

# UNDERSTANDING THE CARE ECONOMY IN SRI LANKA: A QUANTITATIVE ANALYSIS BASED ON A PILOT SURVEY OF UNPAID CARE WORK

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## **1. Introduction**

Understanding the care economy in Sri Lanka is crucial for the country's economic and social development and the well-being of present and future generations. Care work, both paid and unpaid, forms the backbone of society, contributing to the well-being of individuals, families, and communities. Despite its critical role, care work remains largely invisible in economic metrics, undervalued in policy decisions, and disproportionately borne by women. This pilot quantitative household survey of caregiving represents a crucial step in addressing these gaps by systematically collecting data on caregiving practices, relationships, and perceptions in Sri Lanka. It aims to provide foundational insights into the care economy and contribute to a growing global discourse on valuing care work.

The pilot quantitative household survey of caregiving has several objectives. Primarily, the survey seeks to uncover the nature and scope of care work in Sri Lanka, capturing both paid and unpaid dimensions. It aims to reveal patterns in caregiving relationships, explore decision-making processes surrounding care provision, and evaluate the perceptions of care recipients regarding the quality and accessibility of services. Additionally, the survey endeavors to identify the financial, social, and institutional support systems that caregivers rely on. By doing so, it lays the groundwork for future, larger-scale studies that can inform policies and programs to better support caregivers and recipients alike.

This preliminary report serves three key purposes. First, it documents the activities undertaken during the pilot survey, including the contextualization of the survey instrument, training of enumerators, translation of the survey into two local languages and translation into a Computer-Assisted Personal Interviewing (CAPI) program, and linguistic adaptations to ensure cultural relevance. Second, it presents a detailed summary of the data collected, offering initial insights into caregiving dynamics, socio-economic profiles of participants, and the interplay between caregiving and societal norms. Finally, the report draws lessons from the pilot survey to inform the design and implementation of subsequent phases, emphasizing areas for refinement and improvement.

## **2. Project Activities**

The preparatory and implementation phases of the pilot survey involved incorporating learning from the qualitative field research that was the first phase of this project. Drawing



on insights from 4 focus group discussions conducted in four different provinces of Sri Lanka with four distinct demographic groups, the harmonized survey instrument was contextualized to reflect Sri Lanka's care landscape. Thereafter, the survey was adapted to function on a CAPI platform. Simultaneously, translation and linguistic adaptation of the survey instrument to align with local languages and cultural nuances took place.

## **2.1 Contextualization of the instrument**

Specific changes that were made to the survey instrument that were a departure from the harmonized survey were:

- The combining of childcare and eldercare questionnaires into a single questionnaire. The decision to do this was because sandwich care is a common occurrence in Sri Lanka.
- The inclusion of a full household roster as well as a roster for caregiving undertaken outside the household, in order to understand informal caregiving dynamics, especially by family members, living either in the same household as the care recipient or in a nearby location. This roster included education, migration and labor market characteristics of household members as well.
- The separation of the childcare module into 3 categories: one to be answered if the primary caregiver was a parent, the second to be answered if s(he) was another unpaid caregiver, and the third to be answered if s(he) was a paid caregiver.
- The combination of the eldercare module with disabled care as the criteria for identification of recipients was similar (based on assistance with ADLs). Paid caregivers for eldercare and eldercare were excluded from the sample, owing to logistical reasons.
- The inclusion of health and functional disability questions in the eldercare module. These are taken from the Labour Force Survey Schedule used for quarterly labour force surveys in Sri Lanka, and follow global standards.
- The inclusion of time use modules, based on 9 ICATUS categories, to identify time use patterns of caregivers.
- The inclusion of a norms module, to understand gender norms and attitudes towards gender roles.
- The inclusion of a community survey which obtained information about care services from a reliable member of the community (e.g. women's organization leader or government administrator or a school principal).

## 2.2 Enumerator training and field work

The survey was fielded by nine trained female enumerators (Picture 1). All of the enumerators were either undergraduates or graduate students. 5 of the enumerators were Sinhala-speaking, while 4 of the enumerators were Tamil-speaking. The training was conducted by the Principal Investigator over a period of 3 days, with the assistance of a bi-lingual oral translator (Pictures 2 and 3). Modifications to survey instrument and translation in the CAPI were conducted immediately (Picture 4). The Tamil language translator (Picture 4) of the survey instrument is a graduate student in translation studies.



Picture 1: Enumerators team with PI, translator and team manager. A scenario is sketched on the whiteboard.

Picture 2: Training with bi-lingual translation.



Picture 3: Role play by two enumerators



Picture 4: Survey instrument translators and programmer, incorporating modifications into the instrument immediately

## 2.3 Sampling Strategy, Risks, and Mitigation Measures

Given the somewhat small size of the sample, a purposive sampling methodology was employed; thus, the sample is not nationally representative. The survey was conducted in the same districts as the previous focus group discussions, but respondents were drawn from several categories (a) individuals who had participated in the previous focus group discussion, (b) individuals who were identified by a local women’s organization, and (c) individuals who were identified through local administration officials. The consideration of geographical and demographic characteristics in sample selection was based on the premise that cultural factors as well as remoteness (or otherwise) would play a large part in determining caregiving dynamics. The four districts included the predominantly urban/suburban Gampaha district, which is a majority Sinhala (ethnic group) area, Vavuniya district, which is a majority Tamil area, and may also reveal post-conflict dynamics, Trincomalee district which includes Sinhala, Tamil and Muslim ethnic groups within the district, though some clustering by ethnicity is evident, and Kandy district, which also contains several ethnic groups. In Kandy district, the focus was on households from the plantation sector, where female labour force participation (mainly on tea estates) is higher, and therefore caregiving dynamics are quite distinct.

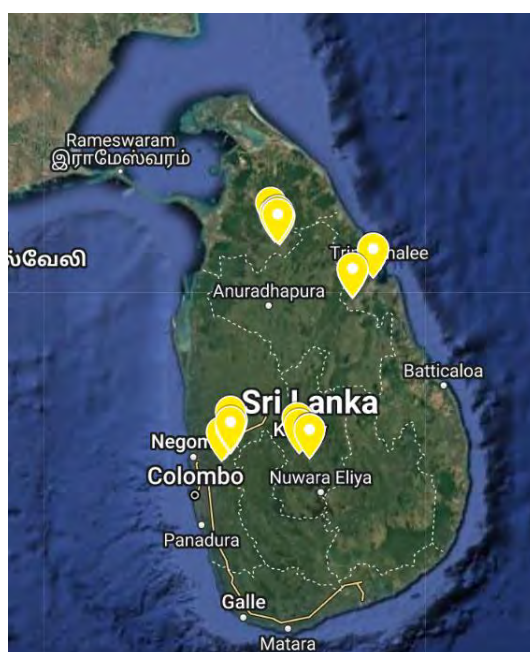


Figure 01: Map of Sri Lanka with survey locations indicated in yellow.



Picture 5: Survey in progress at the home of a caregiver in the Kandy district.



Picture 6: Survey in progress at the home of a caregiver in Trincomalee district



Picture 7: Walking through tea estates to reach the respondents in the plantation (estate) sector.



Picture 8: Caregiver with her child responds to the survey

A household was deemed eligible if it contained an eligible caregiver. The caregiver was deemed eligible based on the characteristics of the care recipient. Three types of eligible care recipients were determined: children 5 years and younger, elderly persons (age 65 and above) who required assistance with at least two activities of daily living (ADLs) or indirect activities of daily living (IADLs), and disabled persons (individuals from age 6-64) who required assistance with the same number of ADLs/IADLs. This information was obtained through a screening module, and only households that met the criteria were further interviewed. Within households, the primary caregiver for each type of caregiving was selected as the person who spent the most time during the week on caregiving. In order to reduce survey fatigue for the primary caregiver, responses for the screening module and household information modules were obtained from any adult capable of responding, leaving all care-related, time use, and norms modules to be responded to by the respective



primary caregiver. In households with more than one primary caregiver, the caregiver with more responsibility responded to norms and time use modules that were unrelated to care.

An unexpected risk was the extreme weather experienced during the time the survey was ready to go into the field. Several areas that were pre-selected for sampling had to be avoided due to inaccessibility caused by flooding (in Trincomalee) and landslide and earthslip warnings issued in the Kandy district. These were addressed by using alternative areas in the first case, and delaying visits by a couple of days in the second case.

### **3. Data Analysis and Presentation**

#### **3.1 Survey Context and Available Care Services**

Insights from 22 community leaders in the 4 districts were obtained about the broader care landscape, including availability and accessibility of care services. Annex 1 lists the names of the communities surveyed by district. Communities varied in population size, with some Grama Niladari (GN) divisions (the smallest local administrative division), but most communities had experienced an increase in population over the past 10 years, with just three (1 in Kandy and 2 in Trincomalee) had experienced decreases, and 2 in Gampaha had experienced no change. 14 of the communities surveyed were described as traditional villages, while three were village expansion colonies (2 in Trincomalee, 1 in Vavuniya). 5 plantation communities, 4 of which were still active as plantations and one which was abandoned, were all in the Kandy district. The communities varied in terms of demographic change experienced in the last 10 years as well (Figure 02).

In terms of language (Sinhala), ethnicity (Sinhala) and religion (Buddhism), communities in Gampaha were the most homogenous. These ethno-religious groups were less than 25% in the communities surveyed in Trincomalee and Vavuniya, where the most common ethno-religious-linguistic groups were Tamil and Hindu (Vavuniya) or Tamil-speaking, Islamic, Sri Lankan Moor communities (Trincomalee). The sample composition in Kandy had the greatest ethno-religious-linguistic heterogeneity, with three of the communities being mainly Tamil-speaking and Hindu, and two mainly Sinhala-speaking and Buddhist, with a similar ethnic composition. These samples were purposively selected to get both a diversity of cultural and socio-economic experiences and to capture intersectionality.





q6	q2	Gampaha	Kandy	Trincomalee	Vavuniya
	<b>There are more elderly people</b>	4	2	1	1
	<b>There are more working age people</b>	1	1	2	5
	<b>There are more children</b>	1	2	2	0

Figure 02: Responses to “Has the population of the community become older or younger in the past 10 years?”, tabulated by district.

