International Labour Organization

The care economy and decent work in Sri Lanka: Opportunities, challenges and future trends

The care economy and decent work in Sri Lanka: Opportunities, challenges and future trends

Centre for Poverty Analysis

Title: The care economy and decent work in Sri Lanka: Opportunities, challenges and future trends

ISBN: 9789220402139 (print)

Information on ILO publications and digital products can be found at: www.ilo.org/publns

Contents

List of Figures

List of Tables

Acknowledgements

This paper was prepared by Dr Ramani Gunatilaka, Dr Sunethra Perera, Shyamali Ranaraja, Nadhiya Najab, Dilshani Ranawaka, Dr Gayathri Lokuge, and K. Romeshun on behalf of the Centre for Poverty Analysis (CEPA). The research team thank the Department of Census and Statistics for sharing databases pertaining to Labour Force Surveys 2017–2019 with Computer Literacy, the Time Use Survey 2017, and the Self-Reported Health Survey 2014. We would also like to thank the Ethics Review Committee for Social Sciences and Humanities of the Faculty of Arts at the University of Colombo for granting us ethical clearance to undertake the qualitative data collection.

The research team wishes to acknowledge and thank all the respondents who took the time to speak with us and share their insights as well as those who participated in the stakeholder consultation hosted jointly by ILO and CEPA as part of this study. The research team would also like to extend its sincere gratitude to the CEPA staff who supported the team throughout the study. We take this opportunity to also thank Tushani Kalugalagedara for her assistance in finalizing the paper.

Our deepest gratitude goes to the ILO Country Office for Sri Lanka and the Maldives as well as Aya Matsuura, Gender Specialist, ILO Decent Work Technical Team for South Asia, Sher Verick, Head of the Employment Strategies Unit, ILO Geneva; Valeria Esquivel, Employment Policies, ILO Geneva; and for affording us the opportunity to explore this area of study and for their valuable comments and feedback, which have contributed towards a detailed and nuanced understanding of the care economy in Sri Lanka.

Foreword

Care work, whether paid and unpaid, must be recognised and afforded the dignity of decent work. The majority of care work worldwide is undertaken by unpaid carers, mostly women and girls, and is a key factor in determining the labour force participation of women. Most of the paid care workers are also women, frequently migrant workers, working in the informal economy under poor conditions and receiving low wages. Despite progress in some areas, persisting challenges and gaps remain pronounced worldwide - in care leave policies and services, as well as ensuring decent work for care workers.

The ILO has developed the ILO 5R Framework for Decent Care Work, which is widely used by governments, decision-makers, and advocacy groups globally. The framework proposes a human rights-based and gender-responsive approach to public policy and creates a virtuous circle that mitigates care-related inequalities, addresses the barriers preventing women from entering paid work, and improves the conditions of all care workers. The framework also gives rights to care workers, in the form of voice and representation in social dialogue and collective bargaining and would support the changing of mindsets in valuing care as a public good. Investing in the care economy and transformative care policies is not only a wise economic choice, but also a significant step towards achieving gender equality and social justice.

Among the many challenges experienced by Sri Lankan women in entering, remaining and advancing in the labour market, childcare and household responsibilities have been cited as two of the major drawbacks. A report published by the ILO in 2019; The Future of Work in Sri Lanka: Shaping Technology Transitions for a Brighter Future, identified the care economy as a 'Bright Spot' that could provide decent work opportunities for more people, as care work is less prone to automation leading to employment losses. The COVID 19 pandemic and the ongoing economic crisis, coupled with an ageing population and increases in outward labour migration have gendered implications, bringing to the fore the criticality of care work for Sri Lanka as an engine of employment and the well-being of its people.

This study highlights the opportunities and challenges in the care sector, future trends related to the demand and supply of care services, and provides a situational analysis and insights into the needs of the care economy in both formal and informal settings. The study also provides recommendations on how the care gaps could be bridged through: developing and improving the existing care services model, building the skill base required within the care sector, and providing a robust legal and policy environment ensuring the rights of both caregivers and receivers.

The ILO Country Office for Sri Lanka and the Maldives thanks the Centre for Poverty Analysis (CEPA) for their valuable work in conducting this study. The in-country coordination support to this study provided by colleagues Pramo Weerasekera and Balasingham Skanthakumar is appreciated. Valuable technical guidance and inputs were provided by Aya Matsuura, Gender Specialist, and Nomaan Majid, Senior Employment Specialist, of the ILO Decent Work Technical Support Team for South Asia, as well as from Experts from our ILO Headquarters namely Sher Verick, Head, Employment Strategies for Inclusive Transform Unit, ILO Geneva and Valeria Esquivel, Employment Policies and Gender Specialist.

It is my sincere hope and expectation that the findings of this important and timely study will spur the right mix of policy and programmatic actions to ensuring that care work in Sri Lanka is indeed decent work, advancing gender equality and social justice.

Simrin Singh
Director
ILO Country Office for Sri Lanka and the Maldives

Abbreviations

CPH	Census of Population and Housing
ECCD	early childhood care and development
ECD	early childhood development
ECE	early childhood education
ERC	Enterprise Registration Certificate
INGO	international non-governmental organization
LFS	Labour Force Survey
NGO	non-governmental organization
NSE	National Secretariat for Elders

Executive summary

This is a study on care services in Sri Lanka, highlighting the opportunities and challenges in the care sector and future trends related to the demand and supply of care services for individuals over the age of 65 and children under the age of 5. It provides a situational analysis of the current care sector and provides insights into the needs of care receivers and care providers in both formal and informal settings. The study also contributes towards creating a discussion on decent work and labour rights for care providers. Based on the findings, the study offers recommendations in areas of related to the care provision model, skills development, and the policy and legal environment.

In Sri Lanka, **unpaid carers** provide most of the existing care services for the youngest and oldest segments of the population, with a third of the working age population providing such care (3.5 million women and 1.5 million men). The provision of care in Sri Lanka is both formal and informal, with women – often family members of the care receiver – providing the bulk of unpaid care services, often at the expense of their careers and with their contribution unaccounted for within the economy. The study's quantitative analysis shows that women are 20 per cent more likely to provide unpaid care for children and adults than men, with these gender differentials being much smaller in the case of care for older persons. In 2020, 73.5 per cent of women belonging to the working age population were economically inactive (compared to just 26.5 per cent among men), mainly due to their engagement in housework activities, including care work, despite high levels of educational attainment. Women have traditionally faced various challenges in accessing formal work, due to poor transport facilities, limited childcare facilities, carrying the burden of household activities (which does not lessen with formal employment), as well as negative social attitudes associated with women working. As a result, women enter the informal economy, which affords them low pay and limited protection.

The small number of recorded **paid care workers** varies in terms of the services they provide, gender, age, education, and location of employment. Most paid workers are babysitters in households, with most of the remaining engaged in day care activities for the aged, children, and persons with disabilities. The study noticed there was a lack of paid care workers in psychiatric homes, residential group homes, and for persons with disabilities in homes without nursing care. Based on data from the annual Labour Force Surveys from 2014 to 2018, 57 per cent of paid care workers were women, with most (89 per cent) working in the private and informal sector. During this period there was also a significant decline in the number of care workers (both men and women), with the greatest decline seen among men care workers. Reduction in these numbers could be attributed to better job opportunities elsewhere in the economy or abroad, or due to limitations of the adopted survey. Most paid care workers were found to be between the ages of 39 to 59; the highest numbers of women care workers were between 40 and 49 years of age, while the men carer workers were more likely to between 50 to 59 years old. A larger portion of paid care workers under the age of 20 were male, suggesting that teenage boys were being pushed into the paid labour force as care workers. In terms of education, the majority (87 per cent) of care workers surveyed had less than ten years of education and were informally employed. Fewer women care workers than men had studied up to GCE Advance Level, and more women than men had a primary education. There is also a difference in education levels between the types of care services – for example, care workers working with persons with disabilities were generally better educated than those working in rest homes with nursing care activities or in homes providing older persons with minimal nursing activities. However, overall, a trend of improving education levels among caregivers was noted. Wage disparities exist between genders, and overall wages in the care sector rose slower than wages in other sectors. Both the wage rate and the level of wage increases for women care workers lagged behind that of their male counterparts, particularly from 2016 onwards. The level of a care worker's education has also impacted the gender wage differentials, with the gender wages gap being most prominent between men and women with little education and contracting between genders among those with a secondary education. In terms of location, it was noted that opportunities for paid care work are more concentrated in the urban sector and Western Province given the high population density and a more competitive labour market.

Institutions providing care services in Sri Lanka are either state run, private or run by non-government/ faith-based organizations. In terms of childcare, there are pre-schools and day care centres as well as long-term care institutions. For the older population, a survey undertaken in 2012 reported that less

than one percent of the aged lived in institutional settings (Perera 2017) with day care centres as well as residential nursing care providing either shelters or long-term care and nursing services. The survey noted that nursing care activities and day care activities for the aged and persons with disabilities took place in an informal work environment while activities related to rest homes with nursing care activities, psychiatric convalescent home activities, mental health halfway houses activities, home for the disabled without nursing care activities and vocational rehabilitation activities were undertaken in formal institutions.

In Sri Lanka, it is not compulsory for a child to receive one or more years of education at preschool. Thus, it is mainly private institutions that cater to early childhood education needs with limited state oversight, regulation and support. The 2016 National Census of Early Childhood Development Centres in Sri Lanka states that 578,160 children between the ages of 2 to 5 were enrolled in preschools, with these preschools having an enrolment rate of 55.6 per cent. The low attendance of children in institutional care facilities can be attributed to the lack of physical and financial access, the level of education of parents and their occupation, language of instruction used by the centre, and parents not seeing the benefits of a preschool education. The cost of sending children to care centres is also an important consideration in work-related costs and the cost of going back to work for women. In the plantation/estate sector, the role of early childhood education centres is particularly important as women need a safe place to leave their children while they work, and they are compelled to return to work as early as three months after giving birth. Through key informant interviews it was noted that the creches on estates have improved in recent years through funding from donors and estate management companies, with qualified resource persons maintaining the quality of the centres. The State provides long-term institutional care to children deprived of the protection of their biological family or extended family, but the majority of childcare institutions in the country are run by NGOs.

Only 1 per cent of the aged live in institutions, indicative of the social and cultural values in Sri Lanka, where it is believed that family members have a duty to care for parents and family members. However, demand for institutional care is increasing and growing beyond the existing number of institutions. The increasing preference for institutional care can be attributed to changes in household compositions (towards a nuclear family model), children working/settling overseas, care receivers' preference to preserve their independence, and families' inability to provide support. The study found that there are only six state-run elderly care institutes, with all others run as private entities or by NGOs. With demand for elder care increasing beyond the rate at which the State can provide services, state monitoring and support of these entities is difficult. Some institutes have bypassed the regulatory process by running nursing homes that provide all-day care, meals, cleaning and companionship. These are fee-based and usually too expensive for low-income families. Non-fee charging institutions are run by faith-based institutions and/or NGOS operating via government grants and donations. They primarily provide shelter and lack the necessary staff or financial resources to provide medical/nursing care. The provision of universal healthcare in Sri Lanka means that residents at these shelters are able to obtain medical assistance from state hospitals and state-run care providing institutes at no cost. There are also 20 fee-based care services in the country providing long-term care support, which includes private housing with medical and cognitive support services. Based on interviews, the study found that this fee-based model facilitates the provision of skilled care and continuous skill development. However, sourcing and retaining employees for care institutions remains a challenge due to the negative perceptions attached to care work locally and growing employment opportunities abroad.

The **policy framework for care provision** in Sri Lanka is complex, and policy implementation has proved to be difficult. The National Plan of Action for Children in Sri Lanka 2016–2020 and the National Policy for Alternative Care of Children in Sri Lanka sought to improve the protection afforded to children in their homes as well as within the early childhood care and development (ECCD) centres, with the latter also involving the systematic deinstitutionalization of children within the system. However, the implementation progress of these policies is not evident. The National Policy on Preschool Education in Sri Lanka was launched in 2019 and aims to enhance the quality of preschools. The National Policy for Child Day Care Centres (2019) focuses on improving the quality of child day care services and encouraging women's paid employment. The Protection of the Rights of Elders Act of 2000 (amended in 2011) ensures that older persons are looked after by their children or the State, and that centres providing shelter to older persons are registered. A National Policy for Senior Citizens and Action Plan was adopted in 2006 to implement the aforementioned national policy and, subsequently, a number of policy initiatives have followed to enhance the provision of healthcare for older persons.

The **existing labour laws in relation to care provision** for older persons and young children apply depending on the specific type of work carried out and which specific law the institution providing the care falls under many care institutions do not provide written contracts of employment and as such, written information regarding care work responsibilities, leave, salaries and other terms of employment may not be available, making dispute resolution difficult. Where the law is silent, the employer and care worker need to agree on employment terms, leading to a lack of uniformity in employment conditions within establishments and in the care sector as a whole, and care workers may be at a disadvantage in the negotiation process. Care homes for children, the elderly and persons with disabilities come under the purview of the Department of Social Welfare of each provincial administration, which do not regulate the terms of employment for staff at these centres. Specific provisions have only been made in relation to workers in nursing homes covered under the Wages Board for the Nursing Homes Trade, which only covers only certain types of care homes and care workers and work/designations. As existing laws do not cover domestic workers, a minimum wage cannot be enforced for independent care workers and the levels of compensation are based on the location of employment, demand and individual negotiation skills.

This study also **forecasts the future care needs in Sri Lanka** for older persons and children. It presents forecasted changes in Sri Lanka's population size, growth and age/sex distribution between 2022 and 2042, and the related care needs and training requirements in the care sector. Sri Lanka's population is forecasted to see a gradual decline in the two decades up to 2042, with the numbers of children and working age individuals projected to decline, while the number of elderly persons are expected to greatly increase. There is also a forecasted feminization of care work and the country's older population. Sri Lanka currently has 45 men per 100 women working in the care work sector, but the female care workforce is projected to increase while the male care workforce is expected to remain the same from 2022 to 2042 due to dominant emigration and occupation selectivity. While the child population under 5 years of age is projected to continue to decline from 7.5 per cent in 2022 to 6.3 per cent in 2042, there is also a corresponding forecasted decline in the number of preschool teachers/care assistants. Thus, the current childcare gap will only widen if left unaddressed. The study projects the population of persons 65 year and over to increase from 11.4 per cent in 2022 to 18.7 per cent in 2042. A shortfall in care workers is forecasted, with the number of working age adults per older person projected to fall from seven in 2012 to three by 2042. Given current trends, the already sizeable deficit in long-term care workers for older persons is forecasted to grow from 87,305 in 2022 to 165,091 in 2042 (considering a minimum requirement of 5 care workers per 100 persons aged 65 and over). Given the current and projected shortages in care services for both the youngest and oldest segments of the population, steps need to be taken to provide adequate care services and enable family carers (the majority of whom are women) to pursue a paid career and become active members in the economy.

The **challenges to meeting care deficits** come in the form of meeting the skill requirements of care work and ensuring the well-being of care workers. For care work there are state training programmes and private training institutes. Limitations exist, however, regarding programme accessibility and availability, and there is a lack of standardization and uniformity of training content. This makes it a challenge to verify the skills and credentials of care workers. There is also limited oversight by national state authorities. According to the Census of Children in Care Institutions (2019), only 44 per cent of childcare staff in institutions had received training related to childcare, and only 25 per cent of employees had relevant vocational qualifications. The training of caregivers is vital – its absence is recognized as increasing the potential for abuse. However, the study also found that there are systems in place to ensure close monitoring of the childcare centres by the National Child Protection Authority. With no formal recognition for the skills of care workers and the lack of performance assessment, there is little room for career progression unless employed in a formal setting. For older person healthcare, there are only two geriatric units in the country. In addition, there is a shortage of qualified doctors (geriatricians) to adequately meet the growing health and care requirements of Sri Lanka's older persons.

The study found that a care agency's/institute's most important requirement for care workers was a person's willingness to engage in the care sector, with previous experience and attitudes towards their care receivers identified as other important attributes. The study noted that the level of qualifications of ECCD workers could vary according to location, type of institute and remuneration. Those who receive training and additional skills development receive increased recognition and remuneration. While the negative perceptions of the tasks involved in care provision for older persons is one of the hurdles to entering the sector, retention of employees is also a challenge, with those who receive training and experience through formal institutions often seeking

more lucrative employment overseas. Childcare services should encompass nutrition, health and early childhood development – particularly during a child's early cognitive development between 0 to 3 years of age. Often workers with the required skilled are not available to adequately provide this type of care. However, the skill level of care workers was noted as varying with the type of centre, with creches run by private institutions having mandatory skill requirements for employed individuals in early childhood education/first aid training, and with remunerations reflecting these skill levels.

The **well-being of care workers** themselves is an aspect that is frequently overlooked in the sector. Providing care, especially long-term care, is often associated with an emotional burden and stress. The study does not capture the time spent on care as a secondary activity nor does it account for the mental labour associated with care provision due to a lack of pre-existing data. Thus, the burden on carers can be substantially greater than what the data already presents. Adequate training is one way of reducing work-related stress by equipping care workers to better handle their responsibilities, while the provision of external technical supervision and support from care institutions also helps. Unpaid care workers and those working in informal setting find it hard to set boundaries regarding their work responsibilities and work conditions, which serves to only add to their work-related stress levels. In addition, care workers (often women) who work in other residences/institutions have to engage in unpaid care work when they return home from their job as well. It was noted that women tend to feel more stress than men among unpaid carers, while men feel more stress when engaged in childcare than women. To this end, limiting continuous hours of work, providing vacation time and having clear cut responsibilities are essential, and this study found that securing these conditions is easier among care workers attached to a service agency rather than it is among those who work independently.

Areas for future development of care provision

Sri Lanka's care gap can be bridged in three ways:

- developing and improving the existing care service model;
- providing the skill base required within the care sector; and
- providing a robust legal and policy environment ensuring the rights of care receivers and care workers.

Developing a model with enough outreach to respond effectively to increasing care needs should involve the community. What is proposed is **a community-based care model** that provides regular wellness check-ups (for mental, physical and emotional well-being) for individuals above the age of 60 years. Existing structures within local communities such as village-level elderly committees and community centres can be used to provide a holistic approach to elderly care – thereby limiting cost and improving accessibility. The community centres can be used as day care centres for older persons, providing an area for socializing, exercise and recreational activities and helping to build relationships among and support for older persons within their communities. It could also serve as a support structure for unpaid family carers, providing them with respite and an opportunity to engage in paid work outside the home. A similar model could be adopted for childcare, with the centre being used for early childhood development activities.

Given the dearth of trained care workers and the lack of standardized or recognized skill provision, it is recommended that **uniform training** be provided by state institutions responsible for the oversight of the well-being of older persons and children. Community volunteers could be trained and then certified to meet the specific care needs of the most vulnerable in their community, further strengthening the community-based care model. Officers from the National Child Protection Authority, Provincial Councils, and relevant ministries in each locality could be assigned to monitor and provide oversight to the community centres. For children with special needs, it is recommended that training be provided to teachers in communication and related strategies and that support be provided in the form of a shadow teacher or similar. Vocational training institutes could be assigned to identify individuals with the existing skills and experience in care provision so that they could be engaged in paid work and given formal recognition of their skills. This recognition would also help encourage more men to enter the sector. Given the current limited government resources, funding for the community-based care centres could be collected from community contributions, with future government budget allocations towards the community-based care services, ensuring the sustainability of these centres.

A policy and legal environment that protects and recognizes paid and unpaid care workers is essential for the growth and development of the care sector and the well-being of care workers. Existing legal provisions should recognize specific categories

of care work and work arrangements, including own-account workers and contributing family workers. In addition, a universal social security benefit system granting access social protection – regardless of employment status – should be introduced. Awareness should be created among care workers, managers and other stakeholders in the sector on the legal rights of care workers. This form of awareness should also be accompanied by the adequate representation of care workers in national policy discussions and decision-making bodies through the formation of informal associations of care workers linked to trade unions.

1 Introduction

1.1. Background and rationale

The ILO report *Care Work and Care Jobs for the Future of Decent Work defines care work* as "activities and relations involved in meeting the physical, psychological and emotional needs of adults and children, old and young, frail and able-bodied" (ILO 2018, 6). It is recognized as consisting of cooking, washing, cleaning, shopping, and taking care of children, the ill, persons with disabilities and/or the elderly, as well as taking care of healthy adults. This work, which is often taken for granted, in reality consists of millions of work hours. Global time-use statistics show that unpaid care work constitutes approximately 42 per cent of all global work hours, three-quarters of which is carried out through women's unpaid labour (Ilkkaracan 2018).

The provision of care is to be found in a variety of settings across both formal and informal economies[1], spanning across the health, education and social services sectors as well as the private sphere of the home (UN Women and ILO 2021). In Sri Lanka, the provision of care is predominantly supplied by women – often family members – within the home due to a lack of and lack of access to quality care services as well as socio-economic structures that make accessing paid services unaffordable. This contributes to constraints in labour force participation, resulting in women being left out of the formal workforce, with their contributions to the economy unaccounted for.

Despite high levels of educational attainment compared to regional counterparts, women in Sri Lanka record low levels of labour force participation, which stood at 31.8 per cent in 2021,[2] the lowest rate recorded in the last decade (Sri Lanka, Ministry of Finance, Economic Stabilization and National Policies, Department of Census and Statistics 2022). An increasing body of evidence also shows that women's domestic roles in the household limit or orient their participation in the labour market in Asia (Johnson 2018). In Sri Lanka, the 2021 Annual Labour Force Survey (LFS) indicates that 62.4 per cent of economically inactive women report "involvement in household activities" as the main contributory factor to their low level of labour force participation, indicative that caregiving responsibilities in the family fall largely to women (Sri Lanka, Ministry of Finance, Economic Stabilization and National Policies, Department of Census and Statistics 2022). This contributes towards the over-representation of women in the informal economy, with work characterized by low pay and limited protections of their rights.

As the shift in demographic trends will affect future demand for care, coupled with changes in who is available to provide the care needed, the gendered nature of care provision becomes increasingly important to study. Research such as this will lead to a better understanding of how existing care needs are being met and how the sector will be expected to evolve in response to identified/expected changes in the future. The findings from this study will also contribute towards creating an environment where women are able to participate in and access decent work on an equal footing as men alongside the protection of their rights.

In the case of Sri Lanka and the provision of care, two aspects are important to be considered: First, early childhood care and development, as this holds serious significance for the productivity and well-being of future generations. The second is elder care, which is critically important for Sri Lanka as its population ages.

[1] As per the definition of the Department of Census and Statistics.

[2] As per the Sri Lanka Annual Labour Force Survey (LFS) 2021.

1.1.1. Early childhood care and development

The importance of providing parents with effective care services for their children cannot be understated: 85 per cent of brain development occurs by the time a child is 5 years old (Shonkoff and Phillips 2000, as cited in World Bank 2014, 5). Providing care for children has long been based on the premise that producing a healthy and skilled population can have long-term positive effects on a country's economic growth and overall development (Sri Lanka, Ministry of Women and Child Affairs 2016).

Gendered cultural beliefs that men and women are socialized into influence the gendered roles and responsibilities related to care work that are found at the household level, with women responsible for a higher proportion of childcare responsibilities in addition to other household chores.

At present, the monitoring and management of milestones in Sri Lanka for infants between the ages of 0 and 2 years is well established from a health and nutritional perspective, with the health sector ensuring development of children through a network of public health midwives. However, centre-based early childhood development (ECD) programmes for children between the ages of 3 and 5 years are found to be less developed.

Concern for cognitive and behavioural well-being of infants beyond a focus on nutritional well-being has contributed to an increase in demand among policymakers for the establishment of institutions/spaces capable of providing the required care for children under the age of 5, and that are staffed with adequately capacitated individuals. In consultations with stakeholders familiar with the care needs related to early childhood care as part of this study, it was further identified that a need exists to improve the understanding among parents with young children of the benefits of cognitive and behavioural stimulation that can be provided even within the home in the absence of or reluctance to enrol children in more formal care institutions.

Early childhood care and development (ECCD) is defined as essential support of health, nutrition, education, social services, care and protection provided to children in early childhood, especially to the most vulnerable and disadvantaged children. The significance of early childhood development – in the form of cognitive, nutritional and behavioural well-being – is well documented. Its contribution to the long-term well-being of children's future selves is reflected in the commitment and importance attached to increasing services and programmes aimed at ECCD, both globally and in Sri Lanka. This commitment was reflected in the National Policy on ECCD of 2017 and the National Policy on Preschool Education of 2019. Although it is not compulsory in Sri Lanka for children between the ages of 2 and 5 to receive one or more years of pre-school education, the proposed commitment to establish pre-schools and day care centres in each *grama niladhari* division[3] will require the recruitment, training and up-skilling of service providers to ensure that young children receive adequate care at these institutions – contributing to an increase in demand for qualified care providers. However, for this corresponding increase in demand to be met in the future and to encourage more care providers to enter the formal labour force, it is necessary that the value of their care is reflected in the remuneration offered.

1.1.2. Elder care

Elderly family members require less direct care than children, and they are also able to contribute to the care of grandchildren (Folbre 2021). Hettige (2014) argues that many older persons in Sri Lanka over the age of 60 are not dependent, financially or otherwise, and continue to contribute to their families and the economy by undertaking domestic work, childcare, and work in the informal sector. The self-reported health and disability statuses of older persons in Sri Lanka in the latest Census of Population and Housing (CPH) 2012, revealed that older persons are the most vulnerable group to physical and cognition-related difficulties, which increase as they age, and those characteristics are vital in determining the long-term care that will be demanded of families and institutions, such as the number of caregivers, the use of paid or unpaid care, and geriatric services. To this end, the CPH 2012 revealed that about 45 per cent of older persons aged 80 and above had walking difficulties, while 26 per cent had cognition-related problems. The care needs of older persons, however, are not homogenous and vary depending on their level of mental and physical well-being. As life expectancy increases alongside increasing rates of non-communicable diseases, there is a corresponding increase in dependency and need for care (ADB 2022). Another characteristic of the Sri Lankan elderly population is that there are proportionately more households with older women than men, reflecting the feminization of the population as women outlive men.

