POPULATION DYNAMICS IN SRI LANKA: SOCIO-ECONOMIC AND HEALTH PERSPECTIVES

Centre for Multidisciplinary Research and Innovation in Social Policy,
University of Colombo, Sri Lanka

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UNFPA

Population Dynamics in Sri Lanka: Socio-economic and Health Perspectives

University of Colombo, Sri Lanka
in collaboration with the Government of Japan
and the United Nations Population Fund (UNFPA)

Centre for Multidisciplinary Research and Innovation
in Social Policy

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Published by

Centre for Multidisciplinary Research and Innovation in Social Policy
University of Colombo
Sri Lanka

Cover Design
Nipunika Dahanayake

Cover Page Photograph
Designed by Freepik

ISBN - 978-624-5518-33-3

ISBN (eBook) - 978-624-5518-34-0

Printed by
Colombo University Press
University of Colombo
Prof. Stanley Wijesundera Mawatha
Colombo 07
Sri Lanka

NEGLECT, ABUSE, SOCIAL ISOLATION, AND LONELINESS AMONG OLDER PERSONS: EVIDENCE FROM CASE STUDIES IN URBAN, RURAL AND ESTATE COMMUNITIES IN SRI LANKA

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Abstract

The ageing population in Sri Lanka presents significant socio-economic challenges, necessitating a deeper understanding of the issues faced by older adults. This study delves into the multifaceted impacts of neglect, abuse, social isolation, and loneliness among older adults (age 60 years and over) in Sri Lanka with a particular focus on the resulting economic burden and socio-economic implications. This chapter employs qualitative data gathered from three case studies in urban, rural, and estate older communities in the Colombo, Gampaha, and Kalutara districts in Sri Lanka. The qualitative data, which were gathered through in-depth interviews, focus group discussions (FDGs) and key informant interviews (KII), were used to explore the lived experience of older adults. The data were analysed using thematic and content analysis. The study findings discovered that older persons' abuse is less prevalent compared to neglect, social isolation, and loneliness at the community and household levels due to the existence of informal elderly care within the family settings. Urban 'underserved' elderly experience more neglect, social isolation and loneliness compared to rural and estate elderly. In addition, weaker social connections, inadequate financial security and health-related morbidity issues are common in the studied urban elderly. Rural communities, in contrast, demonstrate strong social cohesion, where neighbours support each other in caring for older persons and actively engage them in collective social activities. However, the economic burden on

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family and children is evident in the rural sector, as the majority of families with elderly face financial difficulties. Estate elderly maintain good relationships within the community, and the majority of them are economically active; however, they experience neglect and financial abuse as well as economic vulnerability due to inadequate earnings and especially lack of socio-economic infrastructure compared to the other two sectors. These results suggest that policymakers should focus on strengthening social networks at the community level while developing adequate socio-economic infrastructure through residential sector-specific initiatives to reduce multiple burdens associated with neglect, social isolation, and loneliness of older persons in Sri Lanka.

***Keywords**: abuse, economic burden, loneliness, neglect, social isolation, Sri Lanka's older persons*

Introduction

Population ageing is a widespread global phenomenon, driven by declining fertility and mortality rates, improved health, and a significant increase in life expectancy. Since the second half of the 20th century, these demographic and socio-economic factors have led to growing numbers and proportions of older people across the world (Lowenstein et al., 2009; Pakulski, 2016). Sri Lanka is one of the countries of South Asia that has experienced a rapid demographic transition, with the proportion of the population aged 60 years and above reported as 12.4% in 2012 (Department of Census and Statistics, 2015). Recent population projections indicate that the proportion of Sri Lanka's population aged 60 years and above will increase to 25.6% by 2042. In other words, one in every 4 persons will be an older person by the middle of the century (Perera, 2017; ILO, 2023). In this context, the phenomena of neglect, abuse, social isolation, and loneliness among older adults are critical socio-economic issues with far-reaching implications. Despite the growing population of older adults, research on these issues in Sri Lanka is lacking because

inadequate attention was given to identifying and addressing such issues through evidence-based data.

The care of older individuals in Sri Lanka has traditionally been managed within families. However, changing social structures, such as the shift from extended to nuclear families, declining family size, and the migration of family members, are placing increasing strain on these traditional support systems (ADB, 2021; ILO, 2023; Perera, 2017). This situation has become increasingly complex, as approximately half of Sri Lanka's elderly population suffers from chronic diseases. A considerable proportion of them require assistance with daily activities, either basic Activities of Daily Living (ADL) or Instrumental Activities of Daily Living (IADL), and these care needs are closely related to elderly abuse, neglect, isolation, and social isolation (Vodopivec, 2008). Therefore, it is essential to identify the nature of elder abuse, neglect, loneliness, and both emotional and social isolation that exist among different communities in Sri Lanka.

