



Population Association of Sri Lanka

PASL NEWSLETTER

2020 - 2021 No.2

President's Message

The 23rd Council is pleased to launch issue no 2 of the PASL Newsletter - 2020-2021. The Association was publishing Newsletters intermittently since its formation in 1997. This task was formalized from 2019 and two Newsletters per year has been circulated. I take this opportunity to thank the Editors of all the Newsletters who contributed to keep this important task afloat.

The 23rd Council commenced its tenure on the 23rd of February 2020. The unexpected COVID-19 pandemic had its impacts on Council activities and as a response we have been active online. COVID-19 is not only a health crisis. It affects the population as a whole, beyond the health aspects. Therefore, it is important to explore the impacts of COVID-19 on the population from different perspectives. This Newsletter is such an attempt. We invite all of you to participate in the Webinar on "*Emerging Population Issues in the context of COVID-19 Pandemic*", a further initiative on this line, scheduled for 25th July 2021.

The Editor of the Newsletter is to be congratulated on this task, though the views expressed in the box-articles do not reflect the views of the PASL or the Editor.

The PASL will continue its journey and the support of the membership will facilitate our endeavors.

Dr. Kumudika Boyagoda
President



Guest Lecture Series - No 1

23rd Council Activities - PASL, 2020-2021

A lecture and discussion on "Ayurveda & Traditional Medicine to Combat COVID-19" was organized under the Guest Lecture Series of the Population Association of Sri Lanka on 1st June 2021 from 7.00 a.m. to 10.30 a.m. via online platform. Dr. M.W.S.J. Kumari, Secretary/ 23rd PASL Council and Senior Lecturer of Ayurveda, Institute of Indigenous Medicine, University of Colombo was the Resource person. Currently she serves as a Member of the Committee for the recommendation of Ayurveda Clinical Guidelines for the Management of COVID-19, appointed by the State Ministry of Indigenous Medicine Promotion, Rural and Ayurvedic Hospitals Development and Community Health. Seventy students of 1st Professional Bachelor of Ayurveda Medicine and Surgery of IIM were participated.

The lecture included Ayurveda purview of COVID-19, causes, signs and symptoms, pathology, immunity concept of Ayurveda and possible preventive measures. It was highlighted that Ayurveda has explained communicable diseases / infectious diseases or pandemics under different terminologies in all the authentic principal texts. Separate chapters are devoted to explain epidemiological diseases under the term "Janapadodhvansa" (destruction of states / epidemics / pandemics), "Sankranti roga" (communicable diseases) / "Aupasargika roga" (transmittable diseases) etc. with possible preventive and treatment measures.

Content

President's Message	1
23 rd Council of the PASL	1
Guest lecture - No 1	1
Sri Lanka Journal of Population Studies	2
Guest lecture - No 2	2
Online Forum for Professional Networking.....	2
COVID-19 and Pop. Dynamics	3
COVID-19 and Health	3
COVID-19 and Women	4
COVID-19 and its impact on People with Disabilities	4
COVID-19 Pandemic and Violence against Women	5
COVID-19 and Counseling	5
The Effects of COVID-19 on Elderly People in Sri Lanka	6
How to join PASL	6
Contact Details	6

23rd Council - Population Association of Sri Lanka (PASL) 2020-2021

President

Dr. Kumudika Boyagoda

Vice Presidents

Dr. Swarna Ukwatta

Mr. Wimal Nanayakkara

Secretary

Dr. M W S J Kumari

Assistant Secretary

Mr. Migara Karunaratne

Treasurer

Ms. Samanthi Bandara

Editor

Prof. Ruwan Jayathilaka

Committee

Dr. Indu Bandara

Dr. Manori K Weeratunga

Ms. Yuganthi N Subasinghe

Ms. Irangi S Samarakoon

Prof. E L S J Perera

Ms. Anoja Senevirathne

Mr. Hansa Jayaratne

Ms. Neranjala Sumathipala

Editor
Hansa Jayaratne



Sri Lanka Journal of Population Studies Volumes 21(2) & 22 (1)

Sri Lanka Journal of Population Studies (SLJPS) - Volume 21 Number 2 and Volume 22 Number 1 were launched during the tenure of the 23rd council of the PASL. The SLJPS is a scientific refereed journal, published by the Population Association of Sri Lanka. It seeks to promote and disseminate knowledge on Demography and Population Studies in a multi-disciplinary perspective with major reference to Sri Lanka. The journals carry an array of interrelated themes on the core areas of Demography as well as interconnected subject areas.