[3] Grama niladhari divisions are the smallest administrative units of the Government.

Social norms in Sri Lanka dictate that families take responsibility for the care of older persons, and thus older family members either co-reside with children or live near them. The CPH 2012 also showed that the elderly are more likely to live with their adult children as they age or demonstrate greater frailty, with two-thirds of 70–79 year olds and three-fourths of those over 80 years living with their extended family. The transition of living arrangements, however, is noted to be a gradual process (Perera 2017). While healthy and able to manage their needs independently, older persons are noted to prefer self-care in order to maintain their independence. Ageing and reduced ability to engage in self-care do not result in immediately moving in with family, especially for older individuals who were financially secure (De Silva 2017). To maintain independence, the financially secure were found to employ live-in domestic workers and eventually shift to commercial – but still home-based – care services when care expertise beyond what can be provided by domestic workers.

The ability of families to provide direct care to the older generation is gradually declining due to social changes such as: the increasing number of nuclear family-only households; primary care providers, including women, being engaged in paid work; and both internal and external migration (World Bank 2008). Indeed community caregivers, such as siblings, extended family and neighbours, are seen to provide care in such instances, both in urban and rural areas (De Silva 2017; Watt et al. 2014). While community support for the aged is noted in rural areas, the community's ability to support frail older adults with one or more instrumental activities of daily living is found to be suspect (Siriwardhana et al. 2020). Anecdotal evidence of experiences during the initial phase of movement restrictions imposed to curtail the spread of COVID-19 indicated that older persons who lived by themselves were increasingly isolated and faced challenges in accessing resources such as groceries or medicine due to limited digital literacy and problems in accessing transport.

It is estimated that by 2050, one in six people in the world will be over the age of 65 (UNDESA, Population Division 2019). As life expectancy across the globe increases and populations age, there is a need to be prepared to meet the demand for increased care for older persons and the corresponding rise in prevalence of non-communicable diseases, and often the physical and emotional burden of such care is borne by women.

These global characteristics of a rapidly ageing population are observed in Sri Lanka too, with the population over the age of 60 projected to increase from 16.7 per cent of the total population in 2022, to 25.6 per cent (or roughly 1 in 4 persons) by 2042.[4] As the population ages, family structures shift to a more nuclear composition, and women's participation in paid employment increases, there will be a growing care deficit that families may not be able to address themselves. This, in turn, would be expected to increase the demand for paid care workers. In such a context, it becomes necessary to ensure that both state and non-state entities are prepared to meet the increasing support needs of the elderly population, especially when considered in tandem with increased life expectancy and a contracting younger population.

The nature and type of care required for the identified population segments is not homogenous. Distinct care needs depend on multiple factors such as geographic location, socio-economic backgrounds, networks, family composition, and sex. This study attempts to provide insights into the care needs of the identified recipients while also taking into careful consideration the needs and rights of the care providers in both formal and informal settings.

The COVID-19 pandemic brought the demand for care work into sharp focus, particularly as existing support systems were disrupted during this period due to movement restrictions and mitigation measures enforced to minimize the spread of disease. The pandemic also brought to the fore concerns about decent work conditions and lack of regulations and job security for care workers in both the formal and informal sectors.

Addressing these shortcomings in a comprehensive manner is important, both because paid care work is an occupation category that will continue to grow in demand, and because of the important relational nature of such work, which has human interaction at the core of its provision. So while care work is widely recognized as a bright spot in the future of work for Sri Lanka, issues such as the shift towards increasing levels of informality, flexibility and platformatization of care services and full-time and permanent work being replaced by part-time and contractual work have the potential to negatively impact those engaged in the provision of care. This is particularly the case for individuals whose work lacks rights protections and safe and decent working conditions.

[4] As per the Census of Population and Housing (2012) and the population projections calculated for the period 2012–2042 as part of this study by Dr Sunethra Perera.

1.2. Purpose of the study and research questions

In light of the nature of care services – which continues to require personal interaction – and the potential for increased demand, this study attempts to shed light on both the opportunities and challenges present in this sector from a Sri Lankan perspective, as well as to provide considerations for future policy direction. To this end, the study seeks to: • map the existing care services provided in the formal sector in Sri Lanka;

- identify the structure of care services offered at the household level based on data available through the Sri Lanka Time Use Survey (2017); and
- examine the existing legal and policy environment and practices related to care work.

The study seeks to forecast trends in demand and supply in relation to the care services for individuals over the age of 65 and children under the age of 5 years in Sri Lanka. This study will also take into consideration the effects of COVID-19 and its impact on the care economy, based on what is known thus far and since the global outbreak in 2020.

This research study:

- considers the existing literature on the care economy with a special focus on the changing nature of work and gendered trends;
- analyses the existing legal and policy environment and practices relevant to the care economy in Sri Lanka;
- maps care services provided by the organized sector;
- identifies the potential for job creation in the event that care work is formalized; and
- identifies policy recommendations for the care economy, as a future of work bright spot in Sri Lanka.

The remainder of this report is organized as follows: Chapter 2 outlines the methodology adopted for the quantitative and qualitative components of this research. Chapter 3 examines the current context and characteristics of care work in Sri Lanka, outlining the country's care needs at present as well as who provides care, including unpaid care by family members and paid care. This chapter also maps out institutionalized care provision for early childhood and older persons, as well as the existing policy and legal framework. Chapter 4 provides insights into projected future care needs for the targeted populations in Sri Lanka. While Chapter 5 considers the challenges associated with meeting existing and future care deficits. Chapter 6 concludes the analysis and provides a summary of the key points for consideration. Chapter 7 identifies selected areas for improvement of the care economy, including improvements in care provision as well as improvements aimed at protecting and ensuring decent work conditions for those engaged in care work.

2

Methodology

This study adopts a mixed methods approach and analyses both quantitative and qualitative data for the purpose of responding to the identified research objectives. To this end, the findings of this study have been compiled through a combination of document and policy review, secondary quantitative data collection and analysis, and primary qualitative data collection and analysis. Existing secondary information consisting of academic literature and published reports were reviewed, and this contributed to the development of the analytical framework adopted for this research report. Furthermore, information was triangulated with a particular focus on the applicability of the findings to a Sri Lankan context, and this was supported by stakeholder consultations conducted with identified individuals/ organizations who have experience in this sector.

For the purpose of this research study, the activities that encompass care work are based on those designated in the 2018 ILO report *Care Work and Care Jobs for the Future of Decent Work.* Care work is defined to consist of direct, personal and relational care activities such as feeding a baby or nursing an ill partner; and indirect care activities, such as cooking and cleaning. Care work also encompasses work that is carried out for monetary reward by care workers, as well as work that is carried out with no expectation of monetary remuneration in households and communities by *unpaid carers.* Both forms of care work are equally valid and recognized as work. Care workers include personal service workers, such as nurses, teachers, doctors and personal care workers, as well as domestic workers, who provide both direct and indirect care in households (ILO 2018). For the purpose of this study, however, healthcare workers within the medical sector are not considered, as they are beyond the scope of the study parameters agreed upon with the ILO.

2.1. Quantitative data

The quantitative analysis consisted of two components: (i) a regression analysis to determine the characteristics of unpaid carers; and (ii) population projections to determine future demand for care. For the purpose of analysing the characteristics of caregivers, the Government's Labour Force Survey (LFS) has been used to estimate a probit model for all workers who are engaged in care work for pay or profit. For more robust results, the analysis used a pooled database of LFS from 2014 to 2018. Given that the LFS covers only those in employment, the 2017 Time Use Survey by the Department of Census and Statistics was used to identify unpaid carers and to estimate probit and multinomial probit models of their characteristics given different activity outcomes. Care workers encompass childcare workers, home-based personal care workers, and supervisors and personal care workers in health services. For the projections of future care needs, population components such as births, deaths and migration were considered based on the latest Census of Population and Housing (CPH) available (2012). Furthermore, data from other published reports and research studies was also used for the purposes of making assumptions and comparisons. In addition, results of the analysis of the characteristics of paid and unpaid care providers presented as part of this study were also used to estimate potential care demand.

2.1.1. Limitations

The Time Use Survey data used for the analysis are representative of households in Sri Lanka's 25 districts divided into residential domains such as urban, rural and estates, and therefore yield reliable estimates of the numbers of unpaid care workers at the

national level. Unpaid care workers were identified as those spending at least 15 minutes during the day on caring for children and/or adults as either their primary or secondary activity, in comparison to domestic work. However, the LFS data, although similarly representative of households, is only representative of the occupations of the employed workforce classified at the two-digit classification level[5] and is not representative of the population of paid care workers who can be identified only at more disaggregated levels of classification.

The LFS data contains information about care-related industries and the occupations of individuals. However, given the lower number of responses under occupation, the industry of employment was used to identify care workers for the regression analysis of their characteristics. But while the LFS uses internationally accepted classification systems of industries and occupations, this information on its own – even at the four-digit level – could not tell us whether the care workers were taking care of children or older persons.

The information in the Time Use Survey did not enable us to distinguish between care provided to children under 5 years of age or elders over the age of 60 in households composed of members of different age groups with care needs. This information was obtained by looking at households that had only one category of those needing care.

These examples of the varied and diverse collective agreements currently in operation in Sri Lanka indicate that there is no specific format followed by parties, and the structure and content vary based on the enterprise, the nature of work, and the type of employment covered. Other factors such as trade union strength and negotiating ability no doubt play a part, but there is insufficient data to determine whether numerical strength of a trade union or increased membership has an impact on the types of issues included in a collective agreement.

2.2. Qualitative data

The primary data for this research study was collected through interviews with identified key informants and with care providers for older persons and children. The qualitative interviews were designed to capture both their experiences and perceptions with regard to the provision of care services to older persons and children below the age of five, focusing on the existing context, observed changes in demand and supply, the relevant institutional and policy landscape, as well as their perceptions related to the provision of care while ensuring decent work conditions for those providing such services.

2.2.1. Methods and tools

Qualitative data was collected through key informant interviews and in-depth interviews with care providers. These interviews consisted of open ended questions, and were conducted using a semi-structured interview guide. The in-depth interview question guides were translated into two local languages to ensure consistency in data collection.

Ethical clearance for the primary data collection component of this study was obtained from the Ethics Review Committee for Social Sciences and Humanities of the Faculty of Arts, University of Colombo, prior to commencement of data collection.

2.2.2. Limitations

As a result of COVID-19-related movement restrictions, the ability for the research team to physically engage with respondents, especially those receiving care within institutions was limited. Given that care receivers (to a great extent) and care providers (to a lesser extent) were considered to be in “at-risk” categories for severe infection, it was decided to not visit these institutions. COVID-19-related travel restrictions also resulted in delays in securing key informant interviews with relevant government officials as well.

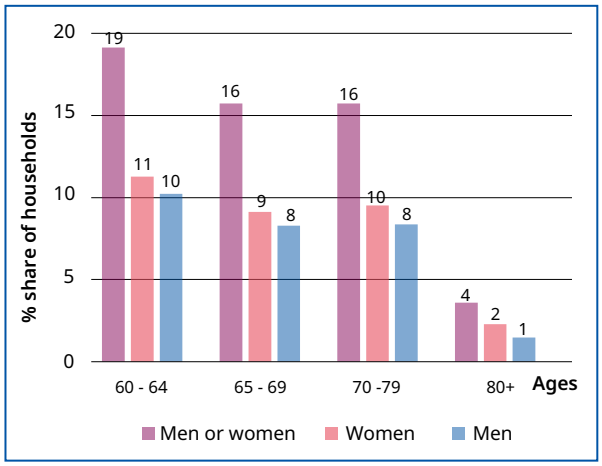
[5] According to Sri Lanka Standard Industry Classification (ISIC – Rev 4), industries are classified using a number-based system wherein each additional digit adds an additional level of specificity or dissagregation. Classifications can be disaggregated to four digits; meaning the classification captures data at a micro level. However, this analysis looks into two-digit classifications when data points disaggregated to four-digits give an insufficient number of observations.

3

Situational analysis

Sri Lanka is a lower-middle-income country, located in South Asia with a population of approximately 21.9 million as at 2021 (World Bank, n.d.). A little less than half – 45 per cent – of households have children less than 11 years of age, and 15 per cent of households have children less than 5 years of age. With regard to elders, a total of 19 per cent of all households have at least one member who is between 60 and 64 years, 16 per cent of households have at least one member between 65 and 69 years of age, another 16 per cent have at least one 70- to 79-year-old, and 4 per cent have at least one member who is 80 years of age or more. It is noted that there are proportionately more households with older women than men, reflecting the feminization of the population as women outlive men.[6]

Figure 1. Proportion of households with elderly members belonging to different age cohorts, by sex of elderly members (2017) (%)



Source: Estimated using microdata from the Department of Census and Statistics' Time Use Survey 2017. Sample weights used.

The care needs for the population of interest – that is, children under the age of 5 and elders over the age of 65 (the age of retirement in Sri Lanka) – have come into sharp focus due to the increased emphasis on achieving developmental milestones among young children and the increased life expectancy of the older population of the country.

3.1. Caregivers

This chapter takes into consideration the distribution of care responsibilities among those providing care, either as unpaid caregivers or as paid care workers.

3.1.1. Unpaid carers in Sri Lanka

In the Sri Lankan context at present, unpaid carers provide most of the existing care needs of the young and elderly populations. This section considers a statistical analysis of unpaid care provision based on available data. Using the Time Use Survey 2017,[7] unpaid care workers were identified as those spending at least 15 minutes during the day on caring for children and/or adults as either a primary activity or a secondary activity in comparison to domestic work, which on average consumes around 2 hours and 48 minutes per day per Sri Lankan. Unfortunately, none of the respondents had recorded spending time on childcare or eldercare as a secondary activity. Hence the information available and presented here is possibly an underestimation of time spent on care activities, particularly eldercare, as it often involves specific interventions by carers while they are doing something else. In addition, some of these care-related activities may not have consumed a considerable amount of time to execute, but would still account for a substantial mental load in terms of planning, sequencing and coordinating, which is not captured by the data and is likely to be difficult to measure.

While caring for children and older persons may increase the subjective well-being or happiness of the carer, as these activities may evoke feelings of love and affection, pride, expressing one's gratitude, and doing one's duty, they may also give rise to feelings

[6] Estimated using microdata from the Department of Census and Statistics' Time Use Survey 2017. Sample weights used.

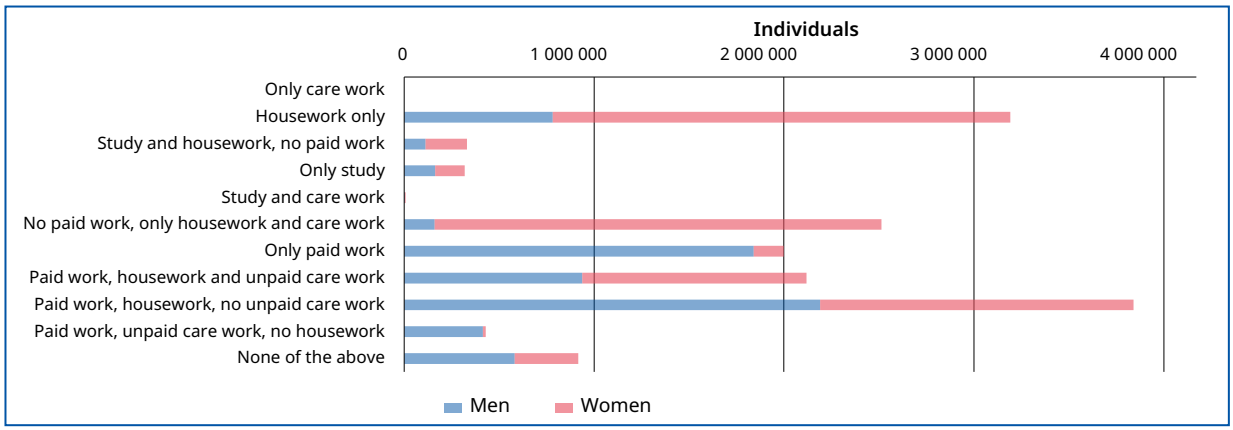
[7] The Time Use Survey captures respondents from age 10 years and above.

of stress and feeling rushed or under pressure. In this study, secondary data from pre-existing literature informs perceptions of the latter, which is used to explore the extent to which individuals feel overburdened as a result of unpaid care work.

3.1.1.1. Gendering care

Figure 2 shows the distribution of Sri Lanka's population aged 16 years and above – a total of 15.6 million (55 per cent women) – across mutually exclusive combinations of paid and unpaid work categories by gender. An individual is considered as engaging in any of these activities – which include housework, study, paid work, and unpaid care work – if they spend at least 15 minutes on it per day. Care work and housework are mutually exclusive categories: care work involves time spent on only on looking after children and/or elders; while housework is time spent only on household chores. One-third, or 5 million Sri Lankans of working age, spend time providing unpaid care, of whom 3.5 million are women and 1.5 million are men. It is immediately apparent from figure 2 that males are concentrated in paid work, while women are clustered in unpaid work. Men account for 92 per cent of individuals doing only paid work. Nobody in the Time Use Survey only performed unpaid care work; it is always undertaken in conjunction with other activities.

Figure 2. Distribution of time use by sex

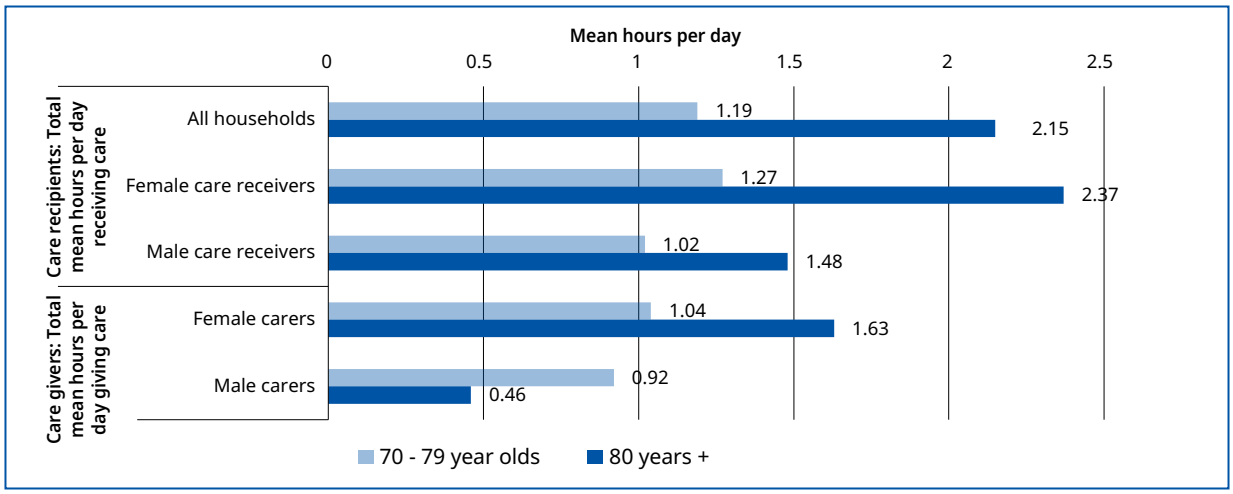


Source: Estimated with microdata from the Department of Census and Statistics' Time Use Survey. Sample weights used.

The data shows that women spend far more time doing unpaid work than men do. Women spent nearly two and a half times as many hours as men do on housework, and twice as much on care work. For example, according to the 2017 Time Use Survey, women spent a little more than 5 hours doing housework and more than 3 hours caring for children. By contrast, men spent on average, a little more than 2 hours on unpaid household-related work and a little less than 2 hours on childcare. The gender difference in time spent on adult care is much less: women spent 1.46 hours and men 1.29 hours. However, among men and women who spend time on paid work, men spent at least 2 hours more than women.

Although there does not seem to be much difference in the average time that men and women spend looking after older persons, there is a considerable difference in the care time required by household members belonging to the two most senior age groups. This is evident in Figure 3, which shows the average time spent giving and receiving care by the age of the receiver and the sex of both the receiver and carer.

Figure 3. Average time spent per day receiving or giving care, by age of care receiver and sex of care giver and receiver, 2017



Source: Estimated with microdata from the Department of Census and Statistics' Time Use Survey 2017[8]

On average, households spent a total of 1.19 hours a day caring for adults 70–79 years of age, and 2.15 hours caring for older persons 80 years and above, and women care receivers appear to require more care time than men, regardless of age. For example, women in the 70–79 age cohort required, on average, 1.27 hours of care, while men of the same age cohort received just about 1 hour. Women in the oldest age cohort (80+ years) required 2.37 hours of care, compared to the 1.48 hours that men in the same age group required. As for the time that care providers spent looking after older persons of these two age cohorts, while women and men spend almost equal amounts of time looking after household members who were 70–79 years (about an hour), women spent 1.63 hours looking after older persons in the 80 plus age group, while men spend only 0.46 hours on caring for them.

The gender differences in required care time could, in part, be due to adverse selection: that is, men who survive up to that age may be the healthier of their sex and have healthier lifestyles (for example, they may not have consumed tobacco and alcohol). That women spend more time looking after older persons than do men could be partly due to cultural preferences for carers of the same sex, as women generally outlive men and because women are less likely to be participating in the paid workforce and so more on hand than men to provide care. The causality may also work the other way, that is, women may be unable to undertake paid work because having to care for older persons at home prevents them from going out to work. Ultimately, however, due to data constraints it is not possible to firmly establish the direction of causality.

Regardless, this elder care burden will fall more heavily on women in the 40 to 60 age group, having a knock-on effect on the time that they can spend on paid work, and even more importantly, looking after their own health. Rising morbidity levels among this group are likely to increase the care burden associated with older persons even more as this group itself transitions into old age, if timely preventive measures are not taken.

Unpaid care as a barrier to labour force participation

Globally, unpaid care work is recognized as a significant barrier to women's entry into the workforce, with over 606 million women of working age declaring they are unavailable for employment due to care work responsibilities (ILO 2018). In Sri Lanka, despite high levels of educational attainment by women compared to their regional counterparts, the labour force participation rate of women has remained low, at an average of 34.6 per cent over the last decade (Sri Lanka, Ministry of Finance, Economic Stabilization and National Policies, Department of Census and Statistics 2021a). This is attributed in part to the limited opportunities available, the quality and working conditions of the work that is available, and challenges in accessing the opportunities that do exist as a result of poor transport facilities, limited childcare facilities, and negative social attitudes associated with women working outside the home (ILO 2016; Kandanearachichi and Ratnayake 2017; UNFPA 2017).

[8] Sample weights used. The care time required by each receiver was estimated by averaging the total care time in households that had older persons only of that age and sex category.

An increasing body of evidence shows that women's domestic roles in the household limit or orient their participation in the labour market in Asia (Johnson 2018). In Sri Lanka, much of the care for older persons and young children is provided through unpaid care work performed by family members. To this end, the annual Labour Force Survey (2020) indicated that that 73.5 per cent of women belonging to the working age population were economically inactive, compared to 26.5 per cent of men. The main reason attributed by a majority (60.3 per cent) of women for economic inactivity was engagement in housework activities, which includes care work (Sri Lanka, Ministry of Finance, Economic Stabilization and National Policies, Department of Census and Statistics 2021a). This data reinforces the fact that the responsibility of caregiving in the family falls largely to women, and is the main contributory factor for the low levels of labour force participation among women. The over representation of women in the provision of care is influenced by social and cultural practices and norms within a deeply patriarchal society, which often limits the types of work available to women due to expectations of them fulfilling these care responsibilities. Through the study of time use surveys across the world, the gendered nature of care is reiterated: even when mothers engage in paid employment activities, there is no corresponding decrease in the number of hours they spend performing unpaid work (Folbre 2021). This double burden of responsibilities often borne by women was also observed to have been exacerbated during the pandemic (Kabeer 2020).

3.1.1.2. Characteristics of unpaid caregivers

The analysis presented below identifies the key characteristics of individuals who provide care, irrespective of whether they engage in paid work outside the home as well as housework or only engage in one activity in addition to the provision of care (refer to table A2.3 in Appendix II). The analysis is based on the estimation of probit and multinomial probit regression models to investigate the characteristics of those who undertake unpaid care work, whether of adults or children or both.

Demographic

The likelihood of being an unpaid caregiver relative to the base category rises with age until one's late 30s, after which it declines but continues to be significant, even after reaching 60 years of age. The probability peaks in one's 30s, likely when care demands related to children are at their height. Overall, the probability of engaging in childcare peaks at ages 30 to 39; while the probability of engaging in adult care peaks at 50–59 years of age. The probability of having to care for both children and adults also peaks at ages 30–39.

Next to age, the characteristic that is most powerfully associated with the probability of engaging in unpaid care work is gender. The econometric analysis that we conducted shows that women are nearly 20 per cent more likely to be undertaking unpaid care work than men. Women are far more likely to be providing unpaid care for children and adults than men, and while the results are statistically significant, the marginal effect of gender is much smaller in the case of elder care.

It is important to note that women are also 17 per cent more likely to be doing only housework, and 23 per cent less likely to be doing only paid work. Marriage increases the probability of unpaid care work; while suffering from a chronic disease makes it less likely that the individual engages in such work.

