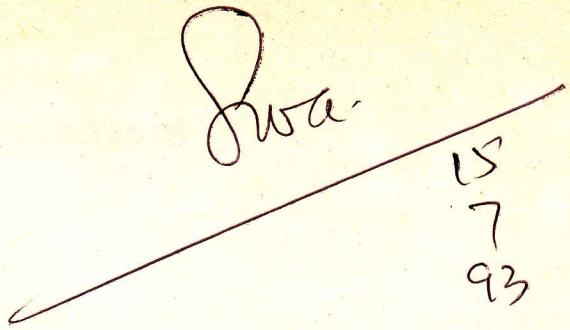
CHILDREN & WOMEN IN SRI LANKA

A SITUATION ANALYSIS

unicef

COLOMBO
1991



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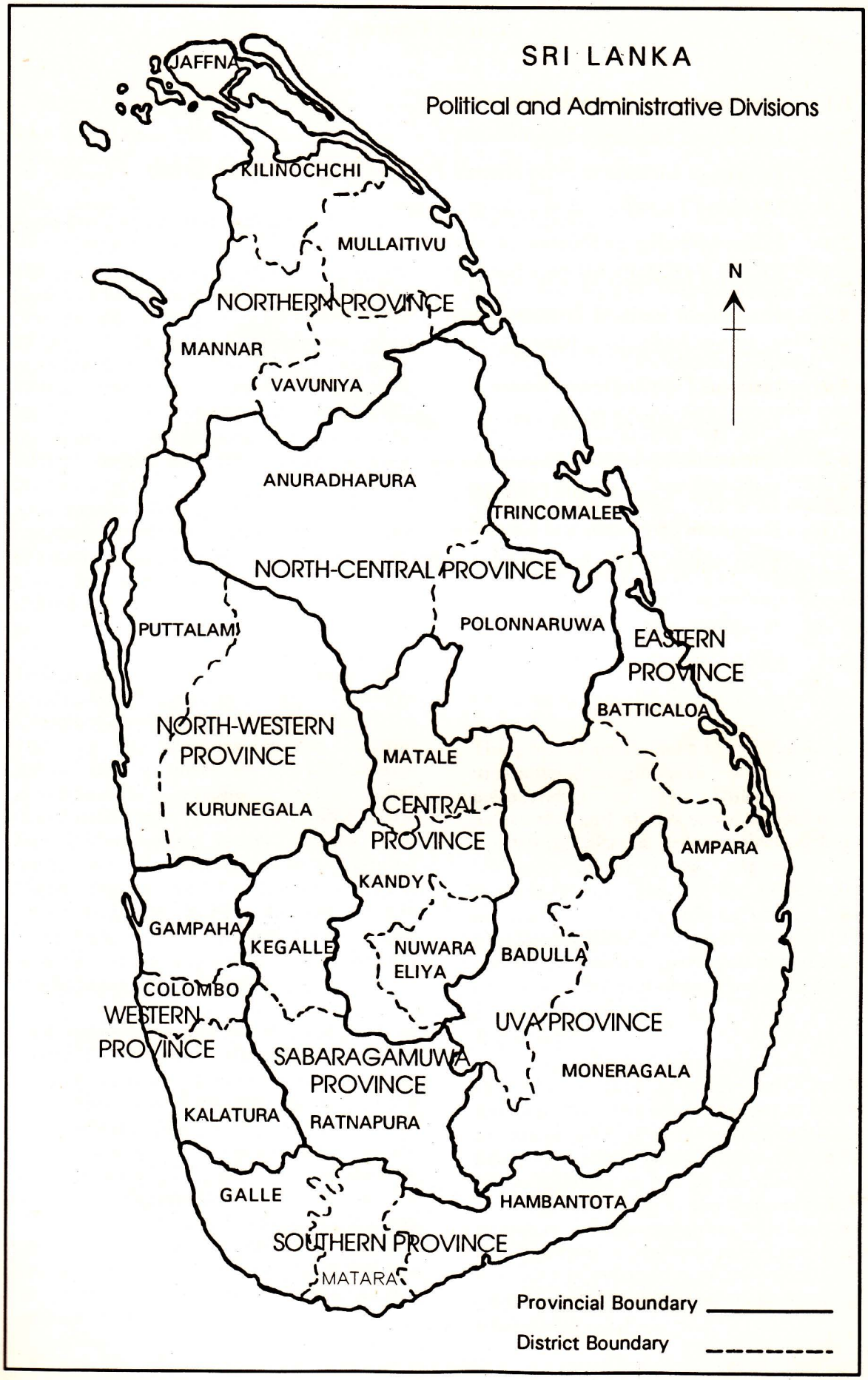

SRI LANKA
Political and Administrative Divisions
JAFFNA
KILINOCHCHI
MULLAITIVU
NORTHERN PROVINCE
MANNAR
VAVUNIYA
N
ANURADHAPURA
TRINCOMALEE
NORTH-CENTRAL PROVINCE
PUTTALAM
POLONNARUWA
EASTERN PROVINCE
BATTICALOA
NORTH-WESTERN PROVINCE
MATALE
KURUNEGALA
CENTRAL PROVINCE
AMPARA
KANDY
GAMPAHA
KEGALLE
NUWARA ELIYA
BADULLA
COLOMBO
WESTERN PROVINCE
UVA PROVINCE
SABARAGAMUWA PROVINCE
MONERAGALA
KALATURA
RATNAPURA
GALLE
HAMBANTOTA
SOUTHERN PROVINCE
MATARA
Provincial Boundary
District Boundary

THE POLITICAL AND ADMINISTRATIVE ENVIRONMENT

Basic Structure of Government

The present political structure of Sri Lanka is based on provisions stipulated in the Second Republican Constitution of 1978 and the 13th Amendment of it introduced in 1987. The 1978 Constitution defines the basic framework of state institutions, the executive, the legislature, the judiciary, the electoral process and the public service, and the nature of their interrelations. The Thirteenth Amendment has recently established institutions of devolution, namely the provincial councils, their powers and functions, and the way in which powers are shared by the central government and provinces.

Independent Sri Lanka has had three constitutional systems. The Soulbury Constitution, which was introduced in 1947 by the outgoing British colonial power, was in operation till 1972. The governmental system under that Constitution was virtually a replica of the British Westminster model. The change of 1972, which was introduced by the United Front regime led by the Sri Lanka Freedom Party (SLFP), did not deviate much from the Westminster model, except that Sri Lanka was made a Republic and the legislature a uni-cameral one.

The Second Republican Constitution of 1978, in contrast, altered some basic features of the system of government and the institutional division of power and the office of executive presidency was created. The executive became the central institution of state power in Sri Lanka, somewhat similar to the French model. A system of proportional representation was introduced to replace the first-past-the-post model of electoral competition and was put into operation in the parliamentary general elections of 1989.

The Executive

Headed by the president, the executive is the central institution of government. The president is the head of state, the head of government, the head of the cabinet of ministers, the Commander-in-Chief of Armed Forces, and the leader of the ruling party. Elected by popular vote once in six years, the president enjoys a certain autonomy *vis a vis* parliament. Although he is the leader as well as a member of the cabinet, he is not directly answerable to the legislature. He has the powers to summon, prorogue and dissolve parliament within the provisions that are stipulated in the constitution. Appointments for the higher judiciary are also made by the president.

Parliament

The present parliament in Sri Lanka is a uni-cameral legislature with a total membership of 224. Unless dissolved before the end of the term, a parliament constituted after a general election has a life span of six years. However, the constitution provides for the president to extend by means of a referendum the life of a sitting parliament for another term. The powers to summon, prorogue and dissolve parliament are vested with the president.

The Cabinet

The Constitution provides for a prime minister, but does not delineate any special functions and powers vested with the prime minister. The advisory role of the prime minister is left to the discretion of the president even in the appointment of ministers. While the prime minister may also have one or several ministries under him, he has emerged over the years as the government's chief spokesperson in parliament.

All cabinet ministers are appointed by the president from among the members of parliament. Cabinet members continue to be legislators as well.

The Judiciary

The constitution states that "the institutions for the administration of justice which protect, vindicate and enforce the rights of the People" are (i) the Supreme Court, (2) the Appeal Court, and (iii) the High Court (Section 105). Other lower courts are considered as judicial institutions created by parliament.

There are some elaborate provisions included in the constitution for the expressed purpose of safeguarding the independence of the judiciary. The Chief Justice, the President of the Court of Appeal and other judges of these two courts are appointed by the president. Their age of retirement is specifically stated in the constitution. The removal of a judge from office cannot be effected except by an order of the president, which should be preceded by a two-thirds vote in parliament.

The powers of the Supreme Court are also specifically laid down in the constitution. They include jurisdiction in respect of constitutional matters, the protection of fundamental rights, final appellate jurisdiction, consultative jurisdiction, hearing of election petitions, and jurisdiction in respect of the privileges of parliament. Parliament can also vest by law with the Supreme Court jurisdiction on any other matter.

The constitutional jurisdiction of the Supreme Court does not cover judicial review of legislation, as it is practised in the United States. The constitutional principle is that parliament is sovereign and therefore no judicial body, institution or individual has the right to question, inquire into or adjudicate on any decision duly made by parliament. However, the constitutional jurisdiction of the Supreme Court operates in the sphere of determining the constitutionality of draft legislation, before they are presented to parliament.

The Public Service

The public service has been under the control of the cabinet since 1972. The appointment, transfer, dismissal, and disciplinary control of public officers is vested in the cabinet of ministers under the present system as well. The president exercises the power to appoint, transfer, and remove public officers and heads of the police and armed forces. Although there is a Public Service Commission to act in advisory and appellate capacity in the appointment, transfer, dismissal or disciplining of public officers, the cabinet has powers to alter, vary or rescind any decision or order made by the Commission. Judicial redress available to public officers in instances of grievance is governed by the constitutional provisions relating to fundamental rights.

The organization of the public service is at the moment going through transformation due to the implementation of devolution. The country is divided into eight provincial councils and the provincial administration is now being organized at provincial level. This is a significant departure from the model of centralized public administration which had existed in Sri Lanka during the colonial rule as well as the post-colonial political evolution.

Devolution and Provincial Councils

Sri Lanka has adopted, still within the framework of a unitary state, a system of devolution with the passing in 1987 of the 13th Amendment to the Constitution of 1978. Established as a basis for a political accommodation with Tamil nationalist forces that waged a long war for a separate ethnic state, the provincial councils system is not, however, a federal arrangement. It may be located somewhere between the unitary state and a quasi federal set-up.

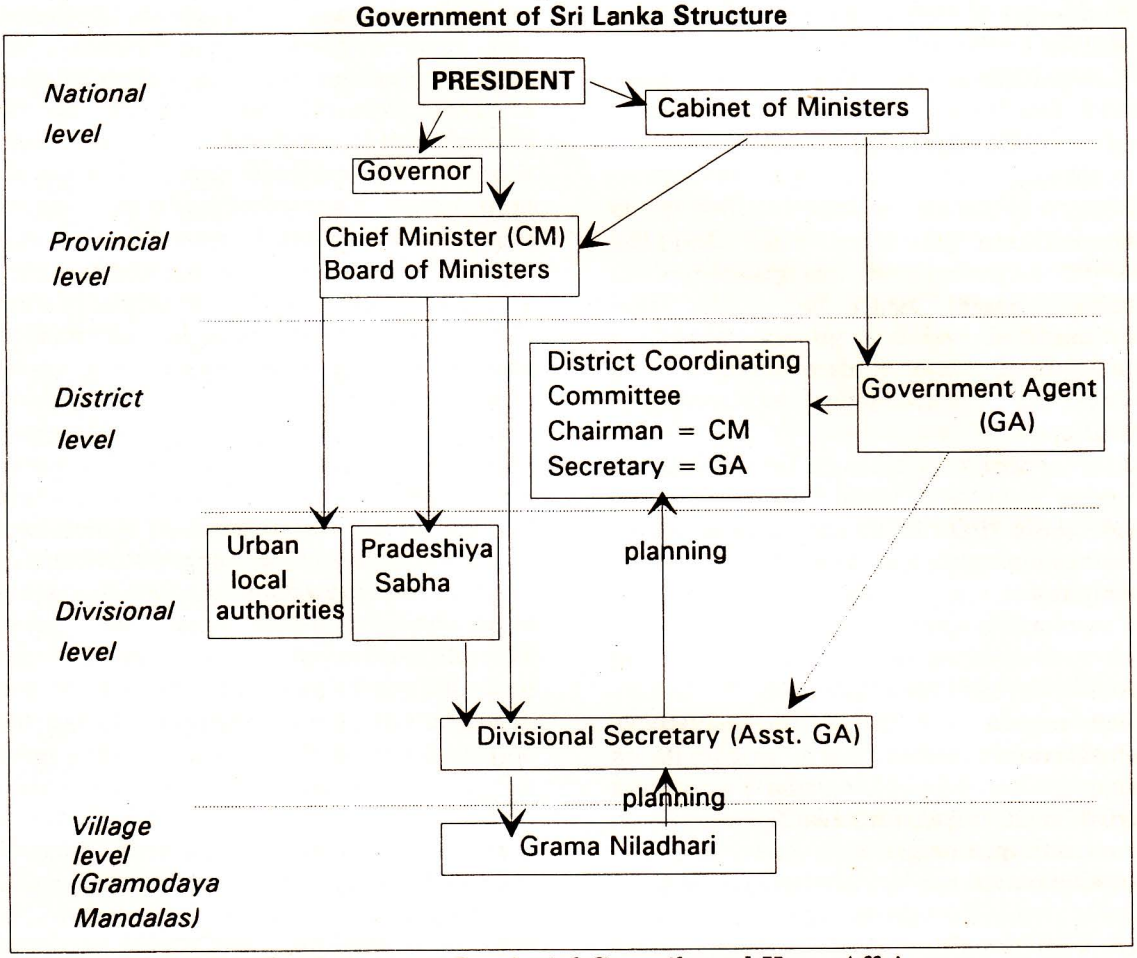
The provincial councils system, at least theoretically, presents the possibility of restructuring the Sri Lankan polity that evolved since independence of 1948.

Deviating from the traditional model of centralized political and administrative control, the new system has created eight provincial councils whose members are directly elected by the people.[1] Each council has a governor who is the representative of the central government and is appointed by the president. A board of ministers, headed by a chief minister, assist the governor to carry out the executive functions of the provincial council. All of these are selected from among the council members who are elected by the people. These councils cannot, however, override the legislative authority of parliament at the center.

Among the powers that are devolved in the constitution to provinces are local government, education, police and law and order functions, housing and construction, plan implementation, social services and rehabilitation, agriculture, rural development, health, irrigation and land development.

There are, however, many teething problems that the provincial council system is facing at the moment. Little change seems to have taken place during the last two or three years after the

Figure 1.1
Government of Sri Lanka Structure



Ministry of Public Administration, Provincial Councils and Home Affairs

[1] While Sri Lanka has nine administrative provinces, there are eight Provincial Councils due to the temporary merger of Northern and Eastern provinces. This merger has been a Tamil political demand based on the argument that the two provinces are the traditional homeland of Tamil speaking people. A referendum has been suggested to determine whether the North-East should constitute one council or two.

Table 1.1
Political and Administrative Divisions

DISTRICT	A.G.A Divisions	Municipal Councils	Urban Councils	Grama Niladhari	Villages
WESTERN PROVINCE					
Colombo	10	2	4	557	85
Gampaha	13	1	6	1178	191
Kalutara	11	0	4	745	264
CENTRAL PROVINCE					
Kandy	17	1	4	1189	298
Matale	11	1	0	545	137
Nuwara Eliya	5	1	2	427	141
SOUTHERN PROVINCE					
Galle	16	1	1	896	231
Matara	13	0	2	650	158
Hambantota	11	0	2	576	131
NORTHERN PROVINCE					
Jaffna	14	1	3	435	95
Mannar	5	0	0	153	68
Vavuniya	4	0	1	96	52
Mullativu	5	0	0	127	51
Killinochchi	4	0	0	95	25
EASTERN PROVINCE					
Batticaloa	10	1	0	276	85
Ampara	17	0	1	503	87
Trincomalee	11	0	1	230	64
NORTH-WESTERN PROVINCE					
Kurunegala	24	1	1	1610	451
Puttalam	13	0	2	548	128
NORTH-CENTRAL PROVINCE					
Anuradhapura	21	0	1	698	309
Polonnaruwa	6	0	0	219	63
UVA PROVINCE					
Badulla	14	1	2	532	235
Monaragala	9	0	0	319	119
SABARAGAMUWA PROVINCE					
Ratnapura	16	1	1	576	206
Kegalle	10	0	1	573	167
TOTAL	290	12	39	13753	3854

administration devolved on the provincial councils. Apart from sectorial ministries being formed in the provincial capital the same hierarchical and organisational structure that prevailed prior to devolution under the central government is being perpetuated. The departmental structures remain the same. These arrangements

were geared to function as highly centralised system of administration and the line of command remains the same as before.

There is also some question whether a large number of departments under provincial commissioners and directors are justified for a province.

The financial allocations granted to a provincial council are derived mostly from the centre. The mechanism for independent sources of revenue such as through local taxation have yet to come into operation. Apart from the Criteria Based Grant, the Medium Term Public Investment Programme and funds from the Integrated Rural Development Programmes, there appears to be a large area of unpredictability in the availability of funds for the provincial councils, which adds to the situation of uncertainty referred to above. The recent decision to channel all Capital Grants except the Criteria Based Grants through the line Ministries would tend to aggravate this situation of uncertainty unless the central government makes it very clear that the provincial councils work would not be hampered by this procedure and the relationship between the centre and the provincial councils is one of equality and not one of confrontation. As the situation does exist, it is doubtful whether the relationship is one of equality.

The allocation of funds under the Decentralized Budget for District Members of Parliament has made the problem of coordination more difficult in the provinces. The Decentralized Budget is being handled by government agents who are not employees of the provincial council but representatives of the central Government in the provinces. An attempt has been made in the recent guidelines for "Decentralized Planning, Budgeting and Programme Coordination" issued by the Ministry of Public Administration, Provincial Councils and Home Affairs, to bring about an institutional arrangement to coordinate the Decentralized Budget with the other plans of the provincial council. Here the role that the Government Agent plays is that of the coordinator for aggregating and determining the provincial plans at the district level. Whether it is appropriate for an official who is not a provincial council employee to play that role is being debated.

Working of the Political System

Despite the fact that both the executive presidential system of government and the provincial councils systems have come under criticism, Sri Lanka has a fairly developed political infrastructure. Sri Lanka has an advanced and well-rooted political party system. Except for the underground guerilla movements, all the other political parties, including those of the left, are operating within the parliamentary and electoral framework. A high degree of literacy and political awareness among the people has made political party mobilization a strong point in competitive party politics.

Sri Lanka had a record of over 80 percent of both men and women voting in general elections until the 1980's. However, the percentage of women candidates has always been low and few women have held office as ministers or key personnel in provincial and local government.

The widespread unionization of workers is another facet of the political culture in Sri Lanka. Traditionally, the unions were mostly controlled by left-wing political parties. A trend that started in the early seventies is the entry of the ruling political parties to the trade union arena. Consequently, ruling party-affiliated unions became strong in terms of membership as well as their capacity to bargain with employees. Since 1977, the Ceylon Workers' Congress, which is one of the largest unions in the island and also the main union of plantation workers, has been with the government. The ruling United National Party (UNP) has unions which are numerically as well as politically strong and powerful.

The political structures and institutions have also been going through a process of tension, fissures and conflict. The first

sign of serious cracks in the body politic appeared in 1971 when a youth insurrection occurred. Then in the mid-seventies, Tamil political grievances came to be expressed in rather militant terms, and by the early eighties, militant ethnic politics for separation had emerged. In July-August 1983, there occurred violent anti-Tamil riots which soon led to unprecedented polarization in Sinhala-Tamil ethnic relations. In the immediate aftermath of these riots, there began a period of violent war between the state and the Tamil separatist forces.

National Planning Structure and Process

Until the creation of provincial councils in 1987, the national planning process in Sri Lanka remained highly centralized in Colombo. Successive governments since independence had accorded a great deal of importance to national planning and therefore under many regimes, the ministries of planning and plan implementation had been retained by the prime minister. From 1977 to 1988, the Planning Ministry had been attached to the Ministry of Finance while Plan Implementation had come under the president.

Some deviation from this model can be observed under the system of devolution. Planning is among the powers of provincial councils, which is defined in the Ninth Schedule of the 13th Amendment as 'implementation of provincial economic plans. The law, however, does not elaborate what the above formulation would exactly mean.

A factor that has led to some concern among almost all the provincial councils is the inclusion of planning in the concurrent list of center-province powers. Although planning is not explicitly reserved by the center, the sharing of planning powers between the center and provinces will largely depend on the extent to which the political and administrative elites in Colombo would be willing to strike a proper balance in formulating a new and devolution-oriented planning process, as well as a set of planning structures. Only an assertive body of provincial councils could conceivably bargain with a powerful center to retain an appreciable measure of autonomy with regard to planning and plan implementation.

According to the provincial council law, the joint function of planning between the central government and provinces are (i) formulation and appraisal of plan implementation strategies at the provincial level, (ii) progress control, (iii) monitoring of progress of public and private sector investment programs (iv) evaluation of the performance of institutions and enterprises engaged in economic activities, (v) manpower planning and (vi) nutritional planning and programs.

A great deal of interest is developing among the provincial councils in initiating province-based development plans. They are making use of planning infrastructure and personnel that had already been there at district levels under the previous system. Integrated Rural Development Programs (IRDP) are also being incorporated by those provinces that have IRDP projects. However, in a vigorous program of province-based development a great deal of commitment on the part of the central government is needed to promote economic bases of regional development. The lack of capital and finance is an obstacle to provincial development initiatives. This might in the long run lead to increasing dependence of provinces on the central government for financing and capital allocation for economic development.

The strategy of the Ministry of Provincial Councils in Colombo is to obtain from each council their individual development plans for the coming year and then to collate them with national development priorities and strategies. However, this practice poses a significant dilemma. While the center appears to insist on a co-ordinated and well directed national and macro development strategy, the provinces are inclined to focus on their own local demands and priorities.

Major Political Events of the Past Three Years

The political process over the past three years has been a complex one in which the ethnic conflict entered into a phase of unforeseen vicissitudes. An insurrection in the Sinhalese south spread rapidly but was put down fairly quickly. However, a lasting solution to the problems of the north and east have yet to be achieved.

Indo-Lanka Agreement of July 1987

A major turning point in the politics of contemporary Sri Lanka is the Peace Accord signed on July 27, 1987 by Prime Minister Rajiv Gandhi of India and President Junius Jayewardene of Sri Lanka. This Accord was a joint effort made by Sri Lankan and Indian governments to provide for a political settlement to the separatist war of Tamil nationalist forces. It envisaged a system of devolution of power as an acceptable alternative to the Tamil demand for separation. The devolution package was to be presented in the form of provincial councils. The Indian government undertook to guarantee and monitor the peace process in the north-east by securing the consent of Tamil insurgent forces. India also offered her help by deploying an Indian Peace Keeping force in case the disarming of the militants was needed.

While the agreement of July 1987 constituted the first major attempt by the two governments to jointly experiment a political solution to the ethnic conflict in Sri Lanka, it soon led to unforeseen difficulties. The Liberation Tigers of Tamil Ealam (LTTE), the most powerful among the Tamil guerilla groups, refused to accept the Accord or to lay down their arms. This led to a new wave of war, between the LTTE and the Indian army. Disarming of the LTTE turned out to be an immensely difficult and a long-term task. India had to deploy nearly 75,000 troops in the north-east of Sri Lanka, and the conflict took a protracted character. India could not make any significant breakthrough in persuading or compelling the LTTE to accept the political solution that was envisaged in the accord until the Indian army was withdrawn at the end of 1989.

The Indo-Lanka Accord and the deployment in Sri Lanka of Indian troops in large numbers contributed to a violent counter-movement in the Sinhalese south. Led by the underground *Janatha Vimukthi Peramuna* (JVP), the Sinhalese nationalist reaction soon took the from of an open and violent insurrection against the state. Many thousands perished in the ensuing situation of civil war. The two-year long rebellion ultimately ended in November-December 1989 when the entire leadership of the JVP and perhaps large numbers of its members and sympathizers disappeared.

The trauma of two civil wars, one in the north-east and the other in the south, may have left indelible scars in the mass psyche. Violence, militarization, death and destruction became a part of every day life.

Elections in 1988 and 1989

Amidst civil wars and violence, the attempts made by the state to maintain the viability of the political mainstream proved to be rather successful. The conduct of presidential elections in December 1988 and parliamentary elections in February 1989 were very significant events in this regard, though the voter turn-out was as low as 55 per cent. Polling 55.43 per cent of the total vote caste, Mr. Premadasa retained the presidency for the UNP.

The parliamentary election held in February saw the ruling UNP retaining its majority in the legislature, though well below the two-third mark which it had previously enjoyed. The (SLFP) made substantial gains and several smaller parties also gained representation

Peace Attempts with the LTTE

A major development in the year 1989 was the initiation of peace talks between the government and the LTTE. The initiative for peace was taken by President Premadasa soon after he assumed office in

January 1989. The LTTE's response came in April, and subsequently the two sides joined in negotiations in Colombo. Although detailed information about peace talks were not made public by either party, the truce lasted only for 13 months. Both parties appeared to have certain common interests in coming together, especially in view of the presence in Sri Lanka of the Indian peace keeping forces.

India totally withdrew its armed forces from Sri Lanka in the latter part of 1989. There was some optimism about the LTTE's accepting the provincial councils system and joining the democratic process. However, the unanticipated happened in early June 1990 when fresh clashes broke out between the LTTE and the government forces. The two sides since have been confronting each other militarily.

Policy Reforms

Mr. Premadasa launched a major program of poverty alleviation soon after assuming office. Known as *Janasaviya*, this program is intended to provide state support to the poorest sections of the community. The *Janasaviya* program indicates bringing back to state policy a greater measure of social welfarism in order to achieve social peace and political stability.

The government has also launched a new economic strategy for rapid industrialization. This strategy envisages an increasing volume of foreign capital investments in the manufacturing sector of the economy. The government is in a path of further liberalization of the economy in order to assure foreign capital participation.

The All Party Conference (APC), meanwhile, constitutes a major political mechanism designed by the President to achieve political consensus over major policy matters. The idea of the APC was to enable the president to consult all political parties, including those that are not represented in parliament, at one forum on urgent national issues. However, the major opposition parties in parliament have opted themselves out from the APC. Nevertheless, the APC has been functioning for the past two years as a major political and policy forum.

THE ECONOMY AND DEMOGRAPHIC TRENDS

Three general problems have had a continuing impact on the economy of Sri Lanka. These are (1) the ethnic conflict, and the fall-out from the two years of civil disturbance connected with the *Janatha Vimukthi Peramuna* (JVP), (2) the prevalence of significant pockets of poverty, unemployment and undernutrition; and (3) the need to make structural adjustments to promote economic growth and satisfy the IMF and World Bank.

The civil disturbances in the wake of the political campaign launched by the JVP from 1987 took a heavy toll on the economy, resulting in wide spread damage to property and capital stocks, loss of output due to work stoppages and prolonged shut-downs. The atmosphere of uncertainty generated by these disturbances sapped business confidence and depressed the flow of foreign investment and tourist arrivals.

Production in the North and North-eastern provinces of the island has suffered serious dislocation and damage as have the environment and communities living there. Their share of the country's total rice production fell from 33 percent in 1983 to 20 percent in 1988 as did the production of chillies, traditionally one of its main agricultural products. The fishing industry was also badly affected by the security situation and the imposition of a security zone. Development in this region virtually ground to a halt with the economy functioning well below normal levels. The incomes of the population living in these regions declined substantially and most aid agency financed development projects were affected. Similar disruption in the south of the country affected production in a number of areas and sectors particularly in 1988 and 1989.

Unemployment estimates vary. One 1989 estimate was around 1.2 million, while a more recent Central Bank figure was for 600,000. It is generally acknowledged that about two-thirds of the number are youths. Nearly 35 percent of the unemployed have completed the General Certificate of Education (GCE).

On the basis of caloric intake, nearly 25 percent of the population, 4.1 million in mid-1988, are below the poverty line. Food-stamp recipients total nearly 7.5 million people. Thirty-seven percent of children aged 0-3 years suffer from chronic undernutrition, while over 50 percent of school-going children suffer from chronic anaemia. The national average in respect of stunting, height-for-age deficit, is 36.6 percent while that for wasting, weight-for-height deficit, is 12.2 percent. Low birthweight, mainly attributable to maternal undernutrition has been found to occur in more than 20 percent of deliveries.

Present Economic Strategies

The new government which assumed office in early 1989 inherited not only a serious political and social crisis, but also a potential financial crisis. Initial measures included implementation of a programme of short-term stabilization measures involving a tight monetary and fiscal posture coupled with the removal of subsidies, stricter criteria for welfare recipients and substantial currency devaluation.

The stated long term goals/concerns of the government are implementation of the following policy measures:

A) A structural adjustment programme (1989-92), the main elements of which are:

i) to reduce the size of the civil service through retrenchments of 100,000 to 120,000 out of about 770,000 staff in the public sector.

ii) Rationalization of public expenditures with a view to eliminating wasteful spending and increasing productivity and efficiency.

iii) Improving the efficiency of public enterprises through privatising, restructuring and commercialising and liquidation when the enterprise involved is not economically viable.

iv) Reducing impediments to private sector activity by formalising government/private sector channels of communication, consultation and co-operation, removing excessive bureaucratic barriers and regulations.

v) Implementation of trade reforms in relation to the levels of effective tariff protection.

B) An industrial strategy, the main objectives of which are to:

Transform the import substitution industry into an export oriented one;
Provide greater employment and income opportunities;
Diversify the economy and strengthen the balance of payments;
Ensure more equitable distribution of income and wealth.

C) The *Janasaviya* Programme (JSP) has been designed to address the problem of poverty in general and the socio-economic costs of structural adjustments in particular. The poorest segment of the population, (those most affected by the reduction in subsidies,) are the beneficiaries of this programme.

The *Janasaviya* programme aims at helping the poor to build-up both their latent capacities and their asset bases through productive employment. The package of assistance provided to those who are entitled consist of two components: a consumption benefit and an investment component. It will be linked to and supported by all other programmes, eg., food stamp and free mid-day meal programmes.

Recent Economic Developments

Civil strife has had a marked impact on recent economic performance and is reflected in the expenditures relating to defence and public order, which trebled from 1.4 percent of GDP in 1984 to 5 percent of GDP in 1987 and 4.1 percent of GDP in 1989. It is estimated that it rose to six percent of GDP in 1990.

Compared with the growth rate of 1.5 percent in 1987, the economy staged a modest recovery in 1988 and 1989, recording growth rates of 2.7 percent and 2.3 percent respectively. 1990 saw a sharp recover of 6.6 percent. Per-capita GNP decreased from USD 374 in 1988 to USD 367 in 1989, but has since rebounded to USD 418 in 1990. Gross Domestic Capital Formation (GDCF) showed a samll increase in 1990.

The agricultural sector, which generally accounts for about 24 percent of GDP, performed indifferently in 1989, with the production of tea, rubber and paddy sectors declining by 9 percent, 10 percent and 17 percent respectively, and cumulatively depressing overall economic performance over 1989. The civil strife, which had a pervasive sector-wise effect, affected every aspect of the tea industry in that year. With more than 44 percent of the population engaged in agriculture and allied activities, the reverses suffered by it had significant spread effects on employment, wages and the nutritional standards of agricultural workers and other vulnerable groups including women and children. There has been significant improvement in this sector in 1990 with growth of 8.8 percent. It is too soon to tell if this will continue to overcome the reverses of earlier years.

However, the industrial sector was able to maintain its growth momentum in 1989 despite the civil strife. Its growth increase of 4.4 percent in 1989 was on top of a similar increase in 1988, originated mainly in private sector industry. This growth accelerated to 9.4 perecent in 1990, largely for export.

Sizeable current account deficits have been a feature of the balance of payments over the last decade. The current account deficit, which continued at the level of SDR 290 M in both 1988 and 1989 respectively, was to a large extent generated by a heavy import bill which continued to increase from SDR 1,502 M in 1987 to 1,666 M in 1988 and SDR 1,748 M in 1989, due mainly to the continued increase, in value terms, of consumer and intermediate goods category imports.

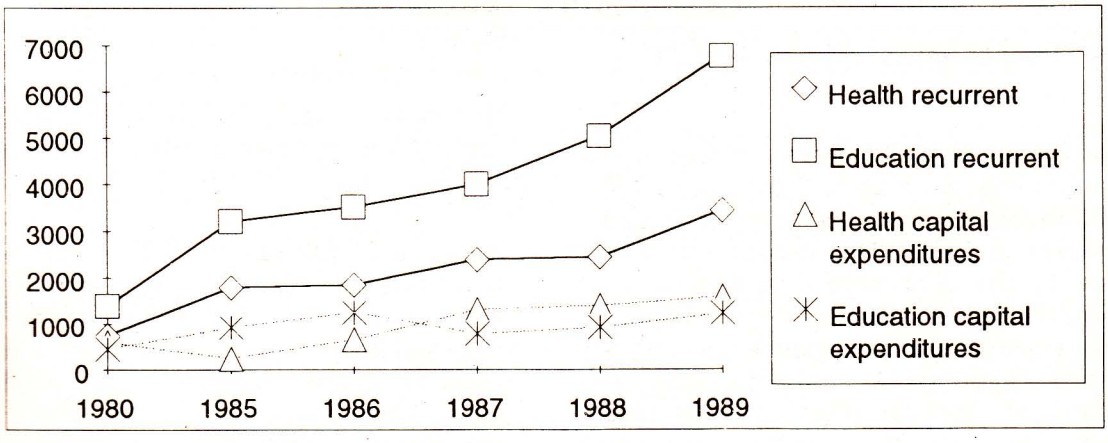
The balance of payments reflected an overall deficit of SDR 67 M in 1989 as compared with SDR 64 M in 1988. The surplus of SDR 130 M in 1990 is the first in five years and appears to have been a result of improved export performance, increased tourism and better use of foreign aid. The current account deficit at 7.8 percent of GDP and became a small surplus in 1990.

Total outstanding external debt at SDR 3,960 M at the end of 1989 increased to SDR 4,162 M in 1990, while the debt service payment ratio declined from 28.7 percent in 1988 to 24.4 percent in 1989. This ratio declined further to 16.5 percent in 1990. Similarly, the external resource gap improved in 1990.

