Field Visit Report

Care Economies in Context · Sri Lanka

27–28 May 2026

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Purpose and scope

On 27th and 28th May 2026, Prof. Ito Peng and Prof. Dileni Gunewardena visited two households each in two of the 190 Grama Niladhari (GN) divisions selected for this survey. In addition, in Kandy, they met with two senior members of the survey firm — the Managing Director and the Head of Research — sharing views on the survey process and listening to their reflections on the challenges of an ageing population in Sri Lanka.

The visit served several connected purposes. First, it was an opportunity to observe the survey as it was actually administered — to see how enumerators introduced themselves and built rapport, how the instrument performed in real households, and how the lived complexity of caregiving arrangements mapped onto the survey's categories. Second, it allowed the team to meet and acknowledge the field staff at every level, from the Managing Director and Head of Research to the field coordinator, supervisor and enumerators, and to learn directly from their reflections on the practical challenges of conducting this kind of fieldwork. Third, and most importantly, it was an opportunity to ground the quantitative data in the textured realities behind it — to encounter in person the households, relationships and obligations that the survey ultimately records as data points, and so to build the contextual understanding needed to interpret the findings, and the silences in them, with care.

The two divisions were Pahalawela in the Gampaha district and Yalegoda in the Kandy district [See **Location Map 1.png** and **Location Map 2.png**]. In each, the researchers were accompanied by members of the field survey team [See Photo 8]. At both locations they (1) met the Grama Niladhari officers, who joined them at or accompanied them to the households to be interviewed; (2) observed an interview being conducted; and (3) met and spoke to caregivers in one additional household. All households had been informed of the visit in advance, and the GN's permission and support had been sought for the exercise. In the first location, both households visited were sites of sandwich care; in the second, they were sites of eldercare, or of care for persons needing assistance with several activities of daily living (ADLs) and instrumental activities of daily living (IADLs).

Pahalawela, Gampaha District

The first location, Pahalawela (the name means “lower paddy field”), lay only an hour's drive from the capital, Colombo, but was rural in character. Profs. Peng and Gunewardena were met by the field coordinator, Mr. Dharmanayake; the field supervisor, Ms. Nayana Priyarathne; and the enumerator, Ms. Sandhamali [Photos 7 and 8], and proceeded to a respondent's house, where they spent the next hour or so observing Ms. Sandhamali interview the primary

caregiver. The household comprised seven members: the primary caregiver; her husband (absent at work); her four-month-old baby; two toddlers (at school or pre-school); her mother; and a 104-year-old grand-uncle who lived with them — a bachelor with no children of his own to look after him. The Grama Niladhari officer and the Development officer — both of whom had been respondents to the community leaders' instrument in this GN division — arrived while the survey was under way. The interview was interrupted by the arrival of the Public Health Midwife, who was visiting the primary caregiver and her baby as a new mother. At the close of the interview, the researchers were invited to meet the 104-year-old grand-uncle. On glimpsing a sewing machine in the house, they asked whether the woman did any sewing for payment, and were told that she used to sew sofa covers until the new baby arrived, but that her husband now did some sewing after returning home from work. [See photos 1 to 6].

The team then took the researchers to a household they had previously interviewed, where the primary caregiver was a 23-year-old woman with an eight-month-old baby. In addition to caring for her baby with no visible help, she also looked after her elderly father-in-law and her grandmother. Her husband worked in Colombo, in the neighbouring district, and came home only intermittently at night. Asked whether a home-visit service would help her, she explained that the current plan was for her to wait until her mother (or mother-in-law) retired from teaching in a government school, after which she would go out to work, teaching in a private school. [See photo 9].

Yalegoda, Kandy District

On the 28th, the researchers visited two households in Yalegoda, Kandy, accompanied by the survey firm's Head of Research, the field coordinator (the same person as the day before), the supervisor (Photo 11) and the enumerator (Photo 10). This neighbourhood was a suburb of Kandy, a little beyond Peradeniya, where the University is situated. The care recipient in the first household was a middle-aged man recovering from a stroke, and his primary caregiver was his wife. Their children were adults who lived and worked elsewhere, in Colombo. Asked whether a home-visit (respite care) service would be helpful, the caregiver agreed; asked what she would do with the time, she said she would spend it in Buddhist religious meditation. [See photos 10 and 11].

