



Mapping Sri Lanka's Care Economy

Desk Study

28 February 2023

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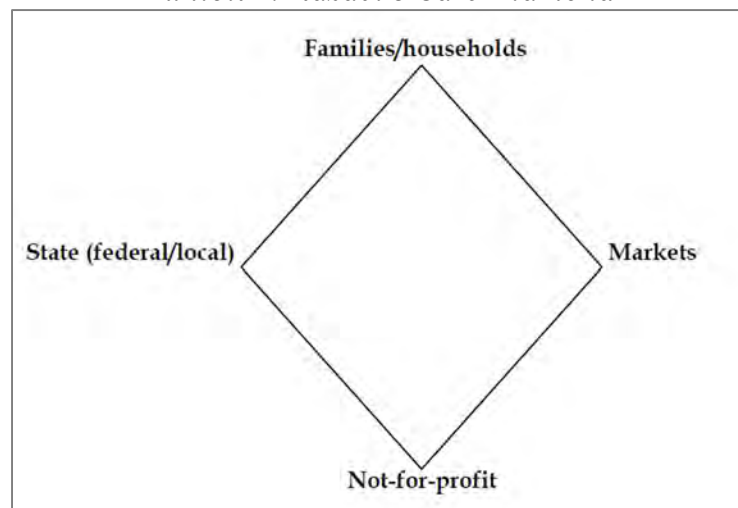
1. Introduction

1.1. What is 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).

Razavi (2007) conceptualises a care diamond constituted of the family, community (not-for-profit organisations), market and state forming “the architecture through which care is provided” (Exhibit 1). This report will explore care provision by these four actors in Sri Lanka based on the available data and literature.

Exhibit 1: Razavi's Care Diamond



Source: Razavi (2007)

1.2. Why is care an important issue in Sri Lanka?

- *Care work is not seen as 'work'*

In Sri Lanka, the diamond is heavily skewed towards the first two institutions and is disproportionately borne by women. The provision of care either for the young or the elderly

remains an overwhelmingly informal activity, performed almost exclusively by women (Withers, 2017). In Sri Lanka, tasks such as cooking and childcare are routinely relegated to women, as is general housework (de Silva, 2021).

According to the 2017 Time Use Survey conducted by the Department of Census and Statistics, more than 85% of total time spent in unpaid work is by women. However, Sri Lanka's official statistics for female participation rate in the formal labour force stands at a low 32% compared to 72% for men (Department of Census and Statistics, 2021), a trend which has been consistent for nearly the past three decades.

Withers (2017) argues that since informal employment accounting for nearly two-thirds of all economic activity in Sri Lanka, productive and reproductive life is frequently interwoven, and many women categorised as 'economically inactive' also perform informal productive labour; similarly, women categorised as 'economically active' are equally involved in the demands of reproductive labour. According to the Annual Labour Force Survey 2020, 76.6% of contributing family workers are female (DCS, 2021). Hence, a neat delineation between work and care roles based on the assumption of mutual exclusivity renders much of the work performed by Sri Lankan women – paid or unpaid, productive or reproductive – largely invisible.

- *Cultural norms worsen inequity in care work*

The concept of 'care' is not necessarily associated with 'work'. 'Care' is often conflated with notions of altruism or unselfishness and self-sacrifice rooted in the family and related to a system of a gender division of labour where women are seen to play the key role as caregivers, while 'work' is commonly understood as an activity that brings in monetary income; 'having a job', 'looking for or engaged in employment' (Kottegoda, 2017). Kailasapathy and Metz (2012) argue that the idea that women are responsible for household and childcare work seems to be universal, and Sri Lankan women are socialized to feel this responsibility and hence accept that they will spend more hours in household and childcare work than their male counterparts even if both are in paid employment. As a result, as Discenza et al (2021) highlight, a much larger part of women's (compared to men's) work tends to be invisible or at risk of being underreported or simply not measured at all in official statistics. Many women are sandwiched between dual care responsibilities, looking after both their children and parents (Asian Development Bank, 2020, 2021).

Withers (2017) posits that in Sri Lanka, the politics of women's work and care are deeply embedded in the concept of nationhood with women traditionally being portrayed as nurturers and caregivers to the nation. Gunawardana (2018) suggests that in post-war contexts, there is often a push to deepen traditional or 'pre-war' gender norms, meanings, and practices. In Sri Lanka, these norms are centred on women's roles as 'respectable' wives and mothers, as well as their symbolic status as bearers of national culture but despite the veneration of women's caring roles, the disproportionate labour of care work remains under-recognized.

- *Care burden and its impact on female participation in the labour market*

As a result of the undue care burden, women remain largely outside the labour force despite high levels of educational attainment. Many women struggle to see themselves in roles beyond their traditional roles as caretakers and homemakers (Jeyasankar and Ganhewa, 2018). When women do work, they tend to engage more in home-based work to meet their household responsibilities (Madurawala et al., 2016). According to Chopra and Zambelli (2017), their expressed preferences for home-based work are likely shaped by cultural norms as well as by their limited expectations about possible help with care work, whether from a family member, within the community, or at a workplace.

A study by Samarakoon and Mayadunne (2018), using quantitative analysis of data collected from the 2014 Labour Force Survey and Household Income and Expenditure Surveys of the Department of Census and Statistics (2012/13) and qualitative data were collected through interviews, found that 72% of women who are married and have children and 40.1% of women who are single and have children were unemployed in Sri Lanka.

Solotaroff et al (2020) note that childrearing and household chores are the main factors impeding women's participation in paid work as they are disproportionately performed by women. The report finds that marriage lowers a women's odds of securing paid work by 26% while it increases men's by 2.5% and that having a child under the age of five makes women 7.4% less likely to join the labour force compared to women without children. Chowdhury (2013) states that married women have a high desire to quit the labour force, with a 34% increased risk of quitting the labour force once a woman gets married. Furthermore, among married women who have at least one child under ten years old, 68% of women from rural areas and 73% of women in urban areas are unemployed, compared to 56% and 66% of

women without children under the age of ten. Univariate and bivariate probit models using the Labour Force Survey 2016 microdata by Ranawaka (2019) also finds that being a female increases the probability of selecting unpaid work by 52% while that selecting paid work which decreases by a percentage of 45 compared to a man. In other words, there is a higher persistency of women selecting unpaid work over men and men selecting paid work over women. Ranawaka (2019) also finds that household work is statistically significant in explaining these choices.

Hence, care responsibilities form a significant barrier for women for women's agency and economic empowerment in Sri Lanka. Globally, unpaid family care remains a major driver of gender inequality, impacting women's social and economic opportunities (Razawi, 2007, 2016). It is often associated with poor quality care, work-family tensions, stress and health issues, and given the carer's capacity, serious resources and time constraints (ILO, 2018; WHO, 2015). Social inequities mean that unpaid care burdens and care quality deficits disproportionately affect the poor and those in precarious economic situations (ILO, 2018, UNRISD, 2016).

The dominance of unpaid caregiving in Sri Lanka's care economy keeps women out of productive economic labour (International Labour Organization 2016), limits their career advancement (Kailasapathy and Metz, 2012; Kailasapathy, Kraimer and Metz, 2014) and leadership potential (International Finance Corporation, 2019). Its cumulative effects threaten women's economic security and well-being (Coffey et al, 2020). Hence, the recognition, reduction and redistribution of unpaid care work will have the following benefits (Perera, A., 2017):

1. **Increases female labour force participation:** The amount of time devoted to unpaid care work is negatively correlated with female labour force participation (OECD, 2014) For every hour that a woman spends on domestic chores, she foregoes the opportunity to engage in the labour market or to invest in educational activities. Therefore, redistribution of care work could help to increase women's participation in the labour force.
2. **Increases women's financial independence and access to social protection:** According to the OECD (2014), women earn only 65% of what their male counterparts earn for the same job in countries where they spend twice as much time

as men on unpaid care work. Hence, the opportunity cost associated with unpaid care work is the foregone income potential to save and accumulate assets. Women who forgo gainful employment or spend intermittent periods in the labour force, lose access to vital social protection (such as pensions) in the long run, and this puts them at a much higher risk of poverty in old age.

3. **Increase returns on education and reduce wage inequalities:** The burden of unpaid care work also leads to lower returns on education for women. In Sri Lanka, female graduates outnumber male graduates at the tertiary level but constitute just over a third of the labour force (Perera, A., 2017). Thus, the re-distribution of care responsibilities and domestic chores could result in greater returns on education in the country.
4. **Increases women's quality of life:** Unequal care responsibilities contribute to time poverty, limited mobility, and poor well-being among women. Care responsibilities leave only a few hours for activities that improve health and well-being, especially for women engaged in the labour market full-time. Even though women spend as much time as their male partners in paid work, they are required to fulfil domestic responsibilities. As a result, women 'work' much longer hours than men. Addressing the gender division of unpaid care work is therefore vital to improving women's quality of life and standard of living.

1.3. Purpose of the study

This desk-based study seeks to understand the current landscape of the care economy in Sri Lanka in terms of the policy framework, present arrangements, and knowledge and experiences of care for children and dependent adults based on the existing policies as well as the available literature and data. By doing so, it will seek to clarify the economic and social case for investments in an expansion of public provisioning or infrastructures for care services and the need for policy tools that support the development of more equitable, sustainable and culturally appropriate care systems, which reduce, reward and redistribute the extensive unpaid care work women provide within households, families, and communities in Sri Lanka.

- *Understanding the intersectional nature of the care burden*

While inequality in the distribution of care based on gender has been well-established globally as well as in Sri Lanka, other layers of identity and social structures and categories such as ethnicity, race, caste, class, level of urbanisation, migration, and their various interactions also play an important role in shaping the choices, opportunities as well as minimising or exacerbating the disadvantages, discrimination, inequalities, and exclusions that men and women face in the context of the care economy in Sri Lanka. This study will attempt, to the best extent possible based on the available data and literature, to apply an intersectional approach to identify and understand how different segments of the population are adversely affected and marginalised when it comes to the redistribution of the care burden, by inadequate or perverse policies, sociocultural norms and expectations, misaligned incentives, or insufficient allocation of resources. However, it must be noted that the data and literature in this respect are limited.

2. Regulatory framework for care in Sri Lanka

2.1. Care for children

2.1.1. Current status of early childhood care

The National Policy on Early Childhood Care and Development (ECCD) (MWCADZD, 2019) defines “early childhood” as the period from conception to the age of five years. This definition is based on the National Policy on ECCD (2004), which was the first government policy initiative focusing on the development of children aged 0-5 years and adopted the age range based on the Sri Lankan children’s age of entry to formal education (MWCADZD, 2019).

The net enrolment rate for primary education in Sri Lanka is 99%, and that for secondary education is 84% (Warnasuriya et al, 2020) which indicates the burden of childcare on the family falls heavily during the early childhood period. Hence, this study will focus on the system of paid and unpaid care that exist for children aged five and below.

In contrast to primary and secondary education, the government does not provide free pre-primary education to children (Warnasuriya et al, 2020). According to the Early Childhood Development (ECD) Census of 2016, the national enrolment rate among preschool children ages three to five years was 55.6%. Access to pre-primary education is not yet universal and the quality of early childhood education (ECE) programs remains a challenge and access to affordable childcare is even more limited; most childcare centres levy fees and are privately operated (Warnasuriya et al, 2020).

The limited availability of childcare services in Sri Lanka also affects female labour force participation; working women find it challenging to continue working once they have children, and many tend to leave the workforce to stay at home and care for their children. Successive governments since 2010 have recognized early childhood care and development as a priority area for development and have undertaken several measures (Warnasuriya et al, 2020).

2.1.2. Key regulations and policies

Exhibit 2: Key policies governing early childhood care, development and education



Source: Warnasuriya et al (2020)

- *National Policy on Early Childhood Care and Development (ECCD)*

The National Policy on ECCD focuses on all Sri Lankan children from conception to admission age to grade one in the formal school. The policy provides an overall framework for health and nutrition, education, social services, care and protection and services for all children aged 0-5 years. Under the policy, ECCD is a shared responsibility among MWCA, and relevant key ministries, provincial ministries, departments and other state institutions involved with children in early childhood (Children's Secretariat, 2018). The policy's mission is to ensure "the optimal survival, growth and development of all Sri Lankan children by providing a safe, caring and conducive environment in the home and other settings, well supported by a comprehensive and integrated system of ECCD services (Children's Secretariat, 2018).

- *Starting Right: Guidelines for Early Childhood Development Centers*

The Guidelines for Early Childhood Development Centers were formulated in 2006 in the context of a rapid increase in the number of preschools in the preceding two decades. The guidelines sought to address the mistaken notion that pre-schools are for preparing the child for primary school and to provide standards to counter the wide variation in the quality of the environment and experiences provided. The guidelines were intended to help transform preschools into child-friendly development centres by addressing important areas in the organization and implementation of programmes for three- to five-year-old

children. They cover different components of a development centre programme such as physical facilities, curriculum content, organization of learning experiences, services to be provided, psycho-social environment, management, parent participation and teacher training (Children's Secretariat, 2006).

- *National Policy on Preschool Education*

The National Policy on Preschool Education was rolled out in 2019 to address the lack of consistent provision of quality preschool education throughout the country and ensure a systemic approach to strengthening the preschool sector. The policy sets a long-term vision for Sri Lanka's preschool sector; outlines reforms and developments; clarifies terminology, parameters and components of preschool education in the country; and provides a framework to improve access and quality of preschools (NEC, 2019). While Sri Lanka previously has introduced guidelines for preschool settings, the lack of a nationally driven and enforced quality control mechanism means that the adoption of such guidelines is weak and many preschools do not meet minimum standards for classroom structure, practices and student learning. The preschool education system also lacks systematic methods and expertise for monitoring, evaluating and improving programme quality to inform technical assistance and development (NEC, 2019).

- *National Guidelines for Day Care Centres*

The number of daycare centres in the recent past increased rapidly, with centres following different standards and courses of action so far in the absence of national guidelines (NCPA, 2019). To remedy this lack of standards, in July 2018, cabinet approval was provided to issue National Guidelines for Day Care Centers covering services provided to children between 4 months and 12 years old. These guidelines regulate the registration of newly established childcare centres, set out the responsibilities of care providers, and standards of services to ensure the safety and well-being of children. They also seek to improve the quality of services in existing childcare facilities and provide the framework for assessing their performance. The guidelines are implemented by the provincial Department of Probation and Child Protection. Childcare facilities that are covered by the Guidelines include:

- Type I: Day Care Centres

- Type II: Workplace-based Child Day Care Centres
- Type III: Private Home Day Care for Children

Under the Guidelines, the registration of daycare centres is mandatory and all applications for registration and renewal of registration must be made to the Head of Probation and Child Care Services in the relevant province.

- *Maternity leave policies for female employees*

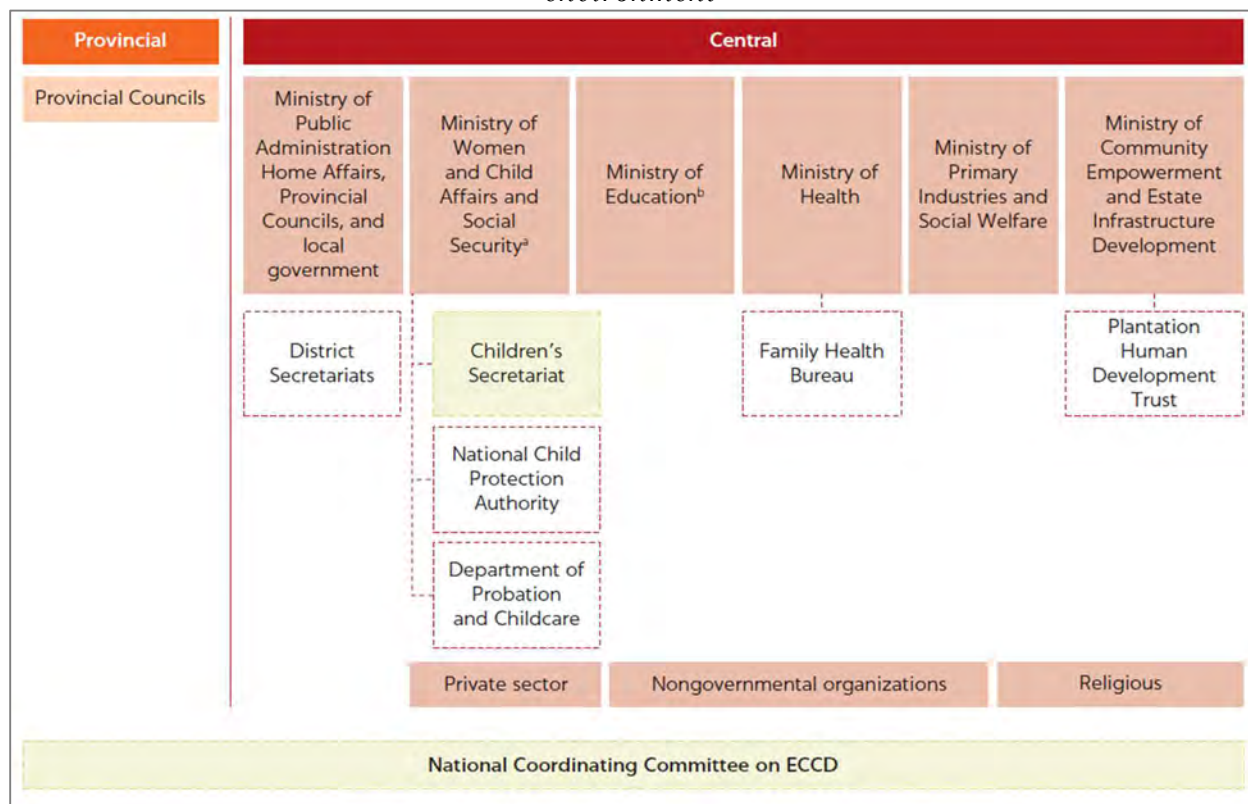
Two Acts were passed in 2018 enhancing maternity benefits for female employees; the 2018 Maternity Benefits (Amendment) Act, No. 15 of 2018] and the 2018 Shop and Office Employees (Regulation of Employment and Remuneration) (Amendment) Act, No. 14. Section 3 of the 1939 Maternity Benefits Ordinance was amended in 2018 by Section 2 of the Amendment Act to extend maternity leave granted to all female employees for every child. Maternity leave benefits before June 2018 for a third or subsequent child were limited to six weeks of paid maternity leave (including any holidays). From June 2018, every birth entitles a female employee to twelve weeks (84 days) of paid maternity leave, excluding any other holiday or leave for which the female employee is entitled to under any other law or regulation. There is no provision in the law regarding the extension of maternity leave in case of complications or sickness due to giving birth or in the case of multiple births. Section 18(B) of the 1954 Shop and Office Employees Act was amended in 2018 and also extended maternity leave granted to female employees in shops and offices after the birth of a second child, as defined by the Act. According to Sec.1 of the Shop and Office Employees Act, the Minister may by Order declare that the provisions of this Act shall apply:

- a. to shops or offices in such area or areas as may be specified in the Order, or
- b. to all shops or offices in Sri Lanka.

