

Perceptions of successful ageing in Sri Lankan older people: a qualitative study

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ABSTRACT

Background. This study explores the opinions and views of Sri Lankan older people about successful ageing.

Methods. 30 females and 28 males aged 63 to 85 (median, 69) years recruited from 4 locations in a southern district in Sri Lanka participated in 8 focus groups (4 in rural and 4 in urban). Each focus group contained a single sex of participants so as to enable women to express their views freely. Discussions were audio recorded and transcribed. Transcripts were independently reviewed by the researchers and recurring themes were identified and coded using a content analysis approach. Analytic memos were prepared to elaborate on the themes and identify exemplary quotes.

Results. Four major themes related to successful ageing were identified: (1) being physically active and healthy, (2) being free from burdens and responsibilities, (3) having fulfilling family relationships, and (4) pursuing spiritual development. In addition, a living environment conducive to physical activity and charitable work, and living with children were identified as facilitators of successful ageing. Economic hardship, having unsettled and vulnerable children, disrespect by the community, limited access to health care, and negative attitudes of health service providers towards older people were identified as important barriers to successful ageing.

Conclusions. Strategies that can improve the quality of life of Sri Lankan older people include increased community awareness of population ageing and expectations of older people, a strengthened primary health care system that caters to their needs, and development of support systems for home-based care.

Key words: Aging; Sri Lanka

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INTRODUCTION

The definition of 'successful ageing' varies across cultures.¹⁻⁴ Biomedically, its definition is absence of disease and disability and having a healthy mind. Psychosocially, its definition emphasises life satisfaction, self-efficacy, social and religious participation and functioning.³⁻⁷ Understanding

older peoples' views of successful ageing is essential when developing strategies and providing culturally specific geriatric health care and health promotion services. The views of successful ageing vary in different cultures. In native Alaskan older people, emotional well being, community engagement, spirituality and physical health are considered major components of successful ageing. In California,

older people consider positive attitudes towards ageing and adaptation, financial security, health and wellness, and social involvement and stimulation important.^{6,7} Anglo Americans and Japanese Americans rank good health and independence as the two most important characteristics of successful ageing, whereas Latinos and Latin Americans, who have strong Catholic values, rank acting on inner standards and feeling good about self most highly.⁸ In Korean older people, self-esteem, interpersonal relations, and self-efficacy are the most important factors.⁹ In Indonesia and Thailand, having more morbid conditions does not affect successful ageing, but in Sri Lanka, such conditions reduce the odds of successful ageing by half, as successful ageing is defined as having no difficulty in carrying out the activities of daily living.¹⁰ A better understanding of cultural differences in successful ageing helps formulate locally effective public health strategies to promote health in old age. This study aimed to explore older Sri Lankan's perspectives on successful ageing using qualitative data.

Sri Lanka has the fastest growing ageing population in South Asia.¹¹ The proportion of older people (aged ≥ 60 years) is 13.1% at present and is expected to increase to 22% by 2030, higher than the 14% in India, 8% in Pakistan, and 10% in Bangladesh.¹¹⁻¹³ A high literacy rate (92%) and a decline in mortality and fertility as a result of improved primary health care, family planning, and poverty eradication are the major reasons for this rapid increase in the ageing population.¹³⁻¹⁶ In Sri Lanka, nearly 70% of older people live in rural areas; their income derives mainly from farming and related occupations that often do not provide a regular income.¹⁵⁻¹⁷ Only about 40% of older men and 10% of older women are economically active, and there is no social security or pension scheme for most older people.^{16,17} The poverty rate among widows is higher than for the population as a whole.¹⁶⁻¹⁸ Urbanisation, migration, and higher levels of female participation in the labour force have reduced the support previously provided by extended families to their elderly relatives. The old age dependency ratio is 10.1% at present and is expected to increase to 24.4% by 2030.^{15,16}

The main causes of death and disability among older people have shifted from acute infections and parasitic diseases to chronic progressive degenerative

diseases.¹¹⁻¹⁸ Non-communicable diseases such as hypertension, asthma, arthritis, diabetes, and impaired hearing and vision are prevalent among older Sri Lankans; chronic mental health problems are increasingly prevalent as well.¹⁶⁻¹⁸

In Sri Lanka, 70% of the population are Buddhists. Cultural norms and values in the society are based on Buddhist values, beliefs, and norms. In Buddhism, care of older people is a family obligation,¹⁶⁻²⁰ and children and wives should respect the opinions of the father (husband) in all family and community matters. However, emerging urbanisation and westernisation has reduced the importance of this cultural heritage among the younger generation.

