

# Estimating the paid care sector in Sri Lanka

**Dilani Gunewardena<sup>1</sup> Ashvin Perera<sup>2</sup> and Hasna Munas<sup>3</sup>**

*<sup>1</sup>Professor of Economics, University of Peradeniya, Non-Resident Fellow, Verite Research, Sri Lanka and Research Fellow, Partnership for Economic Policy*

*<sup>2</sup>Senior Analyst, Verite Research <sup>3</sup>Consultant, Verite Research*

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# Outline

- Background and motivation
- Definitions and concepts
- Scope and objectives of the study
- Current landscape of the care economy in Sri Lanka: Literature review
- Estimating paid work: methodological considerations
- Estimates of employment, hours worked and wages in the paid care sector in Sri Lanka based on Labour Force Survey data
  - Immediate pre-pandemic years (2019)
  - Pandemic years (2020)

# Background and motivation

- Care work accounted for 60 percent of the job growth in the lowest wage quintile and for 40 percent of the job growth in the fourth quintile between 1983 and 2007 (Duffy et al., 2021)
- Migrant workers and workers representing ethnic minorities are often over-represented in paid care work.
- Globally, paid care ranged from 3.5 percent (Mozambique) to 27 percent (Denmark) of employment (Duffy et al., 2021).
- No apparent relationship between the need for care and the size of the paid care sector (Duffy et al., 2021)
- The size of the paid care sector is related to GDP, but there are exceptions that suggest that policy and the creation of care infrastructure matter (Duffy et al., 2021)

# Definition of care work (Duffy et al., 2021)

- The activity [of the industry] contributes to physical, mental, social and/ or emotional well-being.
- The primary labour process [in the industry] involves a face-to-face relationship with those cared for.
- Those receiving care are members of groups that by normal social standards cannot provide for all their own care because of age, illness, or disability.
- Care work builds and maintains human infrastructure that cannot be adequately produced through unpaid work or unsubsidized markets, necessitating public investment.

# Types of care jobs included (Duffy et al., 2021):

- Nurturant occupations/ direct care: involve direct relationship with care recipients.
- Non-nurturant occupations/ indirect care: support caregiving including cleaning and cooking work in schools, hospitals, and private homes.

# Care components (Duffy et al., 2021):

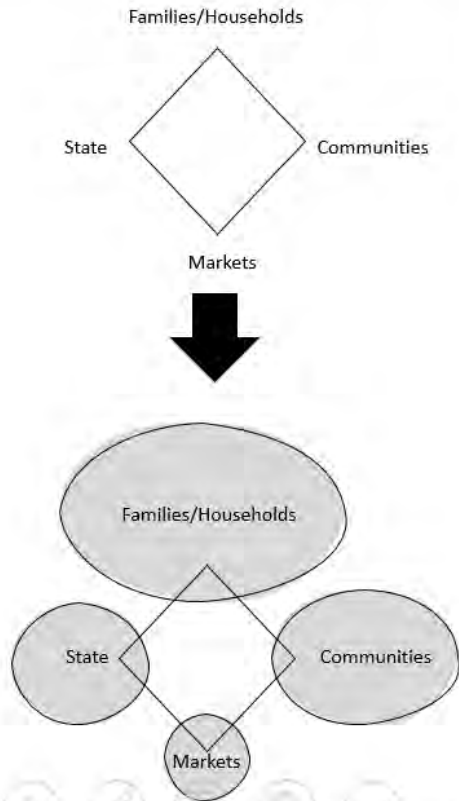
- Health care: residential and non-residential long-term care.
- Education and childcare: schools, pre-schools, family day-care centres.
- Social services.
- Domestic workers: work for individual households to clean, cook, and care for family.

# Definition of the care economy

- The care economy refers to the structures and institutions (including social patterns) of paid and unpaid work that contribute to the nurturing and reproduction of present and future populations.
- The care economy includes childcare, elder care, education, healthcare, and personal, social and domestic services provided in both paid and unpaid forms within formal and informal sectors (Peng, 2021).
- Care is provided in all societies by four institutions: family, community, market and state, which make up the four points of the “care diamond” (Razavi, 2007). Paid care makes up 3 of these 4 points.

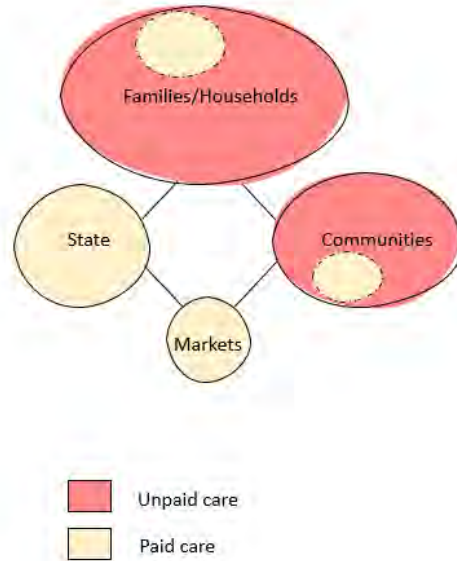
### Agenda setting

Generate evidence and increase awareness of the problem among policy makers by mapping out the extent and shape of the care economy



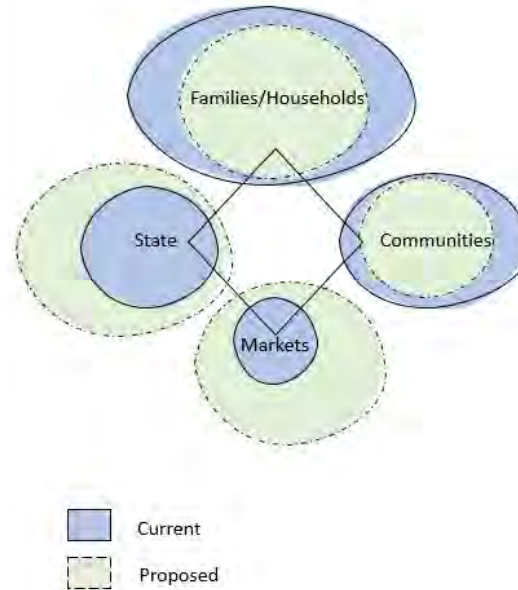
### Debate framing

Engage Women Parliamentarians' Caucus and relevant stakeholders to highlight aspects of the current systems in place for care provisioning that need to be addressed



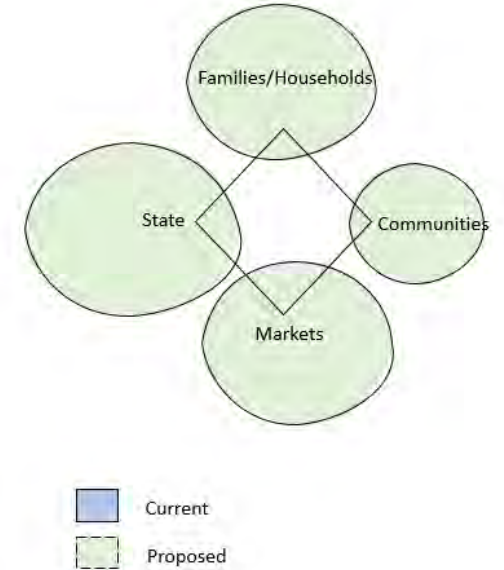
### Policy designing

Work with policymakers to design and propose solutions that ensure a more balanced distribution of care across the care diamond



### Policy outcome

Implement proposed solutions to achieved a the desired outcomes



Note: The dimensions of the components of the care diamond represented here are hypothesized; the research aims to identify the current configuration more precisely.



# Institutions that provide care (build human capabilities)

- Households.
- Private or public hospitals.
- Private or public schools.
- Childcare centres.
- Early childhood learning centres/ Nurseries.
- Nursing homes/ Elder care centres/ Assisted living facilities.
- Social services.

# Areas of paid care related to unpaid care

- Domestic services – household work.
- Caregiving services to household members – children, elders, persons with illness or disability.