Volume 21 Number 2 carries papers titled "The Rise of a Silver Economy: Stimulating Economy of Sri Lanka", "Benefits of Migration: A Case Study of Returnee Migrants in a Fishing Community in Puttalam District", "Spatial and Demographic Dimensions of Dengue Epidemic: A Study in Kolonnawa Divisional Secretariat, Sri Lanka", "Ageing Population and Economic Growth Nexus in Sri Lanka" and a book review on the publication "Medium - Term Population Projection for Sri Lanka: 2012 to 2037".

Volume 22 Number 1 carries papers titled "A Look into Those Who Can't See: Socioeconomic Status in the Lives of Visually Impaired in Three Geographical Areas of Sri Lanka", "Violence against Ageing Population: Global Overview with Special Reference to Sri Lanka", "Psychosocial Problems Faced by Transgender Community in Sri Lanka: Three Case Studies", "Issues of Online Education System: Family Level Factors", "Vagrant Community and Their Basic Needs: A Case Study Based on Thotalanga Homeless People.

An online Forum for Professional Networking - Session IV Speaker: Mr. K S L R Senadeera, Deputy Director, Vital Statistics Unit, Department of Registrar General

The fourth session of the "Online Forum for Networking" was conducted by Mr. K S L R Senadeera, Deputy Director, Vital Statistics Unit, Department of Registrar General on the topic of "Activities and Responsibilities of Vital Statistics Unit". In the first part of Mr. Senadeera's presentation, he provides an overview on the history and the responsibilities of the unit. Moreover, he explains the registration procedures of births, deaths and marriages with detailed information on the different types of applications that are available under each category. In the latter part of the presentation, indicators that can be used to measure the progress of achieving SDGs have been discussed along with the general measures that are calculated by the unit. The presentation concludes with the future expansions on the unit including the calculation for lower administrative units, introducing automated data collection system and collection of divorce and child adaptation data.

Guest Lecture Series - No 2 23rd Council Activities - PASL, 2020-2021



Dr. M W S J Kumari conducted a lecture on "Protection from COVID-19: An Ayurvedic Approach" via the Zoom platform on 09th June 2021 with the participation of scholars of different disciplines. Dr M W S J Kumari is a Senior Lecturer in the Institute of Indigenous Medicine, University of Colombo and the present secretary of the Population Association of Sri Lanka.

The lecture commenced with an introduction on the pandemic that prevails in the past times and explaining the traditional and complementary systems of medicines is enriched with different strategies to overcome such catastrophic situations. It emphasized on the Ayurveda Rasayana (Immunity Boosting) drugs and how they increase the immunity by increasing the resisting power. Dr Kumari further discussed about the Ayurveda perspective in relation to the Covid-19 pandemic and make awareness on the measures that can be taken to remain healthy and protect oneself from the Covid-19. The lecture was concluded with an active discussion with the participants.

COVID-19 and Population Dynamics

Dr Kumudika Boyagoda

Senior Lecturer, Department of Demography, University of Colombo

COVID-19 is not only a health crisis impacting the infected. It affects the population as a whole beyond health aspects and can have marked consequences for population dynamics. The interplay of mortality, fertility and migration affects the structure, size, growth, and distribution of a population which is predicted to a certain extent, given the natural course of events. Unexpected and unforeseen events such as COVID-19 can alter the demographic landscape visibly. In general, we observe decreasing fertility and mortality and an increase in the pace and diversity in the type of migration resulting in ageing populations, demographic dividends, urbanization etc. However, population dynamics are not uniform across countries. For example, pockets of high fertility as well as lowest low fertility, in migration as well as out migration countries and areas, positive and negative growth rates are observed. All these changed with the unexpected situation. It is therefore important to explore the impacts of COVID-19 on population dynamics.

The most visible outcome of the pandemic is morbidity and mortality. COVID-19 related excess mortality is attributed to death directly as well as indirectly connected to the pandemic. Yet impact of COVID is not similar across population sub-groups. The disproportionate impact of COVID on the elderly is well documented. Maternal deaths and neo-natal mortality is also visible. Though COVID-19 itself is a morbidity condition, at present where non-communicable diseases are more prevalent, populations with morbidity conditions such as cardiovascular disease, diabetes, chronic respiratory diseases and cancer are predicted to develop serious health issues.