Sri Lanka's gross external assets stood at SDR 447 M at the end of 1989, as compared with SDR 428 M at end 1988, indicating a slight improvement and reflecting the ability to finance approximately three months of the imports projected for 1990.

The terms of trade which have been adverse over most of the last decade continued to deteriorate with a 6 percent decline in 1989 following on a 7 percent decline in the previous year. There was a significant increase in the price of all major imports such as rice, sugar, wheat, petroleum and fertilizer in 1989, in contrast to the less favorable prices attracted by major exports other than tea in 1989. There was a further deterioration of 10 percent in 1990. The balance of payments developments in 1989 were less unfavorable than anticipated.

Figure 2.1
Health and Education Expenditures
(millions Rupees)



Source: The Central Bank of Sri Lanka.

The pressure on the balance of payments was heightened by recent events in the Middle East. The partial loss of tea exports, worker remittances, and a higher oil import bill are estimated to have caused losses to the economy of over USD 100 m.

Aid

Aid flows have played, and will continue to play, a crucial role in financing Sri Lanka's balance of payments, and will also form an important element in economic development and restructuring and reconstruction programmes for the foreseeable future. Sri Lanka receives one of the highest per capita aid flows in the world and donors appear conscious of the need to keep commercial borrowings and the debt service ratio at acceptable levels.

Aid flows averaged 8 percent of GDP in the early 1980s, peaking to 9 percent in 1983, and thereafter declining slowly to around 7 percent in 1987. This decline was partly due to the civil unrest in the country, resulting in a slowing down in project implementation, the completion of the major hydro-power projects (i.e., the Mahaweli) and an effort to better match aid flows with the country's absorptive capacity. Aid commitments have generally fluctuated between 8 percent and 10 percent of GDP in recent years, except 1988 when it reached a high of 16 percent of GDP, due to the exceptional financing connected with the reconstruction and rehabilitation programme.

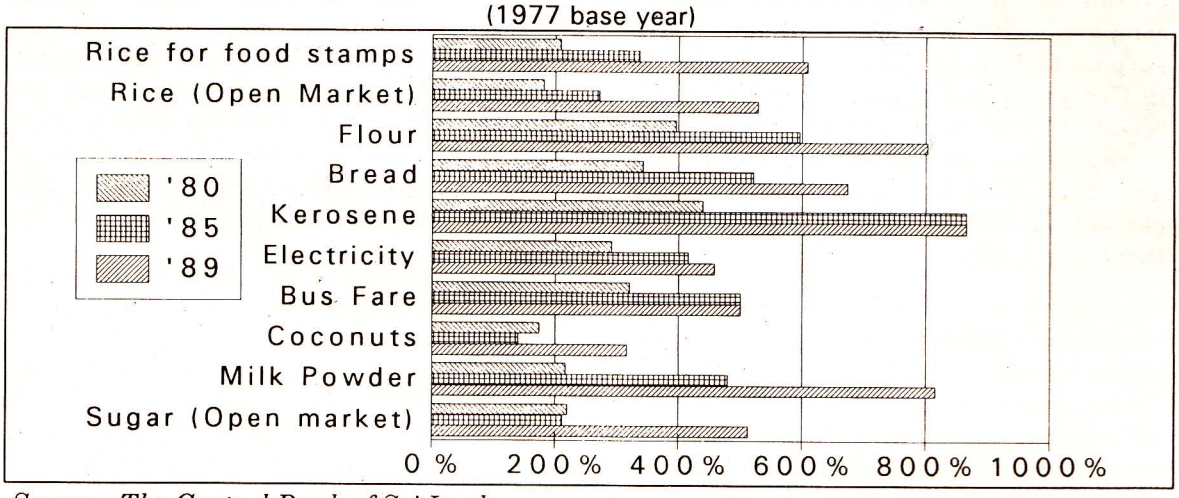
Government Budget

Large fiscal deficits averaging well over 10 percent of GDP have been the norm and constitute the primary reason for Sri Lanka's macro economic imbalances in recent years.

The years 1987 and 1988 were no exceptions and the fiscal deficit increased from 11 percent of GDP in 1987 to nearly 16 percent of GDP in 1988. It, however, dropped to 10 percent of GDP in 1989, signalling an improved fiscal performance. At the same time 1990 saw an increase in the money supply of about 25 percent, directly contributing to the high inflation rate.

At 20 to 21 percent of GDP, government fiscal revenues absorb a large share of the country's resources. Given the narrow tax base and ineffective collection there is little room for further increase in the medium term. On the other hand, government expenditures increased rapidly in the medium term with the renewed conflict situation in the North and North-East

Figure 2.2
Percentage Increase in Administered Prices of Basic Consumer Goods
(1977 base year)



Source: The Central Bank of Sri Lank

adding to already high defence expenditure. The budgetary transfers to the newly established provincial councils (PCs), the implementation of the JSP and other transfers and welfare measures will put further pressure on revenue.

The room for manoeuvre in the face of these spending pressures will be extremely limited in the short term, with interest payments, wages, welfare payments, fixed and recurrent expenditures comprising some 48 percent of total expenditure. Capital expenditure (including net lending) has declined significantly over this decade from 17 percent in 1980 to 13 percent in 1988, 9 percent in 1989 and 8.8 percent in 1990. The sharp drop in 1989 was due mainly to implementation difficulties caused by unsettled conditions.

Recurrent expenditure relative to the social sector as a percentage of total recurrent expenditure reversed its declining trend and showed a slow but steady increase from 31.6 in 1985 to 41.7 percent in 1989. Similarly, social sector expenditure as a percentage of total government expenditure has also increased from 1985.

Further, expenditures in component sectors within the social sector, such as education and health, have shown an increasing trend in absolute terms and in per capita terms in relation to health over much of this decade. However, studies show a low allocation for consumables in the education sector, averaging around US 9 cents per student per annum. Likewise, in the health sector, a situation where there is a shortage of renewables, such as drugs, coupled with inadequate training of staff, shortages of qualified staff, and a lack of trained and effective supervision has emerged, and is likely to continue and deteriorate even more in the future.

Prices, Wages and Employment

The trend towards increased prices which had begun to manifest itself in 1986/87 continued with the Colombo Consumers Price Index (CCPI), rising to 14.0 percent in 1988 and then rising sharply to 21.5 percent 1990. The wholesale index showed a similar increase.

The substantial increase in prices was due to a variety of domestic and external factors. The more important among these factors were the governments deficit financing methods, the disruption and dislocation of production, trade and transport caused by the civil strife, the rise in the prices of major imported food items due both to an increase in international prices, and exchange rate depreciation; the upward revision of petroleum prices; similar revisions in relation to administered prices of certain sensitive food items; and growing inflationary pressures resulting from rising defence expenditures.

The steady erosion of real wage levels continued in 1989 and 1990, falling 7.1 percent in the public sector and 3.9 percent in the private sector. Employment in both public and private sectors increased moderately in 1989. The growth of employment opportunities in the public sector, however, was however inhibited by the implementation of the recommendation of the Administrative Reform Committee (ARC) relating to the restructuring and rationalization of the public sector. Thus, the capacity of this sector to absorb the growing labour force in the immediate future will be reduced.

The growth of minimum wage rates, as well as that of money supply, implied an overall average inflation rate of about 12 percent per annum in 1988/89. Inflation remains a serious problem, having accelerated from the above figure to 21.5 percent in 1990. The increase initially reflected devaluation and adjustments in administered prices, mostly in 1989, and more recently the rising defence expenditures.

Areas of Concern

The initial growth surge, with growth rates of 5-6 percent per annum, which characterised Sri Lanka's economic performance in the post liberalisation period (1978-85), has now dissipated. The

economy now has slipped back to growth rates of 2-3 percent per annum. The progress made in the development of human resources now appears to be in danger of erosion. This is due to the interplay, within the programme of stabilization and structural adjustment measures presently being implemented by the government, of a complex of factors, of growing income inequalities, rising levels of unemployment, inflation and the falling off of nutritional standards, of vulnerable groups, particularly mothers and children. The Middle East crisis and rising defence expenditures have added to these concerns.

The crisis in the Gulf had adverse effects on the Sri Lankan economy. External trade was initially reduced and earnings generated from the West Asian region plummeted. Tea exports, 55.1 percent of which were bound for the Middle East (1989, Central Bank), 10 percent specifically for Iraq, were the most seriously affected. Remittances from the more than 150,000 strong Sri Lankan labour force in the Gulf also fell rapidly

Table 2.1
Estimated Economic Losses due to the Gulf Crisis (Oct to Dec 1990)

Type of Earnings	US$ Millions
1-Petroleum Crude Oil	-58.5
2-Other Petroleum Products	-13.2
3-Exports	+20.0
4-Tea	-19.3
5-Remittances	-35.6
6-Reductions in imports	+22.5
7-Repatriation losses	-25.0
Total estimated losses	-173.6

Source: Central Bank of Sri Lanka

The unemployment rate which declined to around 10 percent in the early 1980s from a high of 25 percent in the 1970s, then rose to 18 percent in the late 1980s, is now claimed to be 10 percent again. However, present the trend appears to be for rising unemployment.

The major reasons for this increasing trend appear to include the relatively slow pace of completing the process of economic liberalisation, the virtual completion of the lead investment projects, which were employment generating, during their construction phase, and the dislocation of normal economic activity in the face of widespread civil strife. The Labour Force Survey of 1985/86 conducted by the Department of Census and Statistics, indicates that the vast majority of unemployed, some 37.5 percent, are educated-unemployed in the age group 20 to 25 years, with secondary school and/or general educational qualifications.

Official employment rates of women have been nearly double that of men in national surveys since the 1960's, with 14.4 percent male and 21.2 percent female in 1969/70 and 10.8 percent and 20.8 percent respectively in 1985/86. The female labour force has increased at a much higher rate than the male and employment has not kept pace with this increase. Domestically, oil and petroleum prices escalated an unprecedented rates. As illustrated in the table below, all of these activities had a negative impact on Sri Lankan's balance of payments. Employment opportunities that have been available for women in the 1980's have been such as to reinforce gender subordination in the labour market. In the Accelerated Mahaweli Development Programme and other settlements, women are economic producers, but are perceived to be farmers' wives and their economic contribution is subsumed as family labour. Eighty percent of the labour force in the export processing zone is reported to be women, chiefly young and unmarried between 18 and 25 years.

They are concentrated in semi-skilled jobs as low cost labour. They are unprotected by labour legislation and lack opportunities for upgrading skills and achieving mobility.

Table 2.2
Population Distribution and Density in the Districts: 1989
(Districts arranged in order of population size)

District	Percentage share of population	Cumulative percentage	Density of persons per sq. km.
Colombo	11.4	20.3	2190
Gampaha	8.9	20.3	1086
Kurunegala	8.2	28.5	289
Kandy	7.3	35.8	646
Kalutara	5.5	41.3	582
Galle	5.5	46.8	562
Ratnapura	5.4	52.2	280
Jaffna	5.1	57.3	869
Matara	4.5	61.8	589
Kegalle	4.4	66.2	437
Badulla	4.2	70.4	249
Anuradhapura	4.1	74.5	99
Puttalam	3.5	78.0	192
Nuwara Eliya	3.2	81.2	309
Hambantota	3.0	84.2	195
Ampara	2.8	87.0	108
Matale	2.4	89.4	206
Batticaloa	2.4	91.8	149
Moneragala	2.0	93.8	61
Polonnaruwa	1.8	95.6	96
Trincomalee	1,8	97.4	117
Mannar	0.8	98.2	64
Vavuniya	0.7	98.9	57
Kilinochchi	0.6	99.5	79
Mullaitivu	0.5	100.0	36
Sri Lanka	100		261

Source: Derived from mid-year population estimate by Registrar General's Department

Table 2.3
Population Growth Parameters 1980 - 1989
(per 1000 live births)

Year	Estimated mid year pop. ('000)	Annual growth rate (%)	Rate of natural increase (%)	Number of births	Crude birth rate	Number of deaths	Crude death rate
1980	14747	1.8	2.2	418373	28.4	91020	6.2
1981	15011	1.9	2.2	423793	28.2	88481	5.9
1982	15195	1.5	2.0	408895	26.5	92244	6.1
1983	15417	1.3	2.0	405122	26.3	95174	6.2
1984	15603	1.3	1.9	391064	25.1	100669	6.5
1985	15842	1.8	1.8	389559	24.6	98013	6.2
1986	16117	1.6	1.6	359328	22.3	96052	6.0
1987	16361	1.3	1.6	358130	21.9	96515	5.9
1988	16586	1.2	1.5	343692	20.7	96536	5.8
1989	16806	1.4	1.5	357964	21.3	104590	6.2

Women are also home-based workers in sub-contracting industries that have proliferated in the 1980's, receiving low rates for piece work.

A few women with resources have become successful entrepreneurs in the present economic climate which promotes private enterprise, but the majority have been pushed into economic activities in the informal sector. It is from this sector chiefly that women have been drawn to unskilled domestic labour as migrant workers in the middle east and other Asian countries. They have increased family resources and contributed to the country's foreign exchange, but many have had traumatic experiences, including war. Ethnic and social violence since 1983 has increased the number of female headed households.

Hence, concern that unemployment may be the principle cause of poverty and constituted a major reason for the escalation of violence that threatened to paralyse the economy in 1989 has received much attention.[1] It is considered to have enlarged the numbers of the poor, reducing their share of national income from 15 percent in the early 1970s to around 8 percent in 1988.[2] Another area of concern relates to the findings of a Nutritional and Health Survey carried out in 1987, which identified a undernutrition problem of growing and serious proportions manifesting itself in over 25 percent of pre-schoolers being stunted; 10 percent been wasted and the occurrence of low birthweight due to maternal undernutrition. It is difficult to over-emphasize the importance of these issues in the context of economic growth and human resources development because of their impact on these policies in a period of financial stress.

The question of the social costs of pursuing a programme of adjustment is another area which merits concern and study. The adjustment measures introduced from 1978 and more recently in July 1989, which included the devaluation of the rupee, corrective price increases, the removal of subsidies on certain basic food items, and bus transportation would have had a significant impact on the lowest income decile, as 1/4th of their total expenditure is on rice (20 percent) with wheat flour and bread absorbing 5 percent. Increase in their prices, together with those for bus transportation, sugar, and the general effect of devaluation on the cost of living could dramatically reduce the consumption level of the poorest 20 percent of the population and lead to serious hardships and undernutrition.

Indicators are that the position of the poor and other vulnerable groups have worsened with the implementation since 1978 of the structural adjustment and stabilization programmes involving the retargetting of food subsidies, devaluation of the rupee, subsidy cuts, and corrective price increases. Resource constraints which are the bane of all developing countries get even tighter during the process of adjustment.

Demographic Situation

Population growth rates have declined steadily over the last decade. The average annual growth rate has declined from 1.8 to 1.4 percent over the period 1980-1989. The birth rate has fallen from 28.4 to 21.3 births per 1000 population; the total fertility rate (TFR) has dropped from 3.4 to near 2.5 children per woman; the infant mortality rate has declined from 34.4 to 19.4 deaths per 1000 births; the neonatal mortality rate has declined from 22.7 to about 16 deaths per 1000 births and maternal mortality rate stayed at a low of about 0.6 per 1000 births.

While this development was generally shared by most parts of the country and

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[1] *Poverty Alleviation Through People-based Development*. Final report on an action programme submitted to the Cabinet by the High Level Committee of Officials - January 1988.

[2] Development Objectives and Strategies of Sri Lanka and the Supportive Technical Co-operation Programmes - Thoughts on Fifth UNDP Country Programme 1992 - 1996 by A.A. Muneth Senior Consultant - 1990.

that disparities between population subgroups have been gradually diminishing, considerable contrasts do remain. The persistence of high mortality and high fertility among certain subgroups of the population is a salient feature of the current demographic situation of Sri Lanka.

An emerging feature is that due to the lower fertility levels the age structure of the population is changing from that of a very young population to a gradually maturing one. This demographic change has both immediate and long term implications on the relative emphasis to be placed on the various needs of the young, the children, the women, the youth and the aged.

Population Size and Distribution

The total population of Sri Lanka at mid 1990 is estimated to have reached 17.1 million. The population is largely concentrated in the south western and central parts of the country. One fifth of the country's population live in two smallest districts of Colombo and Gampaha. Two thirds of the total population live in one third of the land area covered by the districts of Colombo, Gampaha, Kalutara, Galle, Matara on the south western coast line, the adjoining foot hills and the hill country districts of Ratnapura, Kegalle, Kurunegala, Kandy and the Jaffna peninsula in the north.

The clustering of population in a few particular areas is seen in the wide variation in the density of population from 2910 to 36 persons per sq. km. The most densely populated district, Colombo has a density of 2910 persons per sq. km. which is more that eleven times the national average of 261 persons sq. km., more than two and half times the density of the second and third clustered districts - neighboring Gampaha and the northern - most district of Jaffna.

Coastal districts to the south of Colombo stretching up to Matara together with the hill country city district of Kandy - which comprise the third most dense area - are roughly of a uniform density of a little over 550 persons per sq. km. All other districts on the east, north central and the northern planes - which contain most of the forest cover, and much of the inland waters - are thinly with densities ranging from about 150 persons to less than 90 persons per sq. km. Even within districts, including those of high density, there is a distinct pattern of clustering in and around particular localities which are generally the urban growth centres located far between and around main roads.

Population Growth

The annual increase of population, annual rate of growth, annual rate of natural increase and its components - the crude birth rate and the death rate - are given in Table 2.3. The growth in absolute size is illustrated in chart 2 and the trends in natural increase and growth rate are shown in chart 3.

The rate of natural increase itself has declined as a result of a continued decline in the crude birth rate from 28.4 births per 1000 in 1980 to 21.3 in 1989 while crude death rate remained almost static near 6.0 deaths per 1000 population. Thus, a sustained decline in birth rates, complemented by a large rate if emigration - which has even exceeded the death rate in 1983 - has lowered the growth rate in Sri Lanka to the current level of 1.5 percent. This is still a high growth rate and well above the 1 percent level viewed as a target for countries in the region. Should the flow of emigration be arrested or reversed the growth rate could well start to rise.

Urbanization

Although, the population is heavily clustered in the south western quarter of the country, there has been no significant tendency for excessive growth of urban agglomerations in these areas.

At the 1981 census, urban population was just about one fifth of the total population. An urban area in Sri Lanka is a locality

administered by a local body. In general, these localities are relatively more densely populated and are provided with better infrastructure facilities as roads, trade centres, services, electricity, and pipe-born water. Nevertheless, many localities designated urban lack urban infrastructure while there are certain rural localities with more urban outlook than some urban areas. With the exception of the primate city, its extension and the principal towns of some administrative districts, Sri Lanka remains a country of villages and hamlets. These villages by and large are linked and adequately serviced by a good network of roads.

Urban growth in general has been lower than the overall population growth. In the last intercensal period 1971 - 1981, many urban localities have experienced lower growth rates than the national average. Particularly significant is the slow growth of the capital city which had grown at 0.04 percent which is much slower than the overall growth of 1.7 percent. The salient feature of urban growth is that even the modest growth that has occurred has been in the satellite towns of the Colombo city rather than in the city itself, the fastest being the Free Trade Zone areas of Seeduwa-Katunayake at 3.5 percent.

The city of Colombo at present has a population of nearly 612,000 with a density of 16,400 persons per sq. km. The second, third and fifth largest cities respectively of Dehiwela-Mt. Lavinia, Moratuwa, and Kotte, which are extended localities of Colombo, have populations of 192,000, 168,000, and 108,000 respectively. The only other cities with over 100,000 population are Jaffna and Kandy. The remaining main localities are the principal towns of administrative districts which are small and relatively concentrated agglomerations.

Mortality Trends: Patterns and Causes

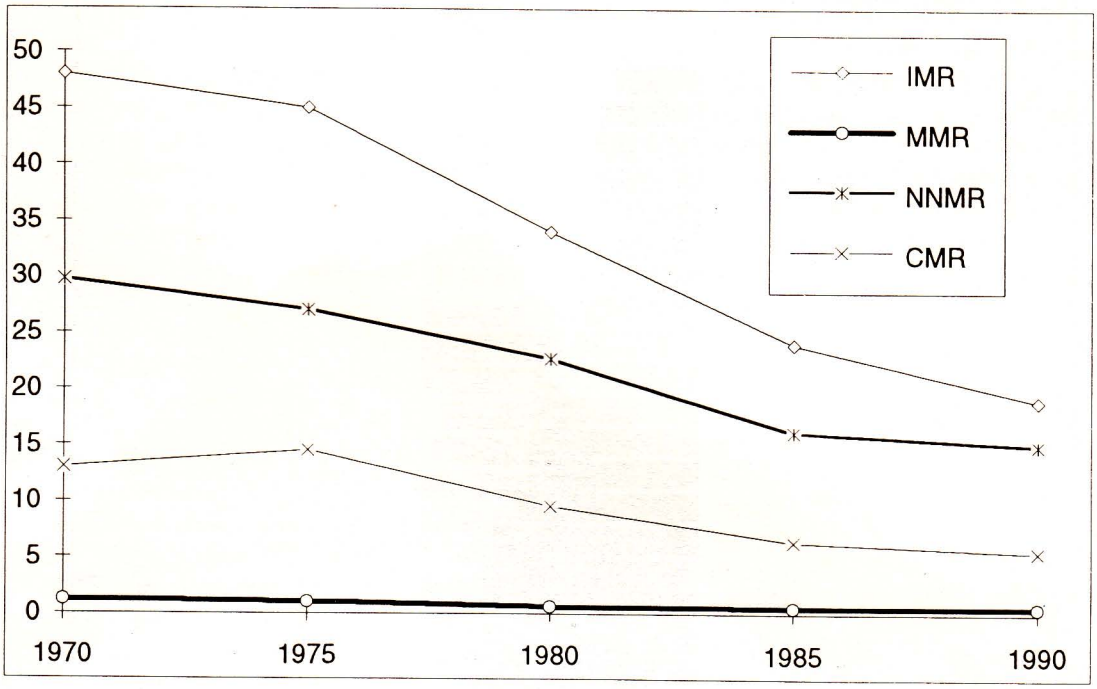
The crude death rate at the beginning of the decade was 6.2 per 1000 population and has not changed much in subsequent years. Nor has there been a systematic or substantial trend in the absolute number of deaths, which has fluctuated from just under 90,000 to little over 100,000 during the course of the decade. However, when the age structure of a population is changing, changes in mortality are not fully reflected as changes death rate. It is possible for mortality levels to decrease and crude death rate to stay constant or even increase as has happened in Sri Lanka over the last decade when the age structure is changing towards on older configuration.

Better measures of mortality such as the summary index of life expectancy at birth or mortality at specific ages indicate the actual levels and trends in mortality. Sri Lanka's life expectancy at birth in 1981 was 67.6 years, with a female life expectancy of 72.1 years which is 4.5 years in excess of the male life expectancy. Values of life expectancy are not available for subsequent years. Yet, infant mortality and neonatal mortality indicate a degree of improvement in the mortality levels. The infant mortality rate which was 34.4 deaths per 1000 births in 1980 has progressed steadily to a level of 19.4 by 1988, accompanied by a drop in the neonatal mortality rate from 22.7 to 16.2 deaths per 1000 births by 1985 as seen in Table 2.3.

Alternative estimates of infant and child mortality, available from the Sri Lanka Demographic and Health Survey given in table 2.4 shows that the average infant mortality rate for the 5 years period 1982 - 1987 was 25.4 per 1000, while child mortality was 9.5 which implies a mortality rate of 34.6 per 1000 among children under 5 years of age. These levels are compared with the situation during the period 1977-81 in the same table.

Between the last decade and the present, the infant mortality has been brought down by one third while child mortality which was already at low levels has been reduced by ten percent. Both infant and child mortality have improved somewhat more among girls than boys thus further widening the sex differential which had recently changed in favour of females.

Figure 2.3
Mortality Trends



Variation of Mortality Among Population Subgroups

While infant and child mortality been brought down to reasonably low levels for the country as a whole, there are still significant differences between subgroups of population. Some subgroups show considerably higher mortality levels among children.

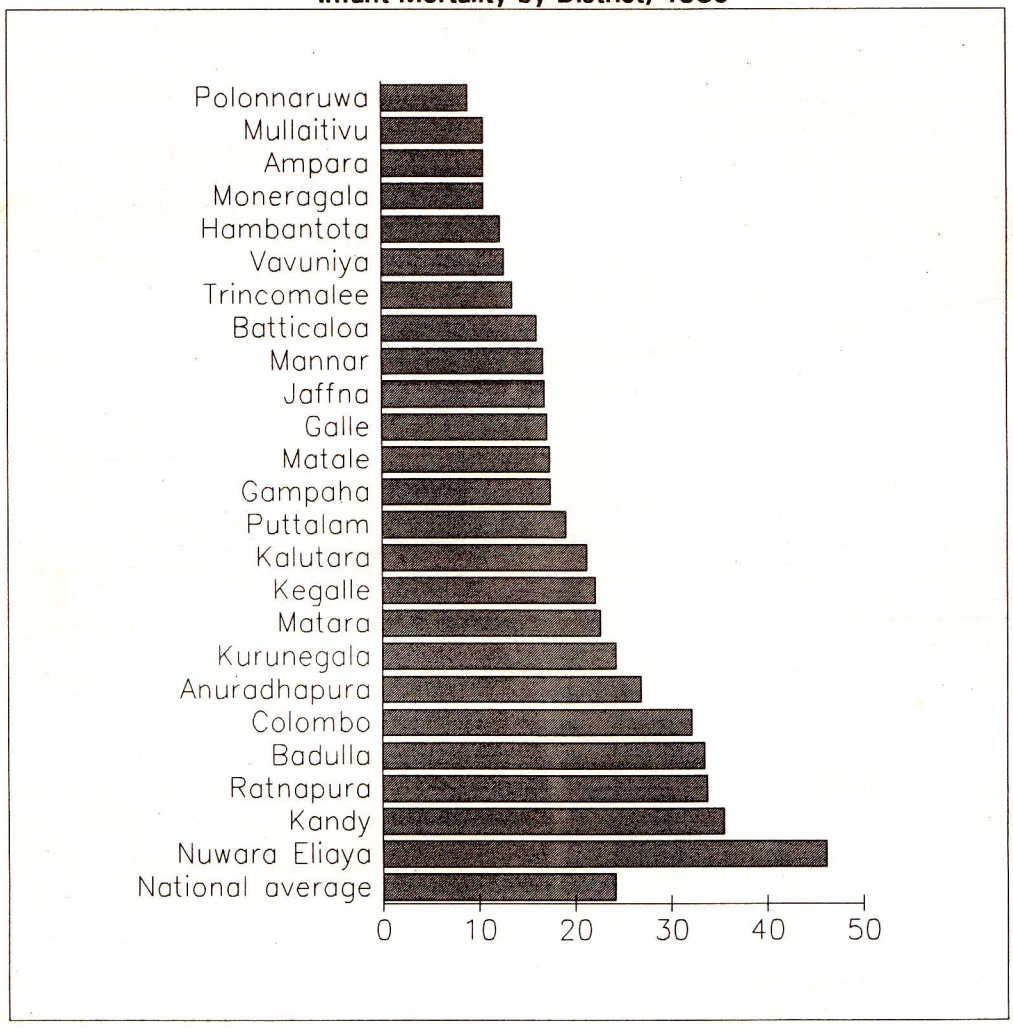
Main characteristics identified in recent surveys as being closely associated with levels of mortality are education and place of residence. It is believed that education of women has contributed to better utilization of health facilities and thereby to declining mortality rates. These mortality differentials are seen in table 2.6.

Infants of women with low levels of education, particularly no education at all, are far more vulnerable to early mortality than others. Mothers have had no schooling have experienced infant mortality rates as high as 52 per 1000 which is more than 2 1/2 times that of children whose mothers have received tertiary education. Child mortality, one to four years, too has been exceptionally high (20 deaths per 1000) among children of mothers who have had no schooling at all relative to those with tertiary education (6.5 deaths per 1000). The low average IMR of 19.7 achieved by the tertiary education group indicated the scope of improvement possible for the primary and secondary education groups from their levels over 30.

Table 2.4
Infant and Child Mortality: 1977 - 1981 and 1982 - 1987

	1877-1981	1982-1987	%
Male			
Infant Mortality	48.0	31.2	35
Child Mortality	10.5	9.8	7
Under 5 Mortality	58.0	40.6	30
Female			
Infant Mortality	30.2	18.8	38
Child Mortality	10.6	9.2	13
Under 5 Mortality	40.4	27.8	31
Total			
Infant Mortality	39.2	25.4	35
Child Mortality	10.6	9.5	10
Under 5 Mortality	49.3	34.6	30

Figure 2.4
Infant Mortality by District, 1985

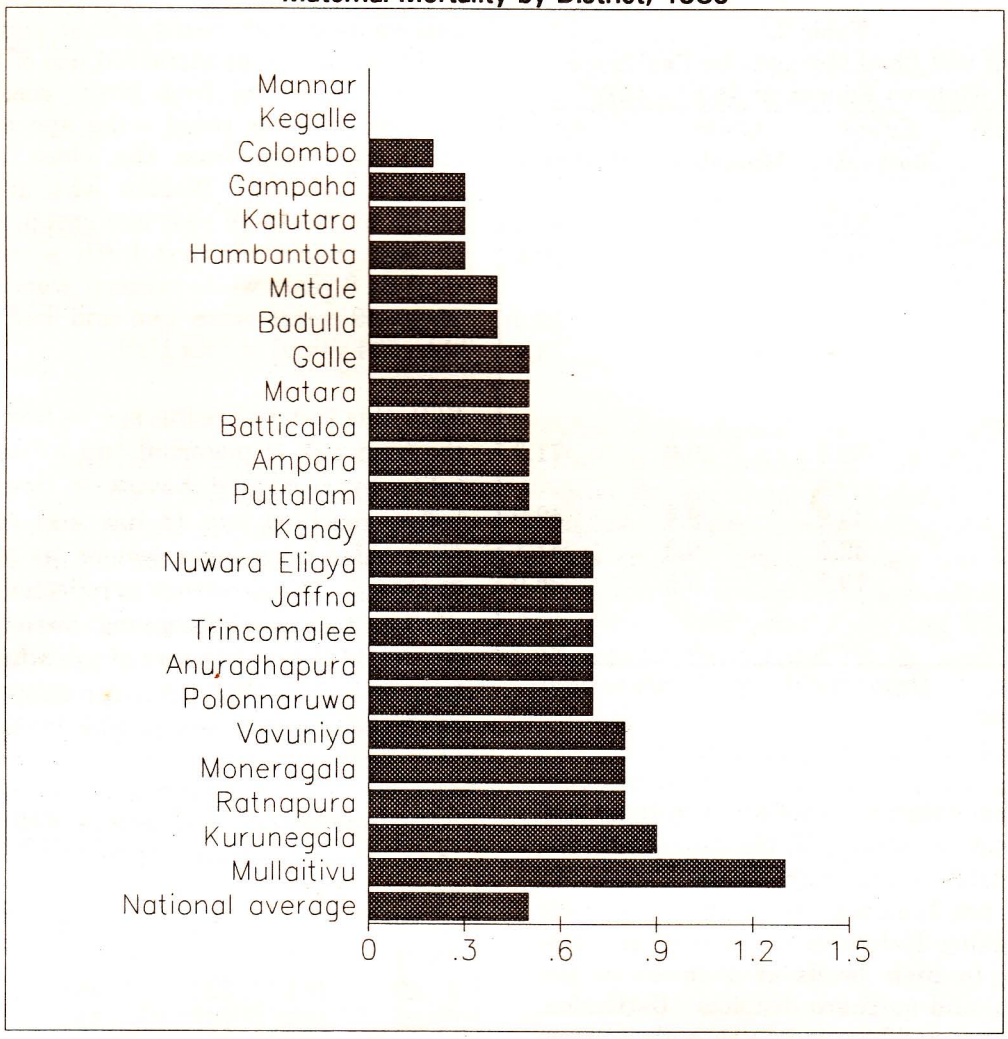


Type of place of residence has been identified as another social factor influencing infant and child mortality. Infant mortality is higher in the urban areas than in the rural areas while child mortality is higher in the rural areas. Both infant and child mortality are highest in the estates.

Turning to geographic differentials, variation of mortality between districts can be seen in figures 2.3 and 2.4 for the latest years for which information is available. Between districts, the crude death rate in 1989 varied considerably from a low of 4.1 deaths per 1000 population to over twice that value (9.1 deaths per 1000 population). In 1985, the infant mortality rate (IMR) varied from a low of 9 per 1000 to very high levels of 46.2. Neonatal mortality rate, which is the number of deaths to children under 28 weeks of age per 1000 live births, varies from 5 to 30.

Polonnaruwa, Mullaitivu, Ampara are the districts of lowest mortality while Nuwara Eliya stands out as the area of highest mortality. The neighboring Badulla, Ratnapura, Kandy and Colombo are the other districts at the upper end of the range having rates over 20 deaths per 1000. Maternal mortality has been quite low at less than 1 per 1000 during the last decade. Between districts, it has ranged from almost near zero to about 1.3 per 1000 in 1985.

Figure 2.5
Maternal Mortality by District, 1985



Geographically a high mortality zone exists with a core in Nuwara Eliya district, followed by the surrounding full circle of districts Kegalle, Kandy, Badulla, Ratnapura with an arm extending westward to Colombo. There is gradation from this high mortality circle to the belt of south-western coastal districts down to Matara and to the north-western and central plains and a further gradation to the eastern and south-eastern districts, which are the lowest mortality areas.

Thus, there are areas of high death rates with considerably high infant mortality rates ranging from 25 to 45 deaths per 1000 live births and high neonatal mortality rates from 20 to 30 per 1000 births. This high mortality zone spans about 15 percent of the country's land area, but one third of the total population which include the urban poor in the city and town of Colombo and estate workers.

Fertility trends

Sri Lanka's Fertility decline which started in early 1960s showed signs of stalling, even rising, in the second half of 1970s when the total fertility rate was about 3.4 children per woman. By early 1980s, however, the declining trend was resumed. As shown in Table 2.8, the Total Fertility Rate (TFR) declined to an average level of 2.8 during the period 1982-87. Evidence from the pilot census suggests that it has

reached a level of nearly 2.4 children per women by 1989.