While the probit analysis included ethno-religious attributes of individuals, it is noticeable that while the coefficients on both Sri Lankan Tamil variables (that is, Sri Lankan Tamil Hindu and Sri Lankan Tamil Christian) are statistically significant, the marginal effect of residing in the Northern Province ceases to be significant. So being Sri Lankan Tamil makes it less likely that an individual will engage in unpaid childcare or elder care. Again, there may be differences in the demographic structure of this ethnoreligious group stemming from emigration both before and after the conflict. The availability of foreign remittances may also make paid care affordable and unpaid care unnecessary.

Education

While a little less than half the population of working age has at least a secondary education – one-fifth with O/Levels, 14 per cent with A/Levels and only 3 per cent with a university degree – all levels of educational attainment are significantly associated with the probability of unpaid care provision and the marginal effects are almost equal.[9]

Household size

Among household characteristics, the greater the household size and number of children less than 11 years of age, the more likely that an individual is carrying out unpaid care work, and also the less likely

[9] Refer to Appendix II, table A2.1, for a detailed breakdown.

that he or she is doing only housework or doing only housework and paid work.

Location

Among the location-related variables analysed, the residential sector is determined to be not significant, but the marginal effects of some of the province dummies are. Residing in the Northern Province is significantly less associated with engaging in unpaid care work compared to residing in the Western Province. It is possible that the out-migration of younger people from the Northern Province and remittances from the resulting diaspora both compel and enable households in that region to rely more on paid care. By contrast, residents of the North-Western Province, North-Central Province and Sabaragamuwa Province are significantly more likely to be undertaking unpaid care work than residents of Western Province. This may reflect different demographic structures within households in these provinces, such as higher dependency ratios, which require relatively more unpaid care.

Other care work

It is further noted that **engaging in childcare** makes it more probable that the individual is also undertaking care of older persons and vice versa, but the marginal effect of care of older persons on the probability of childcare is much larger than the marginal effect of childcare on the probability of eldercare.

Engagement in paid work is negatively and significantly associated with childcare. However, the probability that an individual is engaged in childcare decreases with the presence of an older person in the household. As one might expect, the probability that an individual is engaged in the care of older persons increases with their being an older person residing in the household, though the most significant increases in the likelihood to be engaged in elder care occur when the elder person in the household is between the ages of 60 and64 years or 80 years and above.

3.1.2. Paid care work

While we have ascertained that most Sri Lankans who provide care are not paid for the work they do, a small minority earn wages for the care they provide. This section provides a descriptive overview of paid care workers using summary statistics. The analysis uses microdata from five years (2014–18) of Labour Force Surveys (LFS) by the Department of Census and Statistics.

Table 1 (next page) describes the distribution of activities related to care work for each survey year as well as for the pooled data. Nineteen care-work related activities were identified from the five-digit Standard Industrial Classification used by DCS to identify care work in the surveys. The industry of employment rather than occupation was used to identify care workers because only a few (78 observations) could be identified by occupation, whereas information about the subsector of employment enabled the identification of substantially more.

Table 1. Number of paid care workers by care industry subsector in LFS survey samples, 2014–18

Industry / activity related to care work	2014	2015	2016	2017	2018	Total
Care work activities	3	1	5	5	3	17
Home for elders with nursing care activities	–	–	1	1	1	3
Convalescent home activities	–	1	–	–	1	2
Rest home with nursing care activities	–	–	–	–	1	1
Psychiatric convalescent home activities	2	–	–	–	1	3
Residential group homes activities for the emotionally disturbed	–	–	–	1	–	1
Mental health halfway houses activities	1	1	–	–	–	2
Assisted living facilities activities	1	1	–	3	2	7
Home for the elders with minimal nursing care activities	–	1	1	–	–	2
Home for the disabled without nursing care activities	–	–	1	–	–	1
Children's home and orphanages activities (childcare)	4	3	4	3	5	19
Social work activities by visiting of the elderly and disabled	–	–	1	2	2	5
Social work activities by day care activities for the elderly or for handicapped adults	–	1	–	3	6	
Vocational rehabilitation	1	–	–	–	–	1
Day care centres for children	6	4	4	6	7	27
Day care activities for aged	11	13	19	3	2	48
Day care activities for the handicapped	9	4	4	1	1	19
Baby sitting of a household with payment	116	121	117	69	19	442
Caring for household members	–	2	1	–	5	8
Total	**154**	**153**	**158**	**96**	**53**	**614**

Note: The data reflects the number of workers captured by the survey in a given year.

Source: Microdata from the Department of Census and Statistics' LFS 2014–18.

The table shows that most paid care workers were babysitters in households. Day care activities for the aged, day care centres for children, care provided in children's homes and day care activities for persons with disabilities engaged most of the remaining care workers, but the numbers involved in these activities were much lower. The surveys did not pick up significant numbers of paid care workers involved in activities related to psychiatric convalescent home activities, residential group homes activities for the emotionally disturbed, homes for persons with disabilities without nursing care activities, and vocational rehabilitation activities for persons with disabilities.[10]

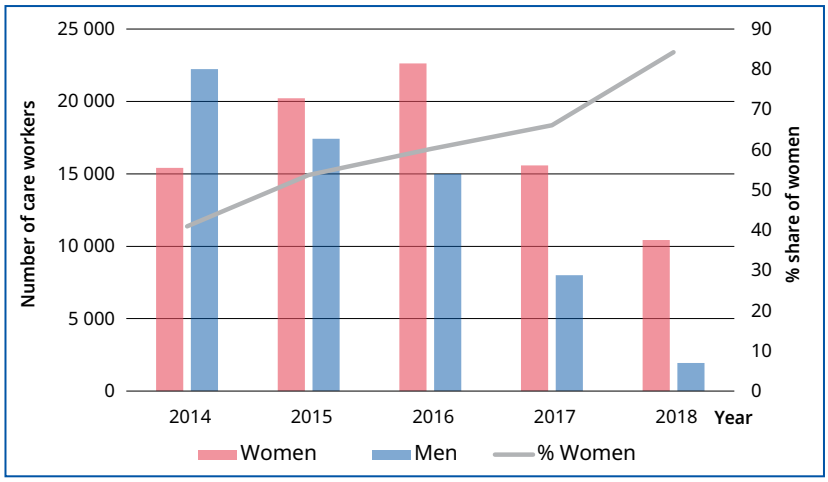
The survey data suggests that the total number11 of paid care workers in the population stood at 37,638 in 2014, but contracted roughly two-thirds to 12,369 by 2018, a significant decline in the total number of both men and women working as paid care workers (Figure 4). However, the greatest decline seems to have been among men, as the number of female care workers actually increased in 2015 (by 24 per cent) and 2016 (by 11 per cent). Thereafter, women too appear to have begun leaving the industry, and between 2017 and 2018, the number of paid male care workers contracted to just a fifth of what was seen in 2014. Having accounted for 41 per cent of the paid care workforce in 2014, women ended up accounted for an

[10] It should be noted that 22 care-related industries were identified under the Standard Industrial Classification's five-digit classification. Facilities for treatment of alcoholism and drug addiction, facilities offering activities for persons with mental disabilities, and rest homes without nursing care activities recorded zero care workers within the sampled population.

[11] These numbers reflect weighted numbers.

overwhelming 84 per cent of the much-reduced total number paid care workers in 2018. The reduction seen in the number of care workers could be due to better job opportunities opening elsewhere in the economy, or to such workers migrating overseas for similar work at higher wages. It could also be due to the later surveys not capturing as many paid care workers, as the survey data is representative only of households in the 25 districts, and not of economic sectors where paid caregivers are employed.

Figure 4. Number of paid care workers by sex, 2014–18



Source: Estimated with sample weights using microdata from the Department of Census and Statistics' Labour Force Surveys (2014–18).

3.1.2.1. Attributes of paid care workers

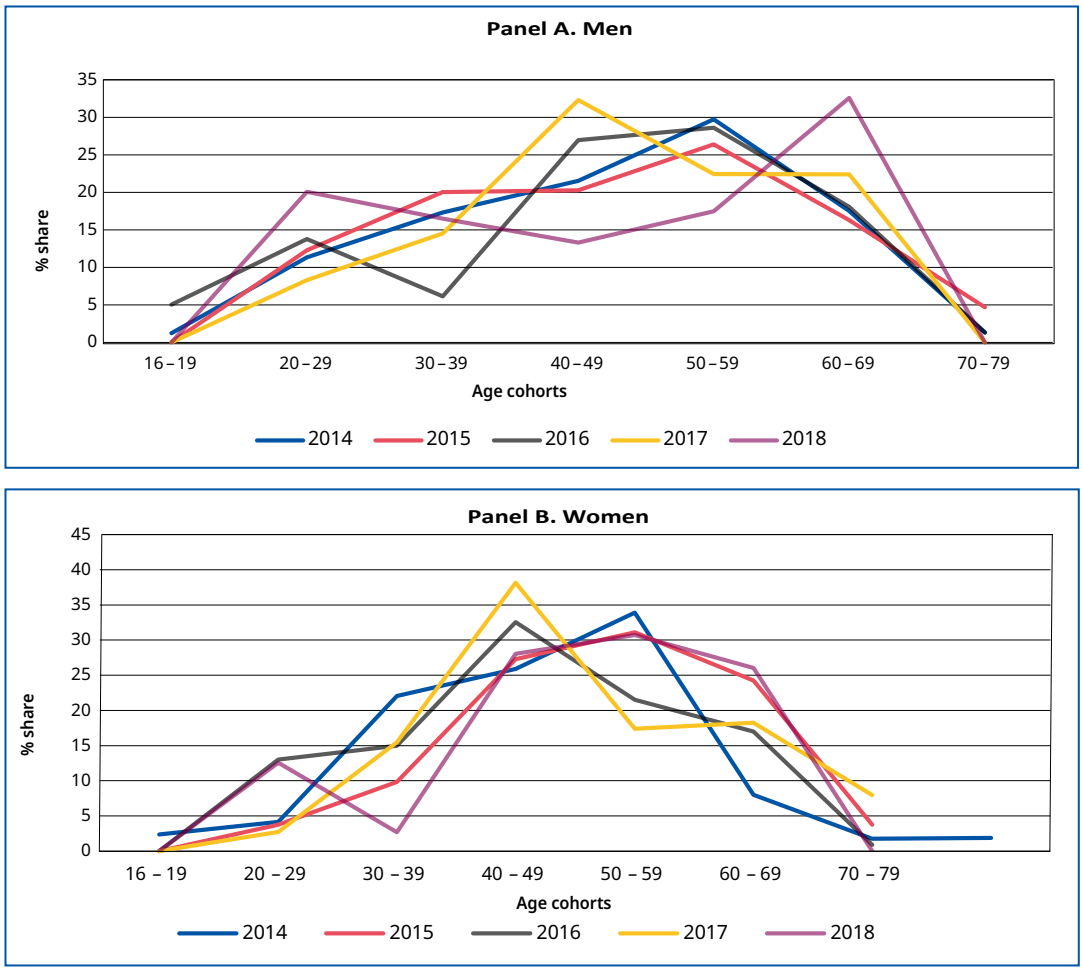
Of all those who were engaged in paid care work from 2014 to 2018, more than half (57 per cent) were women and most (89 per cent) worked in the private and informal sector. The surveyed care workers engaged in convalescent home activities, residential group homes activities for the emotionally disturbed, and vocational rehabilitation activities for persons with disabilities were all women. By contrast, women accounted for less than half of the care workers engaged in activities related to assisted living facilities (33 per cent), day care activities for persons with disabilities (45 per cent) and day care activities for the aged (44 per cent). The private sector dominated care activities such as homes for older persons with nursing care, convalescent home activities, mental health halfway houses, vocational rehabilitation activities for persons with disabilities, and activities related to caring for household members. The private sector was not represented in work related to psychiatric convalescent home activities, and accounted for only 25 per cent of care workers in assisted living facilities activities.

Based on the survey data, most care work in homes for older persons with nursing care activities, in day care activities for the aged, and in day care activities for persons with disabilities takes place in an informal work environment; while all activities related to rest homes with nursing care activities, psychiatric convalescent home activities, mental health halfway houses activities, homes for the disabled without nursing care activities, and vocational rehabilitation activities for persons with disabilities were in formal institutions.

Age

Most paid care workers are clustered in the 39–59 years age cohort. The highest number of female care workers lies within the age group of 40–49 years; while the peak for men occurs in the ages 50–59 cohort. Overall, the majority of care workers are women (57 per cent), but among teenage care workers (ages 16–19) males account for more than 60 per cent – though this share gradually decreases as age increases. This may reflect boys being pushed into the paid labour force at a younger age than girls, both due to household economic circumstances and better labour market opportunities being available to males. The two panels in Figure 5 plot the distribution of care workers according to gender and age for all five survey years.

Figure 5. Distribution of men and women care workers by age, 2014–18

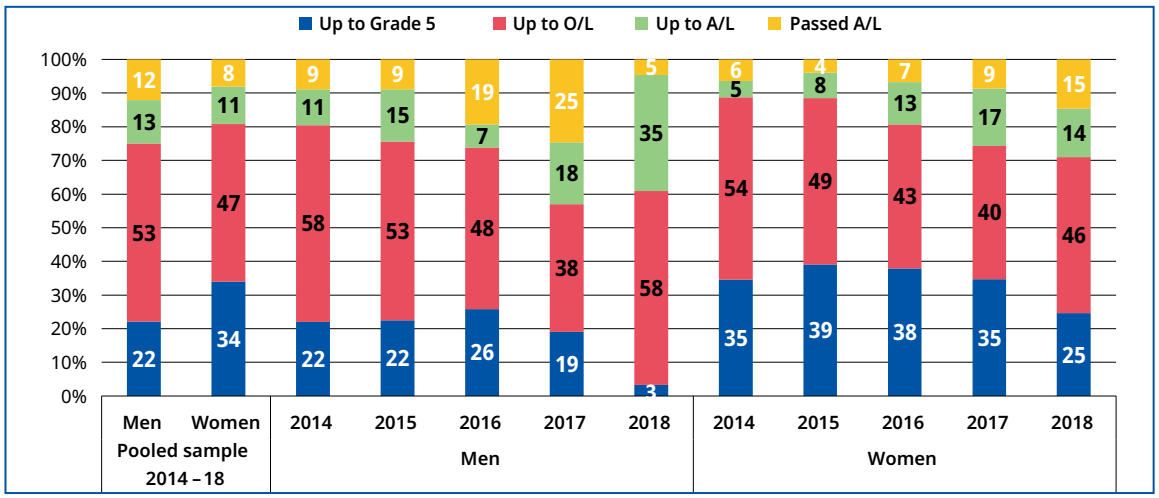


Source: Estimated using sample weights with the same sample of microdata from the Department of Census and Statistics' LFS (2014–18) used for the regression analysis.

Education

Individuals working in the care sector were generally poorly educated: 87 per cent had less than ten years of education. Given these low levels of human capital, most were informally employed. While most care workers have received schooling only up to Grade 10, the distributions of male and female care workers across educational categories are slightly different (Figure 6Error! Reference source not found.). For instance, proportionately fewer women care workers had been educated up to at least the GCE Advanced Level compared to male care workers, and while just one-fifth of male care workers had only achieved a primary education, this was true for a little more than one-third of women care workers. It does appear, however, that with the passage of time, an increasing proportion of care workers – both men and women – are becoming better educated, which is reflected in the declining share of both male and female care workers with only a primary education over the period from 2014 to 2018. However, this change probably reflects the lack of opportunities for educated persons in other sectors of the economy, leading more educated persons to take on care work roles that they might not have sought out previously.

Figure 6. Distribution of care workers by sex and educational attainment, 2014–18



Note: An "up to O/L" education is inclusive of Grade 10, and an "up to A/L" education is inclusive of Grade 12.

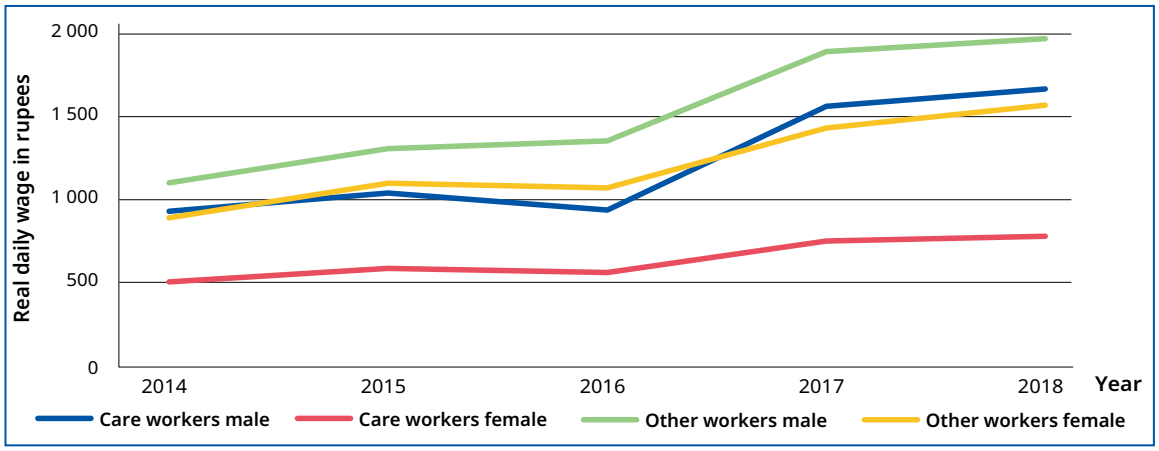
Source: Estimated using sample weights with microdata from the Department of Census and Statistics' LFS (2014–18) used for the regression analysis.

Paid carers for persons with disabilities and in assisted living facilities are generally better educated. For example, 73 per cent of workers employed in day care activities for persons with disabilities and 69 per cent involved in assisted living facilities are educated beyond the O/Ls. By contrast, none of the paid carers who are engaged in homes for older persons with nursing care activities, rest homes with nursing care activities, residential group homes activities for the emotionally disturbed, homes for the older persons with minimal nursing care activities, and caring for household members were educated beyond the secondary level.

Wages

While daily wage rates have risen across the board in Sri Lanka, especially from 2016 onwards, wage rates among women care workers have lagged behind at the bottom. In general, both women and men engaged in paid care work earn less than their counterparts in other fields. Interestingly, however, starting in 2017, daily wages among male care workers rose to surpass the wage rates of women employees engaged in sectors other than care work. It is also evident from the data analysed that the wages of workers in sectors other than care work grew faster than those of care workers, even though paid care workers' wages grew at a more than respectable 50 per cent over the five-year period.

Figure 7. Real daily cash wage trends for men and women as care workers and as other workers, 2014–18 (rupees)



Note: The real daily wage is benchmarked against the Consumer Price Index (CPI) for 2013 (CPI 2013 = 100).

Source: Estimated using sample weights with microdata from the Department of Census and Statistics' LFS (2014–18)

However, while the wage rates of men and women within each sector grew at the same rate on average, these averages hide considerable variations in wage growth across educational categories, especially among care workers. For example, the wages of male care employees with GCE O/Levels more than doubled, and those of male employees with a primary or less education doubled. By contrast, male care workers with a secondary education enjoyed wage growth of 53 per cent, and female care workers with a secondary education experienced a larger rise of 67 per cent.

Although the wages of men and women grew on average at the same rate within each sector, the greater variation in wage changes among care workers gave rise to much larger gender wage differentials in that sector, while the gender wage differentials of workers in sectors other than care work stayed the same. The expansion of gender wage differentials among care workers was highest among those with little education, but it did actually contract between men and women with a secondary education.

These changes suggest that the care work prospects of less educated men have improved much faster than those of less educated women. One reason for this is that the supply of such men has declined as the labour market has become tighter; male participation rates have plateaued and the demand for men who can provide physical labour, especially in caring for other males, has increased. This demand likely comes from better off households which hire male care workers to look after elderly male family members; while in poorer households, unpaid women care workers look after elderly relatives, whether male or female.

The demand for male care workers is likely to be high and increase relative to the supply, as such males, being among the less educated, also have other potentially desirable job options providing manual labour. These other options also generally pay better than the kinds of manual work available for similarly educated women in domestic service, care work, and low skilled occupations. Nevertheless, the fact that the wages of women care workers with a secondary education have increased more those of women workers in other sectors, suggests that the relative demand for women carers with this level of education has increased over the years.

3.1.2.2. Characteristics of paid workers

Probability regression analysis correcting for selection bias was used to investigate the characteristics of paid care workers (refer table A2.2 in Appendix II), and the results were consistent with the overview provided by the descriptive statistics, resulting in the following key findings:

Demographic characteristics

The influences that an individual's demographic attributes exert on the probability that he or she is a care worker in the monetized economy are striking. The likelihood of being a care worker rises monotonically and significantly with age. The second striking result of the estimation is that women are far more likely to be paid care workers than men, and this result is consistent across all specifications.

Education

Educational attainment is a significant predictor of the probability of being a care worker. Compared to those with just a primary education or less, individuals with secondary and progressively higher levels of educational attainment are less likely to take up employment as care workers. Moreover, if a woman is working in the formal sector, it decreases the likelihood that she is undertaking paid care work.

Location

When statistically significant, the marginal effects of the urban sector and Western Province are positive, suggesting that opportunities for paid care work are concentrated in these locations. This stands to reason given the high population density and the generally tight labour market in these areas, which make it difficult for households to rely on relatives and family members to provide unpaid care for those who need it.

3.1.3. Preliminary summary

In the present context, the majority of those who meet the demand for care work are unpaid care providers. All respondents to the Time Use Survey 2017 claimed to provide care as a primary activity to either children or older persons. What the survey does not capture is the time spent on providing care as a secondary activity. The data also does not have the space to account for the mental labour that goes into care work, be it paid or unpaid. The imbalance in

terms of gender dynamics in care provision is striking – with the majority of women engaged in unpaid care work for longer periods than men. While the difference between the time spent on unpaid elder care between women and men is much less, men spend much more time than women on paid care work.

There is also a difference in terms of care time received in relation to key age cohorts and gender. Women between the ages of 70–79 required more care time (1.27 hours) compared to men (1 hour) of the same age category, and the same trend could be seen between women (2.37 hours) and men (1.48 hours) who were 80 years old and above.

The data also shows that the older the population the more feminized the hours spent on care work with the burden of (unpaid) care generally falling on women between the ages of 40–60, often reducing their time spent on paid work. This pattern is reflected in global statistics, with 606 million women stating they cannot enter the workforce due to care work at home. In Sri Lanka, in 2020, 73.5 per cent of women of working age were reported as being economically inactive, and 60.3 per cent of these women were barred from engaging in paid work due to their unpaid care work at home. When women do engage in paid work, the amount of time spent on unpaid work is not reduced, resulting essentially in a double work shift – a scenario that has been observed to have been exacerbated during the COVID-19 pandemic. The likelihood of being a care worker peaks when a person is in their 30s for both men and women. Women are 20 per cent more like to take on unpaid care work, 17 per cent more likely to be doing only housework, and 23 per cent less likely to be doing only paid work than men.

All four levels of educational attainment are significantly associated with the probability of unpaid care work and marginal effects are almost equal. The greater the household size and the number of children who are below the age of 11,[12] the more likely it is for an individual to be engaged in unpaid work, and it also more likely that this unpaid work will be coupled with paid work. Less unpaid care work is found in the Northern Province than elsewhere in the country; though there are also substantial opportunities for paid care work in urban areas and the Western Province. The North-Western, North Central, and Sabaragamuwa provinces are more likely to be home to individuals engaged in unpaid care work.

According to a series of probit models on the characteristics of individuals who engage in care work, the probability of engaging in childcare work peaks during the ages between 30 and 39; while the probability of engaging in adult care work peaks at 50–59. The probability of caring for both children and adults peaks at ages 30–39. Engagement in childcare work makes it more probable that the individual is also engaging in care of older persons and vice versa. Engagement in paid work is negatively and significantly associated with childcare. It was also shown that women are more likely to engage in both childcare and care of older persons than men. In terms of ethnoreligious attributes, Sri Lankan Tamils appear to be less likely to engage in unpaid care work for children and older persons.

Between 2014 and 2018, the number of paid care workers, both women and men, was on the decline, and this could be due to better paying opportunities being found elsewhere. Most paid care workers were from the age cohort of 39–59, and while the majority of them were women (57 per cent), males accounted for the majority of teenage care workers (ages 16–19). In general, those in paid care work had a poor level of educational attainment, with 87 per cent having less than ten years of education. However, paid care providers for persons with disabilities tended to be better educated. Wages have increased in the care sector but at a slower rate than in other sectors. Among paid care workers, women are paid the least, and men have seen a notable increase in their wages since 2017. The gender wage gap widened among workers with little education, though it contracted among workers with a secondary education. Wage increases for women with a secondary education were proportionally greater in the care work sector than in other sectors between 2014 and 2018, and the demand for less educated male care workers was also on the rise. Individuals are more likely to be care workers as their age increases, and women are more likely to be care workers than men.

[12] The quantitative analysis considered households with children up to the age of 11 in order to have an adequate sample size to analyse.

3.2. Mapping institutional care

The National Policy on Preschool Education (2019) recognizes that quality early childhood programmes can generate long-term benefits in the form of better health and education outcomes.[13] This corresponds with existing research evidence that supports investment and enrolment in centre-based early childhood development (ECD) or early childhood education (ECE) for the purpose of equalizing learning and earning opportunities for individuals from diverse backgrounds, and to prepare children for formal schooling to improve their learning levels in school and accelerate human capital accumulation (World Bank 2014).

