

HEALTH & SOCIAL WELFARE *

Aiming towards future

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President of JSA, the Chairperson, distinguish guests and friends! First of all I thank the JSA for inviting me to participate in the theme seminar.

Health and Welfare are the two terms often go hand in hand. Health comes as a priority issue whenever we discuss about welfare. Health of an individual is defined by world health organization as physical, mental, social (& spiritual) well being and not merely the absence of disease. Welfare of an individual is defined as physical, social, and financial well being: the physical, social and financial conditions under which somebody may live satisfactorily. Health and welfare of a society is much broader than what is defined for an individual. Welfare of a society is a multidisciplinary thing. There are many partners involved and responsible for social welfare. There is no absolute or perfect health whether individual or society can achieve. Gold standard healthy society is an imaginary thing. When we talk about health and welfare we talk about improvements from the current situation. Even the well developed countries are trying to improve the health and welfare of their citizens.

My discussion will be based on some of the future demand on welfare services on health aspects in Sri Lanka. Currently, Sri Lanka is in demographic transition (change in age structure of the population) and epidemiological transition (change in disease pattern).

Demographic transition

Improvement in diagnosis and treatment facilities, improvements in living conditions have contributed to reduction in death rates in all ages and increased life expectancy at any given age. Increase female education, acceptance of family planning, increase age of marriage and many other factors have lead to reduction in the birth rates.

