

## Social Conditions of Sri Lanka

### **Introduction**

Sri Lanka is far ahead of her South Asian neighbours in the accomplishment of human development goals. Life expectancy at birth is currently 72 yrs. and is close to the estimated lifespan in the developed countries. High literacy rates, low mortality rates and the steadily declining population growth, reflect the country's progress in the sphere of social development. All these human development indicators are a tribute to Sri Lanka's social service net work, which was established in the latter part of the 1940 decade, ensuring sound educational policies, an extensive health care programme and an effective medical system for all sectors of the nation.

### **I. Health**

A drastic reduction with respect to demographic indicators such as crude birth rate, crude death rate, fertility rate, maternal mortality rate, infant mortality rate and child death rate has been recorded within the past four decades. The average lifespan has risen steadily, lengthening by 30 yrs. within the past five decades, thus reflecting the tremendous progress achieved in the health standards of the population.

**Table 1.1 - Age and Sex specific death rates (Rate per 1,000 population)**

Age Group	1935		1955		1975		1985		1997	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<b>All Ages</b>										
0 - 4	<b>34.1</b>	<b>39.4</b>	<b>10.7</b>	<b>11.3</b>	<b>9.6</b>	<b>7.4</b>	<b>7.3</b>	<b>5.0</b>	<b>7.9</b>	<b>4.5</b>
5 - 9	109.2	119.2	36.0	37.1	15.0	14.0	6.9	6.5	4.7	4.1
10 - 14	15.4	18.6	3.6	4.0	2.0	2.0	0.9	0.8	0.5	0.5
15 - 19	6.4	7.4	1.2	1.2	1.3	1.0	0.7	0.5	0.5	0.4
20 - 24	8.8	11.2	1.2	1.7	1.6	1.5	1.5	1.3	1.9	1.0
25 - 34	10.7	18.4	2.0	2.9	2.3	1.9	2.8	1.5	4.0	1.1
35 - 44	13.1	21.5	2.4	3.8	2.9	2.5	3.0	1.6	3.8	1.0
45 - 54	20.7	23.5	3.7	4.6	5.0	3.3	4.9	2.2	4.9	1.5
55 &	33.0	28.7	8.1	6.6	10.7	6.2	9.4	4.5	9.8	3.7
above	104.3	127.6	44.3	47.7	51.9	43.9	42.0	32.6	39.4	26.6

Source : Registrar General's Office

Death rates of both male and female has dropped down to one third of the initial values within the 20 years period from 1935 to 1955. This decline may be largely attributed to the introduction of aggressive campaigns against “Malaria”, the fatal epidemic disease in that era. With the improvement of health and social conditions, a gradual decrease in death rates can be observed in the latter years.

Gender differentials related to mortality reveal an interesting feature. Females have been associated with a higher probability of dying in the first half of the century, but this pattern has reversed in favour of them from 1965 onwards, with males showing relatively higher death rates. The progress in pre and post antenatal care of women may be a major reason for this achievement.

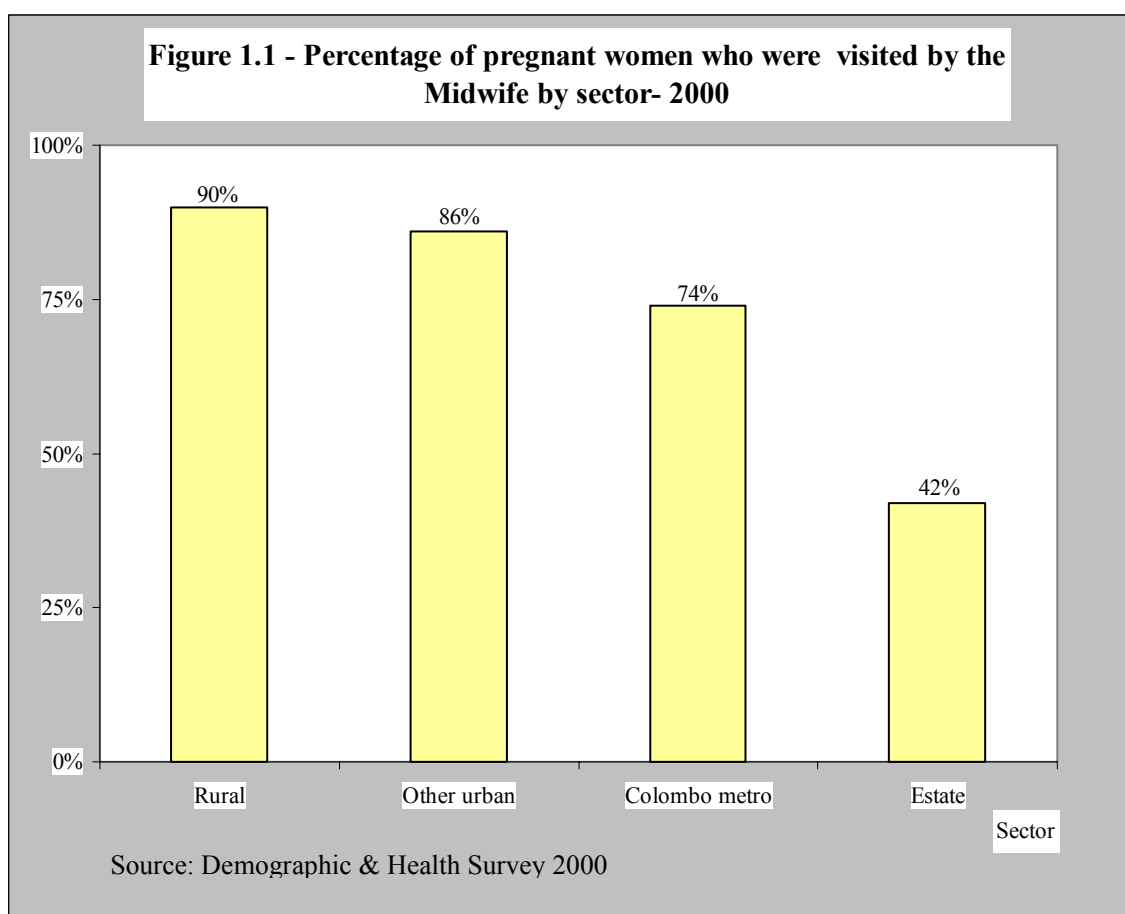
Another noteworthy fact that is visible during the last quarter of the twentieth century is the relatively high death rates among young and middle aged males. It may be a consequence of the civil disturbances that raged the country from time to time since early nineteen seventies.