Childcare is considered formal where care is government-regulated and is paid for by parents or subsidized at source as part of the entitlement to part-time early years provision (Bryson et al. 2012). In Sri Lanka, the Government has set standards to regulate the ECD/ECE sector; however, preschool education is not a constituent of the existing formal education policy and administration system, as it is not compulsory for children to receive one or more years of education at a preschool. Furthermore, as 71 per cent of preschools are managed by private organizations or individuals, it is recognized that the system overall is poorly designed to align existing policies and programmes and to ensure oversight, regulation and support from the State (Sri Lanka, National Education Commission 2019).

There are several types of preschools operating in Sri Lanka, applying different labels such as preschool, kindergarten, nursery school, Montessori, child development centre, and so on. The differences between these types of preschools range from the environment in which children learn, to the languages and philosophies that guide that learning. Another form of provision of institutional care for children is through day care centres. These are categorized by the National Policy for Day Care Centres into three types:

- day care centres that accommodate infants, toddlers, pre-schoolers and school-aged children and where the centre may or may not function as a preschool for children between 7 a.m. and 12 p.m.
- workplace-based day care centres that are set up by employees or employers of an organization to operate within the working hours of employees.
- private home day care for children, wherein 2–5 children are looked after at a private residence other than the home of the children's parents or guardians for longer than two hours, and where the parents are required to make payments for the service provided (Sri Lanka, Ministry of Women and Child Affairs, National Child Protection Authority 2017).

As at 2014, Sri Lanka was estimated to have approximately 17,020 ECD centres staffed by 29,340 teachers. Around 84 per cent of these centres were managed by non-state entities and are expected to cater to 475,620 children in the 3–5 age group. It is estimated that 89 per cent of the ECE centres in operation provide only pre-school education services, while the remaining 11 per cent are a combination of pre-school and day care centres (World Bank 2014).

As per the National Census of Early Childhood Development Centres in Sri Lanka (2016), about 578,160 children from ages 2 to 5 years were enrolled in preschools, while 28,449 teachers worked as preschool teachers. The number of preschool children per teacher was about 20, while the enrolment rate of 3–5-year-olds was 55.6 per cent (50.3 per cent of enrolees were boys and 49.7 per cent girls). Low attendance and enrolment rates were attributed to the unavailability of preschools in close proximity to homes, prohibitive tuition fees, and parents not seeing the benefit of a preschool education for their children. To improve the preschool enrolment rate, it is essential to enhance the quality of teaching and learning resources allocated for preschools as well as to enforce quality control mechanisms (Sri Lanka, National Education Commission 2019).

Based on key informant interviews with organizations working to provide quality ECD/ECE centres,[14] it was learned that the need for safe spaces for young children is particularly acute in the plantation/estate sector, as women are compelled to return to work as early as three months after giving birth, with limited care alternatives available to them. It was stated that while previously the creches on estates were just spaces to keep children during work hours,

[13] The Children's Secretariat, established in 1979 and now a statutory agency of the Ministry of Women and Child Affairs, is responsible for ECCD policy and programme formulation, coordination and evaluation. In 2004, it presented the National Policy on Early Childhood Care and Development as the first national policy statement focusing on the holistic development of children from conception to five years. The 2019 revision of the National Policy on ECCD recognized the importance of comprehensive and integrated ECCD services for young children, and embraced a suite of policy recommendations to improve access to, and the quality of, preschool education.

[14] Key informant interviews were conducted with representatives from the World Bank and Save the Children, who have worked to provide early childhood care and education in Sri Lanka, with a particular focus on the estate sector.

but that creches on some estates targeted through donor interventions now have staff and learning materials to assist young children reach learning outcomes. Having qualified resource persons at the creche facilities was found to contribute towards maintaining the quality of the centre along with improving the children's learning outcomes. This is in stark contrast to how the creche facilities were previously run, which focused solely on feeding and cleaning up after the children.[15]

Based on 2012 data sourced from the Ministry of Education, a majority (60 per cent) of ECE centres in the country were under private management, followed by 24 per cent run by non-government entities such as NGOs, INGOs or religious organizations, with the remaining 16 per cent run by the Government. The Central Province had the highest percentage of ECE centres run by private entities (90 per cent), which is attributed to the involvement by the 25 state management companies, followed by Sabaragamuwa (89 per cent) and Western Province (84 per cent). According to the Household and Income Expenditure Survey 2009–10, only 46 per cent of children aged 3–5 years were recorded to have enrolled in pre-school. While attendance at educational institutes is not compulsory, low attendance is attributed to factors such as limited parental understanding of ECE, the distance to ECE centres, language or cultural factors if the centre does not cater to more than one national language, or the financial considerations associated with attending institutions that are not part of the public education system and therefore incur a cost (World Bank 2014).

The decision to engage institutional care facilities depends on the age of the child, the cost of childcare, household income, the type of occupation engaged in, level of education of the parents and/or household members and the quality of childcare available (ILO 2016). In terms of costs, parents take into consideration the cost of tuition and/or enrolment at a care facility. On average, in 2018, a childcare worker earned a monthly wage of 9,229 rupees[16], while a maid engaged in cooking or cleaning earned a monthly wage of 8,983 rupees[17]. Further, on average, it is reported that a family was spending about 19 per cent of their monthly income on childcare costs in 2009 (Madurawala 2009). Therefore, childcare costs can become an important component of work-related costs for women that increase with marriage and the bearing of children, which in turn, requires a greater need for balancing costs versus benefits of employment.

3.2.1. Long-term institutional care

Children are directed to state-run institutions for the provision of care when it is determined that the child is "deprived of the protection and care of their biological family or extended family". This includes children who are deemed by a court of law, with the approval of the Provincial Commissioner of Probation, to be a victim, a child suspect or a child offender below 16 years of age or if the child has been orphaned, abandoned or been found destitute. Article 21 of the United Nations Convention on the Rights of the Child reiterates that institutionalization of a child should be a measure of last resort, and only enacted when no other alternative care option is available for a child deprived of parental care (Sri Lanka, Ministry of Finance, Economic Stabilization and National Policies, Department of Census and Statistics 2021b).

As per the most recent data available through the 2019 Census of Children in Care Institutions, Sri Lanka has 379 state-run or non-governmental childcare institutions in operation that are supervised by the Provincial Departments of Probation and Childcare Services (Sri Lanka, Ministry of Finance, Economic Stabilization and National Policies, Department of Census and Statistics 2021b). The types of childcare institutions are as follows:

- remand homes;
- safe homes (only located in the Northern and Eastern provinces);
- certified schools;
- state receiving homes (nine such centres in the country, one per province);
- approved homes;
- detention homes (only one for the whole country, located in the Galle District);
- training and counselling centres; and
- voluntary children's homes (there are 331 across the country, run by volunteer organizations).

A study conducted by the Department of Probation and Child Care Services of the Ministry of Women and Child Affairs (2013) revealed that there were

[15] Key informant interview no. 5.

[16] Department of Census and Statistics, (2018) Labour Force Survey. Code - 5311 Occupation.

[17] Department of Census and Statistics, (2018) Labour Force Survey. Code – 5322 Occupation.

14,179 children in 414 institutions located across all nine provinces of Sri Lanka. Out of the total number of children residing in institutions at the time of the survey, 8,538 were girls (60.2 per cent) and 5,641 were boys (39.8 per cent), indicating an overall sex ratio of 153.4 girls for every 100 boys. It is important to note that at the time of the study, the majority of childcare institutions were run by non-governmental organizations registered under the Department of Probation and Child Care Services. The childcare institutions run by the Government mainly serve children in contact with the law. The INGOs and NGOs mainly operate childcare institutions called "voluntary children's homes". Out of the total number of childcare institutions surveyed, 95 per cent were registered with the State. The remaining institutions were unregistered, contrary to the Orphanage Ordinance (Sri Lanka, Ministry of Women and Child Affairs, Department of Probation and Child Care Services 2013).

Children with disabilities and special needs are not guaranteed by law to have access to an education that meets their particular needs.[18] The law only mandates that children with disabilities receive education services; this results in children with disabilities or special needs being mostly educated either through inclusion in mainstreamed schools or through specialized schools, though the latter are not readily available and/or accessible across all the provinces (Sri Lanka, Ministry of Women and Child Affairs, Department of Probation and Child Care Services 2013; Muttiah, Drager, and O'Connor 2016). Sri Lanka currently has 27 special schools and 704 special education units catering to students with a variety of learning disabilities, as well as 8 special schools, 450 special units and 1 government-run autism centre catering to children with disabilities such as Down's Syndrome, cerebral palsy and autism (UNICEF, n.d.), which is grossly inadequate for the 2 per cent of children ages 5–14 (or 59,072 individuals) who have some form of disability, as indicated by the latest population census (2012) (Abayasekara 2018). The a learning disabilities report commissioned by the United Nations Children's Fund (UNICEF) in 2017 reported that the main challenges for Sri Lankan children living with disabilities in benefiting from education were a lack of skilled teachers, a lack of appropriate infrastructure in schools, limited scope in curricula and the overall quality of education (UNICEF, n.d.). As a result of not receiving proper targeted care, many children with special needs are faced with an even more vulnerable situation as adults, as policy regulations and services extending to adults with disabilities are even more scarce and haphazardly implemented (Muttiah, Drager, and O'Connor 2016).

3.2.2. Institutionalized care for older persons

The last census (2012) found that less than 1 per cent of the aged (or 24,355 individuals) live in institutional settings (Perera 2017), which indicates that this remain the least preferred choice of living arrangement among older Sri Lankans. This is attributed to the social and cultural values prevalent in Sri Lanka, where both older persons and care providers believe it is family members' duty and responsibility to care for parents and other family members. This sentiment is reinforced through the Protection of the Rights of Elders (Amendment) Act, No. 05 of 2011 which states, that it is the "duty and responsibility of children to provide care for, and to look into the needs of their parents"; with the state only responsible to step in to provide shelter to "destitute elders who are without children or are abandoned by their children".

Despite institutional care generally being a last resort option, demand for such care is noted to be increasing (World Bank 2008). The number of institutions that provide care for older persons in Sri Lanka have seen an increase from 68 in 1987 to 349 in 2021.[19] This increasing trend was confirmed during interviews conducted for this study with representatives of institutes providing care services as well as the National Secretariat for Elders (NSE). The latter indicated the demand for older persons to be cared for through institutions was growing beyond the capacity of the existing number of institutions in the country. This increase in demand for institutional care is attributed to changes in family composition resulting in a lack of a care providers and conflicts with family members (Wijeratne et al. 2008). Significantly, 52 per cent of care receivers interviewed at care homes/facilities for older persons in Colombo for a small scale study had no education, indicating that government- and NGO-run homes for older persons are sought by the vulnerable due to these older persons and their the families' inability to manage their care (Prasanna et al. 2020). Among those with children overseas, relocating to institutional

[18] The Education Policy (1948) only mandates free education at the primary, secondary and tertiary levels – with no indication of children with disabilities or special needs.

[19] Based on data from the National Council and Secretariat for Elders website, though this needs to be independently verified. The total number of persons residing in these homes is only 8,806, which is extremely low.

settings was reportedly done to preserve their independence and personal space in a context where they were facing difficulties in maintaining their own household, in addition to maintaining the peace with their children living overseas (De Silva 2017).

Primary data collection as part of this study led to the identification of the following broad categories of older persons who seek care at institutions:

- Older persons who are financially secure and whose family members live overseas or at some distance from them.
- Older persons who are financially secure, but who have no family members to support their care.
- Older persons who have family or a support network, but choose to stay at a non-fee levying institute due to financial constraints associated with their care.

Older persons with no financial support and no support networks in place to ensure their care.

Sri Lanka has two main types of residential facilities for older persons: the first, provide housing for older people who lack shelter, and the second aim to provide long-term care support and nursing care. In this context, most facilities fall into the first category and are known as elders' homes or eldercare homes.

While it is recognized that care for older people is a growing need on account of changing demographics in Sri Lanka, the mapping of care institutions undertaken as part of this study indicates that there are only six state-run elder care institutes (three of which are operated by Provincial Councils), while all other institutes are run either as private entities or through NGOs or charitable foundations. At present, it is estimated by the NSE that there are 382 elders' homes operating in Sri Lanka under the Secretariat's purview, although not all of them have complied with the registration process to continue to operate. Given their ability to meet a demand that far exceeds the State's ability to provide, these institutes are allowed to operate with minimal oversight. At present, the care institutes for older persons operating under the purview of the NSE cater to a total of 8,806 older persons, 63.9 per cent of whom are women – which corresponds with the higher life expectancy among the female population. Some institutions are run as nursing homes rather than elders' homes, thereby bypassing the requirements around NSE supervision and services offered.[20] Non-fee charging institutions providing care to older persons are usually run by faith-based institutions and/or NGOs. It is understood that limited funds are made available to these institutions from the State, and what is provided is grossly insufficient to meet the needs of the residents, resulting in many institutes depending heavily on self-raised funds or donations (ADB 2021).[21] Consequently, the employees are low paid and lack the necessary skills, and consequently the quality of services of many of these homes remains poor (Ministry of Health, 2021).

Recognizing the growing demand for care services for older persons, the private sector is estimated to operate 20 care homes for older persons, focused predominantly on long-term care support. These care centres are fee-based residential spaces that offer private housing for senior citizens within a designated geographic space with the aim of providing either individuals or elderly couples a more independent lifestyle supported by additional medical and cognitive support services as they age. Based on interviews with owners of private care providers, it was stated that, due to their fee-based nature, the institutes themselves ensure that the care providers they employ have the necessary qualifications through the provision of continuous trainings and skills development programmes to meet the identified needs of residents. Despite competitive wages being offered to care providers employed at the institutes, an interviewee contacted as part of the study indicated that sourcing and retaining employees continued to be a challenge due to negative perceptions attached towards care work, or because many qualified carers decide to seek employment overseas. Although privately operated and not financially supported by the Government, such institutes are stated to be subject to periodic oversight from the Social Services Department with regard to the care they provide to their elderly residents.

As the existing non-fee charging elder care institutes focus their attention primarily towards the provision of shelter, it is determined that these institutes lack the necessary staff or financial resources to provide medical/nursing care assistance conducive towards long-term care. In practice, most residential eldercare homes that provide such assistance do so because they continue to accommodate older persons who were physically able at the time they first became residents but now need assistance (ADB 2021), a finding reiterated during interviews

[20] Key informant interview no. 11

[21] Also key informant interview no. 8.

with providers of care at elder care institutes.[22] It was further indicated that periodic wellness checks were arranged by the elder care institutes on site, but these had to be suspended since the onset of the pandemic to limit exposure of the residents, resulting in on-site medical visits only occurring in the event of an emergency.[23] Sri Lanka's provision of universal healthcare has meant that residents of shelters are able to access medical care at state hospitals at zero cost to themselves or to the care-providing institute.

A country diagnostic study carried out by the Asian Development Bank (ADB) in 2017 estimates that there are approximately 25 home nursing care service providers, although the exact number is not known due to gaps in the implementation and monitoring of the formal registration system for such providers and regulation of the industry (ADB 2021, 27). These nursing care services provide all-day care ranging from assisting with household chores and providing companionship, to providing support for hygiene maintenance or medical care.[24] Such personalized services are usually expensive and not affordable for lower-income families.

In addition to residential care facilities, institutions such as the Lanka Alzheimer's Foundation provide non-residential services by providing a space for individuals diagnosed with the disease to spend time with other individuals and engage in activities aimed at maintaining their mental wellness. Furthermore, institutions such as HelpAge Sri Lanka provide indirect care through conducting training programmes for in-home care assistants and volunteers and by providing home care assistance services. The skills and qualifications of care providers will be discussed in more detail later in this report.

Day care centres provide opportunities to socialize, exercise and participate in religious and recreational activities, in addition to offering important community-based social care to those requiring long-term care. The National Secretariat for Elders (NSE) is reported to support 662 day care centres around the country and provides each centre with financial assistance (up to 25,000 rupees) for the purchase of equipment and materials (ADB 2021). HelpAge Sri Lanka and other NGOs have also supported day care centres. Potentially, day care centres can provide care and support to older persons and their family caregivers, although currently they generally aim to provide older persons who do not need activities of daily living (ADL) support or instrumental activities of daily living (IADL) support a place to socialize and remain active. This helps improve well-being and prevents the decline of functional ability.

3.2.3. Preliminary summary

In regard to institution-based childcare, three types of services are present in Sri Lanka: (i) day care centres that may or may not function as preschools; (ii) workplace-based day care centres; and (iii) private home day care centres. The need for safe spaces for young children is particularly pronounced in the estate sector where women workers are expected to return to work as early as three months after giving birth. The decision to rely on formal childcare services depends on the age of the child, the costs of childcare, household income, parents' occupations and levels of education and/or those of household members, and the quality of childcare available. Back in 2009, on average, a family would spend 19 per cent of its monthly income on formal childcare, and childcare has become an important component of work-related costs for women to consider. Children are only directed to state-run institutions when they are deemed to be deprived of care by their own families – nuclear and extended. Children with special needs and disabilities are not guaranteed an education that meets their particular needs through a law that specifies education for such children. Thus, they learn in either mainstream schools or specialized schools, which can lack the specific communication skills, learning assistance and infrastructure required to meet these children's needs. In 2012, it was reported that less than 1 per cent of the aged lived in institutional settings; however, demand for elder care facilities has been on the rise over the years. This demand has arisen due to the absence of care providers or families lacking the means to care for an older person. There are currently only six state-run elder care institutions, with the private and NGO/faith-based run institutions providing most of the institutional care for older persons. According to the collected data, four categories of individuals seek services for elder care: (i) older persons who are financially secure but with family members living abroad or at a distance; (ii) older persons who are financially secure but without family members; (iii) older persons with family members but who have opted for care facilities due to financial constraints; and (iv) older persons with no financial support nor the support of family members. Sri Lanka has two

22 Key informant interview no. 8.

23 Key informant interview no. 8.

24 Key informant interview no. 3.

types of residential care for older persons: (i) ones that provide shelter; and (ii) ones which provide long-term care and nursing care. To meet the growing demand, the private sector is operating 20 elder care institutes. Although these institutes employ qualified individuals and pay them competitive wages, there is high staff turnover due to negative perceptions about care work and staff leaving for better opportunities overseas. Non-fee charging elder care institutes, however, lack well qualified staff and facilities for older persons and they mainly provide sheltering services. Apart from these, non-residential institutes exist for the care of older persons with certain health concerns and conditions.

3.3. Policy framework for care provision

3.3.1. Current policy framework for childcare

Sri Lanka's National Policy on Preschool Education defines early childhood as the period from conception to the age of five. Preschools play a key role in early childhood care and development (ECCD) in Sri Lanka, and the National Policy on Preschool Education was launched in 2019 to enhance the quality of preschool education.

The National Plan of Action for Children in Sri Lanka 2016–2020 was introduced to target early childhood care and development with the aim of promoting the protection and care of children in response to issues related to the shortage of spaces in and unsatisfactory condition and environment of ECCD centres, lack of trained personnel, and "a dearth of adequately effective parental education programs". The policy comes under the purview of the Ministry of Women and Child Affairs, although it is unclear as to what extent this action plan has achieved its objectives.

The National Policy for Alternative Care of Children in Sri Lanka (2019) introduces guidelines for children deprived of care and protection or at risk of being so, and extends to encompass children provided with care away from their parental home, and as such is not limited to institutional settlings. In a context where there has been an increase in the number of institutions offering residential childcare in the recent past due to disasters and displacement-related issues (Vasudevan 2014), this policy is important, as it supports "a systematic deinstitutionalization through the implementation of stringent time caps on the duration of stay and restructuring existing residential facilities" to create more child-friendly spaces (Sri Lanka, Ministry of Women and Child Affairs, Department of Probation and Child Care Services 2019, ix). While the policy calls for the development of guidelines and the establishment of minimum standards of care, as well as offering recommendations for a regular monitoring and review system, there is no evidence of implementation or progress beyond the policy documentation.

The National Policy for Child Day Care Centres put forward in 2019 by the Ministry of Women and Child Affairs and Dry Zone Development describes the institutional context within which formal childcare exists in Sri Lanka. In addition to this, it emphasizes the importance of child day care centres in improving women's labour force participation, as providing reliable childcare services encourages women to take up paid work. The objectives of the National Guidelines for Child Day Care Centres in Sri Lanka are as follows:

1. To promote professional and safe child day care services for children between the ages of 4 months and 12 years.

2. To ensure a quality-assured, standardized process among all child day care centres nationwide.

3. To ensure that children's care and overall childhood development needs are met and are aligned with their developmental goals.

4. To provide guidance for the setting up of child day care centres equipped with the ability to reach the minimum standards specified, and for improving existing centres.

The National Policy also highlights the responsibilities of the State to implement national guidelines for child day care centres in order to ensure:

- the quality of day care services through regulation;
- the availability of quality caregivers;
- accessibility through regional perspectives; and
- affordability through support in resources and funding (Sri Lanka, Ministry of Women and Child Affairs, National Child Protection Authority 2017).

3.3.2. Existing policies to address elder care and ageing

Sri Lanka has enacted the Protection of the Rights of Elders Act of 2000 (amended in 2011) which ensures that:

i. children cannot wilfully neglect providing care to their parents, and if they do, the Act provides the appointment of a Board to adjudicate on maintenance of the parents by the children;

ii. for destitute older persons, the State provides residential facilities;

iii. facilities that house aged individuals must be registered with the State; and

iv. none are discriminated against in regard to access to or provision of services on the basis of age.

The National Charter for Senior Citizens adopted by the Cabinet in 2006 affirms Sri Lanka's commitment to the United Nations Principles for Older Persons adopted by UN General Assembly Resolution 46/91 (1991), and contains provisions on the rights of older persons – such as independent life, participation, care, self-fulfilment and dignity – that mirror the UN resolution.

A National Policy for Senior Citizens and an Action Plan to implement the National Policy was also adopted by the Cabinet in 2006. The goal of the National Policy is to ensure the well-being of senior citizens and strengthen their legitimate place in society and help them live the last phase of their life with purpose, dignity and peace. The Action Plan largely follows the priority areas agreed at the Second World Assembly on Ageing in Madrid in 2002, and include, advancing health and well-being into old age and ensuring an enabling and supportive environment.

A number of policy initiatives have been made by the Sri Lanka's government health system in this regard, and they include the:

- National Health Policy (2016–2025), which postulates equitable access and distribution of geriatric care; reduction of out of pocket expenses through provision of costly devices (such as cardiac stents and lenses for cataract patients); regulation of medicinal drugs and devices; and the provision of diagnostic services, including laboratory investigations free of charge.
- National Elderly Health Policy (2017), which strategizes to provide (among others) facilities and human resources to provide equitable and integrated curative, preventive and rehabilitative services at every service level.
- The National Policy and Strategic Framework for Prevention and Control of Chronic Non-Communicable Diseases (2010), which aims (among others) to strengthen policy, regulatory and service delivery measures for reducing the level of risk factors for non-communicable diseases in the population.
- National Strategic Framework for Palliative Care Development in Sri Lanka (2019–2022) among others, to ensure that palliative care is resourced as an integral component of the health system by making palliative care an essential component of comprehensive healthcare.

Despite numerous policies in place aimed at meeting the health needs of the elderly population, the lack of trained doctors who are skilled and knowledgeable in the provision of geriatric care in Sri Lanka is a significant shortfall identified by an interviewee consulted as part of this study.[25] The respondent went on to state that at present, the public sector healthcare system in the country does not have any consultant geriatricians, although a small number are currently undergoing training in this field and a few doctors do practice within the private healthcare sector.

3.3.3. Preliminary summary In terms of policy frameworks for childcare, Sri Lanka has the

- National Policy on Preschool Education;
- National Plan of Action for Children in Sri Lanka 2016–2020; • National Policy for Alternative Care of Children; and • National Policy for Child Day Care Centres. These policy frameworks deal with early childhood care and development (ECCD), safety, protection and education. However, the implementation of some of these policies has been limited. In relation to older persons, Sri Lanka has the Protection of the Rights of Elders Act of 2000 (amended in 2011) and the National Policy for Senior Citizens and its corresponding Action Plan. These policies help to ensure legal action on negligence in regard to the care of older persons; access to services, including residential

[25] Key informant interview no. 10.

facilities and healthcare; and the provision of an enabling and supportive environment.

3.4. Existing labour laws in Sri Lanka with relation to care

As already recognized in this report, care for older persons and young children is provided through formal and informal channels, and this section of the report considers whether the existing labour laws in Sri Lanka protect care workers.

3.4.1. Types of work arrangements and employment relationships in the care economy

Sri Lanka has a large number of labour laws, mostly adopted prior to or at the time of independence from the British, but only some of them can be considered to be relevant to the care economy. In order to examine the coverage of care workers, the principal labour laws are discussed in greater detail in Appendix 1. Each of these laws are founded on the employment relationship between "master" and "servant", by way of a definition of "employer" and "workman" or "employee". Much of Sri Lankan labour law therefore views employment as a contractual relationship, between an employer or employers and a workman/employee under a written or unwritten arrangement; the basis of protection under such laws is this employment relationship. As a contractual relationship must also have some "value" or consideration to be considered binding, labour law often considers this value/consideration to be the payment of a wage by the employer to the employee, and benefits and protections are related to this payment.