# Scope of the study

- This paper focuses primarily on care workers providing paid care services to children and the elderly in Sri Lanka.
- It describes the care landscape in relation to early childhood care and elderly care,
- and discusses challenges in measuring paid care work in the context of Sri Lanka.

## Objective

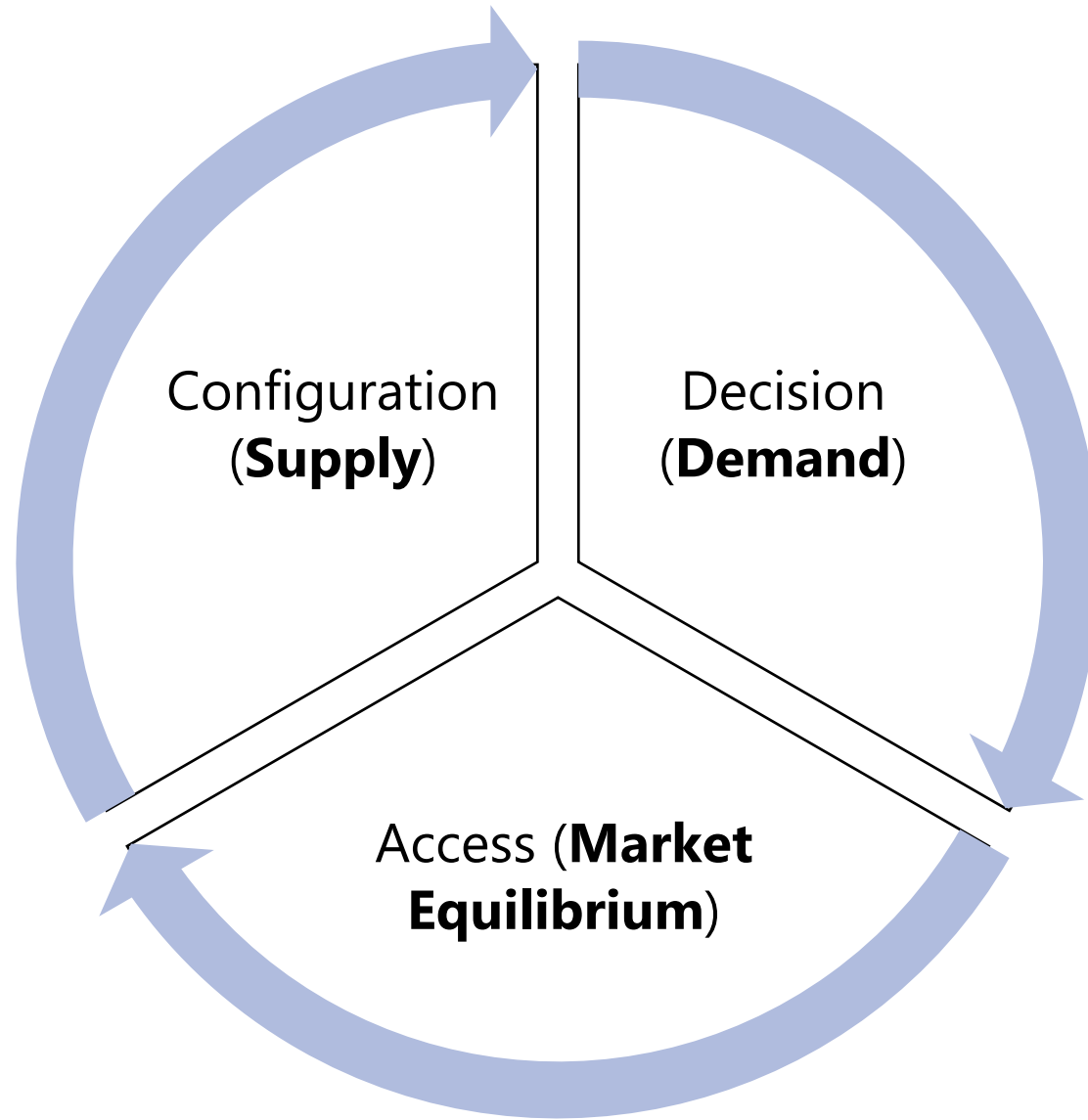
- To provide first-ever estimates of employment, wages and hours worked in the paid care sector for Sri Lanka, drawing on Labour Force Survey data from the immediate pre-pandemic and from during the pandemic era

# Research questions

- Who provides care?
- Within which institutions?
- How many hours do they work, and how are they compensated?

# Features of the care landscape in Sri Lanka

Highlights from the literature



# Configuration of childcare summary:

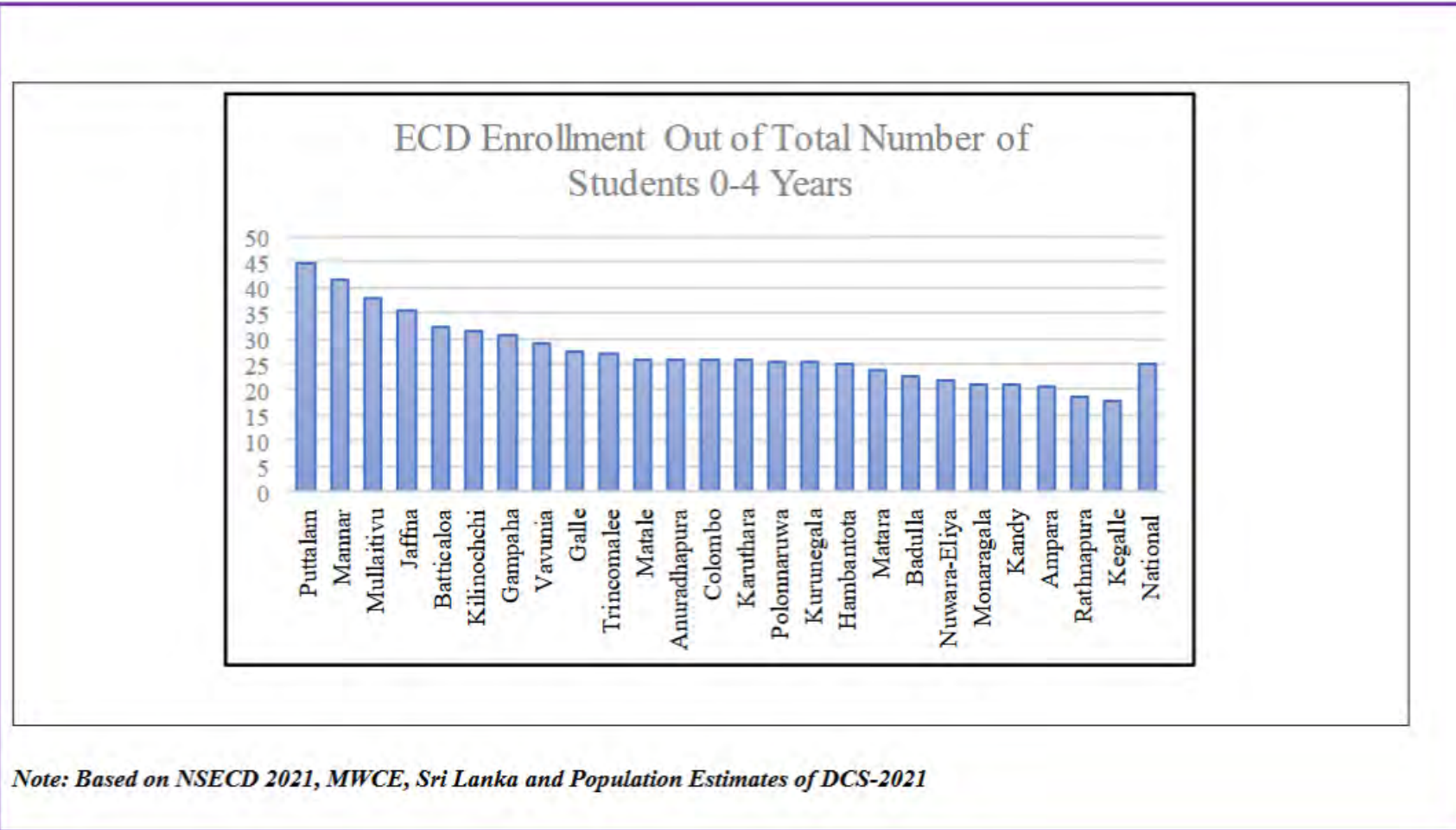
- Childcare is provided by preschools, childcare centers, combination Early Childhood Development (ECD) centers, and home-based care programs (Warnasuriya et al. 2020).
- Preschools are the most prominent, and are mostly privately owned and managed commercial businesses, with a few run by not-for-profit (NGO) organizations, differ in environment, language and guiding philosophy (NEC 2019).
- The government sets standards and regulations for preschools, although attendance is not mandatory, but regulation and standardization is limited, ongoing programme to roll out Early Learning Development Standards (UNICEF, n.d.).
- Employer provided childcare exists in enclaves where women employers are concentrated, e.g. plantations, export processing zones