In the past, Sri Lankan females focused on household chores and childcare, whereas men controlled the family finances.^{14,17,19} This makes women vulnerable, especially with more women than men being widowed.

Ayurvedic and other traditional medical treatments are popular among Sri Lankans and focus on holistic health care (life style behaviours and eating patterns).¹⁹⁻²¹ Older people generally prefer Ayurvedic and traditional treatments to allopathic medicine. Older Sri Lankans in general believe that non-allopathic treatments are non-toxic and have no negative effects. Thus the higher availability, social acceptability, and more speedy recovery associated with allopathic treatments may create a dilemma for older people when deciding on treatment for their ailments.

All these socio-economic and cultural changes have implications for the well-being of older people in Sri Lanka. Sri Lanka is not well prepared for the health, economic, and socio-cultural challenges of the ageing population.^{16,19-20} Understanding older Sri Lankans' perceptions of successful ageing enables development of effective strategies to enhance their quality of life. Such information is also useful for health policy makers in India, Nepal, and Thailand with similar socio-cultural and economic features.

From the perspective of behavioural science, absolute measures of independence and functional capabilities may not capture the true characteristics of successful ageing, as older people may have adapted to live with conditions and circumstances where

independence is no longer possible.²³ Wisdom plays a key role in successful ageing, but this attribute may not easily be captured by quantitative approaches.⁴ Thus, qualitative methods are more appropriate in understanding the attributes of successful ageing. This study aimed to explore older Sri Lankan's perspectives on successful ageing using qualitative data.

METHODS

Ethical approval was obtained from the ethics committees at the University of Ruhuna in Sri Lanka and Duke University in the United States. 30 female and 28 male Sinhala Buddhists aged 63 to 85 (median, 69) years recruited from 4 locations in a southern district in Sri Lanka participated in 8 focus groups (4 in rural and 4 in urban) in 2011 over a period of 3 months. Each focus group contained a single sex of participants so as to enable women to express their views freely. Each focus group had a moderator and a note-taker. The principal investigator and a lecturer in nursing moderated the discussions. Two postgraduate students were trained as note-takers to record both verbal and non-verbal content. The language used was Sinhala. The content focused on the process of ageing, caregiving arrangements, and their perspectives on psychological health. Opening questions and follow-up probes were prepared to facilitate group conversation on these topics. At the end of the discussion of each topic, the points discussed were summarised to enable the

participants to elaborate their points further.

Discussions were audio recorded and transcribed verbatim in Sinhala. Random checks were made to ensure accuracy. Transcripts were then translated into English by 2 bilingual translators, and the translated versions were checked for accuracy. Preliminary analysis was performed by 2 Sri Lankan and 3 United States researchers. Transcripts were independently reviewed by the researchers and recurring themes were identified and coded using a content analysis approach.¹⁹ A conference call was held to discuss and identify common themes related to the topic of interest, and disagreements in assignment of themes were resolved. Analytic memos were prepared to elaborate on the themes and identify exemplary quotes.

RESULTS

55.2% of the participants had a secondary education level; 69% were married; and 87.9% were living with their children (TABLE). Four major themes related to successful ageing were identified: (1) being physically active and healthy, (2) being free from burdens and responsibilities, (3) having fulfilling family relationships, and (4) pursuing spiritual development.

Being physically active and healthy

A physically active and healthy life was identified as instrumental to successful ageing. Diabetes,

TABLE
Participant characteristics

Characteristic	No. (%) of participants
Marital status	
Widowed	18 (31.0)
Married	40 (69.0)
Education	
None	6 (10.3)
Primary	20 (34.5)
Secondary	32 (55.2)
Living arrangements	
Alone	2 (3.4)
With spouse	5 (8.6)
With children	51 (87.9)

high blood pressure, joint pain and arthritis, vision and hearing loss, and dental problems were common physical health problems reported by the participants.

