



# Feminization of Ageing

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# Feminization of Ageing

## Introduction

The world's population is growing larger and older. This is a consequence of fertility and mortality rates declining, and average life expectancy increasing. An ageing population is an achievement for a country. This means that women have more control over their bodies and live longer by avoiding early mortality due to childbirth and other risk factors. However, if not met with policy solutions to address challenges that come with population ageing, the entire society could face negative consequences.

The International Conference on Population and Development (ICPD) in Cairo, 1994, emphasized the fundamental role of women's interests in population matters and introduced the concepts of sexual and reproductive health and reproductive rights. With this paradigm shift, 179 governments including Sri Lanka adopted the visionary Programme of Action and agreed that putting people first, empowering women, and enabling people to freely decide if, when and how often to have children would clear the way to sustainable development. In line with this, the United Nations Population Fund (UNFPA) in partnership with the Ministry of Primary Industries and Social Empowerment, together with HelpAge Sri Lanka, convened the second of a series of high-level policy dialogue on population ageing, titled 'Ageing Without Limits'. The dialogue aims to provide policy-level inputs to maximize the opportunity of population ageing, with learning from good practices and lessons learned from other countries.



“Countries often see population ageing as a burden. Yet, population ageing is an achievement, it is a triumph of a country. It reduces mortality and enables women to have more choices in life”

**Rintaro Mori, Regional Adviser, Population Ageing and Sustainable Development, UNFPA**

This year, the dialogue was on the topic of 'Feminization of Ageing', with a focus on the gender dimensions of population ageing, sexual and reproductive health, and social protection issues. The dialogue was led by a panel of local and international experts with the participation of relevant officers from government agencies, civil society, the private sector, the development sector, and academia.



## The Issue

Sri Lanka is fast becoming a country that has the oldest people in the South Asian region. It is also one of the fastest ageing countries in the world. Between 1981 and 2012, the proportion of population aged 60 years and above, has increased from 6.6% to 12.4%. It is estimated that by 2030, 1 in 5 people in Sri Lanka will be above the age of 60.

### Gender dimensions of population ageing

Globally and in Sri Lanka, women continue to make up a growing majority of the older population. This marks the feminization of ageing<sup>1</sup>. In 2012, the total population of Sri Lanka was 20,359,439 and there were 2,524,570 (12.4%) people living above the age of 60 years. Females accounted for about 56% of the total aged population; there were 289,000 older women than men in 2012. In the oldest-old group (80 or over), this proportion was 61%. There were 94 males for every 100 females for the total population. In Sri Lanka, women make up the majority of the total population and the older population.

The life expectancy of a Sri Lankan woman is 79 years, as opposed to 72 years for a Sri Lankan man. In 2012, One in every three older women were widowed in Sri Lanka. In the young-old category, (age 60-69 years) one in every four females were widowed, while among middle-old category (age 70-79 years), about 42% of females were widowed. Among the oldest-old category, half of the female population were widowed. There were 382,496 more widows than widowers. 40% of female household heads are widowed, divorced or separated. Widows face social stigma and are marginalised, discriminated and considered inauspicious. The lack of economic autonomy and security makes them particularly vulnerable and susceptible to sexual harassment and exploitation.



*“AT AGE 60, FEMALES LIVE LONGER THAN MALES”*

Although women live longer than men, they spend more years in bad health and are more economically dependant making them more vulnerable in their later years. Many women get married, have children and then become responsible for caring for their children and other family members throughout their life. By the time they reach 60, they are unlikely to have been employed for most of their life and therefore will have less financial security, with fewer savings and assets and no pension to support an adequate standard of living. They will become financially reliant on their families for an increasing period of time. This reliance can cause growing financial strain on families and can lead to the abuse, neglect, and sexual exploitation of elderly family members. Older women are also less likely to access health care that meets the needs of an ageing population. This can restrict their capacity to exercise rights, make choices and access services. A lifetime of inequalities has led to many women being unable to live a happy, healthy, enjoyable life in their later years.

<sup>1</sup> The feminization of ageing occurs when women make up a larger share of the older population.



“Gender relations affect the entire life cycle from birth to death, influencing access to resources and opportunities. Feminization of ageing must be addressed through a lifecycle approach, to ensure that women’s rights and needs are looked into throughout their life so that women can age with security, dignity and their rights fulfilled.”