Therefore, the main objective of this paper is to explore the multiple burdens associated with neglect, abuse, social isolation, and loneliness among older adults in Sri Lanka. Examining community perceptions and the lived experience of older people, particularly the challenges they face, their coping strategies, and their perceived socio-economic and health-related wellbeing, is vital for addressing policy responses regarding these issues.

A brief review of literature: elderly neglect, abuse, loneliness, and social isolation

Elder abuse, loneliness, and social isolation are pressing socioeconomic challenges that significantly impact the well-being and quality of life of older adults. These issues, though often interrelated, are conceptually distinct and have been classified in various ways across scholarly literature. This literature review

creates existing studies related to elder abuse, loneliness, and social isolation, highlighting how these constructs have been defined, categorised, and understood within academic discourse.

Elder abuse is a significant psychosocial issue that has been categorised in various ways across research studies (Dong, 2015; World Health Organisation [WHO], 2002). One such classification, presented by Karl Pillemer (Pillemer & Finkelhor, 1988), identifies three main types of abuse. These include physical abuse, which encompasses actions such as being pushed, grabbed, slapped, or hit with a weapon or object. Verbal abuse, on the other hand, is characterised by chronic verbal aggression, including repeated insults, swearing, and threats typically occurring at least ten times within the preceding year (Holt-Lunstad et al., 2015; Courtin & Knapp, 2017).

Moreover, neglect refers to the failure or deprivation of providing essential assistance needed for key daily activities, such as obtaining meals and drinks, washing, and going to the toilet. However, other forms of abuse, such as financial abuse, sexual abuse, infantilisation, and abandonment, were not included in this classification (Homer & Gilleard, 1990). Similarly, the World Health Organisation (WHO) provides an internationally recognised definition of elder abuse, which describes it as a single or repeated act, or a lack of appropriate action, occurring within a relationship where there is an expectation of trust, which results in harm or distress to an older person. According to WHO, elder abuse encompasses five categories: (1) physical abuse, (2) psychological or emotional abuse, (3) financial or material abuse, (4) sexual abuse, and (5) neglect (Fu et al., 2023; WHO, 2022).

In addition to these definitions, Wolf (1998) categorises elder abuse and neglect into four distinct types (Iecovich, 2005). Firstly, physical abuse is defined as the deliberate infliction of pain and

injuries, including instances where an older person has been beaten or otherwise physically harmed. Secondly, mental abuse refers to the intentional use of threats, humiliation, or intimidation, often involving shouting, swearing, or insulting the older person. Thirdly, economic abuse is characterised by financial or material exploitation, where an elderly individual is forced into giving money or conducting economic transactions against their will. Lastly, neglect is described as the inability of an elderly person to care for their own basic needs, such as nutrition and hygiene, or the failure of family members to provide the necessary care, either intentionally or unintentionally (Iecovich, 2005). Thus, Pillemer's classification highlights three main forms of abuse: physical, verbal, and neglect. WHO's broader framework expands into six, adding psychological, financial, and sexual abuse. Meanwhile, Wolf's classification aligns with these frameworks but places greater emphasis on the psychological and economic dimensions.

Loneliness is another significant psychosocial issue experienced by older adults. It is defined as a psychological state marked by a range of discomforting emotions and thoughts, including unhappiness, pessimism, self-blame, and depression (Anderson et al., 1994; Zhou et al., 2008). Loneliness is often associated with the perceived lack of social support (Cacioppo et al., 2006 as cited in Zhou et al., 2008) and with having fewer and less satisfying social relationships than desired (Archibald et al., 1995 as cited in Zhou et al., 2008). Loneliness is also a subjective experience, characterised by a sense of being alone, separated, or apart from others, and has been conceptualised as an imbalance between desired social contacts and actual social contacts. (Gardiner et al, 2018, as cited in Veazie et al., 2019) It also encompasses the way people perceive and experience the lack of interaction and a discrepancy between a person's desired and actual social

relationships (Poscia et al, 2018; Shvedko et al, 2018 as cited in Veazie et al., 2019).