Even though most of the benefits of employment and the terms and conditions are based on an employment relationship, employers in certain contexts, such as households employing domestic/care workers, are not required to provide a written contract of employment, which is typically the required proof to establish an employment relationship; the Wages Boards Ordinance and the Shop and Office Employees' (Regulation of Employment and Remuneration) Act are two laws that require some documentation to be provided to workers covered by these two laws, such as written information on some aspects such as working hours, rates of pay, leave and holiday entitlements. In the event of an employment-related dispute, some care workers may find it difficult to establish an employment relationship as many care institutions do not provide written contracts of employment due to the informality of operations.

Some other terms and conditions, such as working hours and overtime payments, are based on what law/provisions cover the particular establishment in which care workers are employed. For example, the Wages Boards Ordinance (1941) only applies to those industries that have established a wages board. In regard to care work, the only relevant wages board is the Wages Board for the Nursing Homes Trade (see Appendix 1). But this arrangement makes it difficult for both employers and care workers to know whether or not they are covered by this Wages Board due to the narrow definition of a "nursing home". Where the law is silent on the terms applicable, the employer and care worker must mutually agree on terms such as working hours, rest periods, overtime payments, and paid/unpaid time off, which makes for a lack of uniformity in regard to working conditions. In addition, care workers may lack the capacity and leverage to bargain for better terms and conditions, as such workers are typically not members of any trade union or workers' organization.

Based on the foregoing assessment, unpaid carers or contributing family workers would not be covered by most labour legislation that require a contractual relationship to establish such coverage and/or the payment of a salary or wage. Paid workers are covered based on whether a specific law is applicable to the institution or the category of care work (the Wages Board for the Nursing Home Trade sets out the types of work that is covered by that trade), as well as whether the worker is able to establish a contractual relationship.

3.4.2. Terms and conditions of employment applicable to care workers

Care homes, including children's homes, aged-care homes and disability/special needs homes are under the purview of the Department of Social Welfare of each provincial administration in regard to regulation of the care provided to care recipients, but these departments do not regulate the terms of employment or conditions of work of the staff employed to provide such care. For instance, the National Child Protection Authority has drafted the National Guidelines for Child Day Care Centres in Sri Lanka, which require different levels of qualifications of care staff but do not make provision for the terms and conditions of employment of these staff, which instead falls under the authority of the Department of Labour. However, specific provision concerning the care workers' terms of employment has been made

only in relation to workers in nursing homes covered by the Wages Board for the Nursing Home Trade. A "nursing home" is defined as any establishment maintained for the purpose of the confinement of females for childbirth, or for the provision of care after childbirth, and including any establishment maintained for the reception, care and treatment of persons suffering from any illness, injury or disability. Thus, some types of care homes and care work will be covered by this provision, such as care of those with special needs. However, establishments that care for those without any illness, injury or disability but who are still in need of care (such as older persons) would not be covered by these provisions.

The Wages Board for the Nursing Home Trade has produced a specific list of work or designations covered by the Board such as matrons, nursing sisters, attendants, and so on, as well as office staff, cleaners and other support workers. Some of the terms used in these designations are gender-specific, such as nursing sisters and matrons (the definitive terms in Sinhala in the legislation use gendered terms in relation to several types of work). Specific conditions such as the number of working hours, rate of hourly overtime payments, the number of days of annual leave, the rest days for some categories, working hours, and minimum wages for each category are also set out. Every employee is entitled to one day each week as an unpaid holiday, which differs from laws applicable to other sectors of work, such as those under the Shop and Office Act, which provides for 1.5 days of paid weekly holidays upon completion of 28 hours of work in any week.

The need to establish specific wages boards for different types of work and to bring in detailed provisions such as those applicable to the nursing trade makes it difficult for both employers and care workers to determine and understand what minimum standards are applicable to the type of work that is performed by each worker, especially where one institution may provide different types of care, such as for older persons or children, together with healthcare. There is also a lack of equal treatment, in that work under the Shop and Office Act is considered inherently more privileged work (as can be seen by the weekly holiday entitlement noted above); while types of care work are considered less prestigious work or "blue-collar" or "manual" work in the terminology used. Other types of work are defined in gendered-terms, with the text of the laws clearly indicating that many of the jobs in care work are considered to be exclusively female, such as matron/nursing sister. This outdated concept is not in keeping with the principles of equal dignity of all labour or the principles of equality enshrined in the Constitution of Sri Lanka. It is therefore to be hoped that legislative provisions may be made to provide for protection and coverage for all workers, in clear and unambiguous terms, so that care workers and employers can agree on the terms and conditions of employment based on clear and appropriate minimum standards.

3.4.3. National policy environment

A number of national level policies have addressed aspects of employment and standards of employment in Sri Lanka, including the National Decent Work Policy, the National Human Resources and Employment Policy for Sri Lanka, and the development policies of the Government of Sri Lanka. However, while all these policies refer to the need to establish care centres to provide for the well-being of those needing care, no policies have been articulated for those employed as care workers in such institutions.

3.4.4. Preliminary summary

Under the existing labour laws, care workers are covered based on the particular labour law that applies specifically to the type of work and type of institute in which they work. This creates difficulties in regulating care service provision, as many service providers do not restrict the care they provide to the specific type of care covered by a particular labour law, making unclear as to what legislation determines the terms of employment of the care workers employed by that service provider. Therefore, it is recommended to amend existing legislation or introduce new legislation to regulate terms and conditions based on whether a care worker is an employee as has been defined in laws applicable to Employees' Provident Fund benefits. This would ensure that all such workers are assured of minimum standards of employment regardless of the type of care work they are engaged in.

4

Future care needs

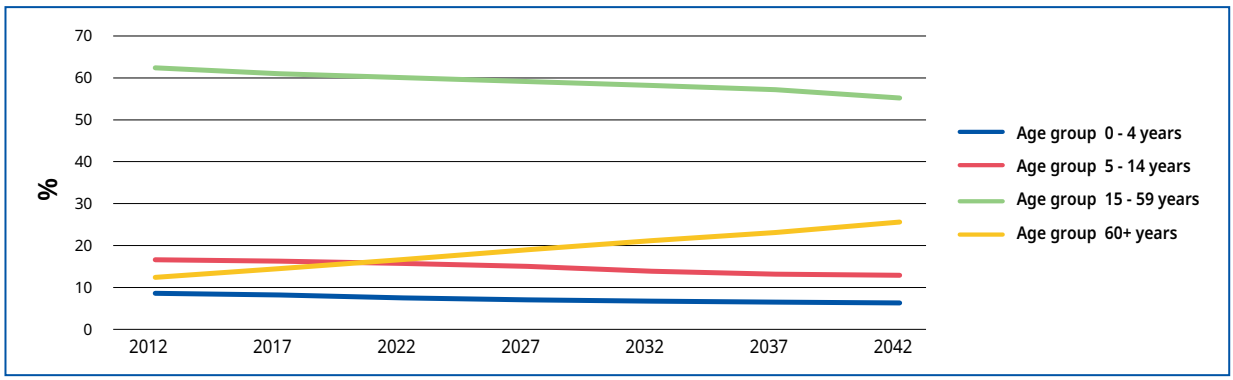
This section presents extracts from a more detailed document that captures the changing demography of Sri Lanka and projected care needs of the identified segments of the population for the period 2022–2042. This is key to identifying potential demand and supply of care providers for children and persons over the age of 60 years. Population projections are recognized as important for socio-economic planning and the formulation of national policies and are closely related to almost all types of planning, including planning for health, education, human resources, employment, and the provision of various other services. The findings provided here aim to:

- provide insights with regard to projecting the population of Sri Lanka for the period of 2022–42 in order to identify changes that can be expected in population size, growth and age/sex distribution over the coming two decades.
- identify the potential care-needing population and provide estimates on human resources that will need to be trained or skilled/upskilled for work in the care sector, with a focus on children and older persons.

The results of the population projection of Sri Lanka reveal that the population size will reach 21.6 million in 2022 and will further increase to 21.8 million by 2028, but thereafter a gradual decline can be expected. To this end, the projected population growth rate is expected to experience a decline from 0.74 in 2012 to -0.26 by 2042. It is of importance to note that the population projection calculation presented here is relatively lower than previous projections[26], as the projections presented here take into consideration COVID-19 deaths, the declining trend in fertility and increasing international migration by Sri Lankans when making assumptions on future population trends. The population in absolute numbers is projected to decline both in the younger age cohorts and among those of working age; while the population of those in older age cohorts is expected to increase throughout the projection period.

Figure 8 shows the demographic shift by broad age groups in Sri Lanka from 2012 to 2042. The projected population by broad age groups show that a significant increase in older persons aged 60 years and above, while all other age groups – 0-4, 5–14[27] and 15–59 – are expected to decrease from 2032 to 2042.

Figure 8. Projected trends in the age distribution of Sri Lanka, 2012–42



Source: CPH 2012 and author's population projections, 2012–42.

[26] That is, those found in W. Indralal de Silva and Ranjith de Silva, Sri Lanka: 25 Million People and Implications, Population and Housing Projections (UNFPA, 2015).

[27] The age group between 5 and 14 years include those children who have started schooling up through middle school.

4.1. Projected population trends for children under the age of 5

The population share of children under 5 years of age (that is, ages 0–4 years) is projected to continue to decline steadily from 7.5 per cent in 2022 to 6.3 per cent in 2042 due to the ongoing demographic transitional effect that has been experienced across recent decades (table 2). In absolute numbers, this represents a decline from 1.62 million to 1.34 million. Even though most infant and childcare arrangements are currently handled by women engaged in unpaid care work, increased public investment is required to secure more human and physical resources to realize publicly funded affordable and accessible quality childcare. It is essential to provide quality care for this segment of the population to improve their quality of life and well-being, and thereby ensure a productive and healthy workforce that is able to care for the rapidly ageing population.

Table 2. Distribution of the total population by age group, 2012–2042 (%)

Year	Age group			
	0–4 years	5–14 years	15–59 years	60+ years
2012	8.6	16.6	62.4	12.4
2017	8.2	16.3	61.0	14.5
2022	7.5	15.7	60.1	16.7
2027	7.0	15.0	59.1	19.0
2032	6.7	13.9	58.2	21.2
2037	6.5	13.2	57.2	23.1
2042	6.3	12.9	55.2	25.6

Source: CPH 2012 and authors' population projection calculations for 2012–42.

4.2. Projected population trends for those in need of elder care

The population of older persons aged 65 years and over is expected to increase from 1.6 million in 2022 to 4 million by 2042. This represents an increase in the proportion of the old age population from 11.4 per cent in 2022 to 18.7 per cent in 2042, with the proportional share of the elderly female population increasing at a faster pace due to a higher life expectancy. The expansion of the elderly population will correspond with an increasing demand for healthcare to treat non-communicable diseases such as cancers and cardiovascular, neurological and rheumatological ailments, as well as other physical and mental issues associated with ageing. This being so, projecting the population share of older persons in different age categories, such as age 65 years and over, age 70 years and over, and age 80 years and over (table 3), is useful in identifying future care needs and in developing programmes to ensure older persons' socio-economic well-being.

Table 3. Projected population for different age groups, 2012–42

Year	Total population	Age 65 years and over		Age 70 years and over		Age 80 years and over	
		Number	% of total population	Number	% of total population	Number	% of total population
2012	20 410 915	1 606 744	7.9	971 843	4.8	274 471	1.3
2017	21 085 678	2 029 083	9.6	1 185 071	5.6	309 398	1.5
2022	21 583 147	2 465 932	11.4	1 529 897	7.1	359 131	1.7
2027	21 682 491	2 925 730	13.5	1 872 548	8.6	461 602	2.1
2032	21 595 558	3 319 596	15.4	2 211 306	10.2	619 350	2.9
2037	21 490 227	3 674 788	17.1	2 499 583	11.6	756 605	3.5
2042	21 247 144	3 975 193	18.7	2 764 060	13.0	905 031	4.3

Source: CPH 2012 and author's population projections, 2012–42.

The characteristics of the care workforce and care demands of the older population are ultimately determined by the socio-economic and health characteristics of that older population. This being the case, the self-reported health and disability statuses of older persons have been analysed using physical and mental disability data from the latest available Census of Population and Housing (2012). The CPH 2012 data reveal that older persons are the most vulnerable group to physical and cognition-related

difficulties as they age, and these characteristics are also vital in determining the long-term care needs of families and institutions, such as, the number of caregivers, whether these caregivers are paid or unpaid, and access to geriatric services. Based on data collected from the CPH 2012, about 45 per cent of older persons 80 and over had walking difficulties, while 26 percent had cognition-related problems, both of which are indicative of a need for assistance in handling the activities of daily living. For example, based on the population projections, the elderly population experiencing difficulties in walking is expected to increase from about 0.6 million in 2022 to 1 million by 2042, demonstrating the sizeable degree of additional caregiving that will be needed in coming decades.

4.3. Supply of care providers needed to meet growing demand

The working age population (that is, ages 15–64) stood at 14.1 million in 2022, representing 60 per cent of the total population, and is expected to decline by about 1 million (to 13.2 million) by the year 2041. It is from this segment of the population that care providers will need to be recruited to provide childcare and care needs. The number of potential paid and unpaid carers for the period 2022–42 has been estimated based on LFS 2017 and Time Use Survey 2017 data by using the employment rate, labour force participation rate, and the ratio of paid and unpaid carers along with the projected working age population, and assuming these rates are constant over the projection period.

The quantitative analysis undertaken as part of this study reiterates the downward trend in the number of available care providers, which has been estimated using the potential support ratio, which identifies the potential care supplying group aged between 20–64 years. The feminization of care work globally is also found in the sex differences recorded in the care workforce in Sri Lanka, wherein more than 50 per cent are women, with this percentage expected to grow within the 2022–42 projection period.

According to the National Census of Early Childhood Development Centres in Sri Lanka (2016), there are about 578,160 children between the ages of 2 to 5 years enrolled in preschools; while 28,449 teachers work as preschool teachers (National Education Commission, 2019). While the projections indicate a decrease in the number of children aged 0–4 from 800,601 in 2022 to 663,481 in 2042, a corresponding decrease in the number preschool teachers/care assistants (from 49,825 in 2022 to 40,612 in 2042) is also expected. As it has already been identified that existing human resources are inadequate to provide quality early childhood education, it is necessary to take steps to address this projected shortfall in preschool teachers/care assistance to ensure full enrolment of preschool aged children.

Table 4. Projected numbers of pre-school aged children (3–5 years), pre-school teachers and teacher assistants, 2022–42

Year	Number of children 3–5 years	Number of preschool teachers required	Number of care teacher assistants required
2022	996 509	49 825	49 825
2027	914 791	45 740	45 740
2032	863 477	43 174	43 174
2037	837 841	41 892	41 892
2042	812 249	40 612	40 612

Source: Author's estimates assuming that the children per teacher/care assistant ratio is 20:1.

The potential support ratio is used to identify the potential group of adult persons aged 20–64 who might supply elder care. Existing data shows that in 2012 there were on average seven adult persons aged 20–64 years for every one elderly person (ages 60 years plus) in the population. However, this ratio is estimated to drop to less than four (3.8) to one by 2032 and three to one by 2042.[28] This declining potential support ratio driven by the increasing number of elderly persons relative to the working age adult population will result in a shrinking of the support base for older persons in Sri Lanka in coming decades.

Table 5 shows the projected supply of long-term care workers and the care worker deficit that Sri Lanka will need to address. To align with the standard generally seen in Organization for Economic Co-operation and Development (OECD) countries, there should be five long-term care workers for every 100 persons in the population aged 65 years and above. By this measure, Sri Lanka already has a sizeable deficit of long-term care workers, with an additional 87,305 already needed just to address current levels of demand,

[28] As per the CPH 2012 and population projections for 2012–2042 calculated by S. Perera.

which represents a need for a 243 per cent increase from the current supply.[29] And if the current trends in training and employing care workers remain the same, the situation is going to get much worse, with the deficit in long-term care workers projected to more than double by 2042.

Table 5. Projected long-term care worker deficit in Sri Lanka, 2022–42

Year	Population aged 65+	Estimated long-term care workers	Long-term care workers per 100 older persons	Long-term care worker deficit[1]
2022	2 465 931	35 991	0.69	87 305
2027	2 925 729	35 742	0.82	110 544
2032	3 319 596	35 315	0.94	130 665
2037	3 674 787	34 663	1.06	149 076
2042	3 975 193	33 669	1.18	165 091

[1] The long-term care worker deficit is calculated assuming a minimum of 5 long-term care workers per 100 persons in the population aged 65 years and above. This is in line with the OECD average ratio, which stands at about 5:100.

Source: CPH 2012 and author's population projections, 2012–42.

4.3.1. Gendered distribution of care

Sex-disaggregated data concerning the care work force in Sri Lanka reveal that there are only 45 men for every 100 women in the care work force, and this situation may continue in the future due to male-dominant emigration and occupation selectivity. It can be observed that the number of women care workers is expected to increase from 3.65 million in 2022 to 3.94 million in 2042, while the number of male care workers is expected to remain around 1.6 million during the projection period.

Table 6 presents the projected number of total care workers by sex. It reveals a significant imbalance in care provided by men and women, as explained in the previous section on paid and unpaid care in this report (section 3.1). The table illustrates that women dominate in both paid and unpaid care work in Sri Lanka, as can be seen in the sex ratio figures provided (shown as number of male workers per 100 female workers).

[29] In regard to estimating care-related human resources requirements: Due to lack of data, instead of assigning ideal healthcare services utilization levels (and their corresponding healthcare personnel requirements) to projected population segments, CPH 2012 disability rates were applied and projected into the future. A ratio of 5 LTC workers per 100 persons aged 65 and over was applied to population projections to estimate the number of LTC workers required for the projection period. The baselines for LTC workers was based on LFS 2017.

Table 6. Projected total numbers of paid and unpaid carers by sex, 2022–42

Year	Projected paid carers			Sex ratio1	Projected unpaid carers			Sex ratio1
	Total	Male	Female		Total	Male	Female	
2022	24 672	8 564	15 980	53.6	5 297 900	1 621 104	3 640 238	44.5
2027	25 212	8 632	16 528	52.2	5 413 727	1 633 869	3 765 140	43.4
2032	25 549	8 640	16 926	51.0	5 486 094	1 635 519	3 855 821	42.4
2037	25 697	8 600	17 175	50.1	5 517 989	1 627 944	3 912 376	41.6
2042	25 564	8 460	17 245	49.1	5 489 478	1 601 459	3 928 279	40.8

1 Sex ratio = number of male workers per 100 female workers.

Source: Projected paid and unpaid care work force was based on population projections, the LFS and the Time Use Survey 2017. Constant ratios are assumed.

Source: Projections using marginal effects of the probit model of care workers. 4.3.2. Preliminary summary

For the projection period of 2022–42, Sri Lanka's population in absolute numbers is expected to decrease among children and working age individuals, while increasing among the elderly. The child population under the age of 5 is expected to decline from 7.5 percent of the total population in 2022 to 6.3 per cent in 2042 due to the demographic transition effect. The elderly population, however, is expected to increase up to 4 million in 2042 from 1.6 million in 2022, with the older female population expected to increase at a faster rate due to women's higher life expectancy. The increase in an older population would also mean an increase in many illnesses and health concerns. Among the concerns the ageing population will face are physical and cognition-related difficulties. Thus, in order to care for this ageing population, the decreasing child population needs to be provided with proper care and a quality of life to ensure the formation of a healthy young workforce that is capable of caring for the older segments of society.

By 2042, the working age population is also expected to reduce by 1 million to 13.2 million in total. Consequently, the potential support ratio is projected to decline from seven adult persons aged 20–64 per one elderly person to just three adults per one elderly person in 2042.

The difference in care work by sex (45 men per 100 women) is expected to widen, with the number of women carers increasing to 3.94 million in 2042 from 3.65 million in 2022, while male carers are expected to remain at round 1.6 million throughout the projection period. The decline in the working age population would also mean a decline in personnel available to provide quality care and education to children as well. Projections for unpaid carers show that numbers are expected to increase up to the year 2037 and decrease slightly afterwards, with care work responsibility mainly falling on women aged 30–49.

5

Challenges to meeting care deficits

In addition to recognizing the growing demand for paid care work in Sri Lanka, it is also important to note that the provision of skills training for specific types of care providers, in particular those who care for older persons and children, is still limited in the country.

5.1. Skill requirements of care workers

At present, care worker training is available to meet rising demand, and is typically initiated by individuals seeking work in the sector or by care-providing institutions. Skills provision is managed by training prospective care workers using courses targeting care provision for specific types of care recipients. Some examples include state-provided programmes such as the Diploma in Gerontology/Elder Care programme offered by the National Institute of Social Development,[30] the Advanced Certificate in Preschool Education offered by the Open University,[31] programmes offered by the Tertiary and Vocational Education Commission and regional institutes registered with the Children's Secretariat, and private training institutes such as the Lanka Hospitals Academy[32], the Certis Lanka Group[33] and Association Montessori Internationale (AMI) diploma courses provided at the school level. Some NGOs also provide training programmes aimed at providing skills for employment opportunities (ADB 2021). While these examples are not exhaustive, there are limitations with regard to the accessibility and availability of training and teaching facilities, and this has direct implications on the supply of trained carers. It is important to note that the content of the trainings provided and the standards of the qualifications obtained are not uniform, as they differ based on the institution providing them and have limited oversight by national state authorities.

Training of caregivers for children and older persons is vital for to ensuring sustainability in the sector, particularly as the demand for formalization of care increases. In institutions where childcare staff lack competent education and social work skills, cases of abuse are prevalent (ADB 2021). To this end it is duly noted in the most recent Census of Children in Care Institutions (2019) that only 44 per cent of childcare institution staff had received relevant training. The Census further reports that only 26 per cent of employees working in childcare institutions had a vocational qualification relevant to their current occupation (Sri Lanka, Ministry of Finance, Economic Stabilization and National Policies, Department of Census and Statistics 2021b). The lack of staff with counselling skills has also been reported as a problem by about 60 per cent of Probation Commissioners (ADB 2021).

While the literature suggests that the lack of competent education and social work skills can lead to abuse by caregivers at institutions, during the primary data collection phase it was revealed that close monitoring from the National Child Protection Authorities is accompanied by detailed documentation of children's well-being, with caregivers at foster homes held accountable for any injuries to or ill health of the children in their care. To this end, it was stated that monitoring occurs once a month on average, and is supplemented by random checks.[34]

In terms of caregivers for children with special needs, there is a need to provide teachers with training on communication support and strategies that can be implemented in their classrooms. In addition,

[30] More information on the Diploma in Gerontology/Elder Care is available at: https://nisd.ac.lk/index.php?option=com_content&view=article&id=29&Itemid=153&lang=en.

[31] More information on the Advanced Certificate in Pre-school Education is available at: https://ou.ac.lk/advanced-certificate-in-pre-school-education/.

[32] More information on the Lanka Hospitals Academy is available at: https://www.lankahospitals.com/en/lanka-hospitals-academy/.

[33] More information on the Certis Lanka Group is available at: https://www.certislanka.com/training-and-development.

[34] Key informant interview no. 13.2.

consideration could be made to either provide the child with a shadow teacher or teaching assistant, or to at least permit the child's parent to function as support personnel in the classroom. In addition, greater consideration is needed of the individual with disabilities and their family, including consideration of their views and perspectives on education or school and on broader society in general (Muttiah, Drager, and O'Connor 2016).

With regard to care for older persons, a key informant interview with a medical professional revealed that Sri Lanka's state medical sector only has two geriatric units for the whole country, one at the Colombo South Teaching Hospital, Kalubowila, and the other in Kadugannawa, Kandy. While medical care is outside the scope of this study, it is highlighted here as it was reiterated that care for older persons requires a holistic approach that goes beyond identifying medical maladies, but rather embraces an understanding of the individual's lifestyle/habits that may contribute to illness as well as what care support systems exist. As Sri Lanka's population rapidly ages, steps should be taken to ensure adequate care can be delivered through targeted improvements in knowledge and skills, as these are already in short supply.

Among individuals who do have certified skills, it is difficult to compare and assess these skills, as the trainings provided by different institutes vary significantly because Sri Lanka has no standard curriculum for care-based skills. Furthermore, it is also recognized that care provision requires a specific skill level for it to be effective. For instance, home care assistants are required to balance their relations with the patient and their responsibility for self-managing and navigating the patient care system, thereby taking responsibility for the workplace overall (Swedberg et al. 2013). With no formal recognition of the skills of care providers, and no way to continuously assess their performance, this results in little to no career progression within the sector, unless the care worker is employed in a more formal setting.

In the context of paid care providers either within or outside the home, interviews conducted with representatives of a care service agency and a care institute indicated that the most important requirement or skill was the willingness of the care provider to engage in the sector. Factors such as previous experience and having a kind and nurturing nature were also recognized as value additions to employability in a sector with a limited supply of individuals willing to engage. It is important to note that care provided by both paid and unpaid channels is rarely limited to direct or indirect care, and in reality encompasses an overlap of several direct and indirect care activities. 5.1.1. Skills for care provided outside the home

The existing shortage of labour is attributed to reluctance to engage in the care sector. Reluctance to care for older persons in a paid position, in particular, is a result of negative perceptions of the tasks involved and the idea that the work undertaken is menial. Alternatively, individuals who have received the necessary training and experience through formal care provision institutes or through on the job training, often use their experience to seek employment opportunities overseas, resulting once more in a shortage of skilled labour in country.[35] Furthermore, given the shortage of labour willing to engage in this sector, it is recognized that specific geriatric-related skills are not sought by institutions when recruiting, with the decision made to instead provide on-the-job training based on the requirements at the time.