Table 2.5
Infant and Child Mortality by Residence and Mothers Education 1977 - 1987

Background	Infant Mortality	Child Mortality	Under 5 Mortality
Sector			
Colombo	32.8	6.8	39.4
Other urban	36.5	4.3	40.6
Rural	29.9	10.3	39.9
Estate	57.5	16.5	73.1
Mother's Education			
No Schooling	52.3	20.0	71.3
Primary	33.8	9.4	42.9
Secondary	32.0	9.3	41.1
Post Second.	19.7	6.5	26.0
Total	32.4	10.0	42.1

Source: Department of Census and Statistic

The same pattern is reflected in the crude birth rate as seen in Table 2.3. The crude birth rate ranges from a low of about 17 births per 1000 population in the districts of Kegalle, Kalutara, Gampaha, and also Jaffna to high levels of over 25 in the eastern and northern districts - Batticaloa, 28; Mannar, 27.2. It is also high in some plantation districts - Nuwara Eliya, 27.8; Badulla, 25.6. Thus, in areas of highest crude birth rate, the magnitude of the rate is almost twice as high as that of the lowest fertility areas.

The fertility decline in Sri Lanka has been brought about largely through an increase in the age at first marriage of women to a peak level of 25. Rise in age at marriage was responsible for over half (52.6 percent) of the fertility decline between 1963 and 1981, but its contribution was only about one fifth (27.6 percent) of the decline between 1971 and 1981. Further declines in fertility therefore have resulted increasingly from reductions in marital fertility which accompanied a considerable increase in contraceptive use from a level of about 54 percent in 1981 to 63 percent in 1987.

Concomitant with rising age at marriage, and to some extent increased use of family planning prior to first birth, there has emerged another trend - the age at first birth has risen from the older to the younger cohorts. Women who are currently in the 45-49 year age group, on the average, had their first birth when they were 21.8 years while younger women now 25 to 29 years were two and half years older (24 years) at first birth.

With this trend of rising age at first birth, the high risk of maternal and infant mortality by reason of having a first birth before reaching age 18 has also reduced from older to younger women as seen in Table 2.7. This tendency is reflected in the declining proportions giving birth to the first child before 18 years of age which has been as high as 22.5 percent among the 45 to 49 age group of women, who are now surviving, but is only 5 percent among the young women of 20 to 24 years.

Table 2.6
Age specific and total fertility rates

Age	1974	1981	1982-87	1989
15-19	31	34	38	13
20-24	146	172	147	83
25-29	161	222	161	135
30-34	158	177	122	123
35-39	126	99	71	77
40-44	43	37	23	31
45-49	06	00	03	12
Total	3.4	3.7	2.8	2.4

Various surveys

Expected Population Growth

Official Sri Lanka population projections made on the basis of the population enumerated at the 1981 census use a single path for mortality change and low, medium and high assumptions for fertility. The high fertility variant assumes that the total fertility would remain unaltered at the 1981 level 3.4; the medium assumes a slow decline

Table 2.7
Proportion of Women with First Birth Before18 years of Age by Current Age

Current age	Percentage
15-19	2.1
20-24	5.3
25-29	6.8
30-34	6.2
35-39	10.0
40-44	17.7
45-49	22.5
All ages	8.2

Source: Department of Census and Statistics (1988) Demographic and Health Survey, 1987.

to 2.9 and the slow assumes a decline to 2.1 by the year 2001. The projections assume migration to be an annual net outflow of 50,000 up to the year 1986 and 25,000 thereafter. The estimated population for the succeeding years have proved to be less than the lowest projection, although the differences have not been too wide. For instance the projected population for 1986 was 16.4 million and the observed value 16.1 million. For 1991 the projected population is 17.7 million and the observed population in 1990 was 17.1 million.

In the next five years, the country's population will most likely add on a little over one million persons and another million in the subsequent five years and reach 19.6 million by the year 2001. What is significant is that even if TFR would be as low as 2.1 and growth rate would fall below one percent, the population of the country would continue to expand - well beyond the 20 million expected at the turn of the next century to at least about 27 million by the 2040s. This growth which results from the large numbers of previous birth cohorts moving up to child bearing years cannot be prevented except under unusual and unlikely reversals of death rates or highly accelerated permanent emigration.

Even more significant than the growth in overall size of the population is the differential growth of the various age groups. The older age groups would be growing faster than the younger ages. As a result, the age composition would change towards an older configuration.

This process of aging is an emerging demographic situation in Sri Lanka. The short term magnitude of the change can be seen in table 2.8 which compares the age structure in 1981 with that of 2001. In 1981, the age composition was a broad based, gradually tapering pyramids typical of a young population; in 2001 it would be a dagada with a reduced base, a slightly bulging middle and a tapering but broader apex.

This fundamental demographic change that is now underway foretells, among other things, a change of the demands on the social infrastructure. The children of this country whose number has reached the unprecedented high peak of about 5.4 million would remain at this level with marginal declines during the next 5 to 10 years.

Hence in the immediate future the quantum of services with respect to primary education, and primary health care will need to continue by and large unabated. The children of years to come, however, would be children of small families, mostly two siblings, or even one child, for whom the parents aspiration for quality of education, health and living conditions would be high. Thus, while maintaining the quantitative requirements almost at the same level more varied and better quality of services will be required.

The young adults moving to the home making and working ages would be increasing. Thus despite the slowing growth rates, the number of households to be formed in the near future will be increasing. The demand for maternal health, family planning services. household consumption will continue to increase. So would the demand for employment compatible with education. The natural tendency would be an increasing need for opportunities for vocational, technical and professional eduction and matching employment.

Table 2.8
Projected Population by Age Groups
(In Thousands)

Age Group	1981		1991		2001	
	Number	Percent	Number	Percent	Number	Percent
0-4	1926.2	12.8	1809.6	10.4	1736.7	8.8
5-14	3460.5	23.0	3740.1	21.5	3557.8	18.0
15-49	7707.6	51.2	9313.5	53.5	10988.6	55.6
50-64	1311.8	8.7	1671.2	9.6	2340.6	11.8
65+	640.4	4.3	868.1	5.0	1137.8	5.8

A more quantitative impact will be felt in the expanding work force from 10.9 million at present to 13.3 million in the next 10 years. This change is also a critical opportunity to be harnessed to promote economic growth. As the share of working ages though the dependent old increases, (those 65 years and over) the dependency ratio will be declining. By the year 2001 the dependency ratio (the number of dependents to 100 persons of working ages) will have reduced to 48.3 percent from the 66.8 percent it was in 1981. In the subsequent years it would, in fact turn upwards as the increasing old dependency will override the gains in declining young dependency.

THE SOCIAL SITUATION

Successive governments of Sri Lanka have adopted strong social welfare measures for meeting the basic needs of the people. Food subsidies, free health care, free education, agricultural credit, land alienation and guaranteed prices have been prominent among them. Sri Lanka has achieved much progress in basic social needs as reflected in low infant mortality rates and consequently high life expectancy at birth, high literacy rates, and low fertility levels. These indicators are well beyond the levels attained by other developing countries at similar levels of per capita income. Thus, in overall terms Sri Lanka has been able to achieve considerable social progress despite low economic development.

child survival through immunisation and control of communicable diseases and diarrhoea. Yet, undernutrition is widely prevalent.

High literacy and education levels have been reached through a state education system which provides free education from primary to university level and also extends considerable support for tertiary education for those able to succeed at public examinations. Unemployment and underemployment is rampant, leaving much of the population dependent on assistance for subsistence.

A widespread and pervasive social problem that is and has been prevailing in the

Table 3.1
Per Capita Income by Deciles, 1981 & 1985
(Rs. per month)

	Deciles									
Year	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th
1985 (Current prices)	84.7	140.9	179.1	216.1	258.1	308.5	376.2	479.8	606.7	1999
1981 (Current prices)	54.9	82.2	99.5	118.3	139.4	162.9	191.9	234.8	309.2	646.4
% increase '81 to '85)	3.1	14.7	20.4	22.2	23.9	26.7	31.2	36.7	43.0	107.0

Source: Department of Census and Statistics (1987). Labour Force and Socio-economic Survey 1985/86 Sri Lanka.

The social situation is permeated with wide disparities and bad living conditions for many vulnerable groups. Such disparities and substandard conditions arise largely from the poor economic conditions. While some achievements could be made independent of economic development, others are intricately linked to the level of economy and its differentials. Thus, survival chances have been improved through application of basic public health measures, particularly

country is poverty. Poverty and its attendant social consequences perhaps overshadow all other social issues. Poverty which is a function of income levels is essentially determined by the level of employment, the status in employment, and the occupational profile.

Income levels

Per capita income in Sri Lanka is one of the lowest in the region and inequality of

income distribution is high. While mean income has improved marginally in recent years, inequality has widened. In 1985 mean per capita income per month has been Rs284 and the median Rs 189 as against a mean income of Rs 185 and median income Rs 151 in 1981. The level and distribution of income in 1981 and 1985 are presented in Table 3.1.

Table 3.2
Mean and Median Per Capita Income by Sector 1985 (1981 constant prices)

	Entire Country	Urban	Rural	Estate
Mean per capita income	284	473	233	237
Median per capita income	189	266	171	223

Source: Department of Census and Statistics (1987). Labour Force and Socio-economic Survey 1985/86 Sri Lanka.

Table 3.3
Percentage Share of Income by the Two Major Sources of Income, 1985

Source	Urban	Rural	Estate
Wages and salaries	33.3	35.2	78.6
Profits from business	40.7	34.5	4.2
All other sources	26.0	30.0	17.2

One of the significant reported social differences of income levels is between sectors of residence. In the urban the mean income as well as the degree of inequality are higher than in the rural and estate sectors as seen in Table 3.2.

What brought about the improvement in income has been investment and private enterprise as evidenced from the fact that the income source of the higher income deciles is predominantly profits from business (41 percent). (see Table 3.3) Their contribution is most dominant in the urban sector, for it is there that such profit making business enterprises are most common. Income generation from profits and business has been possible more by the higher income groups rather than by the low income groups. Consequently, this source also makes the highest contribution to inequalities in income distribution. (see Table 3.4)

Table 3. 4
Gini Ratio (G) and Percentage Share of Income (%) for the Major Sources of Household Income

	1985		1981	
Source	G	%	G	%
Wages and salaries	0.31	36.7	0.25	49.8
Other cash	0.55	8.7	0.19	11.5
Profits from business	0.62	35.2	0.47	23.7
Rental value of owner occupied house	0.42	5.1	0.39	8.0

Per capita income of the top 10 percent of the population, which is almost Rs 2000, is over three and half times that of the next 10 percent, leaving 80 percent of the population at less than about Rs 600; at the lower extreme, the poorest 10 percent survive on a monthly income of less than Rs. 100. Between 1981 and 1985 the increase in income has been over 100 percent in the highest income category while it has ranged from less than 45 percent down to a marginal 3 percent in the poorer deciles. The lower the income, the lower the improvement.

In contrast to the average income per person, the earning levels of income earners are reflected in the mean income per income receiver as seen in Table 3.5. This ranges from less than Rs 50 to over Rs 1500 among 90 percent of the income receivers. Yet in the tenth decile it exceeds Rs 4500. This constraint is even more overwhelming in urban areas where the highest 10 percent of income earners receive an average income of over Rs10,000. (see Table 3.6)

A comparison of the mean income per income receiver (Rs 1028) with that per person (Rs. 284) shows that the earnings

of one person is shared by 3.6 persons on the average. There is no difference in the extent of this dependency between urban and rural sectors but in the estates it is only 2.7 persons, because of the higher rates of labour participation by children and women.

The major feature of income levels, differentials or distribution is that almost 90 percent of the population receive an income below Rs 700 a month and are thus below the official poverty line.

identified the mismatch between education and employment as one of the most serious issues leading to youth discontent (see Chapter 8). Other factors identified were: polarization of society, that is: promotion and transfers based not on merit but on political patronage and arbitrary political interference in the democratic process: erosion of existing institutions by corruption and polarisation of those institutions meant to serve the people. The Commission recommended the establishment of ombudsmen to hear

Table 3.5
Occupational Profile of the Employed

Occupation	Percentage
Senior officials, managers and professionals	5.5
Technicians and associated professionals	3.2
Clerks	2.6
Sales and service workers	9.4
Skilled agricultural workers	25.2
Crafts and related workers and machine operators and assemblers	14.3
Elementary occupations	39.5

Source: Department of Census and Statistics. (1991) Quarterly Report of the Sri Lanka Labour Force Survey. First Quarter 1990. Table 7.

Table 3.6
Mean Income per Income Receiver by Income Received
(1985 Deciles at Current Prices in Rs per unit)

		Decile					
	Total	1st	2nd	7th	8th	9th	10th
Entire country	1028	36	112	860	1117	1522	4675
Urban	1760	58	198	1236	1578	1858	10138
Rural	859	36	99	793	1031	1426	3734
Estate	636	17	99	683	788	954	1893

Chapter 1 refers to the two major locations of civil unrest: disturbances in the South and the full scale war in the North and East. Commentators have attributed these two civil protest movements to deep feelings of disenfranchisement on the part of those young people about to assume adult responsibilities.

This was most dramatically emphasized by the report of the "Presidential Commission on Youth Unrest." The Commissions report

grievances as well as the elimination of social, economic and opportunity disparities.

It was recommended to eliminate discrimination against national language groups, to encourage fluency in both national languages as well as greater study of English as a bridging language. Recommendations were made to eliminate cast oppression, to promote ethnic harmony and to revive traditional values.

Employment Situation

The income generating capacity of the population is essentially dependent upon the employment structure. The strength of the employment situation is determined by the extent to which the working age population participates in economic activity, and the nature of that participation which could be broadly characterized by the level of employment, the status in employment and the occupational profile of the employed.

Table 3.7
Youth Unemployment in Urban and Rural areas, First Quarter 1990

Age Group	Total	Urban	Rural
15-19	29.9	37.8	28.6
20-24	34.7	37.8	34.1
25-29	17.2	23.9	15.6
All ages over 10	14.4	18.5	13.6

Source: Department of Census and Statistics (1991). Labour force Survey.

Currently just over half of all working age persons, those 10 years and older, are reported to be economically active, either employed or unemployed, (Department of Census & Statistics, 1991).

14.4 percent of this labour force are unemployed and in absolute terms just over a million persons are unemployed. Sixty percent are females and over 70 percent are believed to be 20 - 34 years of age. The unemployment among youth is greater than this rate reflects.

Among the 15-19 year age group, 30 percent is unemployed and among the 20-24 year group 35 percent is unemployed and among the 25-29 age groups 17 percent is unemployed. In contrast less than 5 percent among those 34 years or older are unemployed. Thus, a prevailing major social issue in the country is the unemployed youth. Youth unemployment is very much higher in the urban sector than in the rural sector as seen in Table 3.6 at the ages of 25-29 years urban unemployment rate is 23.9 percent in contrast to the rural rate of 15.6 percent. Even in the older 30-34 age group a considerable 18.7 percent of urban youth and a lower, yet significantly high, 11.8 percent of rural youth are unemployed.

Another salient characteristic of these unemployed youth is that they are educated. One out of three unemployed youths has passed at least the GCE ordinary level examination. About 14 percent have passed the GCE advanced level or higher. The unemployed have a higher educational profile than the employed.

Thus, this one million strong group of the unemployed, about 90 percent of whom are young (less than 15 to 34 years) and many educated and others young but of inadequate education for formal employment, is an outstanding feature of the present social situation.

Table 3.8
Weekly Hours Actually Worked at the Main Job by Selected Major Industrial Groups.

Industry	Total	%	Hours per weel			
			10-19	20-29	30-39	40+
Total	100	9.4	10.2	14.2	16.5	49.6
Agriculture	100	12.9	14.8	18.3	16.4	37.6
Construction	100	10.3	10.5	16.2	10.5	52.5

Source: Department of Census and Statistics

Table 3.9
Employment Status of Employed Persons

Employment Status	Total	Male	Female
Employee	58.2	59.5	55.6
Employer	3.3	4.4	1.2
Own occupant worker	25.0	28.4	18.1
Unpaid family worker	13.5	7.7	25.1

Source: Department of Census and Statistics. (1991) Quarterly Report of the Sri Lanka Labour Force Survey.

The Situation of the Employed

There are almost 6 million currently employed persons in the country, on whom the entire population (17 million) is economically dependent.

Being merely employed does not ensure adequate income generation. The occupation and status in employment are two identifiable factors that control earning levels of the employed. 65 percent are presently employed in agriculture or primary occupations. A further 15 percent are craftsmen of various sorts or machine operators or assemblers. Only about 12 percent of employed persons are senior or management level and professional technical, clerical or similar occupations.

Of the employed only about 60 percent are paid employees Almost 40 percent are either own account workers (25 percent) or unpaid family workers (14 percent). Among men 28 percent are own account workers and 8 percent unpaid family workers, but among women more are unpaid family workers (25 percent) while less are own account workers (18 percent).

Urban Slums & Shanties

Although urbanization has been slow in Sri Lanka the urban population has grown by over 1 million in the last two decades. A greater part of the burden of urban population growth has been placed in the already adversely affected low income settlement areas of the cities. According to recent estimates, 50 to 60 percent of the total population of the city of Colombo live in what is officially categorized as low income communities. The scope of the problem in other cities and small towns is not fully known, but recent research points to the growing scale of poverty in secondary and tertiary urban centres in the country.

The profile of urban poverty is seen in a recent study on the "Employment Pattern of the Urban Poor" of selected low income communities, which reveals that 83.4 percent of income-earners in slum/shanty households are unskilled or casual labourers and rely on the informal economic sector in order to survive. There was also considerable unemployment in the community studied. While 38 percent of the total labour force were found to be working at the time of the survey the remaining 62 percent were unemployed.

Continuous urban growth has brought an increased demand for urban facilities and services. But in most cities and towns in Sri Lanka the supply has not kept pace with demand and the quality and coverage of urban services tend to be poor especially for slum and shanty dwellers. The urban poor in general and residence of slum and shanty settlements in particular, are adversely affected by a lack of basic services, such as water supply, sewage system, garbage disposal, health facilities and maternal and child health care.

The health of residence of poorer urban areas in adversely influenced by three dominant factors. The first is poverty and its associated factors such as limited education and undernutrition. The second pertains to deficiencies in basic environmental sanitation and hazards of pollution and over crowding. The third is a result of social and psychological instability and insecurity.

Aggregate urban health statistics obscure the high morbidity prevalence seen in slum and shanty settlements. The few comparative studies which have been made, estimate rates of infectious diseases to be greater than those of their poor rural counterparts. Diarrhoeal and parasitic diseases reflect deficiencies in water and sanitation and high rates of upper respiratory infection are related to crowding and poorly constructed dwellings and primitive social facilities. Undernutrition is often more prevalent than in rural areas because of the lack of home gardens.

The natural environment in which children are born and grow up has been deteriorating. Sanitation and the provision of safe drinking water is one of the weakest links of development in urban areas. Data available at the national level indicate that 19.8 percent of the urban

families still have no latrines, 23.5 percent share toilets with other housing units and 25.8 percent use bucket or pit latrines. Only 46 percent have access to piped, though not necessarily safe drinking water. Among the urban poor the conditions are far worse. For example, in many slums and tenements in Colombo, the coverage rates for these services are as low as one water tap for every 128 persons and one toilet for every 36 persons.

Infant mortality in some of the major municipalities is higher that the national average and range between 60 to 90 per 1000 live births:

Infant Mortality in Urban Centres

Kandy	74
Nuwara Eliya	69
Galle	62
Batticaloa	64
Badulla	84
Ratnapura	66

Available data in some of the UNICEF project areas in Colombo show that 25 per cent of children under the age of six years exhibit signs of chronic undernutrition and 10 per cent of acute undernutrition. The incidence of low birth weight is particularly high in the low income urban areas.

Although Sri Lanka has had a system of free education since 1940, the urban poor have benefitted little from it. Despite the priority given to extending services tend to be determined by the availability of resources and pressure of different social groups. It is characteristic of the school system, therefore, that there is a strong relation between the socio-economic status of the school population and facilities provided in school.

Drop-out rates in poor urban schools are high and have increased in the recent past. Surveys and studies have underscored the relationship between participation in education and the socio-economic environment of the child. Studies of basic education needs in selected slums and shanties in Colombo done in 1984 reported that, 19.3 percent of the 6-8 years old and 9.8 percent of 09-14 year olds had never been to school. In addition 21-23 percent of children of both 6-8 and 9-14 age groups had dropped out of school.

Estates

The majority of the estimated one million estate population are of Indian origin and face problems which have a particular significance in relation to the conditions of women and children. Estate society is hierarchical and male-dominated while women have to face the triple burden of production, reproduction and house-keeping. This combination of factors has resulted in producing a situation in the Estates where the condition of women and children suffer in comparison to that in the rest of the country.

Health standards on the estates as revealed from the current mortality statistics are very much higher than the national average. The infant mortality rate in the estates in 1985 at 50 per 1,000 was double the national average.

Maternal mortality at 2.4 per 1,000 births is also significantly higher than for the rest of the country. One of the reasons for this is that 30 percent of births yet take place in cramped and poorly ventilated rooms with no medical supervision, whereas in the rest of the country by 15 percent of births take place outside institutions.

The reasons for higher mortality in the estate sector are:

- Lack of awareness among mothers due to illiteracy and associated factors;

- Poor housing and sanitation;

- Undernutrition.

One of the major obstacles which have to be faced in attempting to improve the conditions of the estate population is illiteracy. Literacy rates are far below those of the rest of the population and are reported to be 66 percent on estates compared to the urban and rural averages

of 91 percent and 87 percent respectively. Female literacy on estates is particularly low; 52 percent compared to the all island average of 82 percent.

Education facilities are still poor on the plantations. There is a shortage of teachers, buildings have deteriorated, education resource materials are lacking and school supervision is poor. None of the estates schools provide secondary education or vocational training.

Children in Especially Difficult Circumstances

National statistics on disability are based on very limited survey information. Physical disabilities visible to the naked eye are recorded for national survey purposes. Mental disabilities go unnoticed and unrecorded.

To bridge the gap between national data and the factual situation, private surveys have been conducted in selected parts of the island. These reveal a six percent disability rate. Forty-seven percent for the disabled population were under 14 years of age. Visual impairment is the most common disability, followed hearing by hearing, speech and motor disabilities and mental retardation.

While not always identifiable, the primary causes of disability in Sri Lanka are:

(i) Undernutrition;
(ii) Problems during pregnancy, often caused by maternal undernutrition;
(iii) Intermarriage among blood relations;
(iv) Lack of safe water and poor sanitary conditions;
(v) Infectious diseases;
(vi) Accidents.

State services for the disabled, as well as those offered by the NGO community, reach littles more than one percent of the disabled population. Negative attitudes roward the disabled prevail in many communities, thereby limiting attempts to increase provision of services. There is no legislation at the national level to protect and serve disabled persons.

Despite constraints, several community based rehabilitation (CBR) pilot projects have been implemented in 9 locations since 1983. Six of the nine locations are in remote areas and 3 in urban centres. Each location has a population of between 35,000 and 60,000 and is considered difficult due to the absence of facilities, access to medical care communication services and low incomes.

However, there is still no mechanism to formally and systematically extend CBR services and approach to all parts of the island. District planners have expressed interest in meeting the needs of the disabled through CBR, but the government structure lacks a policy framework and organization which could expand CBR, or any other method, to address disability prevention, early detection and non-institutional care.

Child Labour

The problem of unemployment, under-employment and abject poverty has led to the employment of children in various trades such as pavement hawkers, conductors in private buses, domestic labour, as unskilled labourers in garages and bicycle repair shops, employed in groups in fishing camps for drying of fish, and professional beggars. The parents of these children do not consider it as an offence to send their children for employment: they consider a child of 10 as a co-provider sharing family responsibility. It is evident that poverty, large family size, or a disabled parent drives a child away from home in search of employment.

The most prevalent form of child labour can be found in the domestic service. A survey done among apartment dwellers in three suburbs of Colombo in 1983 revealed that one in every three middle class households employs a child as a servant. Though there is no proper data available it is estimated that the numbers are increasing as the young women of the age group 18-35 years from the villages who

were the readily available market for domestic servants has now found more lucrative employment as housemaids in the Middle East, or as factory workers in the Free Trade Zone. Older women of the age group 35-65 years who were also employed as domestic servants earlier, now have to look after the children of their daughters who have gone out of their homes for employment. The children who are employed as domestic servants are usually paid a very small token salary and provided with food and clothes. They are not sent to school and work irregular hours. Attracted by the income they get, though meagre, the parents too often cannot heed the plight of their children who are abused and neglected. Some of these children lose links with their families and end up completely at the mercy of their employers or run away. They are often picked up by the police or join the underworld or become street hawkers. However, there are quite a number of them who are treated kindly and although not sent to school, they are taught at home and found alternative jobs once they grow up.

There is legal provision to safeguard and protect the child from being exploited, but laws have not been effectively enforced. Though the magnitude of the problem is not known, the fact remains that there are a large number of children employed as domestic labour However, during the last eleven years, only one court case had been filed against an employer and very few cases are reported to the Department of Labour. Unless the child runs away or a sympathetic person informs the police regarding abuse of a particular child, there is little chance a child can escape from the employers.

There are also children employed for manufacturing of goods such as matches, incense sticks and beedi wrappers as apprentices in small businesses, and as bus criers. These children work from home and are paid much less than adults. They also work long hours. They do not get an opportunity to go to school, but the meagre income they get helps their families to survive. The root cause for child labour is poverty, thus alleviation of poverty becomes an important requirement to eradicate child labour.

Street Children

The disadvantaged child would also include the street children. They can be referred to as children who work or live on the street or both. These children are inadequately protected, cared for, and supervised by their parents. They are left to fend for themselves and are responsible for their own livelihood. Most of the time this includes responsibility for supporting the family without the protection of the family and the community. They are exposed to economic as well as sexual exploitation and serious physical and moral dangers.

These street children are often seen by the society as petty thieves, hooligans or ruffians. Though this may be true in certain cases, the majority of them are struggling for survival and some identity in the society. At the same time there are a number of child beggars. Though the magnitude of the problem is not known, one study places the total figure at 100,000. It is estimated that there may be approximately 13,000 young children living in the streets. Though there is no legal provision in Sri Lanka which entails prohibition of begging, the Vagrants Ordinance of 1984 has incorporated regulatory controls on begging, but does not make an organiser of begging operations liable.

Services for street children in Sri Lanka have been provided in residential institutions as well as non residential institutions. There are three government sponsored institutions offering residential facilities for those who fall into the category of vagrants. They are the Houses of Detention at Gangodawila and Ridigama and the House of Detention at Hikkaduwa. There is also an NGO - the Badulla Social Services District Committee, that offers night shelter and rehabilitation facilities to street families. Many NGOs do not offer institutional services due to the high costs involved. As against institutional services, non institutional services are cheaper and

permit children freedom to continue work and maintain contact with families, friends and other support networks in their community. They also permit children to make their own decisions and choose their own way of life, seeking guidance and help where they feel they need it.

Though the present programmes implemented are successful to some extent, the available facilities are grossly inadequate to cater to the needs of all the street children. While residential care institutions are very costly and lack personnel to provide individualised guidance and care, they also seek to perpetuate themselves and expand their operations as much possible. As a result, they may not be diligent in trying to reunite children with their families. Such institutions tend to regiment children and not allow them to leave the institution, and in the worst cases they can become a kind of a prison for children.

Community based strategies seem to be more effective as long term preventive measures and such services can be provided within the combined means of the government and the NGOs to a larger group of children. The non-institutional services also permit children freedom to continue with work and maintain contact with families, friends and other support networks in their own community. They also permit children to make their own decisions and choose their own way of life, seeking guidance and help when they feel they need it. Therefore what street children need is a healthy environment and above all, proper understanding of their problems so that they will be taken away from marginalization to full participation and personal development.

Child Prostitution

From the evidence already available, child prostitution has assumed serious proportions in Sri Lanka. Estimates of boys involved in prostitution range from 3,000 to 30,000. It is believed that the majority of the child prostitutes are boys and that their ages range from about 7 years to 19 years. Though the problem is confined to the western coastline, starting from north of Negombo to Tangalle in the south, they correspond roughly to tourist resort areas as boy prostitutes cater mainly to tourists. With the AIDS epidemic widespread in a number of countries, measure must be taken to overcome this problem. Unfortunately, it is generally accepted that boy prostitutes start on this trade with the consent of the parents, mainly due to poverty.

Wayward Children

Protection and correction services for the abused and the delinquent child is provided through the Department of Probation and Child Care Services. The rehabilitation programme which started in 1979 had seven certified schools with 300 children as inmates. However, there has been a speedy decline in the number of institutions.

Table 3.10
Correctional Institutes in Sri Lanka

Year	No. of Certified Schools	No. of Inmates
1979	7	308
1980	6	212
1984	5	162
1989	4	102
1990	3	92

The above data show that the services provided have been declining rapidly. The offenders benefitting from rehabilitation are decreasing. However, data shows that there has not been a corresponding decline in juvenile delinquency. Due to the shortcomings in the laws relating to juvenile delinquents, while the number of juvenile delinquents who are subjected to rehabilitation has gone down (table 3.11), more and more are sent to prison.

Table 3.11
Rehabilitation of Juvenile Offenders

Year	Male	Female	Total
1983	927	121	1048
1984	808	113	921
1985	485	78	513
1986	453	96	549
1987	486	91	577

A few years back children involved in petty thefts were taken as juvenile delinquents and sent to certified schools. The pattern of offences seems to be changing drastically and children seem to be engaged in more serious crime as drug addiction, drug pushing or victims of the underworld. Most of them have turned to crime due to poverty or illiteracy and ignorance. Such children go astray and end up by becoming delinquents.

Though the law specifies that a delinquent child of less than sixteen years should be sent to a certified school, due to lack of co-ordination between the Police, the Judiciary, the Prisons and Department of Child Care, these children are deprived of the care of the certified homes, and are subjected to molest and harassment by adult prisoners.

SOCIAL MOBILIZATION

Sri Lanka has a long tradition of caring for and respecting mothers and children. The child occupies a special place in society. The main religions practiced in Sri Lanka-namely, Buddhism, Hinduism, Islam and Christianity have all endorsed the high position given to children. Well-known sayings such as *Puththa Vaththu Manussanam* (Children are the greatest treasure of mankind as stated by Lord Buddha), *Pillaichelvame Perum Chelvam* (The wealth of children is the greatest wealth, commonly used in Tamil homes), *Gedera Budung Amma* (Mother is the Buddha at home, a common Sinhala saying) are examples to illustrate the tradition of holding the mother and child in high esteem.

This tradition continues to be maintained. The various welfare policies of successive governments, specially the policies and programmes adopted for the welfare of mothers and children, the concern for the less privilege and the needy and the resultant advances and achievements in maternal and child survival, literacy, life expectancy etc. all reflect this social concern.

The process of social mobilization is also facilitated by a number of other factors:

(i) Prevalence of a tradition of co-operation and voluntary service at community level influenced by a culture evolved around paddy cultivation and the Buddhist concept of giving and acquisition of merit;
(ii) relatively high literacy rates;
(iii) improved political conciousness of the people through long experience in universal franchise;
(iv)existence of a large number of non-governmental organizations (NGO's) involved in community development both at national and community levels;
(v) presence of religious leaders and places of worship for practically every village;
(vi) availability of an efficient infrastructure base down to the village level for the delivery of development service or assistance;
(vii) availability of an administration and political hierarchy to reach every village in the country;
(viii) the availability of an excellent physical communication system;
(ix) availability of a wide variety of media channels for mass communication at national, district and village levels and their high outreach;
(x) availability of fairly well developed social marketing and applied communication research expertise.

Based on past experience and future programme imperatives the following resources/channels and groups are identified as major allies in social mobilization.

Political Leadership

Political leaders and legislators have been effective partners in advocacy and social mobilization activities in Sri Lanka. The

concern shown by successive governments for mothers and children and their welfare is evident in the provision made in the constitution for the protection of children's rights, setting up of the Children's Secretariat, the Department of Probation and Child Care and the creation of a separate Ministry for Women's Affairs. Prioritising nutrition promotion among children and the creation of a separate agency for Food and Nutrition Policy Planning, the National Mid Day Meal Programme for school-children, the priority assigned to the achievements in UCI and the more recent events of ratification of the Convention on the Rights of the Child and adoption of the World Declaration and Plan of Action for the Survival, Protection, Growth and Development of Children, are examples of advocacy at the highest political level.

Similarly, the support of the cabinet of ministers, the speaker and members of parliament too have been mobilized from time to time for the promotion of CSD.

Members of parliament apart, there are the ministers and members of provincial councils, members of local government institutions such as municipal and urban councils and Pradeshiya Sabhas (village councils) who are all useful allies for social mobilization at the provincial and district levels.

Religious Leadership

Religious leaders wield considerable influence among their followers. Many of these religious leaders, specially the Buddhist and Christian clergy, are presently becoming increasingly involved in community development activities in their areas. Thus the clergy as a group is a potential ally for social mobilization in Sri Lanka. The National Conference of Religious Leaders for Child Welfare organised by the National Health Council with UNICEF assistance in 1988, symbolised the interest and commitment of the clergy for children and child welfare. Involvement of the clergy for promotion of CSD in selected areas showed the potential of this group as an important ally for children. However, certain practical constraints in in this regard have also been identified, in that some of the religions do not have hierarchical structure to mobilize their priests in an organised manner.

The School System

The school system is yet another potential ally for social mobilisation. There are 4,079,070 students and 152,107, nearly 24 times more than the total number of health workers in the country teachers in the school system (1989). Of the student population, a little over a third are in senior grades. Children in all villages have access to schools and there are 10,200 schools scattered throughout the country. The functioning of School Development Societies and Parent-Teacher Associations provide excellent opportunities for regular parent-teacher contact. Particularly in villages, the teacher is still an important opinion moulder and thus are influential members of the community. UNICEF's experience, in collaboration with the Health Education Bureau in mobilizing students and teachers in selected government schools, international schools such as the Overseas Children's School, through the experimental initiative of forming School Health Clubs, has shown great potential in working with student groups as partners in the promotion of CSD. One major constraint in this resourceful group is the examination oriented curriculum which demands most of the student/teacher time in class room.