Impact of the pandemic on fertility is not as visible as on mortality and migration and less documented. Historically, epidemics have been characterized by an initial depression of fertility followed by a rebound. Yet due to difference of interplaying factors at present it is not definite if the pattern will be replicated. Age profiles of the highly impacted by COVID-19, extent to which women have control over their fertility, supply and accessibility of family planning services, economic down-turns and job losses, work from home and work life balance, will result in reduction or postponement of fertility.

Lockdowns, and travel restrictions were the immediate responses to COVID-19 which resulted in return migration and restrictions on immigration and movement within countries. Urban areas have become the epicenters of COVID-19 due to informal and crowded settlements, inadequate housing conditions, urban poverty etc. Apart from the social and economic consequences of these at individual or family level, the spread of the virus through migrants was also observed. Yet on a positive note, certain depopulating countries and areas, the origins have begun to be more attractive, especially with the development of online working.

The scale and severity of COVID impact on population dynamics is unprecedented and still fully unassessed. Yet the goal is to meet the challenge, and overcome, through post-pandemic proactive policy.

COVID-19 and Health

Dr M W S J Kumari

Senior Lecturer, Institute of Indigenous Medicine, University of Colombo

New coronavirus, SARS-CoV-2 was first reported on 31st December 2019, from a 'viral pneumonia cluster' in the Wuhan City of China. WHO has declared COVID-19 as a 'Pandemic' on 11th March 2020. This virus is evolving and currently there are four main variants, first identified in United Kingdom (B.1.1.7/ Alpha), South Africa (B.1.351/ Beta), Japan - travellers from Brazil (P1/Gamma) and India (B.1.617/ Delta).

COVID-19 has hit almost all the countries hard. According to the WHO Coronavirus (COVID-19) Dashboard on 20th July 2021, Globally 190,671,330 confirmed cases including 4,098,758 deaths were reported. In accordance with National Epidemiological Report, 21st July 2021, there were 287973 confirmed cases and 3870 deaths in Sri Lanka. Clusters reported were named as Navy, Kandakadu, Minuwangoda, Fish Market\ Harbour, Prison and New Year Clusters. Coronavirus disease 2019 (COVID-19) Situation Report - 20.07.2021 of Ministry of Health has highlighted the majority patients were from Colombo, Gampaha, Kalutara, Kandy, Kurunegala and Galle Districts respectively; Males were more affected and 75.07 percent was verified 60 years or more.

Virus is transmitted through droplets largely or by air. A person mainly infected by breathing. The incubation period is 2-14 days. Polymerase Chain Reaction (PCR), antigen or antibody testing are used to confirm the infection.

Most infected people develop mild to moderate illness and recover without hospitalization. Fever, dry cough and fatigue are the commonest symptoms. Less common symptoms are loss of taste or smell, congestion, conjunctivitis, sore throat, headache, muscle or joint pain, skin rashes, nausea or vomiting, diarrhea and chills or dizziness. Severe symptoms are shortness of breath, loss of appetite, confusion, persistent pain or pressure in the chest and high temperature (above 38°C). Less common severe symptoms are irritability, confusion, reduced consciousness (sometimes seizures), anxiety, depression, sleep disorders. More severe and rare neurological complications are strokes, brain inflammation, delirium and nerve damage.

Children and adolescents have more mild disease compared to adults. The majority children have asymptomatic infection. The elderly people with preexisting diseases are at higher risk of mortality and getting critically ill. Pregnant women can severely unwell, particularly in third trimester. This pandemic has negatively affected people's mental health experiencing fear, stress, anxiety or depressive disorder etc. Also COVID-19 can lead to neurological and mental complications, such as delirium, agitation and stroke.

For prevention; clean hands, maintain a safe distance, wear a mask, not touching eyes, nose or mouth, stay home when unwell are beneficial. The patients need medical attention if show symptoms. Suspects should be quarantined and infected persons should be isolated. To bring this pandemic to an end, a large portion needs to be immune. For emergency use, there are some vaccines available in Sri Lanka; Covishield, Sputnik V, Sinopharm, Pfizer and Moderna but none of them are 100 percent effective.