# Configuration

- Statistics:
  - Preschools and ECD centres in 2021 (State Ministry of Women and Child Development):
    - 19,216 preschools/centres island wide.
    - 37,781 teachers employed.
    - 474,406 children.
    - 80% of preschools/ centres were privately owned.
    - 86% of preschools/ centres were registered.

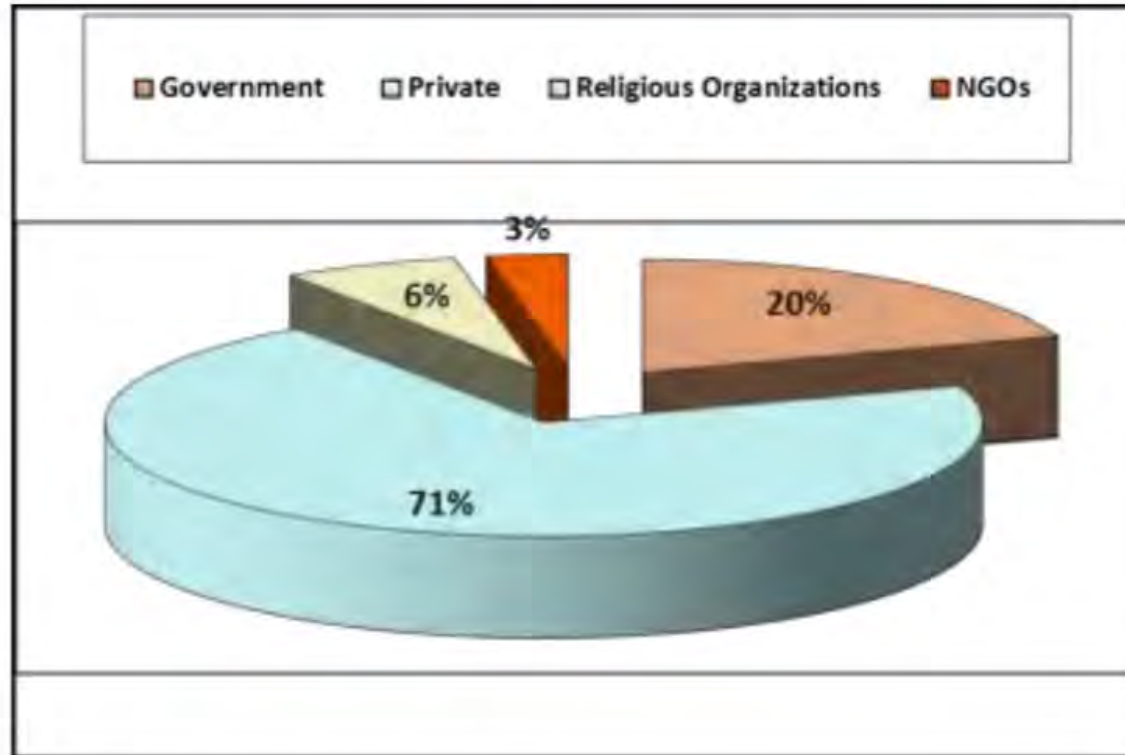


# ECD enrollment by district



Districts with a relatively high child population are Nuwara Eliya, Mannar, Vavuniya, Mullaitivu, Kilinochchi, Batticaloa, Ampara, Trincomalee, and Monaragala (State Ministry of Women and Child Development)

# Management of ECD centres (2016)



*Note: National Census of pre-school/ ECD Centers in Sri Lanka 2016*

**TABLE 3.5 Details of childcare centers**

Total number of childcare centers included in the census <sup>a</sup>	448
Number of privately run centers (%)	347 (78)
Number of public centers (%)	42 (9)
Number of centers run by religious institutions (%)	12 (3)
Number of centers run by nongovernmental organizations (%)	22 (5)
Total number of children in childcare centers (2–5 years)	5,567

Source: MWCA 2010.

Note: The National Census on Early Childhood Development conducted in 2010 is currently the only source of information on childcare centers in Sri Lanka. The 2016 National Census on Early Childhood Development Centers (MWCA 2016b) covered only preschools and early childhood development centers, not childcare centers. Though there are gaps in the information, and the figures are somewhat outdated, the data provide a general idea of the number of childcare centers operating in the country.

a. The National Census on Early Childhood Development 2010 was conducted in seven of the nine provinces in Sri Lanka, with limited representation in some of the seven provinces.

# Configuration (contd.):

- Western province (most densely populated, with 29% of total pop)
  - 22% of all preschools/centres.
  - 25% of teachers.
  - 27% of enrolled students.
- Northern province (conflict-affected)
  - government-run preschools accounted for most preschools.
  - Mullaitivu (100%).
  - Kilinochchi (87%).
  - Vavuniya (70%).
- 72% of preschools/centres operate in the Sinhala medium (75% of the population are ethnically Sinhala).

# Configuration (contd.):

- NGO-maintained preschools:
  - 3% of all preschools island wide.
  - 20% of all such schools in the Nuwara Eliya district (plantations, historically marginalized groups).
  - 59% of preschools in Mannar (conflict affected).
- Religious group run preschools:
  - 6% island wide.
  - 18% in Hambantota.
  - 18% in Puttalam.

# ECDs in the plantation sector (Warnasuriya et al, 2020):

**TABLE 3.2** Details of child development centers in plantation areas

Total number of children ages 0–4 years <sup>a</sup> in Sri Lanka (year)	705,986 (2001)
Total number of children ages 0–4 years <sup>b</sup> in Sri Lanka (year)	1,871,000 (2019)
Total number of children ages 0–5 years living in plantation areas	70,093
Total number of children ages 0–3 years living in plantation areas (%)	43,481 (62)
Total number of children ages 3–5 years living in plantation areas (%)	26,612 (38)
Total number of CDCs in plantation areas	1,368
Total number of CDOs and assistants	1,738
Total number of children enrolled in CDCs <sup>c</sup> (%)	30,213 (43)
Total number of nonworkers' children enrolled in CDCs (%)	9,149 (30)
Total number of children under 3 years enrolled in CDCs (%)	17,484 (58)
Total number of children 3–5 years enrolled in CDCs (%)	12,729 (42)

Source: Annual Health Return (AHR) 2018, PHDT. (The AHR is an internal planning document compiled by the PHDT and is not made available to the public. The information presented here has been provided upon the authorization of the Director General of the PHDT.)

Note: CDC = child development center; CDO = Child Development Officer; PHDT = Plantation Human Development Trust.

a. The 2001 census included data from only 18 of the 25 districts.

b. This figure is an estimate from the Department of Census and Statistics, mid-year population estimates by age group and sex, 2014–19.

c. This table only includes data on children enrolled in CDCs. In addition to this number, some children in plantation areas attend private preschools and preschools managed by nongovernmental organizations and religious organizations.

# Configuration (contd.):

- Employer care provision (IFC 2019):
  - Katunayake Special Economic Zone childcare facility (launched in 2015).
    - To ensure the recruitment and retention of the female workforce in the garment industry.
    - Managed by qualified teachers with training in ECD.
    - Funding from the Sri Lanka Board of Investment.
    - Enrolment fees are paid either by parents or by the firms.
  - Biyagama Export Processing Zone childcare centre (IBO funded).
  - Cost of employer assisted childcare at the time of the study was about LKR 4,000 per child per month.