Women’s health and maternal care has been accorded top priority, by many Government and Non government organizations engaged in improving community health services. The sharp rise in contraceptive prevalence rates with the declining fertility and maternal mortality rates, give ample evidence of their worthy effort. The Demographic & Health Survey 2000 reveals that over 95% of births are attended by trained personnel, indicating the ready availability of such facilities throughout the island. The same source indicated that 94% of children were born to mothers who have visited maternity clinics during pregnancy. Overall, 84% of the mothers have been visited by the Public Health Midwife to provide pre natal care. However, it appears that only 42% of mothers in the Estate sector have reported of Midwife’s visit, although they are certainly the most needy of such services.

**Table 1.2 - Total fertility rates by sector**

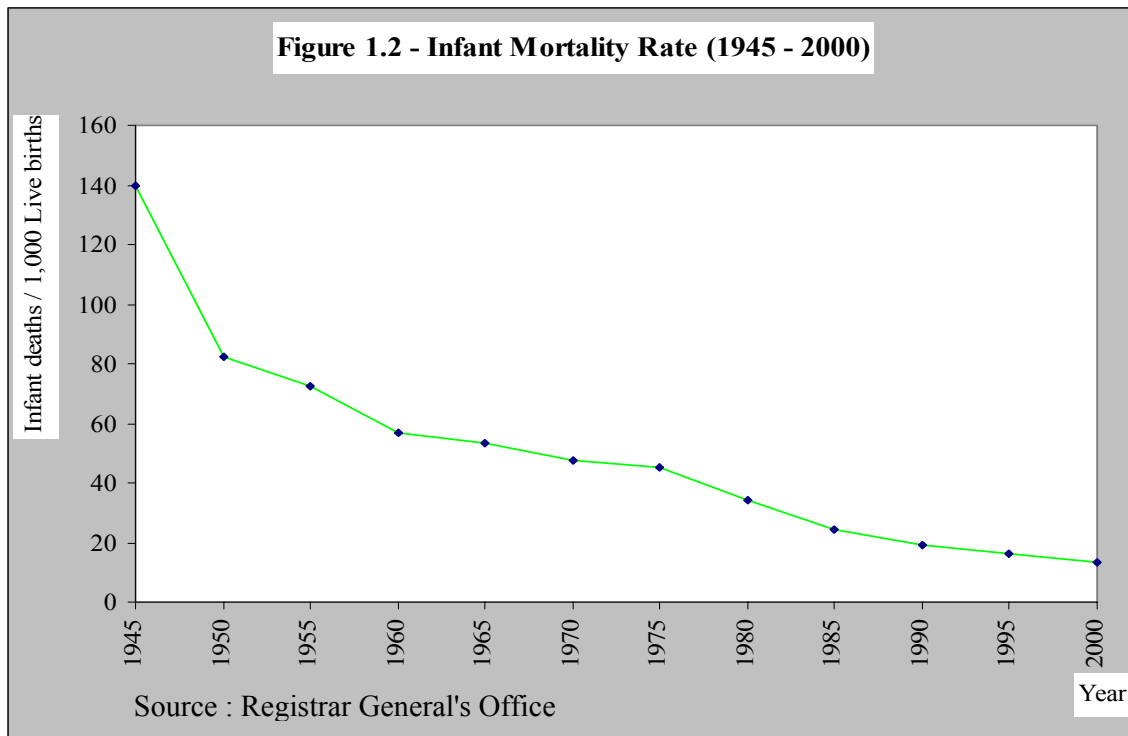
Sector	1981 to 1983	1984 to 1987	1988 to 1993	1995 to 2000
<b>All Sectors</b>	<b>3.1</b>	<b>2.7</b>	<b>2.3</b>	<b>1.9</b>
Colombo	2.3	2.1	2.0	1.9
Other Urban	2.4	2.1	2.4	2.1
Rural	3.2	2.8	2.3	1.8
Estate	3.4	3.3	2.6	2.4

Source : Demographic & Health Survey 1987, 1993, 2000



The continuous decline in infant mortality in the aftermath of the independence, reflect the impact of the health programmes that were implemented with special focus on child care, through the extensive network of medical institutions across the country. Emphasis is laid on preventive as well as curative care, with attention paid

on awareness programmes to educate mothers on environment sanitation, control of diarrhoeal diseases, healthy feeding habits, monitoring growth and child care.



The country-wide immunization programme launched by the health authorities in the past decade to prevent six dangerous childhood diseases, has produced the anticipated results where a remarkable 94% of the children over one year, were reported to be fully immunized in 2000. The coverage for BCG, DPT, and Polio has almost reached the universal level while immunization cover for measles stands at 94%. Full immunization cover against these communicable diseases is found to be 86% in the Estate sector and recorded as the lowest.