Professional Groups

Professional groups form yet another resourceful category whose potential has not been optimally harnessed for CSD promotion. Health professionals in particular are perhaps the most credible communicators in disseminating health messages to the community. Efforts are being made to mobilize professional associations of doctors, general medical practitioners and pharmacists who are in a position to contribute substantially in the communication campaigns to promote selected CSD interventions such as ORT, immunization, growth monitoring.

Non-governmental and service organisations

Sri Lanka has over 2500 NGOs operating throughout the country. About 60 of these are active at national level, while the rest function at district and village levels. Over 90 percent of them engage themselves in activities related to social and community development, many of them focusing on maternal and child survival and development. Experience gained in working with some of the major NGOs such as Sarvodaya and Saukyadana Movements indicate the tremendous capacity and outreach these organisations have in promoting CSD interventions at the community level.

Service organisations such as the Lions, Rotarians and the Jaycees are another category of organisations which could be used in social mobilization for CSD, though on a limited scale. There are a total of about ten such service organisations in the country with a total membership of over 10,000, who are mainly either professionals or businessmen. The Rotarians are already making a contribution to the promotion of CSD through the Polio Plus Programme, having made a financial commitment of US$ 1.4 million for the purchase of polio vaccine required for Sri Lanka for a period of 5 years beginning 1990.

These service organisations while being good sources for fund raising, however have certain limitations in that they are mainly urban based and somewhat lack familiarity with field level promotional initiatives.

Artistes and Entertainers

By virtue of their immense popularity, artistes and entertainers could reach and influence a much wider cross section of the population of the country than many other groups. With their unique ability to educate through entertainment, this group becomes a vitally important ally in advocacy and social mobilization. Popular actors and actresses of both cine films and teledramas, which have emerged as the most popular entertainment medium in recent times, script writers of these films, popular singers and lyric writers and performers in stage dramas, are the specific groups identified for social mobilization purposes. Folk mediamen, specially puppeteers and singers, too will form an effective ally in this regard. These traditional art forms are on the verge of collapse in the country due to lack of patronage and inability to compete with modern media.

Sportsmen and other Celebrities

Sports stars enjoy tremendous popularity in Sri Lanka, like in many countries. Sri Lanka has been a pioneer in mobilizing the support of sports stars and other celebrities for CSD promotion. During the 1985 World Cup Cricket series held in Colombo, all captains of the participating teams and the organisers, consented to the use of the cricket ground for UCI promotion. This was an unprecedented experiment which eventually proved to be a very effective technique in communication, as the promotional slogans written in large lettering were picked up by the television cameras. During the Asia Cup series in 1987, the captains of the participating teams namely Pakistan, Bangladesh, Sri Lanka and New Zealand made a joint appeal to parents in the region, to immunize their children at the correct age and protect them from the six childhood diseases.

The popularity of other celebrities such as Beauty Queens, has also been effectively put to use in promoting CSD interventions. Sri Lanka's own former Mrs World Rosy Senanayake was instrumental in mobilising the support of the private sector community for achievement of UCI.

However, the participation of celebrities cannot be obtained for long term programmes because of their busy schedules. They could be of used to us only in ad-hoc type activities.

The Business Community

The private and public sector business

community is yet another potential ally for the purpose. Though not fully tapped, their participation in the promotion of CSD, either directly or indirectly, has been obtained in many ways on an ad hoc basis. Printing of messages promoting UCI and other CSD interventions on shopping bags, exercise books, posters, calendars and leaflets, as well as the material contributions made by businessmen in 1989 for the promotion of UCI, were some of the significant contributions made by the business community in this regard. However, their support and contribution has not been tapped so far in an organised manner.

There are four trade and business chambers in the country with a membership of over 1200 companies. Within their scope in Sri Lanka, they will be a potential source for media promotion of CSD. Employers with large workforces too can be mobilized to promote CSD among their employees.

Mass Media

The mass media, of print, radio, television and film play a very important role in programme communication and public information. It is also a strong ally in advocacy promotion initiatives. Due to its over-riding advantages over the others, the mass media have emerged perhap as the most effective tool in these processes. It plays a pivotal role in awareness creation and advocacy promotion by highlighting problems and needs of children; it also plays an educational role, in that it promotes attitudinal and behavioral changes among families in favour of improved CSD interventions. The mass media's information role helps to provide field level workers with up-to-date knowledge relevant to CSD promotion and legitimises their work as part of a wider national effort.

The mass media's ability to ensure quick coverage and national level outreach, its unique potential as a tool in social communication/education, together with higher literacy rates of the people, widely prevalent reading habits and availability of a variety of print media materials intended for different categories of audiences are all favourable factors that facilitate mass media's role in advocacy, social mobilization and communication for social change.

Print Media

Sri Lanka's first newspaper was published in 1802. Today there are 14 dailies, 33 weekly newspapers and 73 periodicals registered with the Department of Archives and being published in Sinhala, Tamil and English languages. The combined circulation of these, excluding 15 publications whose circulation figures are not available, is estimated at 2,348,800, which works out to approximately 150 per 1000 population.

The availability of a wide variety of periodicals and magazines intended for specific audiences is a salient feature of the local print media. For example, there are about 13 periodicals and magazines with an estimated combined circulation of 411,750 copies and 9 periodicals for children with a combined circulation of 262,000 copies. Teenage males are catered to with 4 periodicals which have a nett circulation of about 54,000 copies. Cartoon story magazines are a very popular medium, specially among teenagers and young housewives in Sri Lanka. There are about 17 such magazines with a nett circulation of about 700,000 In addition to the periodicals and magazines intended for special groups, practically all daily and weekly newspapers carry separate pages for women and children.

According to advertising agency forcast inspite of the increasing price of newsprint and the increase in the production costs, the print media will continue to play a dominant role in the overall communication mix in the country. However, a shift in reading habits will be seen due to the low availability of disposable income, thus daily readership may shift to weeklies.

Number of daily newspapers:	
Sinhala	5
Tamil (including the three regional papers published in Jaffna)	6
English	3
TOTAL	14

Number of Weekly Newspapers:	
Sinhala	13
Tamil	12
English	5
TOTAL	33

Periodicals/Magazines by Language	
Sinhala	62
Tamil	8
English	3

Audience Specific:	
Women	13
Children	10
Teenagers/Youth	21
Students	4
Health Workers	2
Workers & Trade Unionist	23
General	

Content Specific:	
Political	10
Religion	6
Art & Culture	2
Cinema, TV and Broadcasting	6
Health and Science	4
Education	1
Sports	
Astrology	3
Co-operation development	1
Cartoon (Entertainment)	17
Other	23

Source: Dept. of National Archives

The National Media Survey of 1986, conducted by Lanka Market Research Bureau, a private market research agency, revealed that 33 percent of a national sample of 9,305 read Sinhala newspapers with a total of 67 percent reading at least one Sinhala daily or weekly. The survey further revealed that readership cuts across sectoral and social strata. Sixty four percent of the rural sample read any one Sinhala magazine while 70 percent of those with an education below GCE (O/L) do the same. 55 percent of those whose household income is below Rs.1000 (US$ 25) also come into this category. Data on Tamil language readership could not be obtained in this survey as it was not conducted in the Northern and Eastern Provinces due to civil unrest and where majority of the Tamil speaking population live.

Printing Industry

Sri Lanka has a fairly well developed printing industry. There are 910 printing presses throughout the country, with at least two presses in any district. However, more than half of them are in Colombo district. Modern printing facilities are available only in Colombo and other major towns. Compared to the countries in the region, printing costs are relatively low in Sri Lanka. Facilities for other low cost printing, such as silk screen printing, (for posters, banners, etc.), are also available but confined mainly to Colombo and suburban towns. Banners are a popular campaign medium for dissemination of information and creation of awareness in the country.

Radio

Since its inception in 1925, radio's popularity and outreach grew slowly and steadily over the years, and today it is the most powerful mass medium, with the highest penetration and outreach. In 1941 there were 10,089 licensed radio receivers in the country. The number rose to 455,368 in 1953. The estimated number of receivers available in the country at present is over 4.7 million. Statistically, this works out to more than one receiver per household. This is universal coverage according to the UNESCO classification.

Profile

Number of receivers registered. Approx. 1 million unregistered	4,073,432
Number of receivers/1000 pop	226
Pop. per receiver	5
Number per household	1.5

The Sri Lanka Broadcasting Corporation (SLBC) provides 9 services locally. There are the three all island services in the

three languages, each with two channels; the five regional services and the national education service broadcasting programmes in the three languages. In addition, the SLBC also has an All Asia Service, South East Asia Service and the Middle East & East Africa Service. There are over four million registered and approximately one million unregistered radio receivers in the country. This means that the population per receiver is 5 and that there are 1.5 receivers per household.

2. South East Asia Service	English
3. Middle East & East Africa	Sinhala, Tamil & English

The National Mass Media Survey conducted by the Ministry of Plan Implementation nationally in 1984 showed that radio is the most popular mass medium in terms of the number of audience members exposed to it. According to the study 83 percent of the Urban audience possessed radio receivers.

Table 3.12
Radio Air time per week

		Time	
Service	Language	Channel I	Channel II
All Island	Sinhala	80.00 hours	122.30 hours
	Tamil	63.00 hours	63.00 hours
	English	15.00 hours	76.00 hours
Education		Sinhala	12.30 hours
	Tamil	6.00 hours	
	English	7.40 hours	
Regional Services			
Rajarata	Sinhala	71.15 hours	
Ruhuna	Sinhala	75.30 hours	
Mahanuwara	Sinhala	44.30 hours	
	Tamil	8.00 hours	
	English	2.00 hours	
Girandurukotte	Sinhala	5.00 hours	
Mahaweli Community Radio	Sinhala	6.00 hours	

Services	
All Island Services:	3 - Sinhala, Tamil & English (each with two channels - National and Commercial).
Regional Services	5 - Mahanuwara, Rajarata, Ruhuna, Mahaweli & Girandurukotte Sinhala only except Mahanuwara).
Special Services Education:	1 - Sinhala, Tamil, English.
External Services :	3
1. All Asia Service	Tamil, Hindi & English

The figures for rural and estate sector were 69 percent and 68 percent respectively. The survey also revealed that 91 percent of the total sample either listened to the radio regularly or occasionally, regular listening being defined as listening over three times a day.

The National Media Survey of 1986 shows that 69 percent of the sample listen to radio every day of the week, to Sri Lanka Broadcasting Corporation (SLBC) Sinhala Channel II programmes, with 82 percent listening at least one day of the week. A further breakdown along sectoral and social strata divisions show that 70 percent of the rural population, 62 percent of the population receiving a monthly household income of below Rs.1000 (US$25), and 45 percent of the illiterate population listen to Channel II of the Sinhala programme

regularly. However, exposure to Channel I programmes is low, with only 14 percent listening on a regular basis. This reinforces the popularity of Channel II programmes, which is attributed to the entertainment programmes it provides. This indicates that Channel II is suiteble for social mobilization/social communication initiatives. The trend is similar in the case of Tamil language services.

Though no formal survey data are available, the three Regional Services are known to be popular in the regions in addition to the Channel II programmes of the SLBC.

Television

Television was first introduced to Sri Lanka in 1978 with a limited transmission range and therefore is a relatively new mass medium. The national TV network known as Rupavahini commenced transmission throughout the country in 1979. Although the medium has grown very rapidly in the urban areas in a short period of time, it has not yet penetrated into the rural areas.

Today there are two agencies in Sri Lanka telecasting TV programmes. Sri Lanka Rupavahini Corporation covers the entire country while the Independent Television Network (ITN) covers two thirds of the country excluding the north and east. Both organisations are State controlled. The Government has recently granted permission to a private company to start a third channel. Over 65 percent of the programmes telecast over Rupavahini are in Sinhala and Tamil, whereas ITN telecasts mostly English language material obtained from abroad.

There are an estimated number of 700,000 (1991 estimate) TV receivers in the country including 100,000 unlicensed sets.

Telecast time per week:

Rupavahini	41 hrs. (approx.) (All languages)
ITN	40 hrs. (approx.) (All languages)

Distribution of Programme Time per week:

Category	Hrs	percent
News	385.2	18.3
Current Affairs	114.5	5.4
Documentary	172.6	8.2
Musical	132.0	6.3
Drama	129.0	6.1
Long Films	113.1	5.4
Series & Serials	204.1	9.7
Other Entertainment	129.1	6.1
Sunday Review & Breakfast Show	135.2	6.4
Sports	109.9	5.2
Educational	89.1	4.2
Children's	270.0	12.8
Religious	125.2	5.9

The estimated audience for television viewing according to Rupavahini Corporation is around 2.5 to 3 million. According to the National Media Survey of 1986 the exposure is still concentrated in the higher socio economic strata when compared to Radio and the print media. Only 27 percent and 15 percent of the sample view Rupavahini and ITN programmes regularly during every day of the week. 48 percent and 74 percent of the sample do not view Rupavahini and ITN services at all. In a further breakdown on socio-economic criteria, only 11 percent of the sample receiving a household income of less than Rs.1000 (US$25) view Rupavahini programmes every day. Only 20 percent of the rural population and 7 percent of the illiterate population belong to the category. The exposure rate for ITN programmes are considerably lower.

In terms of popularity, the latest assessments made by Rupavahini Corporation reveal that teledramas are the most popular programme at present among families. In fact, teledramas, over the years have emerged as an important entertainment programme for the entire family, cutting across all social strata. At present, teledramas are telecast almost every day during prime time with the highest number of commercial spots scheduled around the programme. Other programmes that come high in order of popularity are news and current affairs, musicals, children's programmes, documentaries, etc.

Though on a limited scale, mobilizing the support of artistes and script writers has helped to exploit the teledrama medium for the promotion of Child Survival and Development. A good number of popular teledramas have promoted CSD interventions, with messages developed based on the book titled *Facts for Life*. Depending on the audience to be reached, the TV medium has been fairly extensively used in advocacy and social communication promoting child health TV spots, special documentaries and features, news quiz, panel discussions, behind the news etc are some such programmes found to be useful.

Video

The expansion of television has led to the growth of video production studios in the country. It is estimated that there are about 30 to 35 private agencies engaged in video production. They handle the production of teledramas, documentaries, video/TV spots etc. etc. for transmission over Rupavahini and ITN and for community level viewing.

Several Government Ministries such as Health, Agriculture, Housing, Information etc. are equipped with facilities for video production. However, they do not have the expertise and the sophisticated equipment the private sector possesses. Among the NGO's only Sarvodaya is equipped with video production facilities.

Mobile video vans are becoming increasingly popular in village/community level promotional efforts for social change. At present, there are about 50 such vehicles operating in the field. All the 22 Regional Directors of Health Services have been provided with these facilities which are used for health education activities in the field by health education officials. Similarly, other extension services such as Agriculture, Rural Industrial Development, the Colombo Municipal Council, NGO's such as Sarvodaya and many private sector commercial organisations dealing with consumables also use these facilities extensively in their field level promotional activities.

Film

Commercial films were introduced to the country in the early 1900's with the screening of imported films. Local production of commercial films commenced in the 1940's. Production of films for development communication and social change purposes (documentaries, docu-dramas etc.) also began at about the same time. Since then the film unit of the Government Department of Information and few other government agencies and NGO's involved in development/extension activities have been producing documentaries and short educational films for screening in the cinema theatres throughout the country. These films were also shown in villages by the mobile film vans of the Government Film Unit and other agencies. The Film Unit also produces news reels for public information purposes.

The Film Unit is the only fully equipped organization in the country for production of films for development purposes. There are about eight agencies/individuals engaged in making films for educational purposes.

However, use of cine film as a medium for development and social change has declined somewhat with the expansion of television and video in the country. Relatively high costs, lack of adequate production facilities, logistics problems in screening in the field (mobile film vans are no longer in use in the districts) are some of the reasons for this.

Number of cinema theatres	268
Seating capacity	144,996
Average daily attendance	102,000
Cinemas per 1 million population	10
Allocation of Screen time:	
Sinhala Films	49%
Tamil	36%
English	15%
Others	1%

On the other hand, the fact that an

average of 102,000 people visit the 268 theatres daily, shows the importance of this medium in terms of audience outreach.

There is a limitation however, in that only Sinhala films are produced locally, and the number produced is not large. The number of films produced and released during the last five years are:

	Sinhala	Tamil	English
1986	18	20	112
1987	18	28	126
1988	15	23	138
1989	12	*12	*94
1990	20	n/a	n/a
1991 upto June	12	n/a	n/a

(* Provisional)

Social Marketing, Media Research & Training

Sri Lanka has a well developed commercial advertising/marketing industry. There are 125 accredited advertising agencies in the country, there are also several smaller agencies which are not accredited, but specialised in different media. A good number of these agencies, have now begun to specialise in social marketing. Large advertising agencies have set up separate units to handle social marketing. There are only two full time media research agencies in the country. The Social Science Departments of the Universities, Marga Institute which is a Development Research NGO, and the Department of Census and Statistics are other organisations which conduct research on a part time basis.

There is not a single organisation engaged in media training covering all types of media. The Sri Lanka Broadcasting Corporation has it's own training unit specialising in broadcast media. The Sri Lanka Television Training Institute trains recruits in TV/Video production. The Universities of Colombo, Sri Jayawardenapura, Kelaniya, Jaffna and the Open University conduct degree, diploma and post graduate courses in mass communication, journalism etc. None of these institutions have fully developed faculty and rely on visiting lecturers.

Inter-Personal Channels

Despite the high literacy rates, increased exposure to mass and other forms of media, the inter-personal channels are still active at the community level and often play a more decisive role in social change. Where development communication is concerned, the inter-personal channels have always supplemented and reinforced other media.

This has been most evident in the fields of agricultural extension, family planning, immunization etc. The inter personal communicators' credibility is high as they function at the community level. These channels, if used effectively, could play a key role in providing social legitimacy and credibility to new methods. Clarifying doubts, clearing misconceptions, explaining the advantages and disadvantages of new methods etc. can be all done in the language of the community.

Inter-personal channels in Sri Lanka could be categorised into three broad categories: 1) The bureaucratic channels, 2) the organised community level channels and, 3) the informal community level channels.

Official channels

The bureaucratic channels comprise all administrative, extension and field officers of the various Government Departments. Health, Home Affairs and Agriculture are the three major bureaucratic channels that have a hierarchy and country wide spread for development communication initiatives.

a) <u>Health</u>	
Provincial Director	8
Regional Director	22
Medical Officer (MOH)	22
Medical Officer of Health (to be increased to 289 soon)	120
Health Education Officer	60
Supervising Public Health Nurses	22
Public Health Nursing Officers	269
Public Health Inspectors	109
Supervising Public Health Midwives	249
Public Health Midwives	469

b) Home Affairs:

Government Agent (district level)	25
Asst. Govt. Agents (divisional level)	289
Grama Niladari (village level)	14,765

Non-governmental organizations

The organised community level channels consist of the NGO's, village level statutory and non-statutory organisations, the rural health volunteer movement of the Department of Health, the school system, the clergy and the indigenous physicians.

The main national level NGOs functioning in the country namely, the Sarvodaya Movement, Saukyadana Movement, Family Planning Association of Sri Lanka, Lanka Mahila Samithi, Red Cross Society, Boy Scouts and the Girl Guides Association, YMBA, YMCA, YWCA and other NGO's such as the Christian Children's Fund, U.K. Save the Children Fund, Redd Barna, Forut, Danida, Finnida, Plan Centre, VSO etc. all have either volunteers or extension workers, in selected villages.

- Number of rural health volunteers: Approx. 100,000. However, the number of active volunteers would be two thirds of this number.

- Number of Gramodaya Mandalayas (Village Re-awaking Councils).

Number of Schools	10,296
Number of Teachers	152,107
Number of Students	4,079,070

The informal community channels comprise community opinion-leaders and the parents themselves. However, the influence exerted on the population through inter-personal channels varies with the different categories. The bureaucratic channel enjoys relatively a lower credibility than other groups.

The relatively low credibility experienced by the bureaucratic channels and to much lesser extent by the organised informal channels is due to the fact that (1) these two categories of channels are socially different and the community with which they interact programmatically, (2) the inability to understand this difference and plan communication activities on a scientific and creative basis to reduce the effect of this social gap in interpersonal communication.

Though the above analysis with regard to the credibility of the bureaucratic channel is generally true, where maternal and child health promotional efforts are concerned there has been an exception. The Health Education Officers, Public Health Inspectors, Public Health Nursing Sisters and the Family Health Workers, all bureaucratic channels attached to the health sector, have always been found to be credible and effective in their community level promotional activities. This may be due to the inherent quality of the messages they convey, i.e., concerning the health of an individual.

Future Perspectives

Although social mobilisation has been increasingly felt as critical programme strategy, the absence of a proper state policy in this connection is a major constraint. The obvious result is a lack of a suitable government agency to plan and implement related activities in this regard. Lack of adequate resource allocations for these initiatives pose another problem.

At present all social mobilisation, activities with regard to CSD are planned and executed by UNICEF directly - in close consultation/collaboration with relevant government agencies. This obviously casts a heavy burden on UNICEF staff in terms of time and resources, specially with the increasingly important role social mobilisation, plays in programme delivery. In social mobilisation there is a need to sustain the interest of 'partners' - which requires new initiatives and innovative approaches.

For example, in the Anuradhapura CSD Communication strategy project in which health volunteers were mobilised to take CSD message to rural homes it was

conservatively estimated that the direct contribution of about 1000 volunteers in interpersonal communication activities to the project (on an average per year) amounted to US$ 44,480, while the average annual UNICEF budget for the project amounted to US$ 10,600. In the case or radio, it has been estimated that by using radio spot during prime time, it is possible to reach over 16,000 Sinhala and 10,000 Tamil listners at a cost of one Sri Lanka Rupee, i.e., four US cents.

THE ROLE OF WOMEN AND THE FAMILY

Legal Status of women

The Constitution of Sri Lanka (1978), in its section on fundamental rights, seeks to guarantee equality for women, though only new laws can be challenged on grounds of gender discrimination. Sri Lanka ratified in 1981 the UN Convention on the Elimination of All Forms of Discrimination against Women. On the other hand, the Land Development Ordinance of 1935 and its subsequent amendments continue to erode the traditional rights of women to land ownership in settlement areas.

Labour laws are in consonance with international practice and paid maternity leave has been extended from six weeks to three months for the first two pregnancies. These laws, however, are enforced only in the larger establishments in the public and private sectors. Women, who are the majority of workers in the unorganised or informal sector, are outside the ambit of labour legislation and are vulnerable to exploration by employers and entrepreneurs. Laws relating to rape and trafficking in women are from the nineteenth century and are thought to be ineffective in coping with contemporary problems.

Customary, personal or family laws impinge strongly on the lives of women in respect of their inheritance rights and marriage, divorce and custody of children. These laws reflect the traditional or religious practices of different communities, ranging from the relatively more liberal Sinhalese or 'Kandyan' Law to the Thesavalamai Laws, and to the Muslim Laws under which men can take unilateral action in divorce and a female inherits half the share of a male.

Table 4.1
Enrolment in Schools, 1988

Class year	Total	Female	Female percentage
1-5	2,045,665	987,246	48.2
6-8	907,265	447,885	49.4
9-11	818,762	427,011	52.2
12-13 Sc.	53,708	25,030	46.6
Arts	70,182	48,751	69.5
Commerce	42,480	22,608	53.2
Total 12-13	166,370	96,389	57.9
Total 1-13	3,938,062	1,958,531	49.7

Source: Annual School Census, Statistical Division, Ministry of Education.

Education

The absence of gender differentiation in policies to extend educational opportunity, the establishment of an island-wide network of schools of which the percentage of co-educational schools increased to 96 percent in the nineteen eighties, and the equally high aspirations of parents for the education of their sons and daughters, ensured equal access of men and women to general education. Consequently, the education participation rates of boys and girls of the 5-14 age group increased to 83.7 percent and 83.6 percent and the participation rated of the 15-19 age group to 41.2 percent and 42.7 percent respectively at the 1981 Census. Since the early seventies, there have been more girls than boys in senior secondary grades. In 1988, the percentage of girls was 52.2 percent of the student population in school years 9-11, and 57.9 percent in school years 12-13 (Table 4.1). The percentage of women students in universities has fluctuated between 40 percent and 44 percent for many years (Table 4.2), and

around 70 percent of both men and women students are from rural sector.

Socio-economic factors rather than gender appear to determine educational opportunity in Sri Lanka. Although slightly more boys than girls were reported to enter the school system in 1981, more boys than girls have dropped out from school over the years - 5.1 percent boys and 4.02 percent girls in years 2-9 in 1986.

Table 4.2
University Enrolment

Year	Total	Female	% Female
1942	904	91	10.1
1946	1302	178	13.7
1953	2392	608	25.4
1959	4039	949	24.4
1965	14210	4579	32.2
1970	11813	5243	44.4
1977	14146	5796	40.9
1987	24053	9661	40.2

Source: University Grants Commission

Gender disparities are minimal in overall statistics, but tend to be wide in Nuwara Eliya and Badulla districts where plantations are concentrated, and in Eastern Muslim districts. Gender specific constraints therefore appear to affect girls in two minority communities - Muslim and plantation labour families of South Indian origin. Gender disparities in the plantation sector, however, are declining with the implementation of specific educational programmes as in the SIDA supported programmes in plantations in the Nuwara Eliya, Badulla and Kalutara districts.

Literacy statistics reflect these trends. Female literacy rates rose from 46.2 percent to 82.8 percent in 1981 and male literacy rates rose from 76.5 percent to 90.5 percent, so that gender disparities have been reduced over the years. They hardly exist among the school age population (Table 5.3). Urban and rural disparities still exist - 91.0 percent urban and 78.0 percent rural female literacy. The literacy levels or Moor and Tamil women of Indian origin were only 71.5 percent and 55.1 percent respectively in 1981 (Census, 1981). The percentage of women who had never been to school (17.5 percent), was doubled that of men in the same category (8.7 percent), but more women than men between 15 and 24 years have had ten or twelve years of education.

Health

While safe motherhood has been a focus of attention, the health of the girl child appears to be neglected. Gender specific data is not available to ascertain the relative nutritional status of boys and girls or causative factors for differences. Yet recent micro studies of the nutritional status of school children between 7 and 10 years in Colombo city indicated that more girls than boys were below accepted norms and that girls have more severe degrees of undernutrition.

Unlike in other countries in South Asia,

Table 4.3
Population 15+ with at least 10 years of education
(15-24 years)

		15-19 years		20-24 years	
		Population	%GCE (OL)	Population	%GCE (OL)
1963	M	520,850	9.8	440,270	17.8
	F	501,600	10.8	444,250	15.4
1971	M	687,269	12.3	613,824	24.0
	F	677,809	14.8	628,611	24.9
1981	M	815,199	18.9	753,338	27.8
	F	792,336	22.9	756,461	30.6
1985/	M	855,245	13.8	733,217	26.7
1986	F	827,532	18.1	771,943	32.2

Source: Census of Ceylon 1963, 1971, 1981.

son preference is not as overt in Sri Lanka. A recent study of 65 families in a village in Colombo district found that there was no clear preference for boys in health care or child rearing practices. All children, irrespective of sex, were immunized against the six diseases which are the target of the immunization programme. More than 95 percent of mothers said that they would not discriminate on a gender basis in feeding their children.

Economic Participation

Although women appear to have equal access to education, health and social services, they are disadvantaged in employment as a consequence of their limited range of skills and the increasing demand from employers for low cost female labour.

While there are no legal barriers to women's access to vocational education, wide gender imbalances are apparent in enrollment in vocational training programmes. While women form 49 percent of those employed in professional and technical jobs, they tend to be concentrated in courses associated with servicing occupations such as health, education, social work and office assistance. They enrol in commerce courses rather than in technical and craft courses in Technical Colleges. In 1988, over 90 percent of women trainees in vocational training programmes in the Centres of the Department of Labour, Ministry of Education, National Apprenticeship Board and National Youth Services Council were found to be enrolled in dressmaking and sewing classes. Vocational training enrollment patterns therefore reinforce the gender division in the labour market into culturally demarcated 'masculine' and 'feminine' jobs.

Women tend to be concentrated in low status, low skill and low paid jobs, in peasant and plantation agriculture, in small industries and modern assembly line industries, in petty trade and in domestic service. It is significant that while the majority of new jobs between the Labour Force Surveys of 1980/81 and 1985/87 have gone to women, 50 percent of this employment was as unpaid family labour, and half of those in paid employment were in casual jobs. At the same time the unemployment rate of women has been double that of men since the late sixties. Female secondary school leavers have found it more difficult to find jobs than male secondary school leavers.

A major reason for the disadvantageous economic status of women seems to be a perception of policy makers, administrators and employers that women are dependent housewives, or at best, secondary earners, despite the fact that women, and particularly women in low income families are often primary income earners, responsible for family survival and maintenance. The poorer the family, the greater appears to be the labour input of women. Women in the informal sector are not usually mentioned in official statistics and development plans.

Although women work long hours in the field with men and are mainly responsible for subsidiary crops such as chillies, planners of development programmes such as in the Mahaweli conceptualize women as farmers' wives and not as farmers. Home Development Centres seek to make women better wives, while land allocation practices can erode women's traditional land rights and mechanization threatens to displace them from their traditional economic activities. In the plantation sector, subordination in the family structure can deprive them of access to and control of their own income, with adverse consequences for the nutritional and health status of these women and their children.

Rural industries, such as handlooms, collapsed with the liberalization of the economy in 1978 and thousands of women appear to have moved to factories in Export Processing Zones and outside. Women are often perceived to be secondary earners and therefore to be cheap labour. Over 80 percent of factory workers in garment, lapidary, electronic and other assembly line industries are women, particularly young unmarried women between 18 and 25 years of age.

In a context of high unemployment, these women have access to employment, income and to some degree of economic independence and personal freedom. Their conditions of employment, however, reinforce their subordinate status in the labour market and affect their health adversely. they are paid low wages and are concentrated in semi-skilled jobs, with little opportunity to enter managerial, technical and supervisory jobs.

Subcontracting has proliferated as manufacturers reduce production costs further by putting out work to piece rate workers. The majority of these home-based workers and those employed in small units by subcontractors are women. They work long hours, using child labour in the home, isolated and unprotected by labour legislation, at the bottom of the subcontracting process and receive low wages or prices.

A recent phenomenon has been the migration of women to oil rich countries and to other prosperous countries in Asia, in search of employment. Around 76 percent of unskilled migrant workers are women. The push factors that send them to work in domestic service in an alien environment are the economic hardships of low income families battling to survive in the context of inflation, spiralling costs of living, reduction of subsidies and employment. They have sought to increase family resources. After more than one contract some of their families show visible signs of improvement, particularly in housing. Some of them have been exploited by recruitment agencies in Sri Lanka and by employers overseas and have had traumatic experiences both in employment and in their family situation. Although the majority make what to them seem adequate arrangements for child care, children of migrant women workers are seen to be a vulnerable group. While the state has encouraged their employment overseas, and their contribution to the country's foreign exchange earnings and balance of payments has been crucial, they have received very little protection from exploitation and very few support services.

Around 50,000 migrant women workers who were employed in Kuwait and have been compelled to return as a consequence of the current Gulf crisis, have become an economically deprived group who have lost their livelihood, income and savings, and have been traumatized by their recent experiences in a war torn country, and their present economic vulnerability. While many wish to seek new avenues of overseas employment, have yet to find income earning opportunities in the domestic labour market.

The Family, Marriage and Motherhood

The nuclear family of father, mother and children forms the core of the family system and is the most common type found in all population groups. The nuclear family is extended by a close relative in some instances, generally an aged parent or a younger unmarried sibling. Economic considerations and personal convenience are the main reasons for the extension of the family in the rural areas. A female relative often is invited to stay with a couple to take care of the children in the urban areas, especially where the women are working outside the home. There is a high degree of interaction between parents and children and brothers and sisters. The nuclear family found in Sri Lanka maintains its linkages with the extended family.

There is a tendency to identify and name a head of household when referring to households. Generally an older male is perceived as the main economic provider of the family and the others as his dependants. However, the 1981Census brought to light the presence of a small number of households headed by women. Subsequent research on the subject has revealed that women headed households exist across geographical areas, are poorer than other types of households, face many economic problems and are generally excluded from many of the state sponsored social development programmes. Women headed households with young children are seen as a particularly vulnerable group. They frequently depend on food

stamps and charity allowances for family maintenance. There is evidence from micro-studies to indicate that the phenomenon of women headed households is increasing in numbers.

Another category of incomplete family units is the single parent family. Permanent, de facto, single parent status results from death, divorce or separation and may be concomitant with the status of female heads of households. Temporary single parent status occurs when a parent is absent from the home for reasons of employment. The 1981 Census recorded 405,330 female single parents. International labour migration statistics reveal that approximately 400,000 children are living in households with a single parent. The number of children with single parents would have increased over the last five years with internal strife and civil war taking heavy toll on males. The implications of having a single parent varies with the availability or non-availability of the traditional support systems. Further single parent status does not mean the rejection of the two parent family system.

Despite the two child norm advocated by the national family planning programmes, the average family size varies according to sectors and social class. The Contraceptive Prevalence Survey (1982) and the World Fertility Survey (1985) revealed that the number of children a family has is generally in excess of the number desired. Women in a majority of the families faced difficulty in exercising choice in the number of children they preferred to have. However, certain other factors have contributed to a decline in age specific fertility rates from 4.8 in 1963 to 2.8 in 1987 in the ages 15 - 29. There are considerable regional and ethnic group differences in this pattern. Among the ethnic groups the Muslims have the highest 15 - 19 age group fertility rate.

Marriage

Marriage in Sri Lanka is monogamous and is bound up with legitimacy and inheritance. Marriages are registered in accordance with Personal Laws of the country. Consensual unions are also recognised as marriage. The 1981 Census showed a decrease in the number of such customary marriages from 413,175 families in 1971 to 298,288. The number of marriages and the marriage rate has increased steadily from 1974 but the rate has declined from 1985, from 8.1 to 7.9 in 1988.

Marriage in Sri Lanka is traditionally regarded as much more than a legal union between a man and a woman; it is an alliance between two kin groups. Marriage is arranged by the family in accordance with certain rules of endogamy and exogamy. Among the Sinhalese and Tamil communities one is expected to marry within the caste and religion. At the same time persons are socially sanctioned against marrying of parallel cousins. Muslim women are strictly forbidden to marry outside the religion. In recent times in the urban areas, marriage has tended to be a result of a personal arrangement between two persons. The institution of dowry, though closely associated with marriage, is not seen as a pre-requisite for marriage among low income families. In fact, the dowry among the majority Sinhalese is traditionally considered a gift to the woman by her parents.