Social isolation refers to living without companionship, social support, or meaningful social connections. It involves the absence of significant others with whom one interrelates, trusts, and turns to in times of crisis. It is associated with poorer Health-Related Quality of Life (HRQOL), meaning of life, levels of satisfaction, wellbeing, and community involvement (Cantor & Sanderson, 1999, as cited in Hawthorne, 2006, p. 521). The key correlation of social isolation is personal relationships (Dykstra, 1990, 1995; Gierveld, 1998; Maxwell & Coebergh, 1986; Mullins et al., 1996; Polansky et al., 1985 as cited in Hawthorne, 2006, p. 522). Other correlates include network characteristics such as neighbourhood, friendliness, and social initiation; geographic location; living alone or homelessness; and ethnicity (Cutrona, 1986; Gallagher et al., 1997; Gierveld, 1998; Lewin-Epstein, 1991; Mullins et al., 1996; Polansky et al., 1985; Scheier & Botvin, 1996; Straits-tröster et al., 1994 as cited in Hawthorne, 2006, p. 522). Both physical and mental health status are also predictive of social isolation (Cobb, 1976; Mullins et al., 1996; Thoits, 1982 as cited in Hawthorne, 2006, p. 522), as are ageing communication losses (Maxwell & Coebergh, 1986; Retsinas & Garrity, 1985 as cited in Hawthorne, 2006, p. 522). The analysis of literature clearly demonstrates that definitions and concepts related to elder abuse, loneliness, and social isolation are multifaceted and interconnected psychosocial issues faced by older adults. Various empirical evidence has attempted to classify and understand elder abuse with comprehensive frameworks.

Methodology

This chapter primarily employs a qualitative research design, using in-depth interviews to gather comprehensive data to explore multiple perspectives relevant to the research questions. The

qualitative data were gathered through ninety (90) in-depth interviews and focus group discussions. The qualitative sample for this study was selected using purposive sampling, involving 90 older adults from three Grama Niladhari (GN) divisions across three districts within the Western Province of Sri Lanka. The selection focused on three residential sectors and geographic settings: Colombo (urban – an urban resettlement complex under a regeneration project), Kalutara (estate – an estate that comprises both Sinhala- and Tamil-speaking communities, settled as a government initiative), and Gampaha (rural – a mixed Sinhala-Muslim village). Within each GN division, 15 men and 15 women were selected, ensuring balanced gender representation across all locations. The participants were selected to represent five distinct living arrangements: living alone, living with a spouse only, living with a spouse and children, living in an institution, and other living arrangements such as living with relatives or non-relatives. Furthermore, to complement the individual in-depth interviews, three Focus Group Discussions (FGDs) were conducted, one in each selected GN division (8-12 participants), comprising Grama Niladharis (GNs), community-level field officers, religious leaders, members of elderly committees, and community-based organisations (CBOs). In addition, key informant interviews (KIIs) were carried out with stakeholders from the National Secretariat for Elders, the Ministry of Health, and organisations such as HelpAge Sri Lanka, which are actively involved in elderly services and welfare. The data were analysed thematically and offered a deeper insight into the lived experiences of older persons in urban, rural, and estate sectors.

Results and discussion

Elderly abuse

In our qualitative study, most of the respondents pointed out that they hardly experience any abuse in their everyday lives. Out of 90

elderly people, only a few respondents pointed out that they have been experiencing different types of abuse, including physical abuse, verbal abuse, mental/emotional abuse, and economic abuse by their family members, while none of them mentioned that they had undergone any sexual abuse. Only a few of them pointed out that they are abused by neighbours and the relevant communities. This includes three cases of physical and verbal abuse within the family in the state sector (Kalutara), two incidents of physical and verbal abuse within the family and from the neighbourhoods in the rural sector (Gampaha), and a single case of verbal and financial abuse within the family in the urban sector (Colombo).

While sharing the experience of her grandfather, one of the granddaughters pointed out that her grandfather was abused by the grandson due to an issue related to the land and house. Accordingly, the grandson forced him to transfer the deeds of the land and house to his name despite already being given a separate piece of land. The boy wanted to build a house on that land while getting ownership of the house built by his grandfather. He harasses the grandfather frequently and once even beats him, injuring his hand severely, nearly severing it at the wrist. The granddaughter pointed out that *"When Grandmother was alive, he beat her and injured her head. Grandfather does not want to give him the house. Because we help our grandfather, he harasses us as well. We are trying to set everything up for Grandfather now. So, he is angry with us too. When we go to Welipenna, we will somehow take Grandfather with us. We will shut down the house and take him along. Otherwise, he will be harassed a lot. Grandfather is very innocent. Poor grandfather."* (granddaughter of K01, aged 77, male).

Another respondent who is experiencing physical abuse pointed out that *"My sister passed away some time ago. Her son lives with me and is troubling me a lot. He is addicted to drugs. He comes drunk,*

scolds me, and beats me. He's beaten me so badly that my lips cracked. He chases me out of the house and pushes me. There is nothing left in the house; everything is broken. Even if I complain to the police, he comes back after taking bail. The neighbours don't help me either, because they're afraid during times like those. It would be better if I could go somewhere else because of the problems here. Even an elder's home would be fine, but they don't accept me because I have no guardians." (K18: 81 years old, female respondent).

