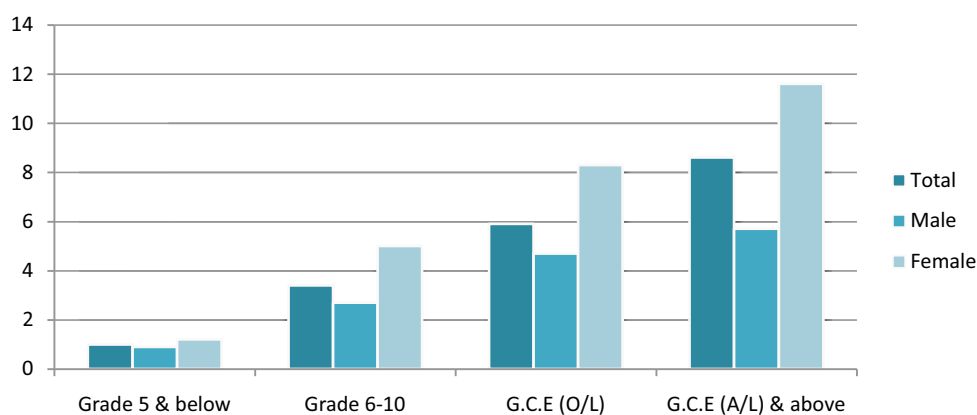
Source: Department of Census and Statistics, 2014

**Figure 10.13: Unemployed population by gender and age - 2013**



Source: Department of Census and Statistics, 2014

**Figure 10.14: Unemployment by Education Level**



Source: Department of Census and Statistics, 2014c

Further analyses of unemployment by education level indicate that the majority of those who are unemployed in Sri Lanka are those with G.C.E (A/L) qualifications and beyond. (Figure 10.14).

In terms of the geographic distribution of the unemployed, the majority are from Kilinochchi, Kegalle and Matara, while Anuradhapura, Moneragala and Colombo show the lowest level of unemployment in 2013 (Department of Census and Statistics, 2014c).

### Unbundling the reasons

Much of Sri Lanka's problem of unemployment is related to disparities in the labour market, reflecting the mismatch between the competencies and the availability of jobs, as the majority of those who are unemployed are those with higher education qualifications. Moreover, this is reflected in the alarmingly high levels of unemployment recorded among youth – i.e. new job seekers, as there appears to be a mismatch between the aspirations of those who enter the job market and the availability of jobs, resulting in higher unemployment levels among new entrants.

These trends reflect weaknesses in the education system of the country as the existing education system has been incapable of catering to the existing job market. Reforms to streamline the education system to deliver both technical and soft skills needed to enhance employability in the labour market ought to be enacted in order to ease the problem of unemployment in the country.

### Problem of Female Labour Force Participation

The limited participation of women in the labour force presents one of the greatest challenges to unlocking the benefits of Sri Lanka's demographic dividend. In addition to lagging behind the South East Asian and South Asian counterparts, the figure that 62 per cent of women within the working age are economically inactive due to housework, should be a cause for serious concern, as it represents millions of lost contributors in the workforce.

Women also do not seem to be successfully entering the main source of new jobs in Sri Lanka; the private sector. In 2012 the private sector shed

over 10,000 female workers while adding over 45,000 male workers. In contrast, the much smaller public sector added over 40,000 female workers, which was nearly 5 times the increase in male workers (Verité Research, 2014).

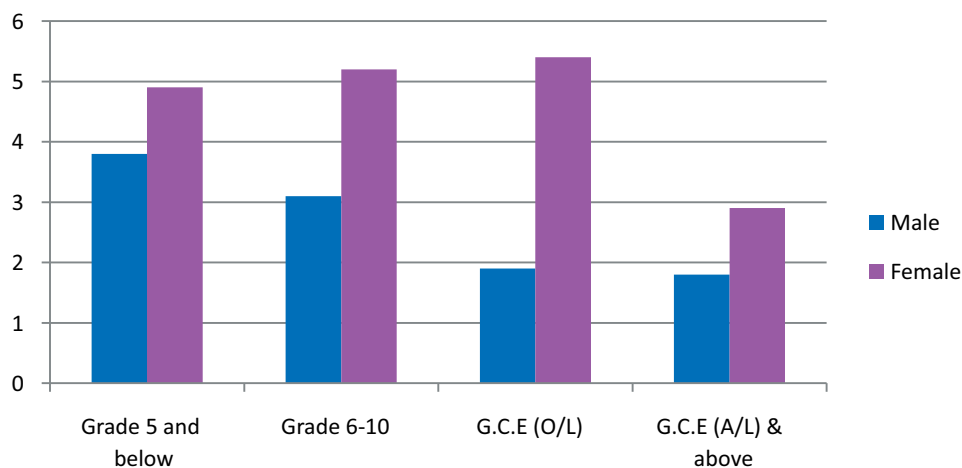
Another concerning figure is that unemployed educated women with academic attainment of G.C.E. Advanced Level or higher are nearly double that of men in percentage terms (Department of Census and Statistics, 2012). The Organization for Economic Co-operation and Development (OECD) notes that it is necessary to have high quality, cost-effective and accessible childcare to create incentives for women to enter (or re-enter) the workforce after childbirth (OECD, 2012). Removing this impediment, alongside others such as street harassment and sexual harassment in the workplace, non-discriminatory payment structures,