Previously, a female employee was entitled to forty-two working days of maternity leave for a third or subsequent child (including any holidays). This provision was amended in 2018 to grant women eighty-four working days for giving birth to any child.

2.1.3. Key government actors involved

Exhibit 3: Key government stakeholders in Sri Lanka's Early Childhood and Education environment



Source: Warnasuriya et al (2020)

In Sri Lanka, the government has adopted a multisectoral approach to the care and education of children from zero to five years (Warnasuriya et al, 2020) (see Exhibit 3). The most recent National ECCD Policy describes early childhood development (ECD) as a “shared responsibility among MWCA [Ministry of Women and Child Affairs] and relevant key ministries, Provincial Ministries, Departments and other state institutions involved with children in early childhood” (MWCADZD, 2019). The National ECCD Policy lists the overall responsibilities of each entity, department, and ministry. However, most of the named ministries no longer exist under the current government administration.

- *Ministry of Women and Child Affairs (MWCA) and the Children's Secretariat*

Within the multisectoral system, the ministry holding the subject of Women and Child Affairs (hereafter referred to as Ministry of Women and Child Affairs or MWCA) is recognized as the agency with overall responsibility for early childhood care and education (ECCE), and the Children's Secretariat functioning under the Ministry of Women and Child Affairs (MWCA) as the key institution mandated for ECCD (Children's Secretariat, 2018).

The National ECCD Policy of 2018 identifies the Children’s Secretariat is recognized as the executive agency of the National Coordinating Committee on ECCD, which is charged with the responsibility of implementing the ECCD Policy at the national level. The Children’s Secretariat oversees ECD centre and childcare centre development, capacity building of teachers, the introduction of minimum standards for the registration and conduct of ECD centres, the introduction of ECD standards for children from three to five years, coordination of national and provincial committees on ECCD, and monitoring and evaluation. Although steps are being taken to strengthen the implementation mechanism of the ECCD Policy, issues with respect to policy coherence remain (Warnasuriya et al, 2020).

- *Provincial Councils*

Article 154G (1) of the 13th Amendment to the Constitution (1987) provides provincial authorities with the power to pass legislation for the management and supervision of preschools in their respective provinces. To exercise this mandate, Provincial Councils have set up provincial authorities, bureaus, or units for ECD or preschools (“Provincial Regulatory Authorities”) guided by provincial statutes (NEC, 2019). at present six provinces (North Central, North Western, Sabaragamuwa, Southern, Uva, and Western) have passed statutes on preschool education, and many of them have established ECCE authorities (Warnasuriya et al, 2020). These statutes lay out the minimum standards for ECCE centres, the minimum qualifications for teachers, and the criteria for registration of centres, based on the guidelines and standards introduced by the Children’s Secretariat (CS).

2.1.4. Care provision by the government and non-governmental actors

- *Plantation Human Development Trust (PHDT)*

The Plantation Human Development Trust (PHDT) is a tripartite organization consisting of the government, regional plantation companies, and plantation trade unions which implements social development programs in estate communities. It has obtained support from the government and plantation companies to develop ECCE services through various programs, including a midday meal, home gardening, and a revolving fund for child development centres (CDCs). The plantation CDCs provide both childcare and preschool

services to children from zero to five years. However, there are wide discrepancies in the facilities and in the quality of services provided in different centres. In general, most centres provide childcare services for children under three and preschool and childcare services for children ages three to five. Many of the CDCs renovated under the World Bank–financed Early Childhood Development project have designated areas for infants and toddlers and have facilities including breastfeeding areas, kitchenettes, and sleeping areas for children to enable the provision of childcare and education within the same premises. While they are at work between 6:30 a.m. and 4:30 p.m., parents leave their children at the CDCs. The preschool hours in CDCs are usually from 8:00 a.m. to 11:30 a.m. To cater to the growing demand for ECCE services, some CDCs have started making room for children of nonworkers, and in 2019 about 30% of children enrolled in CDCs were nonworkers’ children (Warnasuriya et al, 2020).

Exhibit 4: Details of child development centers in plantation areas

Total number of children ages 0–4 years ^a in Sri Lanka (year)	705,986 (2001)
Total number of children ages 0–4 years ^b 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 ^c (%)	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: Warnasuriya et al (2020)

▪ *The Early Childhood Development Project*

The Early Childhood Development (ECD) Project funded by the World Bank aims to enhance equitable access to and improve the quality of ECD services by: (i) improving the quality of ECD provision across the country, (ii) expanding equitable access to ECD services across the country, and (iii) improving the quality of ECD services in the plantation sector. This component include three sub-components: Improving the quality of ECD provision;

expanding equitable access to ECD services; and improving the quality of ECD services in the Plantation sector.

The ECD Project has made a major contribution to the sector through the construction of new centres, facility improvement, teacher training, the provision of teaching-learning material and other measures to improve the quality of preschool education (Warnasuriya, 2020). Since 2016, the project has benefitted more than 1.35 million children between 3 and 5 years of age—half of whom are girls—and as of July 2020, 4,136 ECD centres were meeting national quality standards, compared to just 1,000 in 2015 (World Bank, 2020). Key government stakeholders involved in the project include the Children’s Secretariat, the Plantation Human Development Trust (PHDT), Provincial and District level administrations supporting the Children Secretariat.

2.2. Care for elders

2.2.1. Current status of elder care

Few elderly persons in Sri Lanka live alone, as most live with their spouse and/ or adult children. ADB (2021) uses data from the World Bank's Sri Lanka Aging Survey in 2006 and from the Ministry of Health's report on the institutional survey and community survey in selected areas of Sri Lanka on older people's healthcare in 2016 to provide estimates for the living arrangements of older persons in Sri Lanka. As Exhibit 4 shows, the trend of elderly persons living alone has not changed significantly over time, with the proportion of elderly people living alone increasing marginally from 5.2% to 6.2% between 2006 and 2016.¹ In 2016, 34.1% of older persons were estimated to be living with their spouse and adult child, while a further 31.6% lived with adult children only and 23.6% lived with their spouse only. The estate sector indicated a higher proportion of elders living alone compared to other sectors (10.9% in 2006, compared to 2.9% in the urban sector).

Exhibit 5: Living Arrangements of Older People by Sex, 2006 and 2016 (%)

Living Arrangements	2006			2016		
	Male	Female	Total	Male	Female	Total
Alone	2.9	6.9	5.2	1.8	9.2	6.2
With spouse only	14.6	5.4	9.5	30.7	18.8	23.6
With spouse and adult child	60.0	20.7	38.1	48.5	24.5	34.1
With adult children only	15.0	57.1	38.5	16.0	42.0	31.6
Other living arrangement	3.9	2.2	2.9	1.2	4.5	3.2
Not answered	3.5	7.7	5.9	1.8	1.0	1.3
Total	100.0	100.0	100.0	100.0	100.0	100.0

Source: ADB (2021)

ADB (2021) also uses data from the World Bank's Sri Lanka Aging Survey in 2006 to estimate the proportion of the elderly population that are unable to perform activities of daily living (ADL) and instrumental activities of daily living (IADL), which provides an indication of the level of care and support required by older persons. IADL include activities such as the preparation of meals, taking medication, the ability to manage finances, and

¹ ADB (2021) notes that, in the context of Sri Lanka, "the elderly" and "older persons" refers to persons aged 60 years and above. However, from an international perspective, the definition for the elderly may often refer to those aged 65 years and above.

others. ADL includes activities such as the ability to eat and bathe without assistance and to stand up from sitting on a chair without help. The study noted that the prevalence of difficulties in performing ADL and IADL increases with age, and that 35% – 40% of persons older than 80 years had difficulty in performing at least two ADLs. The study also notes the prevalence of disabilities among persons above 60 years of age, with many facing disabilities/ difficulties related to vision (22.2%), walking (19.9%) and hearing (11.6%).

The eldercare burden on families is of particular significance in Sri Lanka, as the country is projected to see a considerable increase in the share of elderly people in its total population. The percentage of people above 65 years of age as a proportion of the total population is expected to rise from 9.4% in 2015 to 21% by 2045 and 35.6% by 2100. The old-age dependency ratio (ratio of population aged 60 years or more to the population aged 15–59 years) is expected to nearly double from 2020 to 2050 (ADB, 2019).

In Sri Lanka, care responsibilities towards elders primarily falls on family members (usually female family members) or domestic workers who are already employed, with little to no training. If the family possesses the means to do so, they may hire formal caregivers (ADB, 2019). Data from the Sri Lanka Demographic and Health Survey 2016 shows that the average family size declined from 5.1 in 1985 to 3.8 in 2016, indicating declining capacities of families to provide care for elderly family members. Other factors such as migration for work and increased female labour force participation also have a negative impact on a family ability to care for elderly members (ADB, 2019).

2.2.2. Key regulations and policies

- *Protection of the Rights of Elders Act*

The primary legislation governing elderly care in Sri Lanka is the Protection of the Rights of Elders Act, No. 9 of 2000 and the Protection of the Rights of Elders (Amendment) Act, No. 5 of 2011, aimed at promoting and protecting the welfare and rights of elders in Sri

Lanka.² For this purpose, the Act establishes a 15-member National Council for Elders (NCE) consisting of public sector officials, elders, voluntary organisations providing services to elders and professionals. The Act also establishes the National Secretariat for Elders (NSE), tasked with assisting the NCE in discharging its functions. In outlining the rights of elders, the Act specifies that children bear the duties and responsibilities of caring for their parents, and that the state will provide residential facilities for elders who are without children or abandoned by their children.

- *National Charter for Senior Citizens and National Policy for Senior Citizens*

The government adopted a National Charter for Senior Citizens and a National Policy for Senior Citizens in 2006. The National Charter details the rights and responsibilities of elders, and hence provides a set of norms surrounding the care and welfare of elders in Sri Lanka. The National Policy for Senior Citizens aims to ensure the wellbeing of elders in Sri Lanka, and notes the role of the state in providing support for financial security, healthcare, shelter, welfare and other needs of elders. The policy provides an Action Plan grouped under three priority areas in line with the Second World Assembly on Ageing in 2002; (i) older persons and development, (ii) advancing health and well-being into old age and (iii) ensuring enabling and supportive environments. In addition, the government adopted a National Elderly Health Policy in 2017, aiming to provide comprehensive healthcare services to all elders in Sri Lanka.

- *Quality of eldercare services*

The Protection of Rights of Elders Act and its amendment includes provisions for the registration of persons and organisations providing residential care for elders. The standards of operation for such facilities are governed by Sri Lanka Standard (SLS) 1506:2015 for eldercare homes. The SLS certification is obtained by applying to the Sri

² In addition to the Protection of the Rights of Elders Act and its amendment, the rights of elders with disabilities are also covered under the Protection of the Rights of Persons with Disabilities Act, No. 28 of 1996 and the Disabled Persons (Accessibility) Regulations, No. 1 of 2006.

Lanka Standards Institute (SLSI), which then monitors the institution to ensure adherence to the required standard. On the other hand, providers of in-home nursing care services to elders are required to register with the Private Health Services Regulatory Council (PHSRC) as a private medical institution, as per the provisions of the Private Medical Institutions (Registration) Act, No. 21 of 2006 and the Extraordinary Gazette No. 1489/18 of 22 March 2007. Guidelines for the operation of in-home nursing care services are set by the PHSRC. In-home nursing care service providers must register annually with the Provincial Director of Health Services (PDHS), which is then responsible for monitoring the adherence to the guidelines set by the PHSRC.

- *Gaps in policy and implementation*

ADB (2021) notes that while most functions in the Rights of Elders Act and its amendment have been implemented, several gaps remain about the introduction of a health insurance benefit scheme for elders, the maintenance of a directory of job opportunities available to elders, and the registration and monitoring of residential homes for elders. The monitoring of eldercare homes is noted to have been halted in 2015, pending approval of a new process which requires eldercare homes to maintain standards consistent with SLS 1506:2015. With regard to the National Charter and National Policy on Senior Citizens, the study notes that both have not been fully implemented. ADB (2021) also notes that the consensus among key informants for its study was that formal provision of long-term care (LTC) for elders in Sri Lanka was extremely inadequate.³ The study also notes that there is a lack of understanding among the public and policymakers surrounding the need for formal LTC care services in Sri Lanka.

2.2.3. Key government actors involved

- *National Secretariat for Elders*

³ The ADB study defined LTC for older persons as “medical, nursing, personal and social care services provided over a sustained period of time to assist persons who are unable to perform activities of daily living (ADL) and instrumental activities of daily living (IADL) and ensure that they are able to live the remainder of their lives in comfort consistent with their basic human rights and freedoms.”

The NSE is the primary body responsible for the provision of services for elders, including the maintenance of elders' day-care centres and rural Elders' Committees, the operation of a maintenance board for neglected or poor elders, and the implementation of several welfare programmes providing financial assistance and medical aid, among other functions (National Secretariat for Elders, n.d.). Divisional secretariat-level officers of the NSE, known as Elder Rights Promotion Officers (ERPOs), are responsible for implementing many of the functions at the ground-level.

The NSE is currently under the purview of the Ministry of Ministry of Women, Child Affairs and Social Empowerment. However, the institution is responsible for coordinating with other line ministries for the provision of services for older persons. While the Ministry of Health (MOH) is responsible for formulating policy and LTC services for elders, the NSE is responsible for coordinating these services in conjunction with the Youth Elderly Disabled and Displaced unit of the MOH. Similarly, the NSE coordinates with the Ministry of Law and Order in maintaining a hotline dedicated to older persons, and with the Ministry of Education on formulating education policies (ADB, 2021).⁴ ADB (2021) notes that while the NSE plays a significant role in coordinating activities among different agencies, a shortcoming in this process is that there is no higher-level authority to ensure that all activities are cohesively integrated, as opposed to simply being allocated among different agencies.

2.2.1. Care provision by the government and non-governmental actors

- *Day care centres and residential care centres for elders*

Day care centres for elders provide an avenue for elders who do not require ADL/ IADL support to engage in social activities with their peers. The Institute for Health Policy (IHP) notes that there are 662 day care centres operated by the NSE. In addition, HelpAge Sri Lanka and other NGOs also run day care centres for elders (ADB, 2021).

The Institute for Health Policy estimates that there are 255 residential elder care homes in Sri Lanka, of which five are run by the public sector and the remainder are run by the

⁴ The Ministry of Law and Order does not exist under the current government administration.

private sector (ADB, 2021). Of the government operated eldercare homes, two are owned by the central government and three are owned by provincial councils. Of 250 eldercare homes run by the private sector, only 30 are run for-profit and all others are operated by NGOs and other not-for-profit organisations. In 2017, elder care homes accommodated around 7,100 elders in Sri Lanka, and 50% of such residents were from elder care homes in the Western Province.

It is important to note that residential care centres for elders are of two types; those that primarily aim to provide housing for elders lacking shelter, and those that aim to provide LTC for elders. Most residential care facilities in Sri Lanka fall into the first category. ADB (2021) notes that of the eldercare homes contacted for its Country Diagnostic Study survey in 2017, only 30% accepted elders who need assistance with ADL, and only 18% accepted elders requiring 24-hour nursing care. The study notes that most eldercare homes provide such services as a result of providing continued accommodation for elders who were once physically able, but now require assistance. In 2016, the average monthly expenditure per resident in a public elder care home was estimated to be LKR 4,300 and LKR 7,000 in a private (not-for-profit) elder care home. In for-profit private eldercare homes, the monthly fee received per resident was approximately LKR 24,000.

Exhibit 6: Estimated Number of Eldercare Homes and Residents by Type, 2017

Type	Homes (no.)	Residents (no.)	Residents per Home (no.)	Residents Needing Assistance with ADL (%)
Public	5	500	100	26
Private (for profit)	30	500	15	24
Private (not-for-profit)	220	6,100	30	12
Total	255	7,100	30	14

Source: ADB (2021)

- *Community-based elder care provision*

A few community-based initiatives for elder care are available in Sri Lanka, particularly by NGOs such as HelpAge Sri Lanka. For example, HelpAge Sri Lanka conducts a Home-Care Volunteers programme, whereby selected elders are identified by elders' committees, given training and encouraged to visit and monitor other elders in the vicinity. These elders can then coordinate with medical officers of the MOH to provide information on elders requiring care (ADB, 2019). In addition, the Elders' Committees run by the NSE provide a form of community-based care. Some community-level Elders' Clubs have also been

established with the support of NGOs. These committees provide a number of benefits for the elderly, including increased social participation, health promotion and income generating activities (ADB, 2021).