Elderly people experience verbal abuse from their family members as well as from outsiders on various occasions. As one of the male respondents pointed out, *"The people next door get drunk and yell. They use harsh words. So, we went to the police and made an entry. When the police arrived to investigate, they wouldn't let them in. The neighbours are angry with each other, and because of that, I can't even take the three-wheeler."* (G25: 76 years old, male respondent). A respondent who is experiencing verbal abuse from family members pointed out that *"My daughter sometimes scolds me, only because I don't listen to her. Even though there are government-run clinics, sometimes there's no one to take me there."* (K20: 83 years old, female respondent). A respondent who is experiencing emotional abuse expresses that the younger son is asking for land from the original house-mahagedara, even though he was given a separate piece of land. As she pointed out, *"I was summoned to the police because of these land issues. I told the police that the younger son bothers me. He doesn't even look after us, so how can I give him that land? He only changed after he got married and my daughter-in-law came; he wasn't like that before. It's hard to bear that my younger son treats us differently."* (G14: 71 years old, male respondent).

In our qualitative study, several elderly people describe the ways they have been experiencing financial or material abuse by their family members. All responses have shown how elderly people are

financially abused by family members. Furthermore, family plays a key role in caregiving for elderly people in Sri Lanka. However, the above narratives reveal that some elderly people are abused by family members due to land, property or financial issues. In some cases, elderly people are abused by grandchildren who exhibit deviant behaviour. The living arrangement is significant, where elderly people who have spouses hardly experience psychosocial issues compared with widows who live with children or grandchildren. It should be noted that most of the respondents in our study mentioned that they hardly experience any form of abuse from their family members or from the communities they live in. Studies in other countries revealed that the prevalence estimates of elderly people were highest for psychological abuse, followed by physical abuse, financial abuse, neglect, and sexual abuse (World Health Organisation, 2024). Sethi et al. (2011) highlighted the numerous biological, social, cultural, economic, and environmental factors that interact to influence the risk and protective factors of being a victim or perpetrator of elder maltreatment. Social isolation and loneliness are associated with higher risks of mortality and mental health disorders (Holt-Lunstad et al., 2015).

Neglect

Following the definitions mentioned in the Introduction, the study identified 20 respondents out of 90 elders in the study sample who undergo diverse forms of neglect in their everyday lives. Most of those respondents mentioned that they have been neglected by their children or grandchildren, and only a few of them noted that they have been neglected by other relatives or neighbours. As one of the respondents pointed out, *"I have a lot of relatives in Hatton. My older brother is in Wattala. No one visits me. No one looks after my needs. I don't have any friends. Because of my age, I don't have any. Even if they see me, they just walk away as if they didn't notice. It's*

because I don't have money. Sometimes I feel a sense of dissociation because I'm stuck at home. But that's just how it is. I don't get to go out. Somehow, I haven't felt neglected because my daughter-in-law helps me with my work." (C01, 75 years old, female respondent).

Another respondent pointed out that *"My two sons are the ones who have abandoned me. I frequently think about it."* (C09, 72 years old, male respondent). While sharing a similar kind of experience, another respondent pointed out that *"My son doesn't give me money. He hasn't had any work for the past two months. He works at the market. My daughter-in-law doesn't look after me either. If they cook something, they give me some food, but it's not very tasty. But I don't ask for anything. I cook and eat separately in my room. My daughters don't give me money either. I do feel that my son doesn't look after me, but I don't care."* (C13, 75 years old, female respondent). An elderly person who has a mentally ill daughter pointed out that she faces a lot of difficulties, as there is no one to take care of herself and the daughter who needs care. The responses of elderly people reveal that they are neglected by children, grandchildren, or relatives due to diverse reasons. The evidence reveals that wealthy relatives hardly maintain close relationships with their poor relatives. There are several elderly people who have already given their savings/assets to children/grandchildren with the hope that those children would look after them when they are unable to take care of themselves. However, the empirical evidence shows that elderly people face some difficulties, as children hardly take care of their parents/grandparents after getting their assets. Property-related concerns become one of the main issues leading to the neglect of the elderly people by their children/grandchildren.

The elderly people who have functional limitations face a lot of difficulties due to the lack of care that they receive from their families. As against those experiences related to neglect, most of

the respondents pointed out that they have good relationships with their family members and hardly get the feeling of neglect in their everyday lives. The elderly people who live with their spouses and those who have siblings mentioned that they are helping each other and hardly get any feeling of neglect, isolation, and loneliness. Some of the respondents pointed out that they are happy as they are accompanied by their grandchildren, though some respondents have negative experiences due to the deviant behaviour of their grandchildren.