In all the communities sampled, it was common to find that the primary sources of livelihood for households are a mix of traditional agrarian activities and wage employment. Private sector wage labor was one of the top three sources of livelihood in 16 communities, followed by public sector wage labor (13) and agriculture and livestock (11). Additionally, small to medium-scale businesses (6) and non-agriculture self-employment (4), while handicrafts (1), large-scale businesses (2) and fishing (2) were less common, while only in 3 communities were government transfers indicated as a main source of income. The responses reveal a diversified, though predominantly agrarian and wage-labor-driven economy, with some entrepreneurial and artisanal activity.

In terms of physical infrastructure, communities in all districts had electricity and 90-100% of households were connected to the national grid, which is consistent with national statistics for electrification. While most of the communities were accessible by tarred or paved roads, one community in Vavuniya was accessible only by a trail, and 3 communities in Kandy and 1 community in Gampaha were only accessible by a gravel road. For most communities, the main source of water was piped water, but in 3 (out of 5) communities in the Kandy district it was streams or springs (*Ulpath*). In 5 communities in Gampaha, the main source of water was a protected well, while in the same number of communities in Vavuniya, it was a dug well/open well.



In terms of mode of travel, surprisingly, public bus transport (CTB bus or private) was mainly used for travel to work, and that too, only in 8 out of 22 communities. In 7 communities, the motor bike was the main mode of transport, except in the mountainous and less well communities in the Kandy district, where walking was the main mode of transportation (since workers live on-site). In Gampaha, train travel was used in two communities. In Trincomalee, the motor vehicle was the main mode of transport to work in 2 communities and bicycle in another. In 5 communities in Trincomalee and Kandy, walking was the main mode of transportation to school, while in Trincomalee and Vavuniya, bicycle was also common. By contrast, the three-wheeler (tuk) was the most common mode of transportation for household needs such as grocery shopping or purchasing fuel, as it was for visits to the doctor or hospital. Public bus transport was also used for the latter purpose.

The information on the closest health facility revealed that in both Gampaha and Trincomalee, this was the base hospital, which is lowest in the Ministry of Health's hierarchy of hospitals, but which provides very good basic health services. Apart from two communities in Kandy for which the National hospital was the closest, no other communities reported this to be the closest hospital. In Trincomalee and Vavuniya, District hospitals were also reported as the closest hospital. 91 percent of the communities reported the availability of a public health midwife (PHM) and 68% the availability a Public Health Inspector, reflecting the strong primary health network for which Sri Lanka is known. By contrast, less than half reported the availability of a General Practitioner, and fewer still reported the availability of specialized doctors.

All communities but one reported the availability of pre-schools or Montessoris, and all but two the availability of (after-school, private) tuition classes, but only 68% of communities indicated the availability of a primary school in the community, and still less (45% for mixed gender and fewer for girls only or boys only) the availability of a secondary school.

### **3.1.1 Care services: Childcare**

Government run childcare services were available only in 3 communities, in the Kandy district, and had been in operation for more than 10 years. These are the creches that operate in the plantations and are accessible by a 5–15-minute walk. Privately-run childcare centres were also available only in 3 communities, 2 in Vavuniya, and 1 in Kandy. What is interesting about these community responses are that the respondents are of the opinion that there are more of them, and that they are of better quality than five years previously. In



Kandy, more families use them than before, while in Vavuniya, fewer families use them. They are accessible within 5-20 minutes from the centre of the village. Only one non-profit childcare center was reported, in Vavuniya. The most commonly available service is that of domestic workers or live-in care providers, available in 8 communities. Only 2 communities reported informal, community based childcare arrangements.

### **3.1.2 Care services: Eldercare**

The main forms of elder care services available were those of home visits and domestic workers and live-in care providers. These were reported in Vavuniya (home visits and live-in) and in Trincomalee (live-in only), and the general opinion was that services were of a better quality than five years before. Responses were mixed as to whether they were being used by more or fewer families than previously. Care service provision by employers was not something that was available in *any* of the communities surveyed.

### **3.1.3 Care services: Disabled care**

As with the other forms of care services, domestic or in-home providers were the most common form of disability care available. However, two other forms were available in a single community each in Vavuniya: private day care center and home visits. In the former case, there appeared to be more of these services and more use of them than before.

## **3.2 Sample Description:**

The survey provides an overview of 207 households across four districts in Sri Lanka—Kandy, Trincomalee, Vavuniya, and Gampaha. Each district is roughly equally represented, with 50 households surveyed per district. This balance suggests that the data captures diverse geographic and demographic characteristics.

### **Household Size and Composition**

The average household size is 4.17 members, with a standard deviation of 1.52. Smaller households (2–3 members) account for 34% of the sample, while a majority (66%) consist



of larger families with 4 or more members. The most common household size is 4 members, representing 27% of the sample. This distribution aligns with traditional family composition in Sri Lanka, where extended families are common, though smaller nuclear families are also present.

### **Access to Government Assistance**

A notable finding of the survey is the reliance of households on government welfare programs (Figure 03). The most received benefit is the Samurdhi/Aswesuma payment, accessed by 40% of households. Other forms of support, such as elderly payments (18%), the school food program (27%), and the Triposha food program (14%), indicate targeted interventions addressing specific population needs. However, less than 10% of households benefit from pensions, disability payments, or educational scholarships, highlighting potential gaps in social safety nets for marginalized groups. The limited uptake of tuberculosis/kidney disease payments (1%) reflects the targeted nature of these programs, which are primarily focused on areas with a higher prevalence of these diseases.

### **Housing and Living Conditions**

Housing conditions, as measured by the number of sleeping rooms, reveal modest living arrangements. Nearly half of the households (49%) have two sleeping rooms, while 24% have only one room. Larger households with three or more rooms constitute 28%, indicating better housing conditions for a smaller proportion of the sample. Overall, the data suggests that a majority of households live in relatively constrained spaces, likely reflecting socioeconomic challenges.

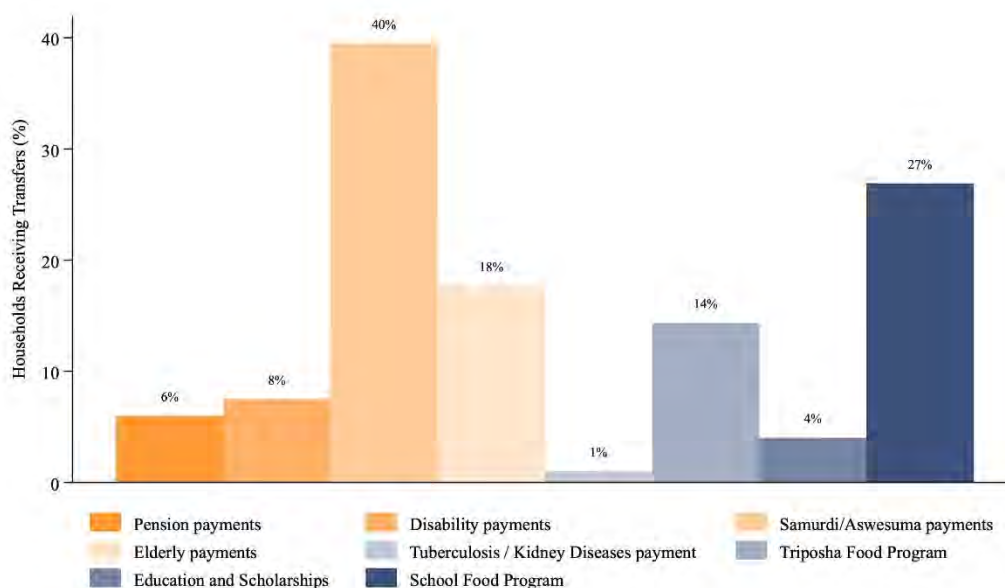


Figure 03: Access to Government Assistance

## Cooking Fuel Usage

The main sources of fuel for cooking provide insights into energy access and living standards. Half of the households (50%) rely on wood, signifying the prevalence of traditional cooking methods, particularly in rural or lower-income areas. This statistic is 10 percentage points less than the national average at the last census (2012), suggesting that the sample was similar to or slightly better off than the average national household. Liquefied petroleum gas (LP gas) is used by 40.5% of households, reflecting modern cooking practices among a significant portion of the population. Electricity is used by only 8%, while kerosene and other sources are negligible.

## 3.3 Childcare

### 3.3.1 Caregiver Relationships and Histories:

The data on the relationship between caregivers and care recipients under the age of five reveals significant insights into the dynamics of caregiving (Figure 04). A vast majority, 79% of caregivers indicated that the care recipient is their own child. This finding highlights



the predominant role of parents, in providing care to young children. Additionally, 17% of caregivers reported that the care recipient is their grandchild, emphasizing the important contribution of extended family members, particularly grandparents, in caregiving responsibilities. Together, these two categories account for 96% of caregivers, illustrating the centrality of family networks in caregiving for children under five.

A small proportion of caregivers identified other relationships with the care recipient. For instance, 1% reported that the care recipient is an "other relative," and another 1% indicated that the care was provided by a paid care worker. Notably, very few caregivers, 0.75%, identified the care recipient as a brother or sister, suggesting that siblings play a minimal role in caregiving responsibilities for young children.