Motherhood

The social pressures that impinge on a woman during pregnancy in a majority of the families are not restrictive or degrading in relation to her position in the family. Motherhood does not tie down the woman to household work or deprive her authority in household management. Neither is there a particular ideology of mothering which insist that only females are responsible for the care and socialization of infants, for food preparation in addition to their work outside the home. Though women do assume responsibility for many of the nurturing tasks in the family she is able to command assistance from her relatives and even neighbours.

However, it was noted in recent studies that pregnancy and motherhood did create

health and child care problems to the woman herself and the family, across social divisions. Poor women in the dry zone of Sri Lanka endured many hardships which made them vulnerable in terms of health. In the urban low income groups, the period of pregnancy led to deprivation when some women found it difficult to engage in heavy labour work. Motherhood was also seen to create child care problems among middle class professional women, but they had more options in settling these. In most instances they were able to overcome these problems by resorting to certain formal and informal arrangements.

A common perspective in viewing the family in modern society is to see it as a social institution that has undergone radical change in its structure and functions by virtue of social processes such as urbanization and modernization. In the context of the Sri Lankan family, there have been basic changes in the structure from a large size to small size, and from consensual unions to registered marriages from an extended unit to a conjugal unit. With a fast growing population exerting pressure on land and the inability of the main family to support members of the extended family financially and the functions of the family being taken over by formal institutions such as schools, structural changes have been inevitable. Other demographic forces which resulted in the changes were the high life expectancy at birth for men and women, low infant mortality and increasing labour force participation by women. Reinforcing the structural unity of the family is a policy imperative in the context of the large numbers in the population who are still dependant on the family for meeting the basic needs of everyday life.

The family in urban, rural, estate, and Mahaweli settlement areas

The available data indicate that certain characteristics of the prevailing family system were seem to cut across class and ethnic boundaries. Firstly, there is an almost universal acceptance of patriarchal norms in determining family relationship. Secondly, there is a division of labour based on gender. Three other features of the families in all sectors is the preference for a nuclear family originating from a registered marriage, the recognition of bilateral kinship links and the value placed on children. The manifestations of these features varied depending on the resources available to the family to fulfill basic social expectations.

The concept of the male head of household was seen to be particularly detrimental to the Mahaweli women in the allocation of land, in receiving extension services and in training programmes. Poor women with no land in the pre-settlement period were the worst off since they had no claim for Mahaweli lands. In urban low-income households married women were de-facto head of household when men had failed to assume financial responsibility for their families. They seem to be able to better manage their households as the informal sector of the Colombo City had offered some opportunities to earn a daily wage. The non-government sector has provided some relief to female heads of households living in poverty. The traditional gender assumptions of male public officials has been noted as the cause for the exclusion of women from many of the state sponsored welfare programmes for better housing and food distribution. At the national level, strict adherence to patriarchal norms is most evident in the government regulation, which makes it compulsory for females seeking a sterilization to obtain their husbands consent. No such rule is imposed on the males.

A number of socially approved ways were available to women in most households to mitigate the unreasonable expectations of patriarchal norms in gender relations. Sinhalese women in general were not prepared to adopt entirely the submissive ideal espoused towards them by men while the Tamil women, in the Jaffna peninsula were more prone to conform to the image of a woman as docile and submissive. Much depended on the economic status of the family. Poor women were seen to have more options to evade confinement to household activities, to seek work for a family income. It also helped her to share

power with the husband/father in family decision-making. Women were seen to resort to a number of unusual strategies to deviate from their traditional ascribed wife/mother role to reach the goal of family betterment.

In certain geographical regions, especially in remote rural areas and in urban slums, the limited opportunities for women to work outside the home resulted in a more rigid segregation of roles. Child care was primarily a woman's responsibility. The husband provided her with finances to maintain the family. In the event of the loss of the husband/father by death or desertion, the mother/wife was often destitute. Since disciplining of older children was the duty of the father, their absence created a difficult situation for the mother, as in the case of male migrant families. The wives of these migrants were deeply conscious of their inability to take the place of a father in controlling the behaviour of their adolescent children.

The prevalence of highly segregated gender roles is evidently in decline. A division of labour based on sex was viable only for the affluent classes and to those determined to maintain hierarchical family relations. In the rural sectors, in the Mahaweli Settlement Scheme and in the Estates, women were seen to be working side by side with men in arduous agricultural tasks. This was despite it being normatively undesirable for a woman to do manual work outside the home. Though the husband/father was expected to refrain from housework, in many households his contribution to food preparation and child care was significant. However, women were reluctant to assign certain duties to the men such as washing clothes and pots, and pans. Because of the obligation to breast feed an infant, its care was mostly in the hands of the mother though she could seek assistance from female relatives.

Many households have been found to be overcrowded due to inadequate space. Most families coped with the overcrowding and their ability to do so was a particular characteristic of the poor. Families in over-crowded dwellings and neighbourhoods shared basic amenities such as water and toilets with a high degree of tolerance. As to whether overcrowding in the urban slums leads to social problems and even moral degeneration is not clear. It no doubt affected the health and well-being of young children.

Slum and shanty dwellers were more liable to deviate from the rules governing marriage than others. By deviating from conventional marriage patterns they can create problems for legitimizing the birth of children which in turn can complicate matters such as admitting a child to school. A valid birth certificate is an invaluable document to prove legitimacy.

Middle East Migration and the effects on the traditional role of the family

The decision to migrate to the Middle East to work as house-maids largely appears to have been a family strategy devised by some women in the low income strata to cope with a host of economic problems they faced. The inter-household relationships were conducive to such an arrangement in most cases. The family focus was mainly on the salary the woman can earn.

Drawing on available statistics, the number of children left behind by married men and women in 1986 was approximately 400,000. Almost 200,000 of these children were under the age of 10. Some 19,000 children were estimated being even less than 1 year. The most recent statistics obtained from the Bureau of Foreign Employment within a period of 6 months, 75,406 persons left the country for foreign employment, 45,694 or 61 percent for jobs as house-maids. The majority were married with young children.

In the low income households from which many of the female migrants originated, the husbands/fathers' earnings were insufficient to maintain the family. The wife/mother had no skills to enter the labour force. Neither did the family have resources such as land. A job overseas was perceived by the family as a means of accumulating some savings. In reality, the

earnings of the women appears to have only ensured an income for family survival.

The ability of women to leave households can also be understood by observations of inter-household relationships in the communities of out-migration. With a few exceptions, the family relationships revealed equality between sexes, scope for inter-changeability of roles and a flexible division of labour. There have been those who see such characteristics of low-income family organization as signifying states of social disorganization and breakdown. However, such family relationships were mechanisms by which these persons coped with the uncertainties of life. Role substitution was easy where husbands and wives had no fixed responsibilities towards family well-being.

There are some serious gaps in knowledge on the adequacy/inadequacy of child care arrangements for the children left behind. The observations from recent studies indicate that much remains to be understood about the effect of the separation between mothers and children, especially because of a child's close and intense relationship with her through infancy. There is no doubt that every child suffered emotionally from the temporary absence of the mother. Among older children, the emotional stress sometime led to drug abuse or to behavioural problems such as sullenness. Adolescent girls who had strong bonds of affection with the mother missed their presence and often made unsatisfactory relationships which brought more stress and hardship. No changes were observed in the general health of the children or in their academic performance.

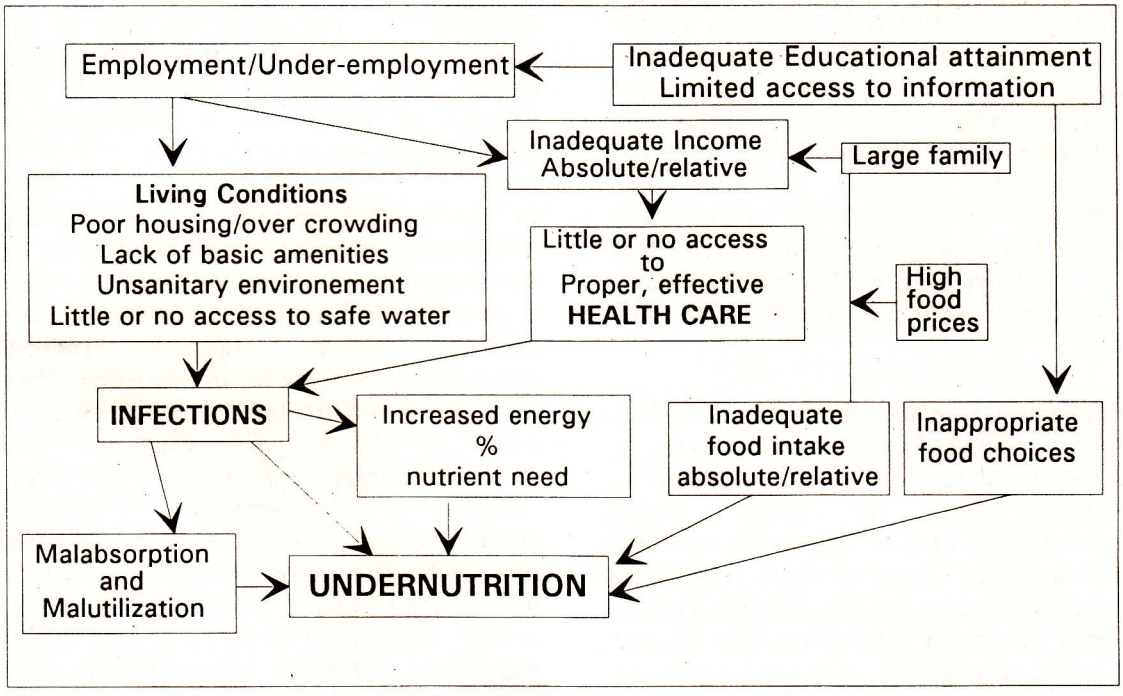
Many of the case-studies point to the adverse effect mother's absence have on the children. In this context, it is important that such observations are taken seriously but at the same time the problems should be seen in the perspective of the communities in which they originate and that the concerns of children of migrant women do not impede the opportunities of women to work and earn outside the country. The question still remains as to what extent the behavioural problems manifested by children in migrant communities are an outcome of the economic and social deprivations of the families rather than the results of mother leaving the household for overseas employment.

Children abandoned, girls pregnant, youth abusing drugs and early school-cuts are common manifestations of family disorganization in the communities from which the migrant-women are drawn. The available material from studies in low-income families reveal that a problem of ensuring a child's total well-being exist. But it is unknown whether it has been worsened by the Middle East migration.

NUTRITION

The nutritional situation of mothers and children in Sri Lanka, described here is a reflection of the overall socio-economic situation in the country. There is no doubt that deficiencies in the amounts and quality of food consumed have had a role to play. However, it is the gap between nutrient and energy **need**, and **supply** which ultimately determines the nutritional status of individuals. Poverty and the environmental conditions under which the poor live are aggravating factors. While poverty directly contributes to an inadequacy of dietary inputs, the efficiency of utilization of ingested nutrients, leading to exaggerated deficiencies of nutrients and energy. Undernutrition sets in. Unfortunately, undernutrition lowers the resistance to disease; the undernourished readily contract infections and their nutritional status worsens due to a number of associated factors, such as the metabolic stress of infections, the diminished food intake due to depression of appetite and the unwarranted and harmful food taboos imposed in such circumstances by ill-informed parents and care-givers.

Figure 5.1
Interactions between Adverse Influences Leading to the Incidence, Aggravation and Perpetuation of Undernutrition in Poor Socio-Economic Circumstances



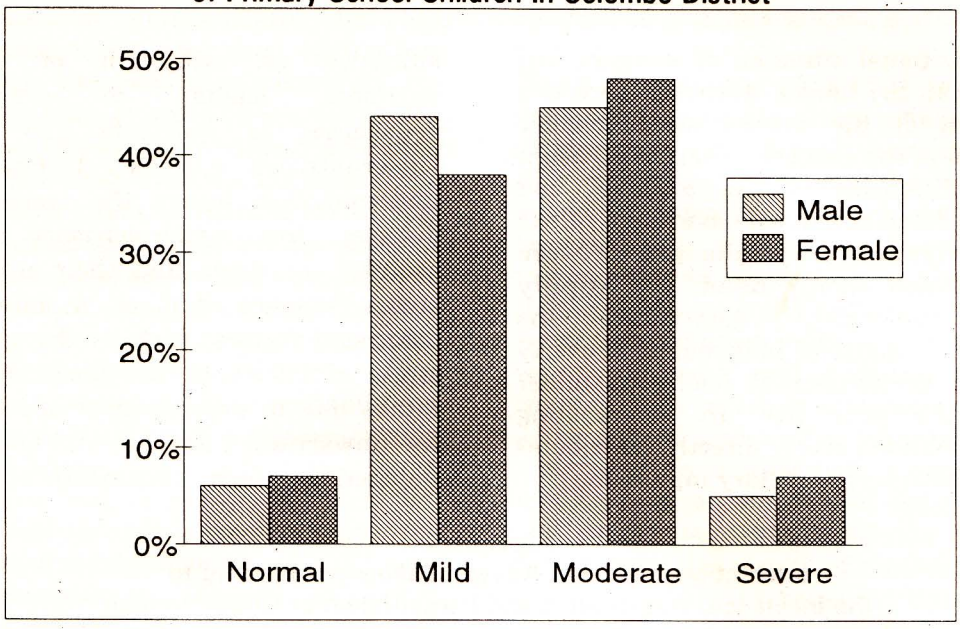
associated adverse environmental factors increase the nutritional needs in a number of ways. Firstly, adverse environmental factors stress the organism, including the stress of infections. Secondly, infections and environmental stresses, diminish the

The adverse influences mentioned above are compounded when they impact on individuals who are in one growing phase or another, such as in infancy and

childhood, adolescence, pregnancy and recovery from a prolonged illness.

were pregnant and lactating women, infants and pre-school children. Such a

Figure 5.2
Nutritional Status of Primary School Children In Colombo District



Health and nutrition education has a vital role to play in informing parents about the nature of physical growth and the favourable and unfavourable influences which promote or inhibit normal growth. Unfortunately, powerful communication media such as news papers , magazines, radio and television not only mislead the public with regard to healthful dietary habits, but also promote unaffordable life-styles.

Furthermore, it is important to realize that in poor socio-economic circumstances, a number of adverse influences interact in complex ways to bring about undernutrition and to aggravate existing undernutrition. Some of these important interactions are exemplified in Figure 5.1. Steadily increasing food-prices (See Figure 2.2) with unmatched earnings tends to produce a similar end-result.

Socio-Economic Deprivation And Undernutrition

Traditionally, the population groups considered vulnerable to undernutrition

categorization was made, not only on the basis of their special and relatively high energy and nutrient needs, but also because of the observed difficulties in meeting such needs in practice.

In the current situation in Sri Lanka, where large population groups subsist on low incomes and whose purchasing-power is steadily declining, the entirety of the poor have become vulnerable. Indeed, nutritional assessments indicate that they have been adversely affected. Such a situation places poor pregnant and lactating women, infants and pre-school children in especially difficult circumstances. The situation is worsened further by the increased susceptibility to infections to which the undernourished are prone. The plight of these groups of the population is further aggravated by their limited access to effective, proper, health care.

A Child Health Development Record (CHDR) has been developed, modelled along the lines of the WHO/UNICEF Growth Chart, with additional information

to assess and record the psycho-social development of the child as well. Despite extensive training of field-health staff and their supervisors in the use of the CHDR to help promote satisfactory growth and development of children under 5 years of age, the anticipated improvements in health and nutritional levels did not materialize. Insufficient numbers of health-workers and resulting heavy work-loads, (which included the maintenance of a variety of health and health-related records), appear to be a major factor in making meaningful growth-monitoring for growth-promotion, a near impossible task. Of the total number of infants weighed, 26 percent were below the third centile. Similarly of the assessments in the age group 1 - under 2 years, and 2 to under 5 years, 35.2, and 34.7 percent respectively, were below the third centile of the reference population.

The Nutritional Status of Primary School Children

A nutritional status survey of primary school children, in the District of Colombo, was conducted in February 1988 to obtain an impression of the magnitude of the problem of undernutrition in this category of children and to serve as a benchmark for the subsequent evaluation of the impact of the School Feeding Programme launched by the Government.

A total of 3,519 children, comprising 1,568 boys and 1,951 girls were anthropometrically assessed according to their respective ages; their ages ranged from 7 to 10 years. Analysis of the survey data revealed the degrees of undernutrition and the respective prevalence rates for boys and girls, as depicted in figure 5.2. The levels of undernutrition depicted in the above figure are unacceptably high. Given the steadily increasing nutritional demands of growing children, the findings of the study show the compounded adverse influences of nutritional deficiencies, morbidity, and the physical and psychological stresses of the lower and middle socio-economic strata. We can only speculate about the effects of environmental influences on learning ability.

The Stunting Of Young Women

The CDC/Ministry of Health 1975-76 survey of children 6 months to 72 months of age, covering every health district in the country, was the first to document the point that increasingly larger proportions of children fell into the category of stunting, due to chronic undernutrition, with advancing age. Recent studies (Dept. of Nutrition, MRI) reveal that 30 percent of young mothers are less than 148 cm in height. While such stunting of women is unfavourable in itself, the birth of low birthweight babies as a common sequel has emerged as a significant public health problem.

Maternal Undernutrition and its Consequences

Pregnancy and lactation are well recognized conditions which accentuate nutritional needs. Narrow birth-intervals, multi-parity, frequent episodes of illness and obligatory high levels of physical activity, increase the nutritional stresses of pregnant women.

A recent study in a health area of the Gampaha District, encompassing a sample of 700 women attending ante-natal clinics, showed the following distribution of parity status: (table 5.1)

Table 5.1
Distribution of Mothers According to the Parity (*) of the Index Child

Parity	Proportion of Mothers
1	45.6
2	27.6
3	16.8
4	6.0
5 and above	4.0

(*) Birth Order

73 percent of the mothers have had less than 3 children. 84 percent of the mothers were between the ages of 20 and 34 years, 9 percent between 15 and 19 years of age, while 8 percent were 35 years of age and older. Eighteen percent of the latter group were pregnant for the first time.

As illustrated elsewhere in this chapter, the birth of a low birthweight baby is the commonest outcome of maternal undernutrition. The plight of this undernourished infant is not related merely to its reduced body mass. Its vulnerability is linked to its meagre energy and nutrient reserves, the poverty of its mother which includes not only her economic status, but also her nearly exhausted maternal energy and nutrient reserves which limit her chances of successful breast feeding, her ignorance of the *Facts for Life*, and the inadequacy of her income to effectively translate into action, whatever *Facts for Life*, she may have come by and grasped.

A low birthweight child faces an up-hill battle for life from its first birthday. It has arrived without adequate resistance to infections and in the vast majority of such instances, into an environment teeming with disease-causing agents, where personal and environmental hygiene are poor. Early failure of lactation in such settings poses triple threats to the infant's life, -- undernutrition, diminished prospects of acquiring passive immunity through breastmilk and the threats of infection from the early introduction of contaminated other foods. Infants facing such situations suffer from serious nutritional deficiencies and often die having succumbed to diarrhoeal disease or an acute respiratory infection. Undernutrition also contributes to a diminished immune-response to vaccines.

The Prevalence of Anaemia Among Pregnant Women

Biochemical investigations of 692 pregnant mothers, attending ante-natal clinics, revealed a 65 percent prevalence of anaemia (circulating haemoglobin levels below 11g/dl). Dietary surveys in this population, showed that the mean, daily, dietary intake of iron among the anaemic mothers was 21.7± 6.6 mg; this level is below the recommended level of iron intake for pregnant women. In view of the low levels of haem-iron in the diets of this population, dietary iron absorption is likely to be poor. Given the poor iron status at the beginning of pregnancy, commonly seen in such populations, their iron needs cannot be met without active supplementation.

In the current country economic context, a pregnancy can be expected to significantly deplete a mother's iron reserves; successive pregnancies would, therefore, contribute to the aggravation of anaemia. This expectation is borne out by the results of a survey (1989) conducted by the Medical Research Institute, Colombo, in a health-area in Gampaha District. Haemoglobin levels were assessed in relation to parity, of a population of 396 mothers. The relationship between parity and circulating haemoglobin level was as indicated in Table 5.2.

Table 5.2
Haemoglobin Levels of Pregnant Women According to Parity

Parity	Haemoglobin Concentration	Sample Size
1	9.75± 0.91	182
2	9.61± 1.08	116
3	9.50± 1.14	73
4	9.56± 1.24	25

The results are suggestive of a decline in circulating haemoglobin levels with increasing parity, probably due to a gradual depletion of iron reserves. The magnitude of the depletion under these circumstances will vary according to the level of absorbable iron intake and the birth-intervals.

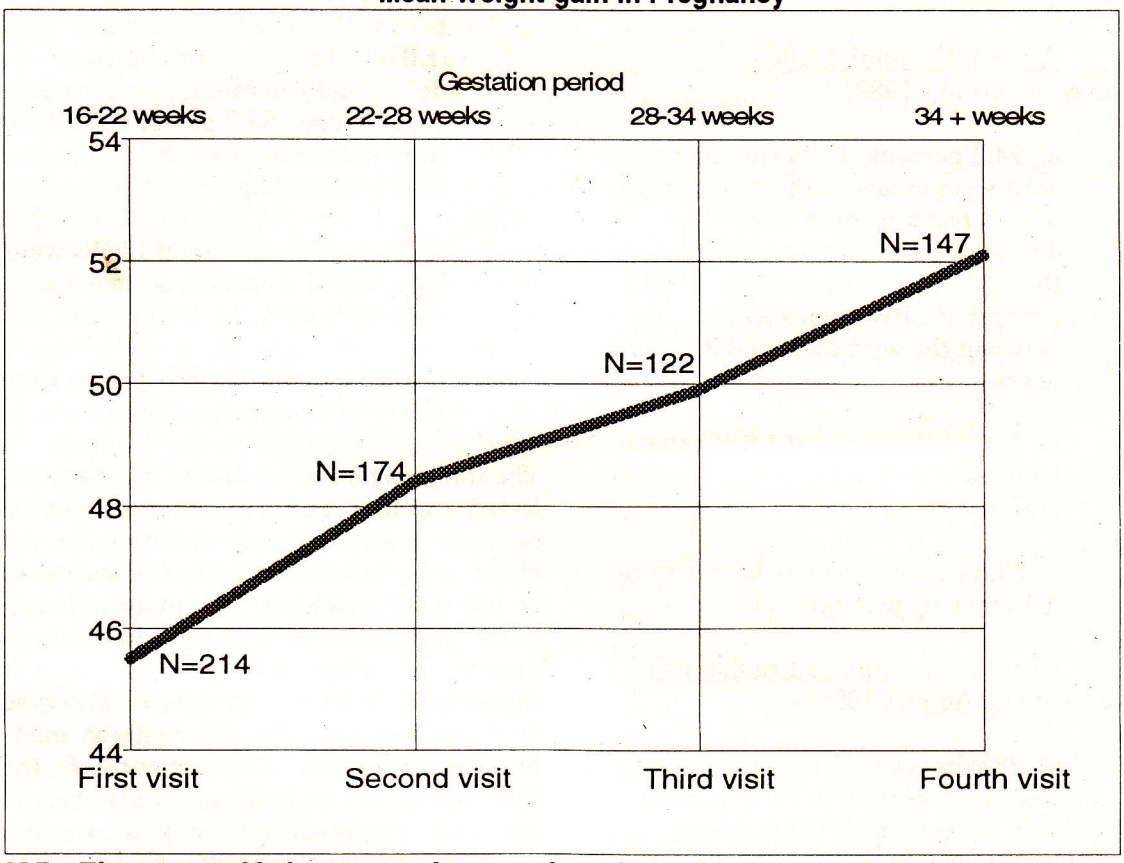
The prevalence of anaemia is commoner in the lower socio-economic groups, and includes pre-school children and school children as well. Dietary surveys have revealed inadequate levels of iron intake. Significantly, the consumption of animal foods which contain the more readily absorbable dietary (haem) iron, is understandably low in these groups. Tea is believed to contain substances which interfere with iron-absorption. It is well-known that poor Sri Lankans drink strong brews of tea many times a day, often to counter hunger pangs.

Poor Weight-Gain During Pregnancy

Serious nutrient and energy deficiencies, and intercurrent infections, the susceptibility to which is enhanced by the resulting poor nutritional status, are largely responsible for the observed poor weight-gains of mothers in pregnancy. Under such circumstances the mother is considerably weakened by a pregnancy, having sacrificed her body-tissues to produce, albeit a small baby, in many instances. Such mothers would continue to waste post-partum, on account of the heavy drain on her tissues, the fat deposit being small or non-existent, provoked by months of breastfeeding.

A recent study in Gampaha District (1988-89), of 127 pregnant women, conducted by the Medical Research Institute, Colombo, revealed a daily mean energy intake of only 2,050 kcals. per day, compared with the WHO recommended intake of 2,550 kcals. Considering also poor quantitative and qualitative aspects of the diet and the poor health status of the majority of these women prior to pregnancy, it came as no surprise, that 22 percent of these mothers delivered low birthweight babies, (LBW), i.e. weighing less than 2,500 g at birth.

Figure 5.3
Mean Weight-gain in Pregnancy



N.B. The appreciably lower attendance at the 3rd visit has been attributed to the civil disturbances in the country at that time.

The gravity of the health and nutritional situation of these mothers is expressed by the statistic that 46 percent of these mothers who delivered LBW babies, registered a weight-gain during pregnancy of less than 6.0 kg (i.e., less than half the weight-gain observed in mothers of developed countries).

The weights of pregnant mothers were assessed at each of 4 visits to the ante-

natal clinic. Of a population of 214 mothers who made their first ante-natal visit to the clinic, only 147 mothers presented themselves for the fourth and final assessment. The numbers who made their intermediate visits are as indicated in Figure 5.3

The data collected by the Birthweight Surveillance Units, under the supervision of the Family Health Bureau, Ministry of Health and Women's Affairs, have yielded some insights into the problem of low birthweight.

1. General Hospital, Galle (January/February 1989)

a) 24.3 percent of 506 singletons born were of low birthweight; only 10.3 percent of these were delivered by mothers aged less than 20 years. The mothers of 89.7 percent of LBW babies were between the ages of 20 and 35 years.

b) Only 5.9 percent of LBW babies, were born with a gestational period of less than 36 weeks.

c) 54.8 percent of LBW babies were delivered by primigravidae.

2. General Hospital, Anuradhapura (26 June to 19 August 1989)

a) 28 percent of 454 singletons weighed less than 2,500 g at birth; only 3.7 percent of these babies were born to mothers less than 20 years of age.

b) Only 3.3 percent of the LBW babies were born with a gestational age of less than 36 weeks.

c) 51.2 percent of LBW babies were delivered by primigravidae.

3. General Hospital, Batticaloa (15 April to 28 June 1989)

a) 20.5 percent of 487 singletons were of low birthweight; of these 15 percent were born of mothers under 20 years of age.

b) Only 5.0 percent of LBW babies were associated with a gestational age less than 36 weeks.

c) 47 percent of LBW babies were delivered by primigravidae.

4. General Hospital, Badulla (07 October to 30 December 1989)

a) 25.2 percent of 441 infants were born with a low birthweight (LBW). 9 percent of them were delivered by mothers less than 20 years of age. 84.7 percent of LBWs were delivered by mothers between 25-35 years of age.

b) Only 17.1 percent of LBWs were born with a gestation period less than 36 weeks.

c) 50.5 percent of LBW babies were delivered by primigravidae.

The foregoing observations on the data collected through four surveillance centres, point to maternal undernutrition as the major contributory factor to the incidence of low birthweight. Low maternal age, short gestational period and multiparity appear to play lesser roles in the intrauterine growth retardations observed in these studies. The observations made by the Nutrition Department of the Medical Research Institute, Colombo, on the poor weight-gain in pregnancy, also points to maternal undernutrition as the major contributory factor to the incidence of low birthweight.

Monitoring Weight Gain in Pregnancy

The incidence of low birthweight, even among babies born at term is unacceptably high in Sri Lanka. Special studies have documented poor weight-gain during pregnancy. The situation calls for an aggressive preventive approach. Given the reportedly high attendance of mothers at ante-natal clinics, it is both desirable and feasible to initiate programmes to monitor

the weight-gain of pregnant women, with a view to early identification of inadequate weight-gain, so that timely, appropriate and adequate interventions may be set in motion to ensure a satisfactory pregnancy outcome. Many mothers, and an appreciable proportion of MCH workers, appear to be unclear about the extent and role of weight-gain during pregnancy.

In view of the adverse ratio of MCH staff to pregnant mothers, it is imperative that a system of screening involving community participation be introduced to enable the early identification of mothers showing a poor weight-gain, and to monitor the impact of interventions on this group at closer intervals.

A *Weight Gain in Pregnancy Chart*, needs to be designed for regular use in MCH services, throughout the island; its objective would be to help promote adequate maternal weight-gain during pregnancy and thereby contribute to a reduction in the incidence of low birthweight babies. It would also serve as an effective tool in the education of both mothers and health-workers, with regard to the nature and extent of weight-gain in pregnancy in health and under unfavourable circumstances such as poor dietary intakes, anaemia, excessive, unavoidable physical exertion, etc.

As in the case of the intervention-linked *Child Health Development Record*, the reduction in the incidence of LBW will depend on the speed with which, and the extent to which the maternal nutritional deficits are wiped out.

Iodine-Deficiency Disorders

Iodine-deficiency disorders (IDD) have long been known to be more prevalent in the south-west sector of Sri Lanka, where goitre is endemic. The depletion of soil-iodine through leaching, on account of the heavy annual rainfall received in this sector, has been identified as the major contributory factor. Dietary surveys suggest a minor role for goitrogens.

Recent surveys of goitre prevalence indicate an extension of the incidence of IDD beyond the boundaries of the wet zone of the country. It may be of interest to investigate the role, if any, of pesticides in the aetiology of iodine-deficiency disorders; the indiscriminate use of highly toxic pesticides, pre-harvest and post-harvest, is reportedly on the increase.

Prevalence of IDD Among School Children

Studies[1] covering a composite population of 59,158 school children, between the ages of 5-19 years, drawn from 87 schools in 17 of 24 districts (1986-87), revealed the situation depicted in the Map of Goitre Prevalence. (Figure 5.4)

The Prevalence of IDD Among Pregnant Women in Kalutara District

The following results, Table 5.3, are from a study of 1,641 pregnant women carried out between 1987 and 1989, by the Medical Research Institute, Colombo, in 5 Health areas of Kalutara District. The observed levels of goitre-prevalence are high.

Biochemical investigations indicated that serum tri-iodothyronine and tetra-iodothyronine levels were within normal limits. Thyroid-Stimulating Hormone levels were observed to fluctuate, suggesting variations in the generally inadequate levels of iodine intake. Table 5.4 shows the prevalence rates of goitre according to age, sex and grade of goitre, amongst the school children studied.

Prevention and Control of IDD

Iodine-Deficiency Disorders in Sri Lanka display a wide geographic distribution. This factor, taken together with the magnitude of the problem, calls for a major and sustained intervention. 76 percent of the island's population live in the Iodine Deficient Zone. A joint-proposal of the Ministry of Health and the National Salt Corporation to iodate all salt produced in Sri Lanka was approved in 1990 by the National Health Council.

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[1] Malcolm Fernando, *Asia and Pacific Journal of Public Health* 1989 (Vol.3, No.2.)

Table 5.3
Goitre Percentage Prevalence by Age, Sex and Grade*

Sex	Goitre Grade	Age 5-12	13-18	19 and Over
Male	1(a)	10.4	12.4	9.9
	1(b)	1.8	3.1	4.5
Female	1(a)	13.3	18.1	19.0
	1(b)	3.1	9.6	12.6

** ICCIDD Classification.*

Investigations showed that the quality of salt produced was suitable for direct iodation following the necessary crushing; the expensive step of refining salt may, therefore, be skipped. The recommendation is for the iodation of salt (at the pre-packing stage) at 50 ppm potassium iodate, to ensure the required level of iodine at the stage of consumption. Standard 5 tons-per-hour, UNICEF-designed Spray Mix iodation plants have been recommended for the purpose.

The situation of mothers and children described in this chapter and the interrelated determinants of under-nutrition depicted in figure 5.1 calls for the convergence of appropriate multiple inter-ventions on the target population groups.