**Table 1.3 - Vaccinations of children aged (12 - 23) months**

**Among all children (12 - 23) months of age, the percentage with a health card and among children with a health card, the percentage who have received specific immunizations.**

Sector	Year	Children with a health card		Percent immunized with								
				BCG	DPT			Polio			Measles	Full coverage
		No.	%		1	2	3+4	1	2	3+4		
Colombo metro	1993	79	85.5	100.0	1.1	0.0	98.9	1.1	0.0	98.9	94.4	94.4
	<b>2000</b>	<b>57</b>	<b>93.4</b>	<b>100.0</b>	<b>0.0</b>	<b>0.0</b>	<b>100.0</b>	<b>0.0</b>	<b>0.0</b>	<b>100.0</b>	<b>91.2</b>	<b>91.2</b>
Other urban	1993	44	80.6	100.0	0.0	0.0	100.0	0.0	0.0	100.0	96.3	96.3
	<b>2000</b>	<b>56</b>	<b>90.3</b>	<b>100.0</b>	<b>0.0</b>	<b>0.0</b>	<b>100.0</b>	<b>0.0</b>	<b>1.8</b>	<b>98.2</b>	<b>94.6</b>	<b>94.6</b>
Rural	1993	508	87.0	100.0	0.0	0.5	99.5	0.0	0.5	99.4	96.1	95.5
	<b>2000</b>	<b>355</b>	<b>90.8</b>	<b>99.7</b>	<b>0.0</b>	<b>0.3</b>	<b>99.4</b>	<b>0.0</b>	<b>1.4</b>	<b>98.3</b>	<b>95.5</b>	<b>94.4</b>
Estate	1993	22	53.5	100.0	0.0	4.9	95.2	0.0	4.9	95.1	84.7	82.3
	<b>2000</b>	<b>36</b>	<b>78.3</b>	<b>100.0</b>	<b>0.0</b>	<b>2.8</b>	<b>97.2</b>	<b>2.8</b>	<b>0.0</b>	<b>94.4</b>	<b>86.1</b>	<b>86.1</b>
<b>Total</b>	<b>1993</b>	<b>653</b>	<b>84.6</b>	<b>100.0</b>	<b>0.2</b>	<b>0.6</b>	<b>99.3</b>	<b>0.2</b>	<b>0.6</b>	<b>99.3</b>	<b>95.5</b>	<b>95.0</b>
	<b>2000</b>	<b>504</b>	<b>88.6</b>	<b>99.8</b>	<b>0.6</b>	<b>0.4</b>	<b>98.0</b>	<b>0.2</b>	<b>1.4</b>	<b>98.2</b>	<b>94.2</b>	<b>93.5</b>

Source : Demographic and Health Survey 2000 & 1993.

Excludes Northern & Eastern Provinces.

## **II. Education**

The granting of free education facilities to the entire population has made a rapid upliftment in literacy levels, and given an opportunity for both the rich and the poor alike to pursue higher education. Mid-day meal programme, and the supply of free school books and uniforms for school children, are the most recent programmes launched by the Government to further enhance the welfare package, implemented to improve the quality of education in the country.

The Census of Population conducted in 2001 found the literacy rate of the populace to be 91%. Within the past forty years literacy levels have reported a remarkable rise of nearly 20%. Female literacy has recorded a spectacular increase of 33%, from 67% in 1963 to 89% in 2001.

**Table 2.1 - Literacy rate by sector and sex**

Sector & sex		1963	1981	1990/91*	2001**
<b>All Island</b>	<b>Average</b>	<b>77.0</b>	<b>87.2</b>	<b>86.6</b>	<b>90.7</b>
	<b>Male</b>	<b>85.6</b>	<b>91.1</b>	<b>90.1</b>	<b>92.2</b>
	<b>Female</b>	<b>67.3</b>	<b>83.2</b>	<b>83.1</b>	<b>89.2</b>
Urban	Average	87.6	93.3	92.3	-
	Male	91.8	95.3	94.0	-
	Female	82.4	79.9	84.3	-
Rural	Average	74.5	84.5	87.1	-
	Male	84.2	89.0	89.9	-
	Female	64.1	79.9	84.3	-
Estate	Average	-	-	66.1	-
	Male	-	-	79.0	-
	Female	-	-	52.8	-

Note : In 1963 and 1981 Estate sector has been included under Rural sector.

\* Northern & Eastern Provinces were excluded.

\*\* Provisional estimate from Census of Population 2001. Only Ampara district is included from the Northern & Eastern Provinces.

Sources : Census of Population 1963, 1981, 2001

Household Income & Expenditure Survey 1990/1991

Educational attainment of the adult population has also experienced a tremendous change during this time span, very much similar to the progress in literacy levels. In 1963, one out of every three adults were found to be without any formal educational background. But by 1994, this underprivileged group had narrowed down to one in ten, and by 2000 it had further dropped to one in twelve. In retrospect, a rapid increase amounting to a five-fold rise is observed among the G.C.E. (O/L) certificate holders and those with G.C.E. (A/L) or higher qualifications, within the past four decades. In the case of women, the change towards the positive direction, has been even greater.