All my children are doing well. There is nothing specific that I would need. If I have good health, that is more than enough for me. [Urban male]

Physical activity was seen as a key to staying healthy that would in turn bring happiness and life satisfaction. This could take the form of regular walks or doing household tasks.

Exercise is good. If I spend a week without doing any manual work, I feel run down. But if you split a piece of firewood that feeling goes away. [Urban male]

I am now a little more frustrated than before. Now we cannot run about and get things done as before. Because of that I am sad. [Rural female]

The close link between poverty and poor health was raised. Participants mentioned poor nutrition or food insecurity as primary barriers to good health. One woman (living in a rural area) talked about a man she knew who had to work very hard into old age to support himself, which she implied had led to the poor health condition of the man. She referred to this as a "very pathetic situation".

Limited access to health care (due to cost and long queues at clinics and pharmacies) and poor attention from medical staff were additional barriers to staying healthy into old age. Although there was a mention of special government-issued identity cards that are supposed to give older people priority access to public services, most felt that they were not useful. They felt irritated and helpless in the way they were treated by health care providers, and thought health care workers should be more sensitive and compassionate towards older people.

Even though we show the ID (older people's identity card), we do not get any special treatment... they just tell us to sit and proceed in the queue... we feel very sad about the behaviour of medical staff. [Urban female].

Now calling themselves 'staff', the attendants' people, they are put to the front... now, we, if we go in a sarong (cloth usually worn by poor men when they go out) and

shirt...we are just kept behind...if there is no known person, we will not get our things done. [Rural male]

Having freedom from burdens and responsibilities

Participants emphasised the importance of having a sound mind free from financial, health, and family stressors. Most did not discuss *happiness* per se, but reflected more on being satisfied in their lives. Those who spoke about a happy life often talked about how they were 'free'. In particular, freedom was understood as having financial autonomy and having opportunities to devote oneself to religious and charitable activities.

Things we need for this happiness are food to eat, money to spend, and meritorious activities, then everything will become perfect. [Rural female].

We live burden free lives, doing meritorious activities... Without having to do our children's work... we are free from children [Rural male].

Helping their children achieve a respectable position in society with a good income was a major area of success, and created a sense of 'freedom' from direct responsibility for their children. Men talked more than women about the pride they felt in getting their children educated and established in society.

Each of my five children is married. I have made them business entrepreneurs. They are doing well. So, I am watching their journey. I have saved some money in fixed deposits so that I don't have to ask any help from them (children) when I'm unable to look after myself. I can be very happy. [Rural male]

Areas of distress that hindered the achievement of such 'freedom' included widowhood, financial difficulties, poor relationships in the family, being dependent on children, and hardships affecting their children.

My major worry is my children, their unemployment. From the moment I wake up in the morning, I think about their future. [Rural male]

Even as older people desired to stay active and productive in their lives, they desired freedom from the responsibilities and burdens of employment and income generation. Being relieved of these

responsibilities gave them opportunities to explore other activities, including religious fulfilment and time with family members.

When we were young, we had to work unlimitedly. I didn't get free time at all. I thank God, because I am free now (of not working). [Urban male]

Having fulfilling family relationships

A positive and meaningful relationship with family was mentioned as an important contributor to ageing successfully by all groups.

I'm happy with my situation. My children take care of me very well. Wherever they go, they invite me to go with them. [Urban male]

In their living situation, older people wanted to be supported and respected by their family and community members without being a 'nuisance' or a 'burden' to them. Men in particular expressed a wish for privacy and independence in the family ('a place where they could be free to think and relax'), but also company and inclusion in family events.

Our children saw how we treated our parents. So, we are confident that they will do the same for us. [Rural female]

We can find certain members in any family who dislike older people and their ideas. There are stubborn and uncaring children. They don't listen to their parents when they take decisions. As a result of that, close relationships between family members are affected badly..... The unity between family members breaks down as a result of these clashes [Urban male]

Many participants who lived in urban areas expressed concern about the busy lives of their children that resulted in older people being isolated and neglected, as well as their views not being appreciated when making decisions. In the urban male discussion groups, some spoke about a generation gap that existed between youth and older people. This contributed to the lack of respect that youth felt and expressed towards older people. They also talked about how a focus on economic advancement has promoted more egocentricity in society.