• *International Finance Corporation (IFC). (2019). Tackling Childcare in Sri Lanka: The Business Case for Employer-Supported Childcare.*

# Configuration (contd) – Eldercare

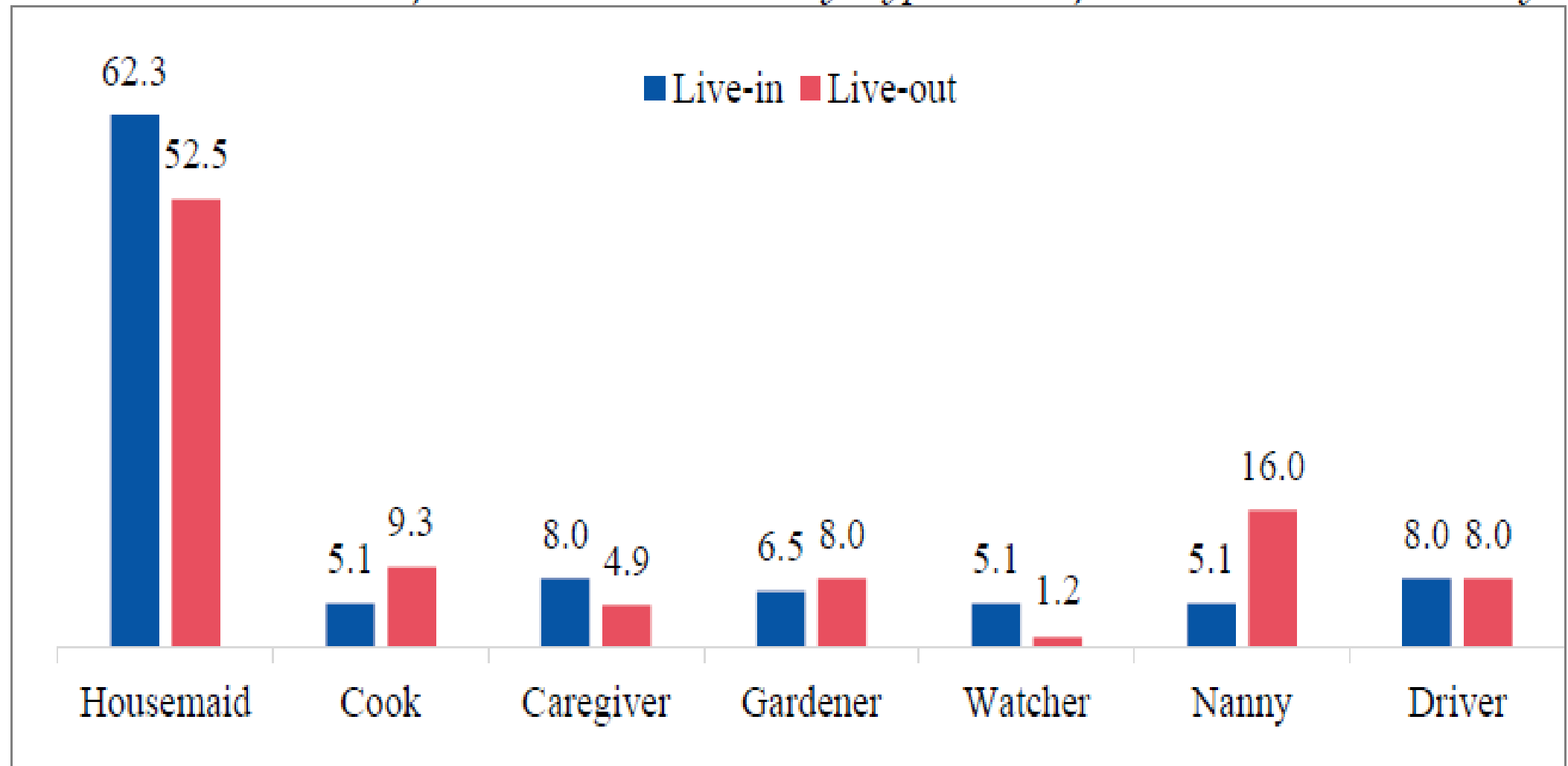
- Nursing and in home care provision (ADB, 2021).
  - 25 nursing care service providers in Sri Lanka.
  - The exact number is unknown due to gaps in the registration of institutions and regulation of the industry.
  - Services are generally expensive and are not affordable for low-income families.
  - Monthly expenses for a caregiver in 2016 ranged from LKR 30,000 to LKR 72,000.



# Informal care – Domestic workers

- Over 80,000 domestic workers in Sri Lanka (ILO, 2020), LFS 2016 dataset
- Over 66,000 domestic workers are women (ILO, 2020).
- Types of domestic workers:
  - Live-in workers.
  - Live-out workers.
- Majority are female housemaids. (ILO, 2020).
- Performed by older women from historically disadvantaged communities (Jayasekara, 2019).
- Unprotected by regular labour laws (de Silva, 2021).
- Sri Lanka is yet to ratify C189 (ILO, 2020).

*Exhibit 33: Share of Domestic Workers by Type Identified in 2020 ILO Survey*



*Source: ILO (2020)*

# Decision (demand side):

- 10% of 200 households with a preschool aged child accessed paid care services (Premaratne 2011).
- Factors affecting the decision to access paid care (Premaratne 2011):
  - Age of the child
  - Cost of day-care centres
  - Household income
  - Type of occupation
    - Privately run daycare centres operate from 9 am to 5 pm: lack the flexibility to accommodate different work schedules (Warnasuriya 2020).
  - Level of education
  - Quality of childcare

# Quality of childcare

- Adherence to minimum quality standard in ECE is limited (Warnasuriya 2020).
- Day care centres lack basic infrastructure, have inadequate facilities and teaching-learning material, and can be overcrowded and understaffed (Warnasuriya 2020).
- 10% of ECE teachers in preschools had no professional training (Warnasuriya 2020).
- 4% of ECE teachers had less than G.C.E. Ordinary Level qualifications (Warnasuriya 2020).
- Preschool and daycare centres in the Colombo Municipal Council area (Jayakody & Attygalle 2016):
  - 96 providers assessed as mediocre, 8% of centres were led by a graduate, 90% of teachers had preschool teacher training, Smaller student groups cared for by more staff had significantly higher process quality.
- 39% of all preschool teachers have received at least one year of professional training (UNICEF).
- insufficient focus on the stimulation of fine motoric, socio-emotional, or cognitive competencies (UNICEF).

# Access (contd.):

- Early Childhood Development (ECD) census 2016:
  - Children from wealthier households are more likely to attend preschools.
  - Children from urban areas (68%) are more likely to attend than children from rural (48%) and estate (44%) areas.
- Elder care:
  - World Bank National Survey 2006
    - 40 percent of older persons live with their spouse and children.
    - 37 percent of older persons live only with their children.
    - 10 percent of older persons live only with their spouse.
    - 6 per cent of older persons live alone.

# Access:

- Accessibility is disproportionate (Gunawardena 2018).
- Accessible to the wealthy (Gunawardena 2018).
- Primarily provided by women from rural marginalized communities (Gunawardena 2018).
- Predominantly domestic workers, nannies, or migrant workers (Gunawardena 2018).

Gunawardana, S. J. (2018). Rural women's Livelihoods in Post-Conflict Sri Lanka. Connection between participation in agriculture and care work across the life-course.