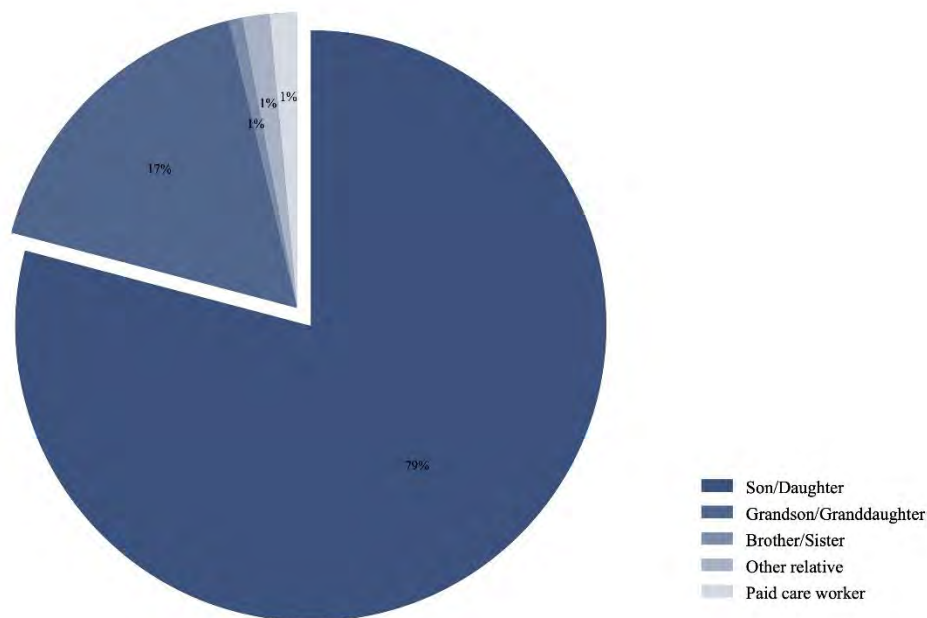


Figure 04: Relationship Dynamics in Child Care Provision

### 3.3.2 Intensity of caregiving

The survey results provide insights into the caregiving practices and challenges faced by individuals responsible for childcare. This subsection focuses on three critical dimensions: the extent to which caregivers handle childcare independently, their need to multitask during caregiving, and their ability to leave the child unattended (Figure 05 and 06).



A significant majority of parent caregivers (61%) reported that they always take care of the child by themselves, with an additional 17% stating that they often do so. These percentages are reversed among non-parent unpaid caregivers; 35% always do so and 46% often do so. This pattern suggests that caregiving is primarily an individual responsibility especially for parents of young children, potentially reflecting a lack of shared caregiving roles within households or insufficient access to external childcare support. Only a small fraction of (parent) caregivers (4%) indicated that they never care for the child alone, highlighting the predominance of sole caregiving responsibilities.

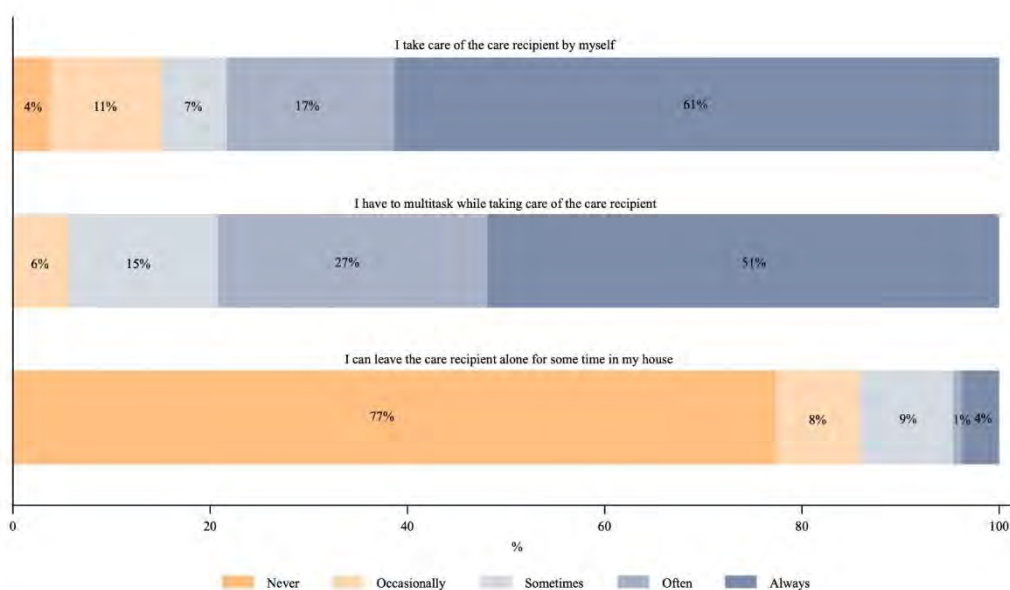


Figure 05: Childcare practices and challenges among parent caregivers

When examining multitasking during caregiving, 51% of parent caregiver respondents reported that they always have to multitask, and another 27% stated they often do so. These percentages are reversed among other unpaid caregivers with 31% always multitasking and 38% often doing so. This indicates that multitasking is a regular aspect of caregiving for the majority of caregivers, especially among parents, signifying a heavy burden on caregivers to balance childcare with other responsibilities. This can lead to increased stress and reduced efficiency in managing either task effectively, especially in resource-constrained households.

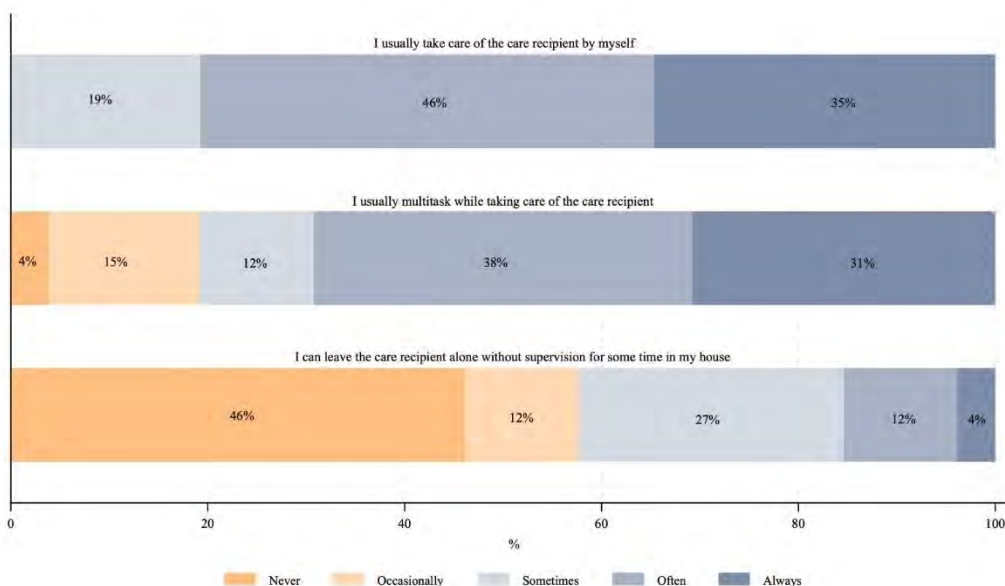


Figure 06: Childcare practices and challenges among other unpaid caregivers

In contrast, the responses regarding the ability to leave the child unattended highlight a different challenge. An overwhelming 77% of parent caregiver respondents and a more moderate 46% of other unpaid caregivers stated that they never leave the child alone, while among both groups only 4% reported always doing so. This underscores the high level of supervision required in childcare. Such constant supervision could limit caregivers’ ability to engage in other productive or self-care activities, which is explored in section 3.3.4.

These findings collectively reveal the demanding nature of childcare, characterized by significant individual responsibility, frequent multitasking, and the necessity of constant supervision.

### 3.3.3 Attitude to care responsibilities

The survey results provide insight into the personal experiences of caregivers regarding the meaningfulness of their caregiving, the impact of unrealistic expectations, and the potential sacrifices they feel in their lives due to caregiving responsibilities (Figure 07). A significant majority of parent caregiver respondents (76%) and 100% of other unpaid caregivers strongly agree that taking care of a child is meaningful work. Among parents, an additional 21% agreeing. This indicates that caregivers overwhelmingly value their role and derive a





sense of purpose and fulfillment from it. Despite the physical and emotional demands, caregiving is widely seen as an integral and rewarding aspect of their lives.

However, the responses also highlight challenges in managing caregiving responsibilities. While nearly 55% of parent caregivers disagree or strongly disagree that unrealistic expectations from family members complicate their work, a substantial proportion (34%) acknowledge that such expectations do add complexity. On the other hand, among other unpaid caregivers no one feels that their caregiving is complicated by unrealistic expectations. As a majority of this group are grandparents, this suggests that the older generation does not feel put upon, whereas young parents may feel the burden of the expectations of their own parents or parents-in-law. Thus, while some caregivers benefit from supportive family dynamics, others face added stress due to unmet or excessive demands. Cultural norms and individual family structures likely play a role in shaping these experiences.

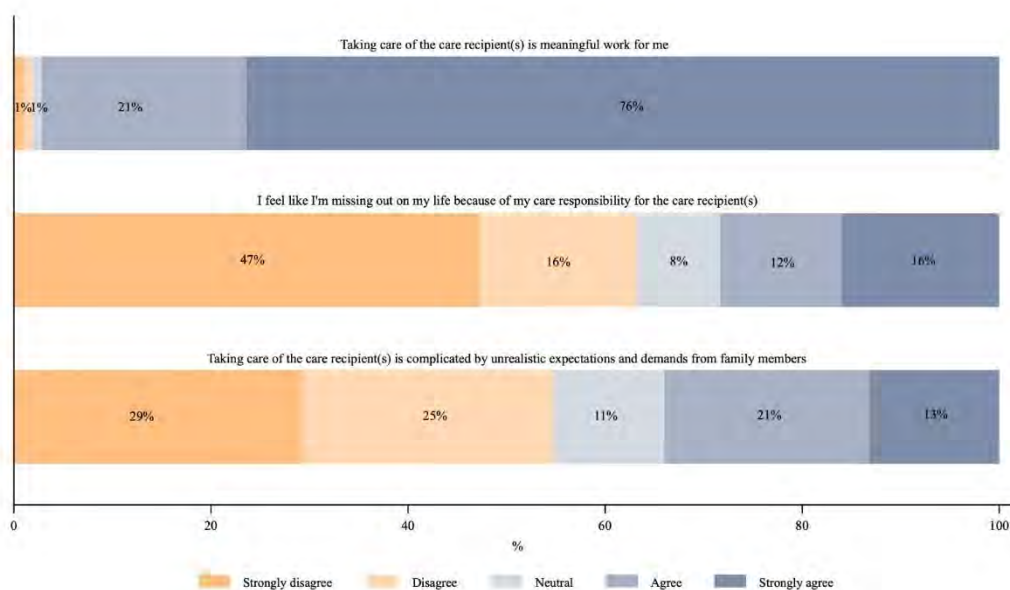


Figure 07: Caregivers' Perceptions of Childcare Responsibilities

The data also reflects a mixed response to the personal sacrifices associated with caregiving. Almost half (47%) of respondents strongly disagree that caregiving makes them feel like they are missing out on life, with another 16% disagreeing. This majority appears to embrace caregiving as a core responsibility, possibly driven by cultural values or personal resilience. However, around 28% of respondents agree or strongly agree that caregiving



limits their ability to pursue other aspects of life, highlighting the personal trade-offs some caregivers experience. This group may face greater challenges in balancing caregiving with their own aspirations and needs. As with the previous question, 100% of unpaid caregivers who are not parents did not feel like they were missing out on life, implying that their caregiving role is cherished and valued.