Those days we respected our older people, but now

everything has changed. This social transformation altered values and norms in the society..... Children are trained from their childhood not to learn but to earn... Human qualities such as respect for older people vanish from society eventually. [Urban male]

An impediment to the ideal situation is that children move away either to cities or abroad. This means that older people are lonely and don't have anyone to care for their needs.

Children are educated and go for jobs far away from home. So, parents are left alone in the house. In this situation, children have no time to look after their parents.... Some children have kept their mothers in the home (elderly home) pretending that it is for a temporary period, but they never came back to visit or take them back to their homes. So, these parents suffer a lot and are still waiting for their children to take [Rural male]

[Putting older people in elderly homes] is a great sin. Parents do their best to make life better for their children, but once they grow up, get employed and get married, the parents are dumped in these places [Urban female]

Pursuing spiritual development

Almost all were of the opinion that successful ageing was characterised by active participation in charitable and religious activities. The quality of life of older people is embedded in the quality of their socio-religious network. Religious groups attract older people as they provide an opportunity for people to socialise and to participate in charitable activities, while providing a social safety net to some older people.

These societies assisted us to participate in free labor campaigns (to support a particular public service such as road construction.).... To observe "Sil" (a Buddhist religious ritual). [Rural female]

This association [Elders welfare society] is doing lot of welfare activities, like support at funerals, banner presentations and helping sick people with cash. Talking and discussing about things can help to improve the lives of people. If a doctor can be arranged to visit this place at least once a month, that would also be helpful [Rural male]

Across all focus group discussions, people talked about religious thoughts and practices as a way to

cope with hardships and challenges. Being able to live in a spiritual way in old age was considered by all groups as a blessing and was held to be the ultimate aim for most participants.

I want to collect merits by doing charity work, like helping a poor person to build a house... as we are free at home, we want to do more religiously meritorious activities. [Rural female]

They (older people) have to be geared towards religious activities. Otherwise, their life would be monotonous and dull. [Urban male]

Not being able to do charitable work and religious activities as a result of not having freedom, resources or time for such activities, combined with lack of direction and guidance from the temple, would make older people feel vulnerable and stressful.

My worry is that I do not have money even for meritorious activities. If I want to go to Anuradapura (an ancient city where many people go on pilgrimage) it needs Rs. 5000. Now I am too old and I need a vehicle to travel... I like it if I could go to India for the pilgrimage [Rural female]

Temples are responsible for religious activities, but nothing special is done for old people...it is a sin that we do have no way of directing the practice of our religion. [Urban male]

Other ideals

Nearly all the participants agreed that living with their children was the ideal situation. They saw this arrangement as a reciprocal relationship passed down through generations. Further, they consistently emphasised the importance of economic independence. They were happy to receive "support" from their families (e.g. living with their children), but would ultimately like to have financial autonomy. It seems that for some older people, to financially depend on children is a bad thing.

We think that relations and daughters of some older people provide them with the necessary money. They have never told us (because of the shame). But that is what we think. [Urban male]

Most respondents were interested in remaining economically productive, including cultivating one's

own land, earning wages by doing labour work such as plucking tea, harvesting paddy (rice), or doing contract work (e.g. textile industry).

Economic independence was not only important to purchase goods and support their livelihood, but also served to facilitate their social role in the community and be productive. Participants talked about wanting to receive a pension from the government, or for the government to at least provide a safety net for older people who are in the most dire straits.

There should be a scheme to pay some money to all eligible old people. At least they (older people) can give this money to their children and get help from them [Rural male]

Cognitive impairment and depressive thoughts were considered natural processes in old age that required little or no attention.

Yes, there are people with these (psychological and cognitive) problems. Obviously, when a person gets old, sadness, forgetfulness and depression occur more often. It's hard to get rid of such conditions... it is quite natural... Among the people that we know, such problems are very low. There are very few depressed people in this area. [Rural male]

Being treated in an undignified manner by children and not being respected by the community were also discussed. The male groups talked about how changes in respect and support for older people were attributed mainly to the change in Sri Lankan society. In the rural group, they talked about how youth were influenced by "selfishness from the West" and became more individualistic. These rural men seemed to have conflicting views on becoming westernised. On the one hand, they wanted their children to have a western education, good jobs, and speak English. On the other hand, they felt that western influences had undermined respect for them and their place in society.

