Ageing is a universal phenomenon. No living being is exempted from ageing. Studying ageing communities has been in existence since the beginning of the 19th century. It is a mystery why we have to age. There are various theories that explain ageing in different perspectives but the major views expressed are twofold. The first theory suggests wear and tear phenomenon, in which the building up of waste products that takes place over the years and failure to clear up and repair that eventually leads to gradual breakdown of the system that results in cellular ageing (Stochastic theories). The second view is, based on our genetic memory. It argues that our internal molecular clock is set to a particular timetable for each species. Support for this theory comes from animal studies where scientists have been able to cause an increased life span in some animals by altering just one gene.

Although there are many theories about how and why ageing occurs, as of now, there's no “cure” against ageing, and probably there will never be. Instead of struggling with getting older, we should endeavour to make the later years more enjoyable and productive. As stated by Daniel Francois Esprit Auber, a French composer, “growing old is the only way to lead a long life”. As a country trying hard to qualify to be included in the “developed” category Sri Lanka needs to plan for policies that will sustain our demographic trend in a favourable economic and social environment. We have already achieved longevity and the path to happy healthy longevity remains an achievable goal with more focus and commitment from policy makers and health care professionals.

**Sri Lanka is Ageing**

According to statistics, Sri Lanka has a very fast ageing population and it is interesting to note that elderly population (Over the age of 60 years) in Sri Lanka in 2003 had a figure of 5.4% and in 2023 it has increased to 17%. It is estimated to be 27% in 2050. This rapid rise of the older population has direct implications on our existing health system and the socio-economic constitution of the country. A population with a longer lifespan is a success story of any health system in the world, yet it invariably translates into high dependency ratios, high disability figures and social poverty in a developing economy. Unless a country has planned well ahead of time to face this and celebrate this high longevity, the figures and statistics of older people in a community may not be a feature that can be celebrated for long.

**Gerontology vs Geriatrics**

For most Sri Lankans, Gerontology is not a familiar word. Even geriatrics became familiar to Sri Lankans very recently, after the formation of Sri Lankan...
Association of Geriatric Medicine in 2011 and the incorporation of Geriatric Medicine to the postgraduate curriculum in 2013 by the postgraduate Institution of Medicine Colombo. More often than not, Geriatrics and Gerontology were used in the same context and many used to think of these two terms have the same meaning. In fact, it is not so. Geriatrics focuses on the health of the ageing body, and Gerontology is the science, or the study of physical, mental and social aspects of ageing. Geriatrics is actually a subset of Gerontology since Gerontology takes a broader perspective.

Gerontology was first attributed to Nobel Laureate, Elie Metchnikoff who first used it in 1903. Geriatrics was introduced in 1909, by Ignatz Leo Nascher, a New York City physician, to describe the medical care of elderly patients. At that time, the population of older adults was growing, and physicians began to recognize that older patients often had unique healthcare needs that required specialised knowledge and training. Over time, the field of Geriatrics developed as a distinct area of study, encompassing a wide range of topics related to ageing and the health of older adults.

Gerontology: How can it improve the Quality of life of our population?

Gerontology is essentially a multidisciplinary science that integrates several study areas. This specialty combines a staff working together that includes doctors, nurses, behavioural and social scientists, social workers, biologists, economists, psychologists, those who study the humanities and the arts, policy experts, and many other scholars and researchers. Gerontology includes investigation into changes in society that come from the ageing process, studying the mental, physical, and social changes of individuals as they age and the application of this knowledge to programmes and policies dealing with older communities.

As stated earlier the demographic profile of Sri Lanka is fast changing. Scrutiny into our economic stability, inflation rates, and per capita income projections shows that our poverty rates will not be declining for the next few decades. This will severely impact the socially deprived communities like older people especially most vulnerable groups like elders without social protection schemes or fixed pension-based income. As such, though our population dynamics show staggering high figures of older people the question is will they be disability free with the added years to life? Will they have good quality silver years or are we just adding years to their lives with more disability and poverty? Medical field in the country has recognized geriatrics as a medical specialty and few universities have included it in final year medical school curricula. However, apart from recognizing the diseases and disabilities of older age the country’s responsiveness to sufficiently handle the demographic change is questionable.

Ageing does not start when one is at 60 years of age or 70 years of age. The current view is that it starts during the time of conception. As such the planning for old age on a personal basis as well as planning for its ageing population from a country perspective, has to be done fairly early. The modern-day life needs proper goal setting and planning to prevent wastage of money from a population point of view as well as to improve the quality of life from a personal standpoint.

Planning for an ageing population is important for any country to ensure that the needs of older adults are met, and they can age with dignity.

We need to develop policies that support healthy ageing. These can help older adults stay active, engaged, and independent. This can include initiatives to promote healthy lifestyles, provide access to healthcare, and ensure that older adults have access to community resources and services. It is true that we have a directorate in the Ministry of Health to cover the needs of older people. But the concept of Healthy Ageing needs much more robust country wide dissemination and in this regard media plays a major role.