**Ms. Ritsu Nacken - UNFPA Country Representative for Sri Lanka and Country Director for Maldives**

The health, financial independence, independent living and social freedoms of women are all interconnected. The contributions that older women can, and do, make to families, communities, society and the economy are highly valuable. These rights and contributions are a critical part of the sustainable development goals not only under Goal 5 “Achieve gender equality and empower all women and girls” but to all SDGs, as gender is cross-cutting. Therefore, there is a greater need to focus on gender in terms of planning and providing quality services for older persons in the social and health-care sectors to ensure that women age with security, dignity and their rights fulfilled.



“Preparing for an ageing population is vital to the achievement of the Sustainable Development Goals. Sri Lanka should ensure healthy lives and promote wellbeing for all, at all ages, including for older women.” Hon. Daya Gamage – Minister of Primary Industries and Social Empowerment ”

**Hon. Daya Gamage – Minister of Primary Industries and Social Empowerment**

## Social Protection

In Sri Lanka, majority of the elderly live with their family and rely on them for financial and in-kind support. In 2012, there were 2,496,038 older persons (99%) living in households while 24,535 older persons (1%) were institutionalized (elder homes and other institutions) in Sri Lanka. Traditionally the elderly have been cared for by family members, especially women. However, the changes in society such as the move to nuclear families, urbanization, migration, more women entering the labour force, etc. have affected this traditional system of care by family. As the dependency ratio increases with ageing, the burden of care on families will increase significantly, resulting in greater demands on the social and health care system.

The change in age structure and an increasing number of old-age population would result in a significant shrinking of the support base for the ageing population in Sri Lanka. In 1981 there were on average seven persons (age 20-59 years) to provide support for one older person and in 2012 the number dropped to four persons. This has implications on the social and health care systems among other things.

In 2012, one in every four older persons was employed while three-fourths of older persons were economically inactive. About 43% of older men were employed while only about 11% of older women were employed. One in every three older persons belonging to the young-old category were employed while middle-old and oldest-old were less likely to be employed which were approximately 15% and 8% respectively. The two key occupation categories that over half of older persons were employed in were skilled agricultural/forestry and fishery workers (31.4%), and elementary occupation (23.1%). More than one-third of females were employed in elementary occupations while over one-third of males engaged in skilled agricultural, forestry and fishery related employments.

Further older females are mostly engaged in unpaid work, including providing child care within the family. With the majority being economically inactive in their later years they are heavily reliant on family and government transfers including pensions.



**“In Asia, the older population experience multiple deprivations. With low levels of social protection, only 30% receive pensions and only 20% have health coverage”**

**Thelma Kay, Former Chief of the Social Development Division, UNESCAP and Former Senior Advisor on Ageing, Ministry of Social & Family Development, Singapore**

In Sri Lanka the formal schemes for income security in older age are pension schemes and provident funds or savings schemes. These schemes are not universal and benefit only those in the labour force. The majority of Sri Lanka’s working population is engaged in the informal sector and is not covered by formal pension schemes. Less than one-fifth of older persons receive pensions and only one-third of the working population participate in pension schemes. This situation is worse for women, as female labour force participation rate is very low, at around 36%. Majority of the older women do not benefit from these schemes as they were either engaged in the informal sector or never worked at all.

Sri Lanka has a strong health care system with extensive coverage. However, the system is not geared to meet the needs of an ageing population. It does not provide continuous and integrated services which include systematic screening for illness and disability. In 2012, out of 2,520,573 older populations, 548,776 persons had experienced difficulty in seeing, 284,285 persons had experienced difficulty in hearing, 488,209 persons had experienced difficulty in walking and 208,657 persons had experienced difficulty related to cognition. The highest female functional difficulties were observed from the Urban sector (62.1%) while the highest male functional difficulties were reported from the Estate sector (43.6%). Illness and disabilities among the increasing old-age population will result in higher healthcare costs for both the population and government. Therefore, improved access to healthcare in all geographical areas is essential to ensure that elderly, especially older females are able to lead a healthy and active life in their later years.



Difficulty in Seeing  
(21.8 %)



Difficulty in Hearing  
(11.3%)



Difficulty in Walking  
(19.4%)



Difficulty Related to Cognition  
(8.3%)

## Sexual and Reproductive Health

Ageing or widowhood does not reduce a desire for companionship, intimacy or sex, yet for many ageing women cultural and social barriers can restrict their capacity to exercise rights and be open about desires in these areas. Ageist stereotypes and myths about women's sexuality stemming from social norms, moral values and the media's portrayal of later life sexuality affect women's sexual and reproductive health behaviours. A survey conducted among a group of ageing females attending OPD revealed that 80% were sexually inactive and the reasons for this was the death of husband, lack of interest/desire, and the belief that sexual activities are not appropriate for their age.