In the urban male groups, they spoke about a generation gap between the youth and older people that contributed to the lack of respect the youth felt and expressed towards their elders. They attributed this in large part to changes in society and the centrality of technology that has made youth very

individually focused.

There is very little respect for us. They just leave the house without telling us. When they put on those earphones, they won't hear even if mother screams. They live in such a crazy world.... Those days we respected our older people, but now everything has changed. This social transformation altered values and norms in the society. Children are trained from their childhood not to learn but to earn... Human qualities such as respect for older people vanish from society eventually. [Urban male]

DISCUSSION

The 4 themes encompass the primary elements in biomedical²⁻⁵ and psychosocial^{2,6,7} models of successful ageing. Sri Lanka is predominantly an agricultural society propagated by Buddhist culture-shaped elders' ideas of successful ageing. Buddhism advocates freedom from unnecessary life bonds and luxuries. In this setting, having something to eat, a place to live, work to be engaged in, and psychological satisfaction were the major characteristics of successful ageing. In studies conducted in Hong Kong and USA, participants have emphasised the importance of good physical and cognitive health, social support, and independence in successful ageing.^{3,24-27} The Sri Lankan older people did want good physical health as well as a mix of good relationships and freedom similar to social support and independence.

Religiosity (spirituality) is a strong element of health status and general life satisfaction among older Sri Lankans. This is consistent with other studies on successful ageing.^{7,26-28} In older Latinos in the US, who generally have strong Catholic values, spirituality is a significant positive predictor of well-being.²⁹ In Chinese older people in Singapore, religious and spiritual beliefs are strong determinants of successful ageing.³⁰ Buddhism assists older people to cope with psychosocial problems and to psychologically adapt to physical and environmental stressors of ageing. Many participants mentioned that emotions such as anger, sadness, distress, and mental health problems (dementia and depression) could be resolved by reading Buddhist sermons and religious thoughts, and through meditation. These spiritual thoughts and behaviours have roots in the traditional medical systems where simplicity and collectivism are highly valued. It seems that in communities with a strong

religious and spiritual value system, opportunities to practice religion and conduct spiritual and charitable activities would assist older people to enhance their health and well-being.

Economic independence, family connectedness, and children being in better positions in the society were other factors associated with successful ageing. Compared with urban older people, rural older people seemed to be more contented with life, as many of them had achieved their personal goals such as raising a family and having a socially active lifestyle. This gave them a sense of accomplishment. Buddhism advocates a duty of children to care for their aged parents. It also instructs that one fifth of the household income should be allocated to support the immediate needs of the chief householder, his parents, and family.^{18,20,21,31} However, this family-based intergenerational care system has weakened, forcing older people to live thriftily.

Most older people in Sri Lanka do not have a regular income or financial security.¹⁷⁻²⁰ Thus, the importance of financial stability for successful ageing was often mentioned. Financial stability has been identified as an important theme in successful ageing in other studies.^{3,26,27} Participants would prefer to have a pension or other financial support from the government so that they could support themselves and their family. Given that many families are struggling with the high costs of living, elders may have concerns about being dependent on their children. Thus, although the Sri Lankan culture promotes the notion that adult children should financially support their older parents, older people in general believe that they should be economically independent and not be a burden to their children. It seems that older people who have physical and economical resources to support their children would enjoy life more than those who do not have such resources. Poor health and inadequate income in old age are negatively associated with reciprocity in child-parent relationships.³² Many participants believed that the government should develop a safety network for older people, and promote and develop social support programmes. This issue may need urgent attention from the government.

Most participants highlighted the importance of living with their children. Most older people live in multigenerational homes and contribute to raising

their grandchildren. This is considered an older person's responsibility towards the well being of the family.^{14,33-35} Social interactions and networks helped older people to share their knowledge and experiences with others, which is one of the major contributions to successful ageing. Religious gatherings and festivals were often mentioned as desirable activities for a healthy life. Participation in religious activities at the temple was mentioned as the most common way for older people to socialise and be active in their community. This is associated with positive psychological well being. These religious gatherings also focus on common socio-economic concerns of older people and empower them to become decision makers in community development activities. These gatherings give older people a sense of belonging and empowerment, and provide a means of coping with various stresses.