**Table 2.2 - Educational attainment of the population ( 30 yrs. and over )**

Educational attainment	1963			1994 * *			2000 * *		
	Total %	Male %	Female %	Total %	Male %	Female %	Total %	Male %	Female %
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>
No Schooling	29.1	16.2	44.7	9.6	5.4	13.7	8.7	5.0	12.2
Primary	39.7	46.5	31.4	25.2	25.8	24.7	26.3	26.9	25.8
Secondary	20.3	24.9	14.7	40.2	42.8	37.8	37.2	39.3	35.3
G.CE(OL)/ S.S.C	3.7	4.6	2.6	17.2	17.5	16.8	17.5	18.2	16.9
G.CE(AL)/ H.S.C	1.3	1.5	1.2	5.9	6.1	5.7	7.9	7.9	7.9
Degree or Higher	0.4	0.6	0.1	1.9	2.4	1.5	2.3	2.7	2.0
Other	5.5*	5.8*	5.3*	-	-	-	-	-	-

Note:

\* Technically Qualified or Unspecified

\* \* Excludes Northern & Eastern Provinces

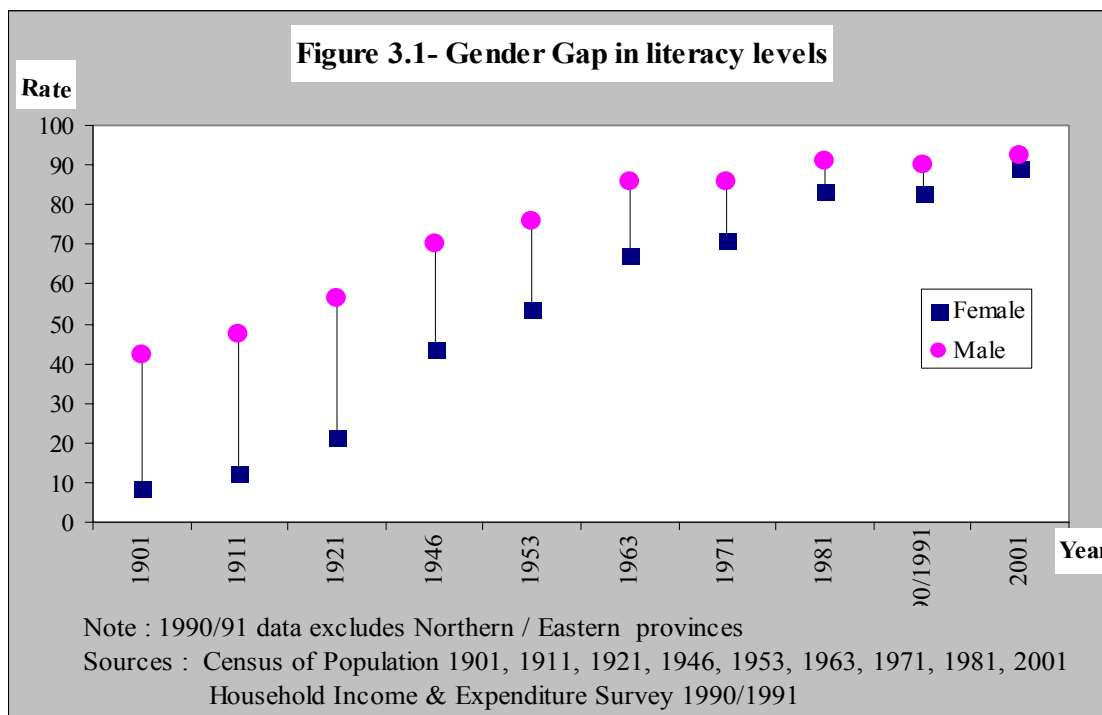
Sources: Census of Population 1963  
Demographic Survey 1994  
Demographic & Health Survey 2000

### ***III. Status of Women***

In general, the status of women has always been and still is, lower than that of men in the traditional conservative society in Sri Lanka. Although total empowerment of women in the economic, social and political spheres is still a vision, a noteworthy turn towards the positive direction has been recorded during the recent past.

Improvement in the status of women within the household as well as in the society, could be attributed mainly to the educational opportunities that were provided to them, by the introduction of free education in 1943. The gender gap in literacy levels which was as wide as 30 percentage points in 1901 has dwindled down to a mere 3 percentage points by 2001. Moreover, women's achievements in the sphere of higher

education has been so tremendous within the past twenty five years, that they are about par with men at present.



Women have entered the labour force slowly, but has shown a continuous growth over the years as shown in table 3.1, Labour force participation rate for women which stood at 20.0 in 1963, has risen to 31.4 by 2003, reflecting a growth of over 50% within a time span of four decades.

**Table 3.1 - Labour Force Participation Rate**

Year	Total	Male	Female
1963	45.9	69.2	20.0
1981	44.4	64.8	23.1
1997	48.7	65.7	32.0
2002	50.3	67.9	35.9
2003*	48.9	67.2	31.4

\* Excluding Northern province

Source : Census of Population 1963, 1981

Quarterly Labour Force Survey 1997, 2002, 2003



The annual Employment Survey carried out by the Department of Labour portray how job segregation patterns has changed over the years. Although gender stereotyping is still visible, a marked improvement could be observed in favour of women.

**Table 3.2 - Percent of women employees to total employees by major occupational categories**

Major Occupational Categories	Percentage of women						
	1975	1980	1985	1990	1993	1998	2002
Administrative & Managerial Workers	6.6	9.6	12.8	16.9	16.4	20.6	23.6
Professional, Technical & Related Workers	11.1	18.1	18.2	25.3	23.9	29.0	28.4
Clerical & Related Workers	17.1	22.7	28.3	38.8	40.5	39.0	37.5
Sales Workers	13.2	21.1	28.9	32.3	35.4	29.1	27.1
Foreman & Supervisors	12.9	12.5	13.6	19.9	24.6	21.2	20.5
Skilled & Semi Skilled Workers	34.9	26.3	34.2	48.2	56.6	52.4	48.4
Un-skilled Workers	41.0	40.7	44.0	48.8	51.9	48.6	45.7
<b>Total</b>	<b>34.8</b>	<b>33.7</b>	<b>36.6</b>	<b>44.3</b>	<b>48.3</b>	<b>44.8</b>	<b>41.2</b>

Source : Employment Survey 1975, 1980, 1985, 1990, 1993, 1998, 2002

Table 3.2 reveals that one third of employees in 1975 had been women. Women component has risen sharply to reach parity by 1993, the dramatic growth attributed mainly to the introduction of the garment industry in Sri Lanka.

