

Business

The mountains that hide struggles

Ageing, poverty and care in Kandy

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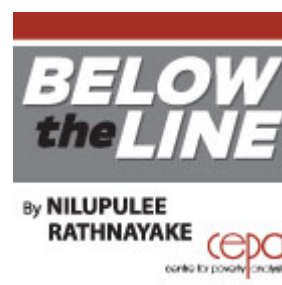
Steep slopes, foggy mountains and winding footpaths shape everyday life in the hills of Kandy.

What appears picturesque to outsiders often structures hardship for those who live there.

Homes are reachable only by climbing long, uneven steps or narrow paths, while public transport remains distant.

Ageing in such landscapes is profoundly different from ageing in the plains. Geography shapes not only how people live but also what they are able to do, access and become. Over time, these constraints reshape household structures.

Younger generations frequently migrate for education or employment, leaving fragmented households and older people living in relative isolation. Many families experience higher poverty and deprivation because geographic disadvantages restrict livelihoods and access to services.



What may be an inconvenience for younger people becomes, in old age, a serious restriction on mobility, independence, and dignity.

Within this context emerges an often-overlooked dimension of deprivation: care poverty – a situation where people who need care do not receive sufficient assistance from either informal or formal sources. In poor households, dependency burdens restrict both the receipt and provision of care.

Although Sri Lanka still lacks systematic knowledge about the realities of these mountain communities, evidence from across South Asia shows that poverty in mountain regions tends to be deeper, and more multidimensional, while poverty reduction is often slower than elsewhere in the same country. Physical inaccessibility, limited access to basic facilities, and high dependency rates intensify vulnerability.

Cultural norms

Yet elder care in Sri Lanka continues to be framed primarily as a family responsibility, reinforced by cultural norms and legal frameworks. While this may work for households with resources, it raises a difficult question for poorer families in such hilly terrain: should dignified ageing depend solely on a household's economic capacity?

Field observations from a recent CEPA study in hill villages of Kandy show how ageing, poverty and geography intersect to produce care poverty. These stories reveal realities that statistics alone cannot capture.

One of the clearest entry points into this was the recent cyclone 'Ditwah'. One man in his late fifties lived with his two immobile elderly parents in a house located in a high-risk area. A former carpenter who had stopped working due to heart problems, he had no stable income. During the cyclone, police repeatedly asked families in red-zone areas to evacuate.

But he faced an impossible choice.

"I have parents who are immobile. How can I carry them? On my back?" he said.

Then he added quietly, "It is better for all four of us to die together in this house."

Disasters expose capability inequalities because older persons cannot respond to emergencies with the same physical capacity. Although authorities stated that older persons were prioritised during the emergency, our field observations suggested that this was not always the lived reality.

The man who refused to evacuate during the cyclone stayed behind with his immobile parents. Two neighbouring houses collapsed while his house remained standing, but the risk remains and he has no alternative.

When elder care is treated mainly as a familial responsibility, older people and caregivers become especially vulnerable during crises in geographically disadvantaged areas. Disasters such as landslides are not rare shocks in these areas; they are recurring threats.

Ecosystem fragility, wildlife intrusion, and climate events intersect with poverty to produce a constant state of risk. What remains is dependence, on children who are struggling themselves, on neighbours who are equally poor, or on inadequate social assistance.

Loss of dignity

Another consequence is the loss of dignity that can emerge when ageing is managed solely within families already under economic strain. In one household, a man who had been partially paralysed for two months depended on his wife, who also had mobility difficulties.

Their son who lives nearby, struggling with alcoholism, frequently assaulted him and pressured him for money, selling almost all the family assets during his father's illness. The man's only stable income was Rs. 2,500 'Aswesuma' allowance.

With wildlife destroying crops, even subsistence farming had become impossible. The man wept as he spoke about his fear for the future. A nearby shopkeeper later revealed that he had attempted suicide weeks earlier.

Another woman, now over eighty, slowly climbed down to a shop at midday to buy rice.

"I have not eaten anything so far today," she said. "Even if I stay hungry for seven days, there is no one to give me a single meal."

Her poverty shows how capability deprivation can accumulate across the life course, shaped by gendered norms. Though educated and eligible for a job, she married at nineteen and spent her life in unpaid domestic and care work after her husband prevented her from working outside the home, leaving her economically vulnerable in old age.

She now survives on a Rs. 5,000 elderly allowance – enough for only half the month. Bent forward and leaning on a stick, she explained how back pain had made walking difficult. She spends long days with little to do, without even a television or radio, and long sleepless nights in pain.

Across many of these households, a broader pattern becomes visible: intergenerational poverty. Many families across generations have not benefited from development gains. Younger people rely on unstable livelihoods such as daily wage labour, garment work or migration abroad, while the

older generation spent much of their lives in informal work and now enter old age without pensions or savings.

Care poverty here is thus not simply a lack of services but a phenomenon that cannot be separated from deeper spatial and economic marginalisation.

In some households, responsibilities increase rather than diminish with age. One man with severe knee pain supports two grandchildren abandoned by his daughter while earning a small income carving wooden spoons. In another case, an elderly woman cares for her teenage granddaughter to protect her from an abusive father while the child's mother works abroad.

These stories show how family disruption and intergenerational poverty push care responsibilities onto older persons even as their physical and economic capacity declines.

The structural conditions revealed in these stories are not unique to Kandy but reflect the reality of many mountain communities across Sri Lanka. In these communities, hardships are sometimes interpreted through ideas such as 'Karma' while institutional care is widely stigmatised as abandonment. Such beliefs give moral meaning to suffering, but they reinforce the expectation that good care must come from families, intensifying the struggles of households already constrained by poverty.

Sustainable solutions

Taken together care poverty is particularly concerning as population ageing is no longer a distant issue in Sri Lanka; it is already reshaping households and labour markets. The share of people aged 60 and above has risen from about 12% in 2012 to nearly 18% today, and one in four Sri Lankans may be over 60 by 2040. Yet care has not become central to development planning.

Addressing care poverty requires policy responses that move beyond social assistance. Sustainable solutions must be integrated into development planning, recognising care poverty as a context-specific issue shaped by intersecting structural factors.

Many older people, though physically weaker, remain capable of contributing economically if opportunities exist. Policies must, therefore, address the informality and vulnerability that characterise livelihoods across the life course in these communities while strengthening social protection to reduce intergenerational poverty.

At the same time, policy responses must engage with shifting the public narrative around care carefully while gradually expanding shared responsibility for care across families, communities, markets, and the state. Expanding care services can bridge gaps in access while creating

employment within the care economy. By reframing care services as supportive social infrastructure rather than charity or abandonment, older persons in these mountains can age with dignity overcoming the disadvantages created by isolation, poverty and declining strength.

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