Methodology

# Methodology (following Suh, 2019)

- Definition of paid care sectors
  - Human health care – residential & non-residential, long term.
  - ECE & childcare (pre-schools, family care centres & other structures caring for children aged 0 – 5)
  - Social services
  - Domestic workers – clean, cook, care for family members.
- Seeks to maintain consistency with the valuation of unpaid care work – does not account for certain education/ healthcare workers (medical doctors, registered nurses, teachers).
- Long term care encompasses three occupations.
  - Social welfare service-related workers
  - Medical welfare service-related workers
  - Domestic chores and infant rearing helpers
- Employee earnings



# Who is a paid care worker?

- Include paid care workers with managerial roles (ISCO 134x)?
  - (childcare centre manager, hospital matron, medical administrator, nursing home director, aged care home director, family services manager, welfare centre manager, college director, university dean, head teacher)
- Include those in professional occupations (221, 222, 233, 235, 263)?
  - (medical doctors, nursing and *midwifery professionals*, secondary education teachers, other teachers, e.g. special needs teacher, social work and religious professionals, e.g. counselors)
- Include those in technical occupations (ISCO 322, 325, 341)?
  - (assistant midwife, traditional midwife, community health aides, village health workers, social work associate professionals)

# Types of workers under the Sri Lanka's LFS definitions

- LFS population – aged 15 years and above, including persons employed but not necessarily working during the reference period. (Does not distinguish between migrant and non-migrant work)
- **Employed workers.**
- Employers.
- Own account workers.

Estimates

	<b>LFS 2017</b>	<b>LFS 2019</b>	<b>LFS 2020</b>
Sample Size	83,818	80,090	77,251
Primary Only Care Sample Size	717	785	633
Secondary Only Care Sample Size	10	8	3
Primary & Secondary Care Sample Size	6	14	4
Care Sample Size	733	807	640
Paid Care Sample Size	730	802	627

<b>Sample size</b>	<b>LFS 2017</b>	<b>LFS 2019</b>	<b>LFS 2020</b>
Domestic Helpers (Primary)	279	262	180
Domestic Housekeepers (Primary)	4	1	5
Child Care Workers (Primary)	20	48	37
Home Care Aides (Primary)	3	6	8
Nursing Associates (Primary)	19	7	5
Social Work Associates (Primary)	4	3	3
Early Childhood Educators (Primary)	153	153	121
Teacher's Aides (Primary)	3	5	5
Primary School Educators (Primary)	238	314	273

Statistic	Count		
	LFS 2017	LFS 2019	LFS 2020
Population Size	20,875,789	21,282,517	21,405,491
Employed Population	8,208,179	8,180,693	7,999,446
Paid Employed Population	7,552,524	7,606,138	7,456,295
Primary Only Care Workers	178,064	209,322	174,062
Secondary Only Care Workers	2,706	2,198	1,071
Primary & Secondary Care Workers	1,495	3,455	1,073
Care Workers	182,265	214,975	176,207
Paid Care Workers	181,553	213,452	173,887
Care Workers (% of empl. pop)	2%	2.63%	2%
Paid Care Workers (% of paid empl. pop)	2.40%	2.81%	2.33%

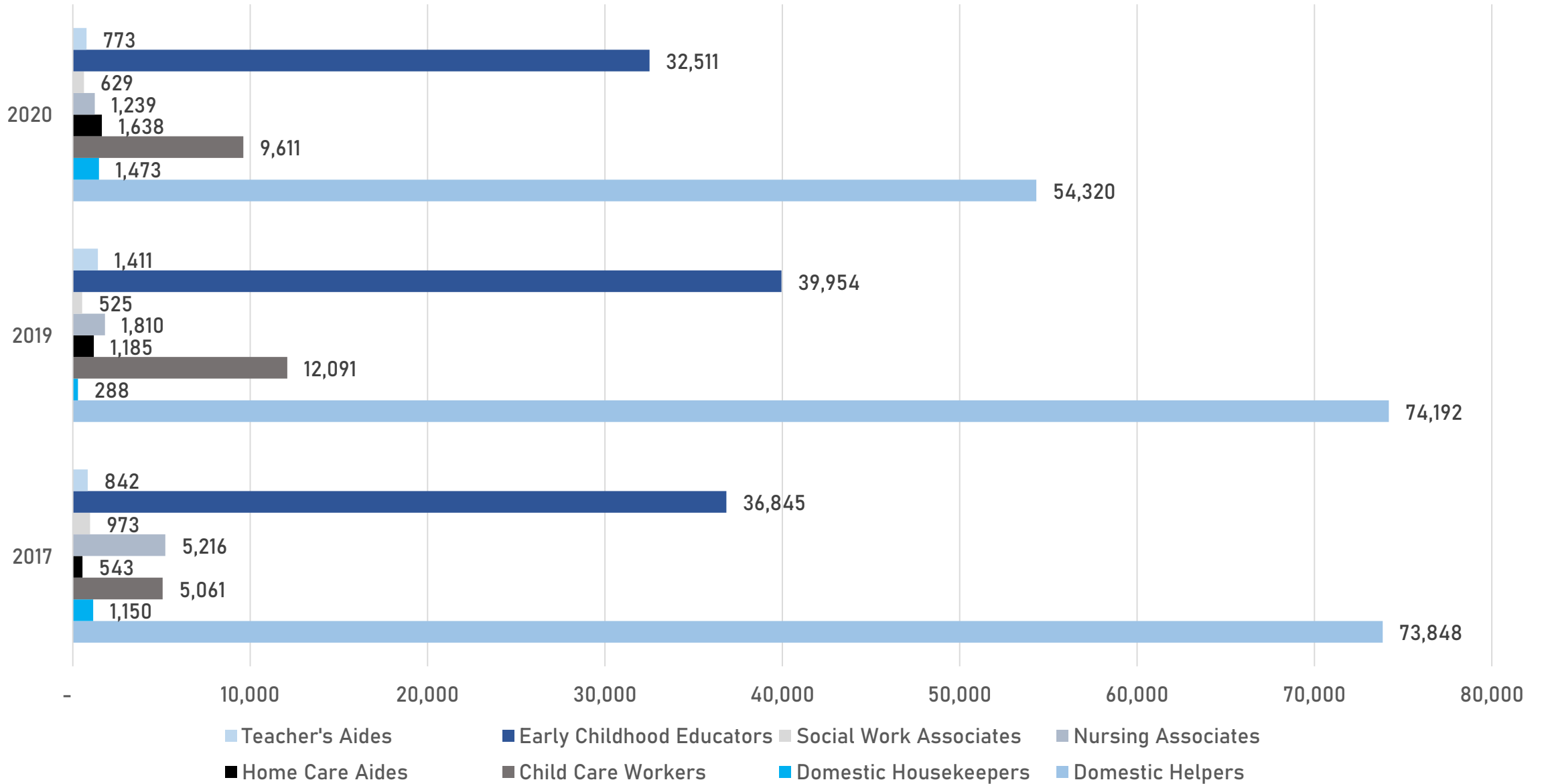
	<b>Public &amp; Semi Private</b>			<b>Private</b>		
	<b>LFS 2017</b>	<b>LFS 2019</b>	<b>LFS 2020</b>	<b>LFS 2017</b>	<b>LFS 2019</b>	<b>LFS 2020</b>
Care Workers	22,498	26,518	16,191	159,768	188,457	160,016
Paid Care Workers	22,498	26,244	15,986	159,056	187,209	157,901

<b>Shares of Paid Care Workers (Primary)</b>	<b>Percent</b>		
	<b>LFS 2017</b>	<b>LFS 2019</b>	<b>LFS 2020</b>
Domestic Helpers (Primary)	41%	35%	31%
Domestic Housekeepers (Primary)	1%	0%	1%
Child Care Workers (Primary)	3%	6%	5%
Home Care Aides (Primary)	0%	1%	1%
Nursing Associates (Primary)	3%	1%	1%
Social Work Associates (Primary)	1%	0%	0%
Early Childhood Educators (Primary)	21%	19%	19%
Teacher's Aides (Primary)	0%	1%	0%
Primary School Educators (Primary)	29%	38%	40%

Primary indicates that the care workers indicated this type of care work as their primary occupation.