The care recipient in the second Yalegoda household was a nonagenarian whose children lived overseas. She was cared for by a distant relative who lived with her as a companion, as well as by a paid nursing assistant who served as the primary caregiver during the day.

Reflections and outcomes

Across two contrasting divisions — one semi-rural, one semi-urban; one characterised by sandwich care, the other by eldercare and the care of persons needing assistance with ADLs and IADLs — the visit surfaced the sheer variety of arrangements through which care is provided in Sri Lanka, and how little of it conforms to a tidy nuclear-household model: a 104-year-old bachelor grand-uncle cared for within a young family; a paid nursing assistant and a live-in companion-relative standing in for adult children settled overseas; a 23-year-old caring

single-handedly for an infant, a father-in-law and a grandmother while her husband worked in another district. It made vivid how unpaid care is interwoven with paid work and its interruption (the sofa-cover sewing set aside after the new baby; the teaching post deferred until a mother-in-law retires), with internal and international migration, and with the uneven reach of public services — the midwife's home visit on the one hand, the absence of respite or home-visit care on the other. The visit also underscored how thoroughly gendered care is, not only within households but in its frontline administration: at both locations the Grama Niladhari officers were young women who arrived with their young daughters, collected from pre-school activities, in tow. Beyond these substantive observations, the visit strengthened the team's working relationship with the survey firm and generated a set of questions and hypotheses that will inform the analysis and interpretation of the survey data.

Emerging themes

Two threads stood out as worth pursuing in the analysis.

What caregivers name as relief

Asked what a respite service would free them to do, caregivers reached not for rest but for meditation, or for eventual entry into paid work once an older woman could take over the caring. The 23-year-old in Pahalawela did not describe relief as a pause at all: her “plan” was a sequence stretching over years, in which she would take up paid teaching only once an older woman in the family — her mother or mother-in-law — retired from her government teaching post and was, by implication, free to take over the care she currently provides. This complicates the framing of unpaid care as a quantum of time to be redistributed or compensated.

It is also striking how tightly the younger woman's aspiration is bound to an older woman's life course — one woman's entry into paid work is made contingent on another's exit from it — so that care, and the foregoing of paid employment it entails, is effectively passed along a line of women within and across households. The survey data may allow us to examine this hypothesis at scale.

The selective presence of the state

The most vivid single moment of the fieldwork was also one of the most analytically suggestive. Midway through the interview in Pahalawela, the Public Health Midwife arrived at the door to check on the primary caregiver and her four-month-old baby. The PHM system, with its routine home visits to pregnant women, new mothers and infants, is among the most celebrated achievements of Sri Lanka's public health infrastructure — and here it was, working exactly as designed, in a rural household an hour from Colombo.

What gives the moment its force is what was happening under the same roof. In that household a 104-year-old man was being cared for with no comparable cadre arriving on his behalf; across the visit as a whole, those receiving care included a stroke survivor and a nonagenarian, none of whom had any routine state presence analogous to the midwife's. The same home, in other words, can be at once well served and wholly unsupported, depending only on the age of the person needing care. The contrast maps directly onto Sri Lanka's demographic transition:

the country built an effective infrastructure for a young, high-fertility population — maternal and child health foremost among it — and is now ageing rapidly without having built the parallel infrastructure for elder care, or for support with ADLs and IADLs. The midwife's visit is a snapshot of that lag. It also helps explain why the respite-care question so often landed on fertile but bare ground: caregivers could readily imagine relief, but had no existing service to attach it to, because the state's care infrastructure remains organised around an earlier demographic moment. For a project concerned with the contexts within which care takes place, this gap — between the care the state already reaches and the care it has yet to imagine — is among the clearer things the visit brought into view.