Social isolation

When enquiring about the nature of social relationships among elderly people, 24 respondents pointed out that they have a feeling of isolation. Most of the respondents who are socially isolated are mainly due to mobility restrictions and have limited themselves to their homes. The number of respondents pointed out that they are isolated due to health issues that they face. As one of the respondents pointed out, *"Now, with these illnesses, I'm stuck in one place for a while. So, I just go with the flow."* (C18: 68 years old, female respondent).

Some respondents limited their social relationships due to their negative attitudes related to companionship, and there were several respondents in the study who found alternatives to avoid isolation. As one of the respondents pointed out, *"I don't feel isolated. When I go to the shop, I always find someone to talk to. And when I'm sitting on the porch, if someone I know walks by on the street, we'll exchange a word or two. So, I haven't felt that way. I participate in activities that bring everyone together, like shramadana campaigns. So, I don't feel isolated from others."* (G05: 71 years old, male respondent)

Adding to this, another respondent pointed out *that "I do walk around the village. Then, I don't feel isolated."* (G08: 62 years old, male respondent).

The above narratives suggest that mobility restrictions are one of the main reasons for social isolation among elderly people, by limiting their activities to the home itself. Comparatively, social isolation among those who have no mobility restrictions is minimal. The family's capacity to minimise the consequences of mobility restrictions is limited due to the busy schedules of family members. Changing patterns of family systems and their functions in contemporary society further deteriorate the capacity of the family to continue as the main caregiver for the elderly, sick and needy individuals within the family. There are several community-based organisations functioning at the community level, including the Elder's Society/Association. However, elderly people who have mobility restrictions have no access to take part in the activities organised by those CBOs.

Experience of loneliness

Our qualitative study examined the lived experience of loneliness among elderly people and their subjective interpretation regarding loneliness. The findings suggest that there are several patterns in relation to the experience of loneliness among elderly people. There is a significant relationship between the living arrangement of elderly people and their experience of loneliness. Most of the elderly people in our study pointed out that they hardly feel that they are lonely, as they live with their spouse, children, and/or grandchildren. Several respondents pointed out that they hardly feel lonely because of their friends, while a few respondents pointed out that they hardly feel lonely as they have pets. Some respondents pointed out that they feel lonely only sometimes when the family members go out to fulfil their daily

tasks. However, a considerable number of elderly people in the study mentioned that they are experiencing loneliness in their everyday lives. Some of their narratives clearly show how the well-being of elderly people is gradually deteriorating due to the loneliness that they have been experiencing in their everyday lives. The following narratives describe the ways in which they are feeling loneliness.

As one of the respondents pointed out, *"I'm alone at home most of the time. I feel lonely. Sometimes, I feel like I want to jump from somewhere high and end it all. But I don't, because I'm afraid this girl will be left helpless if I do."* (C15, 68 years old, female respondent). Another respondent who was sharing the experience of loneliness pointed out that *"I feel lonely. I was admitted to the clinic at the General Hospital because of it. I got medication there too, and I still take medicine every month."* (C16: 60 years old, male respondent). Adding to this, another respondent pointed out *that "I do feel a sense of loneliness when I'm alone; I think about one thing after another about family problems. I keep praying. I can hear the sound of the church from here."* (C28: 82 years old, female respondent).

The respondents use different strategies to cope with loneliness, such as engaging in domestic work, meeting friends, going to see the children or grandchildren nearby, watching TV, etc. However, some respondents pointed out that they are already fed up with life. Some respondents pointed out that they have a need to find an elderly home, as it could be one of the best options for them to overcome loneliness and care, but they face difficulties in finding an opportunity to enter the elderly homes. In all three settings, there is a dearth of community-level arrangements that target elderly people to get together and actively engage.

Economic insecurity and limited financial support

There are significant variations in financial support received by elderly individuals, with many expressing concerns about inadequate or inconsistent income. Several elderly individuals receive financial assistance through welfare programmes such as 'Aswesuma' and the senior citizen allowance. The disparity in financial support exacerbates economic insecurity among the elderly, making it difficult for them to afford necessities, including food and medicine. Several participants across all three sectors reported receiving no government assistance, raising concerns about the accessibility and eligibility criteria of these financial benefits. Some mentioned applying for aid but not receiving it, further highlighting inefficiencies in the distribution of welfare programmes.

A respondent mentioned, *"I don't have the 'Aswesuma' payment. I wrote to it. But I didn't receive it.*" (k05: 67 years old, female respondent). *"We don't receive any help or support from anyone. I am 64 years old now. I am sick. I have kidney problems, high blood pressure, and joint issues. It is difficult for me to work with these illnesses. But we don't receive 'Aswesuma' or anything. My mother and I take care of the food separately. We manage with the senior citizen allowance my mother receives. We share the food with each other when we have no way of getting anything to eat."* (G04: 64 years old, female respondent).