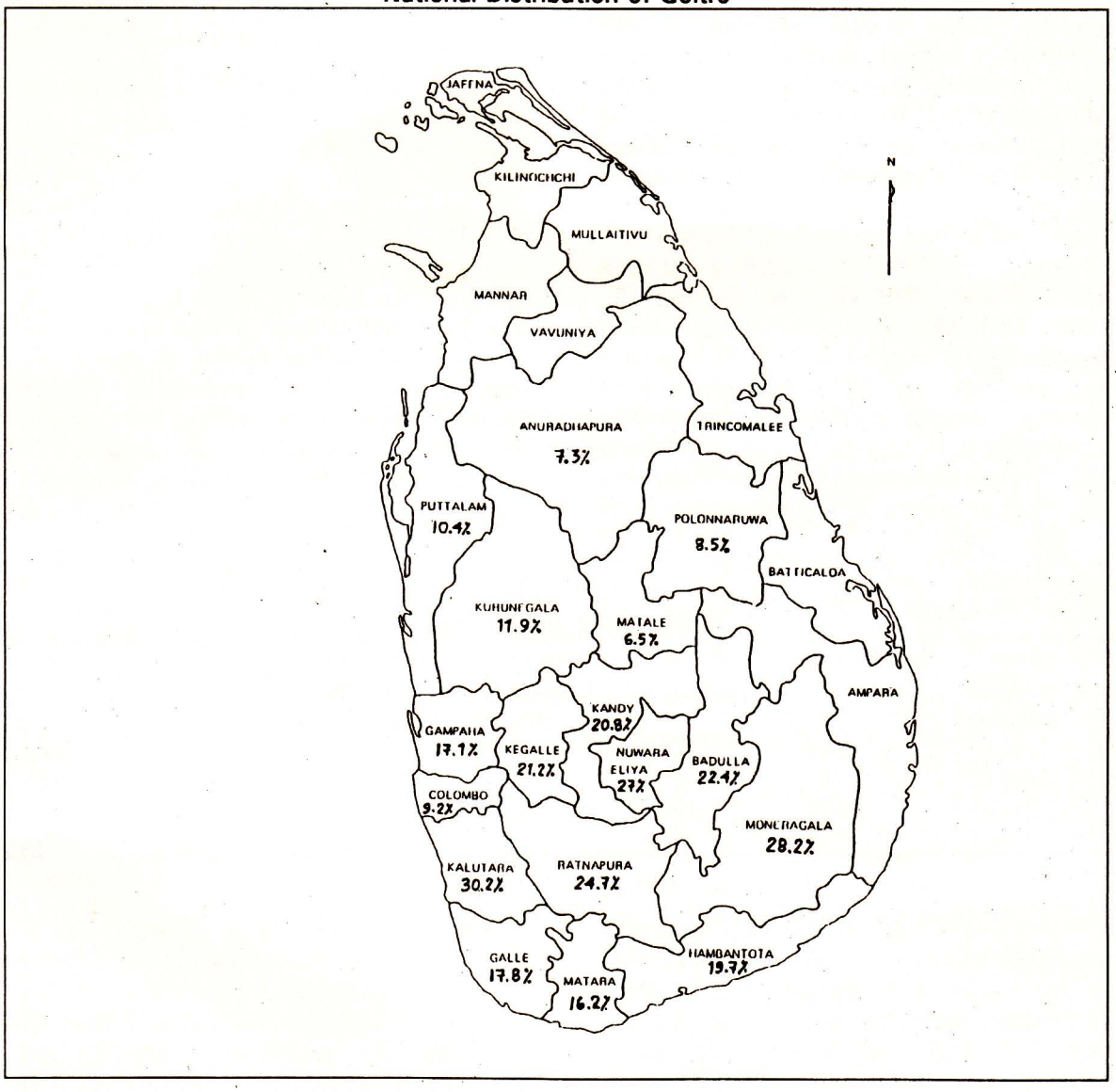
Table 5.4
Prevalence Rates and Grades of Goitre in Kalutara District
(percentage of prevalence)

Health Area	No. mothers Examined	Grade of Goitre*				
		0	1a	1b	2	3
NIHS **	376	51.1	14.6	13.6	13.3	6.9
Panadura	418	43.8	15.1	14.6	18.4	8.1
Horana	275	23.3	17.5	19.6	27.6	12.0
Matugama	249	37.3	11.2	18.5	20.9	12.1
Agalawatte	323	28.5	16.4	15.2	27.2	12.4

* Grade WHO/ICCIDD Classification
0 No Goitre.
1A Thyroid lobes larger than ends of thumbs.
1B Thyroid enlarged, visible with head tilted back.
2 Thyroid enlarged, visible with neck in normal position.
3 Thyroid greatly enlarged, visible from about 10 metres.

** Health area under the jurisdiction of the National Institute of Health Sciences, Kalutara.

Figure 5.4
National Distribution of Goitre



HEALTH

Introduction

Sri Lanka has achieved exceptional health gains during the past five decades. The reasons for this success relate to policies introduced during the 1940s, when a health service was planned around the concept and principles of Primary Health Care later enunciated in the Alma Ata declaration of 1978. A domiciliary service for mothers and a special Maternal and Child Health service utilising field Public Health Midwives, MCH clinics and institutional care at delivery were features of a health care system which prioritized the needs of mothers and children, giving due recognition to their vulnerability.

This is also the pattern among certain social classes such as rainfed cultivators, urban slum and shanty dwellers, new settlers and the plantation workers and among families where women lack education and are illiterate.

The reasons for how Sri Lanka has coped with the problems of child survival inspite of deficiencies in the growth and development of those children who managed to survive infancy is still subject to investigation. Factors such as the widespread network of health services, specifically universal child immunization, immunization and antenatal care, high level of institutional deliveries, high female literacy, and levels of birth spacing, subsidised food and transport by the State, have all contributed to a safety net of services which have provided support to reduce the numbers of infant, child and maternal deaths.

Table 6.1
Infant Deaths 1980 - 1985

	Under one week	% of total infant deaths	% of total neonatal deaths	1 week & 1 month	1 month & 12 months	Total infant deaths
1980	6507	45.2	72.5	2473	5411	14391
1983	5390	46.9	76.8	1624	4478	11492
1984	5274	49.5	76.0	1661	3714	10649
1985	4891	51.9	77.3	1434	3090	9415

Source: Medical Statistician

Today, despite a per capita income of US419, Sri Lanka has an IMR of 19.4 per 1,000 live births, an expectation of life at birth of 67.8 for men and 71.7 for women, and a Crude Death Rate of 5.8. However, this favourable overall situation exists in parallel with morbidity and ill health rate as high as other poor countries. The pattern of disease is that of a preventable nature due to known causes. These include both maternal and child undernutrition, anaemia, diarrhoeal diseases, dysentery, acute respiratory tract infections and malaria, among other infections. Mortality and morbidity levels are probably higher than in the rest of the district in certain pockets of poverty at the level of the AGA divisions.

However, the problem of poverty has contributed to worsening morbidity problems due to lack of access to nutritious food, poor sanitation and access to safe drinking water, and an unhealthy environment. Behavioural patterns connected with ignorance about hygiene probably may aggravate the situation. Since overall district information on IMR does not reflect the intradistrict pockets of areas of poor survival, indicators such as numbers

of food stamp beneficiaries can be helpful in terms of identifying those AGA divisions which are most affected by poverty and where problems of child survival and development exist to a greater degree than elsewhere.

Child Survival and the Mother

The survival of infants is intimately connected to maternal health and well-being. Over 60 percent of all infant deaths occur during the first 28 days of life, and the majority during the first week. (See Table 6.1).

levels for the country as a whole, are still considerably disparate between subgroups of the population. There are some subgroups who experience considerably high mortality levels among children. Characteristics identified in recent surveys as being closely associated with levels of mortality are education and place of residence.

Polonnaruwa, Mullativu, Ampara are the districts of lowest mortality, while Nuwara Eliya stands out as the area of highest mortality. The neighbouring Badulla, Ratnapura, Kandy and Colombo are other

Table 6.2
Leading Causes of Infant Mortality, 1985

Cause	Number	%
Certain perinatal conditions	5231	54.1
Slow fetal growth, fetal undernutrition and immaturity	2938	30.4
Other conditions originating in the perinatal period	1172	12.1
Hipoxia,birth asphyxia and other respiratory conditions	904	9.3
Diseases of the respiratory system	1133	11.7
Pneumonia	683	7.1
Bronchitis chronic and unspecified emphysema and asthma	175	1.8
Acute bronchitis and bronchitis	170	1.8
Signs, symptoms and ill-defined conditions	1060	11.0
Other signs, symptoms and ill-defined conditions	663	6.9
Convulsions	315	3.3
Infectious, bacterial, viral and other parasitic diseases	591	6.1
Ill-defined intestinal infections	260	2.7
Septicaemia	193	2.0
Tetanus	40	0.4
Diseases of the nervous system	397	4.1
Meningitis	246	2.5
Encephalitis, myelities, encephalomyelitis	100	1.0
Congenital anomalies	220	2.3
Congenital anomalies of heart and circulatory system	143	1.5
All other causes	1042	10.7
Total	9647	100

Source: Registrar General's Department

The infant mortality rate has declined from 34.4 deaths per 1000 births in 1980 to 19.4 by 1988, accompanied by a drop in the neonatal mortality rate from 22.7 to 16.2 deaths per 1000 live births by 1985. (See chapter 2 for overall trends)

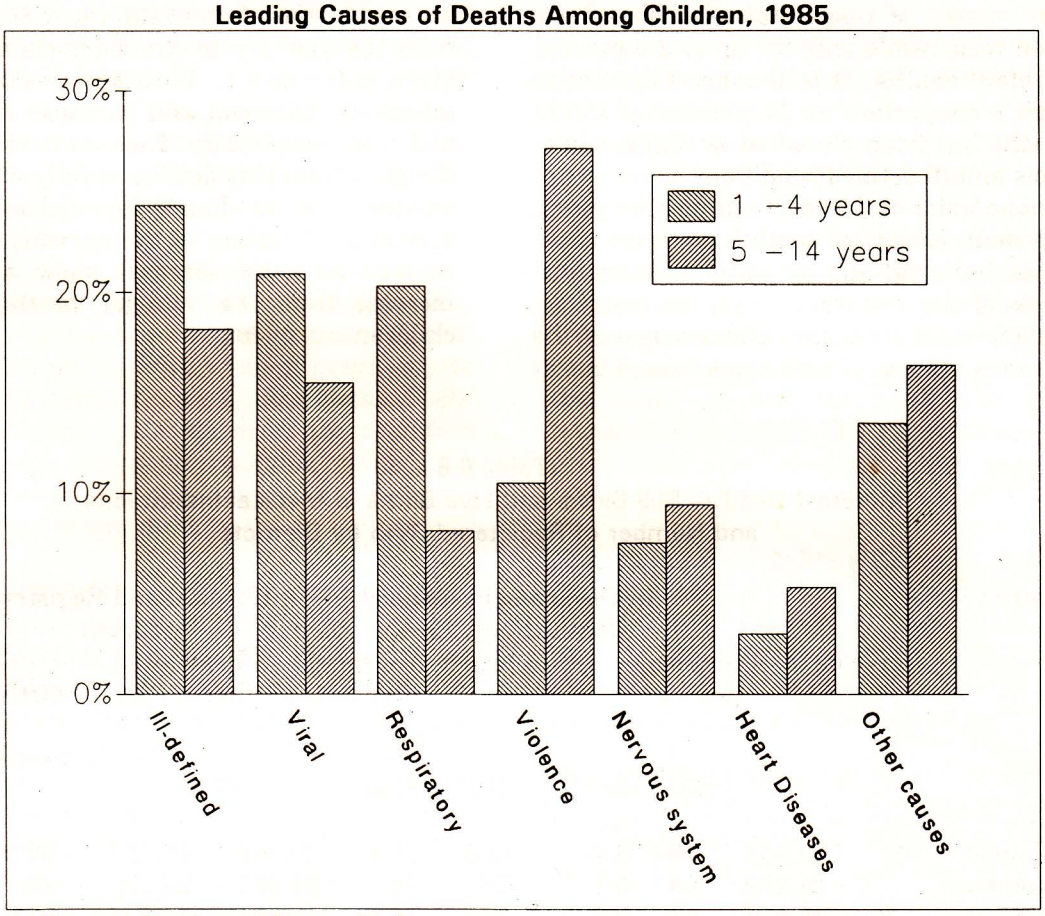
Mortality Variation Among Subgroups

Both infant and child mortality, which have been brought down to reasonably low

districts at the upper end of the range having rates over 20 deaths per 1000. Maternal mortality has been low at less than 1 per 1000 during the last decade. Between districts, it has ranged from near zero to about 1.3 per 1000 in 1985.

A high mortality zone exists with a core in Nuwara Eliya district, followed by the surrounding full circle of districts Kegalle, Kandy, Badulla, Ratnapura with an arm

Figure 6.1
Leading Causes of Deaths Among Children, 1985



Source: Registrar General's Department

extending westward to Colombo. There is gradation from this high mortality circle to the belt of south-western coastal districts down to Matara and to the north-western and central plains and a further gradation to the eastern and south-eastern districts, which are the lowest mortality areas. Thus, there are areas of high death rates, considerably high infant mortality rates ranging from 25 to 45 deaths per 1000 live births and high neonatal mortality rates ranging from 20 to 30 per 1000 births. This high mortality zone spans about 15 percent of the country's land area, but a significantly large one third of the total population which include the urban poor in the city and towns of Colombo and the estate workers.

The cause group "certain conditions originating in the perinatal period" has been the largest: more than one half of all infant deaths, 54.1 percent, has been fetal growth, fetal undernutrition and immaturity which had resulted in 2938 or 56.2 percent of all deaths in this group. Among the respiratory diseases, the single most numerous cause has been pneumonia, 683 deaths, followed by forms of bronchitis, 345. It is noteworthy that diseases of the upper respiratory tract have been very small in number. Infectious, viral bacterial and other parasitic diseases have claimed 6.1 percent of all deaths.

Prominent among these have been septicaemia (193 or 32 percent of the group). Prominent among other causes are diseases of the nervous system (4.1 percent), mostly meningitis and encephalitis which have caused 246 and 100 deaths respectively. Thus, a significant proportion of infant deaths has been due to preventable conditions such as infectious, viral, bacterial and other parasitic diseases, and diseases of the

respiratory system which together constituted 8 percent of all infant deaths. Hard core causes of congenital anomalies have been responsible only for up to 2-3 percent of infant deaths. It is disconcerting that as high a proportion as 11 percent of infant deaths has been classified as signs, symptoms and ill defined conditions.

Among older children of one to four years, the main causes of death have been infectious, bacterial and parasitic diseases, diseases of the respiratory system, homicide, violence and accidents, and diseases of the nervous system. These same causes but at different magnitudes are responsible for the majority of deaths among the 5 to 14 years old. Variation of the cause structure from the younger to the older children in given in figure 6.1. With age, deaths from infectious, bacterial and parasitic diseases and from respiratory diseases decline but the gain from this decline is fully offset by an increase in homicide, violence and accidents. Diseases of the nervous system as well as heart diseases show a slight increase from the younger to the older children.

Table 6.3
Maternal Deaths, Still Births and Live Births in Medical Institutions and Number of Registered Birth by Districts

District	In Government Medical Institutions, 1989					Hospital and Registered Births		
	Live births	Maternal deaths		Still births		Hospital live births	Registered live births	% of births in gov't hospitals
		No.	rate	No.	Rate			
Colombo	33,658	15	0.4	666	19.4	29,367	43,727	67.2
Gampaha	21,279	03	0.1	363	16.8	21,163	23,370	90.6
Kalutara	16,014	04	0.2	267	16.4	17,194	18,894	91.0
Kandy	21,393	22	1.0	581	26.4	23,630	30,233	78.2
Matale	8,149	04	0.5	135	16.3	9,390	10,628	88.4
Nuwara Eliya	6,195	14	2.3	231	35.9	5,882	18,012	32.7
Galle	17,105	07	0.4	315	18.1	17,561	19,631	89.5
Matara	14,071	07	0.5	400	27.6	16,419	19,847	82.7
Hambantota	8,861	01	0.1	70	7.8	10,063	12,327	81.6
Jaffna	14,722	12	0.8	420	27.7	16,982	22,182	76.6
Killinochchi	2,028	02	1.0	45	21.7			
Mannar	2,153	07	3.2	73	32.8	1,399	2,626	53.4
Vavuniya	1,522	-	-	30	19.3	1,497	2,364	63.3
Mullaitivu	1,101	-	-	19	17.0	1,364	2,355	57.9
Batticaloa	5,770	08	1.4	155	26.2	5,560	11,537	48.2
Amparai	7,469	-	-	169	22.1	7,349	13,893	52.9
Trincomalee	3,128	02	0.6	109	33.7	2,934	6,850	42.8
Kurunegala	25,575	20	0.8	461	17.7	28,215	30,554	92.3
Puttalam	10,640	04	0.4	157	14.5	12,862	15,170	84.8
Anuradhapura	13,771	06	0.4	240	17.1	12,945	16,074	80.5
Polonnaruwa	4,703	-	-	66	13.8	5,598	7,021	79.7
Badulla		11	1.0	354	32.4	10,812	15,969	67.7
Moneragala	5,736	02	0.3	84	14.4	5,728	9,016	63.5
Ratnapura	18,708	09	0.5	458	23.9	17,482	23,911	73.1
Kegalle	10,097	04	0.4	175	17.0	11,574	13,412	86.3
Sri Lanka	**284,405**	**164**	**0.6**	**6043**	**20.8**	**292,970**	**389,599**	**75.2**

The underlying and often direct causes of these deaths relate to the health and quality of care during the pregnancy and delivery, and the immediate care of the newborn infant. Furthermore, the consequences of maternal ill health and poor quality maternal care are reflected in a high risk of impaired function and disability among surviving newborn infants.

A large proportion of infant deaths and disabilities have their origin in the perinatal period from the 28th week of pregnancy to the end of the first week after birth. These are primarily determined by the condition of the pregnant woman and the circumstances of the birth, rather than the condition of the child.

Low birthweight could be a major contributory factor in neonatal mortality, and also an important factor to the risks of dying from diarrhoeal diseases, measles or respiratory infections. While post-neonatal mortality (deaths between 1 and 12 months) is an outcome of child rearing practices, neonatal and perinatal mortality are linked to the environment of the foetus in the womb and are therefore directly connected with maternal health.

Common causes of perinatal deaths include intra uterine and birth asphyxias, low birth weight due to prematurity or intra-uterine undernutrition, birth trauma and intra or neo natal infections. Low birthweight infants are also particularly vulnerable to loss of body heat, and hypothermia is a major contributory cause of neonatal death among these infants. Low birth weight is closely linked to maternal undernutrition, but other important factors include prematurity (often caused by mothers continuing to undertake heavy work during pregnancy), maternal disease, high blood pressure and infections which include malaria and sexually transmitted diseases. The most important factor in maternal undernutrition is the effect of too many and too frequent pregnancies. Causes of neonatal deaths also include those of perinatal deaths - *sequelae* of birth trauma being an important one.

Neonatal infections are often related to unhygienic delivery practices which cause pneumonia or general sepsis in infants. In Sri Lanka where 73 percent of children are born in institutions, it is not a major cause, although there is reason to believe that the prevalence of infection in smaller peripheral institutions exist due to lack of adherence to correct sterilizing processes. TBAs also exist in pockets of areas in Batticaloa, Mannar, Anuradhapura, Vavuniya and Ampara. Neonatal tetanus was high in the 1970s when 40 percent of the cases of tetanus were neo natal tetanus. Today, with the TT immunization programme for mothers, the neonatal tetanus death rate has declined.

The neonatal mortality also varies at inter-district level with high levels in Nuwara Eliya, Kandy, Colombo, Ratnapura and Badulla. In 1989, the number of maternal deaths was 164 as reported in government medical institutions (See Table 6.3).

The Maternal Mortality Rate (MMR) for the year 1985 was 0.5. Highest maternal mortality rate was recorded from Mullaitivu district (1.3) followed by Kurunegala (0.9). Districts of Mannar and Kegalle had not reported maternal deaths in 1985. Ten districts had reported a MMR higher than the national figure. Hospital statistics reveal a MMR of 0.6 for 1989. On the average about 90 percent of the maternal deaths and 80 percent of the total registered births of the country occur in government medical institutions. Therefore, the hospital MMR may be used in the absence of an official figure.

Although there is reason to believe that there are numbers of adolescent pregnancies taking place, no reliable data available on this. Abortions among adolescent girls is a growing problem in urban areas.

Risks to maternal health begin with the health and nutrition status of the mother in her early childhood. Stunting in childhood coupled with low body weight, and anaemia coupled with poorly spaced childbearing and inadequate support

during pregnancy are major contributory factors to maternal morbidity and mortality. In Sri Lanka half the school children and one-third of pre-schoolers are chronically underserved. This is coupled with high levels of anaemia caused by iron deficient diets, hookworm, and malaria.

A large number of maternal deaths have been prevented by the high level of institutional care at delivery, and home level maternal care with 4,000-6,000 PHMs - one per approximately 2,000 population. However, the challenge in the next decade is to preserve this level of care and also improve qualitative aspects inspite of economic constraints. Increased literacy among women and also family spacing are other contributory factors.

assisted deliveries occur in geographical pockets among disadvantaged groups. Out of 15,700 home deliveries, 31.5 percent received untrained assistance. The central level Task Force on UCI which functions under the Secretary, Ministry of Health continues to monitor and investigate maternal deaths. This mechanism has led to great improvements in terms of reducing preventable cases of maternal deaths. New areas targeted for special attention include the Puttalam, Matara, Ratnapura and Badulla districts where the preventable cases of maternal deaths have been high.

77.3 percent of pregnant women are registered by Public Health Midwives. 58.5 percent of these were under 4 months and 8.9

Table 6.4
Contraceptive Methods Percentage of Currently Married Women

Contraceptive Method	**1975**	**1982**	**1987**
Modern Methods			
Vasectomy	0.7	3.7	4.9
Tubectomy	9.2	17.0	24.9
IUCD	4.7	2.5	2.1
Pill	1.5	2.6	4.1
Injection	0.4	1.4	2.7
Condom	2.3	3.2	1.9
Total	18.8	30.4	40.6
Traditional Methods			
Rhythm	8.0	13.0	14.9
Withdrawal	1.5	4.7	3.4
Others	3.7	6.8	2.8
Total	13.2	24.5	21.1
All Methods	32.0	54.9	61.7

Source: World Fertility Report 1975. Contraceptive Prevalence Survey Report 1983; and Demographic and Health Survey Report 1988

National level concern regarding maternal health is now being looked upon more in terms of safe motherhood. Family spacing is an integral component of the package of maternal services being provided through the MCH services infrastructure. The average crude birth rate is 21.3 percent and the total fertility rate 3.4 percent. Average age of marriage for females is 24.4. Eighty per cent of deliveries in Sri Lanka take place in health institutions through the assistance of trained personnel. However, the quality of care being provided needs to be improved. TBA

percent over 6 months. Efforts continue to be made to improve supervision, particularly at field level in terms of proper labour room practices and effective antenatal care. Support has been provided for iron supplementation of pregnant mothers,, since anaemia is the common complication of pregnancy.

Assistance has also been provided to improve screening to identify risk factors and ensure that appropriate follow up action is taken. 60-70 percent of the causes of maternal morbidity and mortality

continue to be preventable connected with haemorrhage, anaemia, sepsis, obstructed labour and toxemia. Malaria also continues to contribute to maternal morbidity in endemic areas. Out of the total deliveries reported by PHMs, still births accounted for 1.6 percent and 1.7 percent were abortions. Abortions are under-reported due to the fact that they are illegal.

Table 6.5
Colombo EPI Coverage Survey 1989

Coverage % (with cards only)	
BCG	100
DPT 1	100
DPT 2	98.1
DPT 3	95.7
OPV 1	99.5
OPV 2	99.0
OPV 3	95.7
Measles	91.0
Fully immunized without Measles	95.7
Fully immunized with Measles	91.0
Pregnant Women TT Protection	90.5

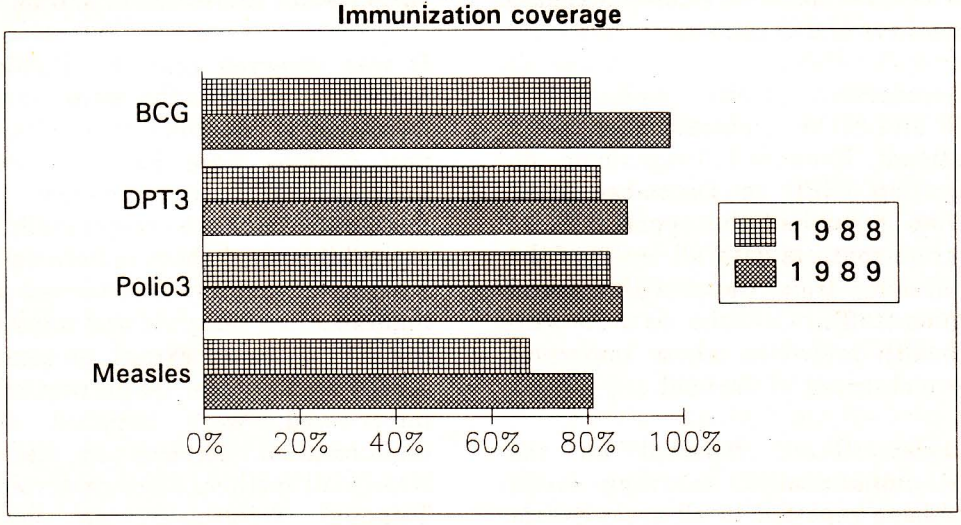
Immunizeable Diseases

The declaration of UCI in December 1989 was the most important milestone in the history of immunization in Sri Lanka. This achievement was especially commendable as it was accompanied at a time when the country encountered serious civil unrest and conflict in the Northern, Eastern and Southern parts of the island. A tremendous national effort was undertaken to realize UCI targets.

Since cluster sample surveys proved to be impractical during civil disturbances, an alternative approach to verify the coverage was introduced and conducted by the Ministry of Health in November, 1989. This was based on the records of birth and immunization register submitted by all the 120 MOH (Medical Officer of Health) areas. The results of the verification showed substantial increase of immunization coverage compared with the previous year.

There were four (4) cases of poliomyelitis reported from Kegalle, Kurunegala, Gampaha and Batticaloa divisions (one each) in 1989. Three cases were in children, under 5 years of age. One was a mother aged 26 years, whose children were immunized with oral polio vaccine six weeks prior to the date of onset of the disease. No cases of diphtheria were reported during the year under review. Cases were not reported since 1987.

Figure 6.2
Immunization coverage



There was an increase in the number of pertussis cases reported from hospitals in 1989. Sixty one (61) cases were reported compared to the 25 cases in 1988. Most of these cases were in the older age group. Attempts to confirm the diagnosis bacteriologically of these cases were not successful.Nineteen cases of neonatal tetanus were reported during 1989, compared to 44 cases in 1988.

Though the reported cases of measles annually for the past 10 years fluctuated around 6,000 cases, the incidence dropped since the introduction of the measles immunization islandwide in 1985. 780 cases were reported in 1988, giving a rate of 4.6 per 100,000 population. This is the lowest number reported. The possibility of under reporting should be taken into consideration interpreting the reported incidence.

Measles immunization was incorporated in the Sri Lanka EPI in the latter part of 1984 and countrywide implementation commenced in mid 1985. An EPI Coverage Assessment Survey carried out during the EPI/CDD Review in February 1986, shortly after the introduction of Measles vaccine in the EPI showed that in the Kurunegala, Kandy and Galle Health Divisions measles coverage in children 12-35 months was between 50 percent - 60 percent. This high coverage relatively soon after its introduction indicates that Measles vaccine has been readily accepted by the mothers of this country.

The Government jointly with WHO, UNICEF and SIDA conducted a review of the National Expanded Programme on Immunization (EPI) in December 1989. The review team had the opportunity to benefit from contacts with all levels of the health system, from those with central programme staff in Colombo, to those with public health midwives whose important roles were observed in the field.

The Review Team reported on the excellent immunization coverage levels that had been reported in all areas except those affected by repeated unsettled situations. Even in troubled areas, vaccination coverage was reported to be relatively good. This was mainly due to the hard work of the Public Health staff and Health Volunteers who helped them in the community, the positive response of the mothers and to the good co-operation between the Departments of MCH and Epidemiological Unit.

The surveillance of EPI diseases was identified as an area needing improvement. Poor reporting procedures of some EPI diseases, as well as lack of action at the Regional/Medical Officer of Health levels (when diseases are reported) created an unclear picture of some EPI diseases. Non-availability of Regional Epidemiologists in many regions was a contributory factor although available data show a major reduction of EPI diseases except tuberculosis. However, these findings need to be further supported by better surveillance activities.

The review indicated that the cold chain was working reasonably well, except in one area. Frequent interruption of the supply of electricity due to the unsettled situation were noted as a serious threat to the safe storage of vaccines in several areas.

Staff shortages in many disciplines were noted. These were often, but not always, related to the prevailing situation. Short term solutions were found in some situations, e.g. nominal payments to the rural Health Assistants in Jaffna.

It was observed that the Public Health Midwives served as the main sources of information on immunization. Other important sources were hospitals, radio and interpersonal communication between mothers. Mothers were generally found to be well informed about immunization. The majority of mothers interviewed knew the immunization schedule and named most of the EPI diseases except in some under-served areas. Over 90 percent of mothers interviewed, were satisfied with the immunization services in their areas. Nearly all mothers were protected against Tetanus. However, no special immunization card was available to confirm it.

The review team felt that coverage levels may drop slightly in the next 2-3 years in those areas that have benefitted from the large input of both local and external resources in the past two years. But it was also mentioned that the manner in which the EPI programme has been developed in Sri Lanka lends itself to long term sustainability. The full integration of the Family Health Bureau, the Epidemiological Unit and the Maternal and Child Health Services is a model for other countries to follow. However, the level of government commitment - especially financial and human resources needs to remain at present levels. At the very minimum it must remain at its present level corrected for inflation in future years, if a level of coverage now achieved is to be sustained in the long term.

The emergency situation caused by prevailing unrest in the Northern and Eastern provinces began again in June 1990. This is a serious constraint to project implementation. It has posed threats to social life as well as the delivery of essential services such as Health. Remedial action is being taken to cope with the emergency situation. Immunizations are being carried out in all refugee camps in the North and East. Special efforts are being made to ensure that vaccines, syringes, needles, etc, are transported to these camps. Communication activities are being stepped up to ensure that the demand for immunization continues despite civil unrest.

Gastro-Intestinal Infections

Diarrhoeas

It is often coupled with undernutrition and could be regarded as having synergistic effects on undernutrition. There has been a reduction in the total number of diarrhoeal diseases reported in 1988 by 16,500 cases from the previous year.

The average number of admissions annually to government hospitals is approximately 130,000 - 145,000. It is the fifth leading cause of hospitalization (all ages 1988). It should be noted that only the more severe cases are generally admitted to hospital. It is estimated that for every case admitted to hospital ten cares would seek treatment from the Out Patients' Department of government hospitals. An unknown number of cases will seek treatment from General Practitioners, Ayruvedhic Practitioners and others. Excluding admissions for normal deliveries, approximately 6-7 percent of all admissions in government hospitals are for diarrhoeal diseases. An informal survey of paediatric wards in general hospitals revealed that 20-30 percent of beds are occupied by children with diarrhoea.

As the ages of hospital admissions are not routinely reported, a special analysis of hospital records is required to determine the age distribution of hospitalized cases of diarrhoeal diseases. Two studies, one in a urban hospital and the other in a rural situation, were carried out a few years ago. At Colombo North Hospital, 22 percent of diarrhoea admissions were under one year of age, 25 percent were between 1 and 2 years and 8 percent were between 2 and 3 years of age. Thus 55 percent of the admissions due to diarrhoeal diseases were children 3 years of age or less. At the Kayts hospital in the Jaffna district, 22 percent of all admissions for diarrhoea were less than 2 years of age and 31 percent were less than 5 years of age. Thus, 53 percent of the diarrhoeal admissions were under 5 years of age. Though this data is inadequate to generalize for the country, approximately 50 percent of diarrhoeal admissions are among infants and young children.

Diarrhoeal diseases rank as the third leading cause of death among infants in the country. The number of diarrhoeal deaths in government hospitals in 1988 declined to 822 (rate 4.9/100,000 population) from 1016 (rate of 6.0 per 100,000 population) in the previous year and the case fatality rate for hospitalized cases in 1988 was 0.6/100 admissions. This reduction in mortality could be attributed to better case management and early rehydration of the child with diarrhoea. 48.5 percent of all reported deaths due to

diarrhoeal diseases affect children under 5 years of age. 46.5 percent of these deaths occur in infants. Approximately 25 percent of all deaths under 5 years of age are due to diarrhoeal diseases.

Local ORS, trade name *Jeevanee*, is being produced by the State Pharmaceuticals Corporation since early 1984 using a semi automatic machine. The composition which is of the standard WHO formula contains bicarbonate, but a change to citrate is being contemplated. The original production capacity of 600,000 one litre packets annually has been doubled with the introduction of a second dosing machine.

Table 6.6
Estimated ORT Use Rate and Mortality Reduction 1987 - 1990

	1987	1988	1989	1990
Estimated population (in millions)	16.49	16.79	17.09	17.39
Estimated population under 5 years (in millions) i.e. 12.5 percent	2.06	2.10	2.14	2.18
*Estimated annual diarrhoea cases under 5 years (in millions)	2.884	2.940	2.996	3.052
Estimated annual diarrhoea deaths (CFR 0.1 percent)	2284	2940	2996	3052
ORT use rate percent	30	40	50	60
Effective ORT use rate percent	40	50	60	70
Diarrhoea deaths averted	232	394	602	859
**Mortality reduction	10%	15%	20%	30%

**Under 5 children would have 1.4 episodes/year - based on MMT surveys (Median value).*
***Rounded off.*

The present policy on case management is to use home available fluids as the first line of treatment (rice conjee, coconut water, tea, fruit juices) and ORS to be used for cases with mild/moderate dehydration. However, ORS would be issued to patients seeking treatment at health facilities. It is also recommended that Ringers' Lactate be used as the single effective I V fluid in cases with severe dehydration. Antibiotics are only recommended for treatment of cholera and severe dysentery.

Public health staff educate mothers at the MCH clinics on diarrhoea management in Urban areas, while ORS is available free of charge to patients at the Municipal dispensaries.

The packet is distributed free through health institutions/workers costs the government sector Rs.3/- (USD 0.9) per packet while the one available through the commercial outlets costs the patient Rs.5/- (US$ 0.12). A 200ml plastic cup (to measure the required amount of water) is given free of charge to any person purchasing a packet of ORS. The

Table 6.7
ORS Production and Deliveries

	Production		Deliveries	
Year	MSD (Govt)	Commercial	MSD (Govt)	Commercial
1984	438,511	-	375,964	-
1985	603,479	171,500	599,579	86,950
1986	411,505	170,960	400,655	212,050
1987	489,557	268,170	498,382	257,800
1988	428,875	323,605	445,325	324,500
1989	377,860	311,570	408,300	324,172
Up to end October 1990	452,495	337,465	394,230	395,500

programme advocates the use of home available fluids for the prevention of dehydration due to diarrhoea and the use of ORS for treating cases with mild/moderate dehydration.

Though a detailed evaluation of the first phase of the motivational campaign has not been undertaken, two surveys on CDD have been conducted by the Epidemiological Unit of the Ministry of Health in 1990. The CDD Household Survey was conducted in March 1990 in the Colombo Municipal area with a sample size of 15,000 households. This survey has revealed the ORT use rate at 58.4 percent and correct ORS preparation rate at 71 percent. The other, a survey on "Diarrhoeal Diseases Morbidity and Mortality and Treatment" was conducted in July 1990 in the Dehiwela-Mount Lavinia Municipal area. It covered a sample of 2,000 households. The results of the survey have shown that 96.6 percent of the mothers were aware of ORS (Jeevanee) and that 61.4 percent of them had used it. However, both these surveys revealed that a high percentage of patients (about 55 percent) had sought treatment from the private practitioners who had prescribed anti-diarrhoeals. Lack of basic sanitation facilities and safe water continue to be two of the main causes for the high incidence of diarrhoea. A recent study conducted by the Ministry of Health has revealed 39.3 percent of the 2,873,037 households surveyed had no latrine facilities.