3. Care provision by the family: the unpaid care sector

3.1. Time spent on unpaid care work

The national time use survey conducted in 2017 by the Department of Census and Statistics (DCS) reports the time spent by men and women throughout a 24 period on paid and unpaid activities, including on unpaid caregiving activities, voluntary work, and domestic work (DCS, 2020).⁵ Preliminary estimates by Gunewardena and Perera (2022a) using the survey suggest that the value of unpaid housework, care work and voluntary work that is conducted in Sri Lanka is by no means negligible, accounting for a value addition equal to 10.3% of GDP in the lowest scenario (minimum wage valuation), and 42% of GDP in the best scenario. They find that the vast majority of this work is conducted by women, who contribute a value-added ranging from 8.6% (lowest case) to 35% (best case) of GDP.

In addition, the International Labour Organization (ILO) and the World Bank, in collaboration with the Department of Census and Statistics (DCS) also conducted a pilot study in 2019 using two waves of data collection (which took place in March to April 2019 and September to October 2019) to develop guidance on good practice in the measurement of women and men's work through household surveys. The study was designed to enable a comparison of the outcomes of two types of household surveys, namely, the labour force survey (LFS) and the multitopic living standards survey (MLSS), with the understanding that people may be engaged in multiple working activities within the same period, thereby enabling a complete accounting all work performed and enable the more comprehensive measurement of all the working contributions of men and women. The study measures three types of work activities: paid employment, the own-use production of goods and the own-use provision of services. "Own-use provision of services" refers to the many services

⁵ The report provides this information using three indicators: (i) participation rate: the proportion of persons in the survey who took part in a specific activity during the reference period; (ii) mean actor time: Time spent in a given by the population engaged (or involved) in the activity, calculated by adding all the hours spent by respondents in a group (e.g. women) on the specified activity and dividing the sum of all the hours by the total number of actors for that activity; and (iii) mean population time: Time spent in a given activity by the total population, engaged or not in the activity, calculated by adding all the hours spent by respondents in a specified group (e.g. women) on the specified activity and dividing by all the hours by the total number of respondents in the group.

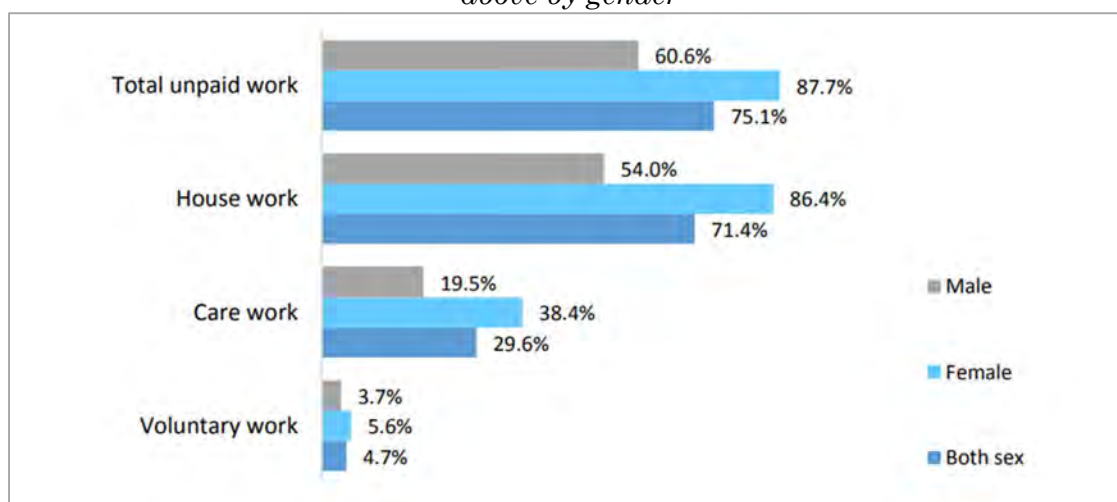
people provide to their own households or families without pay, including housework, gardening, small repairs, arranging services, caring for children, the elderly or other dependent family members, etc (Discenza et al, 2021). This section will draw also draw upon the findings of the pilot study in this regard, wherever applicable, to support the findings of the time use survey.

This section will also discuss how the nature of unpaid care work and the extent to which the burden varies across households, based on gender, ethnicity, level of urbanisation, geography, demographic and socioeconomic characteristics based on the available data in the surveys as well as the available literature.

3.1.1. Participation rates for unpaid domestic and care work

- *Nearly all females participate in housework while only half of males do*

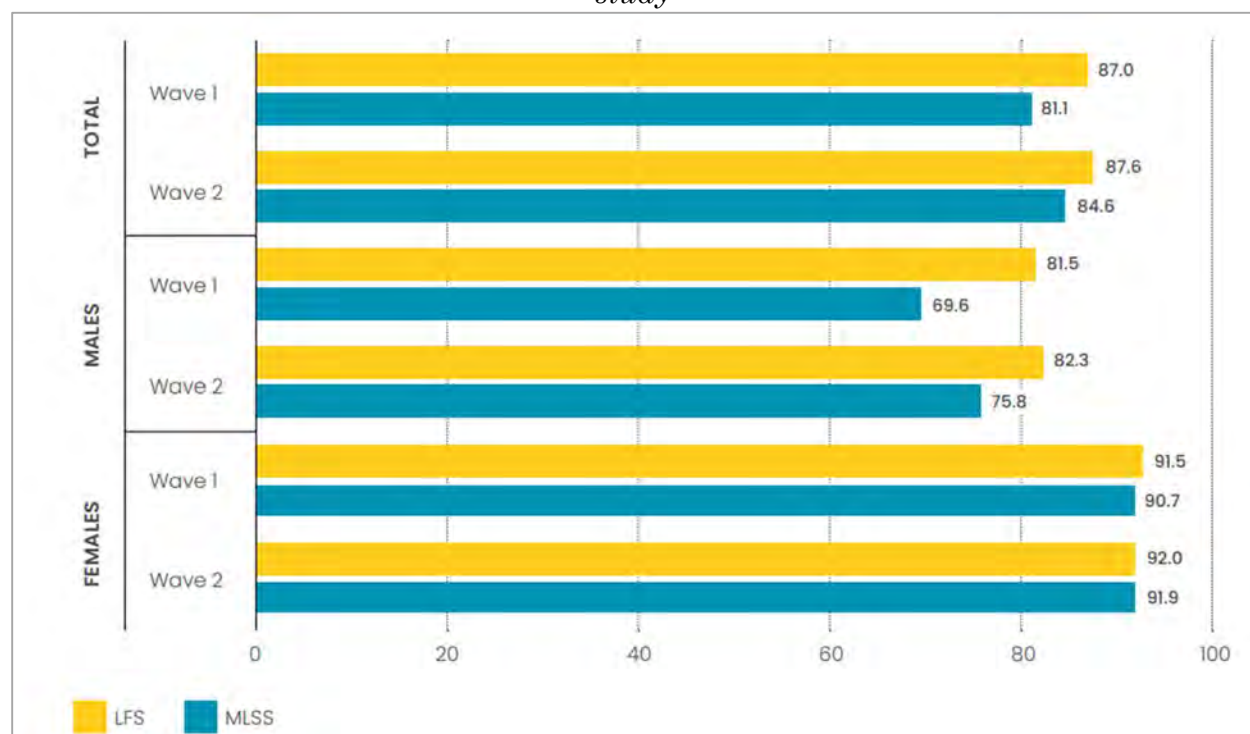
Exhibit 7: Participation rates in non-SNA activities for population aged 10 years and above by gender



Source: DCS (2020)

In terms of participation, nearly all females aged 10 and above surveyed engaged in unpaid work compared to 60.6% of males. Similar participation rates were reported for unpaid domestic work for the household; 86.4% of females, compared with 54% of males in the survey. While participation in unpaid care work overall is lower for both males and females, participation rates among females are almost double that of males, 38.4% of women in the survey engaged in unpaid caregiving work for the household compared to only 19.5% of males (Exhibit 7).

Exhibit 8: Participation rate as a share of the working age population in own-use provision of services, by sex, wave of data collection and survey under the joint ILO-World Bank pilot study



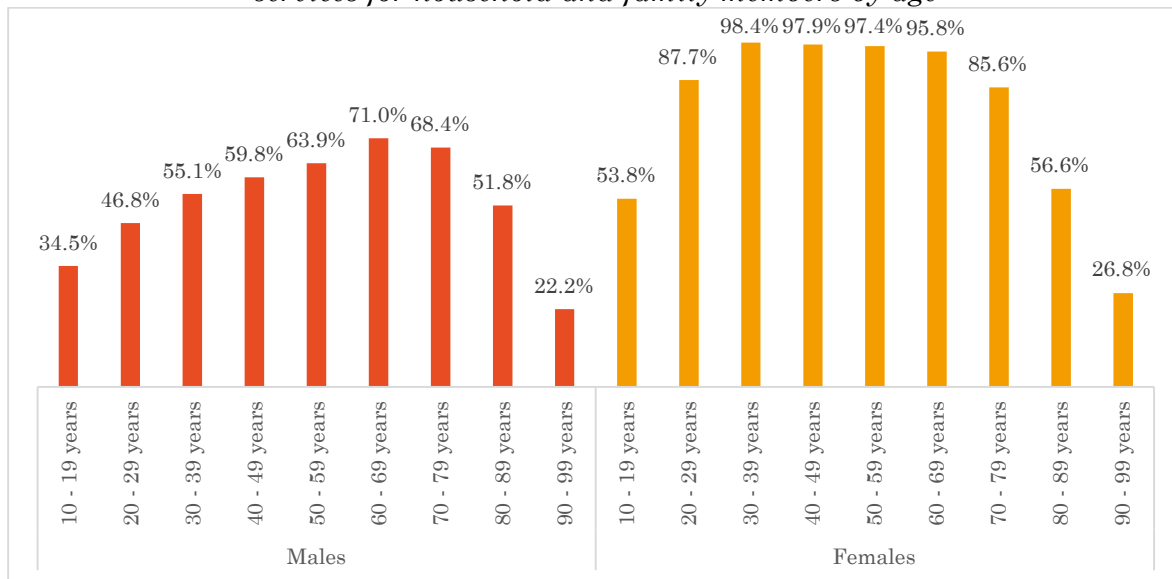
Source: Discenza et al (2021)

The participation rates reported in the joint ILO-World Bank study also align with that of the time use survey (Exhibit 8).⁶

- *The burden of unpaid domestic and care work falls largely on married women in the reproductive age cohort*

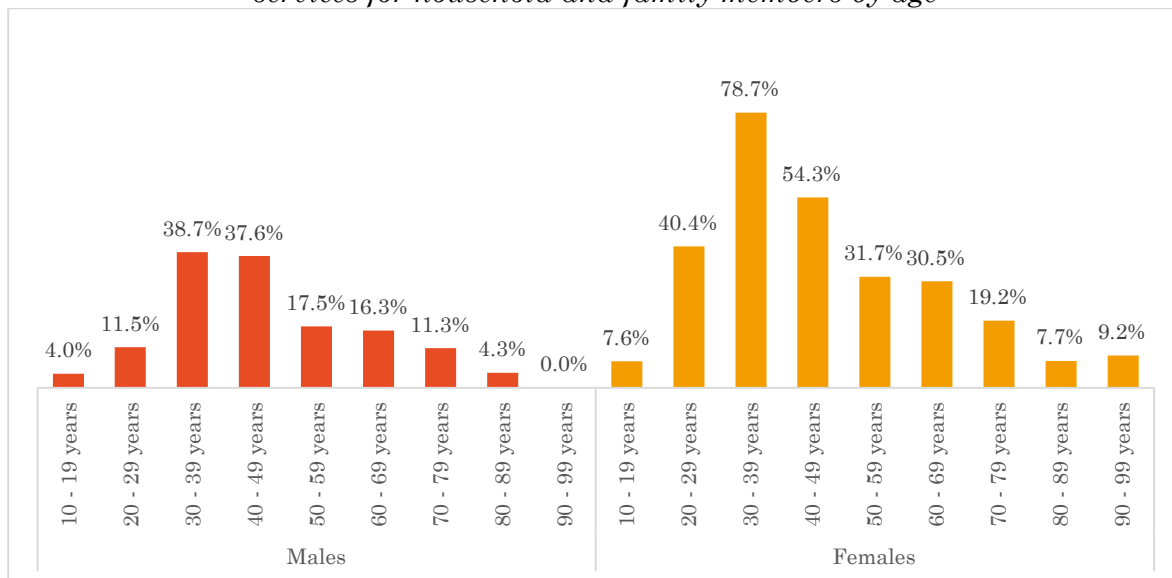
⁶ The LFS showed a higher level of participation in wave 1 (87% of the working-age population versus 81% in the the MLSS). The difference was entirely associated with the male respondents; the levels among women were essentially equivalent. Closer analysis of the data showed that the difference among men was concentrated in only one of the three districts covered by the survey, suggesting some type of local effect that may be related to inconsistencies in interviewer practices or instructions, making it less likely that male respondents to the MLSS would report these activities.

Exhibit 9: Participation rates of individuals 10 years and above in unpaid domestic services for household and family members by age



Source: Verité Research analysis based on time use survey data

Exhibit 10: Participation rates of individuals 10 years and above in unpaid caregiving services for household and family members by age

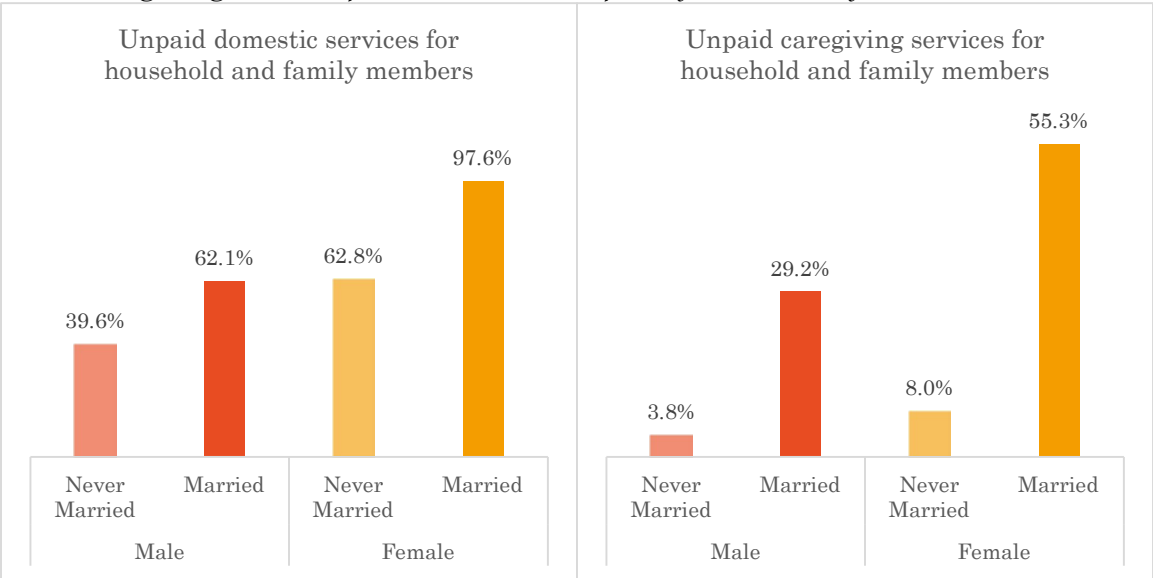


Source: Verité Research analysis based on time use survey data

As Exhibit 9 shows, the burden of domestic and caregiving work affects nearly all women aged 20 and above and remains consistently high throughout adulthood, while participation rates for men increase more gradually and peak at around 60 years. These increases also correspond with marital status, with significantly higher participation rates in domestic work among married men and women (Exhibit 11).

Participation rates in unpaid caregiving exhibit similar differences between the two genders but are much more concentrated among those aged 30-49 years, which corresponds to the years in which adults are much more likely to be engaged in childrearing. However, approximately one in three women aged 50-69 years also continue to engage in caregiving. Further married men and women are seven times more likely to spend time in unpaid caregiving work compared to never-married men and women (Exhibit 10).

Exhibit 11: Participation rates of individuals 10 years and above in unpaid domestic and caregiving services for household and family members by marital status

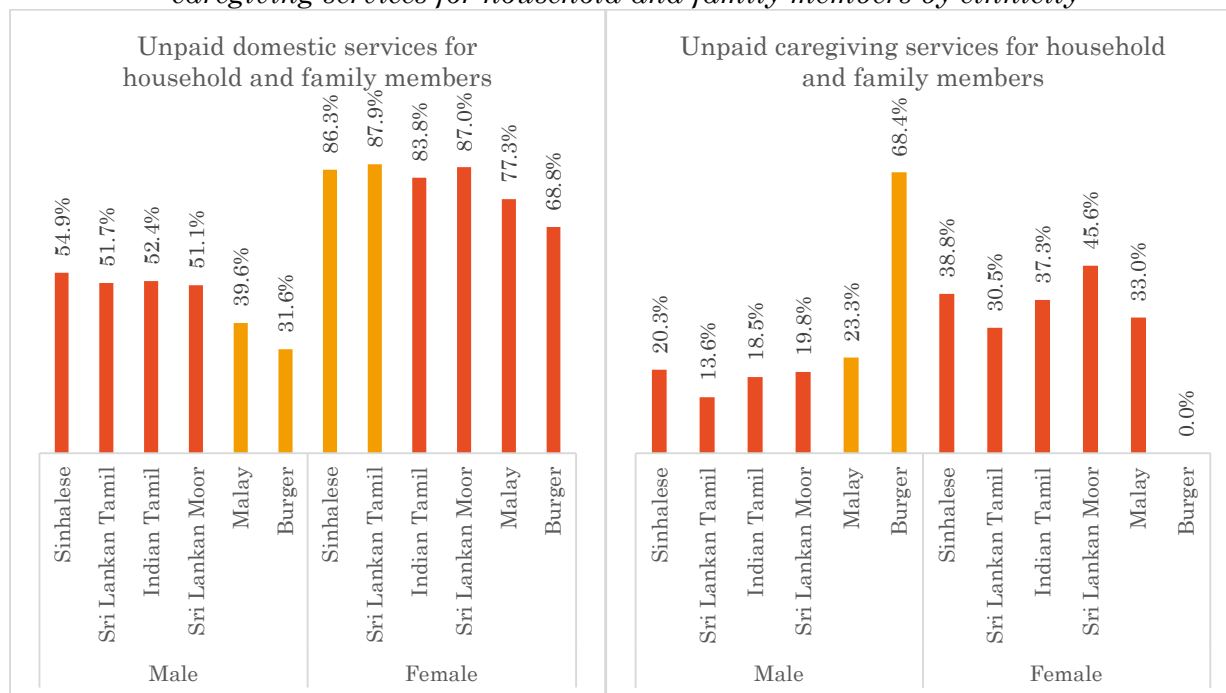


Source: Verité Research analysis based on time use survey data

- *Ethnicity does not play a major part in determining the caregiver burden*

While similar rates of participation can be observed among males and females of different ethnicities in unpaid domestic work, both men and women of Sri Lankan Tamil origin were less likely to spend any time in unpaid caregiving work compared to their counterparts (Exhibit 12).