Figure 1: Age structure of the population in 1981

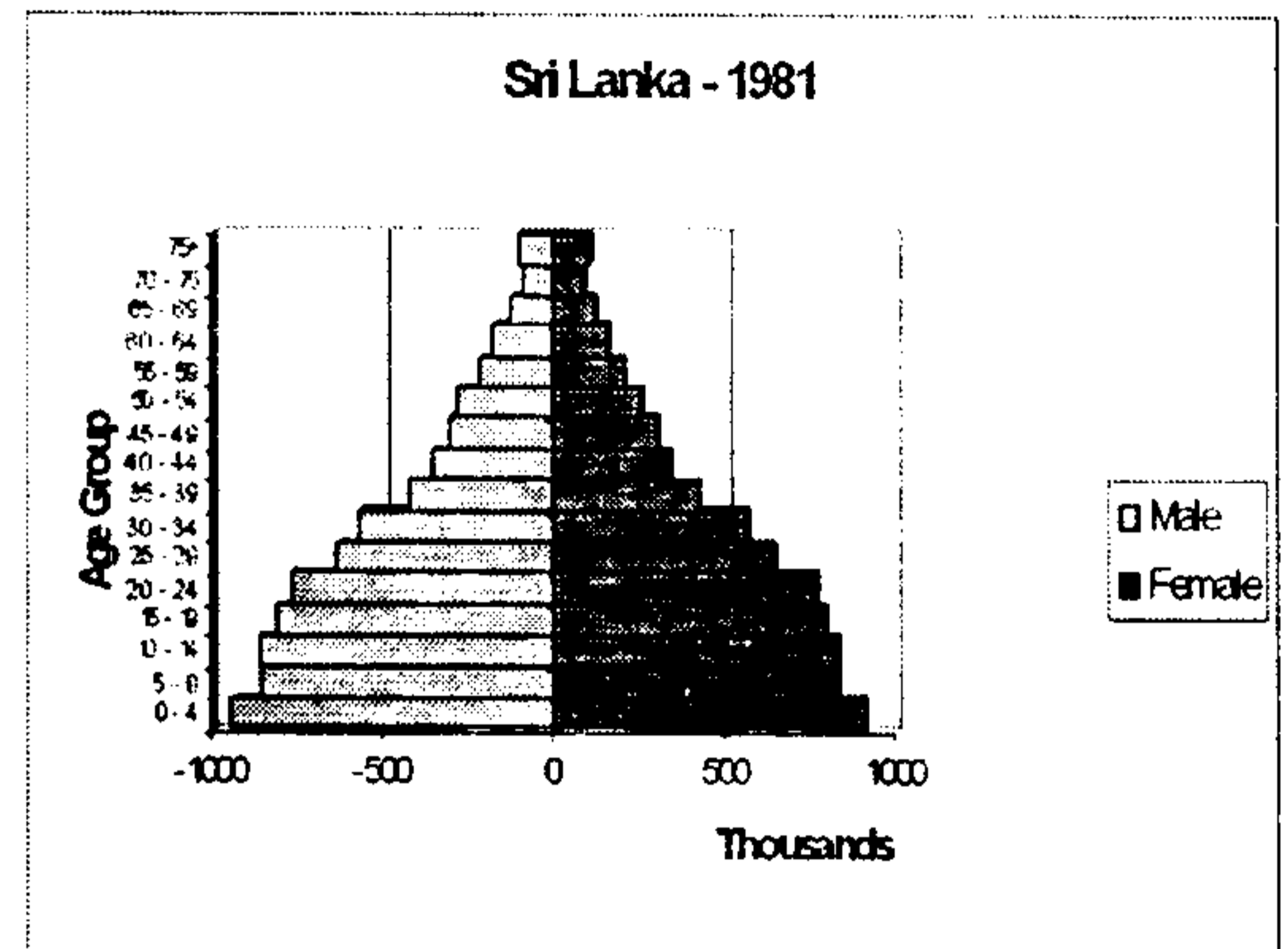