Overall, the findings reveal that while caregiving is deeply meaningful for most, the complexity of family expectations and the sense of personal sacrifice experienced by some caregivers point to the need for greater support systems.

### **3.3.4 Impact on wellbeing**

The survey responses reveal the significant impact of childcare responsibilities on caregivers, affecting various aspects of their daily lives, including sleep, time for household tasks, family care, paid work, and leisure activities (Figure 08 and 09).

A substantial proportion of parent caregivers reported sleep deprivation due to childcare duties. Approximately 50% of parent caregiving respondents agreed or strongly agreed that they do not get enough sleep because they need to care for the recipient. In contrast, 44% of them disagreed or strongly disagreed with this statement, indicating that sleep deprivation is a common issue for many, but not universal. These percentages are lower for other unpaid caregivers (only 19% agreed or strongly agreed, while 70% disagreed or strongly disagreed) which may reflect that for many of these caregivers, their role may be restricted to daytime hours, and that night-time caregiving is primarily the task of parents.

Regarding family care, 52% of parent caregivers reported that childcare responsibilities limit their ability to care for other family members, with 27% agreeing and 25% strongly agreeing. However, 42% disagreed or strongly disagreed, showing that for some parent caregivers, childcare does not hinder their ability to care for others in the household. Among other unpaid caregivers, the distribution of responses was reversed with only 34% agreeing with the statement and 57% disagreeing with it.

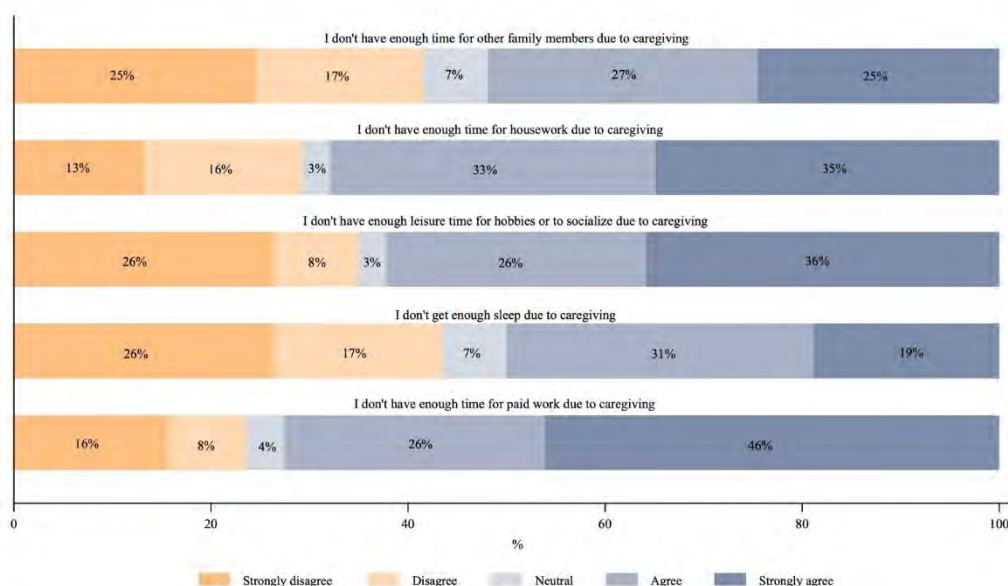


Figure 08: Impact of Childcare Responsibilities on Parent Caregivers' Time and Well-Being

In terms of household duties, a significant 68% of parent caregivers agreed or strongly agreed that they do not have enough time to complete necessary housework because of childcare. Only 29% disagreed or strongly disagreed, indicating that caregiving places a considerable strain on caregivers' ability to manage household chores. Among other unpaid caregivers, a smaller percentage (42%) agreed or strongly agreed that caregiving interfered with their ability to complete housework.

The impact on paid work was particularly pronounced, with 72% of parent caregivers agreeing or strongly agreeing that childcare reduces the time they can dedicate to paid employment. In contrast, only 23% disagreed or strongly disagreed, highlighting the significant economic sacrifices many caregivers face due to their responsibilities. Among other unpaid caregivers, the percentage for whom caregiving reduces time devoted to paid employment is lower, but is nevertheless quite considerable at 58%. This suggests that there may be trade-offs between older and younger group's ability to go out to work.

Leisure and social activities were also notably affected, with 62% of parent caregivers agreeing or strongly agreeing that they lack time for hobbies or socializing because of their caregiving duties. However, 35% disagreed or strongly disagreed, suggesting that for a smaller group of parent caregivers, childcare does not significantly interfere with their personal time. While a smaller percentage of other unpaid caregivers agreed with this



statement, and equal percentage (46%) disagreed with the statement, implying that circumstances might vary considerably among this group.

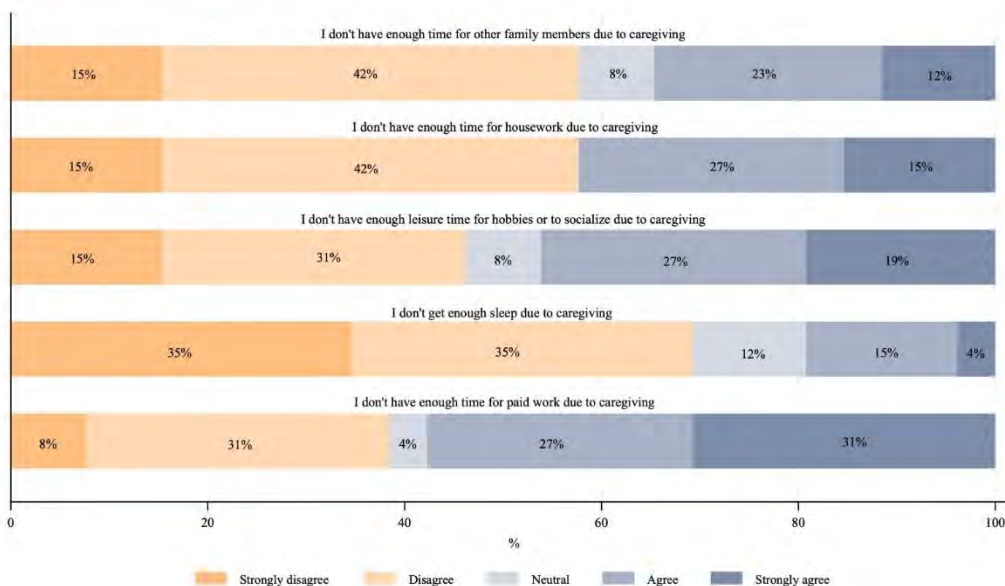


Figure 09: Impact of Unpaid care Responsibilities on Caregivers' Time and Well-Being

In summary, the survey results indicate that childcare responsibilities create substantial challenges for caregivers, impacting their sleep, household management, paid work, and leisure. These challenges appear to be greater for parents of young children, while a greater portion of other unpaid caregivers appear to manage these challenges, possibly because their caregiving may be limited relative to that of parents. However, the gap in responses between these two types of caregivers is smallest in relation to paid work, implying that for both parents and other family members, caregiving impinges on their ability to engage in paid work.

### 3.3.5 Care Recipient Use of External Services

This section contains a summary of care recipients' experiences, including their use of external care services, perceptions of service quality, and satisfaction with care arrangements.



## Satisfaction with services among parent caregivers

The survey revealed that only six households with parents as primary caregivers used paid care services, such as daycare centers or nannies (Figure 10). The analysis in this section evaluates household satisfaction with external childcare services, focusing on aspects such as staffing, operational hours, care quality, and communication about children’s progress. Respondents rated their satisfaction on a Likert scale from strongly disagree (1) to strongly agree (5).

Overall, the findings indicate high satisfaction levels across all dimensions assessed. Regarding the number of care workers or the child-to-care worker ratio, four respondents (67%) strongly agreed they were satisfied, one respondent (17%) agreed, and one remained neutral. Similarly, satisfaction with the facility’s days and hours of operation was high, with three households (50%) strongly agreeing, two (33%) agreeing, and one (17%) neutral. Households also expressed confidence in the skills and commitment of care workers, with four respondents (67%) strongly agreeing and one each (17%) agreeing and neutral. For communication about children’s progress, the results mirrored the previous aspects, with four respondents (67%) strongly agreeing, one (17%) agreeing, and one neutral.

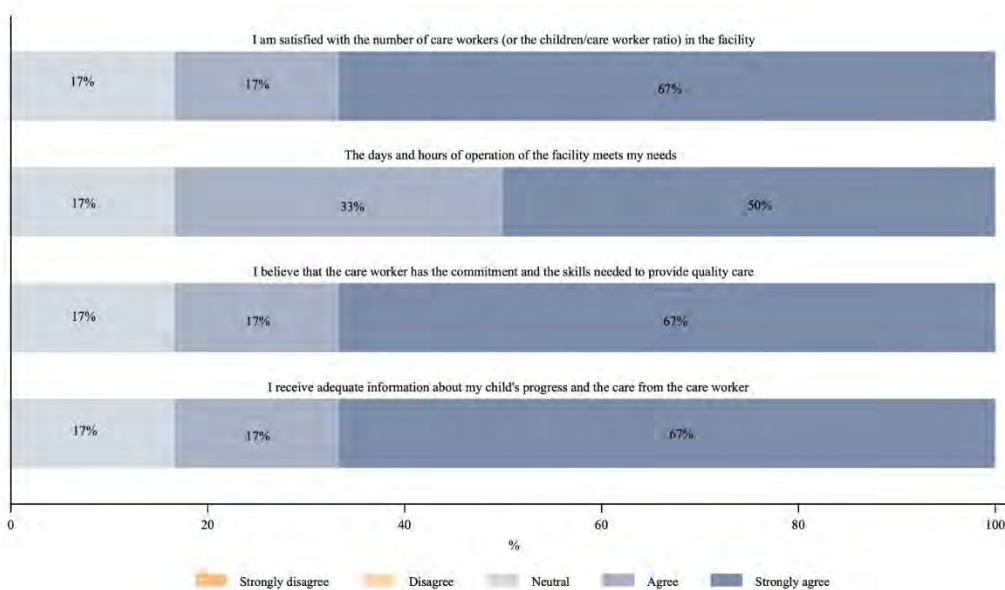


Figure 10: Household Satisfaction with External Childcare Services (Parent caregivers)

## Perceptions/attitudes towards services among parent caregivers

The survey responses provide valuable insights into general perceptions of external childcare services, regardless of whether households used them or not (Figure 11). The statement regarding whether external services lead to distancing between parents and children received significant agreement, with 43% strongly agreeing and 32% agreeing. This indicates a prevailing concern among respondents about the potential impact of such services on parent-child relationships.