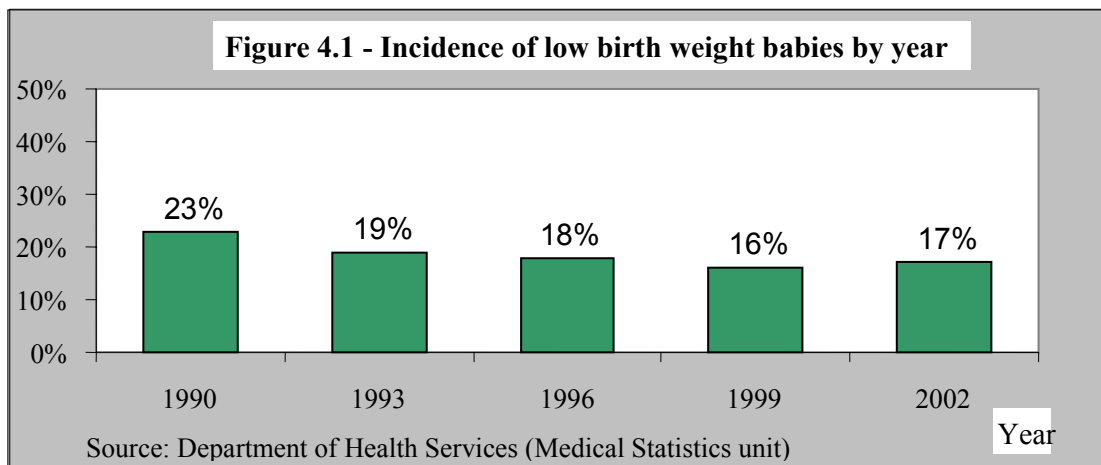
It is interesting to note that within the last quarter of the twentieth century, women representation in higher occupational ranks such as administrative & managerial, has been very encouraging recording a four fold increase. Admission of women to male domains in the fields of professional, technical and marketing is also very satisfactory.

#### **IV. Major Social Problems**

##### **Malnutrition**

Malnutrition among the younger generation continues to be a serious health issue, and a social problem in Sri Lanka. Energy protein malnutrition causing stunting and wasting is the most common ailment observed among youngsters. The high prevalence of anaemia specially among pregnant women is a serious nutritional problem, affecting both the mother and the unborn baby.

Anaemic conditions in the mother-to-be, would adversely affect the growth of the unborn baby and carries a high probability of the child weighing less than the standard 2.5kg. at birth. Physical growth as well as cognitive development of such a child would be impaired throughout the childhood years, and in the case of a girl child, she would grow up to become a malnourished woman, thus carrying this vicious cycle of malnutrition to the next generation as well.



According to the Demographic and Health Survey conducted in year 2000, the proportions of pre school children who are stunted, wasted and underweight stand at 14%, 14%, and 29% respectively. Malnutrition is at it's worst in the Estates with the percentage of underweight children as high as 44%.

Table 4.1 reveals several significant characteristics that determine the nutritional status of (3-59) months old children. Among them, the sector of residence, birthweight, age of the child and birth spacing have emerged as key factors. Furthermore, educational attainment of the mother is seen as a strong shield in protecting her children from this malady.

**Table 4.1 - Undernourished children under five years of age - 2000 & 1993**

Characteristic	2000			1993		
	Stunted %	Wasted %	Underweight %	Stunted %	Wasted %	Underweight %
<b>Total</b>	<b>13.5</b>	<b>14.0</b>	<b>29.4</b>	<b>23.8</b>	<b>15.5</b>	<b>37.7</b>
<b>Sector</b>						
Colombo metro	7.4	10.1	18.2	19.7	12.2	31.2
Other urban	8.6	6.3	21.3	16.8	16.8	29.9
Rural	12.8	15.9	30.8	22.9	16.4	38.3
Estate	33.8	11.8	44.1	53.7	9.5	52.1
<b>Sex</b>						
Girls	15.3	12.6	29.8	25.1	15.4	40.9
Boys	11.9	15.1	29.0	22.7	15.6	34.8
<b>Child's age in months</b>						
3 - 5	3.9	1.3	0.7	4.9	3.1	5.8
6 - 11	5.7	10.3	20.2	11.8	6.8	17.9
12 - 23	16.2	18.2	28.8	25.7	18.2	36.3
24 - 35	12.4	13.3	34.0	23.8	15.1	42.4
36 - 47	13.4	13.9	30.7	27.5	18.2	46.7
48 - 59	19.1	15.9	37.9	28.7	17.6	43.0
<b>Previous birth interval</b>						
< 2 years	22.0	21.2	35.6	28.1	17.8	48.1
2 - 3 years	18.6	14.2	36.8	28.3	16.7	43.7
4 years or more	14.7	13.1	30.8	21.2	14.7	32.7
First birth	9.4	13.4	24.6	19.9	14.4	31.5
Twins	14.8	22.2	25.9	29.4	14.7	44.4
<b>Birth weight</b>						
bwt. < 2.5kg.	22.9	25.6	49.3	37.2	21.1	53.5
2.5kg. <= bwt. < 3.0kg.	15.4	15.9	34.5	22.2	15.8	38.9
bwt. >= 3.0kg.	7.0	7.7	15.6	15.2	11.0	25.0
<b>Educational level of mother</b>						
No Education	35.7	18.4	48.0	46.0	16.7	53.9
Primary	23.8	15.9	41.4	33.6	18.7	47.8
Secondary	12.7	15.0	31.7	22.6	16.8	39.1
GCE O/L	9.9	14.7	24.8	13.0	11.3	24.6
GCE A/L & Higher	5.4	7.6	13.3			

