

Recent Trends of Morbidity and Mortality in Sri Lanka

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The major purpose of this paper is to elucidate the recent trends in morbidity and mortality in terms of its continuing time-dimension with the use of existing theory. For this, the paper used Omran's epidemiologic transition theory (Omran, 1971; 1983) and subsequent additions by Olshansky and others (Olshansky and Ault, 1986; Olshansky et al., 1990) in order to portray the recent trends of morbidity and mortality in Sri Lanka. This is an exploratory analysis and is thus carried out in such a manner that it will attach a predictive power to such trends and consecutively provides a distinctive opportunity to recognize the nature of change occurring in Sri Lanka in relation to morbidity and mortality. Therefore, this study offers a strong foundation for health and other development planners to plan ahead and commence appropriate health and development strategies to contain such changes in an effective manner. The analysis utilized diverse data sources accessible locally and internationally to position Sri Lanka's morbidity and mortality trends in a global perspective.

It is fairly unequivocal that Sri Lanka is currently experiencing the benefits accrued in the course of its mortality transition by cruising through various stages of the epidemiologic transition. Sri Lankan population has improved its life expectations considerably over the years and is expected to prolong that ascent despite impulsive resurgence of infectious and parasitic diseases. Therefore, Sri Lanka will have the prospect of hoisting its life expectancy to a level that is observed in the developed world. Since females tend to live higher than males, the Sri Lankan elderly population will be feminised as a result of enhanced female survival chances.

Declining mortality and morbidity will be able to produce a healthier labour force which can improve its productivity. Since Sri Lanka has a relatively large labour force with a low level of dependency at present, improved health status of its labour force surely will have a significant impact on economic development in the country. It will create a unique opportunity for families to escape poverty and for faster economic growth, provided Sri Lanka adopts appropriate educational skill development strategies and creates more employment opportunities.

On the one hand, it is reasonable to claim that a healthy population is a prerequisite for economic growth. On the other hand, it appears that there is a high correlation between population ageing and medical spending. However, it is rather disability and poor health often associated with old age that is costly. As Sri Lanka has commenced to obtain the benefits of the 'cardiovascular revolution' and other medical technology advances, its elderly population will be

disability free and in good health for a considerable time in their old ages. Therefore, it is quite reasonable to claim that the good health expected among the elderly population can save money and hence healthy-ageing needs to be regarded as an important component of Sri Lanka's development agenda.

Life expectancy values for Sri Lanka were 68 and 74 years respectively for the years 1980 and 2008. Sri Lanka's present situation is very similar to countries like United Kingdom, Italy and France in 1980. This means that Sri Lanka seems to be following the trend of the countries which were exposed to the 'cardiovascular revolution' in the 1970s but with a time lag. Like in the West, Sri Lanka can expect its life expectancy to continue to grow with a continuing postponement of deaths from degenerative diseases. Similarly, it can be anticipated that mortality rates at older ages will accelerate as well. Early signs of such phenomena can be seen by examining the life expectancy figures as well as adult mortality rate (or probability of dying between age 15 and 60). Life expectancy at age 60 from the 1980s suggests that there has been a significant increasing trend which reflects the postponement of deaths beyond ages 78 and 80 for males and females, respectively. Adult mortality rate had declined significantly between 1990 and 2007. This means that survival chances of the ages 15 to 60 have increased and the higher death rates have been postponed to higher ages of the life span. This shows that those who have died formerly due to fatal complications as chronic disease outcome tend to survive longer. Such a phenomenon can reflect two processes: morbidity expansion or morbidity compression. In other words, people will survive longer but the duration that they spend in a state of sickness and disability at the end of their life span will increase. This will occur if Sri Lanka does not adopt proper health strategies to prevent or postpone degenerative and man-made diseases. The findings of this study evidently signify that there is a high tendency for Sri Lanka to have a fourth stage of the demographic transition which combines both delayed degenerative diseases and resurgence of infectious and parasitic diseases. However, it is realistic to assert that this phase will partly cover the third stage of the epidemiologic transition because firstly, Sri Lanka has already started to use imported medical technology and other health measures which can prevent or postpone degenerative diseases at the adult ages; and secondly, Sri Lanka has become susceptible to world-wide spread of infectious and parasitic diseases.

Keywords: morbidity, epidemiology, mortality, degenerative diseases, communicable diseases, noncommunicable diseases, medical technology