The acceptability of using external childcare services for working parents elicited more diverse responses. While 36% agreed and 14% strongly agreed, indicating general approval, a notable proportion of respondents disagreed (12%) or strongly disagreed (14%). About 23% remained neutral, reflecting mixed views on the topic.

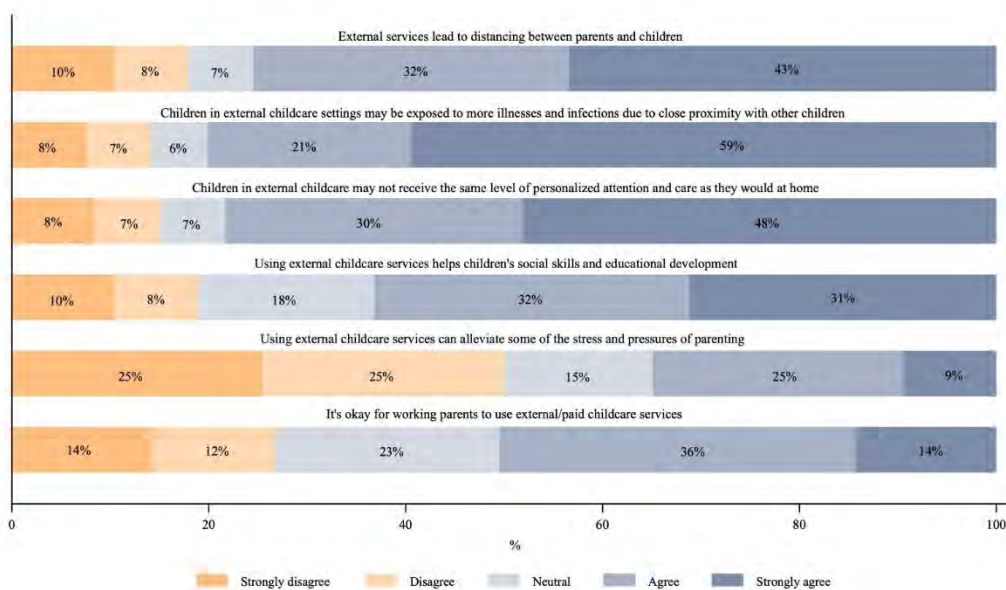


Figure 11: Perceptions on External Childcare Services (Parent caregivers)

Regarding the belief that external childcare services contribute to children’s social and educational development, the responses were generally positive, with 31% strongly agreeing and 32% agreeing. However, 18% were neutral, and some disagreement was also observed (8% disagreed and 10% strongly disagreed).



Health concerns associated with external childcare services were highlighted, as 59% strongly agreed and 21% agreed that such environments may expose children to more illnesses. Only a small minority disagreed (7%) or strongly disagreed (8%).

When asked whether external childcare alleviates parental stress, responses were more evenly distributed. While 25% strongly agreed and an equal proportion agreed, a significant share of respondents disagreed (25%) or strongly disagreed (25%). Neutral responses accounted for 15%, indicating varied perceptions of this benefit.

Finally, on whether external childcare provides less personalized attention than at-home care, a strong majority expressed agreement. Approximately 48% strongly agreed and 30% agreed, reflecting concerns about the quality of care. Meanwhile, 7% were neutral, and fewer respondents disagreed (7%) or strongly disagreed (8%).

In summary, the findings reveal mixed perceptions of external childcare services, with significant concerns about their impact on parent-child bonding and personalized care. At the same time, respondents recognize their potential benefits for children's social development and the practical needs of working parents.

### **Perceptions and attitudes among non-parent unpaid caregivers**

The findings reveal diverse perspectives on external childcare services among unpaid caregivers who are *not* parents (Figure 12). Regarding the statement that external services lead to distancing between parents and children, 39% strongly agreed, and 35% agreed, suggesting significant concern about this potential issue. However, a smaller proportion disagreed (12%) or strongly disagreed (8%), with 8% remaining neutral.

When asked if it is acceptable for working parents to use external childcare services, 27% strongly agreed, and 35% agreed, indicating general approval. Nevertheless, 15% strongly disagreed, and 15% disagreed, while 15% were neutral, reflecting mixed views.

For the statement that external childcare services help develop children's social skills and educational outcomes, 27% strongly agreed, and 46% agreed, showing strong support for this benefit. However, 8% disagreed, and 19% remained neutral, indicating some divergence in opinion.



Regarding the possibility of increased exposure to illnesses in external childcare settings, 62% strongly agreed, and 12% agreed, highlighting widespread concern. Conversely, 8% disagreed, and 19% were neutral.

When asked whether external childcare alleviates parenting stress, 15% strongly agreed, and 15% agreed, while a substantial 31% disagreed, and 19% strongly disagreed. Another 19% were neutral, illustrating significant skepticism about this benefit.

Finally, on the statement that external childcare may not provide the same personalized care as at home, 27% strongly agreed, and 35% agreed, signaling notable concern. Meanwhile, 23% disagreed, and 4% strongly disagreed, with 12% remaining neutral.

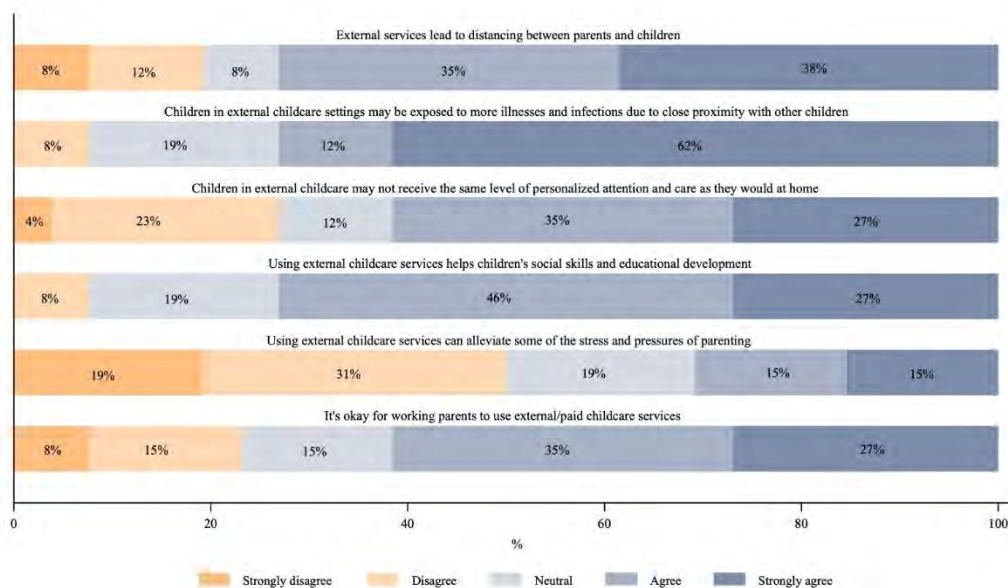


Figure 12: Perceptions on External Childcare Services (other unpaid caregivers)

### 3.4 Eldercare and Disability Care

#### 3.4.1 Assistance with Activities of Daily Living

To understand whether the older individuals considered are eligible care recipients, the survey examines their ability to perform essential daily activities such as preparing meals, maintaining personal hygiene, dressing, and getting around both inside and outside the





house. The results shed light on the level of independence among the older individuals in the sample, highlighting the varying degrees of difficulty they face in completing these tasks on their own. The responses indicate that, on average, the older individuals in the sample are unable to perform around 6.5 tasks independently, with a significant variation across the sample. A considerable proportion of respondents, nearly 41%, reported that the older individual in their care was unable to perform all eight tasks, while about 13% were unable to perform seven tasks. Smaller percentages were unable to complete between three to six tasks. These findings suggest that a substantial number of older individuals face significant challenges in carrying out daily activities, highlighting the need for targeted caregiving support for those with higher levels of dependency.

If we examine each element in more detail, the survey reveals a clear picture of the challenges faced by older individuals in performing essential daily activities. When it comes to preparing and eating meals and drinks, nearly all respondents (93%) reported that the older individual cannot perform these tasks independently, with only a small minority (6%) indicating no difficulty in this area. Similarly, for personal hygiene tasks such as brushing teeth, washing the face, and washing hair, 64% of respondents stated that the older individual cannot manage these tasks alone, while 36% reported no such difficulties.

The ability to use the bathroom independently also posed significant challenges, with 67% of respondents indicating that the older person is unable to do so. Only 32% of individuals reported no issues in this regard. Dressing independently was another area where dependency was widespread, as 62% of respondents mentioned that the older person cannot dress appropriately by themselves, while 37% did not observe such difficulties.

Interestingly, all respondents (100%) reported that the older individual cannot maintain a clean and safe household independently, which highlights the universal need for caregiving support in this area. In terms of mobility, 67% of respondents noted that the older individual struggles to get around inside and outside the house, with only 33% reporting no such difficulties.

The ability to travel to places like the hospital or bank presents another common challenge, with 100% of respondents indicating that the older person cannot go to these places without assistance. Similarly, 97% of respondents reported that the older individual cannot use public transportation independently, with only a small minority (3%) indicating no issues.



