

Mortality transition in Sri Lanka: Why females live much longer than males?

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Throughout the 20th Century a sharp increase in life expectancy, for both genders is observed in Sri Lanka. As such Sri Lanka reports the highest life expectancy among South Asian countries. At the turn of the last century (1900-1902) male life expectancy at birth was 36.4 years while female life expectancy was 2.2 years lower than males. Until 1962 males enjoyed longer longevity than females which can be largely attributed to high maternal mortality. However, by the period 2000-2002, life expectancy for males had reached 68.1 years and it was 76.6 years for females, resulting in a gender gap of 8.5 years. Together with the increase in overall life expectancy, the findings related to Sri Lanka reveal an interesting phenomenon in mortality transition; the widening gap between male and female life expectancies. The reasons for female favoured substantial gains in life expectancy during the last few decades in Sri Lanka, at national and more conspicuously in certain districts are worth of investigating.

Among all the districts in Sri Lanka, Hambantota demonstrated the highest longevity in 2000-2002, where life expectancy at birth was 72.7 years and 80.2 years for males and females respectively. Even then the gender gap in life expectancy in Hambantota district was only 7.3 years while Anuradhapura district demonstrated the highest gender difference in life expectancy, which stands at close to 11 years. Although females in Nuwara Eliya reported the lowest longevity (72.8 years), compared with their male counterparts in the same district, they tend to have 5 years longer longevity. A fundamental question that arises then is whether the observed significant gender gap in male and female life expectancy at national level is similar to the mortality transition experienced by developed nations, or whether it results from differences in life style patterns among males and females in Sri Lanka that influence their mortality risks.

The socio-economic and cultural transitions which the country under went during the past periods have influenced a major change in the life style of the Sri Lankan people. The impact of these changes in life style is more visible among males compared to the females. Changes in eating habits such as the increase in fast food consumption, addiction to smoking, alcohol, drugs, moving away from the family for occupations, stress development as well as limited time availability to engage in physical exercises due to heavy engagement in economic activities have had more impact on males compared to that of their female counterparts.

Therefore these changes in life style and its impact on longevity, should be a primary concern of the health authorities who should concentrate on preventive aspects of health problems, especially of the male population. In contemporary Sri Lanka 65-70 per cent of deaths are due to non-communicable diseases (NCD). Therefore community based interventions should be made to reduce the risk factors of NCDs, avoid and/or delay the onset of diseases such as cardiovascular, diabetes, chronic respiratory and cancer. More males compared to females tend to die due to these types of diseases. Therefore increasing male life expectancy by initiating and strengthening programs to improve men's health would be the solution to reduce the observed gender gap in contemporary Sri Lanka.