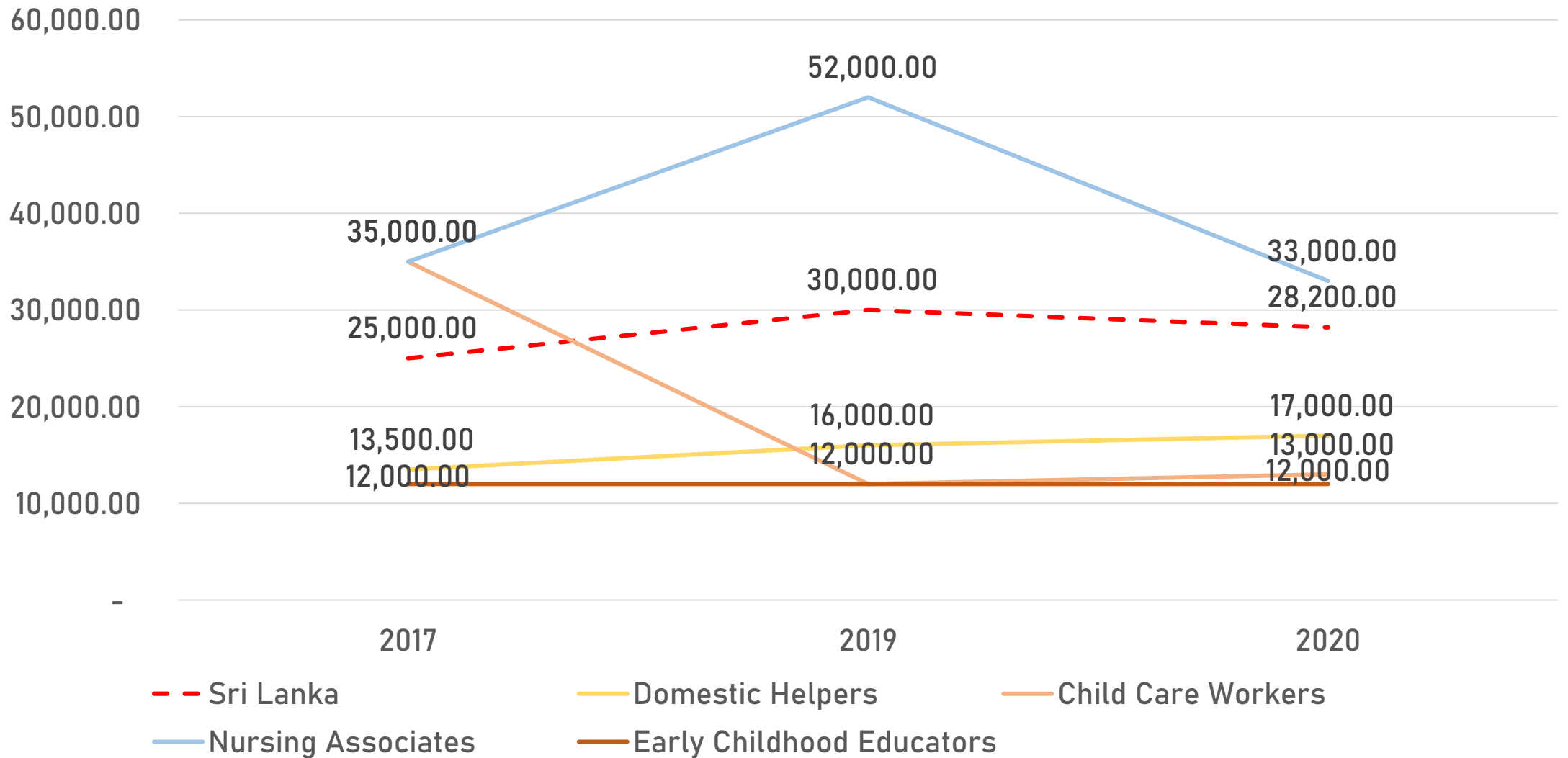


### Primary paid care occupation configuration over time

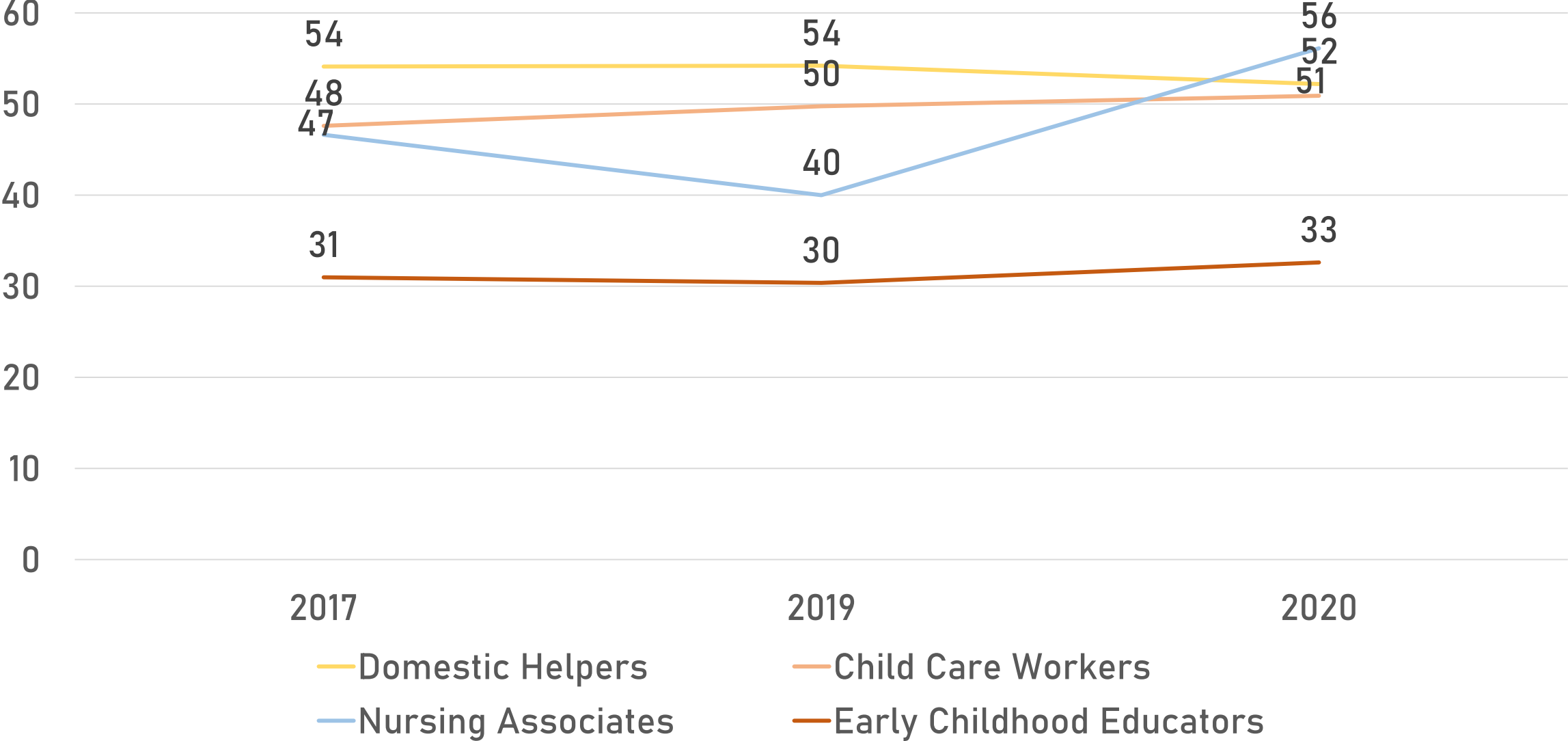


<b>Median Salary for paid care workers (primary occupation), Rs., employees</b>	<b>Count</b>		
	<b>LFS 2017</b>	<b>LFS 2019</b>	<b>LFS 2020</b>
Overall	25,000	25,000	25,000
Domestic Helpers	13,500	16,000	17,000
Domestic Housekeepers	20,000	5,000	25,000
Child Care Workers	35,000	12,000	13,000
Home Care Aides	9,000	18,000	22,000
Nursing Associates	35,000	52,000	33,000
Social Work Associates	2,000	33,000	50,000
Early Childhood Educators	12,000	12,000	12,000
Teacher's Aides	15,000	25,000	16,000
Primary School Educators	36,000	38,000	40,000

Median salary by occupation over time (Rs.)