Exhibit 12: Participation rates of individuals 10 years and above in unpaid domestic and caregiving services for household and family members by ethnicity

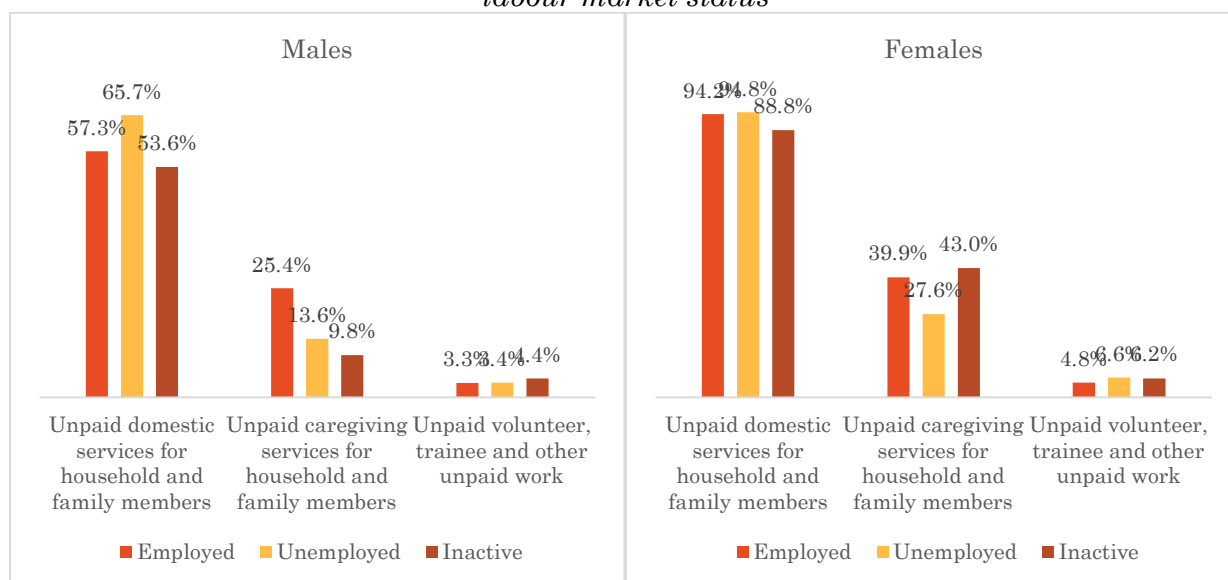


Source: Verité Research analysis based on time use survey data

- *For males, being employed is associated with more unpaid care work*

Among those aged 15 years and above, participation rates did not vary significantly by labour market status with some notable variations: (i) unemployed males reported higher rates of participation in unpaid domestic work compared to both employed and economically inactive males; (iii) employed males reported slightly higher rates of participation in unpaid care work compared to both unemployed and economically inactive males; (ii) unemployed females reported much lower rates of participation in unpaid care work compared to both employed and economically inactive females (Exhibit 13). The second and third observations are perhaps an indication that employment is often associated with older adults, and hence more caregiving responsibilities while unemployment is generally associated with younger adults, who are less likely to be caring for children and elderly parents.

Exhibit 13: Participation rates of 15 years and above population in non-SNA activities by labour market status



Source: Verité Research analysis based on time use survey data

- *More agricultural workers participate in unpaid domestic work*

Exhibit 14: Participation rates of 15 years and above population in non-SNA activities by industry

Category	Unpaid Domestic Services			Unpaid Care giving services			Unpaid volunteer, trainee and other unpaid work			Total Unpaid work (Non- SNA)		
	Male	Female	Both Sex	Male	Female	Both Sex	Male	Female	Both Sex	Male	Female	Both Sex
Total	57.3	94.2	70.5	25.4	39.9	30.6	3.3	4.8	3.9	65.9	94.7	76.2
Agriculture	69.6	98.3	81.0	21.2	39.4	28.4	5.6	6.9	6.1	75.0	98.3	84.2
Industry	52.0	92.3	66.0	25.7	36.9	29.6	2.7	5.1	3.6	62.0	93.2	72.8
Service	53.9	92.5	67.1	27.4	42.2	32.5	2.5	3.3	2.8	63.4	93.3	73.6

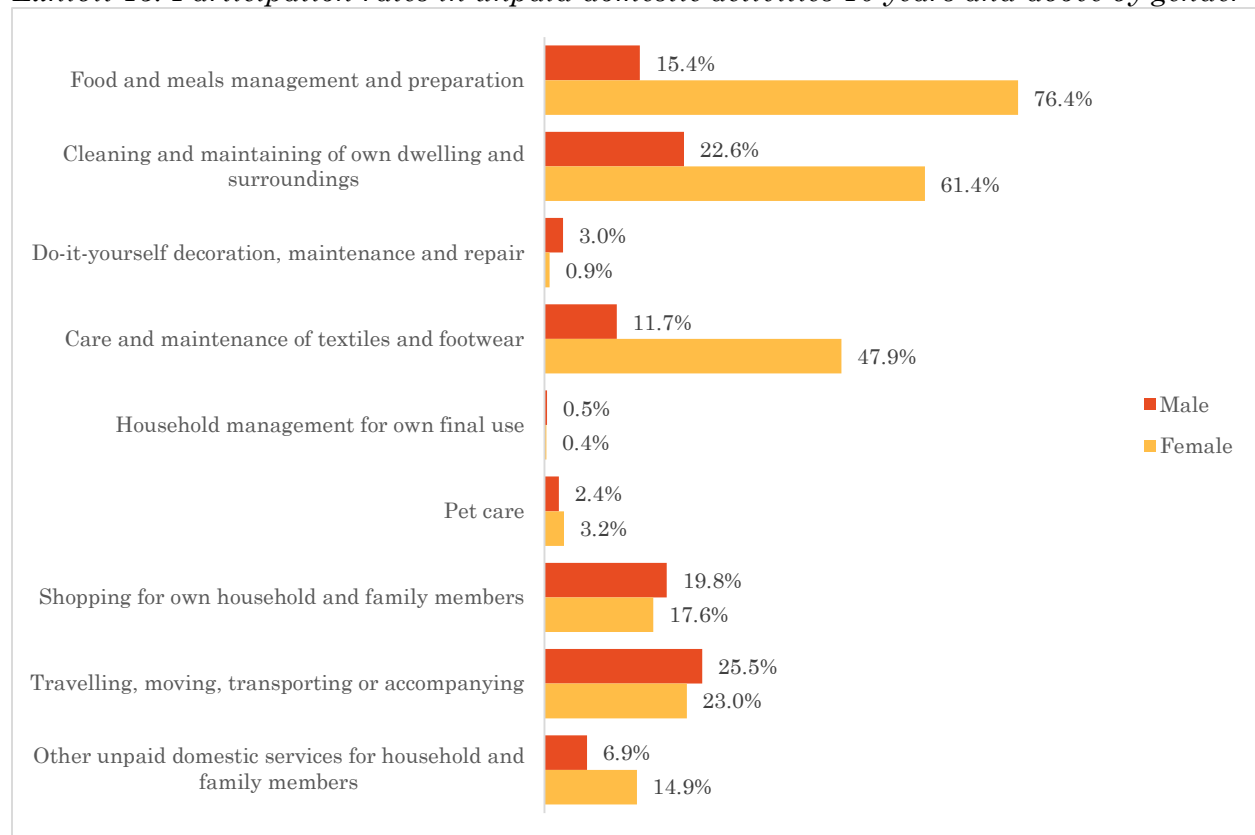
Source: DCS (2020)

Among those in the labour force, participation in unpaid work was higher in agriculture, especially for males, compared to other sectors while those working in services reported slightly higher participation rates in unpaid care work compared to other sectors (Exhibit 14).

- *Unpaid domestic work is gendered*

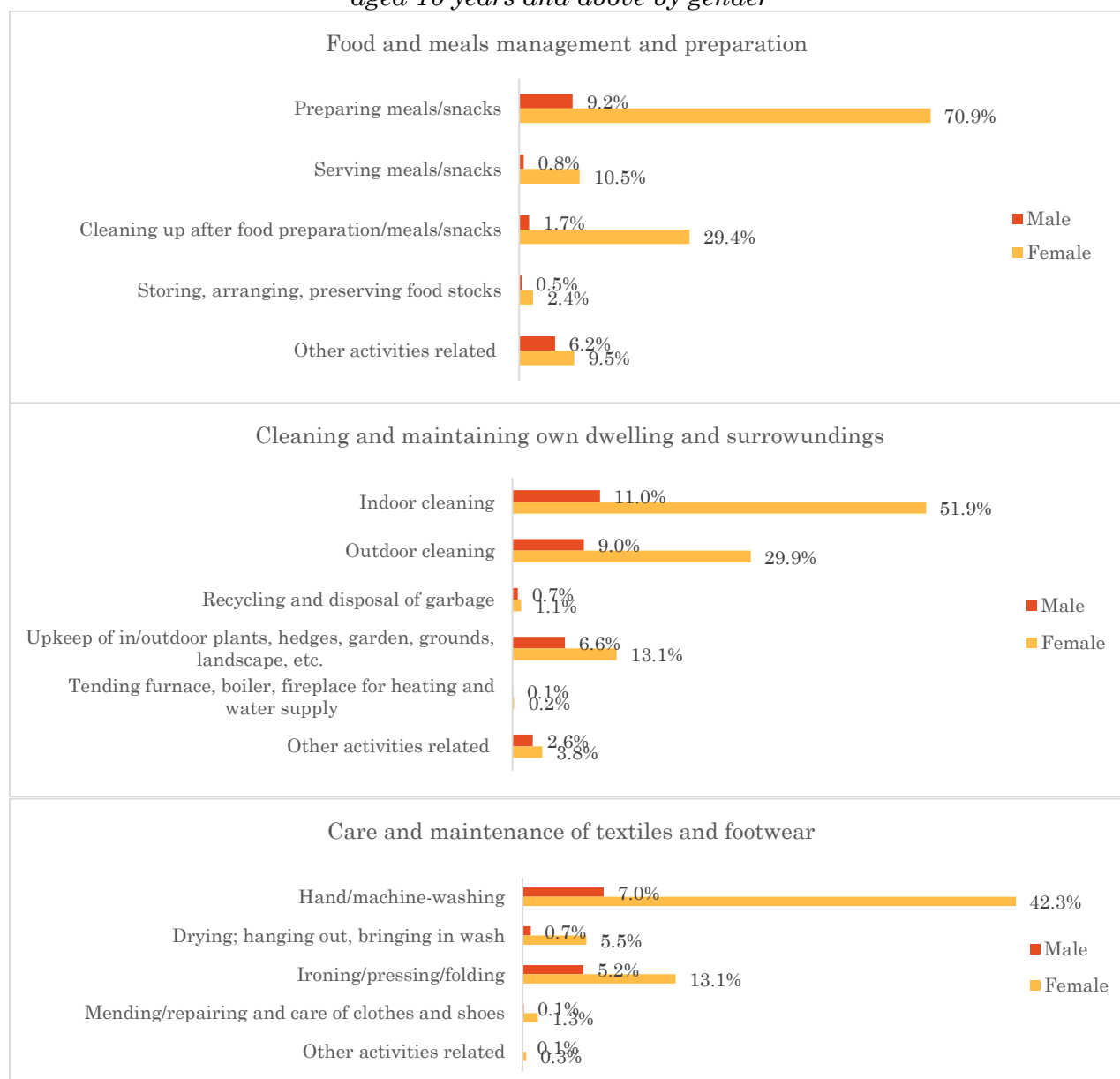
Domestic work in households is clearly gendered, with women responsible for the bulk of tasks including cooking, cleaning and laundry, as demonstrated by their much higher participation rates in these activities (Exhibits 15 & 16). Even in tasks where men's participation is higher, such as in shopping, travelling and household repairs, women's participation is not markedly lower, implying that overall, women are responsible for more domestic work, even in tasks where men also participate.

Exhibit 15: Participation rates in unpaid domestic activities 10 years and above by gender



Source: Verité Research analysis based on time use survey data

Exhibit 16: Participation rates in some unpaid domestic activities (at 3-digit level) by those aged 10 years and above by gender

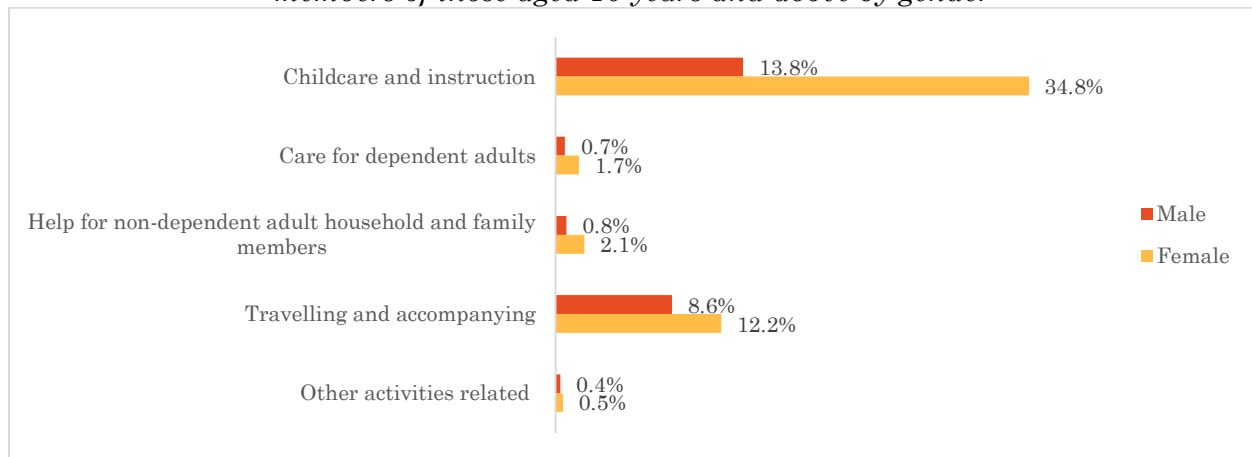


Source: Verité Research analysis based on time use survey data

- *Women are more responsible for caregiving, even in tasks generally done by men*

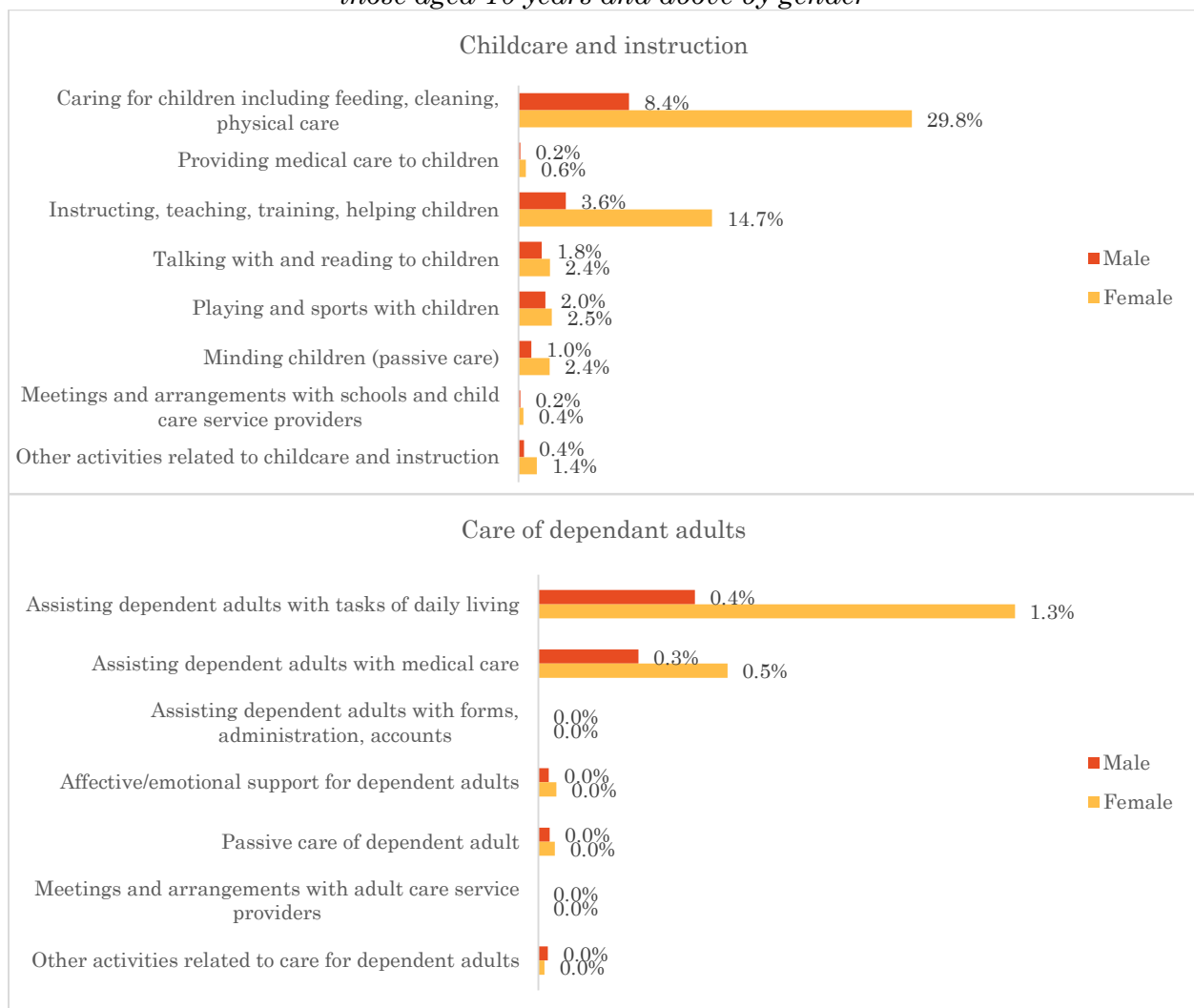
The bulk of participation in unpaid caregiving services centres around childcare, especially active primary caregiving tasks like feeding and cleaning, as well as instruction. The second most common activity involving caregiving is travel activities related to caregiving work such as accompanying other household members. In both cases, the participation of women is higher than that of men (Exhibits 17 & 18).