Figure 2: Projected age structure in 2010

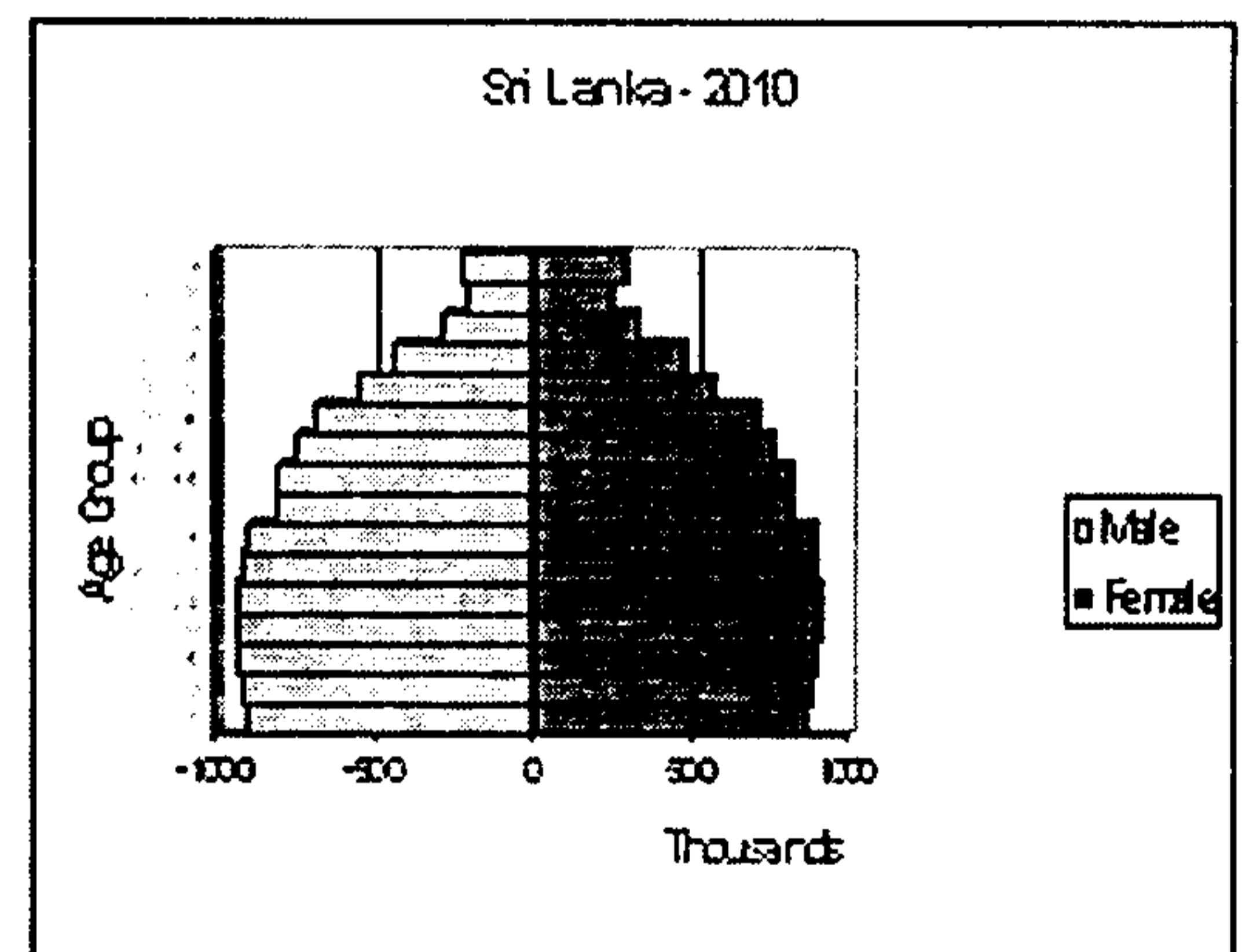
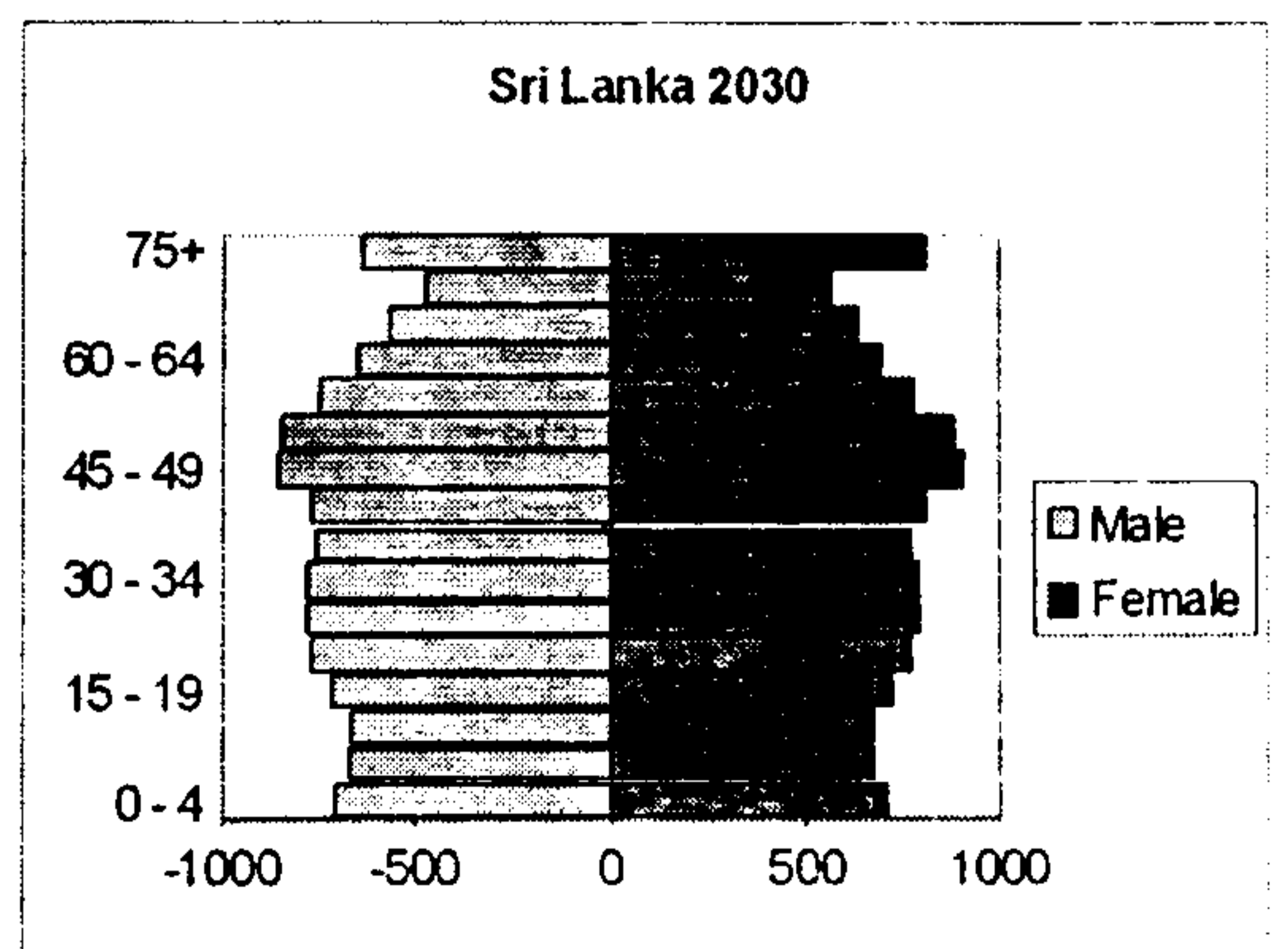