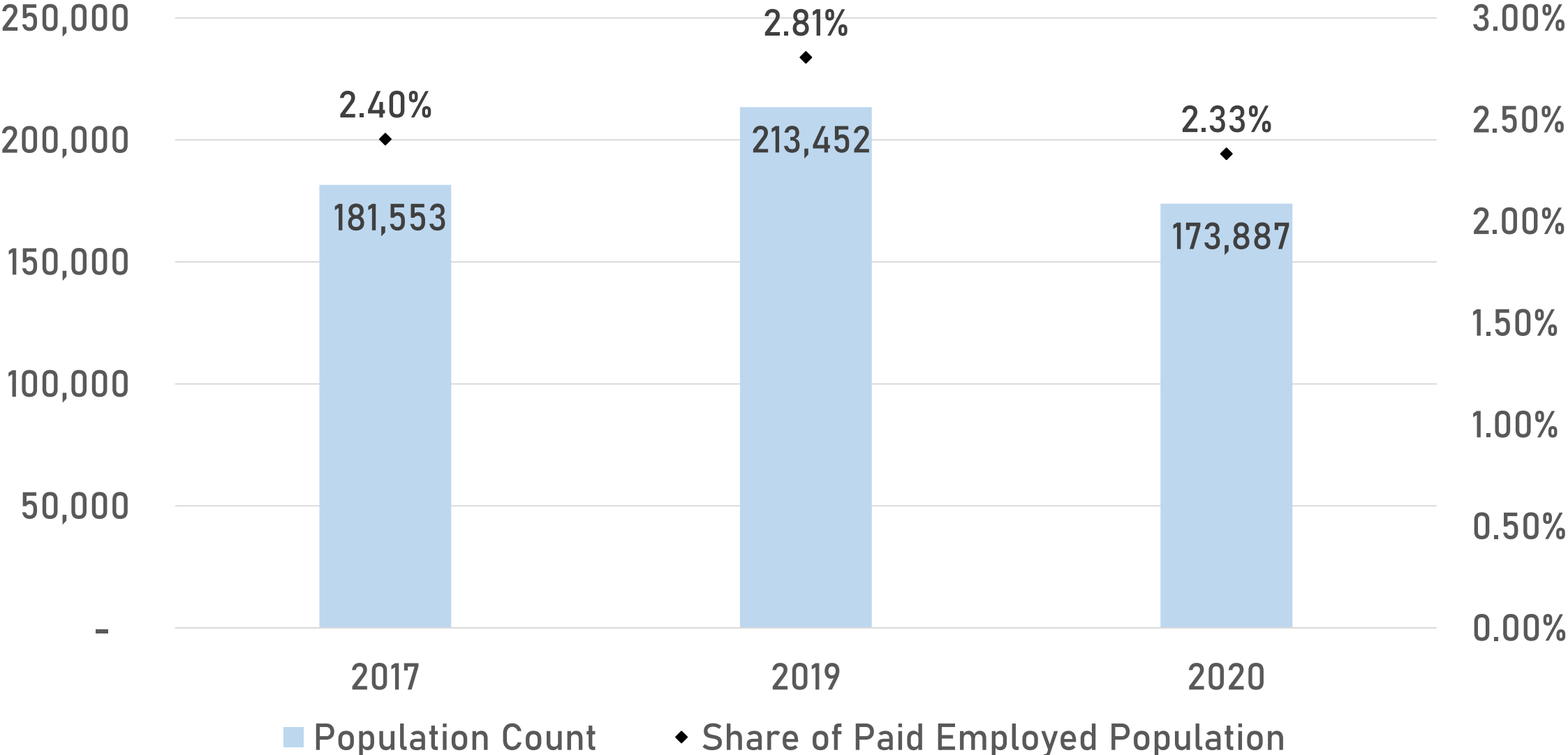


# Mean hours spent in care work by occupation over time



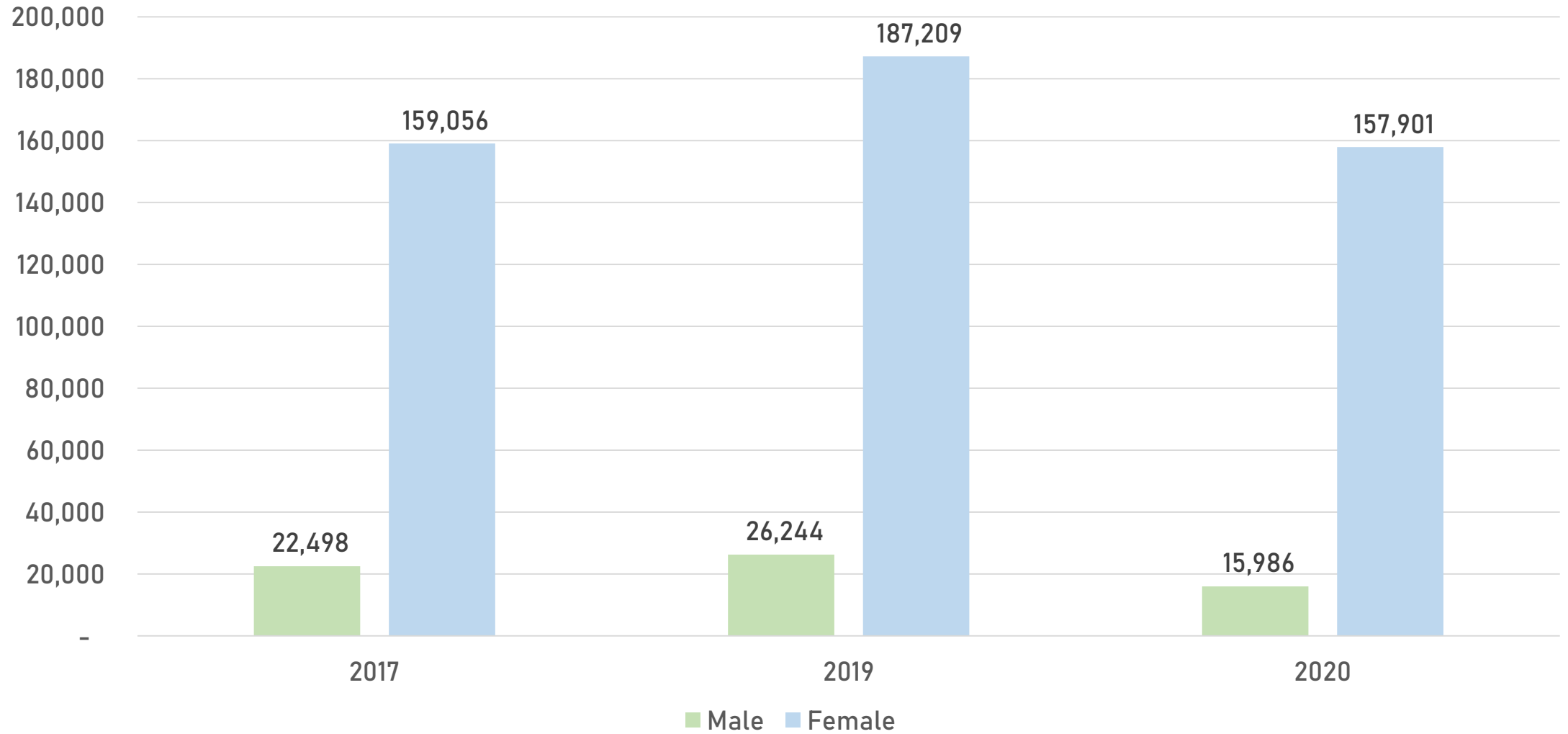
	<b>Count</b>		
<b>Average hours worked (employees)</b>	<b>LFS 2017</b>	<b>LFS 2019</b>	<b>LFS 2020</b>
Overall	43	41	42
Domestic Helpers	54	54	52
Domestic Housekeepers	41	60	35
Child Care Workers	48	50	51
Home Care Aides	30	42	36
Nursing Associates	47	40	56
Social Work Associates	20	63	53
Early Childhood Educators	31	30	33
Teacher's Aides	33	35	22
Primary School Educators	35	35	35