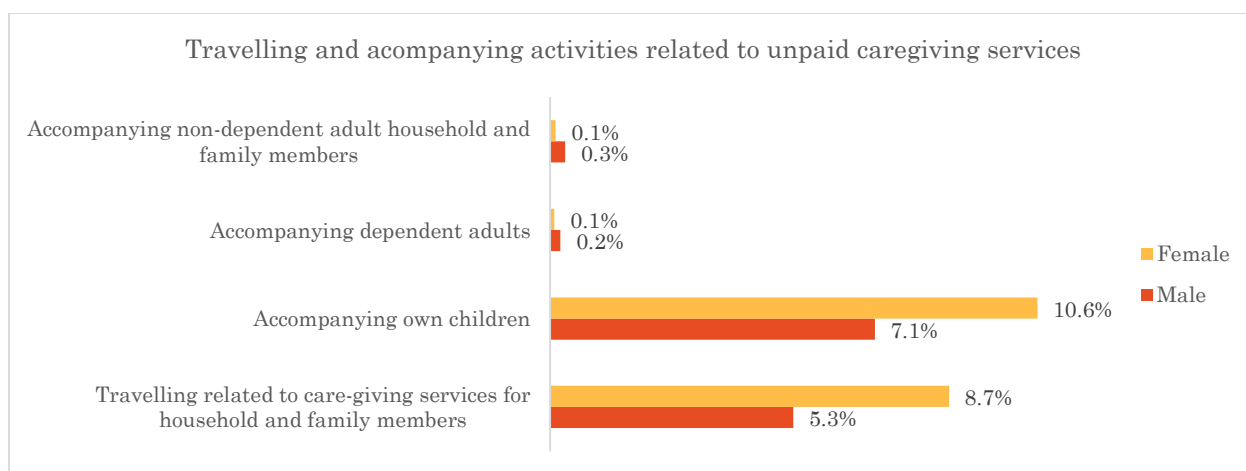
Exhibit 17: Participation rates in unpaid caregiving activities for household and family members of those aged 10 years and above by gender



Source: Verité Research analysis based on time use survey data

Exhibit 18: Participation rates in some unpaid caregiving activities (at 3-digit level) by those aged 10 years and above by gender





Source: Verité Research analysis based on time use survey data

3.1.2. Mean population time spent on unpaid domestic and care work

Exhibit 19: Mean population time (hours) spent by a Sri Lankan in daily activities by weekday vs. weekend day

		Average Time (hours)	
Activity		Week day	Weekend day
	Sleep & Related	8.0	8.3
	Employment related	3.3	2.8
	Unpaid Domestic Services	2.7	3.0
	Learning	1.8	1.4
	Mass Media use	1.8	2.0
	Eating & Drinking	1.7	1.8
	Other Self Care	1.0	1.0
	Unpaid caregiving services	0.9	0.8
	Cultural & Leisure	0.7	0.8
	Socializing, Communication & community participation	0.5	0.7
	Religious practices	0.5	0.6
	Daily Traveling for work	0.5	0.4
	Sports practices	0.2	0.2
	Producing goods for own final use	0.1	0.2
	Unpaid Voluntary work	0.1	0.1

Source: DCS (2020)

- Unpaid domestic work accounts for a significant share of mean population time

According to the survey, the average mean population time spent on unpaid domestic work accounted was the third highest on a weekday (2.7 hours) after sleeping and employment-related time and the second highest on weekends (3 hours), while unpaid caregiving services accounted for 0.9 hours on weekdays and 0.8 hours on weekends (Exhibit 19). Further, among economically inactive persons, unpaid domestic work accounts for the second most time spent in a day at 4.1 hours, compared to 2.3 hours for those who were in the labour force.

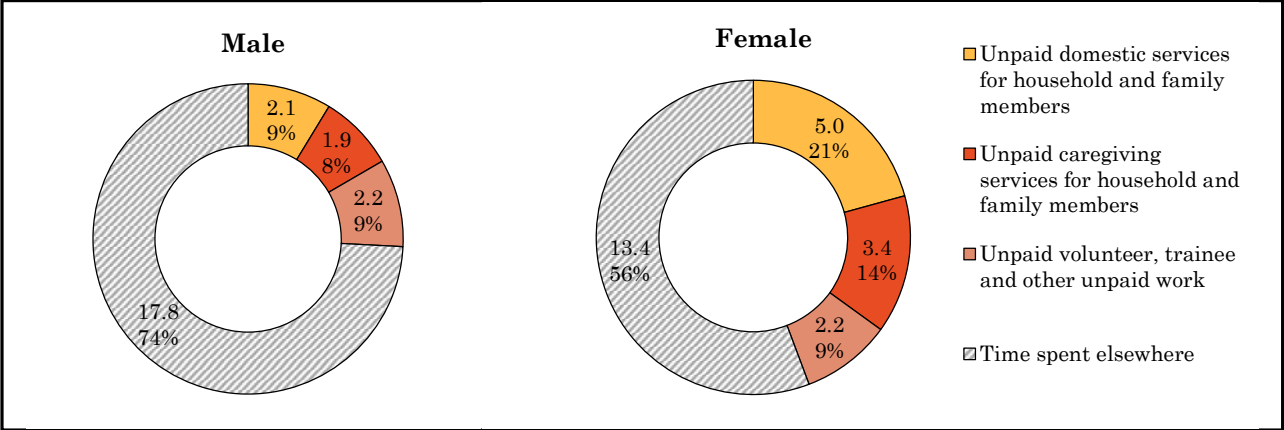
- *Females consistently spent twice as much time on unpaid work as their male counterparts*

Females, regardless of their labour market and employment status, consistently spent more time on non-SNA production activities (which comprises unpaid domestic work, unpaid care work and unpaid volunteer, trainee and other work), compared to men. For example, on average, an employed female spent 5.7 hours per day on such activities compared to 3.2 hours for an economically inactive male. This divergence in time spent on unpaid work is even greater when considering a household with an economically inactive female (7.5 hours) compared to an employed male (2.5 hours).

3.1.3. Mean actor time spent on unpaid domestic and care work

- *Women spend twice as much time in unpaid work as men do*

Exhibit 20: Mean actor time (in hours) per day spent in non-SNA activities for participants aged 10 years and above by gender

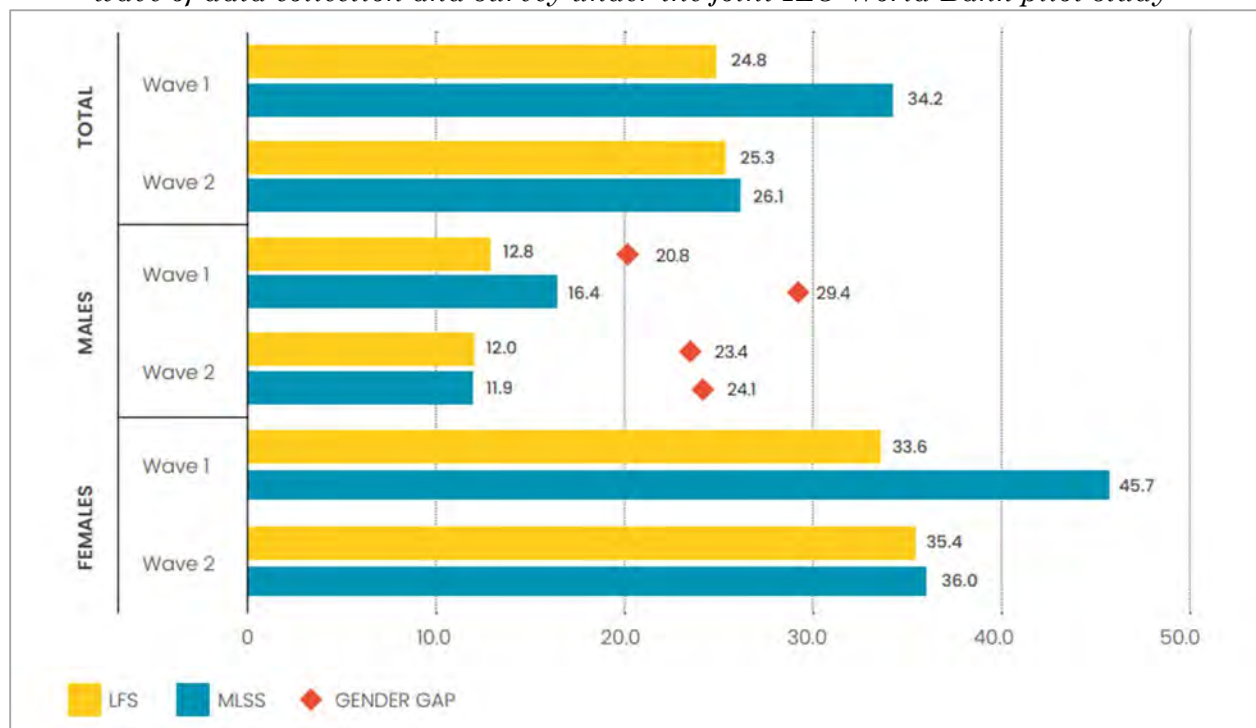


Source: Verité Research analysis based on time use survey data

Men and women spend vastly different amounts of time on average engaged in unpaid work. On average, a male will spend around 4 hours in domestic and caregiving work, while a female spends over 8 hours or a third of a day, engaged in such work (Exhibit 20).

According to the joint ILO-World Bank pilot study, female respondents had approximately three times as much working time per week on average in the provision of services for their own use than male respondents engaged in the activity (Exhibit 21). If the differences in participation are combined with average working hours, women contributed approximately four-fifths of all the time spent in own-use provision of services.

Exhibit 21: Average hours actually worked in the own-use provision of services, by sex, wave of data collection and survey under the joint ILO-World Bank pilot study



Source: Discenza et al (2021)

Exhibit 22 shows the average hours reported for care activities during a week under the joint ILO-World Bank study. On average, men engaged in care activities spent between 9-

12 hours on care work, compared to women who spent between 18-26 hours, with more being spent on childcare.⁷

Exhibit 22: Average hours actually worked during the reference week by respondents engaged in care activities, by sex, wave of data collection and survey under the joint ILO-World Bank pilot study

			AVERAGE HOURS ACTUALLY WORKED IN THE REFERENCE WEEK															
			TOTAL					MALES					FEMALES					
			Hours	Std. Err.	Coeff. of var. (%)	Diff LFS-MLSS	Sign. Level	Hours	Std. Err.	Coeff. of var. (%)	Diff LFS-MLSS	Sign. Level	Hours	Std. Err.	Coeff. of var. (%)	Diff LFS-MLSS	Sign. Level	
WAVE 2	Care Activities	LFS	15.1	0.5	3.5	-6.7	***	9.3	0.6	6.5	-2.6	***	18.5	0.7	3.6	-8.3	***	
		MLSS	21.9	0.7	3.2			11.8	0.7	5.6			26.8	1.0	3.6			
	of which	Care for adults	LFS	11.2	0.9	8.0	-3.4	**	12.1	2.0	16.5	2.1		10.6	0.8	7.2	-6.0	***
			MLSS	14.5	1.3	9.0			10.1	1.5	14.4		16.7	1.7	10.3			
		Care of children	LFS	14.6	0.5	3.5	-6.7	***	8.0	0.4	5.6	-3.5	***	18.3	0.7	3.8	-7.7	***
			MLSS	21.3	0.7	3.2			11.4	0.7	6.3			26.0	0.9	3.6		
WAVE 1	Care Activities	LFS	16.1	0.6	3.5	-27.6	***	10.3	0.5	5.3	-18.4	***	19.6	0.8	3.9	-31.6	***	
		MLSS	43.8	1.1	2.5			28.7	1.4	4.9			51.2	1.5	2.8			
	of which	Care for adults	LFS	11.6	0.9	8.1	-21.6	***	9.5	1.6	16.4	-17.5	***	12.8	1.0	7.7	-23.5	***
			MLSS	33.2	2.7	8.2			27.0	4.0	14.9			36.3	3.0	8.3		
		Care of children	LFS	15.4	0.6	3.8	-27.1	***	9.5	0.5	5.3	-17.2	***	18.8	0.8	4.2	-31.6	***
			MLSS	42.5	1.3	3.0			26.7	1.5	5.7			50.3	1.6	3.2		

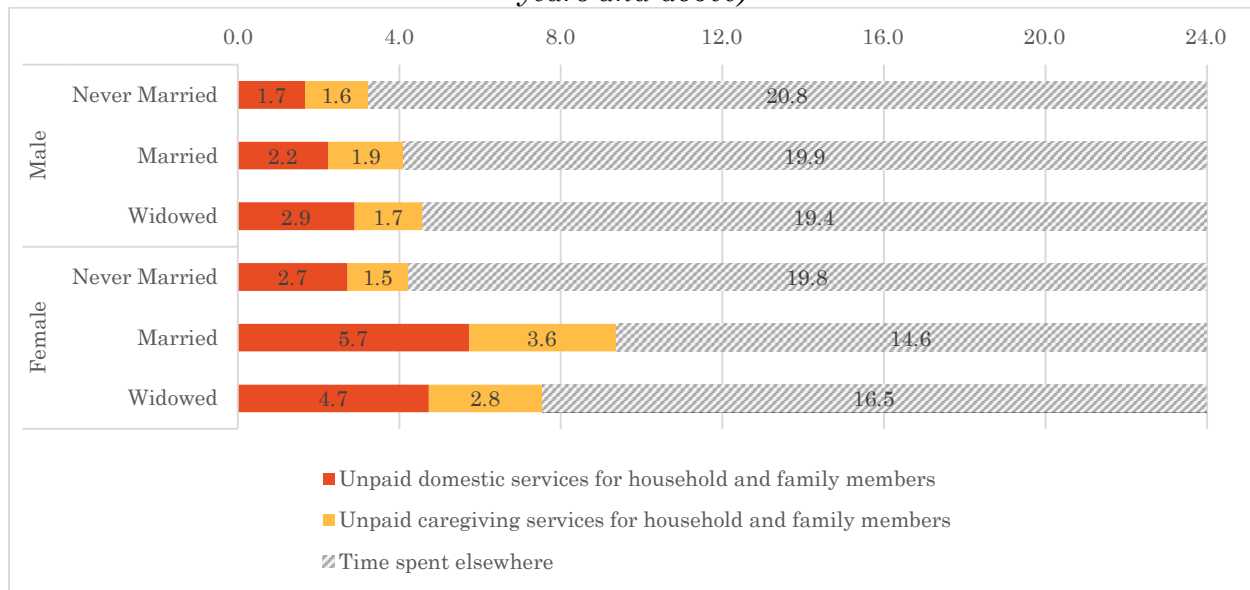
Source: Discenza et al (2021)

- Being married more than doubles the time women spend on unpaid work

Being married significantly increases the time that women spend on unpaid work but does not have the same effect on men (Exhibit 23).

⁷ The MLSS reported a greater number of hours spent in care activities during the first wave due to vague wording of questions, which was later harmonised with the LFS in the second wave.