Since more than 70 percent of all deliveries occur in health institutions, this forms an important contact with the mother to promote breast feeding. Linkages have been established with other concerned units in the Ministry of Health (e.g. Nutrition Division, Health Education and Family Health Bureaus) in promoting breast feeding, proper weaning and feeding practices during and after episodes of diarrhoea. Breast feeding is being promoted by all health staff whenever they come into contact with mothers at MCH clinics, health facilities and during home visits. An encouraging feature is that in recent surveys it was revealed that more than 95 percent of the mothers stated that they would continue to breast-feed a child without interruption during diarrhoea.

There is continued promotional effects to advocate personal and domestic hygiene, and washing of hands with soap and water after use of the toilet and before preparation and partaking of meals, protection of food from flies and proper disposal of refuse and faeces.

Problems and constraints in the national CDD programme include indiscriminate use of antibiotics, use of other drugs in the treatment of diarrhoea, poor laboratory support for the programme, poor surveillance and notification of diseases results, and shortage of staff. Lack of a universally available measure for the preparation of ORS is another constraint.

The presently available ORS packets have to be re-constituted in a litre of water. A container to measure a litre of water poses a problem. What is advocated now is to use 2 1/2 bottles of water using a commonly available 400 ml mineral water bottle. A container survey is being currently conducted to determine the most commonly available container available in homes.

Cholera

Cholera after being absent for several decades, struck in epidemic form in 1973. No cases of cholera have been reported from 1983 to 1987. In 1988, however, 156 cases of cholera (bacteriologically confirmed) with 11 deaths were reported from the Health division of Jaffna. The earliest cases were among persons returning to the country from the State of Madras in India. However, it was possible to confine this outbreak to this health division only, and no cases of cholera were reported in 1989 in any part of the country.

Dysentery/Shigellosis

Bacillary dysentery due to Shigella Dysentery type I was first reported in April 1976. Since then, outbreaks have been reported annually. This disease is

now endemic in all parts of the country, and is the biggest problem among all the diarrhoeal diseases in the country. Several small scale outbreaks of bacillary dysentery were reported from different areas of the country during 1988. The emergence of strains resistant to the commonly available antibiotics is a continuing problem.

Acute Respiratory Tract Infections

Diseases of the respiratory system is the second leading causes of hospitalization in the country as a whole, and the first leading cause of hospitalization in 8 districts. Unfortunately, this data is not available by age groups to show the problem of ARI in children.

A Survey of Morbidity Patterns and Drug Requirement at Primary Health Care Level has been carried out during 1987 in three regions - Anuradhapura, Ratnapura and Kegalle. This study revealed that approximately 25 percent of the visits to the OPD were due to infectious and parasitic diseases followed by diseases of the respiratory system (18 percent). It also showed that the ARI is the first leading cause of OPD attendance in children age less than one year.

Since diphtheria and pertussis are notifiable diseases under the Quarantine and Prevention of Disease Ordinance, these diseases are regularly notified from the institutions treating these patients to the Local Health Authority (Medical Officer of Health and through him to the Epidemiological Unit of the Ministry of Health. Reliable and recent data regarding morbidity due to these diseases are available in the Epidemiological Unit.

Acute Respiratory Infections together with diarrhoeal diseases, undernutrition and related diseases are the major causes of mortality and morbidity among children in Sri Lanka. Acute respiratory infections could aggravate undernutrition as it has synergistic effects.

The general mortality rates by broad disease categories of cause of death by rank order and year for the age groups, less than one year, and 1-4 years show that the diseases of the respiratory system rank 2 for age groups less than one year and 1-4 years. The above data and the age specific mortality rates also indicate clearly that the ARI related mortality is particularly high in children under 5 years of age.

It should be added, however, that data on ARI mortality, particularly in children under 5 years may not be complete. It is a well known fact that pneumonia occurs very often as a complication of other diseases (e.g. diarrhoea, measles) but is not reported as a cause of death. The mortality rate due to ill defined causes is higher or equal to those due to respiratory diseases in infants and children 1-4 years of age groups respectively. There are high ARI mortality rates in the districts of Nuwara Eliya, Kandy and Badulla, where the socio economic status of the population, mostly estates, is low.

Malaria

Malaria has been one of the most important communicable diseases which has had devastating results both economically and socially in Sri Lanka. In 1946, DDT was sprayed in six monthly cycles to all structures in malarious areas until in 1953, WHO introduced the eradication programme which brought down the incidence to 17 cases in 1963. The incidence rose to nearly half million cases in 1969, and resistance was observed to DDT by the vector by 1972. Due to the above reasons, insecticide was changed to Malathion in August 1977 and spraying carried out in three monthly cycles. The incidence dropped to a great extent, but in October 1982 the country experienced an increased incidence which has increased to epidemic proportions since.

Malaria continues to be a major public health problem in Sri Lanka. According to blood film reports during the January to June period, the rates between 1989 and 1990 have been static. The incidence of malignant tertian Malaria has remained relatively high. Five percent of the cases are from among children under 5

Table 6.8
Blood Film Examinations for Malarial Parasite 1970-1989

Year	No. of films	Total	P. Vivax		F. Falciparum & Mixed	
			No	%	No	%
1970	1,541,570	468,197	466,587	99.66	1,610	0.34
1972	1,545,699	132,604	129,109	97.36	3,495	2.64
1974	1,423,010	315,448	289,242	91.69	26,206	8.31
1976	1,400,416	301,946	283,262	93.81	18,684	6.19
1978	968,327	69,685	67,809	97.31	1,876	2.69
1980	803,692	47,949	46,474	96.92	1,475	3.08
1982	1,127,605	38,566	36,967	95.85	1,599	4.15
1984	859,178	149,470	145,711	97.49	3,759	2.51
1985	1,165,698	117,816	104,759	88.92	13,057	11.08
1986	1,496,737	412,521	328,443	79.62	84,079	20.38
1987*	1,952,739	676,769	493,677	72.95	183,092	27.05
1988	1,332,846	383,294	289,055	75.41	94,239	24.59
1989	1,124,400	258,727	192,087	74.24	66,640	25.76

**Excludes Northern and Eastern provinces*
Source : Anti-Malaria Campaign

years and 0.9 percent among infants. 40-50 percent reported positive are from women. Unfortunately, since June this year, due to the situation of conflict, the number of blood film reports has dropped and spraying too has been interrupted. The relatively small inputs by UNICEF under the Anti-Malaria programme have been confined to support for preparation and distribution of communication material and the ongoing pilot project for impregnated bed nets for prevention of Malaria in badly affected areas. Malaria is a contributory cause of the high levels of anaemia among pregnant women and children.

Encephalitis

An epidemic of Japanese Encephalitis occurred in late October 1987 and continued up to February, 1988, in the RDHS divisions of Anuradhapura and Puttalam. In Anuradhapura there were 421 cases with 96 deaths while in Puttalam there were 84 cases and 24 deaths. An immunization programme for children aged 1-10 years in selected areas of RDHS divisions of Anuradhapura, Matale and Puttalam commenced in May 1988. A programme for the immunization of pigs was carried out in the same areas by the Department of Animal Husbandry.

A small outbreak of Japanese Encephalitis was reported from the RDHS divisions of Anuradhapura, Polonnaruwa, Kurunegala and Puttalam in the latter part of 1988. A total of 103 clinical cases and 17 deaths were reported to the Epidemiological Unit from August to December 1988. There were 48 cases from the RDHS division of Anuradhapura, 22 cases from Kurunegala, 10 cases from Polonnaruwa and 14 cases from Puttalam.

Acquired Immuno-Deficiency Syndrome

Four cases of AIDS have been reported among women aged 15 to 49. There are no major Government or NGO programme initiatives especially targeted at women and children, although plans are being made to focus attention on Women and AIDS. There are no school based AIDS prevention education activities due to cultural sensitivities. Advocacy is being carried out to overcome this obstacle. Social security is being provided to the few women who have been affected by AIDS.

However, in MCH activities, it is mentioned as an important health problem

which could grow during this decade. In immunization activities, the one syringe, one needle concept is being pushed because of the possibility of AIDS transmission, in addition to other diseases. Sri Lanka has obtained an aid grant for AIDS prevention from the UNDP with WHO acting as the main co-ordinating agency. The national programme also works in close collaboration with NGOs such as the Family Planning Association and the Sri Lanka Association for Voluntary Sterilization.

Maternal and Child Health Services

The population served under the Ministry of Health is approximately 14.70 million out of an estimated total population of 16.58 million (1988), with the number of estimated eligible families being 2.48 million.

The most recent (1988) analysis of MCH services available in 1988 indicates that approximately 82 percent of the estimated eligible families (women in the 15-45 year category) were served by the Ministry of Health under the care of Public Health midwives (PHMM). The reported percentage was lower for the RDHS divisions of Trincomalee, Ampara, Vavuniya and Batticaloa. These divisions had a high proportion of vacancies for PHMM areas and were also areas where civil disturbances had been high.

Approximately 77 percent of the estimated number of pregnant mothers were registered by area PHMM during 1988. However, only 58.5 percent registered prior to 4 months of gestation which is relatively low, the target being 70 percent. 89 percent were registered after 6 months; 66.7 percent of the estimated number of deliveries were reported by PHMM. It is also important to highlight that 15,700 home deliveries were reported by field staff to have received untrained assistance. The proportion was above 40 percent in areas such as Badulla, Jaffna, Matara and Hambantota. Civil strife which was high in these areas would have been a contributory factor. Out of the total deliveries reported by PHMM, still births accounted for 1.6 percent and abortions for 1.7 percent of the total programme outcome. Out of the estimated infant population, 82 percent were served by the health care system. However, only 33.4 percent of estimated infant deaths have been reported.

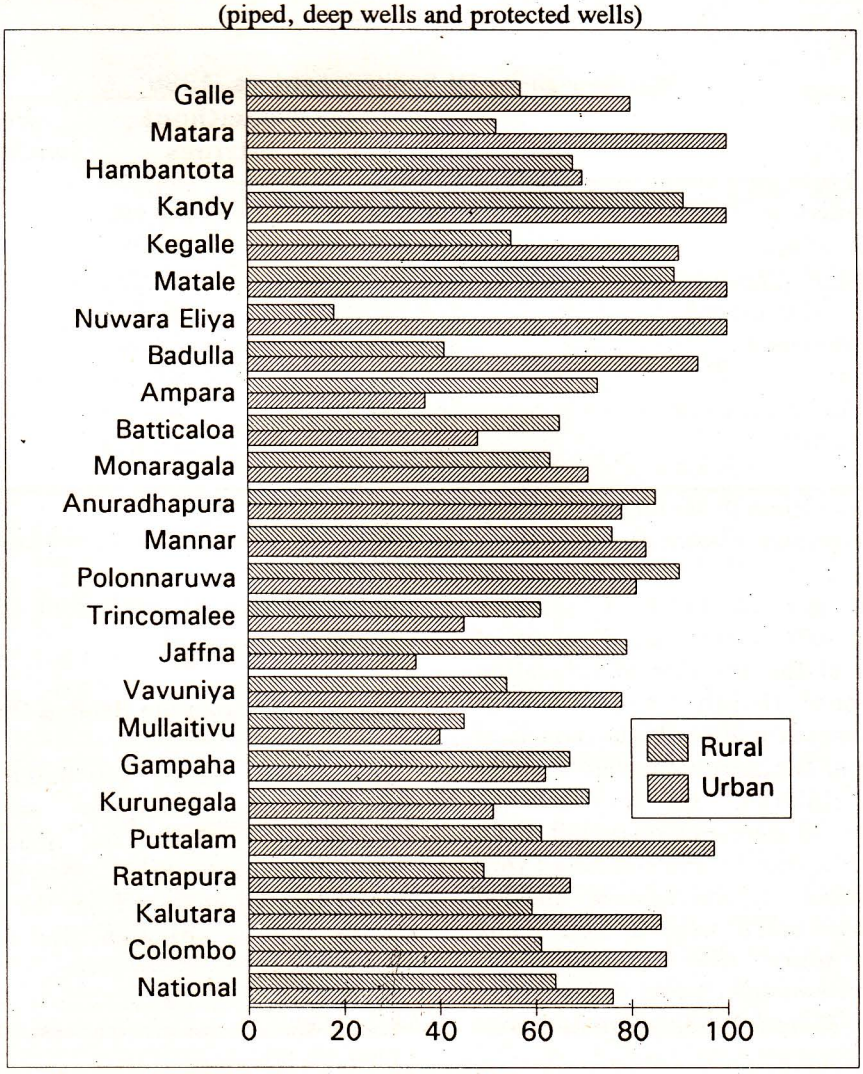
WATER, SANITATION AND THE ENVIRONMENT

Climate and rainfall

Climatically Sri Lanka is divided into three broad zones: a wet zone with annual rainfall of 2500 to 5500 mm; an intermediate zone with annual rainfall of 1900 to 2500mm; and a dry zone with annual rainfall less than 1900 mm. The latter zone includes the arid zones where rainfall is usually below 1000 mm. The annual rainfall is usually divided into two fairly well-defined periods, the south-west monsoon from May to September and the north-east monsoon from December to February.

The wet zone occupies 23 percent of the land area in the south-west quarter but is

Figure 7.1
1988 Percentage of Safe Water Supply Coverage by District
(piped, deep wells and protected wells)



Source: NWSDB Corporate Plan 1989.

inhabited by 56 percent of the population, while the dry and intermediate zones, occupying 77 percent of the land area, support only 44 percent of the population. Yet the dry zone has the most fertile soils in the country, best suited to agriculture.

There are adequate surface and ground water resources throughout the island to meet the requirements of the people for some time to come. The need is, rather, to ensure the provision, at all times, of adequate safe drinking water in both urban and rural areas

Access to Water and Sanitation

The coverage of water supply in the rural and urban sectors as at 1988 given in Fig. 7.1 indicates nearly eighty percent coverage in urban areas and sixty percent coverage in rural areas.

some 3070 schools in 31 Educational Districts had deficiencies in drinking water facilities.

The national coverage in terms of sanitary latrines have been fairly uniformly spread except for the lower coverage in the north, east and the two northerly provinces (Table 7.1). According to the 1981 Census data, about 13 percent of the population share toilet facilities with others. The high level of sharing is an indication of the felt need of the people for latrines. The coverage of the rural and urban sectors is estimated at 56 percent and.68 percent respectively.

A national survey on latrine use and maintenance undertaken recently has revealed a usage level of existing facilities exceeding 95 percent. For families without latrines, studies in selected project areas have

Table 7.1
Non-Availability Of Sanitary Latrines, 1988

Province	No. of households	No.without latrines	Percentage without latrines
Northern Province	212,721	124,554	11.0
Eastern Province	200,683	139,992	12.4
Western Province	656,608	156,384	13.8
North Western Province	374,808	209,895	18.5
North Central Province	159,117	87,515	7.7
Southern Province	377,761	132,506	11.7
Uva Province	176,524	61,813	5.5
Sabaragamuwa Province	285,807	93,426	8.3
Central Province	434,044	126,118	11.1
Totals	2,878,073*	1,132,203	100.0

** Excluding Colombo Municipal Council*
Source: "National Health Development Plan 1989", Ministry of Health, Sri Lanka

Schools still are in need of sanitary facilities and safe water. In a report of August 1987 of the Director of Education to the National Health Council it was noted that approximately 9,500 schools of the Ministry of Education catered to about 3.75 million children. Of these schools, nearly 1,900 (20 percent) have not been provided with water. It was computed that the government school system needed 5,551 latrines, 6,070 urinals and 2,262 water supply units. The National Water Supply and Drainage Board, in a study published in March 1988, estimated that indicated lack of funds and space as the major constraints.[1]

Water and Sanitation Related Diseases

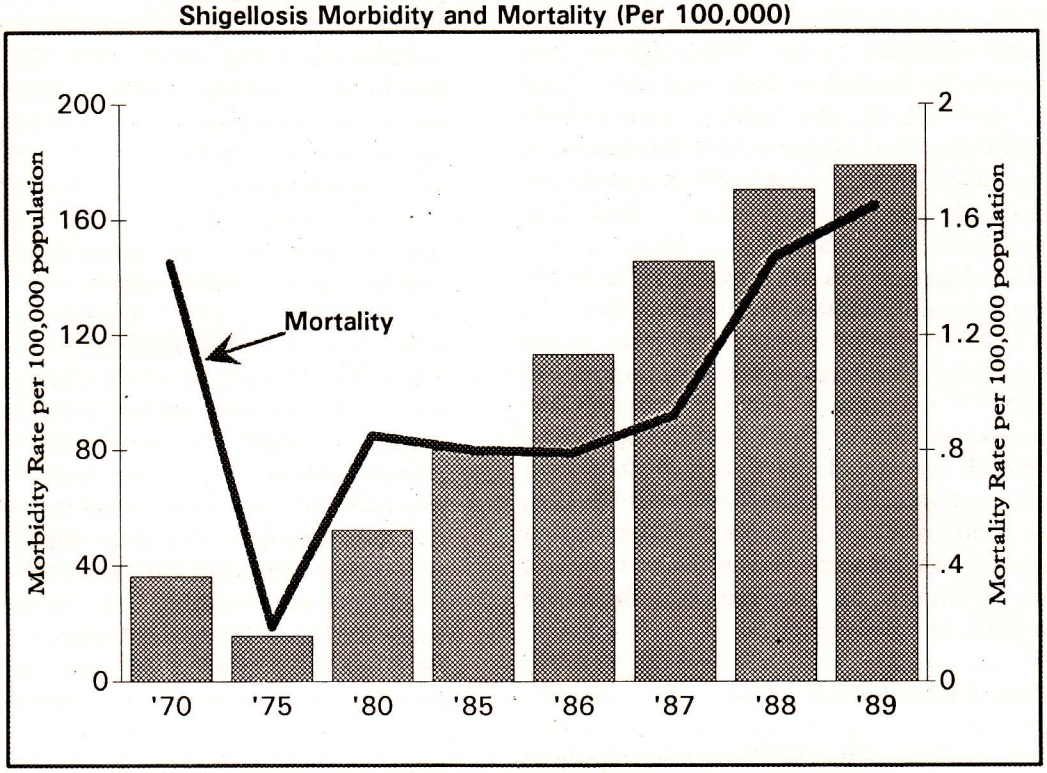
The major disease attributed to unsafe water and inadequate sanitation is diarrhoea. Both the morbidity and mortality rates have shown a decline exceeding 30 percent from the peak of the early 1980's, although the incidence of

[1] "A Survey on the use and maintenance of latrines in Sri Lanka", National Institute of Health Sciences, Kalutara, Sri Lanka, Jan. 1991.

Shigellosis has shown an increase over the years.(Figure 7.2 and table 7.2).

reported in many parts of the country, showing more or less an endemic situation.

Figure 7.2
Shigellosis Morbidity and Mortality (Per 100,000)



Source: "Annual Health Bulletin, Sri Lanka, 1989", Ministry of Health.

Table 7.2
Morbidity and Mortality due to Diarrhoeal Diseases 1980 - 1989

Year	No. of cases	Rate (*)	No. of deaths	Rate *
1980	149,889	961.3	1,520	10.4
1981	127,607	854.1	1,686	11.3
1982	164,323	1088.1	1,788	11.8
1983	183,169	1191.5	2,028	13.2
1984	163,301	1046.7	1,619	10.4
1985	134,474	846.5	1,158	7.3
1986	147,267	904.4	1,117	6.9
1987	146,461	878.2	1,016	6.1
1988	130,071	780.0	822	4.9
1989	119,003	708.1	739	4.4

Source: "Annual Health Bullettin" Sri Lanka 1989, Ministry of Health.

Although no major outbreaks occurred, small outbreaks were reported in many parts of the country, showing more or less an endemic situation. In the Estate Sector, the decline since 1982 has been even more substantial, with over 80 percent reduction in the 0 - 4 years age outbreaks were

The decline since 1982 has been greater in the estate sector, with over 80 percent reduction. Despite the comparatively low incidence compared to many developing countries, a significant reduction of these diseases is attainable by increasing access to basic water and sanitation facilities

combined with improved hygienic practices.

Investment on Water and Sanitation

The investment in the Water Sector has been rather biased on high cost technology and focused in the urban areas which consumes about 50 percent of the funds; in the rural sector, about 60 percent are allocated to piped system, and the remainder to tubewells. Due to the political turmoil in the country, the funds allocation and utilization have not shown a significant improvement over the years and the expenditure as a percentage of the total Government expenditure has fluctuated. The proportion of foreign aid in NWSDB capital budget has also shown increases lately. In the Sanitation Sector, the funds utilization under the Ministry of Health has increased significantly but is not adequate to achieve a substantial increase in coverage.

Water Technology and Costs

Until the end of the 1970's, water supply to the rural sector has been the traditional open wells complemented by a limited number of minor piped water schemes; the urban sector benefitted largely from piped systems with treatment plants for large schemes, and supplied many communities with standposts.

A major achievement of the Decade has been the introduction and the spread of the tubewell/handpump technology, particularly in the rural areas. The exploitation of deep-lying ground water by drilling, particularly in the dry zone where traditional wells are prone to drying in the dry season, have proved to be very encouraging. It is estimated that some 12,000 tubewells have been installed during the Decade, of which about 8,000 were drilled by the NWSDB. About 15 percent of the tubewells drilled are abandoned due to one or a combination of the factors, such as, collapse of the well, low water yield below five litres per minute or to a lesser extent the corrosion of below ground components of handpumps installed prior to 1986 which yielded rusty tasting water. Subsequent pumps were fitted with non-corrodible parts.

A recent national handpump survey[2] indicates that about 80 percent of the handpumps are being used, with 65 percent providing drinking water. Each pump serves an average of 27 families. The survey found that 56 percent of tubewells were working. NWSDB has decided to transfer responsibility for handpump maintenance to local authorities. This should improve maintenance.

A study of NWSDB schemes[3] , which account for 70 percent of all national piped water schemes and are primarily located in urban areas, indicated faecal contamination of varying degrees, particularly in the smaller schemes. Another study[4] showed that in the remaining schemes 50 percent of those sampled were taking in contaminated water at the inlet. 30 percent of the schemes sampled showed additional contamination in the distribution network.

Impact of Water Supply and Sanitation Schemes

An impact assessment[5] done in project areas indicated significant impacts on the lives of the community as a result of a cleaner environment. Closer proximity to safe water enables women, who are the primary collectors, to spend more time on child care, income generating activities and leisure.

Hygienic Practices and Community Education

Hygienic practices of the community varies from place to place, but standards are

2 "A National Survey on the status and usage of Handpumps in Sri Lanka", UNICEF/NWSDB Nov. 1990.

3 "Water Quality Monitoring Report" for NWSDB (Contract no. 14/88) done by Dept. of Civil Eng., University of Moratuwa, Sri Lanka, Oct.1989.

4 ""Water Quality Study" done by Medical Research Institute for UNICEF/Local Authority, Nov. 1989

5 "An Impact Assessment of UNICEF Assisted Water and Sanitation Project in Anuradhapura District", Gajanayake etc., April 1990, Colombo, Sri Lanka.

generally good. This could be attributed to high literacy rate and general awareness of hygienic practices. Studies[6] conducted in several districts have shown that the home environment is generally kept clean. Food hygiene in terms of fly control and hand washing before food handling and after toilet usage are observed by the majority. Over 50 percent use soap, and about 40 percent reported boiling water for drinking purposes in one area.

Communities are exposed to health education through various media, but essentially through the Ministry of Health. In the field Public Health personnel are supported by Health Volunteers who are mostly female and have proven to be very effective change-agents as demonstrated in several project areas. Spearheaded by the Central Environmental Authority, there appears to be growing concern to preserve the environment. The network of NGOs has played a significant part in creating awareness. The Mahila Samitis and Girl Guides movement with a national network have played an effective role as women motivators. There are many other NGOs with environmental concerns that can be entitled to help governmental efforts in environmental issues. These include The Wild Life and Natural Protection Society; Ruk Rekaganna "The Tree Society"; The Environmental Committee of Sri Lanka Association for the Advancement of Science, (SLAAS); The Environmental Foundation Limited; The March for Conservation; The Sri Lanka Environmental Congress.

The Environment

In ancient Sri Lanka it was the dry zone which was most populated and had a vast system of rice cultivation, which was supported by an intricate irrigation system of large ponds (wewa's or "tanks") connected by canals.

The rulers of Sri Lanka have always maintained a balance with nature to sustain their agriculture which was the mainstay of their country, the forests and wild life.

The wet zone and particularly the central hills were heavily forested and were kept so even when successive invasions from S. India forced the Sinhalese further south to the wet zone and the hills. The importance of the montane forests where all the major rivers had their source was well understood.

It was the advent of European conquerors and particularly the British, that began the destruction of the Wet Zone forests and the inhabitants of the wet zone.

Within half a century practically all the montane forests were destroyed for the cultivation of coffee and tea, and in the lowlands for rubber and later coconut. As the Sri Lanka National Conservation Strategy (1988) puts it "..... no other form of agriculture commenced with such a devastating effect on the natural environment of Sri Lanka .... In less than half a century large portions of the Wet Zone were denuded of fauna and flora ....

Women, Children and Environment

Environmental changes have their first and greatest impact on women and children. In Sri Lanka , as in many countries, it is women who work closest to the environment to bring its benefits (or the lacking benefits) into the home and community. Women bring into the home water, fuel, food.

According to the Department of Census and Statistics (1981) 75 percent of the women of this country live in the rural areas. Most of this rural population is among the low income groups of the country. Many families receive food stamps. Significant numbers of them are landless, having no access to land other than their house and home garden. Whatever their status, their relationship to the land is close and real, for even the landless must find a living by working on the land even if it belongs to someone else.

Village women have many tasks to perform

[6] "A Study on the use and maintenance of latrines in Sri Lanka", done by National Institute of Health Sciences, Kalutara, Sri Lanka, Jan. 1991.

in agriculture in addition to their domestic duties. Providing a meal is one of them. It is the woman's responsibility to see that the family is fed with whatever materials are at hand, and she has to play her role of 'gatherer' as she did in pre-historic times. The chena, the home garden, the neighbors gardens, the field of rice, and the forest if there is one at hand, contribute to feeding her family.

Rice farming is not only an agricultural, but also a cultural, community activity. In rice farming there is co-ordination of cultivation, sharing of water and of labour. All persons participate in the cultivation helping each other, men, women and children. Women have a big role in rice farming: transplanting, if this is done, weeding the fields (now replaced by weedicides); harvesting and taking the sheaves to the threshing floor; cooking meals for the men who are threshing.

The pattern of rice farming is also changing. Weedicides have replaced manual weeding, the thresher has replaced the animals and labour is now hired out for cash. But in smaller parcels of paddy land, which is what the majority own particularly in wet zone villages, the older methods still operate. Chena cultivation (slash and burn preparation of land for subsistance farming) which provides the supplementary foods is becoming increasingly difficult due to shortage of land in the wet zone, but is more common in the dry zone. Women take their share of this activity too.

If no chena is cultivated, supplementary food must in most cases be found from the home garden (gewatta). It is up to the women to see that she uses the space well to provide vegetables, yams, spices, coconut, fruit, betel, arecanut and some fuel generally biomass. Very few rural families buy vegetables. They try to find something from their gardens or from the forest. In the village there is no commercial value on the fruit - or for that matter - on most products of the home garden except spices and coffee if these are grown in quantity. The give and take of village life, sharing and caring, once the very basis of rural life still exists although in narrowing circles.

The wet zone home garden, maintained primarily by women, especially in the Kandyan (wet montane) areas, resembles the organization of the forest with its 3 layered canopy of tall timber and fruit trees, second layer of coffee, orange trees and the third layer of vegetables, yams, green leaves. Rural women although not knowing this now fashionable word, are actually creating and nurturing the most ecologically 'sustainable' type of agriculture. If deprived of this home garden, as some have been during re-settlement due to development schemes, the nutrition of the family is seriously impaired.

In the dry zone the village also had, in addition to the forest, a tank or small wewa in close proximity, for cultivation as well as drinking water. There are said to be still 30,000 such minor tanks in existence in the dry zone. A large number of tanks may have been destroyed under the large Accelerated Mahaweli project and many are not properly maintained. These wewas are replenished with the North East monsoon rains, and when these rains fail there are some big problems of survival for the people of the dry zone.

The lack of land for chena cultivation, vanishing forests and vanishing springs make food gathering more difficult for women. Hence they go out to sell their labour in plantations, on road works, in stone quarries.

On the plantation sector, the plantation environment is the only real world to these workers. The women are as important as the men in tea plantations, if not more so, for the harvesting of the green tea leaf is done by them. Other agricultural activities of the plantation workers include the tending of cattle and growing vegetables if the estate is able to provide land for them.

Recent policy has been to try to integrate the plantations with the village and more village labour is used on many plantations.

Here too, women find a place as tea pluckers. In rubber and coconut plantations more village labour is employed and women are employed as rubber tappers. The agro-industries based on coconut, mainly in the desiccated coconut and coir fibre in the Southern province, is a woman-based cottage industry.

Although about 90 percent of Sri Lankan families, both urban and rural cook with fuel wood or biomass, only about 20 percent of this fuel wood actually comes from the forest. Almost never is fuel for cooking paid for in cash in rural areas, rather it is gathered almost exclusively by women and children from their surroundings wherever they can. High forest provides very little fuel wood for domestic use except to those villages living in very close proximity to this type of forest and to plantation workers on tea estates who have no other fuel. Village forests were the major source of supply, but very few villages now have such forest reservations.

In the past no area was so arid as to be depleted of trees. The same cannot be said now. Firewood collection was a community activity when the village had its patch of forest. Parties of women would go together into the forest, collect a head load of fuel wood and return together.

For the urban woman fuel for cooking is no less important, and she has no means of getting it free unless from the home garden if she is lucky enough to have one. Women in the urban slums must buy the fuel wood and this becomes an expense. As fuel wood becomes more scarce, so the price in the city goes up.

The traditional fireplace of three stones is a very wasteful method of fuel wood utilization. It was possible because of the abundance of fuel wood in days past. More efficient use of fuel wood is claiming the attention of many organizations in Sri Lanka and all over the world. The use of the primitive three stone fire place is being replaced by stones with a single aperture. But in Sri Lanka, the popularisation of this stove has a long way to go.

Recognizing the importance of environmental issues, 25 trained field co-ordinators of Lanka Mahila Samitis (Women's group) have trained 300 local key members as change agents on hygiene and environmental issues; it is anticipated that 36,000 families will be reached over a 12-month period by these 300 change agents.

The use of fuel-efficient and smoke-free stoves has been promoted. Eleven trainers were initially trained, followed by the training of 10 community workers who are predominantly females. Subsequent to the inspection of some 70 stoves recently installed in the field, large construction scheme will be initiated in project areas.

It should be noted that the primary school curriculum uses environmental studies to teach basic scientific concepts. This is related to the development of school health clubs, school gardens etc. all of which are rooted in the curriculum.

Environmental concerns

Another group of food contaminants, which are a matter of concern are pesticides, preservatives and other adulterants. One aspect of concern is the improper use of pesticides as regards the dosage used and the schedule of application before crop harvesting. Some leafy vegetables are sprayed at harvest to improve their appearance and keeping qualities. Another misuse is the use for crop protection of the malathion designated to be used exclusively for the control of the malaria mosquito. It has, also been reported that malathion is sometimes sprinkled as a preservative on stocks of foodstuffs, such as pulses and dried fish. Pesticide poisoning is the leading cause of hospital deaths in several districts. A programme for the regular and systematic testing of market samples for pesticides is a long-felt need.

Preventing the deterioration of fresh fish before it reaches the market may pose a problem when ice is too expensive or not

available when and where required. It has been reported, from time to time, that traders may resort to the use of dilute formalin for delaying deterioration of stocks on such occasions.

The institution of systematic monitoring of foodstuffs for pesticides and preservatives is very desirable. Other adulterants of foodstuffs, which have been detected include brick powder in ground spices and textile dyes in sweets.

Other environmental problems are related to food production. Production of food to meet the requirements of a growing population and to supply overseas markets has resulted in large-scale deforestation, bringing into cultivation unstable hill slopes and the large-scale use of agricultural pesticides and fertilizers. The forest cover of the country has declined steadily as the population has grown. In 1956, forty four percent of the land was under forest cover. In 1990 this was less than twenty five percent. Today wet zone forest comprises only three percent of the total land area. This de-forestation, combined with chena cultivation, results in soil erosion, landslides and climatic changes.

Another serious problem is the illicit clearing of forests. Forest clearing and intensive use of pesticides is making honey and certain medicinal herbs increasingly difficult to find.

The disposal of municipal garbage is a major problem. In Colombo about 450 to 500 tons of garbage are collected daily and must be disposed of. Most of this garbage has been picked over and useable items of any value removed. The remainder has a high moisture content and is thus unsuitable to burn for power generation, while any compost produced from it would be uneconomical to transport long distances. The garbage is used for sanitary landfill, which is becoming increasingly more expensive as available useable sites are further from the city. Insufficient study has been done on the quality of groundwater in the vicinity of existing sites.

Another major problem, especially in urban areas, is sanitation and disposal of sewage. Sewerage systems for urban areas in Sri Lanka are found only in Colombo and suburbs and in Kataragama. The provision of public toilets in urban areas is inadequate. The sewerage system of Colombo has two ocean outfalls to the north and the south of the city. However, much of the sewage and other domestic refuse of shanties, etc., is disposed of into the open canal system and the Beira Lake in the heart of the City. Both these sources of water are used by poorer communities for bathing and washing and the enclosed arm of the Beira Lake has commenced in recent times to eutrophy.

Finally, mention should be made of domestic indoor air pollution. While this may not be a major problem in Sri Lanka as the warm climate makes good ventilation necessary, still some problems, such as smoke from indoor hearths, are frequently encountered.

Several types of industries discharge pollution into surface waters. They include the paper mills at Valaichchenai and Embilipitiya, rubber factories and tanneries, They may pose health hazards to people and/or to aquatic animals which are likely to enter the food chain or food web. For instance, people bathing in the Walawe River downstream of the discharge of the effluent from the Embilipitiya Paper Mills are reported to suffer from skin ailments, while the pollutants from the Velaichchenai Paper Mills have seriously affected the fish and prawn catches in the Valaichchenai Lagoon.