These findings underscore the significant level of dependence among older individuals in completing daily activities, reinforcing the need for comprehensive caregiving support tailored to those with higher levels of dependence.

The data sheds light on caregiving dynamics for both elderly individuals and persons with disabilities, revealing the central role of family members in providing care (Figure 13). Among the 79 caregivers surveyed, the most frequent relationship is between caregivers and their parents (28), followed by caregiving spouses or partners (23%). These two groups collectively make up over half of the caregiving population, emphasizing the significant involvement of immediate family members in providing care for elders and individuals with disabilities.

Sons or daughters constitute 22% of caregivers, further highlighting the familial nature of caregiving. Those caring for their in-laws (13%) reflect the extended family's role in caregiving responsibilities. Grandchildren account for 1%, while grandparents constitute 6%, illustrating the multigenerational nature of caregiving in some households. Sibling caregivers are a smaller proportion at 4%, while other relatives contribute 3% of the caregiving burden. Paid care workers represent only 1%, indicating that formal caregiving services are rarely utilized in this context.

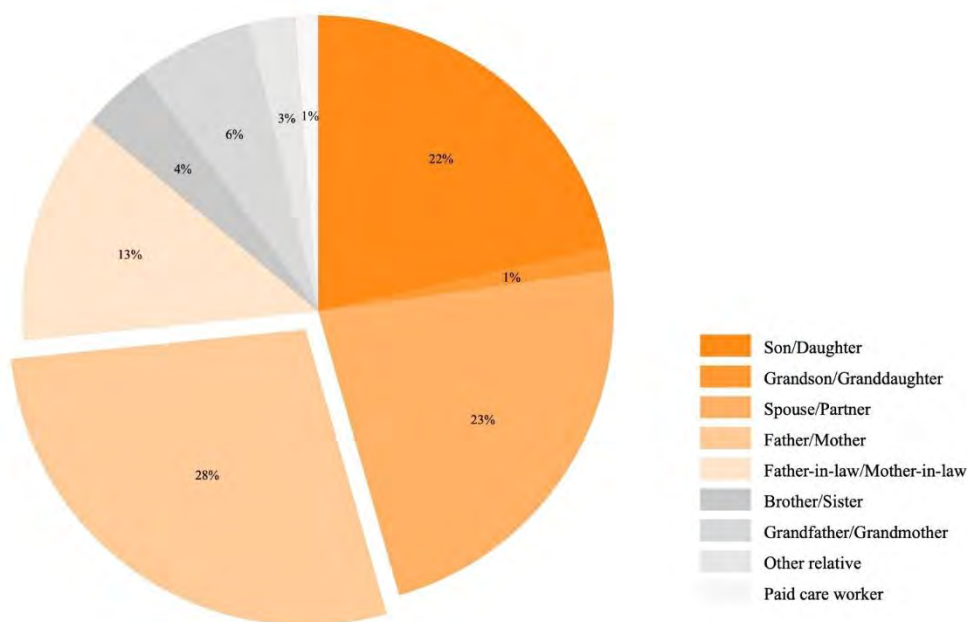


Figure 13: Relationship Dynamics in Eldercare and Disability Care Provision

### 3.4.2 Functional difficulties across key areas of daily living

The survey offers valuable insights into the functional challenges individuals face across various domains, including vision, hearing, mobility, memory, self-care, and communication. These areas were evaluated using a four-point scale, ranging from "Cannot do anything" to "No difficulties."

The findings suggest that vision difficulties are relatively uncommon among respondents. A majority (45%) report no difficulties with vision, while 35% experience minor challenges, and 17% face major difficulties. A very small percentage (3%) are completely unable to see, even with glasses. Hearing difficulties follow a similar trend. Most individuals (69%) report no hearing issues, with 20% experiencing minor difficulties. Only 8% encounter major hearing challenges, and just 3% are completely unable to hear, even with a hearing aid.

In contrast, mobility issues are more prevalent, particularly with tasks such as walking or climbing steps. Over 31% of respondents are completely unable to perform these activities, and more than half (53%) report significant difficulties. A small minority (5%) report no mobility challenges.

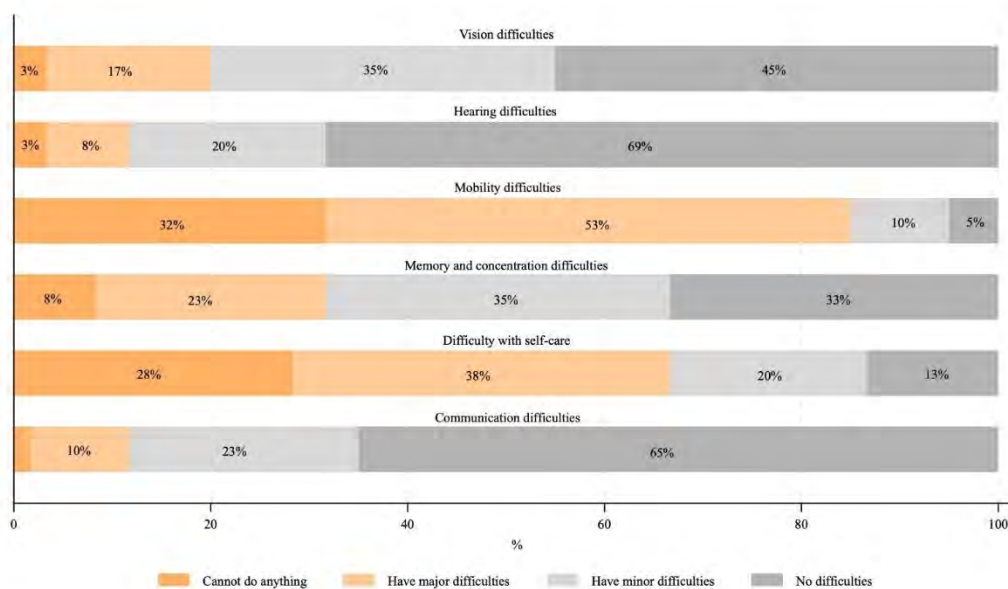


Figure 14: Distribution of Functional Difficulties Across Key Areas of Daily Living



Memory and concentration difficulties are also notable. While 33% of respondents report no issues in this area, 23% experience major difficulties, and 35% face minor challenges. Additionally, 8% of individuals are completely unable to concentrate or remember. Regarding self-care, more than one-quarter (28%) of respondents report being completely unable to care for themselves, and 38% experience major challenges in this domain. Only 13% report no difficulties in self-care.

Finally, communication difficulties are the least common, with 65% of respondents reporting no issues. A smaller proportion (23%) face minor challenges, while 10% encounter major difficulties. A small percentage (2%) are completely unable to communicate in their usual language.

Overall, the data reveals that while most individuals do not face significant difficulties in areas like vision, hearing, and communication, other areas such as mobility, memory, self-care, and concentration pose considerable challenges for many respondents. These findings underscore the need for targeted interventions and support, particularly in addressing the physical and cognitive difficulties that impact daily living and independence.

### **3.4.3 Intensity of caregiving**

The survey data on eldercare services sheds light on the nature of caregiving experiences, focusing on the degree of responsibility, multitasking, and ability to leave the care recipient alone (Figure 15).

When asked about caregiving alone, the results reveal that 62% of respondents always take care of the care recipient by themselves, and 30% often do so. This indicates that the majority of caregivers experience significant isolation in their caregiving role, with very few sharing the responsibility with others. Only 8% reported occasionally or sometimes caring for the recipient with others, highlighting the predominantly solo nature of caregiving for these individuals.

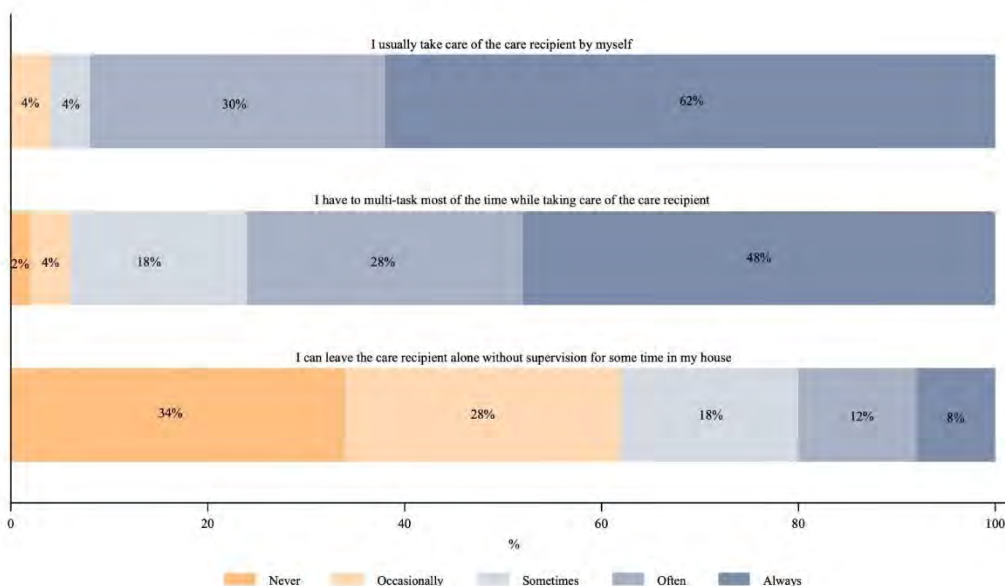


Figure 15: Eldercare Practices and Challenges Among Caregivers

Regarding multitasking while caregiving, the survey responses show that multitasking is an almost constant requirement for many caregivers. Specifically, 48% of respondents always multitask while taking care of the recipient, and 28% often do so. Combined, 76% of caregivers are frequently multitasking, juggling multiple responsibilities while providing care. In contrast, only 2% of caregivers never multitask, underscoring the demanding nature of caregiving, where caregivers need to manage several tasks simultaneously.