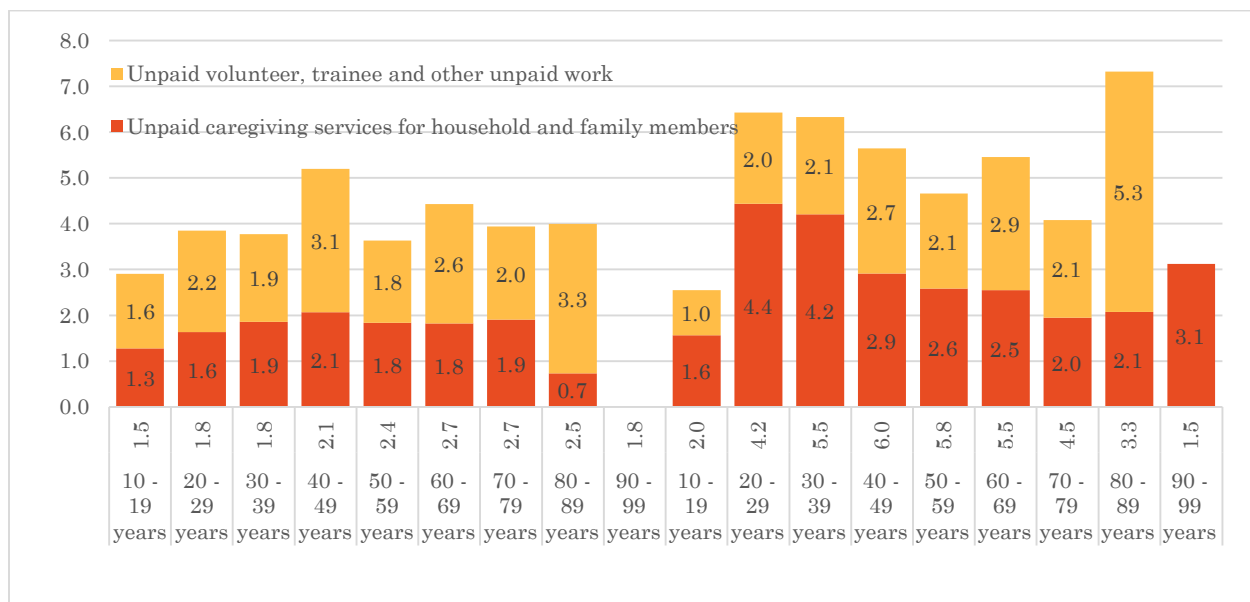
Exhibit 23: Mean actor time spent by participants per day by sex and marital status (15 years and above)



Source: Verité Research analysis based on time use survey data

- *Women in the reproductive cohort bear the brunt of unpaid work*

Exhibit 24: Mean actor time (in hours) per day spent 10 years and above in unpaid domestic and caregiving services for household and family members by age and gender



Source: Verité Research analysis based on time use survey data

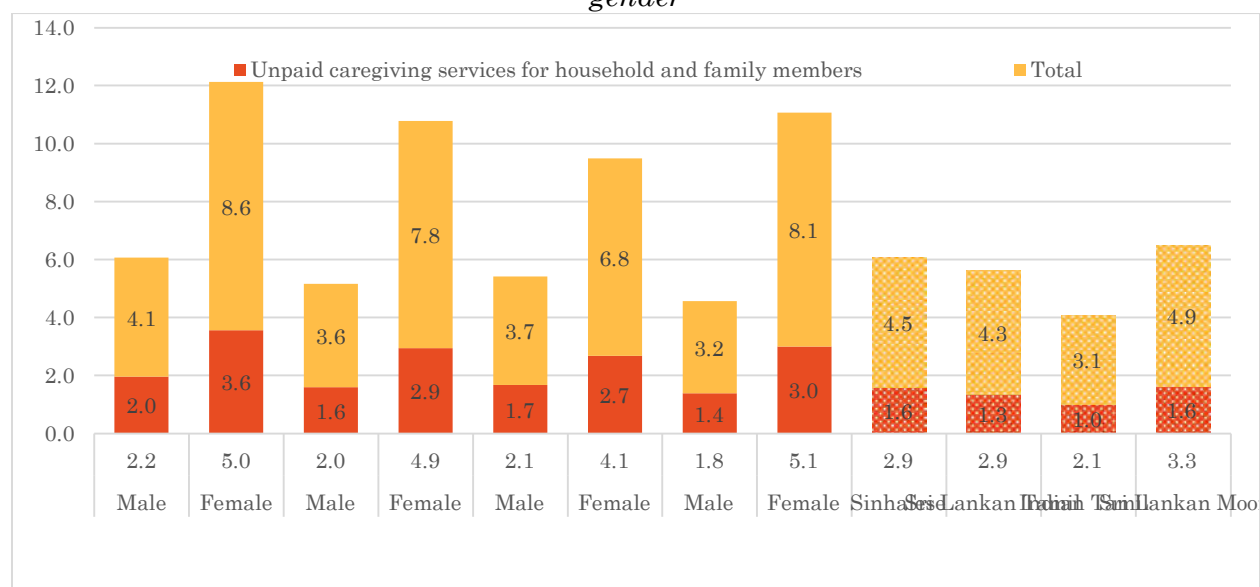
While the burden does increase with age for both men and women, the increase is much steeper for women than it is for men, especially in terms of unpaid domestic work. Hours spent in domestic work increase by about 1.2 hours from ages 10-19 years to 60-69 years

when time spent is at its peak for males. By comparison, a female's unpaid domestic workload increases from 2 hours at ages 10-19 years to 6 hours at its peak at ages 40-49 years. Time spent in unpaid caregiving work increases primarily for females over their lifecycle, peaking at 4.4 hours at ages 20-29 years, and reducing slightly thereafter, while the increase for males is much less pronounced. Collectively, a woman, especially those aged around 30-39 years could spend close to 10 hours engaged in unpaid domestic and caregiving work, compared to less than 4 hours for a similarly aged man (Exhibit 24).

- *The inequality in time spent is greatest among Sri Lankan Moors*

While there is not much variation in time spent across the major ethnic groups, the difference between time spent between men and women in the Sri Lankan Moor community stands out as being slightly higher at almost 5 hours (Exhibit 25).

Exhibit 25: Mean actor time (in hours) per day spent 10 years and above in unpaid domestic and caregiving services for household and family members by ethnicity and gender

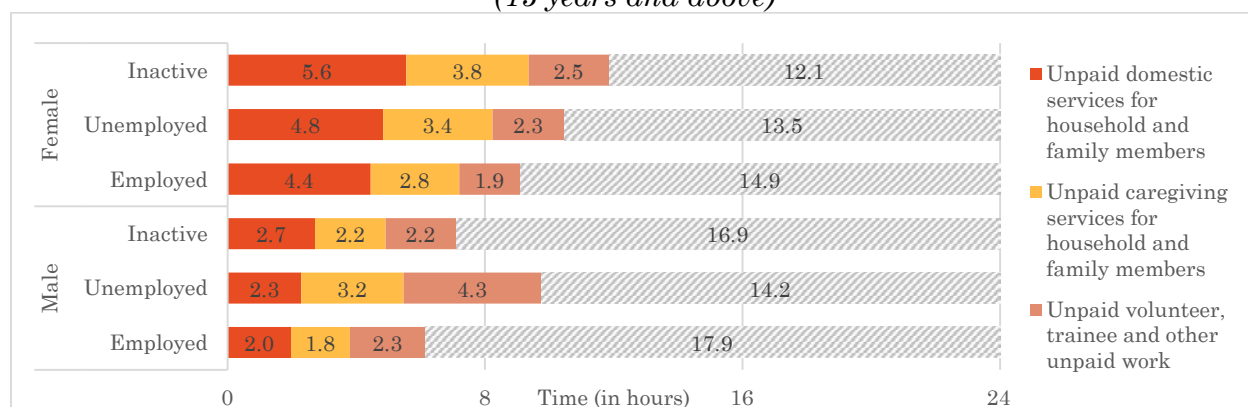


Source: Verité Research analysis based on time use survey data

- *Being employed does not reduce the unpaid work burden for women*

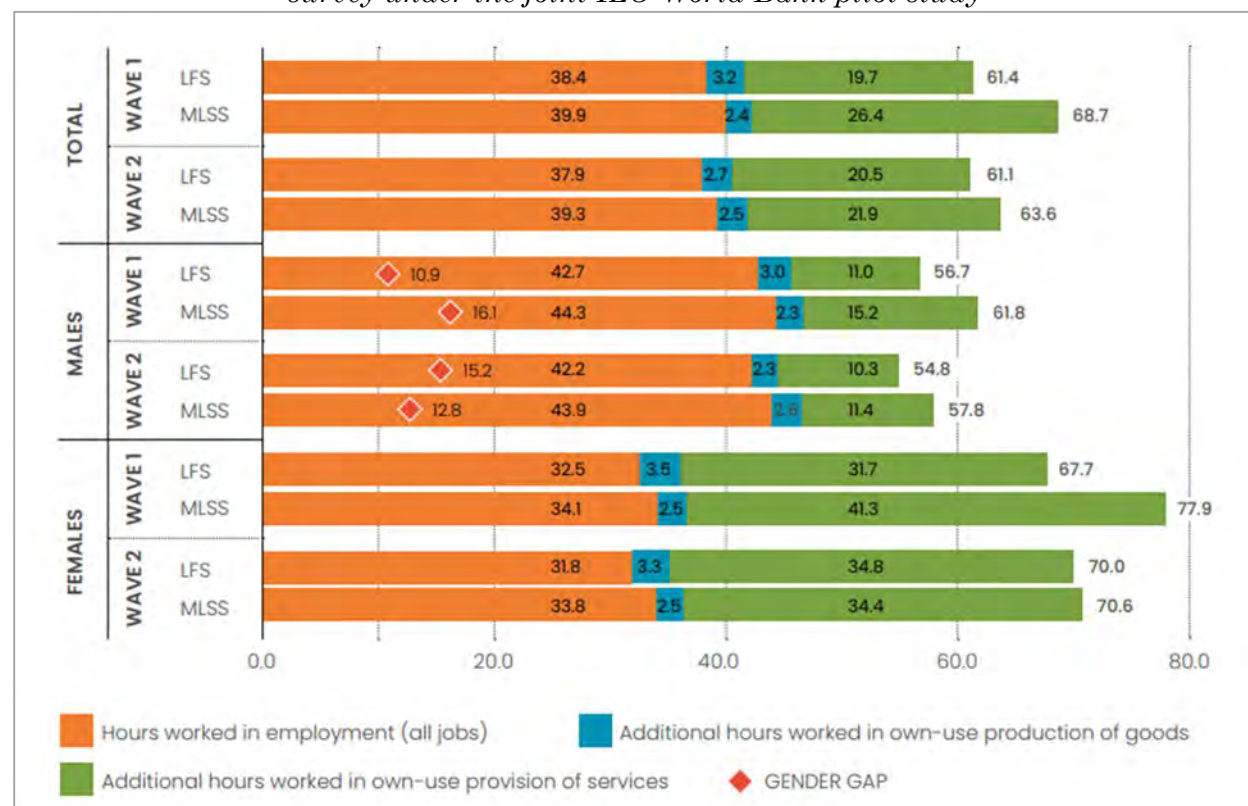
Regardless of employment status, gender differences persist, with an average employed woman spending more time in unpaid work than an average inactive male (Exhibit 26).

Exhibit 26: Mean actor time spent by participants per day by sex and labour market status (15 years and above)



Source: Verité Research analysis based on time use survey data

Exhibit 27: Average hours worked by respondents in employment and additional hours worked in the own-use production of goods and services, by sex, wave of data collection and survey under the joint ILO-World Bank pilot study



Source: Discenza et al (2021)

Taking wave 2 data of the MLSS under the joint ILO-World Bank study (Exhibit 27), employed men worked 43.9 hours in employment on average, an additional 2.6 hours in own-use production of goods and 11.4 hours in the own-use provision of services. The results of the LFS were relatively similar. Over three-quarters of all working time among employed

men was thus in employment. Among employed women, the corresponding share was less than half, and in both surveys in wave 2, the number of hours spent in the own-use provision of services was even greater than the number of hours spent in employment. As a result, a gap of ten hours working time per week in favour of men if only employment is considered becomes a gap of over ten hours in favour of women if the three forms of work activities are considered together with women in employment spending around 25% more working time than men across the three forms of work in wave 2 of both surveys. These findings highlight the double burden faced by women in terms of high levels of working time in unpaid household services, even when employed. (Discenza et al, 2021).

Exhibit 28: Average hours worked by own-use producers of goods who are not in employment and additional hours worked in the own-use provision of services, by sex, wave of data collection and survey under the joint ILO-World Bank pilot study



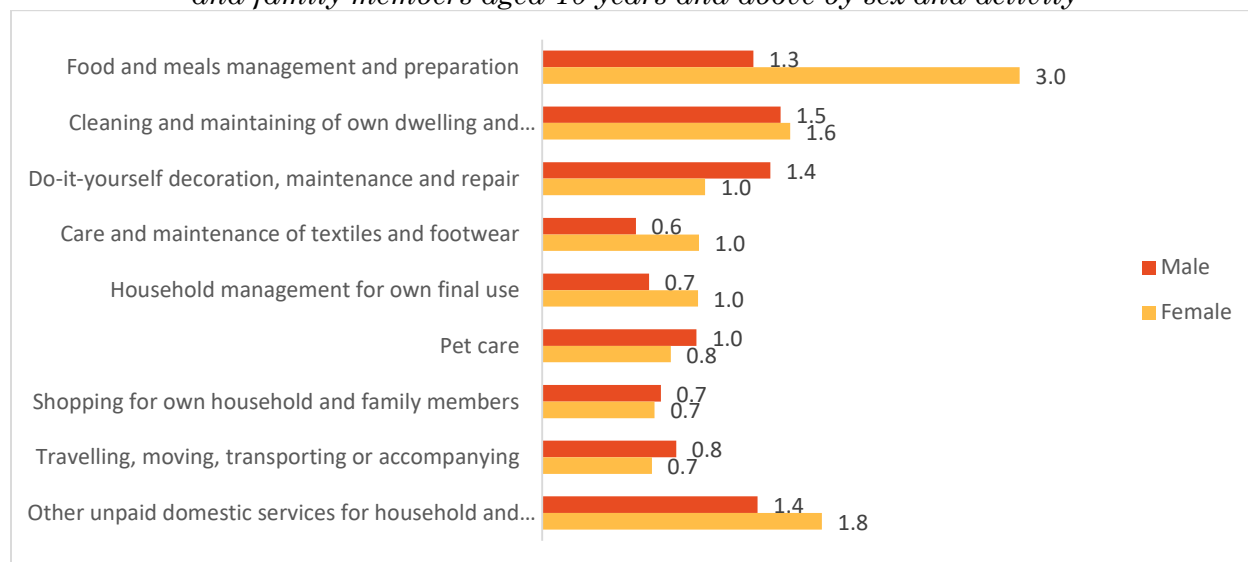
Source: Discenza et al (2021)

Even among those not engaged in employment, the gender disparity is striking in the ILO-World Bank study (Exhibit 28). Wave 2 data reveals that, in the LFS, women did an additional 40 hours of work in the own-use provision of services, compared with 18 hours among men. The pattern was relatively similar in the MLSS, confirming showing that

women, to a greater extent than men, retained a high number of working hours in unpaid forms of work, regardless of their employment status.

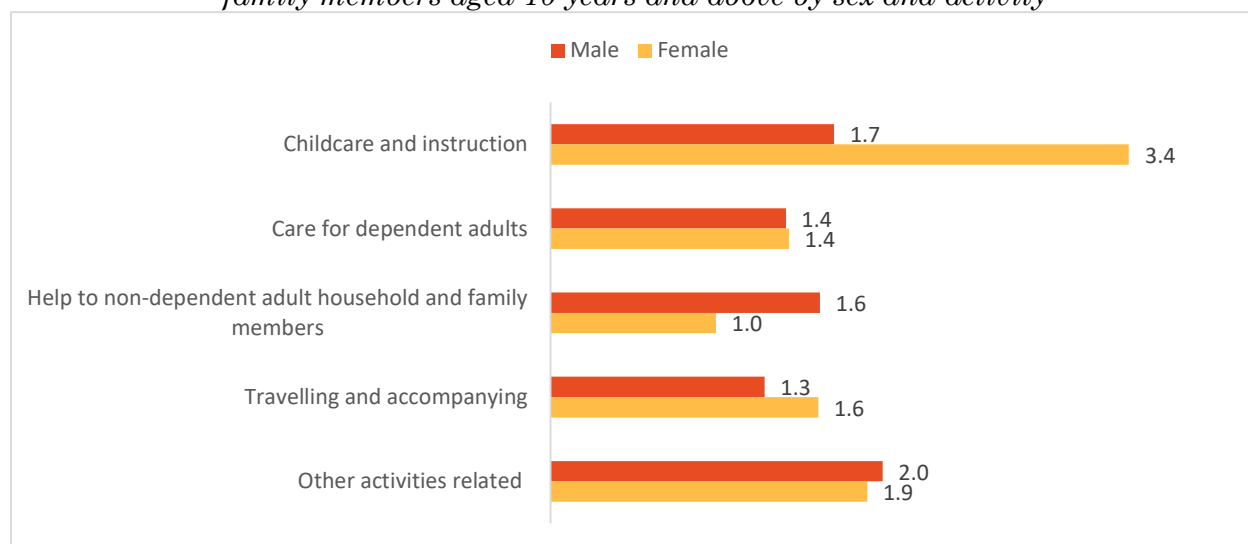
- *Food preparation and childcare are the most time-consuming unpaid work activities for women*

Exhibit 29: Mean actor time spent (in hours) in unpaid domestic activities for household and family members aged 10 years and above by sex and activity



Source: Verité Research analysis based on time use survey data

Exhibit 30: Mean actor time (in hours) spent in unpaid care activities for household and family members aged 10 years and above by sex and activity



Source: Verité Research analysis based on time use survey data

As Exhibits 29 & 30 show, women generally spend more time on unpaid domestic and care work than men. In fact, in terms of food preparation and childcare, women's time spent is more than double that spent by men engaging in the activity. In terms of care of dependant adults, the time spent by both men and women is the same. Men tend to spend more time than women in only two activities, maintenance and repair and helping non-dependant adults, but the difference in time spent is less than an hour.