and promotions should become key areas of policy intervention to increase the female labour force participation.

### Underemployment

Underemployment refers to a situation when a person's employment is considered to be inadequate compared to specified norms, person's skills, etc. Underemployment therein reflects labour market weaknesses. The underemployment rate in Sri Lanka was 3.5 per cent in 2013 (Department of Census and Statistics, 2014c). Female underemployment was higher than that of males at each level of education (Figure 10.15), across each district, reflecting that women's contribution to the economy is still underutilized compared to that of men.

**Figure 10.15 Underemployment rate by gender 2013**



Source: Department of Census and Statistics, 2014

# Conclusions

The preceding chapters have discussed a host of demographic changes and the implications such changes would have on the Sri Lankan society.

Sri Lanka's entire demographic structure is changing. For a long time, Sri Lanka has been steadily moving through a demographic transition. Therefore, today, Sri Lanka has a larger working age population when compared to both younger and older dependents. While this temporarily places the country in a fortuitous window for economic development or 'demographic dividend', this is a transient phase. Sri Lanka, like other countries that have achieved a rapid fertility decline, will also see the population ageing much faster than in the developed world. It is therefore of paramount importance for policy makers to move quickly to capitalize on strong demographics to facilitate economic growth. This will require policies to maximize labour participation and improve the quality of education, so that the delayed entry of youth into the labour force due to pursuing secondary, tertiary and vocational education pays dividends to the economy. It also requires proactive policy making to facilitate labour force participation among older cohorts of the population. While Sri Lanka still considers older dependents as anyone over 60, in reality labour force participation patterns have already changed with LFPRs for those 60-64 being greater than the youngest group defined as being of working age,

15-19. Therefore, policy makers will need to take note of such changes and also work toward supporting such trends to manage dependency.

Despite being in the midst of a demographic transition, Sri Lanka is also showing unusual developments that should be studied carefully. After a long period of fertility decline reaching replacement levels, recent years have seen a reversal of this trend. It is yet uncertain if this is a temporary trend that will see a return to low fertility or an unprecedented reversal that has not been seen in countries that have achieved fertility decline. The impact of high fertility can help mitigate rapid ageing in the long term but will also shift dependency ratios to a hitherto unseen pattern of rising dependents in both young and old age groups.

Overall, Sri Lanka's population is set to age rapidly despite these developments. With nearly a quarter of the population projected to be 60 or older by the year 2041, the Sri Lankan society will see a major shift in its demographic profile. This will bring about a need to re-assess many of the existing patterns of work and dependency, including retirement age. Without the ability to work later in life many older persons may be faced with economic hardship. The change in the age-sex structure too will create different demands on public services, including healthcare, which may see a rise in hitherto less

prevalent degenerative diseases which correspond with the gains in life expectancy, including neurological degenerative diseases.

Gender disparities remain a major concern for Sri Lanka. The relatively poor labour force participation which is 40 per cent or less for women in all working age groups, inhibits economic development and can have other negative effects such as creating increased dependency as women tend to outlive their spouses due to higher life expectancy. Male life expectancy too needs attention. A gap over 8 years has emerged between male and female life expectancy suggesting that there could be a need for policy intervention to improve men's health and well-being. The reasons for greater male mortality, including the higher susceptibility to Non Communicable Diseases (NCDs) need closer attention.

The needs of large sections of the population that need special attention are also highlighted in this report. Youth make up nearly a quarter of Sri Lanka's population. But youth issues remain under-represented in the policy agenda. Despite a trend towards later entry into the workforce there are significant gaps in the educational attainment levels of young people which may leave many unprepared for entry into competitive jobs in the workforce. Gaps in terms of geographical locations also persist, with youth in rural and estate areas falling behind urban youth.