The ability to leave the care recipient alone without supervision for some time was a more nuanced aspect. While 34% of caregivers reported never leaving the care recipient unsupervised, 28% indicated that they could occasionally leave the recipient alone. Only 8% of caregivers were able to leave the care recipient unsupervised, suggesting that the majority of caregivers remain highly involved and need to provide continuous attention. A smaller percentage, 12%, indicated they could often leave the recipient alone, but overall, it is clear that most caregivers face challenges in finding time for personal respite or other duties due to their responsibility.

### 3.4.4 Attitude to care responsibilities

The survey data on the experiences of caregivers reveals important insights into how caregiving responsibilities are perceived, particularly in terms of meaning, family expectations, and personal life sacrifices.

When asked whether taking care of the care recipient(s) is meaningful work, a significant majority of respondents—48%—strongly agreed with the statement, and 30% agreed, suggesting that for many caregivers, the work is seen as highly fulfilling and significant. Only 16% of respondents were neutral, and a small minority, 6%, disagreed with the sentiment, indicating that the majority find purpose and meaning in their caregiving role.

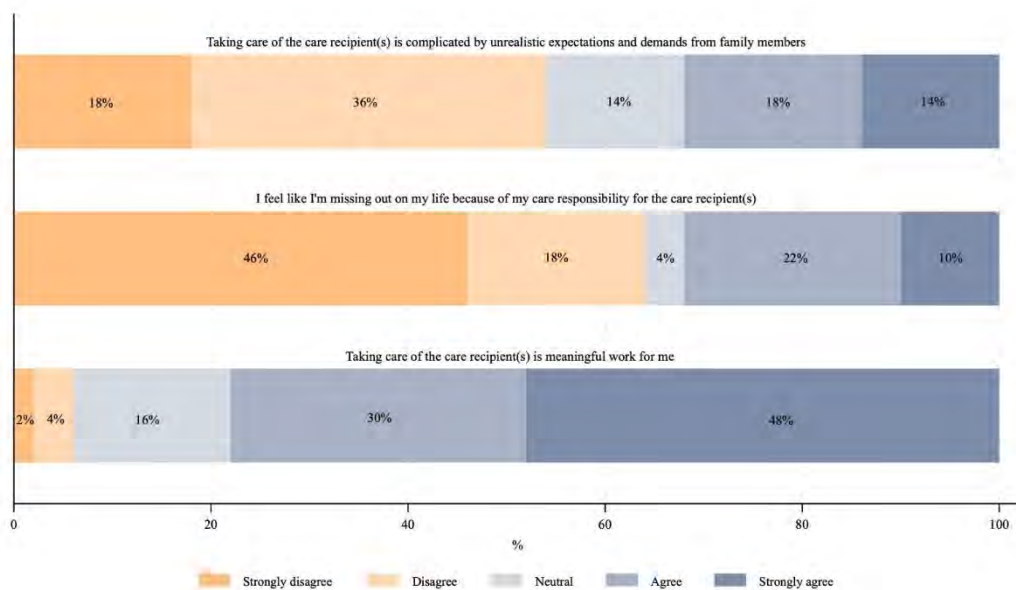


Figure 16: Caregivers' Perceptions of Eldercare Responsibilities

In contrast, the responses to whether caregiving is complicated by unrealistic expectations and demands from family members were more mixed. A substantial 36% of respondents disagreed with this statement, and 18% strongly disagreed, suggesting that for a portion of caregivers, family expectations are not a major issue. However, 32% of respondents (18% agreeing and 14% strongly agreeing) reported experiencing unrealistic demands, indicating that a significant portion of caregivers do face such challenges. Only 14% were neutral on this matter, further highlighting that family expectations have a considerable impact on the caregiving experience for many.



The question of whether caregivers feel like they are missing out on their life due to caregiving responsibilities also yielded varied responses. A majority of 46% strongly disagreed with the notion, and 18% disagreed, suggesting that many caregivers do not feel that their lives are being negatively impacted by caregiving. However, 32% of caregivers (22% agreeing and 10% strongly agreeing) expressed that they do feel like they are missing out on personal life experiences, reflecting the sacrifices that caregiving demands. Only 4% were neutral, reinforcing the sentiment that caregiving has either a significant or minimal effect on personal life, with few caregivers remaining indifferent.

### **3.4.5 Impact on wellbeing**

The survey results on the challenges faced by caregivers in balancing caregiving with other aspects of their lives highlight the significant impact that eldercare responsibilities have on various domains of personal and family life (Figure 17).

Regarding sleep, 36% of caregivers agreed, and 14% strongly agreed that they do not get enough sleep due to caregiving duties. This suggests that half of all caregivers face sleep deprivation as a consequence of their caregiving responsibilities. However, 40% of caregivers disagreed with the statement, indicating that for some, sleep is not as severely impacted by caregiving.

The survey also reveals challenges in managing time for other family responsibilities. 22% of caregivers agreed, and 14% strongly agreed that they don't have enough time to care for other family members because of their caregiving duties. On the other hand, 52% disagreed, indicating that a majority of caregivers can still manage family responsibilities alongside eldercare, though a notable portion experiences time constraints.

In terms of household chores, 37% of caregivers agreed, and 16% strongly agreed that they do not have enough time to do necessary housework because of caregiving responsibilities. In contrast, 36% disagreed with this statement, suggesting that a significant proportion of caregivers can still manage their household duties despite caregiving. Only a small portion, 10%, remained neutral on this matter.

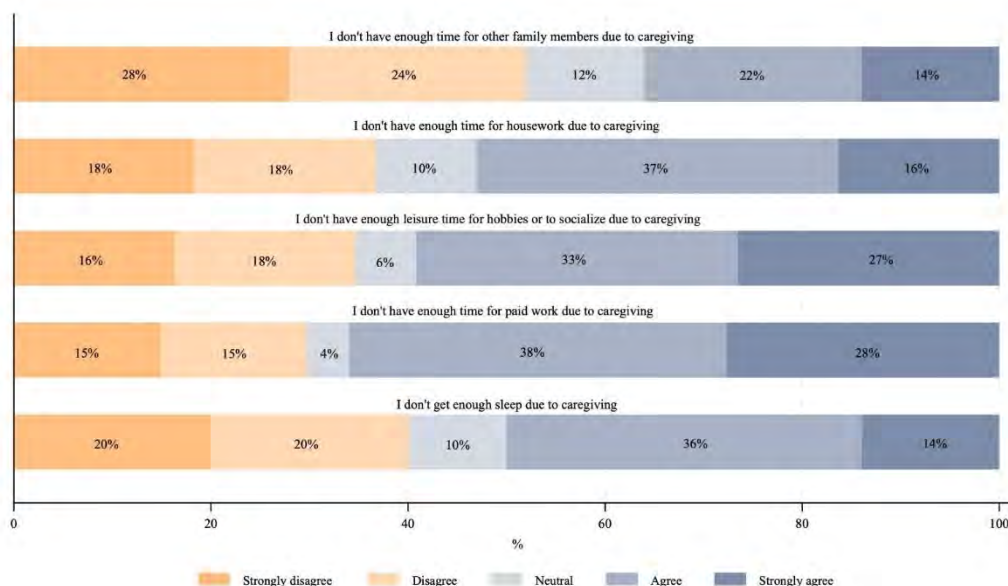


Figure 17: Impact of elder care Responsibilities on Caregivers' Time and Well-Being

When it comes to paid work, the majority of caregivers—38% agreeing and 28% strongly agreeing—reported that they do not have enough time to engage in paid work because of caregiving. This highlights the significant trade-off that many caregivers face between eldercare and their professional commitments. However, 30% disagreed, suggesting that some caregivers can still balance both.

Finally, leisure time is another area where caregivers report constraints. 33% agreed, and 27% strongly agreed that they do not have enough leisure time for hobbies or socializing because of caregiving responsibilities. This points to the considerable reduction in personal time for caregivers, with 16% strongly disagreeing, 18% disagreeing and 6.1% remaining neutral on this issue.

Overall, the data underscores the heavy toll that caregiving can take on caregivers' time and well-being, with significant trade-offs across sleep, family care, housework, paid work, and leisure activities. While some caregivers manage to balance these responsibilities, many face considerable challenges in fulfilling their own needs and maintaining a sense of personal time.



## Eldercare – Perceptions/attitudes

The findings on attitudes towards external eldercare services reveal varied opinions across different aspects of senior care (Figure 18). A significant portion of respondents, 40%, agreed or strongly agreed that relying on external eldercare services can lead to feelings of abandonment and isolation among seniors. Conversely, 18% disagreed or strongly disagreed, with a small percentage (2%) remaining neutral.

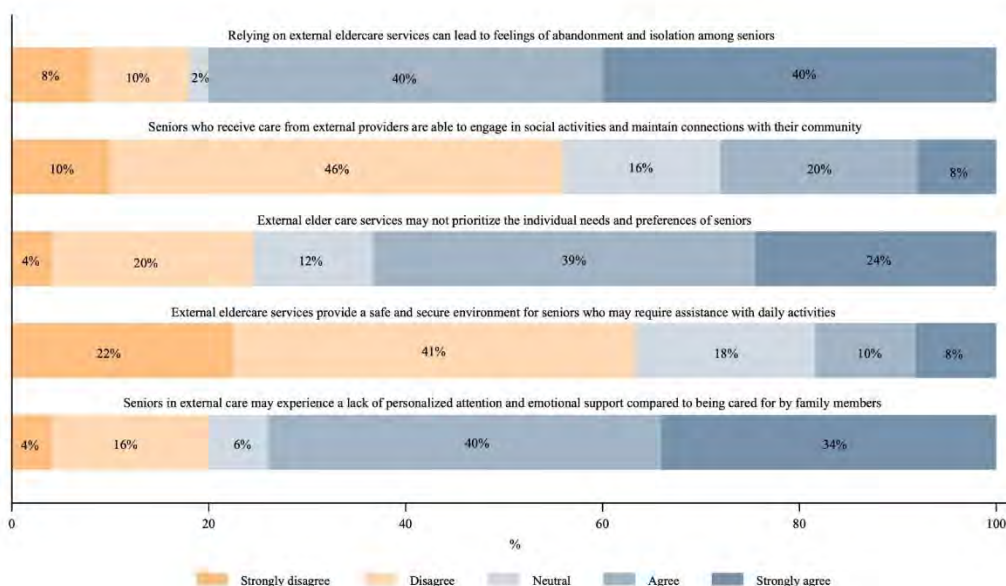


Figure 18: Attitudes Towards External Eldercare Services

When it comes to the safety and security of external eldercare services, the majority of respondents expressed concerns. A combined 63% disagreed or strongly disagreed that external services provide a safe and secure environment for seniors, while only 18% agreed or strongly agreed with this statement. This highlights significant skepticism regarding the safety of external eldercare services.