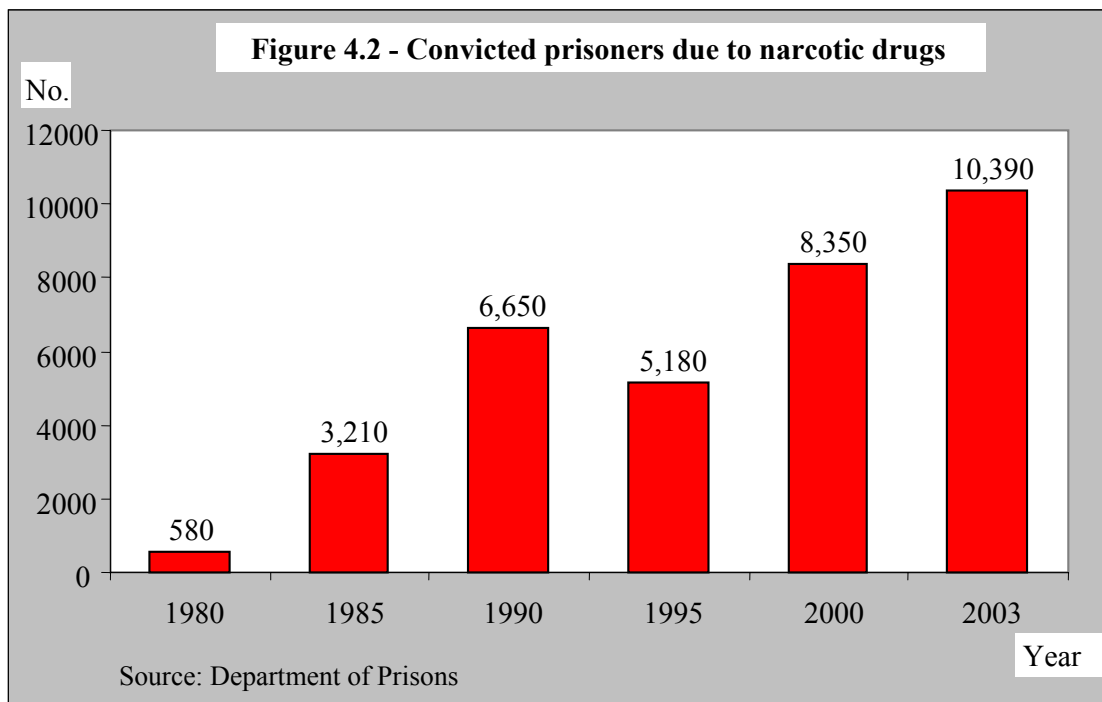
Note : Undernourishment is defined as those measures below-2 standard deviations from the median of the reference population.

Source : Demographic and Health Survey 2000 & 1993.

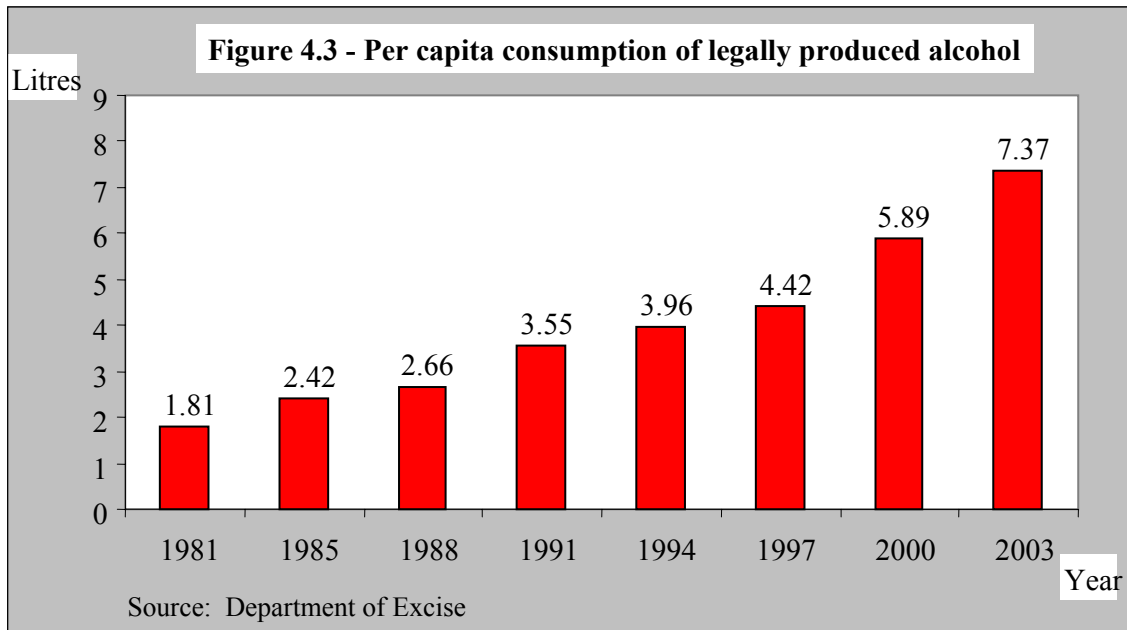
Excludes Northern & Eastern Provinces.