Similarly, the demographics of the differently abled population also demonstrate the need for attention

from the policy makers. The high share of visual disability among the differently abled suggests that there may be a high prevalence of issues such as preventable blindness, which has historically been high in Sri Lanka. Physical impairments also have a gendered dimension with a greater number of women being differently abled. Given the existing gender disparities in labour force participation and population ageing this adds a further dimension to the demographic drivers in the feminization of poverty and high dependency.

Finally, despite Sri Lanka's achievements in creating systems of free education, it may not be reaping the full benefits of this investment or creating the conditions to do so as evinced by migration patterns. There is a continuous outflow of labour migration, some transitory and other permanent. Transitory migrants are often lower skilled workers who lack adequate employment opportunities at home but also do not see major improvements in their overall economic status upon return due to a myriad of reasons including poor financial management, wage disputes with foreign employers resulting in unpaid wages, or long periods of unemployment upon return.

Therefore, despite being a major foreign exchange earner, Sri Lanka needs to re-think how it can better manage and better retain its working population to contribute to the national economic growth. Out-migration of skilled workers represents perhaps an even greater challenge with workers leaving, often permanently, resulting in shortages of categories of skilled labour. Sri Lanka's demographic dividend cannot be fully realised if

migration patterns create labour shortages in key sectors. Investments in tertiary education may also then fail to deliver. Such concerns will persist with permanent migrants estimated in the 100,000s. Unlike in the developed world where the challenge of population ageing can be mitigated through encouraging in-migration Sri Lanka's ageing population may face the opposite situation where out-migration exacerbates problems of dependency. In urban planning, Sri Lanka will also need to consider how it can deal with the growing population pressures in the highly urbanised districts. While internal migration pressures remain considerably lower than in most South Asian countries, sufficient access to public transport and other services will be needed to prevent unsustainable population pressures on cities.

As Sri Lanka joins the world in attempting to reach the 169 ambitious targets that make up the 17

sustainable development goals it will have several major areas of concern. With increasing urbanization and growth and claiming the full benefits of the demographic dividend, environmental commitments may come into conflict with short term growth targets. Careful management will be required to maintain growth that is both economically and environmentally sustainable.

Goals such as gender equality and justice pose different challenges and opportunities. Sri Lanka has a poor labour force participation of women, and when compared with other Millennium Development Goals (MDGs), the country has underperformed in the MDGs on gender. While addressing this is a challenge, it also remains one of the greatest opportunities for supporting the national development and improved well-being.





# Glossary

**Abortion Ratio:** The number of abortions per 1000 live births in a given year.

**Ageing of Population:** A process in which the proportion of elderly increase in a population. Ageing occurs when fertility rates decline while life expectancy remains constant or improves at the older ages.

**Age-Specific-Rate:** Rate obtained for specific age groups (for example, age specific fertility rate, death rate, marriage rate, and labour force participation rate).

**Birth Rate:** The number of births per 1000 population in a given year. This is sometimes referred to as the crude birth rate.

**Contraceptive Prevalence Rate:** The percent of women of reproductive age who are using (or whose partner is using) a contraceptive method at a particular point in time, was almost always reported for women married or in a sexual union.

**Death Rate:** The number of deaths per 1000 population in a given year. This is sometimes referred to as the crude death rate.

**Demographic Dividend:** With the decline in fertility levels, a country's young dependent population grows smaller in relation to the working age population. Changes in the age structure with fewer people to support, economic growth can be accelerated with right social and economic policies and investments. This is called the demographic dividend.

**Demographic Transition:** The historical shift of the birth and death rates from high to low levels in a population. The decline in mortality usually precedes the decline in fertility, thus resulting in rapid population growth during the transition period.

**Dependency Ratio:** The ratio of economically dependent section of the population to the productive section; defined as the ratio of the elderly (those 60 years and over) and the young (those under 15 years of age) to the population in the working ages (those in 15-59 years of age).

**Foreign Direct Investments:** An investment made by a company or entity based in one country, in to a company or entity based in another country.

**Gender:** A social and cultural construct, which values men's and women's, girls' and boys' attributes differently. Accordingly, it assigns socially acceptable and often stereotypical roles and responsibilities to men and women. The concept of gender includes the expectations held on the characteristics, aptitudes and likely behaviours of both women and men.

**Gender Equity:** The process of allocating resources, programs, and decision making, thinking them equal to both males and females without any discrimination on the basis of sex.

**Gross Domestic Product –GDP:** The monetary value of all the finished goods and services produced within a country's borders in a specific time period; GDP is usually calculated on an annual basis.

**Head of Household:** Head of a household is the person who usually resides in the household and is acknowledged by the other members of the household as the head.