From a country perspective, If we look at the lifestyle of an average middle aged Sri Lankan man or woman how many are overweight? How many suffer from diabetes, hypertension and other non-communicable diseases? The disease burden, hospital costs, medication costs and loss of work force power of caregivers all add to the already frail economy of the country in a dramatic manner. The focus on healthy ageing from a gerontological perspective is vital for the next few decades as we move forward with the exponentially expanding ageing population.

From an individual perspective, how many people think exercise is important for life and really engage in physical activity? How many people are prepared to plan for their old age at 30 years or 40 years of age? How many have a rough plan of how they are going to spend their life when they are 70 years and above? How many have income security at old age?
Old age does not happen overnight and hence early preparation and planning for stress free, poverty free, disability free old age is vital to a low-income country like Sri Lanka.

The answers to above questions need input from both health care providers and sociologists. In short, these issues need full focus if they are to make old age self-sufficient from health and economic perspectives.

Furthermore, due to the current economic crisis we do witness a large number of young people migrating looking for greener pastures. Though they do bring along foreign revenue to the country, the elderly parents are often neglected and are helpless and vulnerable due to economic insecurity, poverty and lack of caregivers. We are moving away from large families to nuclear families and family based social support is becoming a rarity.

As we boast of longevity in Sri Lanka we also need to invest in infrastructure: Infrastructure that supports older adults can include accessible transportation, age-friendly housing, and community facilities that support social and recreational activities. We also need more regularised caregiver training programmes apart from the few ad hoc ones we currently have. Thereby, we can get employment opportunities to the young while benefiting the older community. These investments can help older adults remain independent and connected to their communities.

Despite our economic constraints and poverty, we need to at least plan for provisions of financial security in old age. Many older adults rely on fixed incomes, such as social security or pensions, to meet their basic needs. Providing financial security through policies such as social security and retirement savings programmes can help ensure that older adults have the resources they need to live with dignity.

The other important issue is addressing ageism: Ageism, as described in the WHO refers to stereotypes (how we think), prejudice (how we feel) and discrimination (how we act) towards others or oneself based on age, can be a barrier to healthy ageing. Addressing ageism through education, awareness campaigns, and policies that promote age-friendly environments can help ensure that older adults are treated with respect and dignity. Certain measures are already taken to give priority to old people at government hospitals and some institutions. However, the concept is not fully functional and it is saddening to note that if we visit a government hospital, we can still witness many old and in fact very old people who come to obtain health services without a caregiver staying in long queues for long hours not being considered for any priority care.

**Sri Lankan perspective- Collaboration between Geriatrics and Gerontology**

Sri Lanka has now taken steps to include geriatrics in medical school curriculum and introduced the postgraduate training in geriatrics as a specialised field which is a very timely and wise approach. In a couple of years we would be having our first qualified Geriatricians in the country.

There are few Gerontology courses that are being conducted in Sri Lanka. The National Institute of Social Development offers a Diploma in Gerontology, a one-year programme that provides training in geriatric care for healthcare professionals and caregivers. Institute of Gerontology, University of Colombo, offers a range of short courses and workshops in geriatric care for healthcare professionals, including doctors, nurses, and caregivers. However, while there are around 8 medical faculties only the University of Sri Jayewardenepura conducts a post graduate master’s programme in Gerontology. It would be appropriate for other Universities to start graduate and postgraduate programmes in Gerontology and link it with Geriatric postgraduate education so that these professionals can work efficiently and bring about a visible and tangible productive change to our ageing population.

1. Research collaborations: Geriatrics and Gerontology researchers can collaborate on studies that investigate the health and well-being of ageing communities. This can lead to a better understanding of the needs of ageing communities and inform the development of interventions and policies.

2. Community partnerships: Geriatrics and Gerontology professionals can partner with community organisations and groups to provide outreach, education, and support to ageing communities. This can include programmes and services that address social isolation, housing, transportation, and other issues that impact the well-being of ageing communities.

3. Advocacy and policy development: Geriatrics and Gerontology professionals can work in close liaison, to advocate for policies and programmes
that support the needs of ageing communities. This can include initiatives to improve healthcare access, affordability, and quality of care, as well as policies that address social determinants of health.

Collaborations between Geriatrics and Gerontology can lead to better outcomes for ageing communities by providing comprehensive and personalised care, advancing research and knowledge, and promoting advocacy and policy development for improved quality of life for the Silver age population in Sri Lanka.

**Summary**

Sri Lanka is experiencing a demographic shift towards an ageing population. As the population ages, the demand for specialised healthcare services for older adults is increasing.

In this country, there is a strong cultural tradition of caring for older adults within the family. However, as the demands of modern life increase, it can be challenging for families to provide the care that older adults need. While Geriatricians provide specialised care for older adults, Gerontologists can work with communities to develop care plans that support their cultural values and traditions. Sri Lanka has limited healthcare resources, and intersectoral collaboration of geriatrics and gerontology can help to optimise the use of these resources by providing specialised care for older adults that is tailored to their unique healthcare needs.

Geriatrics as well as Gerontology and their interdisciplined collaboration is important for Sri Lanka because it can help to address the multifaceted healthcare needs and social needs of an ageing population. It will facilitate the provision of specialised care for older adults, optimise the use of limited healthcare resources, and provide disability free, high quality of life while ensuring income security in the twilight days of life.

**References**


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