# Paid care workers over time

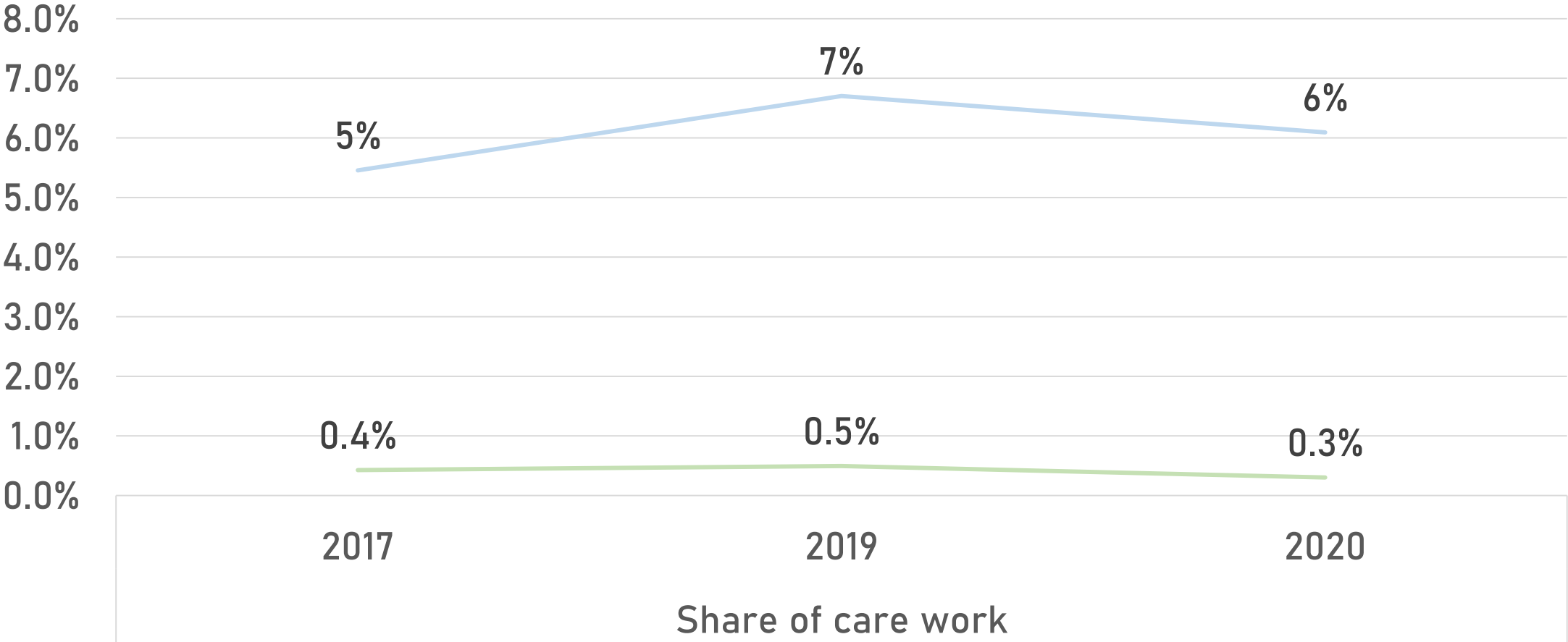


Notes: The number of paid care workers and the share of paid care workers of the total paid employed population regressed during Covid-19

## Paid care worker population by gender



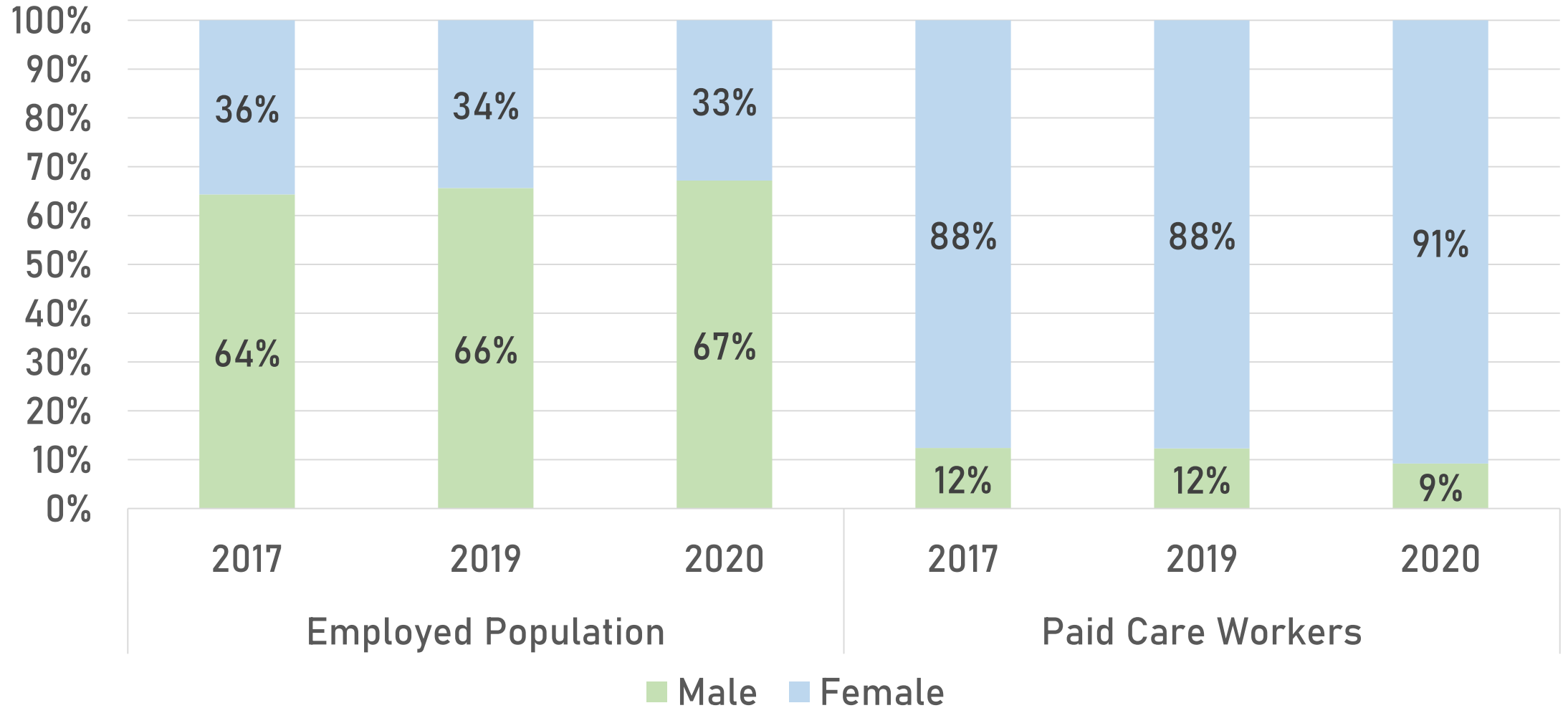
# Share of care work by gender



— Employed Male — Employed Female



## Gender proportions in employment and paid care over time



# Next steps

- Value paid care work as a percentage of GDP
- Explore reasons for the relatively small size of the care sector from both the demand and supply sides (obstacles to transitioning from unpaid to paid care)
- The importance of an intersectional perspective
- The importance of a disaggregated perspective – childcare and eldercare/care for persons with disabilities
- Who should pay for care? Who can be persuaded to, and how?

# Summary

- The number of paid care workers increased between 2017 and 2019 and then fell in 2020 across genders
- The change in the share of employed women in paid care is greater than the change in the share of employed men in paid care
- A shift in employment has a greater shift in paid care for women
- The proportion of men to women in employment is increasing over time
- The proportion of women to men in paid care has decreased during Covid-19

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