Addiction to liquor and drugs has been identified as a serious health issue and a social menace today. It is seen as the major cause for the eroding human values in the modern society of Sri Lanka.

Figure 4.2 illustrates the rapidly increasing trend of convicted prisoners for offences related to narcotic drugs in the past two decades. An alarming twenty fold increase is registered over a span of twenty three years, according to records maintained by the Department of Prisons.

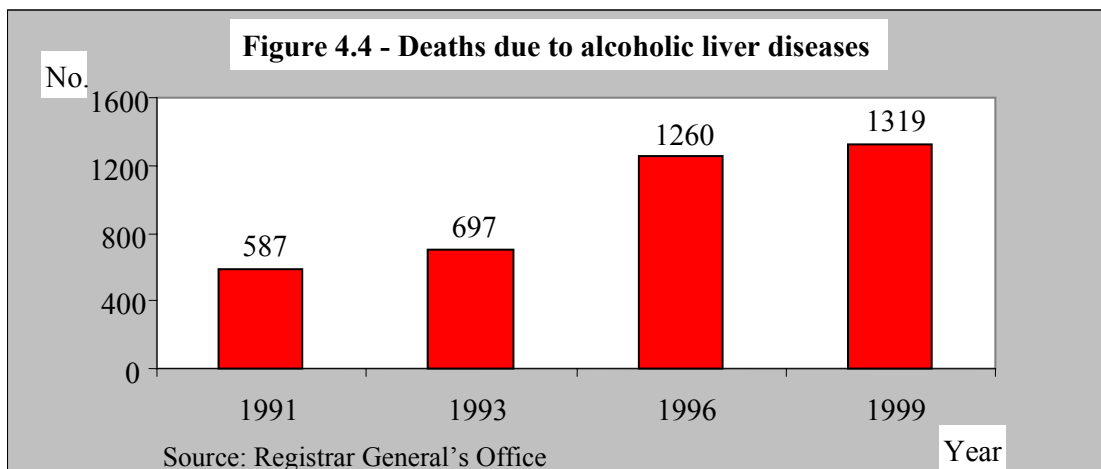


During the same time interval, the per capita consumption of legally produced alcohol has risen from 1.81 litres to 7.37 litres, reflecting a four fold increase. The number of people who patronize places where illicit brew is sold is also very large, although no statistics could be presented to prove it. However, it is no secret that Sri Lanka is listed as one of the countries with highest alcoholism levels.



A sample survey carried out by the Alcohol and Drugs Information Centre, in six districts in the southern part of Sri Lanka reveals that alcohol users are found mostly among middle aged men and appears to be around 65%. It is regrettable to note that the rate of increase of alcohol users is highest among those in the threshold of youth. Apparently, every other youngster in the prime age group of (15-24) years use alcohol, and the numbers have increased at an alarming rate of 37% over a short span of six years from 1998 to 2004.

The gravity of this social problem is amply reflected in the mortality statistics compiled by the Registrar General's Office, which clearly shows that deaths due to alcoholic liver diseases has more than doubled during the past decade, as presented in figure 4.4.



**Female-headed households**

**Table 4.2 - Female-headed households**

Year	Female household heads %
1981	17.4
1994	18.6
2000	20.4

Sources : Census of Population 1981  
Demographic Survey 1994  
Demographic & Health Survey 2000

A steady increase is observed in households headed by females, in the past two decades. Recent surveys have disclosed that these households are relatively poor, the majority of the household heads are widows and their educational level is comparatively lower than that of male heads. As such, their vulnerability makes them easy prey to acts of abuse and exploitation.

**Elderly population**

**Table 4.3 - Elderly population and Dependency ratio for the elderly**

Year	Elderly population ( $\geq 65$ yrs.) %	Dependency ratio for the elderly
1971	4.2	7.5
1981	4.3	7.2
1993	6.1	9.6
2000	7.2	10.7

Sources : Census of Population 1971, 1981  
Demographic & Health Survey 1993, 2000

The age structure of the population shows a shift towards the adult age intervals, with the proportion of children declining rapidly. The aged population defined as those 65 yrs. and above is on the increase, and has been estimated as 7% of the household population in 2000. It is an opportune time to study this growing trend and take serious note of the social needs as well as health care necessities of this hapless group.

## ***Suicides***

Sri Lanka ranks first among South-East Asian countries with respect to commitment of suicide. Poverty, destructive pastimes and inability to cope up with stressful situations, are the main causes which tend to the sudden ending of human life in this tragic manner.

According to the statistics maintained by the Registrar General's office, suicide rate which was around 09 per 100,000 population just after gaining independence, rose to 19 per 100,000 population in the nineteen seventy decade, and increased rapidly to reach the level of 33 per 100,000 population by mid nineteen eighties and has remained static thereafter.