3.1.4. Sub-population studies on the distribution of unpaid care work

- *Households in the rural and agricultural sector*

A study conducted by Gunawardana (2018) on rural women's participation in agriculture across three districts (Polonnaruwa, Anuradhapura and Hambantota) found that women contributed to care work through their life course, and that the provision of care is considered within the purview of women's (unpaid) labour in Sri Lanka in their role as daughters, wives and mothers. Young women's contributions to tasks such as looking after siblings or cooking enabled their parents or guardians to continue livelihood engagement. Elder women also provided care to their grandchildren. Women engaged in included cooking, cleaning, looking after young children, maintaining their yards/gardens, overseeing schooling, socialising children, taking children to school, protecting children and youth, and participating in community life. Women also provided more unpaid labour for volunteer work compared with men in their communities – in local political party activities, development projects that were premised on local participation, grassroots organisations and non-government organisations, as well as their children's schools. In the survey, women reported a preference for home-based, non-agricultural production and had limited mobility with young children. Being close to home enabled women to look after their children and complete their household tasks such as cooking, while also earning income. The survey also highlighted the gendered division of labour within rural households. Women were overwhelmingly responsible for cooking (94.4%), cleaning (95.9%) and collecting firewood (73.0%). Women also maintained the most responsibility for home gardening. The biggest contribution husbands made was to home gardening with 18% of respondents reporting this support.

Gunawardana (2018) also found expectations around women's roles in childcare were particularly salient following marriage. Three responses were noted when women gave

birth to their first child: dropping out of school, restricting livelihoods, or forgoing livelihood opportunities. Spouses that encouraged women to focus on their social reproductive roles as mothers reinforced these decisions. The paper also notes that while gender norms around respectability, honour, and shame acted as a barrier in all areas, to varying degrees by ethnic/religious group/marital status, for the Muslim community in Palamunai, Ampara however, prohibitive gender norms around mobility and public economic participation gained strength in the post-war period, meaning women were largely confined to their household. Many Muslim women had migrated overseas before marriage to work as domestic workers but, over time, they faced greater restrictions. By contrast, gender norms around economic participation and leadership were reported to be breaking down in neighbouring Tamil and Sinhala communities.

In terms of support from other actors of the care diamond, Gunawardana (2018) found that while rural women accessed *Samurdhi* welfare benefits from the state, and instrumentally participated in political networks to access resources such as land, employment and housing assistance, limited state support was provided for care. Immediate and extended family (usually another woman) is the primary source of care for children and the elderly, particularly in rural locations, with a lack of state-supported institutions to promote alternatives. Hence, those with strong kinship networks could often continue participating in agriculture.

Gunawardana (2018) shows that while rural Sri Lankan women's participation in agriculture dropped to the lowest levels when they had young children, their engagement in other non-agricultural livelihood activities, such as home-based non-agricultural production, garment production, self-employment, and migration on temporary labour contracts peaked at this time in their lives. This reinforces the view that women, especially in rural households, do not exit livelihood activities altogether when they have children. Care work as such did not also ultimately lead to a complete withdrawal from agricultural livelihood activity where support was available to assist with social reproduction. Childcare assistance, usually from other female relatives, helped women to participate in all livelihoods; other women in their role as grandmothers and aunts, supported female kin by providing childcare enabling others to support the family (Gunawardana, 2018).

These findings are supported in other studies as well. A study conducted by Rathnachandra and Malkanthi (2021) in the Imbulpe DS division among 300 women farmers found that they faced a high level of time poverty which led to little time for their farming activities and hence affected their agricultural production. The Imbulpe DS division is a rural farming area where most women engage in agricultural activities, and a considerable share of men work in urban areas. As a result, women farmers have to do both domestic activities, including care activities as well as agricultural activities. The study found that most of the respondents (93.7%) allocated at least 5-10 hours per day for domestic activities. Additionally, most respondents (68%) reported spending 16 – 20 hours per day, whereas for family caring activities. Women who were widowed or older women reported less time spent on family caring activities. Hence, most women, especially those with children, had very little time to spend on either agricultural activities or other paid economic activities due to the time burden of domestic and care work.

Using data on hours spent on nonpaid work by each spouse, individual, household characteristics, and partner's time allocation as from a baseline survey among rural households in Udukumbara village in the Kandy district, Rathnayaka & Weerahewa (2015) conduct a two stage least squares estimation and find that husbands allocate more hours to both paid and nonpaid work and fewer hours to care work than the wives. They also find that total land extent and education level have significant positive and negative effects, respectively on nonpaid work hours of both spouses; that the presence of other adults in the household has a negative and significant effect on wives' nonpaid working hours; and that nonpaid work hours of one spouse have a significant negative effect on the other's nonpaid work, indicating the members jointly make time allocation decisions.

- *Households in the Northern Province*

Traditional views of women's roles are most strongly held in the North, where female labour participation is the lowest. Gunatilaka and Vithanagama (2018) found that only a few armed conflict-related experiences had any statistical relevance to women's labour force participation in the Northern Province. Instead, the most important predictor of participation for both female heading households and women in male-headed households in the North was the share of employed adult males in the household. Despite an increase in female-headed households due to the conflict and the implicit assumption the supposed

autonomy associated with becoming the primary earners would dilute the rigid patriarchal structure, a recent study by Kandanearachchi and Ratnayake (2017) of women from female-headed households in the North found that stereotypical views of women remain deeply entrenched. The institution of marriage especially imposed roles defining the responsibilities of women within the family. Women often discussed their role as mothers and wives, and the cultural and societal pressures that limit their economic progress, with few respondents receiving childcare support or household help from their husbands. In the North, unpaid care demands are even greater, because many women must also care for disabled and injured family members, in addition to taking care of children, cooking, and housework (Jeyasankar and Ganhewa, 2018). Kandanearachchi and Ratnayake (2017) find that the confines imposed on women through gender roles and stereotypes by institutions such as marriage, religion, and patriarchy are deeply ingrained in society and have filtered down to a very individual level. These sociocultural norms and rules are internalized by many of these women; Kandanearachchi and Ratnayake (2017) find in their study in almost all cases, women do not confront the restrictions and social constructs that limit them to the societal roles as wives, mothers, and caregivers, and instead create insecurities and hinder the woman's sense of agency, leading to a high level of dependency. Such dependencies especially place female-headed households at greater risk of poverty and are the most detrimental to the economic empowerment of women.

▪ *Households in the estate sector*

With reference to the high female labour force participation rate in the estate sector, Samarakoon and Mayadunne (2018) observe that many plantations tend to have childcare facilities that allow women to work even when they have children, are allocated a certain number of hours to breastfeed infants, and have more equitable opportunities to earn as much as men. As Weeraratne (2018) explain, unlike agriculture workers, who are informal sector workers, plantation workers are in the formal sector, which requires payment of statutory benefits. Employers are expected to cover costs for childbirth and are also required to facilitate all immunizations and medical check-ups provided by the state and cover all costs related to logistics and medical supplies for visits by government health care officials. To facilitate childcare, the regional plantation companies must also provide creche

facilities with trained/qualified Child Development Officers, and provide free *kola kenda*, mid-day meals and other nutrition supplements including *Triposha*.

- *Households with female migrant workers*

Sri Lanka's transnational domestic workers fulfil care needs around the world, mostly in the Persian Gulf. The Sri Lankan Bureau of Foreign Employment (SLBFE), the government's main administrative body regulating labour migration, estimates that half a million Sri Lankans worked abroad in 1994. The number doubled to one million in 2003, and by 2010 had increased to nearly two million. Since 2012, the SLBFE has not offered estimates of the total stock of migrants working overseas but it is estimated that migrants make up roughly 10% of the country's twenty million population and a quarter of the country's working-age population (Gamburd, 2020a).

A pilot study of families of low-skilled female migrant workers by Cooray (2017) finds that family participants overwhelmingly stated that their wife or mother had migrated abroad as a domestic worker due to reasons of economic hardship, insufficient wages or the inability to find appropriate employment at home, often coupled with contexts of poverty, vulnerability and the need to provide for the housing, educational, health and subsistence needs of their families. In most cases, while many people are involved in caregiving when the mother leaves, the dissemination of responsibilities among secondary caregivers also tends to be feminised, and Cooray (2017) hypothesizes two explanations for this (i) that traditional attitudes towards domestic labour, gendered responsibilities and care competencies remain pervasive; and (ii) that work commitments of fathers prevented them from assuming both work and primary childcare responsibilities by themselves.

The mobility of female migrant workers depends on the caregiving ability of other members of their households, particularly the health of grandparents (Gamburd, 2020b). In households where women migrate for employment opportunities, usually to the Middle East for paid domestic and care work, grandmothers are left responsible for providing care support (Solotaroff, 2017).

Cooray (2017) also finds that as Sri Lankan women increasingly partake in the global care drain process, their absence correspondingly has the potential to induce a variety of social adjustments and developmental problems for the families they leave behind. A qualitative

study by Senaratna (2011) conducted in Colombo, Gampaha, and Kurunegala districts where the highest number of women migrate annually for overseas employment found that primary caregivers who served as mother-substitutes (such as grandmothers, fathers, grandfathers, aunts, siblings, and other relatives) suffered physical, psychological and financial stress. Inability to pursue educational opportunities was also common among younger caregivers; many elder siblings of children either dropped out of school or were frequently absent from school due to having to look after their younger siblings. Some elder siblings and younger aunts have also forgone opportunities of higher education and employment due to their caregiving responsibility. Male caregivers such as fathers, especially, openly admitted that childcare is a burden on them which adversely affect their mental health and hinders progress and/or sustenance in other aspects of life such as employment and social relationships. Female caregivers, who have raised their own children (grandmothers and older aunts) as well as those who have not (elder sisters and younger aunts), felt more comfortable with childcare.

- *Households with dual earners*

A qualitative study by Kodagoda (2014) of working women professional and managerial employees in Sri Lanka in the public banking and public health sector found that working mothers generally use more than one method to look after their children to balance their work and family life. In particular, most mothers and their partners view their own mothers as the best caregiver for their small children. As a second option, these mothers try to find support from other relatives. Alternatively, a trustworthy mature female domestic servant, who also is engaged in cooking, cleaning and washing, either full or part-time, was perceived as the next best substitute for a mother's care, as also considered less expensive than professional childcare. Most mothers in the study believed in "home" as the best place for childcare, emphasising the emotional quality of the physical and educational development of their children. Most in the study did not see the available childcare centres in Sri Lanka as able to provide the expected benefits. In the case of the middle-class professional and managerial mothers in the study, the cost of childcare was not perceived as the major barrier; rather, they were more concerned about the child's security and psychological development. However, all the mothers also believed that high-cost childcare centres with qualified staff would be able to reach their expectations.

Kodagoda's (2018) analysis of 40 in-depth, semi-structured interviews with working mothers in the banking and health sectors revealed that long working hours were associated with negative effects on motherhood duties, especially concerning childcare and a child's cognitive development. However, the study also found that while mothers encountered many negative experiences, they valued their full-time employment and rationalised their decision on combining motherhood and paid work.

According to Herath (2015), "women in Sri Lanka, both rural and urban, have to bear the burden of two jobs — in the workplace and the home. Once they return home from their work, whether it be in the paddy field, the tea estate, or an office in the government or the private sector, women are responsible for domestic chores, and even helping children with their studies." Solotaroff (2017) also notes that, unlike women who migrate for work abroad, women who commute for work remain responsible for their household duties.

- *Households with female breadwinners*

Jeyasankar and Ganhewa (2018) find that the burden of domestic and care work remains the domain of women even when they shoulder the burden of primary income has shifted onto women. The reality of such gendered expectations of care is especially apparent in the case of female migrant workers. Historically, women have made up most of Sri Lanka's labour migrants through the commodification of care as a valuable foreign exchange earner. However, the sheer number of migrant care workers complicates the work/care nexus by creating a commensurate local care deficit in the wake of women's physical absence (Withers 2017).

- *Households with children with special needs*

Wijesinghe et al (2015) conducted cross-sectional study was conducted among 375 caregivers of children with cerebral palsy attending a tertiary care setting in Sri Lanka, to identify factors associated with caregiver burden.⁸The study used multivariate linear

⁸ Caregiver burden was defined as "caregiver's response to various stressors associated with caregiving" and was measured using Caregiver Difficulties Scale (CDS), developed specifically for this purpose.

regression to assess associations between sociodemographic, stressor, and coping factors and caregiver burden; and to examine whether coping reduces the effect of stressors on burden. It finds that low income, rural residence, male sex, and number of functional deficits of the disabled child correlated significantly with higher caregiver burden, while spousal support correlated with lower burden. Seeking social support reduced the increased burden associated with greater functional impairments. Psychosocial interventions focused on evaluating and improving social support for caregivers may help families at high risk for caregiver distress, to minimize negative outcomes.

4. Care provision by the market

As Gunawardena (2018) highlights, “long-established formal and informal marketised forms of care (childcare, domestic workers, elder carers) are available in Sri Lanka. However, this care work occupational category tends to be low paid, often invisible and less valued and it replicates gender, class, and ethnic inequalities.” She further notes that while private local care providers have emerged in the last decade, their services tend to be only accessible to the wealthy and continue to replicate gendered historical oppressions and rural women (from economically and often socially marginalized communities) generally provide these paid care services rather than being able to access them with several women engaged as domestic workers and nannies throughout their livelihoods within Sri Lanka or as migrant care workers.

4.1. Private childcare providers

Three main types of institutions provide early childhood care and education (ECCE) services in Sri Lanka: preschools, childcare centres, and combination Early Childhood Development (ECD) centres providing both preschool and childcare services. Additionally, a limited number of home-based care programs are available. Most centres in the country are preschools, which serve children from ages three to five years (Warnasuriya et al, 2020).

In Sri Lanka, preschools operate as commercial businesses or are run as not-for-profit organisations. The government sets standards and regulates the sector; however, preschool education is not mandatory for children in Sri Lanka. There are several types of preschools operating in Sri Lanka, applying different labels such as preschool, kindergarten, nursery school, Montessori or child development centre, etc. Their differences range from the environment in which children learn to the languages and philosophies that guide that learning (NEC, 2019).

Table 1 in the Appendix provides the number of preschools and ECD centres for the year 2021, based on statistics collected by the State Ministry of Women and Child Development, Pre-Schools & Primary Education, and School Infrastructure & Education Services. Accordingly, there were a total of 19,216 such preschools/centres island-wide, employing 37,781 teachers and catering to a total of 474,406 children. The majority of preschools/centres operate in the Sinhala medium (72%) and were privately owned and operated (80%). Around 86% of preschools were registered. The Western province accounted

for around 22% of all preschools/centres, and around 25% of teachers as well as 27% of enrolled students. Notable deviations from the general trends include the Northern province; government-run preschools accounted for the majority in Mullaitivu (100%), Kilinochchi (87%) and Vavuniya (70%). Also while NGO-maintained preschools accounted for only around 3% of all preschools islandwide, they made up 20% of all such schools in the Nuwara Eliya district, as well as 59% of preschools in Mannar. Additionally, preschools run by religious groups accounted for a higher share than the average (6%) in Hambantota (18%) and Puttalam (18%).

- *Factors affecting demand for childcare services*

Premaratne (2011) surveyed 200 households with at least one preschool child and found that housework and childcare of adults other than parents, particularly female adults, increases with the mother's labour force participation. In his sample, only about 10% used paid daycare services, while the majority relied on grandparents to look after their children with support from domestic helpers. Further, the decision to buy formal childcare was affected by the age of the children, cost of day-care centres, household income, types of occupation and level of education and quality of childcare. The mean monthly amount paid for daycare centres was LKR 3,700, while that of daycare centres and preschools was LKR 8,710. The mean monthly amount for a domestic nanny to take care of children only was LKR 5,290 while that for a domestic helper (childcare, cleaning, cooking) was LKR 6,100. The cost of childcaring as a percentage of household monthly income was 10.2%. According to Warnasuriya (2020), the affordability of daycare services is a challenge for many parents; many families survive on limited and unstable incomes, and cannot afford the added expense of childcare, particularly for multiple children. The Early Childhood Development (ECD) census of 2016 found that children from wealthier households are more likely to attend preschools and that children from urban areas (68%) are more likely to attend than children from rural (48%) and estate (44%) areas. Warnasuriya (2020) also notes that most privately run daycare centres operate from 9 am to 5 pm and lack the flexibility to accommodate different work schedules.

- *Quality of private childcare services*

Despite the efforts that have been made to introduce minimum quality standards, adherence to these standards is limited (Warnasuriya et al, 2020). Warnasuriya (2020) notes that many daycare centres lack basic infrastructure, have inadequate facilities and teaching-learning material and can be overcrowded and understaffed. The Early Childhood Development (ECD) census of 2016 found almost 10% of teachers in preschools had no professional training and a further 4% had less than G.C.E. Ordinary Level qualifications (Exhibit 31).