The level of skill required for the care of infants and very young children at childcare centres or creche facilities differs from the care requirement for older persons. The former requires multifaceted care and knowledge about nutrition, health as well as early childhood development in the interest of ensuring the long-term well-being of a child. Particular attention is drawn towards the child's early cognitive development during the "golden thousand days" for children between the ages of 0 to 3 years. In an interview with representatives of an organization working on improving childcare support within the estate sector, the importance of expanding the knowledge and skills of care providers was emphasized, as some childcare facilities tend to focus almost entirely on nutrition and maintenance of the physical space the children occupy at the cost of the child's overall well-being.[36]

A similar experience was recorded by a matron of a non-fee levying childcare centre. While she had several years of experience and a preschool teaching qualification, none of the other members of staff had any qualifications related to childcare.[37] Limited availability of individuals with the necessary skills to

[35] Key informant interview no. 15.

[36] Key informant interview no. 5.

[37] Key informant interview no. 13.3.

correspond with what is deemed to be quality care is also observed in data available from the 2019 Census of Children in State-run Childcare Institutions, which states that only 46 per cent of employees at these institutes have passed the GCE Advanced level or possess a higher qualification, and only 26 per cent of the employees had a vocational qualification relevant to their current occupation. Among those with vocational qualifications, only 110 (19.4 per cent) reported having a qualification on Early Childhood Development/Montessori (Sri Lanka, Ministry of Finance, Economic Stabilization and National Policies, Department of Census and Statistics 2021b).

By comparison, in a creche run by a private company for the benefit of its employees, the mandatory skills requirement of individuals employed included qualifications related to early childhood education and/or first aid training, with the remuneration reflective of the skills and industry average.[38]

Therefore it is possible state that the level of qualifications amongst ECCD workers and the corresponding care delivered can vary based on multiple factors such as location, type of institution as well as remuneration. 5.1.2. Skills for care provided within the home

In Sri Lanka, care provision at home is preferred over institutional care, and is predominantly undertaken by women – either family members or domestic workers – due to the gendered distribution of care responsibilities. The skills required and provided for non-medical care within a domestic sphere are predominantly learned by care workers through their own personal experiences of providing care, either for their own family members or from previous work experience. Such on-the-job learning is not formally assessed by an independent body unless the caregiver seeks to pursue employment overseas or through formal institutions. Therefore, when households seek support for care provision through non-formal channels, verification of skills is not possible. In the absence of standardization and transference of skills, there is a tendency to seek a period of probation or to rely on recommendations. Concerning employment with formal institutions, a private home-based care provision enterprise interviewed for the study said that the minimum qualification to enrol as a care provider was to have studied up to grade 10. After recruitment, the enterprise provides a basic training that is supplemented periodically through on-the-job training. Refresher courses and advanced training are formalized through certificates issued by the enterprise.[39] The additional skills gained are stated to correspond with an increase in remuneration and recognition.

In the context of care required for older persons, there is growing demand for caregivers with the skills and knowledge needed to dispense medication and otherwise ensure the physical and mental well-being of elderly persons with long-term illnesses or disabilities. When such services are obtained through a formal channel, the care provider is assigned based on the stated need and their skill set, which would be derived from past experience and/or skills training provided by the intermediary organization. The recorded increase in cases of dementia among older persons requires specialized knowledge related to ensuring the individual receiving the care stays calm and engages in activities that help limit cognitive deterioration. At present, such knowledge is gained at institutions providing long-term care or through nursing care centres.[40]

The growing demand for caregivers also stems from requirements for providing companionship and assistance with managing daily household chores and activities. Such demand for paid care is observed particularly in households where the inhabitants' children have migrated either overseas or to elsewhere in Sri Lanka and therefore cannot offer themselves as a support system to ensure the well-being of their ageing family members left behind. For households where younger family members continue to reside in the household, paid care services afford the household members a respite in at least the area of elder care as they balance other care responsibilities. In such instances, the skills required encompass both direct and indirect care activities, as outlined in the ILO definition of care work.[41] Such personalized care, however, is expensive and only affordable to a relatively small segment of the population.

[38] Key informant interview no. 1.

[39] Key informant interview no. 3.

[40] Key informant interview no. 3.

[41] Direct care activities entail: feeding a baby, nursing a sick partner, helping an older person to take a bath, carrying out health check-ups or teaching young children. Indirect care activities entail: cleaning, cooking, doing the laundry, and other household maintenance tasks that provide the preconditions for personal caregiving.

5.2. Well-being of caregivers

The emotional burden and stress associated with providing long-term care is a factor not given adequate consideration irrespective of whether the care is provided by a member of the family (unpaid) or through a paid care worker. The failure to recognize the impact of care provision on the caregivers can affect the quality of care provided as well as the overall well-being of the caregiver.

5.2.1. Well-being of paid caregivers

Training of caregivers of children in institutionalized care is vital for its sustainability. The high ratio of children per trained staff member can lead to high stress levels due to the workload involved and the inadequate resources for technical supervision and support (Sri Lanka, Ministry of Women and Child Affairs, Department of Probation and Child Care Services 2019). This was reiterated during the primary data collection, where a respondent working at a childcare facility highlighted the challenges of continuous responsibility associated with caring for young children in an institutional setting, as opposed to a purely learning environment:

> *I have diplomas in preschool education, but here it is different. In a preschool we are only responsible for the kids for three hours. Parents and teachers both contribute to their development. But here, there are no parents. … We have 20 children. There are three workers. It is not enough. I teach them [the children] and I have to manage the home also. Now there is a preschool teacher working with us though. I have to go to courts, to clinics, to the rehabilitation department, and to many other places.*[42]

Unlike care provided at an institution, the provision of paid care within the confines of a household means that there is no clear separation of the personal time and work for the caregiver, who is essentially on-call throughout the day. In such a context, it is necessary for caregivers to be able to establish some boundaries, such as the setting the number of hours of work per day and clearly identifying the tasks and responsibilities that are to be carried out, particularly when employed as a live-in care worker. As pointed out by a member of a union of domestic workers, a contract between the employer and the service provider allows them the opportunity to establish things such as hours of work, the rate of compensation for work assigned as well as for any additional services provided, and a clear agreements about vacation days, which can contribute towards a conducive work experience, irrespective of whether the contract is verbal or written.[43] While creating boundaries with regard to the types of care responsibilities to be undertaken may be possible for paid care providers, this is not as feasible for unpaid care provided by family members.

The primary data collection undertaken as part of this study highlighted the fact that unless an individual care worker is employed as part of an organization, enterprise or institution, the existing labour laws do not recognize domestic workers, and therefore afford domestic workers no access to social protection, the minimum wage, or a pension. In the absence of minimum wage protections, variations in compensation for domestic workers are influenced by demand and geography, with work in urban localities offering higher levels of compensation. The domestic workers' union member interviewed for the study did, however, state that if an individual experienced non-payment of wages, the worker was entitled to make a complaint at the labour department, affording them some level of protection; although awareness of this entitlement is recognized to be limited.[44]

5.2.2. Well-being of unpaid caregivers

5.2.2.1. Does unpaid care work influence feelings of being under pressure?

This section presents the results of a statistical analysis using data from the Time Use Survey 2017 that estimates the level of stress experienced by unpaid carers. On average, women's score of feeling under pressure is higher than that of men. The estimates shows that all other characteristics being equal, being a woman is significantly associated with greater stress, at a reported level 9 per cent higher than men.

Based on data analysed from the Time Use Survey, although men on average spend only about a third of an hour on childcare, it is associated with greater stress for them (at 8 per cent) than for women (at 6

[42] Key informant interview no. 13.2.

[43] Key informant interview no. 9.1.

[44] Key informant interview no. 2.

per cent), who on average spend nearly one and a half hours on this task.

Conversely, time spent on employment is associated with more intense feelings of being under pressure for women than for men, likely because working women must also carry a larger burden of unpaid care work than men. For example, men spend on average one hour and twenty minutes on housework, whereas women spend nearly five hours. Understandably, housework increases the pressure on both men and women, but not by the same amount. So, an additional hour of housework increases the amount of pressure felt by men by about 4 per cent, and the amount of pressure felt by women by about 5 per cent.

5.2.2.2. Other characteristics that contribute to stress of unpaid care work

The most notable among other characteristics associated with feelings of pressure is **age,** particularly being between 30 and 60 years of age, a key subgroup of the working age population, which is involved in earning, running households and looking after others. Being **married,** as opposed to being single, divorced or widowed, is associated with more stress for men than women, but the sizes of the coefficients diminish with the addition of other time use variables.

Better **education** is associated with monotonically increasing feelings of pressure. The greatest pressure is felt by those with tertiary education degrees: these graduates' feelings of pressure are 39 per cent greater than those of persons with a primary education or less. The positive and significant association between educational attainment and feelings of pressure may stem from the better educated taking responsibility for more stressful decision making for others at home and at work. The more educated individuals may also have higher expectations, which they find stressful to fulfil.

Location or environment. Residence in both rural and estates areas are associated with significantly lower feelings of stress than living in urban areas, suggesting that the built-up environment and lack of green spaces in cities increase feelings of stress; whereas natural environments in rural and estate areas reduce feelings of pressure. It is also possible that rural and estate areas have relatively stronger kin networks that provide support and distribute the care burden. The coefficient on estates is strikingly large and negative: the feelings of pressure experienced by a woman living on an estate is 40 per cent lower than the pressure felt by a woman identical to her in all other characteristics but who is living in an urban area. Interestingly, residents in former conflict zones in the Northern and Eastern provinces are significantly less likely to be experiencing feelings of pressure than individuals living in Western Province.

5.2.3. Ensuring the well-being of care workers

The experiences and working conditions of paid care workers are varied and depend on the environment in which the care work is carried out. Ensuring that decent work conditions and the well-being of the care workers are met continues to be a challenge, as their services are predominantly provided within the private sphere of individual homes. Comparatively, if care workers are attached to a service agency, it is possible for a facilitator/supervisor to carry out an inspection visit to observe the space in which the work will be carried out, to ensure there are adequate resting and sanitation facilities, as well as to consider the composition of the household members in the interest of ensuring the safety and well-being of the care worker – especially in instances when the care worker will be residing at the premises of service provision. According to a representative of a care provision agency, an agency representative is assigned to carry out periodic inspection visits to ensure that working conditions are conducive to effective service delivery.[45] It is duly recognized, however, that inspection or supervision visits are not feasible or applicable for all individuals engaged in independent care provision. However, for those engaged in the provision of medical-related care of older persons, it is proposed that there be a registration with a local healthcare association, such as the Public Health Inspector, to ensure that the conditions are adequate, both to ensure the well-being of the care worker and to ensure that the care being provided is up to the standard expected to promote the well-being of the person being cared for.

The emphasis on the well-being of the care workers was strongly reiterated in an interview with an individual who is responsible for placing long-term residential care providers for older persons in private homes,[46] as well as in an interview with an owner of a paid care service agency. The latter's organization

[45] Key informant interview no. 3.

[46] Key informant interview no. 2.

regularly engages with the carer workers they have assigned and has established a system to ensure that care workers do not work continuously for longer than three months without a vacation or time away from their care duties. The respondent further went on to state how the COVID-19 pandemic contributed to an additional emotional burden on care workers as they were unable to utilize their vacation time on account of the higher risk of exposure during travel, which would negatively impact their elderly care recipients.[47]

Interviews with a limited number of independent care workers highlighted some of the challenges they faced in the absence of institutional support or regulations to ensure decent work conditions. According to one respondent, in addition to caring for an older individual with dementia, the family also expected her to prepare meals with no compensation for the additional duties undertaken. She went on to state that some households did not allocate any time for rest or to partake in eating meals: "Some places, even while I am having my lunch, they will give me instructions on my work." She further stated, "Even though we usually reach verbal agreements on work conditions, those are rarely followed."[48]

Awareness of rights and entitlements and the ability to advocate for themselves as a worker are observed to contribute towards a better working experience. To this end, one of the respondents who was also a member of a workers' union indicated that she has a stipulated number of work hours and if she works beyond the agreed upon time, she is entitled to compensation in the form of overtime payment: "After 5 p.m., we get 100 rupees for every extra hour, and after 6 p.m., we get 200 rupees [for every extra hour]. Transport must be given if we stay for longer than 8 p.m."[49]

For individuals commuting to work daily, as opposed to engaging in residential care, the ability to be able to create and maintain boundaries as care workers is important, as they often return to their own homes to engage in unpaid care work.

5.2.4. Preliminary summary

Skill provision for care work is managed by the state sector, the private sector and by some NGOs. Equipping care workers with necessary skills is vital for the sector's sustainability. Where such skills are absent, the potential for abuse by care workers is present. In 2019, it was found that only 44 per cent of staff in childcare institutions had relevant training. In order to make sure that childcare institutions function properly, the National Child Protection Authority is tasked with conducting regular monitoring. There is also a need to provide necessary skills to teachers and care workers when dealing with children with special needs and disabilities. With the ageing population projected to increase in the coming decades, the availability of care services for older persons needs to be improved and expanded beyond the two geriatric units currently available in the country, and care services need to adapt to the varying care needs of care receivers. There is a labour shortage within the sector due to negative attitudes towards the profession and better prospects for care workers overseas. Minimum requirements to enter a care facility most often is having studied up to grade 10 and with basic training provided upon recruitment. However, the lack of a uniform training programme across institutions could affect care provision, and in generally there is an absence of adequate knowledge in care facilities. For example, many childcare facilities focus almost entirely on the physical well-being of the children under their care while ignoring their early cognitive development. At present, an assessment of certified care workers is difficult due to the differences that exist between different training programmes. Apart from necessary skills, it is also important for care workers to be willing to take on the required responsibilities and tasks. The skill of care workers was also noted to vary depending on the type of care institute. For instance, creches run by private institutions and fee-based long-term residency institutions for older persons often had mandatory skill requirements for employees and skill-based remunerations, with some offering further skill development.

It is mostly women who engage in unpaid care work in their home settings, and some do draw on the experience gained from caring for their own families to go on to be paid care workers. However, many elderly care recipients have specialized needs (long-term care, illnesses, and disabilities), and they require care workers who have undergone certified training. The demand for care workers who can provide both direct and indirect care is also on the rise, but such services can be expensive. Care work and stress is an area to which little attention has been paid. Failure to recognize the stress and pressure linked to care

47 Key informant interview no. 3.

48 Key informant interview no. 9.1.

49 Key informant interview no. 9.2.

provision can affect the quality of life of care workers. The disproportionate number of care recipients per care provider in Sri Lanka could lead to increased levels of stress and strain on care providers. The inability to separate one's personal hours from work hours in a home setting could also affect care workers. Setting boundaries from the onset with the employer could help in such a scenario. According to 2017 Time Use Survey data, being a woman caregiver is, on average, more stressful than being a man (by 9 per cent). Although even though men spend less time than women on childcare, it is reported that men feel more stressed by it than women. The double shift of unpaid care work at home also places more of a burden on working women than on men. During the pandemic this care burden on women increased, and some care workers working with older persons were unable to utilize their leave due to risk of spreading the virus to their care recipients. Age, particularly being in the age range of 30–60, is one of the notable characteristics associated with pressure and care work. Married men are also associated with more stress than single men and women, and married women. The better educated, specifically tertiary-level graduates, record higher levels of stress than less educated persons. It was also revealed that persons in urban settings feel more stressed than those in rural and estate settings. Looking after the well-being of care providers is a must. But while this can potentially be guaranteed in an institutional setting, it is difficult to do so for independent care workers, as without institutional support they may find themselves working extra hours and performing duties that fall beyond their scope.

6

Conclusion

Population projections estimate that Sri Lanka's total population growth rate will decline over the years, reaching -0.26 by 2042 due to an increase in life expectancy and a corresponding decline in fertility. This is expected to be reflected in a rapidly ageing population, with more than 25 per cent of the population being over 60 years of age by 2042; while the population of children between the ages of 0 to 4 years is estimated to decline from 7.5 per cent in 2022 to 6.3 per cent in 2042.

These demographic trends are accompanied by an increased emphasis and recognition placed on ensuring early childhood development that encompasses health and nutrition, education, and cognitive and behavioural skills, as this would contribute to ensuring the long-term well-being of a child and the future population. Furthermore, as people live longer and the working population shrinks, increasing support is needed for the provision of elder care. It therefore becomes challenging to continue to provide care in the traditional manner, particularly in a context where primary care providers are engaging in paid work, family structures are transitioning towards nuclear family households, and migration is increasing. These factors will contribute to an increase in demand for care facilities and paid care support.

At present, most care provided to children under the age of 5 and to the elderly takes is in the form of unpaid care within the private sphere by family members, typically women family members. This is reflected in the most recent labour force statistics, with 60.3 per cent of women of working age attributing their economic inactivity to engagement in household activities. The econometric analysis of this study shows that the typical Sri Lankan unpaid carer looking after children is a woman between 30 and 39 years of age, and unpaid elder care is typically handled by a woman between 50 and 59 years. With regard to location, individuals residing in the Northern Province were significantly less associated with engaging in unpaid care work compared to those residing in the Western Province, and it is noted that these findings may reflect different demographic and dependency structures of households in these provinces.

The overall working age population in 2022 represents 60 per cent of the total population, although is expected to decline by about 1 million persons by the year 2041. Regarding individuals engaged in paid care work, the data analysed shows that paid care providers typically are middle aged women between 39 and 59 years of age, with a secondary education and residing in urban areas in the Western Province. The data also showed a significant decline in the number of paid carers, which fell from about 38,000 workers in 2014 to roughly 12,000 in 2018; with women representing 84 per cent of all paid care providers in 2018. The reduction in the pool of paid care providers is attributed to better job opportunities elsewhere in the economy and to care workers migrating overseas for similar work at higher wages. To this end, the data identified that the wages of workers in other sectors grew substantially faster than those of care providers over the period from 2014 to 2018, contributing to the trend of paid care work being viewed as generally unattractive. Despite overrepresentation of women within the sector, gendered wage disparities are observed with the average wage rate of male care providers being higher than the wage rate of not just female care workers, but also that of female employees in other sectors from 2017 onwards.

The emotional burden and stress associated with the provision of care – irrespective of whether the care is provided by a family member or in exchange for payment – is a factor identified to be given scant attention. The importance of these pressures is highlighted in this study, as it is recognized that failure to recognize the impact of care provision on the care providers can affect the quality of care provided as well as the overall well-being of the care provider. The need for additional support for care workers shouldering the double burden of paid work and unpaid care provision at home, as well as the need for job security and laws regulating the care sector were highlighted during the COVID-19 pandemic. To this end, the need to ensure adequate respite for care providers is reiterated.

Despite the growing demand for paid care work, the ability to retain care providers within the sector is further challenged due to the lack of formal

recognition of skills and the services provided, as well as limited opportunities for career progression. The lack of standardization of training curriculums also make it difficult to assess an individual's capacity. This has resulted in individual care institutions/ enterprises providing their own training and skills development upon recruitment. Given the expected and growing demand for skilled individuals in the future, creating an environment to attract care providers to the sector is crucial. Although fee-based private institutes and services are expanding their presence to meet growing demand, they are still limited in number and are not affordable to all.

To this end it is necessary to ensure a regulatory framework exists to provide care workers with adequate protection to ensure decent working conditions and dignity of labour. Although most types of care work relating to older persons and childcare are covered by specific regulatory or supervisory institutions, these regulations provide for the well-being of those who are cared for and do not focus on those who actually provide the care. Decent working conditions for care workers in Sri Lanka are dependent on employment relationships characterized by a written or unwritten contract of service performed in return for the payment of a wage. This could leave excluded from labour protections any worker who cannot establish that they are in an employment relationship, as well as unpaid carers or family members that provide care services. Care workers in the public sector are better protected, as they are formal workers with defined terms of employment, social protection and other benefits. However, there are few provisions governing the employment of workers in the private sector, and even then, the entire responsibility for the social protection of these workers lies with the employer, which may lead to non-compliance and a lack of protection. It is therefore desirable that social protection mechanisms that are accessible to all workers, regardless of the type of employment or contractual relationship, be established.

While the provision of care is identified as a bright spot in Sri Lanka's future of work, due to its requirement of affective labour and the private sphere in which care work predominantly takes place (ILO 2019), there is a need to ensure that the valuable work carried out under the umbrella of the care economy is both recognized and accounted for, particularly in a context of an ageing population. It is therefore important to ensure that those providing care services are protected and to ensure that decent work conditions are provided, while at the same time encouraging more individuals to engage in the sector.

7

Areas for future development of care provision

As reiterated several times throughout this report, the care needs in Sri Lanka are poised to grow in the coming years, with limited interventions already in place to meet the expected demand. In this section, the following suggestions are provided to bridge the identified gap on the foundation of three basic pillars:

i. developing or improving on an existing model of community-based care to minimize the future care burden;

complemented by

ii. the provision of training to ensure care providers have the necessary skills to meet growing demand;

supported by

iii. a robust legal and policy environment to ensure that the rights of both care receivers and providers are protected.

7.1. Developing a model of community-based care

The population in Sri Lanka is recognized to be rapidly ageing due to a combination of a broad demographic transition and increased life expectancy, but there are limited systems in place to support the care and well-being of older persons as well as those providing care to the elderly. To this end, consideration should be given to the establishment of a community-based system – similar to those already in place for ensuring maternal and infant well-being – that focuses on regular wellness check-ups encompassing the mental, physical and emotional well-being of all individuals after the age of 60.

To this end, it is proposed to make use of existing structures within the local community, such as village-level elderly committees and the community centres that already exist across the country. Utilizing existing infrastructure will minimize the cost-of-service provision if coupled with the existing universal healthcare system in Sri Lanka, thus making the services accessible to a greater number of individuals in need. Starting with the population classified as "young old" (ages 60–70), the needs of older persons can be identified prior to further progression along the life cycle. Furthermore, if care services are located within the community itself, this will limit the distances an older person needs to travel to access services, while at the same time ensuring more regular check-ups for eyesight, hearing, mobility and non-communicable diseases.

The greater demand for elder care is observed to stem not just from health needs, but also from assistance required in the areas of providing companionship and assistance with managing daily household chores and activities. The demand for paid care in this scenario is observed particularly in households where the children have migrated or are living overseas and do not have a support system to ensure the well-being of their ageing family members. For households where family members continue to reside locally, paid care services afford the caregiving family members a respite in their elder care duties as they balance other care responsibilities or engage in paid employment themselves. Paid care services can also provide older persons with the financial capability a sense of independence and the opportunity to remain within an environment of their choosing. In such instances, the skills required by care workers encompass both direct and indirect care activities as outlined in the ILO definition of care work. Such personalized care is expensive and only affordable to a relatively small segment of the population. Even so, this subset of older persons will also benefit from the sense of community that can be created through community-based care centres.

Building on a model of community-based care, it is also proposed to use the existing community centres in each village to operate day care centres for older persons, which would facilitate and provide opportunities for socialization, exercise, participation in recreational activities and engagement with their peers – all of which can contribute to the prevention of decline in functional ability (ADB 2021). These centres have the potential to provide collective care and support for older persons, as well as their family members (who are usually the sole care providers) by providing these family members with a respite or the opportunity to engage in paid work outside the home.

A similar model can also be adopted for early childhood care, which would in turn result in an increase in the enrolment of children in early childhood care centres. Improvement in the achievement of early childhood development milestones (particularly for children between the ages of 3 to 5 years of age) through guided oversight can contribute towards a more productive labour force in the long term.

7.2. Training and skills development

At present Sri Lanka does not have a standardized or recognized skill providing institute or any plans in place to develop a skilled workforce to provide care services for older persons, which is of paramount importance given the projected demographic shift. Existing data also suggests a shortfall of skilled individuals who are able to provide early childhood care at the existing community-based centres. To respond to this shortfall, it is recommended that uniform training be provided to care providers of children and older persons by state institutions responsible for the oversight of their well-being in a bid to respond to the increase in demand for formal care provision that is expected in the future.

Building on the community model proposed above, it is possible to recommend the provision of standardized training to volunteers from the community, who would then be certified to meet the needs of the selected care population. If care providers are from the vicinity or live in close proximity, it could also present new opportunities for employment. Rather than increasing the allocation of staff at state-run institutions that are responsible for the provision of care, officers in each locale from the National Child Protection Authority, Provincial Councils, the Ministry of Education or the Ministry of Health can be assigned to provide oversight to the proposed community-based centres.

In terms of caregivers for children with special needs, there is a need to provide teachers with training on communication support and strategies that can be implemented in their classrooms. To this end, consideration should be given to either providing the child with a shadow teacher or a teaching assistant, or at least permitting the child's parent to function as support personnel in the classroom until formal support can be trained and provided.

It is also proposed to establish a system within the vocational training institutes along the lines of the National Apprentice and Industrial Training Authority (NAITA) that will recognize the existing skills and experience of individuals already engaged in providing care services. This would provide care providers with the choice to engage in paid work if they so choose or even to use the recognition of skills for the purposes of seeking employment at formal institutions or overseas. At present, women are overrepresented in the care sector, as it is frequently considered an extension of the unpaid direct care many women already provide for family members. If, however, care work considered a form of skilled employment with corresponding wages, it will be possible to encourage more males to enter this sector to meet the increase in demand that is expected.

In light of the current debt crisis facing the country, which is expected to face long-standing budgetary challenges, financing of the abovementioned community-based day centres and staff to care for older persons and/or children can be funded through nominal community contributions. These would be less expensive than financing care at formal institutions or establishing new care centres. Furthermore, if successful and with sufficient community buy-in, the centres would result in a sustainable solution.

7.3. Robust policy and legal environment

There is presently a lacuna in Sri Lanka's legal and policy environment with regard to policies to protect or recognize paid care providers at institutions, care workers within the private sphere and individuals contributing to unpaid family care, which highlights the need to create an environment conducive to decent working conditions for care workers. To this end, the following recommendations are proposed:

1. Include the specific categories of work and work arrangements – such as own account workers and contributing family workers engaged in care work – under the existing legal provisions

2. Introduce a universal social security benefit system so that all persons, regardless of their employment status (or even if unemployed) may access social protection.