Many ageing women also face physical or mental health challenges that can affect their social and sexual lives. Research suggests that physical changes that occur with menopause interfere with sexual responses. However female sexual satisfaction does not decline appreciably with age. Sexual activity plays an important role in relationships among the over 60 population. A survey done across different cultures revealed that low sex drive is correlated with the number of years in a monogamous relationship, and women's sexual interest in steady partners may plummet even more quickly than men's. It also revealed that the hormonal decrease of menopause can be entirely overridden by the appearance of a new sexual partner.

Emotional intimacy is key to women's sexual response. The equilibrium of the emotional component of a relationship changes when ill health prevails. It is therefore important that women undertake routine checks (pap smears, cervical and breast cancer assessment) so that they stay healthy.



“Many older women in Sri Lanka believe that sexual activities are not appropriate for their age. Sexual health & rights of older women are therefore often overlooked as a result of stereotypical beliefs that older women are no longer sexually active.”

**Dr. Pabasari Ginige, Head, Senior Lecturer at Department of Psychiatry, Faculty of Medicine, University of Peradeniya, and Honorary Consultant Psychiatrist, Teaching Hospital, Peradeniya, Sri Lanka**

## Elder Care System in Sri Lanka

The government of Sri Lanka has established the institutional structure and strategy to address elder care issues in the country. The 'Protection of the Rights of Elders Act' was passed by the parliament in 2000 under which the National Council for Elders (NCE) and the National Secretariat for Elders (NSE) were established to function as the government apex body for the promotion and protection of the welfare and the rights of elders in Sri Lanka. Additionally, a 'National Charter for Senior Citizen' and 'National Policy for Senior Citizens in Sri Lanka' were developed in 2006. It has been the guideline for implementing national-level programmes on ageing and for mainstreaming elders' rights into the social welfare framework of the country. The government has also placed Elders' Rights Promotion officers at the divisional level to assist the NCE and NSE with the implementation of the act. A Maintenance Board has been set up to deal with grievances especially when children neglect their parents.

At the community level, the NSE has established 11,550 Elders committees to date. These committees organise awareness programmes, medical clinics, cultural programmes, welfare programmes, and spiritual programmes. There are currently 306 government and private registered elderly homes and 150 day centres in the country. The government has also introduced Elders Identity Cards that provide specific benefits to elders such as priority in obtaining services from government and private sector institutions, higher interest rates for fixed deposits, discounts for purchasing medicine from government run pharmacy, etc. To facilitate self-employment activities the government grants LKR 20,000 to older persons from low income category. Further, the government provides LKR 2,000 as a monthly allowance to older persons. 20.5% of the elderly population is currently eligible to receive this monthly allowance. To tackle the issues of lack of caregivers, the NSE plans to train 600 caregivers in 2019.

While the government has made the above provisions, there are still many challenges in addressing the needs of the ageing population.



“Most of the widowed population in Sri Lanka are female and not economically active. We must find solutions for those who don't have a formal source of security for their day-to-day living.”

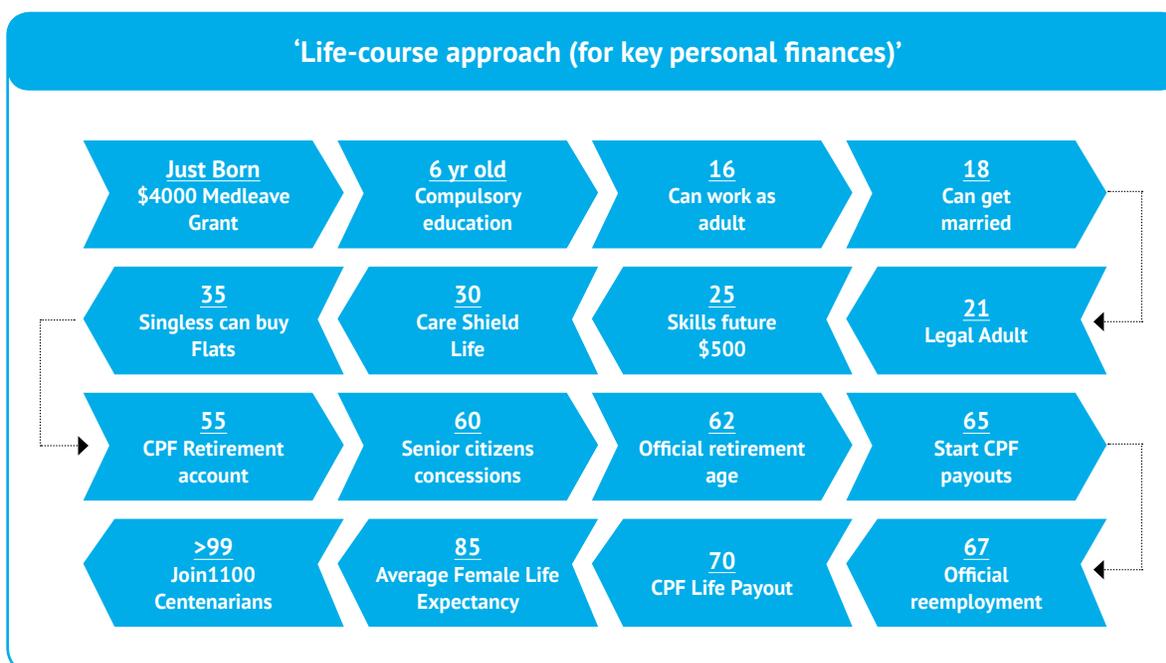
**Samantha Liyanawaduge, Executive Director, HelpAge Sri Lanka**