This situation aligns with the Permanent Income Hypothesis (Friedman, 1957), which suggests that individuals plan their consumption based on expected lifetime income rather than current income. The unpredictability and inadequacy of welfare payments force elderly individuals to adjust their consumption patterns drastically, leading to lower welfare and increased economic stress in the household. Additionally, the Life-Cycle

Hypothesis (Modigliani & Brumberg, 1954) posits that individuals save during their working years to maintain consumption in retirement. However, the lack of sufficient savings and financial instruments for long-term security among elderly people in all their sectors weakens this model's applicability. The estate sector refers to areas where individuals work in large-scale agricultural plantations, such as tea estates. Upon retirement, these workers typically receive an Employee Provident Fund (EPF), which is a type of savings accumulated during their working years to support them after they retire.

However, as per the findings of the study, many retirees from the estate sector have used their EPF money to meet the financial needs of their children and grandchildren, likely to pay for education, health, or housing expenses. While this may have been an act of support for their families, it leaves the retirees financially vulnerable, as they no longer have any savings of their own. The passage points out that, as a result, many elderly individuals, both men and women, are now living without any money in their bank accounts, which exacerbates their financial insecurity in old age.

This situation reflects the broader issue of intergenerational financial support, where the elderly sacrifice their future financial stability to help younger family members, ultimately leading to a lack of resources in their later years. Moreover, for many elderly individuals, welfare payments serve as their primary or sole source of income.

Several respondents indicated that*, "I get 2,000 rupees as a senior citizen allowance. I used to receive the 'Aswesuma' benefit earlier, but they stopped giving it. This is not enough for my expenses; I only use this for purchasing medicine."* (G03: 88 years old, male respondent). Those respondents demonstrated that these payments are used to cover essential expenses, including medicine and daily

subsistence. However, even those receiving some financial support often struggle to meet their needs due to the insufficiency of the payments with the unpredictability of welfare payments.

The concept of public goods and social insurance is more relevant in this context. Government welfare programmes aim to provide a safety net for economically vulnerable populations, including the elderly population. However, inefficiencies in these systems reflect potential government failures, such as poor targeting and corruption, leading to the exclusion of those in real need while better-off individuals benefit undeservedly. Moreover, adverse selection in social insurance programmes (Akerlof, 1970) could contribute to welfare leakage, where individuals who do not genuinely need support manage to obtain it due to eligibility screening.

Out-of-pocket expenditures and accessibility

Out-of-pocket healthcare expenses are a significant economic burden, as seen in statements such as *"Getting my blood checked here costs 2,500"* (C13: 75-year-old female respondent) and *"Each time, it costs about five thousand rupees for the three-wheeler and the medicine"* (K13: 74-year-old female respondent). High out-of-pocket expenses limit access to necessary medical care, reinforcing health inequalities. The impact of high out-of-pocket expenses on healthcare access is multifaceted. First, it limits access to essential medical services. Individuals who cannot afford these out-of-pocket costs may delay seeking treatment or forgo necessary care altogether. For example, if diagnostic tests like blood checks or transportation fees to a healthcare facility become unaffordable, individuals may skip these services, which can lead to untreated conditions and more severe health outcomes. Due to the lack of transportation facilities, rural and estate sector communities face difficulties in accessing healthcare services.

"I get medicine from the Mathugama hospital. It's ten kilometres to Mathugama. It costs two thousand for a three-wheeler." (K12: 76-year-old female respondent)

"When going for clinics, it costs 150 rupees to take the bus to Nagoda Hospital... It costs 3000 rupees if I go by three-wheeler. My children pay for them." (K10: 69-year-old female respondent)

"I go to buy medicine in my other son's three-wheeler. It costs Rs. 200. He takes me to the hospital. A daughter comes and waits until we buy the medicine." (G22: 82-year-old female respondent)

Second, high out-of-pocket expenses disproportionately affect vulnerable populations, reinforcing existing health inequalities. Lower-income groups, elderly individuals, and those with chronic conditions are often the most affected. For them, the economic burden of healthcare costs may result in fewer visits to doctors, skipped treatments, and ultimately poorer health outcomes. This economic disparity contributes to widening gaps in health status across socioeconomic groups, as those with more resources can afford timely care, while those with fewer resources face barriers to access.

"Even though the hospital provides me with medicine, sometimes I have to buy it from the pharmacy. One pill costs around 100 to 150 rupees. I purchase it using the money I get from 'Aswesuma'. Sometimes, my daughter also gives me money to buy the medicine." (G08: 62-year-old male respondent)

According to Grossman's Health Capital Model (Grossman, 1972), individuals invest in their health to maximise productivity over their lifetime. However, when healthcare costs are prohibitive, people may delay or forgo essential treatments, leading to deteriorating health and reduced economic productivity. This effect is reflected in another respondent's experience: *"Some days,*

I don't even go because I can't afford those expenses." (C30: 68-year-old male respondent).