Exhibit 31: Details of the early childhood development workforce in preschools (2016)

Total number of preschool employees	45,941
Percentage of teachers with less than Ordinary Level qualifications	3.5
Percentage of teachers with Ordinary Level qualifications	33.6
Percentage of teachers with Advanced Level qualifications	59.9
Percentage of teachers with graduate degrees or above	3.0
Percentage of teachers with 2 or more years of professional training	33.2
Percentage of teachers with 1–2 years of professional training	49.7
Percentage of teachers with 3–6 months of professional training	7.6
Percentage of teachers with no professional training	9.5

Source: Warnasuriya et al (2020)

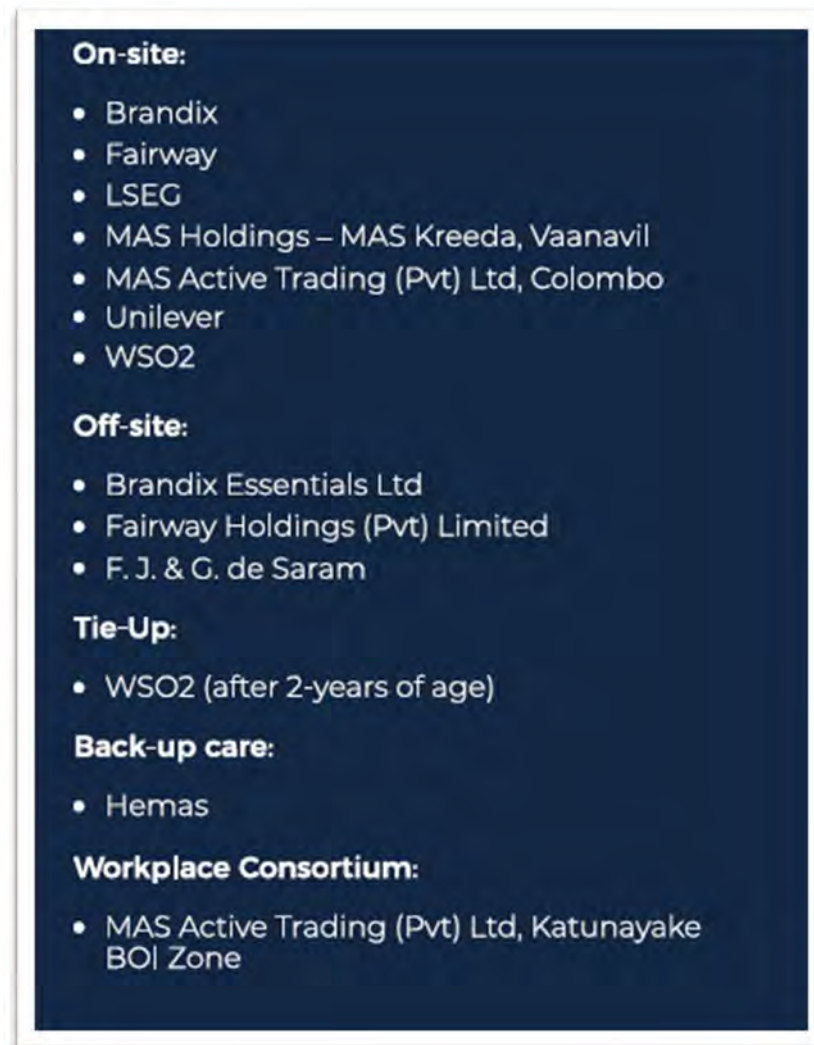
Jayakody & Attygalle (2016) assess the quality of preschool and daycare centres in the Colombo Municipal Council area and evaluate how structural inputs and cost influence the process quality. They find the overall quality of childcare provided among the 96 providers assessed to be mediocre, and most centres did not have adequate staff and child groups were larger than appropriate. Only 8% of centres were led by a graduate. Of the teachers, 90% had preschool teacher training. Smaller student groups cared for by more staff had significantly higher process quality. Better quality preschools cost more; preschools with a monthly cost of LKR 500 – 1,500 provided better quality care.

According to UNICEF Sri Lanka (n.d), Sri Lanka’s patchwork of preschool education standards, curricula and administration systems has resulted in poor or mediocre learning that fails many children and prevents them from realizing their full potential. Privately owned and managed preschools make up the majority and are largely unregulated and not standardized; only around 39% of all preschool teachers have received at least one year of

professional training. There is also insufficient focus on the stimulation of fine motoric, socio-emotional, or cognitive competencies.

4.2. Employer-assisted childcare

Exhibit 32: Types of Childcare Solutions provided by case study companies in the IFC study



On-site:
<ul style="list-style-type: none">• Brandix• Fairway• LSEG• MAS Holdings – MAS Kreeda, Vaanavil• MAS Active Trading (Pvt) Ltd, Colombo• Unilever• WSO2
Off-site:
<ul style="list-style-type: none">• Brandix Essentials Ltd• Fairway Holdings (Pvt) Limited• F. J. & G. de Saram
Tie-Up:
<ul style="list-style-type: none">• WSO2 (after 2-years of age)
Back-up care:
<ul style="list-style-type: none">• Hemas
Workplace Consortium:
<ul style="list-style-type: none">• MAS Active Trading (Pvt) Ltd, Katunayake BOI Zone

Source: IFC (2019)

IFC (2019) describes 10 case studies of companies in sectors such as apparel, information technology and fast-moving consumer goods and highlights their different models of how employers currently support their employee's childcare needs (see Exhibit 32) and suggests that employer-assisted childcare can boost labour force quality and diversity, and also improve recruitment and retention. In addition, some of the case study companies reported

that providing childcare facilities improved productivity gains through reduced absenteeism and greater employee concentration and peace of mind.

- *Public-private partnerships for work-based childcare services*

Katunayake Special Economic Zone also launched a childcare facility in 2015, in response to demand for childcare services from garment manufacturers to ensure the recruitment and retention of female workforce (IFC, 2019). The facility is managed by qualified teachers with training in ECD as well as additional staff. It was set up with funding from the Sri Lanka Board of Investment and is run on enrollment fees that are paid either by parents or by the firms. Different employers have different subsidy models ranging from no support to full support. In 2018 the Board of Investment opened a second childcare center in the Biyagama Export Processing Zone (IFC, 2019).

- *Employee response*

Balasooriya and Pallegedera (2021) analyse employees' preference for on-site childcare facilities using data from 330 employees from all levels of the employees in three firms in the apparel industry and found that the mean willingness to pay for the on-site childcare facility was substantially higher for the firm that already provided an on-site childcare facility (LKR 3,750 per month) than the other two firms that did not have childcare facilities (between LKR 1,600 – 1,900 per month). 86.36% of the employees surveyed favoured implementation of on-site childcare facilities with newly hired employees having a higher preference for the childcare facility, albeit less likely to pay for the facility. Moreover, the results indicate that the employees who have received the childcare facility have positive attitudes towards the on-site childcare facility.

Data from one of the IFC case study companies, Selyn, shows that the cost of employer-assisted childcare at the time of the study was about LKR 4,000 per child per month, which was fully borne by the company (IFC, 2019). A recent study by the Institute of Policy Studies using a sample of 384 women from the Kurunegala district showed that women from different circumstances, including low-income women, are willing to pay more than Rs. 4,000 for employer-supported childcare (Balasooriya, 2021).

4.3. Nursing care providers and in-home care assistants

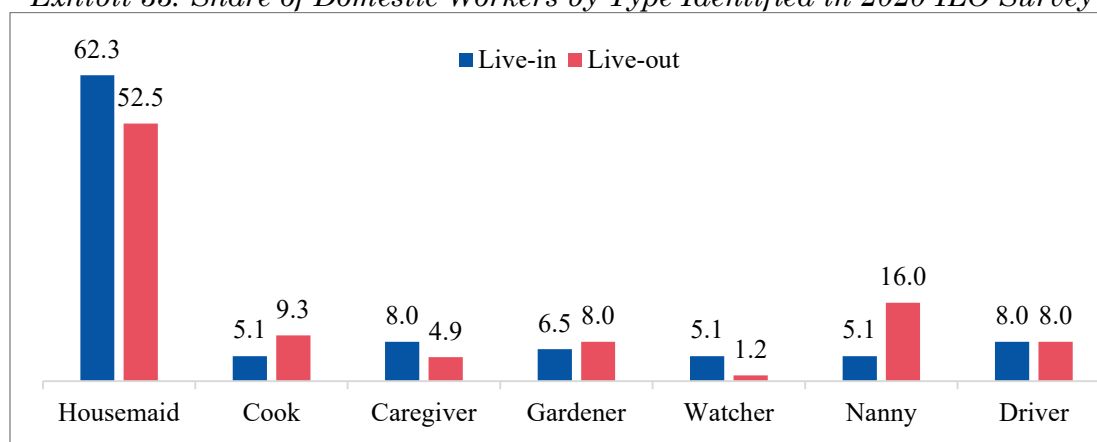
In-home nursing care provides the services of a trained nurse to attend to an elder, whereas in-home care assistants are untrained caregivers. The 2017 County Diagnostic Study survey by the ADB estimates that there are 25 nursing care service providers in Sri Lanka, while noting that the exact number is unknown due to gaps in the registration of institutions and regulation of the industry. The activities performed by a caregiver can vary significantly, and are based on the qualifications of the caregiver and the fees paid to the service provider. These services are generally expensive and are not affordable for low-income families. The IHP estimated that monthly expenses for a caregiver in 2016 ranged from LKR 30,000 to LKR 72,000 (ADB, 2021).

4.4. Domestic workers

Paid domestic workers are a regular feature of many households in Sri Lanka.⁹ The sector is heavily female-reliant (de Silva, 2019); according to the 2016 Annual Labour Force Survey, there are over 80,000 domestic workers in Sri Lanka and over 66,000 of them are women (ILO, 2020). Sri Lankan domestic workers comprise both those who reside in the employer's household full-time (live-in workers) and those residing outside (live-out workers). The majority are female housemaids (Exhibit 33), who perform a wide range of tasks, including cooking, cleaning, laundry, grocery shopping, gardening, and taking care of children, elderly, and sick household members (ILO, 2020; Verité Research, 2015b; de Silva, 2019; Jayasekera, 2016). Even among domestic workers, the division between the type of work (between work done inside the house such as cooking, cleaning, and direct care and work done "outside" the house such as gardening, providing security, and driving) reflects gender norms that care work is "women's work". de Silva (2021) finds this overlap of the spatial division of work and gender crystallized in the advertisement that asks for "Workers wanted for a household of 2 people: a girl to do housework and a boy to do outside work."

⁹ The ILO Convention on Domestic Workers (C189) defines a domestic worker as "any person engaged in domestic work (i.e., work performed in/for households) within an employment relationship" (ILO, 2011).

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

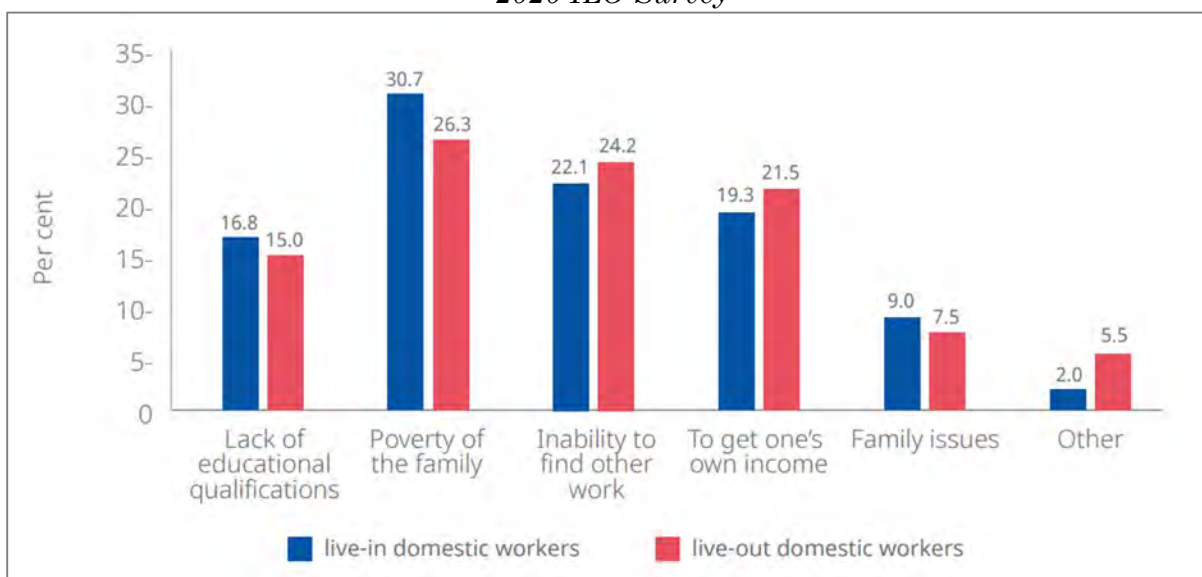


Source: ILO (2020)

Domestic work is largely performed by older women from historically disadvantaged communities (Jayasekara, 2019), due to their lack of occupational opportunities arising from lack of education, poverty (Exhibit 34), and other socio-cultural and economic constraints limiting their job choices (Verité Research, 2015b; ILO, 2020; de Silva, 2021). de Silva (2021) found that many women chose to do domestic work due to the sociocultural constraints on what types of work were acceptable for women; domestic work was a more socially appropriate job compared to other options, such as working in a garment factory or migrating to perform domestic work overseas in the Gulf countries.

Despite accounting for a significant share of the paid care sector, domestic workers remain an understudied workforce and remain unprotected by regular labour laws (de Silva, 2021). Domestic work remains an essentially invisible form of employment in Sri Lanka. Even with the multitude of laws, policies and regulations governing employment in Sri Lanka, domestic workers have been explicitly or implicitly excluded and operate in a “legal and policy black hole” (Chamara, 2021). The current legal framework does not cover their rights in terms of employment such as working hours, wages, benefits, leave, working conditions, safety and health, and discrimination and abuse (ILO, 2020). ILO Convention C189 and Domestic Workers Recommendation (No. 201) identify basic rights and principles for ensuring decent work for domestic workers in these respects. However, Sri Lanka is yet to ratify C189 and recognise and regularise domestic work (ILO, 2020).

Exhibit 34: Reported reasons that led female domestic workers to choose domestic work in 2020 ILO Survey



Source: ILO (2020)

The lack of legal protection further compounds the vulnerability that domestic workers face, which manifests in several ways:

- (i) *Poor recognition and valuation of domestic work:* Domestic workers are among the lowest paid in the labour market. The National Minimum Wage Act specifically exclude domestic workers. Domestic work is treated as unpaid work performed by women of the household without requiring any special knowledge or training and is hence undervalued (Verité Research, 2015a). de Silva (2019) finds that there is no clear relationship between salary and the number of tasks for domestic workers.
- (ii) *Non-standard terms of work:* Verbal contracts are the norm for domestic workers, while some operate even without (de Silva, 2019; ILO, 2020; Verité Research, 2015b). Live-in workers, especially, face long working hours with indefinite start and end times, a multitude of duties and irregular leave (ILO, 2020; Verité Research, 2015b).
- (iii) *Unequal employer-worker relationship:* In the absence of legislative protection, most domestic workers rely on “family-like” working relations for employment security and other in-kind benefits (de Silva, 2021). While this may improve working conditions, it instils a sense of indebtedness that negatively affects workers’ bargaining power and makes them less likely to raise grievances in the

event of a dispute (Verité Research, 2015b). This power dynamic also makes workers more vulnerable to physical and psychological harassment or abuse. While data is limited, reports indicate that live-in workers face more instances of reprimands and abuse due to their continuous proximity to their employers.

Appendix

Table 1: Details of Pre-schools/ Early Childhood Development Centers by District and Province(2021)

District	Number of pre-schools	Medium			Type of Registration					Number of Teachers	Total number of students
		Sinhala Medium	Tamil Medium	English Medium	Government pre-schools	Private pre-schools (including estate sector)	Religious group pre-schools	NGO maintaining pre-schools	All Registered pre-schools		
Total	19,216	13,750	4,912	554	2,069	15,353	1,168	626	16,421	37,781	474,406
Western	4,181	3,667	220	294	233	3,615	280	53	3,406	9,372	128,938
Colombo	1,499	1,279	42	178	101	1,306	72	20	1,221	3,655	45,461
Gampaha	1,586	1,446	65	75	64	1,328	169	25	1,422	3,489	56,436
Kalutara	1,096	942	113	41	68	981	39	8	763	2,228	27,041
Central	2,791	1,725	998	68	123	2,441	23	204	2,460	4,339	55,094
Kandy	1,271	944	277	50	94	1,159	9	9	1,038	2,277	26,486
Matale	544	462	73	9	18	515	8	3	489	901	12,415
Nuwara Eliya	976	319	648	9	11	767	6	192	933	1,161	16,193
Southern	2,094	2,030	44	20	218	1,655	168	53	1,554	4,516	59,038
Galle	856	833	10	13	140	630	51	35	665	1,995	25,874
Matara	652	628	21	3	38	595	12	7	460	1,415	17,560
Hambantota	586	569	13	4	40	430	105	11	429	1,106	15,604
Northern	1,583	77	1,499	7	622	666	154	141	1,410	3,176	34,118
Jaffna	682	-	678	4	23	539	98	22	620	1,465	16,205
Mannar	200	-	199	1	10	57	15	118	172	315	4,385
Vavuniya	279	57	221	1	195	66	17	1	223	427	4,919
Mullaitivu	204	20	184	-	204	-	-	-	185	429	4,009
Kilinochchi	218	-	217	1	190	4	24	-	210	540	4,600
Eastern	1,868	456	1,386	26	403	1,185	213	67	1,803	4,263	46,285
Batticaloa	570	3	562	5	47	411	84	28	543	1,358	18,226

Ampara	773	315	450	8	175	539	54	5	740	1,799	15,450
Trincomalee	525	138	374	13	181	235	75	34	520	1,106	12,609
North-Western	2,243	1,879	303	61	132	1,921	177	13	1,781	4,177	56,039
Kurunegala	1,473	1,324	110	39	85	1,335	42	11	1,253	2,720	37,086
Puttalam	770	555	193	22	47	586	135	2	528	1,457	18,953
North-Central	1,456	1,279	126	51	202	1,228	17	9	1,387	2,727	35,202
Anuradhapura	1,051	903	98	50	60	967	15	9	982	1,890	24,408
Polonnaruwa	405	376	28	1	142	261	2	-	405	837	10,794
Uva	1,473	1,267	181	25	68	1,239	95	71	1,391	2,508	28,138
Badulla	898	727	162	9	46	794	56	2	843	1,505	17,864
Monaragala	575	540	19	16	22	445	39	69	548	1,003	10,274
Sabaragamuwa	1,527	1,370	155	2	68	1,403	41	15	1,229	2,703	31,554
Ratnapura	912	817	94	1	39	855	18	-	760	1,570	18,614
Kegalle	615	553	61	1	29	548	23	15	469	1,133	12,940

Source: State Ministry of Women and Child Development, Pre-Schools & Primary Education, School Infrastructure & Education Services (2021)

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