To combat COVID-19 Ayurveda and Traditional Medicine can be utilized optimum as they are time tested medicine. Department of Ayurveda has introduced immunity enhancing drugs. Some Ayurveda Hospitals have been converted to the COVID Intermediate Treatment Centers from 1st June 2021. Fast increasing number of COVID-19 patients and growing death rates are the main challenges Sri Lanka facing today. There is no effective treatment for the disease up-to-date. Therefore multidisciplinary approach is essential to eradicate this dreadful disease.

Covid-19 and Women

Irangi Samarakoon

Lecturer, Department of Demography, University of Colombo

The Covid-19 epidemic has impacted people of all ages, genders, socioeconomic levels, and nationalities. COVID-19's effects on women and girls are worsened in every sector, from health to the economy, security to social protection. According to UN Women Report on "How Covid- 19 Impacts Women and Girls" (2021), women make 70% of the health workforce globally and the restrictions imposed on the movement of the population has caused difficulties for accessibility and affordability of water, sanitation, hygiene and Menstrual Hygiene Management (MHM). In addition, violence against women, the "shadow pandemic" has been intensified since the pandemic due to security, health and money worries, cramped living conditions, isolation with abusers and deserted public spaces. UN Women further reports that in the cases of France and Singapore, number of cases on domestic violence has been increased in 30% and 33% respectively.

Considered the economic aspect, the pandemic has made a toll women's economic and livelihood activities leading to increased poverty and food insecurity as majority of the women employed are in the informal sector. United Nations Policy Brief on Covid- 19 and Women (2020) states that it is expected that Covid-19 could cause 25 million jobs to be lost globally with women migrant workers particularly vulnerable. It has also been identified that the social distancing measures and school closures has made women's engagement in unpaid care work increased quite often while managing the paid work. Amidst these situations experienced by the women, it has also been identified by different scholars that women are sidelined in creating the larger picture of responding to Covid- 19. It has been revealed that female expertise knowledge in COVID-19 is disregarded and women are more likely to be used as sources sharing subjective views than experts sharing authoritative expertise.

In the light of these experiences, in order to address the impacts of the pandemic on women, United Nations has suggested that women and women's groups to be at the center of the COVID-19 response, that unpaid care labour to be transformed into a new, inclusive care economy, and that socio-economic strategies to be designed with a deliberate focus on the lives and futures of women and girls. It is expected that the people would be able to attain fundamentally better results, quick economic recovery, and Sustainable Development Goals as a result of these policy measures.

Covid-19 and its impact on People with Disabilities

Yuganthi N Subasinghe

Lecturer, Department of Demography, University of Colombo

People living with disabilities are one of a vulnerable groups under COVID-19 pandemic. According to World Bank (2021), one billion people (15% of the world's population), experience some form of disability, and disability prevalence is higher for developing countries. Feminisation, aging, and poverty are the most significant aspects of disability. Therefore, people with disabilities live in whole over the world are disadvantaged in many aspects including education, health services, employment status, and sources of income which are highly associated with increased risk of severe outcomes from COVID-19. As they face variety of disabilities and impairments together with socio-economic barriers, WHO has expressed that people with disabilities may be at a potentially higher risk of contracting the COVID-19 virus due to difficulty in engaging preventative measures, barriers to implementing basic hygiene measures, experience disruptions on health services, and to face social-distancing and self-isolation (because of additional support required or as they are institutionalized) can be difficult for those with disabilities. Therefore, an additional consideration should be given on people with disabilities as they may be at a greater risk of developing more severe cases of COVID-19.

Research done in England revealed that the risk of death from COVID-19 was greater for men with disabilities than female counterparts when comparing with men and women without disabilities while people with intellectual disabilities have an increased risk of COVID-19 death.

In developing countries due to poor literacy levels and lack of knowledge on information technology, health communications are not accessible for people with disabilities. Kubenz & Kiwan (2001) have found that mental distress were high among the people with disabilities due to isolation, poverty, and fear of COVID-19. It is evident that a sharp increase in sexual abuse, especially against disabled women and girls, including domestic and caregiver violence, social and community violence, and increased discrimination and Gender based violence. Research done in developing countries revealed that Disabled children faced critical problems related to their education and access to technology and accessibility of technology were both significant barriers to remote learning other than lack of knowledge on use of technological devices. The research done on this regards revealed that people with disabilities live in over the world faced barriers and problems in many aspects which has been significantly observed in the developing countries.