Thus, successful ageing is a dynamic process through which older people go. The behaviour and thinking patterns of older people are organised around cultural values, community expectations, and resources available. These in turn shape their interpretation of successful ageing.^{24,34-36} An environment that is conducive to physical activity, engaging with one's social networks, and pursuing spiritual activities, together with living with their adult children, makes older people happy and satisfied. Major impediments to successful ageing include economic hardship, community disrespect, and difficult accessibility of health care services.

The perceptions of successful ageing in older Sri Lankans matched the hierarchy of needs outlined by Maslow.³⁷ Biological and physiological needs are primary needs, followed by safety needs, belongingness and love needs, esteem needs, and eventually self-actualisation. Healthy life style, together with freedom from economic hardship and family responsibilities, are the primary and most vital building blocks of successful ageing. Having fulfilling family and social responsibilities and being respected by society are consistent with the social, affection and esteem needs as the next level in the hierarchy of needs. Self-growth and collecting merits for the next life are the other major elements associated with successful ageing. These factors are associated with self-actualisation needs in the Maslow theory. Spirituality plays a major role in promoting resilience to stressors, and to a greater degree in persons with

a lower income and educational level. In older Koreans, self-esteem is one of the most powerful influences on successful ageing.⁹ The sense of self-worth and self-actualisation is probably the most important determinant of successful ageing in Sri Lankan older people. Based on these needs and expectations, health policy makers may set priorities and use resources efficiently to improve the quality of life of older people.

There were several limitations to this study. The participants were recruited through a convenience sample and therefore may not be representative of the community. In particular, participants likely represented a more active, healthy, and socially engaged subset of older people. Social desirability bias may be another limitation; some participants may not have been comfortable discussing sensitive issues and reflecting on the challenges to successful ageing. Nonetheless, this study has implications for health policy makers and the general public. Human resource capacity in geriatric medicine and holistic health services should be improved for the elderly population. Health care services should be older people-friendly, respectful, and take a holistic approach. Opportunities and threats to maintaining the existing home and family-based caring system for older people should be identified. Low cost, sustainable, community-based innovations to support older people in their own homes should be developed (because most older people prefer to live with their children) while protecting their dignity. Public awareness should be enhanced using electronic media and the school system. These ageing issues relate to the larger process of social and economic development.

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REFERENCES

1. Arai H, Ouchi Y, Yokode M, Ito H, Uematsu H, Eto F, et al. Toward the realization of a better aged society: messages from gerontology and geriatrics. *Geriatr Gerontol Int* 2012;12:16-22.