3. A government commitment of funds allocated through the national budget towards financing and maintaining the provision of the proposed community-based care services.

4. Increase awareness of the legal rights of care workers by simplifying the laws applicable to care workers, and improve the knowledge of employers, managers and care workers of the terms and conditions of employment.
5. Encourage care workers to form informal associations that are linked with trade unions in order to reflect the interests of care workers in national policy and decision-making bodies.

References:

Abayasekara, Ashani. 2018. "How Disability-Inclusive Is Education in Sri Lanka? A Preliminary Look." *Daily FT, 5 December.*

ADB (Asian Development Bank). 2021. *Country Diagnostic Study on Long-Term Care in Sri Lanka.*

———. 2022. *The Road to Better Long-Term Care in Asia and the Pacific: Building Systems of Care and Support for Older Persons.*

Bryson, Caroline, Mike Brewer, Luke Sibieta, and Sarah Butt. 2012. *The Role of Informal Childcare: Understanding the Research Evidence.* Nuffield Foundation.

De Silva, Menusha. 2017. "The Care Pentagon: Older Adults within Sri Lankan-Australian Transnational Families and Their Landscapes of Care." *Population, Space and Place* 23 (8): e2061.

de Silva, W. Indralal, and Ranjith de Silva. 2015. *Sri Lanka: 25 Million People and Implications, Population and Housing Projections 2012–2062.*

Folbre, Nancy. 2021. "Developing Care: The Care Economy and Economic Development." *In Women's Economic Empowerment: Insights from Africa and South Asia,* edited by Kate Grantham, Gillian Dowie, and Arjan de Haan. 102–125. Routledge: London and New York.

Hettige, S.T. 2014. "Social Integration, Sustainable Livelihood, and Social Protection of Elders in Sri Lanka." *In Growing Old Gracefully.* 57–72. Human Rights Commission of Sri Lanka and HelpAge Sri Lanka.

Ilkkaracan, Ipek. 2018. *"Four Things to Know about the Purple Economy",* IWRAW Asia Pacific Brief.

ILO. 2016. *Factors Affecting Women's Labour Force Participation in Sri Lanka.*

———. 2018. *Care Work and Care Jobs for the Future of Decent Work.*

———. 2019. *Future of Work in Sri Lanka: Shaping Technology Transitions for a Brighter Future.*

Johnson, Hillary C. 2018. "Why Care about Unpaid Care Work in East Asia". *World Bank East Asia & Pacific on the Rise Blog, 20 June.*

Kabeer, Naila. 2020. "Labour Market Inequalities Are Exacerbated by COVID-19". *LSE COVID-19 Blog, 18 May.*

Kandanearachichi, Kethaki, and Rapti Ratnayake. 2017. *Post-War Realities: Barriers to Female Economic Empowerment.* International Centre for Ethnic Studies.

Madurawala, D.S.P. 2009. *"Labour Force Participation of Women in Child Bearing Ages, Sri Lanka." Sri Lanka Journal of Population Studies* 11: 1–38.

Muttiah, Nimisha, Kathryn D.R. Drager, and Lindsay O'Connor. 2016. *"Special Education in Sri Lanka: A Snapshot of Three Provinces."* Disability Studies Quarterly 36 (2).

Perera, E. L. Sunthera J. 2017. Ageing Population of Sri Lanka: *Emerging Issues, Needs and Policy Implications.* UNFPA.

Prasanna, S.M.S., T.S.B. Cader, S. Sabalingam, L.G.T. Shanika, and N.R. Samaranayake. 2020. *"Are Medications Safely Used by Residents in Elderly Care Homes? – A Multi-Centre Observational Study from Sri Lanka."* PLoS ONE 15 (6): e0233486.

Siriwardhana, Dhammika Deepani, Manuj Chrishantha Weerasinghe, Greta Rait, Shaun Scholes, and Kate R. Walters. 2020. *"Association between Frailty and Disability among Rural Community-Dwelling Older Adults in Sri Lanka: A Cross-Sectional Study."* BMJ Open 10 (3): 34189.

Sri Lanka, Government of Sri Lanka.

Sri Lanka, Ministry of Finance, Economic Stabilization and National Policies, Department of Census and Statistics. 2021a. *Sri Lanka Labour Force Survey: Annual Report 2020.*

———. 2021b. *Census of Children in Care Institutions 2019.*

———. 2022. *Sri Lanka Labour Force Survey:* Annual Report 2021.

Sri Lanka, Ministry of Women and Child Affairs. 2016. *National Action Plan of Action for Children in Sri Lanka* 2016–2018.

———. 2018. *National Policy on Early Childhood Care and Development.*

Sri Lanka, Ministry of Women and Child Affairs, Department of Probation and Child Care Services. 2013. *Current Status of Child Care Institutions and institutionalised Children in Sri Lanka: A Situational Analysis.*

———. 2019. *The National Alternative Care Policy for Children in Sri Lanka.*

Sri Lanka, Ministry of Women and Child Affairs, National Child Protection Authority. 2017. *National Day Care Guidelines in Sri Lanka.*

Sri Lanka, National Education Commission. 2019. *National Policy on Preschool Education.*

Swedberg, Lena, Eva Hammar Chiriac, Lena Törnkvist, and Ingrid Hylander. 2013. "From Risky to Safer Home Care: Health Care Assistants Striving to Overcome a Lack of Training, Supervision, and Support." International Journal of Qualitative Studies in Health and Well-being 8 (1): 20758.

UN Women and ILO. 2021. "A Guide to Public Investments in the Care Economy: Policy Support Tool for Estimating Care Deficits, Investment Costs and Economic Returns", *UN Women – ILO Joint Programme Promoting Decent Employment for Women through Inclusive Growth Policies and Investments in Care Policy Tool,* March.

UNDESA (United Nations Department of Economic and Social Affairs), Population Division. 2019. *World Population Ageing 2019:* Highlights.

UNICEF (United Nations Children's Fund). n.d. "Every Mind", available at: https://www.unicef.org/srilanka/every-mind.

UNFPA (United Nations Population Fund). 2017. "Sexual Harassment on Public Buses and Trains in Sri Lanka", *Population Matters Policy Issue Brief No. 04, March.*

Vasudevan, Varathagowry. 2014. "Child Care Institutions as Quality Family, Surrogate (Alternative) Care Services in Sri Lanka." *Institutionalised Children Explorations and Beyond* 1 (1): 57–67.

Watt, Melissa H., Bilesha Perera, Truls Østbye, Shyama Ranabahu, Harshini Rajapakse, and Joanna Maselko. 2014. "Caregiving Expectations and Challenges among Elders and Their Adult Children in Southern Sri Lanka." *Ageing Society* 34 (5): 838–858.

Wijeratne, M.D.M., S.A. Wijerathne, S.G. Wijesekara, and I. Wijesingha. 2008. "Prevalence of Depression among Institutionalized Elders in the Colombo District." *Student Medical Journal 1* (1): 27-31.

World Bank. 2008. Sri Lanka: Addressing the Needs of an Aging Population.

———. 2014. *Laying the Foundation for Early Childhood education Sri Lanka: Investing Early, Investing Smartly, and Investing for All.*

———. n.d. "Population, Total – Sri Lanka", World Bank DataBank. Available at: https://data.worldbank.org/indicator/SP.POP.TOTL?locations=LK.

Appendix I. Assessment of the application of labour law to care workers

Coverage	Employers	Workers
Wages Boards Ordinance No. 27 of 1941		
"trade" includes any industry, business, undertaking, occupation, profession or calling carried out, performed or exercised by an employer or worker, and any branch of, or any function or process in, any trade, but does not include any industry, business or undertaking which is carried on mainly for the purpose of giving an industrial training to juvenile offenders or orphans or to persons who are destitute, dumb, deaf, or blind;	"employer" means any person who on his own behalf employs or on whose behalf any other person employs, any worker in any trade, and includes any person who on behalf of any other person employs any worker in any trade;	"worker" means any person employed to perform any work in any trade. "wages" includes any remuneration due in respect of overtime work or of any holiday; an employer must pay such wages in legal tender directly to the worker
Comment: The Ordinance is applicable only to private sector organizations, and a wages board has to be established specifically for any industry, business or undertaking to be covered by the provisions of the Ordinance. Only one such wages board has been established for care work that is the Wages Board for the Nursing Home Trade in 1974. The decisions of this Wages Board have defined the types (referred to as "classes of work" in the definitions) of care work provided in nursing homes and minimum rates of pay for these different types of work. A "nursing home" is defined as any premises maintained for the provision of care for childbirth or post-natal of pregnant females, or for the care or treatment of any illness, injury or disability of any person. This definition would exclude non-medical care provided to elderly or youth.		
Shop and Office Employees' (Regulation of Employment and Remuneration) Act No. 19 of 1954		
Regulations framed under the Act have included the following establishments within the meaning of "an office", and may include potential care workers: Every establishment maintained for the purposes of a nursing home is considered to be an office, and the term "nursing home" has the same meaning as in the Nursing Homes (Regulations) Act, No.16 of 1949. Every establishment maintained for the purpose of administering the business of: Any trade union, Any thrift society or mutual benefit society, Any provident fund or pension scheme, Any body corporate or incorporate, Any school or other educational establishment.	"employer" - (a) in relation to any shop, means the owner of the business of that shop, and includes any person having the charge or the general management and control of that shop, and (b) in relation to any office, means the person carrying on, or for the time being responsible for the management of the business for the purposes of which the office is maintained;	68(2) a person shall be deemed to be employed in or about the business of a shop or office if he is wholly or mainly employed – ... (b) in the service of the employer upon any work, whether in the shop or office or outside it, which is ancillary to the business carried on in that shop or office, and notwithstanding that he receives no reward for his labour; but he shall not be deemed to be so employed if his only employment in the service of the employer is in the capacity of a caretaker or watcher. (3) For the purposes of this Act - (a) no person other than an employer, or the spouse or a child of an employer, shall be deemed to be a member of the family of the employer;

Coverage	Employers	Workers
Every establishment maintained for any educational purpose, including any boarding house or hostel attached to such establishment and used by the pupils of such establishment for the purpose of residing therein. A private residence in which a care worker provides services is unlikely to be included in the definition of "shop" or "office".		(4) Where in any prosecution for any offence under this Act any person is proved to have been engaged in or in connexion with any work or service referred to in paragraph (a) or paragraph (b) of subsection (2), it shall be presumed until the contrary is proved that he was employed by the employer for the purpose of such work or service.
Comment: A nursing home is defined for the purpose of this Act as "any premises (howsoever described) used or intended to be used for the reception of and the providing of nursing and treatment for persons suffering from any sickness, injury or infirmity, and includes a maternity home, but does not include a house of observation, mental hospital, or any premises maintained or controlled by a Government department or local authority or by any other prescribed body or authority" (as per the Nursing Homes (Regulations) Act, No.16 of 1949, article 11). Therefore nursing homes providing medical care in the private sector would be covered by the Act. In addition, educational establishments, and boarding/hostel accommodation maintained for an educational establishment would be covered by the Act.		
Employment of Trainees (Private Sector) Act No.8 of 1978		
	Without prejudice to any scheme of training of, or to the employment of, apprentices in any other law, an employer or workmen in the private sector (hereafter in this Act referred to as the "employer"), may enter into a contract of training with any trainee for such period not exceeding one year as may be determined by the employer on terms and conditions hereafter set out in this Act, for the purpose of providing practical training to the trainee in any vocation specified in column I of the Schedule to this Act.	Schedule 1. Clerks, stenographers, bookkeepers, typists, supervisors, salesmen, shop assistants, storekeepers, telephone operators, cashiers, foremen or any other similar vocation. 2. Watchers, caretakers, bicycle orderlies, peons, liftmen, office and shop labourers, outside messengers, tea boys or other similar vocation. 3. Any vocation in a factory or in any trade for which a Wages Board has been established under the Wages Boards Ordinance other than a vocation specified in items 1 and 2.
Comment: Trainees in any care institution or care work for which a wages board has been established (such as the Nursing Home Trade Wages Board) would be covered by this law, which would limit the training period for such trainees to one year. The payment would be as set out in each relevant wages board decision.		

Coverage	Employers	Workers
Employees Provident Fund Act No. 15 of 1958		
Employees Provident Fund Regulations: 1) Every employment other than in the Government or a local authority is covered. ... 3) Any employment on any work which is usually performed by the day or by the job or by the journey shall not be a covered employment. 4) The employment by any employer of that employer's spouse in the service or for the purposes of the trade or business of that employer shall not be a covered employment.	"employer" means any person who employs or on whose behalf any other person employs any workman and includes a body of employers (whether such body is a firm, company, corporation or trade union), and any person who on behalf of any other person employs any workman, and includes the legal heir, successor in law, executor or administrator and liquidator of a company; and in the case of an incorporated body, the President or the Secretary of such body, and in the case of a partnership, the Managing Partner or Manager;	"employee" means any person who has entered into or works under a contract with an employer in any capacity, whether the contract is expressed or implied, or oral or in writing, and whether it is a contract of service or of apprenticeship or a contract personally to execute any work of labour, and includes any person ordinarily employed under any such contract, whether such person is or is not in employment at any particular time;
Comment: Any care worker in the private sector, regardless of whether that type of work is covered or regulated under any other law, would be entitled to make and receive contributions under this Act.		
Employees Trust Fund Act No. 46 of 1980		
The provisions of this Act shall apply to every private sector undertaking that has between 50–150 employees, and undertaking that have less than 50 employees other than: a) domestic servants; b) any institution maintained solely for the purpose of religious worship or social service or as a charitable institution; c) to five industrial training to juvenile offenders, orphans or to persons who are destitute, dumb, deaf or blind; and d) in which only members of his family (spouse, child, step-children) of the person carrying on the undertaking are employed.	Same as for Employees Provident Fund Act above.	Same as for Employees Provident Fund Act above.
Any care worker in the private sector, regardless of whether that type of work is covered or regulated under any other law, would be entitled to receive contributions under this Act.		

Coverage	Employers	Workers
Payment of Gratuity Act 12 of 1983		
5. (1) Every employer who employs or has employed fifteen or more workmen on any day during the period of twelve months immediately preceding the termination of the services of a workman in any industry shall, on termination (whether by the employer or workman, or on retirement or by the death of the workman, or by operation of law, or otherwise) of the services at any time after the coming into operation of this Act, of a workman who has a period of service of not less than five completed years under that employer, pay to that workman in respect of such services, and where the termination is by the death of that workman, to his heirs, a gratuity computed in accordance with the provisions of this Part within a period of thirty days of such termination.	"employer" means any person who employs or on whose behalf any other person employees any workman and includes a body of employers (whether such body is a body corporate or unincorporate or a public corporation) or any person who on behalf of any other person employs any workman and any person or body of employers who or which has ceased to be an employer but does not include a co-operative society established under the Co-operative Societies Law, No.5 of 1972, or a local authority	"workman" means any person who has entered into or works under a contract with an employer in any capacity, whether the contract is expressed or implied, oral or in writing and whether it is a contract of service or of apprenticeship or a contract personally to execute any work or labour and includes any person ordinarily employed under any such contract whether such person is or is not in employment at any particular time, and includes any workman whose services have been terminated. Section 7(a): Act specifically excludes any person employed as a domestic servant or as a personal chauffeur in a private household
Comment: Any care worker in the private sector, regardless of whether that type of employment is covered or regulated under any other law, would be entitled to make and receive a gratuity under this Act if the qualifying conditions are met in respect of such employment.		
Employment of Women, Young Persons and Children Act No. 47 of 1956		
Applies only to employment in industrial undertakings as defined.	Employer defined	Woman, young person and child defined.
Comment: This Act applies only to industrial undertakings, which are defined specifically, and enterprises that employ care workers would not be covered by this statute. Therefore, the protections under the Act for women and youth in regard to night work, hazardous conditions and working hours are not available to care workers.		
Maternity Benefits Ordinance 32 of 1939		
"trade" includes any industry, business, undertaking, occupation, profession or calling carried out, performed or exercised by an employer or a worker, and any branch of ,or any function or process in, any trade, but does not include any industry, business or undertaking which is carried on mainly for the purpose of giving an industrial training to juvenile offenders or orphans or to persons who are destitute, dumb, deaf or blind	"employer" means any person who on his own behalf employs or on whose behalf any other person employs any woman worker; and includes any person who on behalf of any other person employs any woman worker	"woman worker" means a woman (other than a woman employed in or about the business of a shop or an office or a woman whose employment is of a casual nature) employed on wages in any trade, whether such wages are calculated by time or by work done or otherwise and whether the contract of employment or service was made before or after the commencement of this Ordinance, and whether such contract is expressed or implied, oral or in writing.

Coverage	Employers	Workers
Comments: There are also maternity benefits provided under the Shop and Office Act that apply to the Wages Boards Ordinance. Therefore, paid female care workers would be entitled to these benefits if they are deemed to be covered by either of these two laws. However, volunteers or any other type of worker not paid a wage would not be entitled to protection under the Ordinance.		
Factories Ordinance No. 45 of 1942		
Save as in this Ordinance otherwise expressly provided, the provisions of this Ordinance shall apply only to factories, as defined by this Ordinance, but shall, except where the contrary intention appears, apply to all such factories.		
Comment: Care workers are not covered under this law.		
Workmen's Compensation Ordinance No.19 of 1934		
"wages" includes the monetary value of any privilege or benefit which is capable of being estimated in money, other than a travelling allowance or the value of any travelling concession or a contribution paid by the employer of a workman towards any pension or provident fund or a sum paid to a workman to cover any special expenses entailed on him by the nature of his employment;	"employer" includes the Republic of Sri Lanka and any body of persons whether corporate or unincorporate and any managing agent of an employer and the heirs, executors or administrators of a deceased employer, and, when the services of a workman are temporarily lent or let on hire to another person by the person with whom the workman has entered into a contract of service or apprenticeship, means such other person while the workman is working for him;	"workman" means any person who has entered into or works under a contract with an employer for the purposes of his trade or business in any capacity, whether the contract is expressed or implied, oral or in writing, and whether it is a contract of service or of apprenticeship or a contract personally to execute any work or labour and whether the remuneration payable thereunder is calculated by time, or by work done or otherwise, and whether such contract was made before or after the coming into force of this definition, but does not include – (a) a person working in the capacity of a member of the Armed Forces of Sri Lanka other than a person employed in a civilian capacity in any of those forces; (b) a member of the police force of Sri Lanka
Comment: With the exception of excluded categories of work (armed forces, police) other types of workers, including public servants, would be covered under this Act. The compensation is calculated on the basis of the monthly/daily salary. The types of injuries recognized as qualifying for compensation are limited to physical injury, death or total disablement, and the Act does not recognize stress or mental health-related conditions arising from work such as care work.		

Coverage	Employers	Workers
Trade Union Ordinance No. 14 of 1935		
"trade union" means any association or combination of workmen or employers, whether temporary or permanent, having among its objects one or more of the following objects:- a) the regulation of relations between workmen and employers, or between workmen and workmen or between employers and employers; or b) the imposing of restrictive conditions on the conduct of any trade or business; or c) the representation of either workmen or employers in trade disputes; or d) the promotion or organization or financing of strikes or lock-outs in any trade or industry or the provision of pay or other benefits for its members during a strike or lock-out, and includes any federation of two or more trade unions;	Not applicable.	"workman" means any person who has entered into or works under a contract with an employer in any capacity, whether the contract is express or implied, oral or in writing, and whether it is a contract of service or of apprenticeship, or a contract personally to execute any work or labour and includes any person ordinarily employed under any such contract, whether such person is or is not in employment at any particular time.
Comment: All workers – including care workers – whether paid or unpaid would be entitled to form and join a trade union as defined in the Ordinance, and the right is also enshrined in the fundamental rights provisions of the Constitution of Sri Lanka. While healthcare workers in the Government sector are well organized with a number of active trade unions representing the majority of such workers, unionization amongst healthcare workers in the private sector is low due to lack of visibility, and lack of professional recognition of such workers as health workers. Private sector workers cannot join public sector trade unions due to restrictions under the Trade Union Ordinance that prohibit the registration of any trade union that does not consist of members that are employees of the government in a specific department or a specific category of service.		
Industrial Disputes Act No. 43 of 1950		
"industry" includes – a) trade, business, manufacture and agriculture, any undertaking or occupation by way of trade, business, manufacture or agriculture, and any branch or section of trade, business, manufacture or agriculture; b) service, work or labour of any description whatsoever performed by person in the employment of a local authority, or of a corporation established by or under any written law for carrying on an undertaking whether for the purpose of trade or otherwise;	"employer" means any person who employs or on whose behalf any other person employs any workman and includes a body of employers (whether such body is a firm, company, corporation or trade union) and any person who on behalf of any other person employs any workman;	"workman" means any person who has entered into or works under a contract with an employer in any capacity, whether the contract is expressed or implied, oral or in writing, and whether it is a contract of service or of apprenticeship, or a contract personally to execute any work or labour, and includes any person ordinarily employed under any such contract whether such person is or is not in employment at any particular time, and includes any person whose services have been terminated.

Coverage	Employers	Workers
c) every occupation, calling or service of workmen, and d) every undertaking of employers; 2. (1) Where, upon notice given to him or otherwise, the Commissioner is satisfied that any industrial dispute exists or is apprehended, it shall be the function of the Commissioner to make such inquiries into the matters in dispute, and to take such other steps, as he may think necessary with a view to promoting a settlement of the dispute, whether by means referred to in this Act or otherwise.		31B(3) Where any award or order of a labour tribunal contains a decision under paragraph (b) of subsection (1) as to the reinstatement in service of any workman in any employment, then, if the employment is in the capacity of personal secretary, personal clerk, personal attendant or chauffeur, to the employer, or of domestic servant, or in any other prescribed capacity of a description similar to those hereinbefore mentioned, the award or order of a labour tribunal shall also contain a decision, under paragraph (d) of that subsection, as to the payment of compensation to the workman as an alternative to his reinstatement.
Comment: Any worker, including care workers, may challenge the termination of their employment under this Act.		
Termination of Employment of Workers (Special Provisions) Act		
"scheduled employment" means employment in – a) any trade, in respect of which a notification has been published in the Gazette under subsection (2) of section 6 of the Wages Boards Ordinance of an order made under subsection (1) of that section and shall include the work of any worker referred to therein but excluded from the provisions of such order; b) every shop and every office within the meaning of the Shop and Office Employees (Regulation of Employment and Remuneration) Act; or c) every factory within the meaning of the Factories Ordinance; "trade union" means any trade union (whether of employer or of workman) registered under the Trade Unions Ordinance;	employer" means any person who employs, or on whose behalf any other person employs, any workman and includes a body of employers (whether such body is a firm, company, corporation, trade union or other body unincorporate), and any person who on behalf of any other person employs any workman, but does not include any such other person or such body to whom, by virtue of the operation of the provisions of subsection (1) of section 3, the provisions of this Act, other than section 3, do not apply	"worker" has the same meaning as in the Wages Boards Ordinance; "workman" has the same meaning as in the Industrial Dispute Act, but does not include a workman to whom, by virtue of the operation of the provisions of subsection (1) of section 3, the provisions of this Act, other than section 3, do not apply. 1) The provisions of this Act, other than this section, shall not apply - (a) to an employer by whom less than fifteen workmen on an average have been employed during the period of six months preceding the month in which the employer seeks to terminate the employment of a workman;
Comment: The provisions of the Act would apply to care workers (subject to the workplace having 15 or more workers).		

Coverage	Employers	Workers
National Minimum Wage Act No.3 of 2016		
(1) The national minimum monthly wage for all workers in any industry or service shall be ten thousand rupees and the national minimum daily wage of a worker shall be four hundred rupees.	"employer" means any person who employs or on whose behalf any other person employs, any worker and includes a body of employers (whether such body is a firm, company, local authority or trade union), and any person who on behalf of any other person employs any worker including a competent authority of a business undertaking vested in the Government under any written law, the legal heir, successor in law, executor or administrator and liquidator of a company and in the case of an unincorporated body the president or secretary of such body, and in the case of a partnership the managing partner or manager;	"worker" means, any person who has entered into or works under a contract with an employer in any capacity, whether the contract is expressed or implied, oral or in writing and whether it is a contract of service or of apprenticeship excluding a contract of apprenticeship covered under the Tertiary and Vocational Education Act, No. 20 of 1990 and the Employment of Trainees (Private Sector) Act, No. 8 of 1978, or a contract personally to execute any work or labour and includes any person ordinarily employed under any such contract whether such person is or is not in employment at any particular time and includes any person whose services have been terminated but does not include a domestic servant.
Comment: The minimum wage established by this Act (whether monthly or daily paid) is applicable to all employment – even where minimum wages have been established by different wages boards. Therefore, since all workers are covered, any care worker who is in receipt of a monthly or daily wage must be paid at the rate of the minimum wage or above.		

Source: Compiled by the authors from the relevant statutory provisions.