### Key challenges include:

- How can we modernize and bring innovative approaches to the existing welfare system?
- How can we ensure a healthy life expectancy? Older persons are more vulnerable to non-communicable diseases and disabilities. While Sri Lanka has a robust health system how can this system be improved to address the needs specific to older persons and make it accessible to all?
- With an increasing dependency ratio, how can we ensure better income security for older persons, specifically older females?
- With the eroding family support system how can we meet the demand for care facilities?
- How can we improve the current low coverage of social security schemes, particularly for older women?
- How can we better protect the rights of elders and provide protection from abuse, neglect and exploitation?

## Sharing Good Practice: The Singapore Model

Singapore is a welfare state which has performed remarkably well in health, education and economic development. It is ranked 9th out of 198 countries and territories in UNDP's human development index. Singapore's social protection system is designed and implemented using a rights-based approach, life-course approach, whole of government and whole of society approach. Singapore places emphasis on self-reliance and recognises family and community support as key to the social protection system which consists of a "safety net" to protect people against unexpected shocks, and more importantly a "trampoline" system that offers opportunities to lift people upwards. Through the 'Trampoline' system the government intervenes to support social mobility. For instance, it's Workfare programme supports older low-wage citizens to continue working and training; SkillsFuture programme encourages lifelong learning; Grants for homeownership supports people to own their home.



**Economic and Income security:** the social protection system in Singapore is based around the compulsory retirement savings scheme called the Central Provident Fund (CPF). Singapore provides no non-contributory pension plans with the underlying principle of not providing free welfare. Self-reliance has been a founding principle of the country, and while Singapore is now significantly more affluent than five decades ago and is able to provide welfare support, the government is cautious about changing its approach. Singapore has income support schemes such as the Silver Support Scheme which supplements the retirement savings of the disadvantaged elderly to help them cope with their living expenses. This scheme is highly targeted and provides support to low-income elders on a case by case basis. Qualifying factors include lifetime wages, household support and housing type.

**Health and wellbeing:** primary prevention and primary health programme are key to the health and wellbeing system in Singapore. The country invests a significant amount of resources in screening for early detection and in health promotion as it prevents disability and downstream decay. A Health Promotion Board was established in 2001 to promote healthy living. Health promotion programmes include physical and mental health programmes, nutritional and dietary programmes, and wellness programmes. Self-care is promoted as the population is becoming more educated. The impact of spirituality and religiosity on health and wellbeing is being explored, especially as this is very important for women in Singapore. The long term care system includes home-based, community based and institution based care. As women live longer, many of them live alone, making them more vulnerable. Further, many women are engaged as both informal and formal care workers. Therefore, gender implications must be taken into consideration when designing long term care.

Singapore offers compulsory universal health insurance “MediShield Life” and provides subsidies for low and middle income enrollers and the ‘pioneer’ generation. It also launched the Pioneer Generation Package in 2014 to support the elderly Singaporeans who took part in building the nation to what it is today. About 450,000 Singaporeans will receive healthcare benefits as a result.

As a country that recognises family and community support as key to the social protection system, Singapore has in place family friendly policies to strengthen family support. Examples include providing tax relief to multi-generational housing, family life education, and Maintenance of Parents Act which provides elderly in Singapore who are unable to meet their needs to seek maintenance costs from their children.