While Sri Lanka provides free healthcare services, there are gaps in the availability of essential medicines and treatments. Many respondents indicated reliance on government allowances such as the 'Aswesuma' programme, which provides financial assistance: *"I get 3,000/- as a senior citizen allowance. The 'Aswesuma' payment is 15,000/-. It's from those (that I cover the expenses)" (K17: 80-year-old male respondent). However, these allowances are often inadequate, as seen in another case: "We don't receive any financial assistance. My daughter struggles to buy me medicine, and she has to ask her husband for money"* (C26: 66-year-old female respondent).

Geographical differences across urban, rural, and estate sectors

Community perspectives based on FGDs

The section discusses the key findings based on three Focus Group Discussions (FDGs) conducted in the urban, rural, and estate sectors. FGDs included groups comprising community-based field officers (Grama Niladari, Economic Development Officer, and Agriculture Officer), religious leaders, members of elderly committees, and officers from Community-Based Organisations (CBOs). The discussion revealed sector-specific differences in issues faced by the elderly and their coping strategies, highlighting unique hardships, with common struggles including financial instability and health-related issues.

Financial insecurity is a major issue in the estate sector, as many elderly individuals rely on senior citizen allowances, which are inadequate to meet their basic needs*. "Many elderly individuals are unable to afford the medications they need. They depend on the senior*

citizen allowance, but it is not enough." (Community-level officer – Kalutara).

Healthcare access is also a significant concern due to poor road conditions and limited transportation, making medical visits difficult. An officer noted that social isolation is prevalent, with many elderly individuals left alone when their children move away for work or after marriage. *"Many elderly people are left alone after their children marry or move away for work."* (A community-level officer 01- Kalutara).

Housing insecurity is another major issue, as estate residents typically do not own their line rooms, which creates uncertainty in their older ages. Additionally, transportation remains unreliable, with only one bus service available, making it difficult for the elderly to reach essential services. Many also feel neglected by authorities. *"Some elders don't even know they have the right to vote or participate in the census."* (A community-level officer 02 in Kalutara). In contrast, the urban sector presents a different set of challenges. Financial instability pushes many elderly individuals into begging or low-paying cleaning jobs. *"Old people beg for money and drink. They make 3000 to 4000 a day."* (A community-level officer 01 in Colombo).

Social isolation is also an issue, particularly among elderly individuals who remain financially dependent on their children. Meanwhile, the rural sector shares some similarities with the estate and urban areas but also has unique aspects. Financial difficulties persist due to the lack of stable income and limited access to senior citizen benefits. Healthcare access is challenging, as elderly individuals often travel long distances to reach hospitals, where they are not given priority. One respondent explained, however, compared to urban and estate areas, rural elderly individuals receive more social support from the community, even

though emotional needs remain unfulfilled. Housing insecurity remains a problem, as many elderly individuals live with extended family members rather than in their own homes. Transportation issues further limit access to essential services, forcing many to rely on family or neighbours. While traditional values emphasise family responsibility, government intervention is minimal.

Stakeholders' perspectives based on KIIs

Ageing is a natural process that brings various challenges, particularly for those who face social, economic, and health-related vulnerabilities. In Sri Lanka, stakeholders such as the Ministry of Health, the National Secretariat for the Elderly, and HelpAge Sri Lanka play a crucial role in addressing these issues by improving the quality of life for elderly individuals through comprehensive programmes focusing on healthcare, social well-being, and self-sufficiency. HelpAge Sri Lanka ensures that senior citizens receive timely medical attention, preventing complications that could lead to severe disabilities.

Many elderly individuals, particularly women, face neglect, mistreatment, and even gender-based violence within their households. Domestic conflicts can cause severe emotional distress and contribute to the decline of the mental health of senior citizens. HelpAge Sri Lanka actively intervenes by providing legal, psychological, and social support to those facing such challenges. Additionally, the organisation works to mediate family conflicts, ensuring that elderly individuals are not left without care or protection due to familial breakdowns.

On the other hand, the Health Ministry and the Elderly Secretariat play a vital role in reducing elderly issues such as neglect, abuse, social isolation, and loneliness. The Health Ministry implements various healthcare programmes tailored to the needs of senior citizens, including free medical check-ups, specialised geriatric

care services, and the development of elderly-friendly healthcare policies. It collaborates with NGOs like HelpAge Sri Lanka to expand healthcare outreach and provide timely medical interventions. The Elderly Secretariat, under the Ministry of Social Services, works to formulate policies and programmes aimed at safeguarding the rights and welfare of older individuals. It actively supports the establishment of elders' societies, facilitates financial assistance programmes, and raises awareness about elder rights and abuse prevention. Additionally, it collaborates with community organisations to create support systems that help reduce social isolation and loneliness among the elderly population. By working together, these institutions play a crucial role in ensuring that elderly individuals receive the care, respect, and protection they deserve.