Regarding the individual needs of seniors, 63% of respondents agreed or strongly agreed that external eldercare services may not prioritize these needs. In contrast, only 24% disagreed or strongly disagreed, with a neutral group of 12% holding an indifferent view.

The ability for seniors to engage in social activities through external care services garnered mixed reactions. Nearly half of the respondents (46%) disagreed or strongly disagreed that



seniors in external care are able to engage in social activities and maintain community connections. Only 28% agreed or strongly agreed, with a neutral group making up 16%. Finally, concerning the level of personalized attention and emotional support, 74% of respondents agreed or strongly agreed that seniors in external care may experience a lack of personalized attention compared to being cared for by family members. Only 20% disagreed or strongly disagreed with this view, indicating strong concerns about the quality of emotional support in external eldercare services.

Overall, these results suggest that while external eldercare services may offer certain benefits, such as basic care, they are met with significant concerns about safety, emotional support, and social engagement, with many respondents feeling that such services may lead to feelings of abandonment and a lack of individual attention.

### **3.5 Norms and Social Perceptions:**

Societal norms play a crucial role in shaping perceptions and behaviors around care work and household responsibilities. These deeply ingrained beliefs influence individual attitudes and collective expectations regarding gender roles, particularly in caregiving. Understanding these norms provides valuable insights into how they affect access to opportunities and agency, especially for women, who often bear a disproportionate share of unpaid care work. This section examines the interplay between traditional gender expectations and evolving societal attitudes toward care work (Figure 19 and 20).

The findings reveal broad support for gender equality in principle, with 64% of respondents strongly agreeing and 31% agreeing that men and women should have equal opportunities. This reflects a progressive shift in societal ideals. However, deeper analysis uncovers a more complex picture. For instance, 71% of respondents agree or strongly agree that men should be prioritized for jobs during times of scarcity, reflecting the persistence of patriarchal norms that position men as primary breadwinners. Respondents estimated that, on average, seven out of ten people in their social circles share this belief, highlighting how entrenched these norms remain. Nonetheless, a minority (23%) strongly disagreed and disagreed to this view, signaling an emerging resistance to gender-based labor market preferences.

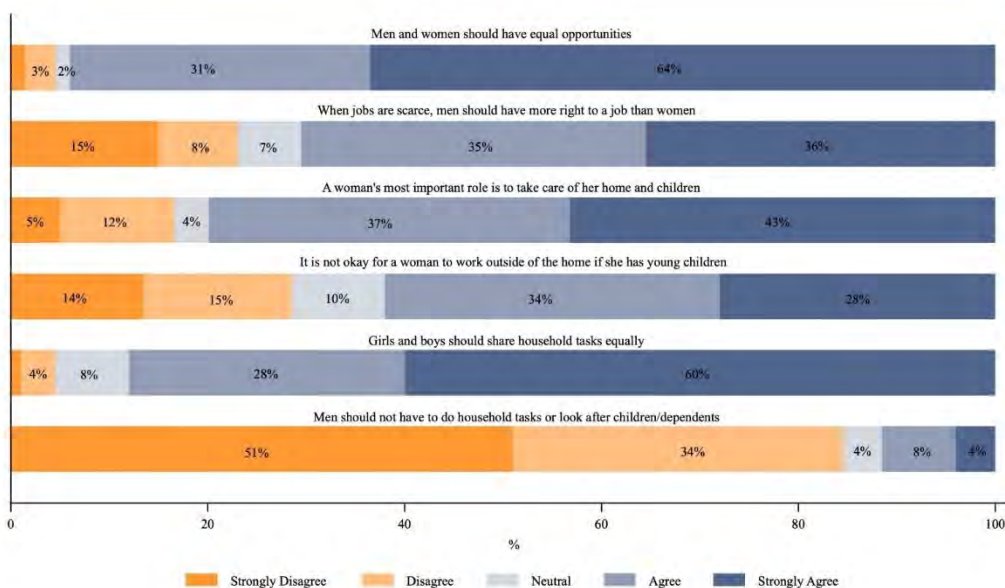


Figure 19. Attitudes Toward Gender Roles and Responsibilities

Traditional views on women’s caregiving roles also remain deeply embedded. Nearly 80% of respondents agree or strongly agree that a woman’s primary responsibility is to care for her home and children, despite the widespread endorsement of gender equality. Respondents estimated that 6.6 out of 10 people in their social circles hold this belief, further illustrating its societal prevalence. This contradiction—support for equality in principle alongside adherence to traditional roles—underscores the enduring influence of cultural expectations on women’s roles within families.

Resistance to women working outside the home post-childbirth also persists, with 62% agreeing or strongly agreeing that women should prioritize caregiving over careers once they become mothers. On average, respondents believe 6.4 out of 10 people in their social circles share this view. These findings suggest that societal resistance to women’s labor force participation, particularly after childbirth, remains a significant barrier to achieving gender equality.

Encouragingly, attitudes toward sharing household responsibilities are shifting. A majority (88%) agree or strongly agree that boys and girls should equally share domestic tasks, indicating progress in challenging traditional gender roles. Respondents estimated that 6.3 out of 10 people in their social circles support this view, suggesting a growing acceptance of gender-neutral domestic responsibilities.

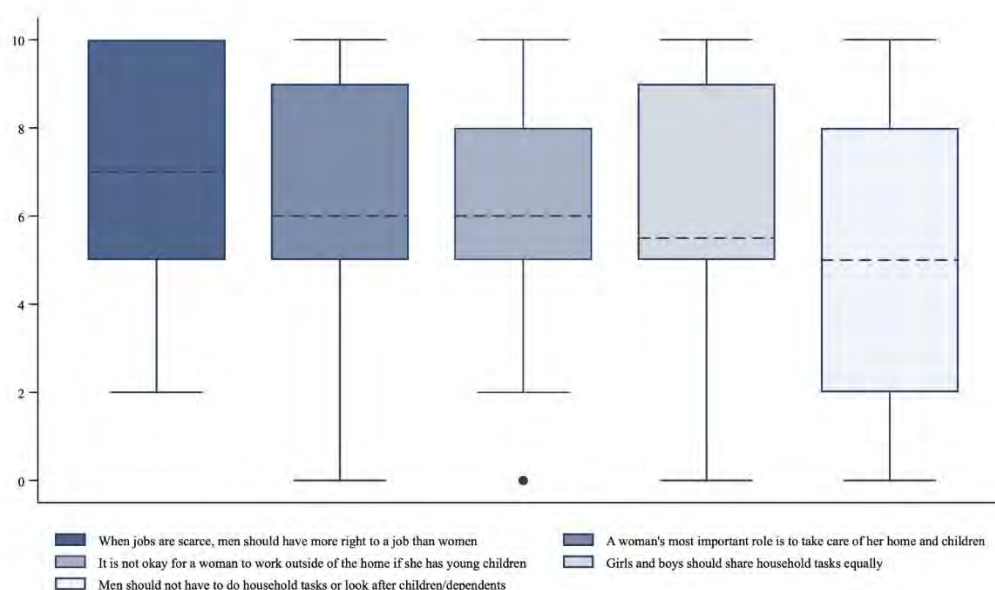


Figure 20: Community Perceptions on Gender Roles and Responsibilities

Similarly, this reflects in societal attitudes toward men's involvement in household tasks and caregiving responsibilities. 85% of respondents disagree or strongly disagree with the notion that men should not have to perform household tasks or care for dependents. This widespread rejection of traditional roles indicates a gradual shift toward shared domestic responsibilities. However, a small proportion (11.5%) continue to support traditional views, and opinions within social circles vary widely, with respondents estimating that, on average, 5.4 out of 10 people hold these conventional beliefs. This suggests moderate support for shared responsibilities among men within their social circles, though opinions vary widely, as reflected by the range of 0 to 10. These findings highlight a gradual shift in societal norms but underscore the persistence of some traditional attitudes.

In conclusion, the findings highlight the complex coexistence of progressive attitudes and entrenched traditional norms. While there is broad conceptual support for gender equality, societal perceptions remain heavily influenced by cultural expectations, particularly regarding women's roles in caregiving and labor market participation. Proxy questions reveal the depth of these traditional norms within social circles, emphasizing the duality of evolving individual attitudes and collective resistance to change. The gradual shift toward equitable domestic roles and women's economic agency is promising but underscores the need for sustained efforts to challenge and transform deeply rooted societal beliefs.



#### **4. Conclusions and Next Steps**

Several key insights are derived from this preliminary effort. The community survey results indicated the paucity of any kind of care services in the communities that were surveyed. Employer provided services were non-existent, except in the Kandy district for childcare. Eldercare and disabled care services were the least developed. The most common form of paid care is domestic workers or in-house caregivers followed by home visit caregivers, but this is not extensively available.

Insights from the household survey confirmed the low usage of paid care services and revealed that the main forms of care in Sri Lanka were familial: parents or grandparents for childcare, and offspring or spouses or siblings for eldercare and disabled care. The evidence indicates that care is a time and effort-intensive task with impacts on well-being, with substantial trade-offs between care of dependents and other activities. Responses to questions on norms reveal that despite an apparent desire for gender equality, a deep-rooted patriarchal breadwinner model operates that places the burden of care and housework squarely on the shoulders of women.

These insights will help to refine and expand the next stage of data collection, which is to collect data from a 4000-household sample that is nationally representative. Reflecting on the questionnaire and data collection exercise, two features are evident: a larger sample will help to confirm and map in greater detail (1) the evidence regarding care availability (2) the patterns and variations that result from the diversity and heterogeneity that exists across Sri Lanka.

It is expected that the insights derived from the entire research effort will serve as a foundation for designing policies and programs that recognize, support, and value caregiving in all its forms, ensuring a more equitable and inclusive future for caregivers and care recipients alike.