Figure 3: Projected age structure in 2030



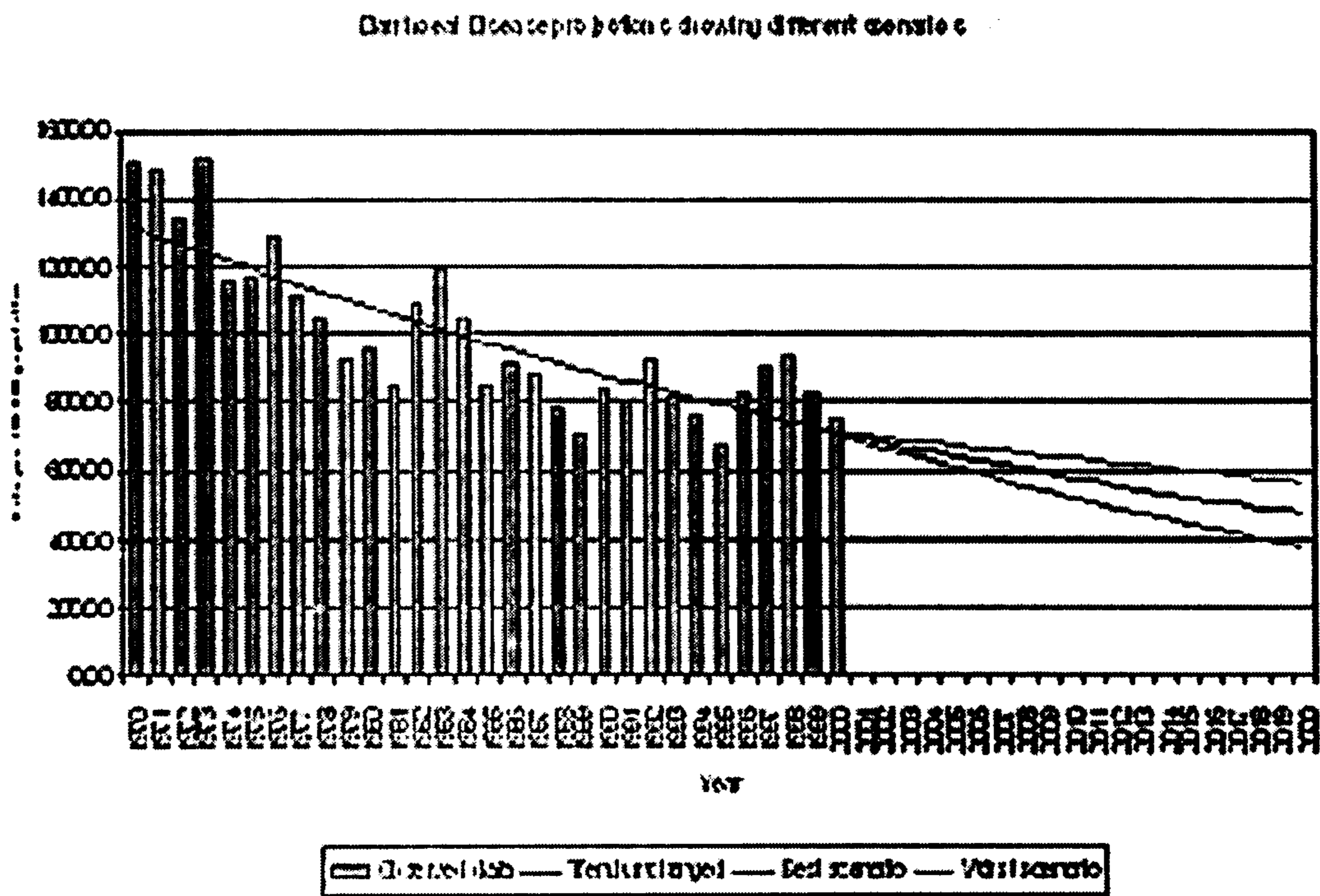
As a result of reduced birth rates and death rates the population is fast ageing. Projected age structure of the population at the end of first quarter of 21st century is described in figure 3. We will be having more elderly population than before. Among the elders females will be slightly higher in number than males. Now there are about one in ten people are above the age of sixty years. This figure will increase in two folds in 2030 where one out of five people will be above the age of sixty. Aged dependency ratio (ratio between the +60 age group and 15-49 age group) will increase from 15.4% in 2001 to 36% in 2031. Middle age people (15-49 years) will have to look after more elders than youngsters. One working person will have to look after six elders in future where as now one working person is looking after only three elders.