**Enhancing the employability/productivity of older workers:** Singapore has created an enabling environment for older persons through legislative and regulatory frameworks. It has extended the retirement age to 62 and also allows for re-employment after retirement. An employer can reemploy a retired person after the age of 67. It also has many enhancing opportunities for the elderly including training on self-employment, skill upgrading programmes such as SkillsFuture, lifelong learning, Silver Academy, etc. which are specifically important for women when they return to work after a long break for childcare.

Singapore has many legislative and regulatory frameworks and an action plan for successful ageing which sets out the direction and budget with a robust monitoring system to ensure implementation. Other legislative and regulatory frameworks include the Vulnerable Adult Act which makes provision for the safeguarding of vulnerable adults from abuse, neglect or self-neglect. Singapore’s experience provides useful lessons for designing a comprehensive social protection system.

### Whole-of-Government Approach to Social Assistance

Having multiple lines of assistance allows the Government to extend assistance to households based on their needs, in a more flexible and targeted manner

	Community Health Assist Schemes (CHAS)	Special Employment Credit	NEU PC Plus Programme	Broad-based Transfers and Subsidies
				Targeted Assistance
Fresh Start Housing Scheme	Pioneer Generation Package	Progressive Wage Model	Pre-school Subsidies	
Additional Central Provident Fund (CPF) Housing Grants	Intermediate and Long-Term Care (ILTC) Subsidies	Worldfare Training Support (WTS)	MOE Bursaries	
Public Rental Scheme	MediShield Life	Workfare Income Supplement (WIS)	MOE Financial Assistance Scheme	Silver Support Scheme
Subsidised Build-to-Order (BTO flats)	Subsidised Healthcare	Skills Future	Subsidised Education	CPF Life
Home Ownership	Affordable Healthcare	Employment	Educations	Retirement Needs

Progressive Transfers (e.g. Goods and Services Tax (GST) vouchers, Service and Conservancy Charges (S&CC) vouchers, CPF top-ups)

ComCare Short-to-Medium-Term Assistance, ComCare Long-Term Assistance, Medifund

Source: Ministry of Social Family Development Singapore 2018

## Recommendations

### Prioritize and address gender dimensions of ageing

- Mainstream gender into all policies and programmes related to population ageing.
- Allocate human and financial resources to address the issue as a priority and ensure availability of sex-disaggregated data.

### Adapt a Life-cycle approach to programming and policy

- Review all existing policies through the lens of gender and ageing to mainstream gender and ageing.
- Invest in research to understand the gender issues throughout the life cycle and its impact on wellbeing in old age in order to inform gender sensitive policy making.

### Implement a whole of society approach and a whole of government approach

- Develop a multi sectoral action plan with coordination and monitoring mechanisms to address the issue of ageing and its gender dimensions.
- Develop an integrated system of support across ministries to provide a safety net that offers opportunities to lift people upwards.
- Create an integrated system that links of support from family, community, NGOs, public and private sector.
- Develop wider partnerships with civil society, academia and the private sector to provide innovative solutions to the challenges of the ageing population and improve monitoring of results of programmes and initiatives.

### Invest in infrastructure for long-term care

- Increase financing for long-term care to ensure the availability of quality care services.
- Build a strong professional workforce for the long term elder care with standardized training and recognized qualifications.
- Provide specialized training for all care workers on prevention of and response to Sexual and Gender based violence, abuse and neglect.
- Improve and strengthen systems on Social Protection and Universal Health Coverage to provide increased services for elders, especially women of 50 and beyond. Specifically, invest in primary health prevention and provide screening for early detection to all sections of society.

### Move from life expectancy to Healthy life expectancy

- Strengthen health promotion activities and promote better nutrition, regular physical exercise, better social relations to lead a healthy life and reduce NCDs and disabilities in later years.
- Promote self-care and encourage people to take responsibility for healthy ageing at individual levels.
- Use the creative Arts and Media to promote life style adjustments and break the silence in addressing issues around sexual health of ageing population.
- Create more dialogue about mental health and develop programmes to improve mental health for older persons.

### Enhance the employability of older persons

- Create an enabling environment by putting in place supportive legislative and regulatory frameworks (e.g. extended retirement age, reemployment policy), developing programmes for skills upgrading, retraining, lifelong learning etc.
- Move from traditional employment processes to provide opportunities for elders to be engaged in the job market.

### Increase female labour force participation

- Invest in initiatives to increase female labour force participation which is critical to improve income security for older women. In developing such initiatives, it is important to first understand the barriers/root causes limiting women's participation and address them. For example, child caring responsibilities, harassment in public transport etc. are some issues that deter women from working. Initiatives to promote female participation should provide workable solutions for these issues.



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