**Table 4.4 - Suicide rate by age group**

Age group	Suicide Rate/1,000population							
	1950	1970	1975	1980	1986	1989	1996	1999
=<14	-	0.01	0.01	0.02	0.01	0.02	0.02	0.02
15-24	0.10	0.42	0.38	0.63	0.63	0.55	0.45	0.41
25-44	0.09	0.27	0.25	0.40	0.48	0.49	0.47	0.49
45-64	0.10	0.24	0.23	0.28	0.34	0.37	0.35	0.38
65-74	0.21	0.44	0.41	0.40	0.49	0.47	0.55	0.55
75+	0.37	0.50	0.75	0.78	0.74	0.56	0.57	0.67
<b>Total</b>	<b>0.09</b>	<b>0.19</b>	<b>0.19</b>	<b>0.29</b>	<b>0.33</b>	<b>0.32</b>	<b>0.33</b>	<b>0.33</b>

Source : Registrar General's Office

Table 4.5 clearly portray the growth of this social problem with respect to gender and age groups, over a timespan of half a century.

The overall suicide rate has registered a four fold increase since 1950. The increase is still higher for males and is nearly five fold, from 0.11/1,000 population to 0.51/1,000 population from 1950 to 1999. The corresponding rates for females are 0.06/1,000 population and 0.16/1,000 population respectively.

**Table 4.5 - Change in suicide rate – 1950 to 1999**

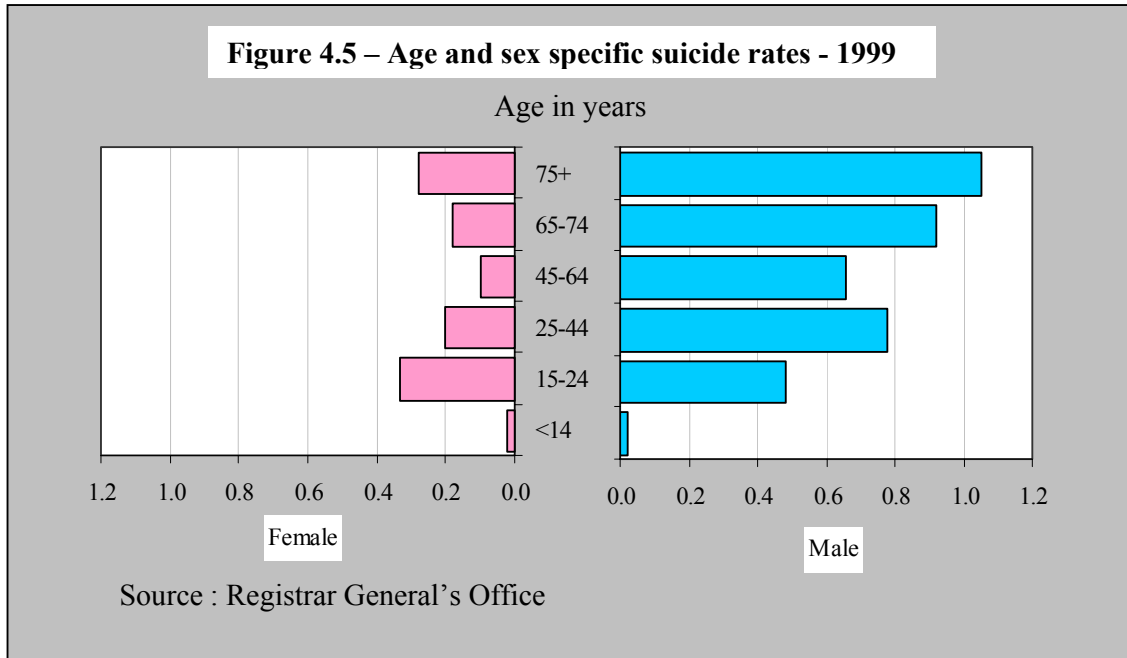
Age group	Suicide Rate/1,000population					
	1950			1999		
	Male	Female	Total	Male	Female	Total
10 - 14	-	-	-	0.02	0.02	0.02
15 - 19	0.05	0.09	0.07	0.31	0.36	0.33
20 - 24	0.13	0.12	0.12	0.65	0.31	0.48
25 - 29	0.14	0.06	0.10	0.74	0.27	0.50
30 - 34	0.11	0.05	0.08	0.80	0.20	0.50
35 - 39	0.14	0.07	0.11	0.85	0.20	0.53
40 - 44	0.06	0.04	0.05	0.71	0.14	0.43
45 - 49	0.13	0.06	0.10	0.76	0.13	0.45
50 - 54	0.20	0.05	0.13	0.61	0.07	0.34
55 - 59	0.17	0.06	0.12	0.66	0.09	0.37
60 - 64	0.17	0.03	0.11	0.55	0.11	0.33
65 - 69	0.22	0.04	0.14	0.79	0.19	0.49
70 - 74	0.47	0.06	0.28	1.08	0.18	0.63
75+	0.44	0.12	0.37	1.05	0.28	0.67
<b>Total</b>	<b>0.11</b>	<b>0.06</b>	<b>0.09</b>	<b>0.51</b>	<b>0.16</b>	<b>0.33</b>

Sources : Registrar General's Office  
Census of Population & Housing 2001

Gender differentials are discernible as suicide is seen as an easy way out of a problem by more men than women, at any particular time interval of the lifespan. The gender gap appears to be widening over the years, as reflected by the relative frequency of suicides. The probability of a man committing suicide was double that of a woman in 1950, whereas it is found to be more than three times higher in 1999.



Among men, suicidal tendencies appear to rise after 65 years of age, and increase considerably thereafter with the advancement of old age; while among women these adverse feelings are most prominent during their late teens and early adulthood periods of (15 – 19)yrs., (20 - 24)yrs. and (25 - 29)yrs. age groups.



Nearly 70% of those who have committed suicide in 1999, have ended their lives by poisoning after the use of pesticides or unspecified substances. Another 14% have been subjected to strangulation or suffocation due to hanging themselves. Other methods of committing suicide include burning themselves, jumping in front of a moving train and getting drowned.