still morbidity (disease burden) due to communicable disease is a public health problem.

As our population is fast ageing and our life styles have changed non communicable disease like hypertension (high blood pressure), diabetes mellitus, heart diseases, cancers, etc in our population are on the increase.

Apart from this communicable diseases and non communicable diseases, accidents are on the increase. Road traffic accidents kill nearly 2000 people on the road every year in Sri Lanka. There are no reliable data on home accidents and industrial accidents. This situation is described as triple burden of diseases ie: communicable diseases, non communicable diseases and road traffic accidents.

Figure 4 Disease projections for diarrhoeal diseases



Nearly 25% of the present population is comprised of adolescents and young adults. In actual number there are more than five million young people. This cohort of people will become will be the future working group for the next three decades and will become elders in 50 years time. Taking care of this young people will result in healthy working group for the next 30 years and active ageing group in 50 years time.

Epidemiological transition

Improvements in the preventive health care and advancement in treatment options have lead to reduction in mortality (deaths) due to communicable disease, but

Therefore our welfare services need to focus on preventing communicable diseases like improvement in living conditions and sanitation; addressing the issues of non communicable diseases like lifestyle changes; and programmes to prevent accidents mainly on the road.

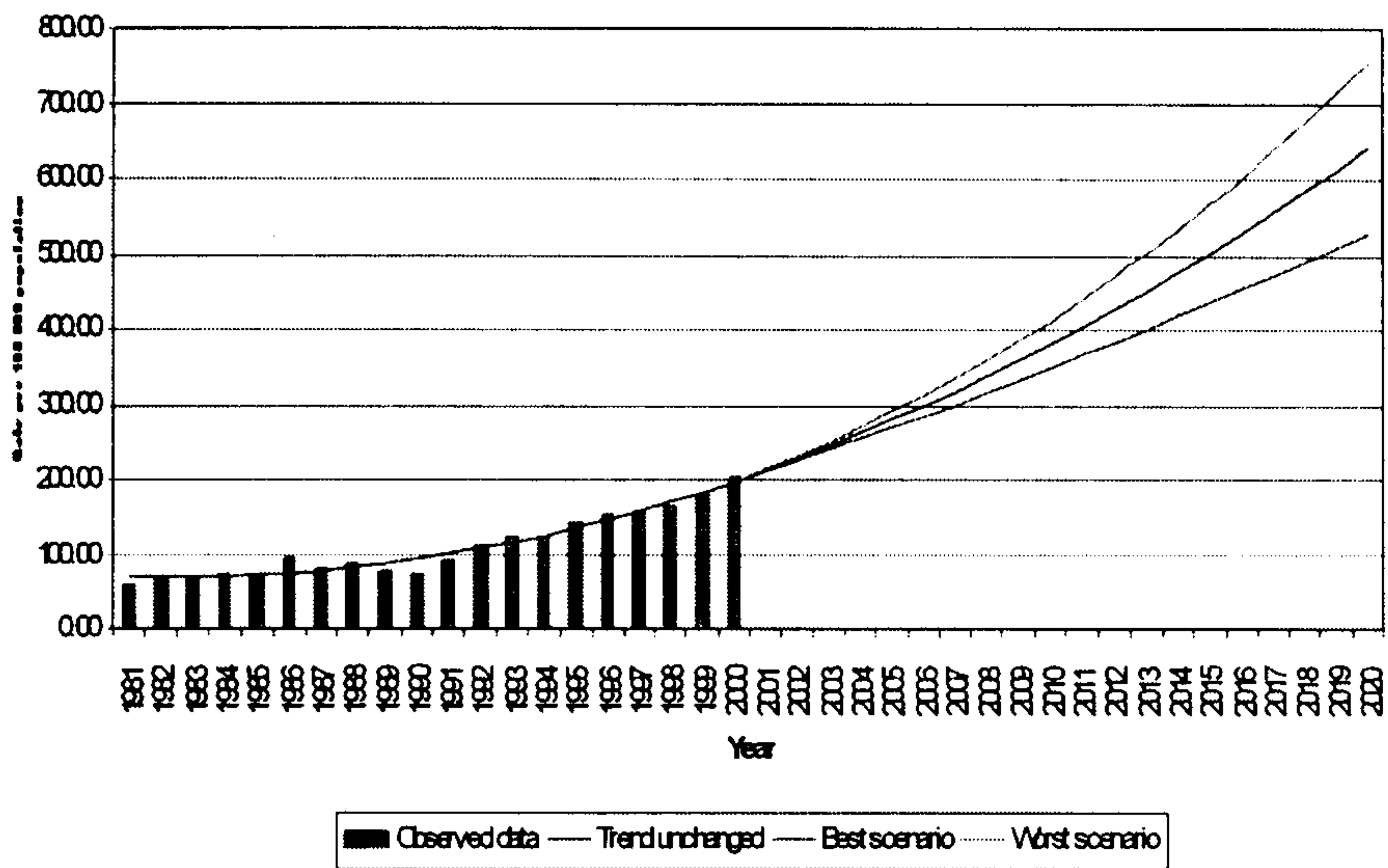
As we will be facing more number of elders in the population our welfare services also need to address the needs of the elders. As our family types have changed from extended family to nuclear family taking care of the elders will be a problem. This will be further aggravated by the fact more and more younger generation willing to migrate to other countries. This will result in greater

demand for elder's homes. Doctors need to be specialized in geriatric care because they will be seeing more elders than youngsters. Elders need specialized clinics. Health insurance schemes have to be developed to cater the health demands of the elders. Day care centers can play an important role in welfare of the elders. Day care centre is a place where the elders can come during the day time, chat, read news papers, do exercise, have lunch and relax. This type of day care centers are plenty in the western world, but we need to think of developing one to suit our own culture.