2. Bowling A, Dieppe P. What is successful ageing and who should define it? *BMJ* 2005;331:1548-51.
3. Depp CA, Jeste DV. Definitions and predictors of successful aging: a comprehensive review of larger quantitative studies. *Am J Geriatr Psychiatry* 2006;14:6-20.
4. Blazer DG. Successful aging. *Am J Geriatr Psychiatry* 2006;13:2-5.
5. Rowe JW, Kahn RL. *Successful aging*. New York: Pantheon Books; 1998.
6. Lewis JP. Successful ageing through the eyes of Alaska native elders. What it means to be an elder in Bristol Bay, AK. *Gerontologist* 2011;51:540-9.
7. Reichstadt J, Depp CA, Palinkas L, Folsom DP, Jeste DV. Building blocks of successful ageing: A focus group study of older adults' perceived contributors to successful aging. *Am J Geriatr psychiatry* 2007;15:194-201.
8. Hilton JM, Gonzalez CA, Saleh M, Maitoza R, Anngela-Cole L. Perceptions of successful aging among older Latinos, in cross-cultural context. *J Cross Cult Gerontol* 2012;27:183-99.
9. Cha HN, Seo EJ, Sok SR. Factors influencing the successful aging of older Korean adults. *Contemp Nurse* 2012;41:78-87.
10. Lamb VI, Myers GC. A comparative study of successful aging in three Asian countries. *Popul Res Policy Rev* 1999;18:433-49.
11. Abeykoon AT. Aging and the health sector in Sri Lanka. *Ceylon Med J* 2000;45:52-4.
12. United Nations. *World population prospects: the 2000 revision*. New York: UN; 2001.
13. De Silva WI. *Population projections for Sri Lanka 1991-2041*. Colombo: Institute of Policy Studies; 1997.
14. De Silva WI. How serious is aging in Sri Lanka and what can be done about it? *Asia Pac Popul J* 1994;9:19-36.
15. Department of census and Statistics. *Population and housing*. Available at: <http://www.statistics.gov.lk/popoustat/vitalstatistics/tables.asp>. Accessed 23 July 2013.
16. Siddhisena KA, Ratnayake K. Aging population and elderly care in Sri Lanka. *Sri Lanka J Popul Stud* 1998;1:35-55.
17. De Silva WI. Family transition in south Asia: provision of social services and social protection. *Asia Pac Popul J* 2005;20:13-6.
18. Nugegoda DB, Balasuriya S. Health and social status of an elderly urban population in Sri Lanka. *Soc Sci Med* 1995;40:437-42.
19. Abeykoon AT. Demographic implications of health care in Sri Lanka. *Asia Pac Popul J* 1996;11:47-58.
20. Abeykoon AT. *Research, data and policy issues on aging in Sri Lanka: aging population in Sri Lanka--issues and future prospects*. Colombo: UNFPA; 2004.
21. Perera B. Health of our elders. *Ceylon Med J* 1997;42:91-3.
22. Stewart DW, Shamdasani PN, Rook DW. *Focus groups*. Thousands Oaks: Sage Publications; 2007.
23. Baltes P, Balts M, editors. *Successful aging: prospectives from the behavioral sciences*. Cambridge: Cambridge University Press; 1990.
24. Lawton MP. Environmental and other determinants of well-being in older people. *Gerontologist* 1983;23:349-57.
25. Hsu HC. Exploring elderly people's perspectives on successful aging in Taiwan. *Aging Soc* 2007;27:87-102.
26. Laditka SB, Corwin SJ, Laditka JN, Liu R, Tseng W, Wu B, et al. Attitudes about aging well among a diverse group of older Americans: implications for promoting cognitive health. *Gerontologist* 2009;49(Suppl 1):S30-9.
27. Chong AM, Ng SH, Woo J, Kwan AY. Positive aging: the views of middle-aged and older adults in Hong Kong. *Aging Soc* 2006;26:243-65.
28. Crowther MR, Parker MW, Achenbaum WA, Larimore WL, Koenig HG. Rowe and Kahn's model of successful aging revisited: positive spirituality--the forgotten factor. *Gerontologist* 2002;42:613-20.
29. Hilton JM, Child SL. Spirituality and the successful aging of older Latinos. *Couns Values* 2014;59:17-34.
30. Ng TP, Broekman BF, Niti M, Gwee X, Kua EH. Determinants of successful aging using a multidimensional definition among Chinese elderly in Singapore. *Am J Geriatr Psychiatry* 2009;17:407-16.
31. Gethin RM. *Foundations of Buddhism*. Oxford: Oxford University Press; 1998.
32. Uhlenberg P. Intergenerational support in Sri Lanka. In: Hareven TK, editor. *Aging and generational relations over the life course: a historical and cross-cultural perspective*. New York: Walter de Gruyter; 1996:462-82.
33. Fernando DN. Support for the elderly in Sri Lanka. *World Health Forum* 1995;16:1363.
34. Andrews GR, Hennink MM. Research directions in ageing in the Asia-Pacific region: past, present and future. In: David RP, editor. *Ageing in the Asia-Pacific region*. London: Routledge; 2000:51-81.
35. Siddhisena KA, DeGraff DS. A pace of its own: the demography of aging in Sri Lanka. *J Popul Aging* 2009;2:77-99.
36. Leonard WM 2nd. Successful aging: an elaboration of social and psychological factors. *Int J Aging Hum Dev* 1981-1982;14:223-32.
37. Maslow AH. A theory of human motivation. *Psychol Rev* 1943;50:370-96.