Appendix II. Additional data

Table A2.1. Heckman probit estimates of the marginal effects of characteristics associated with the probability of employment in the paid care economy, 2014–18

		Coefficients					
	Means pooled						Pooled 2014
Characteristic	sample	2014	2015	2016	2017	2018	–2018
Employment outcome equation							
Demographic characteristics							
Age 25–29 years	0.08	0.0004	0.0022	0.0004	0.0015	-0.0028**	0.0002
	(0.27)	(0.0013)	(0.0018)	(0.0013)	(0.0024)	(0.0013)	(0.0006)
Age 30 –39 years	0.19	0.0018	0.0035**	-0.0001	0.0042*	-0.0018*	0.0011**
	(0.39)	(0.0011)	(0.0016)	(0.0011)	(0.0024)	(0.0009)	(0.0005)
Age 40–49 years	0.18	0.0021*	0.0042***	0.0018*	0.0053**	-0.0001	0.0021***
	(0.38)	(0.0011)	(0.0015)	(0.0011)	(0.0026)	(0.0006)	(0.0005)
Age 50–59 years	0.17	0.0034***	0.0052***	0.0019*	0.0050**	0.0003	0.0027***
	(0.37)	(0.0011)	(0.0016)	(0.0011)	(0.0025)	(0.0006)	(0.0005)
At least 60 years	0.21	0.0026**	0.0059***	0.0019	0.0060**	0.0008	0.0029***
	(0.41)	(0.0012)	(0.0017)	(0.0012)	(0.0029)	(0.0007)	(0.0005)
Female gender	0.54	0.0009*	0.0026***	0.0031***	0.0030**	0.0031***	0.0023***
	(0.50)	(0.0005)	(0.0007)	(0.0007)	(0.0014)	(0.0007)	(0.0003)
Education characteristics							
Secondary	0.72	-0.0008	-0.0009	-0.0019***	-0.0008	0.0002	-0.0005**
	(0.45)	(0.0006)	(0.0006)	(0.0007)	(0.0008)	(0.0005)	(0.0002)
GCE O Levels	0.20	-0.0033***	-0.0016*	-0.0017*	0.0002	-0.0002	-0.0013***
	(0.40)	(0.0010)	(0.0009)	(0.0009)	(0.0007)	(0.0005)	(0.0003)
GCE A Levels	0.14	-0.0043***	-0.0044***	-0.0016*	-0.0017	-0.0010	-0.0024***
	(0.35)	(0.0012)	(0.0014)	(0.0009)	(0.0013)	(0.0006)	(0.0004)
Degree	0.03	-0.0035**	-0.0032**	-0.0064***	-0.0019	-0.0028**	-0.0030***
	(0.18)	(0.0015)	(0.0016)	(0.0018)	(0.0018)	(0.0014)	(0.0007)
Household characteristics							
Share of female members formally employed	0.05	-0.0011	-0.0027	0.0006	-0.0006	-0.0017	
	-0.0008	(0.17)	(0.0015)	(0.0017)	(0.0012)	(0.0012)	(0.0011)
Spatial characteristics							
Urban	0.17	0.0007	0.0015*	0.0003	-0.0016	0.0020***	0.0006**
	(0.38)	(0.0007)	(0.0008)	(0.0008)	(0.0011)	(0.0005)	(0.0003)
Western Province	0.29	0.0020***	0.0008	0.0020***	0.0011	-0.0003	0.0011***
	(0.45)	(0.0006)	(0.0007)	(0.0007)	(0.0009)	(0.0004)	(0.0003)
Survey years							

		Coefficients					
	Means pooled						Pooled 2014
Characteristic	sample	2014	2015	2016	2017	2018	–2018
2015	0.20	n/a	n/a	n/a	n/a	n/a	0.0000
	(0.40)	n/a	n/a	n/a	n/a	n/a	(0.0003)
2016	0.20	n/a	n/a	n/a	n/a	n/a	-0.0001
	(0.40)	n/a	n/a	n/a	n/a	n/a	(0.0003)
2017	0.20	n/a	n/a	n/a	n/a	n/a	-0.0013***
	(0.40)	n/a	n/a	n/a	n/a	n/a	(0.0003)
2018	0.21	n/a	n/a	n/a	n/a	n/a	-0.0027***
	(0.41)	n/a	n/a	n/a	n/a	n/a	(0.0004)
Number of observations	303 732	59 297	60 153	61 945	62 016	60 321	30 3732
Selection equation							
Married	0.68	0.4286***	0.4131***	0.3715***	0.4075***	0.4274***	0.4097***
	(0.47)	(0.0122)	(0.0118)	(0.0118)	(0.0115)	(0.0118)	(0.0053)
Number of children less than 11 years of age	0.44	-0.0023	-0.0232***	-0.0287***	-0.0226***	-0.0246***	-0.0201***
	(0.78)	(0.0071)	(0.0067)	(0.0070)	(0.0070)	(0.0074)	(0.0032)
Number of household members 70 years or more	0.27	-0.3087***	-0.3388***	-0.3318***	-0.3369***	-0.3291***	-0.3292***
/athrho	(0.54)	(0.0112)	(0.0109)	(0.0104)	(0.0102)	(0.0101)	(0.0047)
	n/a	1.9749***	0.8922***	0.7188*	0.2373	1.5862*	0.8861**
rho	(0.1387	(0.2709)	(0.3831)	(0.3346)	(0.8574)	(0.3566)	n/a
	0.9622	0.7125	0.6162	0.2329	0.9196	0.7094	n/a

n/a = not applicable. Note: Standard deviations are presented in parentheses below the means and standard errors are presented in parentheses below the marginal effects (probability of paid care work equation) and coefficients (selection equation). The notations of ***, **, and * denote statistical significance at the 1 per cent, 5 per cent and 10 per cent levels, respectively.

Source: Estimated using sample weights with microdata from Labour Force Surveys for 2015, 2016, 2017 and 2018.

Table A2.2. Characteristics associated with the probability of four activity outcomes, including care work, in Sri Lanka, 2017: Marginal effects of multinomial probit regression

Characteristic	Marginal effects			
	Only housework	Only paid work	Only housework and paid work	Care work with or without housework or paid work
Demographic characteristics				
Age 20–24 years	-0.1727***	0.0707***	0.1822***	0.0164
	(0.0159)	(0.0143)	(0.0244)	(0.0235)
Age 25–29 years	-0.2779***	0.0761***	0.2004***	0.1480***
	(0.0183)	(0.0147)	(0.0246)	(0.0222)
Age 30 –39 years	-0.3337***	0.0578***	0.1947***	0.2423***
	(0.0172)	(0.0140)	(0.0237)	(0.0215)
Age 40–49 years	-0.2787***	0.0464***	0.2601***	0.1599***
	(0.0160)	(0.0143)	(0.0233)	(0.0218)
Age 50–59 years	-0.2165***	0.0399***	0.2781***	0.0675***
	(0.0157)	(0.0148)	(0.0236)	(0.0228)
At least 60 years	-0.1172***	-0.0304*	0.1446***	0.1100***
	(0.0165)	(0.0163)	(0.0249)	(0.0237)
Female gender	0.1652***	-0.2255***	-0.0881***	0.1960***
	(0.0060)	(0.0062)	(0.0067)	(0.0063)
Married	-0.0356***	-0.0429***	-0.0359***	0.1719***
	(0.0084)	(0.0073)	(0.0094)	(0.0097)
Suffering from a chronic illness	0.0355***	-0.0228***	-0.0437***	-0.0225**
	(0.0094)	(0.0085)	(0.0109)	(0.0108)
Suffering from another chronic illness	-0.0189	0.0051	-0.0376**	0.0355**
	(0.0146)	(0.0151)	(0.0184)	(0.0179)
Education characteristics				
Secondary	0.0023	-0.0124	-0.0161	0.0624***
	(0.0099)	(0.0080)	(0.0107)	(0.0109)
GCE O' Levels	0.0249**	-0.0373***	-0.0468***	0.0858***
	(0.0116)	(0.0097)	(0.0131)	(0.0130)
GCE A' Levels	0.0209	-0.0463***	-0.0232*	0.0742***
	(0.0133)	(0.0106)	(0.0141)	(0.0142)
Degree	0.0177	-0.0621***	-0.0174	0.0805***
	(0.0252)	(0.0187)	(0.0230)	(0.0214)
Household characteristics				
Household size	-0.0112***	0.0042**	-0.0285***	0.0307***
	(0.0022)	(0.0018)	(0.0026)	(0.0023)
Number of children less than 11 years of age	-0.0211**	0.0093	0.0290***	-0.0024
	(0.0095)	(0.0076)	(0.0100)	(0.0097)

Characteristic	Marginal effects			
	Only housework	Only paid work	Only housework and paid work	Care work with or without housework or paid work
Household has at least one member 60-64 years	0.0020	-0.0045	0.0240**	-0.0120
	(0.0097)	(0.0082)	(0.0107)	(0.0104)
Household has at least one member 65-69 years	0.0314***	-0.0154*	-0.0055	-0.0229**
	(0.0098)	(0.0088)	(0.0114)	(0.0109)
Household has at least one member 70-79 years	0.0183	-0.0060	-0.0410*	-0.0189
	(0.0171)	(0.0165)	(0.0214)	(0.0204)
Household has at least one member 80+ years	-0.0552***	-0.0112**	-0.0603***	0.1264***
	(0.0067)	(0.0048)	(0.0070)	(0.0055)
Household per capita labour earnings per month	-0.0000***	0.0000***	0.0000***	0.0000
	(0.0000)	(0.0000)	(0.0000)	(0.0000)
Spatial characteristics				
Rural	-0.0173*	-0.0094	0.0452***	-0.0141
	(0.0100)	(0.0080)	(0.0116)	(0.0108)
Estates	-0.0466**	-0.0291*	0.1197***	-0.0241
	(0.0198)	(0.0154)	(0.0212)	(0.0212)
Central Province	-0.0127	-0.0227**	0.0165	0.0167
	(0.0119)	(0.0094)	(0.0130)	(0.0125)
Southern Province	0.0034	-0.0394***	0.0391***	0.0114
	(0.0123)	(0.0101)	(0.0132)	(0.0126)
Northern Province	0.0609***	-0.0309***	0.0378**	-0.0488***
	(0.0130)	(0.0105)	(0.0152)	(0.0155)
Eastern Province	0.0630***	-0.0251**	-0.0239	-0.0136
	(0.0131)	(0.0106)	(0.0153)	(0.0145)
North Western Province	-0.0034	-0.0355***	0.0305**	0.0255*
	(0.0135)	(0.0103)	(0.0139)	(0.0137)
North Central Province	-0.0297*	-0.0374***	0.0357**	0.0495***
	(0.0164)	(0.0131)	(0.0178)	(0.0173)
Uva Province	-0.0155	-0.0438***	0.0435**	0.0218
	(0.0163)	(0.0134)	(0.0170)	(0.0167)
Sabaragamuwa Province	-0.0263**	-0.0269***	0.0013	0.0563***
	(0.0132)	(0.0103)	(0.0143)	(0.0138)
Number of observations	13 433	13 433	13 433	13 433

Notes : Standard errors in are presented in parentheses below the marginal effects. The notations of ***, **, and * denote statistical significance at the 1 per cent, 5 per cent and 10 per cent levels, respectively.

Source : Estimated using sample weights with microdata from the Department of Census and Statistics' Time Use Survey 2017. Sample includes all those 16 years and above who filled the time use diary.

Table A2.3. Means and proportions of characteristics of population subgroups associated with activity outcomes, 2017

	Base category	Only housework	Only paid work	Only housework and paid work	Care work with or without housework or paid work	Total
Demographic characteristics						
Age 20–24	0.12	0.11	0.14	0.09	0.04	0.09
	(0.32)	(0.31)	(0.35)	(0.28)	(0.20)	(0.28)
Age 25–29 years	0.07	0.05	0.13	0.09	0.10	0.08
	(0.25)	(0.21)	(0.33)	(0.28)	(0.29)	(0.27)
Age 30 –39 years	0.10	0.05	0.19	0.14	0.34	0.18
	(0.30)	(0.21)	(0.40)	(0.35)	(0.47)	(0.38)
Age 40–49 years	0.10	0.09	0.19	0.21	0.24	0.18
	(0.30)	(0.28)	(0.39)	(0.41)	(0.43)	(0.38)
Age 50–59 years	0.10	0.16	0.19	0.27	0.13	0.17
	(0.30)	(0.37)	(0.39)	(0.44)	(0.33)	(0.38)
At least 60 years	0.28	0.37	0.12	0.19	0.13	0.22
	(0.45)	(0.48)	(0.32)	(0.40)	(0.34)	(0.41)
Female gender	0.45	0.75	0.08	0.43	0.71	0.54
	(0.50)	(0.43)	(0.27)	(0.49)	(0.45)	(0.50)
Married	0.44	0.50	0.64	0.71	0.88	0.67
	(0.50)	(0.50)	(0.48)	(0.46)	(0.33)	(0.47)
Suffering from a chronic illness	0.25	0.30	0.14	0.19	0.17	0.21
	(0.43)	(0.46)	(0.35)	(0.40)	(0.37)	(0.41)
Suffering from another chronic illness	0.08	0.09	0.03	0.05	0.04	0.06
	(0.27)	(0.29)	(0.18)	(0.21)	(0.20)	(0.24)
Education characteristics						
Secondary	0.39	0.39	0.48	0.44	0.47	0.44
	(0.49)	(0.49)	(0.50)	(0.50)	(0.50)	(0.50)
GCE O Levels	0.26	0.24	0.19	0.16	0.21	0.21
	(0.44)	(0.43)	(0.39)	(0.37)	(0.41)	(0.41)
GCE A Levels	0.13	0.13	0.13	0.15	0.16	0.14
	(0.33)	(0.33)	(0.34)	(0.36)	(0.37)	(0.35)
Degree	0.03	0.02	0.03	0.04	0.04	0.03
	(0.17)	(0.14)	(0.17)	(0.19)	(0.20)	(0.18)
Household characteristics						
Household size	4.34	3.91	4.30	3.80	4.57	4.19
	(1.59)	(1.70)	(1.56)	(1.62)	(1.48)	(1.62)

	Base category	Only housework	Only paid work	Only housework and paid work	Care work with or without housework or paid work	Total
Number of children less than 11 years of age	0.19	0.23	0.21	0.23	0.18	0.21
	(0.39)	(0.42)	(0.41)	(0.42)	(0.38)	(0.40)
Household has at least one member 60-64 years	0.17	0.21	0.15	0.17	0.15	0.17
	(0.38)	(0.41)	(0.35)	(0.37)	(0.35)	(0.37)
Household has at least one member 65-69 years	0.19	0.22	0.12	0.13	0.14	0.16
	(0.39)	(0.41)	(0.32)	(0.34)	(0.34)	(0.36)
Household has at least one member 70-79 years	0.08	0.05	0.03	0.02	0.03	0.04
	(0.27)	(0.22)	(0.16)	(0.16)	(0.16)	(0.19)
Household has at least one member 80+ years	0.31	0.17	0.32	0.21	0.77	0.40
	(0.67)	(0.49)	(0.67)	(0.54)	(0.92)	(0.74)
Household per capita labour earnings per month	11 835.03	8 101.13	13 986.70	13 634.55	10 178.53	11 197.34
	(35 163.42)	(11 290.95)	(17 121.91)	(21 034.00)	(18 985.82)	(21 283.87)
Spatial characteristics						
Rural	0.78	0.79	0.77	0.81	0.79	0.79
	(0.42)	(0.41)	(0.42)	(0.39)	(0.41)	(0.41)
Estates	0.05	0.04	0.04	0.06	0.04	0.05
	(0.22)	(0.19)	(0.21)	(0.24)	(0.21)	(0.21)
Central Province	0.10	0.13	0.13	0.15	0.14	0.13
	(0.30)	(0.34)	(0.34)	(0.35)	(0.35)	(0.34)
Southern Province	0.12	0.12	0.10	0.13	0.12	0.12
	(0.33)	(0.32)	(0.30)	(0.34)	(0.32)	(0.32)
Northern Province	0.07	0.14	0.11	0.10	0.09	0.10
	(0.26)	(0.35)	(0.31)	(0.30)	(0.28)	(0.30)
Eastern Province	0.07	0.11	0.09	0.07	0.09	0.09
	(0.25)	(0.31)	(0.28)	(0.25)	(0.29)	(0.28)
North Western Province	0.09	0.09	0.09	0.12	0.10	0.10
	(0.29)	(0.29)	(0.29)	(0.32)	(0.31)	(0.30)
North Central Province	0.04	0.05	0.05	0.06	0.06	0.05
	(0.19)	(0.22)	(0.21)	(0.24)	(0.23)	(0.22)
Uva Province	0.06	0.05	0.05	0.07	0.05	0.06
	(0.24)	(0.22)	(0.21)	(0.25)	(0.23)	(0.23)
Sabaragamuwa Province	0.14	0.09	0.10	0.10	0.11	0.11
	(0.35)	(0.29)	(0.30)	(0.30)	(0.32)	(0.31)

Note : Standard deviations are presented in parentheses below the means or proportions.

Source: Estimated using sample weights with microdata from the Department of Census and Statistics' Time Use Survey 2017. Sample includes all those 16 years and above who filled the time use diary..

Table A2.4. Characteristics associated with feeling under pressure, Sri Lanka 2017: Results of OLS estimation

	All		Men		Women	
Characteristic	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
Time use variables						
Time spent on childcare	n/a	0.0522***	n/a	0.0762***	n/a	0.0561***
	(0.0077)	n/a	(0.0203)	n/a	(0.0087)	
Time spent on adult care	n/a	0.0213	n/a	-0.0762	n/a	0.0664
	n/a	(0.0393)	n/a	(0.0621)	n/a	(0.0568)
Time spent on employment	n/a	0.0678***	n/a	0.0556***	n/a	0.0831***
	n/a	(0.0056)	n/a	(0.0084)	n/a	(0.0078)
Time spent on own production	n/a	0.0307*	n/a	0.0173	n/a	0.0443*
	n/a	(0.0173)	n/a	(0.0233)	n/a	(0.0267)
Time spent on housework	n/a	0.0403***	n/a	0.0399***	n/a	0.0495***
	n/a	(0.0071)	n/a	(0.0133)	n/a	(0.0088)
Time spent sleeping	n/a	-0.0365***	n/a	-0.0314**	n/a	-0.0419***
	n/a	(0.0089)	n/a	(0.0132)	n/a	(0.0122)
Time spent on religious activities	n/a	-0.0309**	n/a	-0.0257	n/a	-0.0287*
	n/a	(0.0124)	n/a	(0.0218)	n/a	(0.0150)
Time spent on education	n/a	0.0539***	n/a	0.0339***	n/a	0.0685***
	n/a	(0.0076)	n/a	(0.0112)	n/a	(0.0103)
Time spent on socializing	n/a	0.0433***	n/a	0.0528***	n/a	0.0311*
	n/a	(0.0125)	n/a	(0.0194)	n/a	(0.0160)
Time spent on cultural and sports activities	n/a	0.0064	n/a	0.0013	n/a	0.0093
	n/a	(0.0052)	n/a	(0.0082)	n/a	(0.0068)
Control variables						
Age 20–24 years	-0.0452	-0.0168	0.0284	-0.0629	-0.1191	0.0140
	(0.0591)	(0.0622)	(0.0828)	(0.0881)	(0.0839)	(0.0857)
Age 25–29 years	0.0797	0.0440	0.2331**	0.0900	-0.0741	-0.0144
	(0.0646)	(0.0703)	(0.0958)	(0.1039)	(0.0877)	(0.0956)
Age 30 –39 years	0.2692***	0.2039***	0.3492***	0.2041**	0.1604*	0.1598*
	(0.0596)	(0.0666)	(0.0902)	(0.0998)	(0.0821)	(0.0908)
Age 40–49 years	0.3065***	0.2599***	0.3605***	0.2364**	0.2139***	0.2225**
	(0.0610)	(0.0676)	(0.0946)	(0.1027)	(0.0825)	(0.0912)
Age 50–59 years	0.2563***	0.2437***	0.2892***	0.1934*	0.1751**	0.2445***
	(0.0630)	(0.0690)	(0.0984)	(0.1067)	(0.0846)	(0.0921)
At least 60 years	-0.1367**	0.0608	-0.1126	-0.0042	-0.2253***	0.0674
	(0.0581)	(0.0637)	(0.0942)	(0.1009)	(0.0775)	(0.0862)
Female gender	0.0151	0.0857***	n/a	n/a	n/a	n/a
	(0.0264)	(0.0328)	n/a	n/a	n/a	n/a
Married	0.1455***	0.0851**	0.2519***	0.1322**	0.0959**	0.0639
	(0.0339)	(0.0341)	(0.0603)	(0.0598)	(0.0446)	(0.0454)
Suffering from a chronic illness	-0.0626	0.0237	-0.0001	0.0860	-0.1021*	-0.0248
	(0.0388)	(0.0377)	(0.0569)	(0.0559)	(0.0527)	(0.0508)
Suffering from another chronic illness	-0.0292	0.0073	-0.0673	-0.0138	0.0012	0.0366
	(0.0612)	(0.0582)	(0.1036)	(0.0990)	(0.0761)	(0.0721)

	All		Men		Women	
Characteristic	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
Secondary	0.1625***	0.1238***	0.2193***	0.1872***	0.1202**	0.0659
	(0.0384)	(0.0376)	(0.0563)	(0.0552)	(0.0529)	(0.0516)
GCE O Levels	0.2945***	0.2165***	0.3359***	0.2774***	0.2620***	0.1534**
	(0.0460)	(0.0450)	(0.0669)	(0.0660)	(0.0635)	(0.0615)
GCE A Levels	0.4514***	0.3504***	0.4176***	0.3507***	0.4822***	0.3300***
	(0.0508)	(0.0502)	(0.0751)	(0.0754)	(0.0694)	(0.0680)
Degree	0.4788***	0.3879***	0.3843***	0.3792***	0.5659***	0.3565***
	(0.0775)	(0.0766)	(0.1209)	(0.1204)	(0.1000)	(0.1001)
Household size	0.0149*	0.0135	0.0120	0.0076	0.0160	0.0187*
	(0.0087)	(0.0084)	(0.0129)	(0.0125)	(0.0117)	(0.0112)
Household per capita labour earnings per month	0.0000	-0.0000	0.0000	0.0000	0.0000	-0.0000
	(0.0000)	(0.0000)	(0.0000)	(0.0000)	(0.0000)	(0.0000)
Rural	-0.0812**	-0.1061***	-0.1498***	-0.1428**	-0.0206	-0.0826*
	(0.0384)	(0.0376)	(0.0575)	(0.0563)	(0.0512)	(0.0502)
Estates	-0.3474***	-0.3755***	-0.4100***	-0.3770***	-0.3022***	-0.4099***
	(0.0709)	(0.0701)	(0.1074)	(0.1059)	(0.0933)	(0.0920)
Central Province	0.0064	0.0196	0.1089	0.1169*	-0.0760	-0.0592
	(0.0467)	(0.0455)	(0.0689)	(0.0674)	(0.0631)	(0.0612)
Southern Province	0.0582	0.0620	0.0846	0.0839	0.0354	0.0349
	(0.0495)	(0.0477)	(0.0725)	(0.0705)	(0.0677)	(0.0647)
Northern Province	-0.4716***	-0.4305***	-0.4333***	-0.4302***	-0.4979***	-0.4158***
	(0.0508)	(0.0520)	(0.0738)	(0.0753)	(0.0698)	(0.0720)
Eastern Province	-0.6360***	-0.5932***	-0.5873***	-0.5810***	-0.6738***	-0.5895***
	(0.0431)	(0.0433)	(0.0632)	(0.0639)	(0.0586)	(0.0590)
North Western Province	0.0574	0.0586	0.1378*	0.1329*	-0.0125	-0.0130
	(0.0510)	(0.0501)	(0.0772)	(0.0762)	(0.0676)	(0.0661)
North Central Province	-0.0624	-0.0304	-0.0136	-0.0050	-0.1027	-0.0504
	(0.0612)	(0.0591)	(0.0924)	(0.0897)	(0.0822)	(0.0785)
Uva Province	-0.0517	-0.0493	0.0214	-0.0046	-0.1115	-0.0781
	(0.0628)	(0.0608)	(0.0947)	(0.0931)	(0.0834)	(0.0798)
Sabaragamuwa Province	0.0802	0.0571	0.1671**	0.1255*	0.0062	-0.0077
	(0.0511)	(0.0498)	(0.0752)	(0.0744)	(0.0689)	(0.0665)
Constant	1.7286***	1.5264***	1.5701***	1.5352***	1.8808***	1.6245***
	(0.0819)	(0.1553)	(0.1182)	(0.2289)	(0.1097)	(0.2138)
R squared	0.0838	0.1288	0.0876	0.1229	0.0866	0.1428
Number of observations	10 090	10 090	4 573	4 573	5 517	5 517

n/a = not applicable.

Note on the models used: This table presents the results from six models: Models 1 and 2 for all persons; Models 3 and 4 for men; and Models 5 and 6 for women. The odd-numbered models (1, 3 and 5) present estimates derived without employing time use variables; while the even-numbered models (2, 4 and 6) present estimates derived while employing time use and controlled variables.

Note: Sample weights used. Dependent variable is the score of feeling pressure, based on cardinal values assigned to qualitative assessments as follows: always=5; often=4; sometimes= 3; rarely=2; never=1. The means of the dependent variable for the total, male, and female subpopulations are, 2.05 (sd 1.27), 2.03 (sd 1.27) and , 2.06 (sd 1.27), respectively. ***, **, and * denote statistical significance at the 1 per cent, 5 per cent and 10 per cent levels, respectively.

Source: Estimated using sample weights with microdata from the Department of Census and Statistics' Time Use Survey 2017

ilo.org

ILO Country Office for Sri Lanka and the Maldives
202-204, Bauddhaloka Mawatha, Colombo 07, Sri Lanka
Tel : + 94 11 2500539 Fax : + 94 11 2500 865
Email: colombo@ilo.org
www.ilo.org/colombo

ISBN: 9789220402139