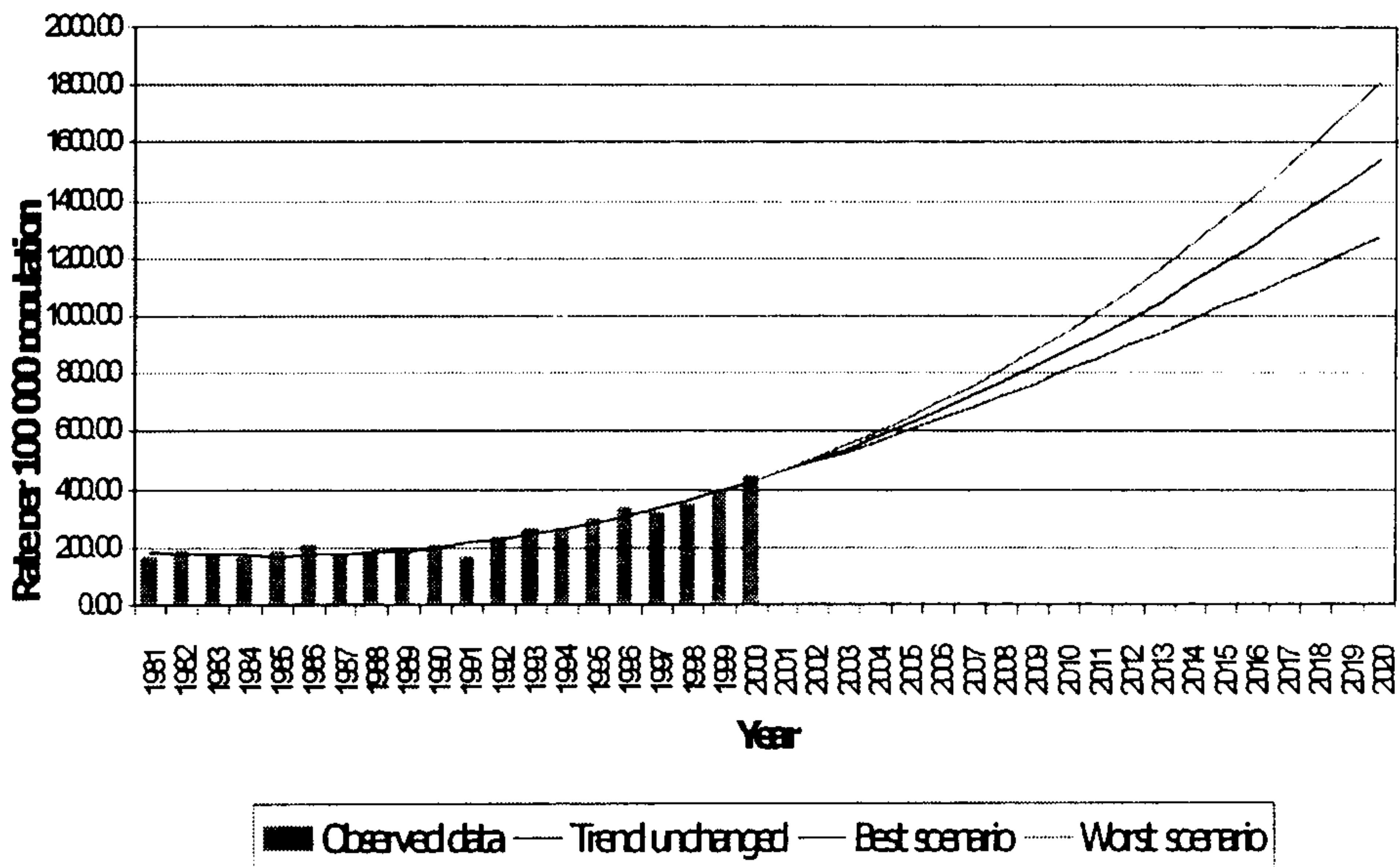
We have a group of adolescents and young adults in our population (nearly five million in Sri Lanka). This young people will be middle age working group in 2030 and will represent the elderly population in 2050. This cohort of adolescents have to be looked after well so that we will have a quality working age group in the future. If the lifestyle changes and risk factor modifications are made at early stage future elders will be more healthier than we expect.

In conclusion our population is fast ageing and the disease pattern also have changed a lot. Therefore our services future nation.

Diabetes Mellitus projections showing different scenarios



Hypertension projections showing different scenarios



Traumatic Injuries projections showing different scenarios