**Household:** A household may be (i) a one – person household or (ii) multi-person household. A one-person household is one where a person lives by himself and makes separate provision for the food. A multi-person household is one in which a group of two or more persons live together and have common arrangements for the provision of food. Household includes not only members of the family such as husband, wife and children but also others such as relatives, boarders, domestic workers, etc. who live with the family and share the same common arrangements of cooking and partaking of food with them. Lodgers of a household, who have their own separate arrangements for meals, are considered as a separate household.

**Human Development Index (HDI):** A composite measure of life expectancy, education, and per capita income indicators, which are used to rank countries into different levels of human development.

**Index of Ageing:** The ratio of aged persons above 60 years per 100 children under the age of 15 years.

**Infant Mortality Rate:** The number of deaths to infants under 1 year of age per 1000 live births in a given year.

**In-migration:** The process of entering one administrative subdivision of a country (such as province or district) from another subdivision to take up residence.

**Labour Force:** The labour force comprises of the total of the employed (those who are in work) and the unemployed (those who are not at work but available and actively looking for work).

**Labour Force Participation Rate:** The ratio of the labour force (those who are employed and unemployed) to the working age population, expressed as a percentage. It is a measure of the extent of an economy's working-age population that is economically active.

**Life Expectancy:** An estimate of the average number of additional years a person can expect to live if current mortality levels were to continue for the rest of that person's life. Life expectancy at birth is the most commonly cited life expectancy measure.

**Maternal Mortality Ratio:** The number of women who die as a result of pregnancy and childbirth complications per 100,000 live births in a given year.

**Median Age:** Median age is the age that divides the population into two equal parts; 50 percent of the population with ages below the median age and the balance 50 percent above the median age.

**Neonatal Mortality Rate:** The number of deaths to infants under 28 days of age in a given year per 1000 live births in that year.

**Net Migration:** The net effect of immigration and emigration on an area's population in a given time period. It can be an increase or a decrease.

**Net Migration Rate:** The net effect of immigration and emigration on an area's population in a given time period expressed as an increase or decrease per 1000 population of the area.

**Official Development Assistance:** The flows to countries and territories provided by official agencies including state and local governments or by their executive agencies and each transaction of which is administered with the promotion of the economic development and welfare and concessional in character and conveys a grant element.

**Out-migration:** The process of leaving one administrative subdivision of a country (such as province or district) to take up residence in another subdivision.

**Population Density:** Population living per unit of land area (usually per one square kilometre of arable land).

**Population Growth Rate:** The population growth rate measures how fast the size of the population is changing during a specified period and usually expressed as a percentage. The rate of population growth,  $r$ , between two time points,  $t_1$  and  $t_2$ , is calculated as an exponential rate of growth, conventionally expressed in percentage units per year:  $r = 100 \ln (P_2 / P_1) / (t_2 - t_1)$

Where  $P_1$  and  $P_2$  are the number of persons at times  $t_1$  and  $t_2$ , respectively, and the time interval  $(t_2 - t_1)$  is expressed in years.

**Post Neonatal Mortality Rate:** The number of deaths to infants aged 28 days to 1 year of age in a given year per 1000 live births in that year.

**Potential Support Ratio:** The number of people in working ages (15–59 years) per one elderly person aged 60 or older. This ratio describes the burden placed on the working population (unemployment and children are not considered in this measure) by the elderly population.

**Poverty Head Count Ratio:** The proportion of a population that exists, or lives, below the poverty line. Poverty line is established as the real per capita expenditure per month for a person fixed at a specific welfare level with the expenditure of consumption of food and non-food items.

**Replacement Level Fertility:** The level of fertility at which a cohort of women on the average are having only enough daughters to 'replace' themselves in the population. Replacement level is equal to a net reproduction rate of 1.0 or TFR of 2.1.

**Sex Ratio:** The number of males per 100 females in a population.

**Singulate Mean Age at Marriage:** The average years spent in single life among those who marry before the age of 50.

**Total Fertility Rate:** The average number of children that would be born alive to a woman during her lifetime if she were to pass through her childbearing years conforming to the age-specific-fertility rates of a given year.

**Under 5 Mortality Rate:** The number of deaths to children under 5 years of age per 1000 live births in a given year.

**Underemployment Rate:** The number of underemployed persons as a percentage of employed persons.

**Unemployment Rate:** The unemployed persons who are available and actively looking for work as a percentage of the labour force.

**Unmet Need:** Women with the unmet need of family planning are those who are able to become pregnant and sexually active but are not using any method of contraception and report wanting to delay the next child or limit their number of births.

**Urbanization:** Growth in the proportion of a population living in urban areas.

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