Therefore, health service providers and the national health systems in each government must ensure that people with disability are not left behind during the COVID-19 and that they are treated with respect, dignity and without discrimination. Specific actions must be taken by various groups to ensure that people with disability have equal access to information, health care services and the support they need to stay healthy and safe during this challengeable period.

COVID-19 Pandemic and Violence Against Women

Neranjala Sumathipala

Lecturer, Department of Demography, University of Colombo

As the COVID-19 pandemic was discovered in Wuhan, China in December 2019 and the pandemic was spread around the world within a short time period, now worldwide population has been affected by the current COVID-19 pandemic. Specially women and children could be identified as the most vulnerable group in the COVID-19 outbreak. During the pandemic violence against women tends to increase such as physical, mental, and sexual violence. According to United Nations data, globally, even before the COVID-19 pandemic began, 1 in 3 women experienced physical or sexual violence mostly by an intimate partner according to United Nations. Emerging data shows that violence against women has increased during the COVID - 19 outbreak.

Most countries ordered a complete lockdown to control the spread of the COVID -19 pandemic. Due to lockdown, people had to stay at home. As a result of increasing violence against women, United Nations called this creating “shadow pandemic within the pandemic”. The United Nations Population Fund estimates that the Covid-19 pandemic has the potential to cause 15 million additional gender-based violence cases worldwide for every additional three months of lockdown. It could be identified that limited statistical data related to women against violence during the COVID-19 pandemic. Some countries have recorded calls to helplines that have increased five-fold rates of reported intimate partner violence increase because of the COVID-19 pandemic. Moreover, women have become helpless due to stay-at-home orders and closing or reduction of institutions that are established for the protection of women.

When considering factors that affect violence against women, individual factors can lead to aggravation of the violence. Due to the pandemic aggressor's increased stress due to fear of falling ill, uncertainty about the future, the impossibility of social contact, the imminent threat of reduced income, and loss of their jobs. Not only that but also their consumption of alcoholic beverages and other psychoactive substances have increased. In addition, when it comes to women's side, it could be seen overload on the woman with housework and care for the children, elderly, and sick family members can also reduce her ability to avoid conflict with the aggressor during the COVID-19 pandemic. According to these factors, women have become the most vulnerable group to psychological violence and sexual coercion.

Thus, it is needed to address this shadow pandemic. By September 2020, 52 countries had integrated prevention and response to violence against women and girls into COVID-19 response plans according to United Nations. There is no end in sight to this COVID-19 pandemics. Therefore, the protection and human rights of women must be ensured. Eventually, all countries should be implemented institutional support to end violence against women during the COVID -19 pandemics. Otherwise, women will not be able to get out of this oppressive situation.

COVID-19 and Counseling

Dr Swarna Ukwatta

Retired Professor, Department of Demography, University of Colombo

With the outbreak of COVID-19 pandemic, counselling has become an important element in the health system in improving physical, mental and social wellbeing of people in many circumstances. According to World Health Organization, COVID-19 is an infectious disease caused by a newly discovered coronavirus. This outbreak has affected the lives of people worldwide in various ways irrespective of their demographic, social and economic levels as well as the countries and areas they live generating a critical situation. Especially the poorer communities, particularly the under-served, low income households who live under poor living conditions, overcrowded houses, and using common spaces have been significantly affected by this disease. These communities are posed to the highest risk of falling into poverty due to the lock down and consequent downturn in employment opportunities due to their dependence on day to day or casual work opportunities. There have been loss of lives, rapid changes in daily life, and disrupted plans among all communities. Most people infected with this virus recover without requiring special treatment. Elderly persons and those with non-communicable diseases are more likely to develop serious illnesses. Number of deaths occur due to this disease are on rise. Due to this critical situation people are struggling with fears of infection, death, job loss and financial problems. They are learning to live with aggravation of cooped-up families and searching new ways to meet their basic needs. Moreover, the Corona Virus Lockdown has plunged people into a period of stress, and anxiety. Although number of cases of child abuse have not increased during the lockdown period as families stay at home, online sexual abuse is a silent pandemic that has created distressing effects on mental health of children. Therefore, people are becoming more irritable and frustrated with the things that are changing daily. Sadness, tearfulness, loss of interest in enjoyable activities, restlessness, and feeling helpless are the experiences that are all understandable in the face of this significant challenge.