Conclusion

This chapter explored the lives of older persons and the reality of neglect, abuse, social isolation, and loneliness among them in Sri Lanka. This study carried out a qualitative study based on in-depth interviews, FDG, and KIIs examining elderly vulnerabilities and their associated socio-economic and demographic factors across urban, rural, and estate communities.

The findings reveal that abuse of older individuals is less prevalent compared to neglect, social isolation, and loneliness at both the community and household levels. This is largely attributed to the presence of informal elderly care within family settings. Urban residents tend to have weaker social connections, often interacting with only a limited number of people. In contrast, rural elderly communities exhibit strong social cohesion, with neighbours supporting one another and actively participating in collective activities. Estate residents also maintain good

community relationships, particularly with neighbouring families, where mutual assistance is common.

Furthermore, social isolation and loneliness are more common among older individuals with functional limitations, chronic illnesses, and insufficient caregiving support across all three residential sectors, primarily due to poor infrastructure and financial hardship. Loneliness is especially pronounced in urban areas, where the lack of social networks and reluctance to form new connections exacerbate the issue. Conversely, rural elders report lower levels of loneliness and social isolation, often relying on informal coping strategies such as community interactions, domestic tasks, and religious involvement to mitigate feelings of isolation.

A significant proportion of the young-old and middle-old population continues to engage in work due to inadequate retirement savings and limited pension coverage, particularly in the estate sector. Compared to their rural and urban counterparts, elderly individuals in estate areas report fewer diagnosed non-communicable diseases. However, they frequently experience a range of physical difficulties, suggesting the presence of undiagnosed illnesses. High out-of-pocket healthcare expenses for medical testing, along with poor transportation access, especially in rural and estate regions, pose critical barriers to receiving adequate health services. These challenges undermine the effectiveness and equity of Sri Lanka's free healthcare system.

The findings from community-level stakeholders and national institutions confirm that structural gaps persist in service delivery, awareness, and protection for older adults. Though some institutional frameworks exist, such as those implemented by the Ministry of Health, HelpAge Sri Lanka, and the National Secretariat for the Elderly, they remain insufficiently integrated and under-

resourced to respond to the diverse and growing needs of the elderly population.

Overall, this study emphasises the urgent need for a coordinated and inclusive policy response that addresses the vulnerabilities of older people through giving special attention to geographical locations where they live. Additionally, enhancing social capital at the individual, family, and community levels is crucial in combating loneliness and social exclusion. Policies should aim at strengthening these networks through targeted initiatives and support systems that facilitate interaction and mutual aid. A bottom-up approach, where policies are informed by the lived experiences of the elderly and communities, should be complemented by top-down frameworks that involve appropriate financial allocations, accurate data, and measurable outcomes. Priority should be given to initiating formal caregiving services, as informal family-based caregiving is gradually becoming weaker due to social transition. Family policy needs to be implemented urgently to facilitate vulnerable families in facing the challenges.

In terms of economic policy formulation, policymakers must integrate measures that specifically target the elderly population. This includes creating financial incentives for families and communities to support elderly members, implementing tax breaks for caregivers and incentivising businesses to hire elderly workers where appropriate. By fostering a more inclusive economy, the elderly can remain engaged and financially secure, reducing the social and economic costs associated with neglect, abuse, and isolation. Lastly, the provision of health care services should be adjusted to meet the needs of older individuals, taking into account their financial constraints, time limitations, and mobility challenges.

The study faced several limitations. The study was conducted over six months in alignment with the research grant's stipulated timeline. With only 90 older adults selected across three GN divisions, the study may not capture the full range of experiences in vulnerabilities and their socioeconomic consequences on elderly individuals in Sri Lanka. The small sample size also restricts statistical inference and broader applicability. The study is limited to three GN divisions within the Western Province (Colombo, Kalutara, and Gampaha). Therefore, to build a more robust understanding of these issues, future research should focus on expanding the range of socio-economic variables explored on these issues further. By doing so, researchers would be able to conduct more thorough macro-level analyses, providing deeper insights into the socio-economic implications of the burdens associated with neglect, abuse, social isolation, and loneliness among older adults in Sri Lanka.

Acknowledgement

We sincerely acknowledge the University of Colombo, the United Nations Population Fund (UNFPA), and the Centre for Multidisciplinary Research and Innovation in Social Policy, University of Colombo for their funding for the research, which significantly contributed to the successful execution of this study. We extend our sincere thanks to all study participants, notably survey respondents, research assistants, government officers, and all stakeholders who contributed to this study in numerous ways.

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