Looking after the physical, mental and social wellbeing of people in the midst of this global crisis is therefore crucial. One of the most important action that can be taken to manage stress and anxiety is to learn how to protect against this virus is to practice good hygiene, self-isolation and social distancing as per the advices of health officials. People need to acknowledge this overwhelming situation and to live accordingly as it will take some years to come back to the normal situation. Meditation is another good practice, irrespective of the religion of people, to lessen emotional strains. It is also important to maintain daily activities productively as much as possible. Counselling is needed in some situations where people have difficulties in coping up with the mental problems such as stress and anxiety. Counselors can help such persons by identifying their psychological, behavioural and interpersonal problems and guiding them to solve their problems. In addition, counselors provide their services by educating them to identify and solve their problems, helping them to make decisions, facilitating, provision of more appealing therapy and referring them to more appropriate health services.

The Effects of COVID-19 on Elderly People in Sri Lanka

Dr Manori K Weeratunga

Head & Senior Lecturer, Department of Demography, University of Colombo

COVID-19 was an unexpected pandemic that affected the population in several ways. Although it is still difficult to measure the full extent of the pandemic's effects, its negative impact on psychological well-being has become very evident due to factors such as sudden lockdowns, travel restrictions, lack of access to health institutions, and barriers to social relations. The negative effects of pandemics are more severe in marginalized populations such as older adults who have higher risks of acquiring infection, more disease-related complications, and increased risks of death. Moreover, the pandemic has developed digital forms of contact that are not familiar to elderly generations in lieu of traditionally prevailing social communication forms thus exacerbating the vulnerability of the elderly.

Rapid ageing population – The severity of the pandemic can increase due to the rapid ageing process in the country. According to available statistics, people 60 years and above comprised 12.4 percent of the total population in the country. The spread of the infection is higher among the countries which have a higher proportion of elderly population and Sri Lanka proves to be no exception. However, the most serious issue is that the most vulnerable population for the pandemic is the elderly population according to the reported deaths and cases so far.

Elderly care – Elderly care has been a serious emerging issue in the country as a result of rapid ageing and rapid societal change. According to our culture, elderly care is mainly a family responsibility. Therefore, almost 80 per cent of all elderly in Sri Lanka live with their children or in close proximity to their children. However, when there is a higher socio-economic impact on the entire family, existing care arrangements also change. The elderly who have never married, have no children, are widowed and are living alone, or living with a spouse far from their children's residence face several issues in terms of lack of required care. The most vulnerable group is those who need long term care and those who live alone as they need more support than others. The pandemic has dictated the intergenerational support mechanisms available in the society on elderly parents as a result of unexpected health and socio-economic consequences.

Special needs – The emerging special needs of older populations during critical periods of pandemics focus on healthcare and other services. In general, older adults are prone to both acute and chronic infections owing to reduced immunity. Therefore, they need proper health care services which are very limited due to lockdowns and travel restrictions. It is also essential to consider the psychological condition of the elderly population as it can affect their overall health conditions. Moral support is a vital need during this period. In addition, environmental or social factors contribute to the high risk of infection among older adults. These include poor living conditions, nutrition, ventilation, sanitation, and overcrowding, especially among older adults in long-term care. This situation may increase the spread of infection among elderly population which may increase unexpected sudden deaths.

Prior preparedness is critical for marginalized populations such as the elderly. A comprehensive assessment of their immediate, short-term, and long-term needs will help in planning their health, care and other services.

How to join PASL

The Population Association of Sri Lanka consists of four categories of membership.

Persons who have studied Demography/ Population Studies/ Allied fields for a Special / General/ Postgraduate Degree shall be eligible for Ordinary Membership.

Persons eligible for Ordinary Membership shall be eligible for Life Membership by payment of a sum of Rs. 1500/=.

Persons who have made distinguished contributions to Demography and Population Activities in Sri Lanka shall be nominated as Honorary Life Members by the Council

Persons and Institutions who are actively involved in the field of Demography and Population but who do not come under 4.1.1 may apply for Associate Membership.

Contact Details for Application

Address

Department of Demography
University of Colombo
P.O. Box 1490
Colombo 03, Sri Lanka.

E-mail: pasl.srilanka@gmail.com

Tel: +94 11 258 6111

Fax: +94 11 258 1110

Web site: <http://pasl.lk>