The approximately sixteen sawmills located along the Pinga Oya near Kandy also cause pollution with sawdust. The effluent from tanneries is of particular concern as it may contain chromium. Pollution of both groundwater and surface freshwater has been reported, though there has been no systematic national study. The sources of pollution are essentially industrial waste. There is some salt water intrusion in coastal areas.

BASIC EDUCATION AND LITERACY

Education in Sri Lanka has made significant advances in the last five decades, but continuing inequalities in the distribution of knowledge and skills and the consequent differential rewards of education contribute to reinforcing socio-economic inequalities. At the same time, the competitive ethos of the educational system tends to overshadow the broader purposes of education.

Background

Sri Lanka has a long history of appreciation of the value of education and learning, reflected not least in the traditional ceremony of initiating every child to reading letters at the earliest possible age. The extension of educational opportunity to a significant proportion of men and women, however, was the outcome of positive education and social policies implemented since the nineteen forties. The major policies were free primary, secondary and tertiary education in the state sector in education, scholarships, the change to the mother tongue as the medium of instruction, the creation of an island-wide network of schools, and subsequently free textbooks and meals.

Participation rates in education rose in response to these incentives in the context of the social demand for education as a means of upward mobility. Participation rates increased from 57.6 percent in 1946 to 83.7 percent in 1981 for the 5-14 age group and from 11 percent in 1953 to 41.9 percent in 1981 for the 15-19 age group (Table 8.1). The availability of at least primary schools within relatively easy access of the majority of the population reduced urban-rural disparities in educational participation.

Literacy rates have consequently increased from 76.5 percent male literacy and 46.2 percent female literacy in 1946 at 90.5 percent and 82.8 percent respectively in 1981, and disparities hardly exist at school age level. A recent adult literacy survey in eight districts which used a practical test of reading and writing, reported an overall basic literacy rate of 83.0 percent, 87.1 percent male literacy and 78.8 percent female literacy. Literacy rates are therefore relatively high for a low income country.

Educational Opportunity

Despite the rapid expansion of educational opportunity in the mid-century and the provision of incentives, universal primary education has yet to be achieved in Sri Lanka, contrary to the expectations of the sixties. The eighties appear to have been a lost decade in this respect as large scale surveys have reported a mild reversal in the earlier positive trends in educational participation and literacy. This early warning in the Central Bank Survey has not had its desired effect as the literacy statistics of the Labour Force and Socio-economic Survey in 1985/86 confirm this negative trend. Even if these differences are not statistically significant, it is clear that literacy levels have not improved despite the years of high economic growth in the early eighties.

While literacy and participation rates rose in age groups that entered the school system after the introduction of free education in 1945, the surveys of the eighties have pointed to a reversal in this trend among the school age population. The NATE Survey (1988/89) of eight districts underscores this trend as the literacy rates of the 15-19 age group were lower than the literacy rates of the 20-24 age group except in the estate sector. A significant indicator too is the increase in the proportion and number of children in the labour force. It should be noted that

the age specific female economic activity rate of the 10-14 age group was 2.6 percent at the 1971 Census and 2.4 percent at the 1981 Census and has increased from 3.1 percent to 4.2 percent in the Labour Force Surveys of 1980/81 and 1985/86 respectively.

Early Childhood Development

It is only comparatively recently that the importance of early child hood education and stimulation has received attention. The Report on Early Childhood Care and Education in Sri Lanka, sessional paper No. 111-1986, reports that the degree of preparedness shown by a child at the point of entry to primary school has been noted to be low, and that equal access to education has little meaning in the context of inequalities at the point of entry.

An Entry Competency Study (1989) showed that pre-school has certain implications on early learning in the primary school such as low performances in the school and early dropout.

A follow up study of 50 severely undernourished children treated in the University Unit in Children's Hospital showed that it was not undernutrition alone that affected intellectual growth. it has been proposed that any programme for such children should provide stimulation of language and thought in addition to giving food supplements.

There is a tendency now for more parents to seek institutional support for their young children, either in pre-schools or in day care centres. But the Entry Competency Study (1989) shows that of the national sample of 1800 year I children, only 38 percent had been to pre-schools or day care centres. Of the sub-sample of 266 children from the disadvantaged areas, only 17 percent had been to a pre-school. In fact, at the present time only 18 to 20 percent of pre-school age children are enroled in institutions. The available institutions differ widely in the type and availability of facilities and services provided, syllabus followed, qualifications and training of care givers, and the type of patronage received. Most of these institutions do skill drilling, trying to train children for the year 1 Primary School curriculum without any form of monitoring and evaluation.

This is obviously a too greater burden on very young children: training them for an exam oriented school situation and not taking advantage of the rich environment with its abundant natural play and learning opportunities.

Table 8.1
1981 Literacy Rates
(population over 10 years)

Ethnic group	Total	Male	Female
Sinhala	88.4	91.8	84.9
Sri Lanka Tamil	86.6	89.4	94.3
Indian Tamil	66.9	78.6	55.1
Sri Lanka Moor	79.3	86.7	71.5
Malay	91.1	93.2	88.9
Burgher	97.1	98.2	96.1
Others	86.1	91.2	79.8
Total	86.5	91.5	82.4

About 62 percent from the national sample, and about 83 percent from the disadvantaged areas do not get any form of stimulation. Because theories on development of intelligence reveal that about 50 percent of the intelligence is developed between conception and age 4

(Bloom 1964), the care and attention given to this most crucial part of one's life is bound to reflect on their future and thereby on the society.

Though the child spends a larger part of her or his life at home, the parents and the community are not fully aware of the many possibilities of home-based early childhood education and care. Interventions in the child's home hold much promise in strengthening a larger area of the competencies. A wide range of resources and opportunities for total child development at home are being ignored by the most resourceful people, the parents. The importance of parents has to be developed. To date very little and no attention has been given to raise the awareness of parents or the community in this respect.

Although the publication, "A Child's Day", begins to address a multiplicity of issues regarding research and development of home based child rearing strategies, a great deal more needs to be done. Further implementation of the work in undertaken, in order for families to be able to apply the principles of child development to the young in their households.

Disparities in Education

District-wise disparities have continued to be wide in the eighties. Nuwara Eliya and Badulla, the plantation districts, and Moneragala, Amparai, Batticaloa and Trincomalee the backward Eastern hinterland and concentration of Muslim villages, have remained educationally disadvantaged (see table8.1). Gender disparities are wide in these districts, indicating that economic constraints exacerbate gender specific cultural constraints.

The 1986 School Census point to high drop out rates in educationally disadvantaged districts. Data from an age cohort study, following students from year 1 in 1984 through year 5 in 1989, in 398 small schools indicate that the average drop out rate by year five compared to year one was 21 percent for boys and 20 percent for girls. Rural-urban comparisons show 18 percent drop outs in rural areas and 25 percent in urban areas. Comparing the language groups, 26 percent of Tamil students dropped out by year 5 and 13 percent in the Sinhala medium. As attendance figures are apt to be lower than enrollment figures, the incidence of non-schooling is higher than is generally believed. Ethnic disparities in the 1981 Census reflect the educationally disadvantaged status of the female Moor population and the plantation labour community of South Indian origin. The percentage of the non-schooled population has not declined in the eighties but that of those completing secondary education has increased.

Micro studies have indicated a high incidence of non-schooling in pockets of poverty or educational disadvantage. An investigation into basic educational needs in selected slums and shanties in Colombo city found that 19.3 percent of 6-8 year olds and 9.8 percent of 9-14 year olds had never been to school, and that 21-23 percent of both 6-8 and 9-14 age groups had dropped out of school. The study of a sub-sample of out-of-school children noted that 60 percent of the 6-8 year olds and around 40 percent of 9-14 year olds had never been to school. Only 29.8 percent of the children in the slum environment and 38.8 percent of those who lived in shanties were reported to be attending school regularly.

An investigation in selected AGA Divisions in the Anuradhapura district found that 14.4 percent of 6-8 year olds and 19.9 percent of the 9-14 age group were out of school. While participation in the plantation sector has increased recently in the districts in which special programmes are conducted, as in the SIDA supported education component of the Badulla Integrated Rural Development Programme and education programmes in the plantations in Nuwara Eliya and Kalutara districts, children in plantation families in other districts are still an educationally disadvantaged group, as, unlike in the health sector, educational development has tended to by-pass this sector.
Micro studies have also indicated that the main reasons for non-schooling are the

costs and opportunity costs of education, and apathy. It is likely that inflation, the spiralling costs of living and the reduction of subsidies as a result of IMF and World Bank sponsored structural adjustment policies have increased the economic constraints of poverty groups. Children in families who are resourceless or who are dependent on the labour of their children therefore still remain outside the ambit of the education system.

Quality of Service

At the primary level there is a recognized absence of well-trained teachers. Insufficient care is taken in the training and selection of teaching staff. Also, there has been strong criticism of the Year 5 examination and the unnecessary stress it places on a young child. Successful achievement in this examination largely determines a child's academic future. Known as the Scholarship Exam, it brings money for economically disadvantaged children and for all students a seat in a "popular" school, i.e. well equipped and staffed secondary schools. Emotional, physical and academic development vary so greatly from one child to the next that the examination is not always appropriate. Nor is its content suitable for all parts of the country. Studies have indicated that more than fifty percent of the children in disadvantaged schools need extra tutoring outside of the school system in order to prepare themselves for the Year 5 examination. Nationally, at least twenty-five percent of primary school children need such assistance. This would suggest that: the quality of teaching and

Table 8.2
One Teacher and Two Teacher Schools, 1989

Edu. District Sub. District	One Teacher Schools	Two Teacher Schools	Total No. of Schools
Colombo	0	8	1153
Gampaha	0	10	587
Kalutara	20	26	458
Kandy	24	45	689
Matale	11	20	310
Nuwara Eliya	53	86	469
Galle	11	31	505
Matara	3	10	397
Tangalle	0	7	310
Jaffna	10	26	481
Kilinochchi	03	13	76
Mannar	15	24	103
Mullativu	13	22	86
Vavuniya	33	23	129
Batticaloa	18	30	245
Ampara	12	25	324
Trincomalee	13	26	207
Kurunegala	9	47	952
Chilaw	15	23	336
Anuradhapura	34	58	543
Polonnaruwa	1	6	194
Bandarawela	44	69	550
Moneragala	1	11	203
Ratnapura	20	62	590
Kegalle	20	71	608
Sri Lanka	383	779	9805

Source: School Census - 1989.

availability of teaching aids are inconsistent and insufficient; and that the Year 5 examination is not a fair measure of student progress when all students do not have equal opportunities for achievement and learning. Finally, there are a number of observable administrative and personnel difficulties at the primary level. There is an ineffective system of monitoring teacher performance. Moreover, where such monitoring does take place there is little or no evaluation or follow-up. Finally, poor teacher deployment is also considered to be an obstacle in the education system.

In many countries, non-formal education programmes have been introduced to meet the needs of the out-of-school population. The Literacy Centres organized in Sri Lanka by the Non-formal Division of the Ministry of Education with UNICEF support since 1981 have received low official priority and minimal resource allocation. In 1988, there were 198 Literacy Centres and 19 Learning Activity Centres in remote areas with a student enrolment of 7854 which is barely 2 percent of out-of-school children.

Two small studies of selected Centres in 1984 and 1989 found that 49.1 percent of the boys and 43.2 percent of the girls in the 1984 sample and 56.4 percent of the boys and 60 percent of the girls in the 1989 sample had never been to school. In the 1989/90 study, only one boy and none of the girls in the eleven Centres - situated in urban, semi-urban, rural and estate locations - had completed primary schooling. It was significant that 92.2 percent of the boys and 75.0 percent of the girls in the 1984 study and 89.1 percent of the boys and 89.2 percent of the girls in the 1989/90 study wanted to join the regular school, perceiving these Centres as merely a transitional mechanism. Lack of opportunity rather than lack of interest appeared to be the lacuna in the case of these economically and socially disadvantaged children. It was found also that their deprived status and their limited educational experience had reduced their aspirational levels. Education was seen therefore to perpetuate poverty rather than to promote the upward social mobility desired by parents of all socio-economic classes.

The consequence of the neglect of the out-of-school children in poverty groups is that they have been denied the basic human rights envisaged in the UN Charter on Children's Rights and further many have become victims of child abuse and exploitation. Literature in this area is limited, but the facts that have surfaced cause concern.

Quality of Education

Reduction in public expenditure as a result of structural adjustment policies affected budgetary allocations for education which reached a low level of around 2.3 percent in the eighties

These resources are hardly adequate to meet the personnel and administrative costs of the system of education and qualitative improvement in the education offered in schools has been the major casualty of declining resources for education.

Uneven allocation of resources to districts and schools reinforced the relationship between the socio-economic background of schools, the school facilities provided and the performance of students.

Of the 9,805 state schools in 1989, 11.8 percent were one teacher or two teacher schools. The percentage was high as 52 percent in the Mullaitivu district, 43.4 percent in Vavuniya, 37.8 percent in Mannar, and 29.6 percent in Nuwara Eliya (Table 8.2). A substantial proportion of other schools lack basic amenities such as classrooms, libraries, equipment, furniture, playgrounds and water and sanitation facilities. The Central Schools that had been expected to develop into centres of excellence in the rural environment became poor relations of urban elite schools.

In educational performance, overall repetition rates were 6.9 percent in years 1-5 and 3.97 percent in years 6-8 in 1989. They were however between 12 percent and 16 percent in years 1-5 in Kalmunai,

Batticaloa, Trincomalee, Mannar and Puttalam and nearly 20 percent in years 6-8 in Kegalle district. Repetition rates tend to be higher among boys than among girls as the gender specific data in the 1986 School Census indicates. Performance at secondary school public examinations reflects disparities in school facilities and in the learning-teaching environment in schools (Dept. of Examinations). Private tuition for competitive examinations, including the standard 5 scholarship examination, distorts the purposes of education, stifles creativity and limits the educational experiences of students at all levels of education. A lack of diagnostic tests has prevented the early identification of slow learners and the development of programmes to meet their special needs. Recent administrative changes, such as the cluster system and provincial level decentralization have yet to improve significantly the quality of education in individual schools.

Special Education

In addition to slow learning children, others with special needs include those with physical and mental disabilities. More than 50 percent of disabled children are of school-going age, yet only a small number of them can attend school. This is largely due to the absence of a special education classroom and equipment.

Efforts are being made to link community-based rehabilitation efforts with the learning needs of disabled children. The National Institute of Education (NIE) has designed teacher training courses of various intensities. A three-week course prepares the teacher to detect disability, and to make preliminary education interventions for children with disabilities. Meanwhile the three-year BA in Special Education will provide the teacher with much more expertise and insight.

The development of minimum level competencies in primary schools and multi-grade teaching-learning materials for small schools as well as initiatives at curriculum adaptation at local level have been attempted at central level. Nevertheless, the resources available for implementation, supervision and monitoring at local level - such as the provision for 50 km travel per month have not been adequate for effective transfer of changes to the island-wide network of schools. Curriculum development and renewal has yet to integrate purposefully values and positive attitudes in the curriculum. This task becomes a priority in the current context to assist in countering the disintegration caused by social inequity, ethnic conflict and disregard for human life.

Teacher education has been vulnerable to the shifts of successive educational administrations for decades. University Departments of Education were denied students. The Colleges of Education are yet in their infancy and the Teachers' Colleges of yesteryear appear to be functioning in a vacuum, uncertain of their future. Meanwhile, around 60 percent of graduate teachers and 25 percent of non-graduate teachers have had no professional education and recent teaching appointments have been added to the backlog of untrained teachers. The earlier extensive system of in-service teacher education by the Curriculum Development Centre and subsequently by the National Institute of Education is virtually in abeyance with decentralization to provincial administrations.

Poverty of resources and a lack of a decentralized mechanism of supervision and monitoring have also affected the quality of education in non-formal Literacy Centres. Evaluation of these Centres has pointed to the need for curriculum development and for orienting formal school teachers to techniques in teaching in non-formal education units. The NATE Survey (1989/90) showed clearly that a significant proportion of literate persons lacked functional literacy skills to cope with the demands of daily life in an increasingly complex environment.

Education and the World of Work

Education *per se* cannot create employment and the chief purpose of

education is not to produce employable skills. Nevertheless, the system of general education can develop positive attitudes to work and can equip students with basic skills that will provide opportunities in vocational education institutions that prepare youth for employment. The common curriculum of the Life Skills project introduced in the first and second years of secondary education has been an innovation to prevent early vocational specialization for jobs that may not exist after training. While this scheme needs to be extended to all schools, it is necessary to ensure also that the programmes ensured for the third and fourth years do not erode the benefits of the scheme in terms of the range of skills imparted and the absence of gender differentiation.

It is expected that the newly appointed Tertiary and Vocational Education Commission will reorganize the system of vocational education for school drop-outs to provide better coordination, diversification and follow-up of the output of programmes. The vocational education opportunities currently available are not adequate to meet the needs of annual school drop-outs and school leavers at local or central levels.

The National Education Task Force, an intersectoral working group convened to prepare for the World Conference on Education for all, has summarised all these problems and made strong recommendations to overcome the anomalies in the system. Most of the recommendations were consistant with the report of the Presidential Commission on Youth Unrest which identified disparities, mismatches between education and employment as one of the prominent factors which frustrated young people as they assumed adult responsibilities: employment was not related to educational preparation.

Some of the salient recommendations include decentralization and localization of education, enlisting NGOs to supplement government efforts in education; tax incentives to industry to assist in training and employment, a return to agriculture and promotion of skills and marketing expertise; entrepreneurship training.

One result of both the Task Force and the Commission has been the establishment of a National Education Commission, a body of eminent Sri Lankans from all fields whose primary task will be to make recommendations to the Ministry of Education and the President on needs and issues in education.

WOMEN AND CHILDREN IN A SITUATION OF ARMED CONFLICT

The armed conflicts since 1983 represent the single most debilitating and pervasive factor affecting the lives of children and women in Sri Lanka. It has eroded many of the socio-economic gains of the post-independence era and has reduced entire villages to poverty.

The areas currently affected represent about half the districts of Sri Lanka. Virtually the entire country, including the capital city, was affected during the height of the southern conflict (See Figure 9.1).

No comprehensive or up-to-date information is available on numbers killed, injured and maimed, on children orphaned and families without economic support, on widows, victims of rape, unaccompanied children and those affected by psychological trauma. Some preliminary data collected by the Ministry of Reconstruction & Rehabilitation is given in Table 9.1.

numerous bomb explosions and shootings. In Velvetiturai, Jaffna District, one incident in 1989 resulted in 150 families losing their breadwinners. In Hambantota in the same year, over 300 persons died in a few hours of violence. The district of Anuradhapura suffered more than 15 separate attacks on villages. An attack on the ancient holy city resulted in the deaths of over 131 people including women and children.

Displacement

Large numbers were displaced since 1983, both internally and externally. After the signing of the Peace Accord between the Governments of India and Sri Lanka, in 1987, approximately 80,000 out of an estimated 100,000 refugees who fled to South India returned to Sri Lanka and were re-settled in the districts of Mannar, Jaffna, Trincomalee and Vavuniya. The majority of those internally displaced at the time

Table 9.1
Statistics Pertaining To The Conflict Situation In Sri Lanka

Description	North & East (prior to 1987)	South,Central & Western Districts (Collected in Dec'90)
Persons Killed	5575	8979
Persons injured	not known	1347
Persons missing	not known	6629
Families without breadwinners	3580	6414
Female headed households	not known	4842
Widows	not known	6084
Orphans	1737	807
Children with single parents	6329	4267
Families without a single employed member	not known	7670

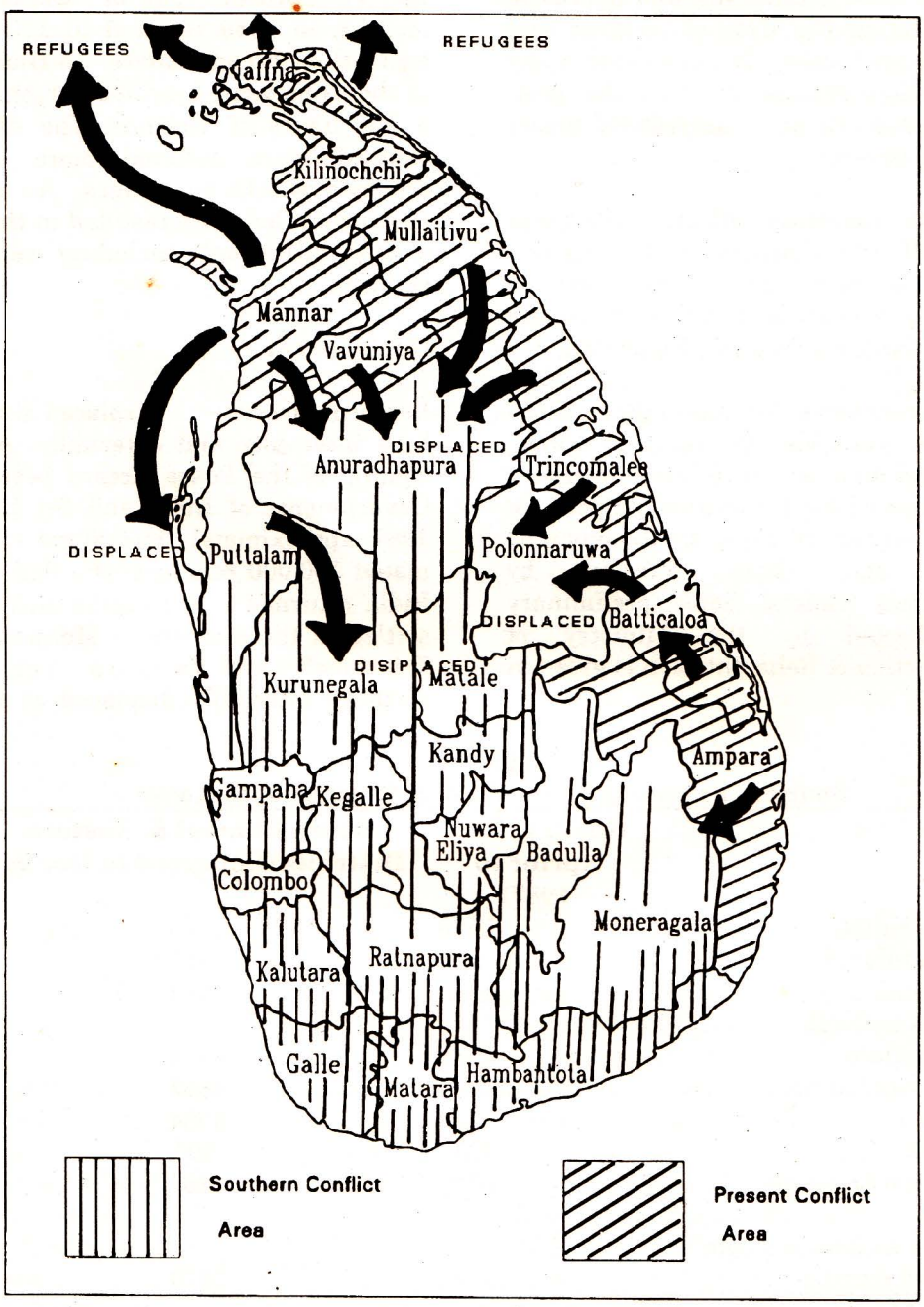
Source: Ministry of Reconstruction & Rehabilitation.

A few factual incidents are described below as pointers to show the extent and nature of the problem. In the City of Colombo for instance over 350 people died in the (around one million) also returned to their homes, but some who were unable to return were re-settled elsewhere. After the resurgence of hostilities in June 1990,

a new wave of displacement began. Often the same families became displaced again. Currently over one million persons are internally displaced and around 150,000 have fled to South India as refugees.

1,180,966 displaced, represents 45.8 percent of the population of the north and east. In October 1990, during a period of one week, approximately 75,000 people were evicted from the district of Mannar.

Figure 9.1
Conflict Areas and Movement of Displaced Persons, 1991



Out of a total population of 2,577,113 (estimated figure for 1991) in the districts of Jaffna, Mannar, Vavuniya, Trincomalee, Kilinochchi, Ampara and Batticaloa the

To reach safer areas, many women and children walked for several days without food through jungles. Children stepping on mines suffered injuries. The families

who fled in overcrowded open boats across rough seas, during the inter-monsoonal rains in October, relate harrowing tales of children falling over-board and drowning.

The border districts into which the displaced have moved do not have the infrastructure or the means to cope with a large and sudden influx of people. The camps are huts or temporary shelters in most places, with little sanitation and drinking water facilities. The government has assisted displaced families to return home in a few places, particularly in Trincomalee district. However, the majority of families displaced after June 1990 have no idea of when they can return home. For many thousands desolation and further disappointment awaits them, as their houses have been looted and burned.

Table 9.2
Statistics On Displaced Persons (4/1/91)

District	No. of camps	No. of families in camps	No.of persons in camps	No. of families outside camps	No. of persons outside camps	Total no.of persons
Jaffna	352	71,000	355,000	NA	NA	355,000
Mullaitivu	32	11,185	55,925	NA	NA	55,925
Mannar	46	21,475	107,375	NA	NA	107,375
Kilinochchi	04	808	3,840	NA	NA	3,840
Vavuniya	25	14,919	48,155	NA	NA	48,155
Batticaloa	50	14,068	61,144	34,545	158,305	215,735
Ampara	24	5,398	24,173	17,055	85,280	109,453
Trincomalee	28	7,729	28,908	168	754	29,662
Anuradhapura	62	6,361	27,669	704	3,126	30,795
Kurunegala	32	1,392	6,117	557	2,225	8,392
Colombo	11	1,167	3,007	2,206	9,920	13,587
Puttalam	50	6,258	30,161	609	2,989	33,150
Kegalle	nil	nil	nil	203	936	936
Matale	05	49	751	446	2,019	2,258
Polonnaruwa	10	1,056	4,051	932	4,794	8,845
Gampaha	nil	nil	nil	1,538	7,690	7,690
Galle	02	34	168	nil	nil	168
TOTAL						1,030,966

Source: Ministry of Reconstruction, Rehabilitation and Social Welfare

Food & Nutrition

Food rations are provided free by the Government in camps for displaced persons, costing an estimated Rs.11 million a day ($275,000). On an individual basis, the food rations provided are inadequate to meet basic nutritional needs of growing children. According to Circular No.396 of the Department of Social Services, the Government agency responsible for the provision of food to displaced families, cooked food is provided only "in the event of widespread distress . . . for a period not exceeding a maximum of three days . . . . For the supply of cooked food, the maximum that should be spent on a person over 12 years of age is Rs.15 . . . the maximum on a child under 12 years of age is Rs.8" ($0.20 cts). At best this value represents one meal a day. For young children this limit does not permit any milk or extras. The dry rations provided by the government are set at a maximum of Rs.315 for a family of 5 for 1 week, i.e., Rs.9 per person per day. The food valued at Rs 315 does not increase for family size in excess of five. Therefore, the rations of families in excess of 5 persons amount to less than Rs 9 ($0.22 cts) per day.

According to calculations done by the Ministry of Health an individual needs

Rs.459 worth of rations per month for an emergency maintenance level of 1800 calories per day. The rations now being provided amount to a maximum of Rs.180/- per month, per person.

The Government of Sri Lanka is severely constrained by financial considerations. Since June 1990, the Government has spent over 1 billion rupees (US$ 47 million) on the provision of food and dry rations to displaced/affected persons. The uncertainty pertaining to the duration of the subsidy and the unpredictability of numbers involved makes planning and a commitment to a better package of food assistance difficult.

Added to the problem of inadequate provisions, is that of distribution. Transport is at a virtual standstill in most areas of the north. The soaring food prices in the north indicate the extent of shortages. Coupled with the loss of earnings caused by the disruption of economic activity , access to adequate quantities of food for the poor has become extremely problematic.

The curtailment of cultivation caused by the shortage of seed material and fuel has reduced the availability of food in most areas of the North.

Although no comprehensive data is available, all evidence points to a deterioration in the nutrition status of children in conflict areas. Marasma has been reported by NGOs working in both Mannar and Batticaloa districts.

Education

The conflict has caused the destruction of many school buildings and equipment, an exodus of teachers and the disruption of schooling of thousands of children forced to flee to safer areas. During the years 1988/89 all state schools in the country, including Colombo, closed for 6 to 9 months. Universities closed for over 3 years and have only recently reopened. During this period large numbers of young people became drop-outs.

Thousands of displaced school children from the north and east have been forced into a situation of idleness in camps since June 1990. Most displaced families fled with only the clothes on their backs and children left without their school books or school uniforms. The majority of children in camps refuse to go to school because of the lack of school books and a uniform. The importance attached to the school uniform is a cultural phenomenon in Sri Lanka. Many displaced children have indicated that they prefer to be drop-outs, than to be identified as a child from the camp. Once a child has been out of school for an year or two he/she becomes a misfit in his grade and is virtually forced into the position of a permanent drop-out.

Health Services

The prolonged conflict situation since 1983 and the recent escalation of hostilities in the north and east has resulted in a serious dislocation of the health infrastructure that once served those areas. The conflict resulted in:

- the damage, destruction and closure of many hospitals. (e.g., the main teaching hospital in Jaffna was closed from June to end November 1990).
- the dislocation and abandonment of a number of peripheral units.
- damage, destruction and loss of medical equipment (e.g., Vavuniya hospital lost all its equipment).
- an exodus of qualified medical personnel and the displacement of field staff.
- the breakdown of routine maintenance and repair of equipment necessary for the functioning of health institutions.
- the disruption of the power supply and the shortage of fuel, making it difficult to operate refrigerators necessary to maintain the cold chain for vaccines.

While efforts have been made to maintain

services for children the serious disruption of health care services has resulted in a grave situation as reflected in the few examples cited below.

While traditionally, Jaffna had a low maternal mortality rate (0.8 per thousand in 1985), in the 1st quarter of 1988, in the main teaching hospital in Jaffna, there were 28 maternal deaths. In the period July to December 1990, the *Medicins Sans Frontieres* paediatrician working in Base Hospital Batticaloa, reported that the mortality rate in the paediatric ward during this period was 50 percent.

The breakdown of the preventive health care programme is reflected in the incidence of disease. Malaria for example which had almost been eradicated in Sri Lanka (in 1965 there were only 10 cases) has become a serious problem today. Associated with the breakdown in routine spraying activities is the high incidence of japanese encephalitis which was previously an uncommon disease in Sri Lanka.

The displaced and refugee communities have been particularly affected. In 1987, there was an outbreak of polio among returning refugees from India. 92 children were affected. More recently large numbers of displaced people were affected by dysentery, previously uncommon

The full extent of health problems associated with the conflict situation cannot be accurately ascertained at present but all evidence points to a serious erosion of services.

Women

The impact on women of the disruption to normal living have for an enormous number been overshadowed by tragedy and loss.

The situation of women in conflict areas of the north, east and south, represents a survival of the weakened. For every adult male dead or injured, there is a family of dependents, destitute and without economic support. Instances have been reported where entire villages are without adult males. e.g. In the district of Kurunegala there are 3 villages (Yaddessawa, Pilla and Rajangana Yaya Deka) where all adult males have either been killed or have disappeared. In Vavuniya district, the two villages of Cheddikulam and Chermamadu lost 101 men in one night. In Batticaloa district, in 1988 it was reported that 1702 breadwinners had died and that 300 were missing since the start of the conflict in 1983.

The situation of the widows of conflict, can be described as follows:

(i) Trauma:

For thousands of widows the psychological effect of losing the breadwinner, has been aggravated by witnessing the killing of children, sometimes their own, the burning of their homes and all their life's possessions and being brutally assaulted and raped. While some mothers continue struggling for the sake of the children who have survived, others have succumbed to the impact of trauma and have become apathetic and incapable of getting through their daily chores, (let alone engaging in economic activities or looking after children). Health workers have reported that "some mothers are so depressed that they refuse to immunize their children saying that there is no purpose in fighting to keep the child alive since it will die anyway".

(ii) Lack of skills/knowledge

Under a state sponsored scheme a war widow is entitled to receive compensation amounting to Rs. 50,000. Those who are unable to produce a Death Certificate (the majority fall into this category) have not benefitted from this scheme. In many instances, even those who have received the grant, have fallen prey to local sharks and have lost most of the funds received. Therefore guidance for those who receive benefits and training in self-employment and skills development are essential components which should go hand in hand with the package of financial assistance.

(iii) Child Care Support

For widows with young children, day care or pre-school facilities are needed to enable them to engage in economic activities. Although traditionally, the extended family provided support for bringing up children, economic difficulties as well as the disruption caused by the conflict have weakened the ties of the larger family unit. Thus in many cases, widows have suddenly been faced with having to look after children as well as be the main breadwinner.

Therefore urgent measures are required, at community level to assist women to overcome their trauma and achieve greater economic independence.

Children

The impact on children needs to be considered in terms of impairment of their capacity to develop in a healthy, normally adaptive fashion.

Physical health

Mention has been made of the impact on physical health from the scanty data available.

Physical disability

The conflict has caused permanent physical disabilities in many children. Some have lost both their legs due to "Johnny mines". Community based rehabilitation programmes are required to assist these children to become useful members of society and regain their independence.

Psychological trauma

Far more significant for the long term future of these children are the effects of exposure to a culture of violence, faced by thousands of Sri Lankan children. There has been destruction of family life and educational, cultural, sporting, religious pursuits which provided emotional security and social adaptation of children.

Behavior changes signifying psychological distress have been observed such as being extremely timid and fearful; being unhappy and miserable; showing intense suspicion and isolation; constantly seeking attention and reassurance; constantly complaining of various ailments; being aggressive and difficult to manage; showing no interest, initiative or zest; being constantly attached to mother or someone else; not participating in play; physical deterioration despite reasonable nutrition.

The main problems of children exposed to armed conflict in Sri Lanka may be described as follows:

(i) Loss of parents and care-givers

While it is impossible to replace the loss of a parent, traditionally in Sri Lanka, the extended family has stepped in to provide the physical and emotional support needed by an orphaned child. In the current situation the capacity of the extended family to provide this support has been seriously weakened on account of being affected by the conflict themselves, displacement, loss of earnings and abject poverty.

(ii) Trauma

The brutality of the conflict has meant that children have witnessed extreme forms of violence. Often they have witnessed their own parents or sisters and brothers being killed, or their mothers raped. This is not confined to one part of the country. While currently it is confined to the districts of the north and east, during 1988 and 1989 extreme forms of violence and gruesome killings occurred in all parts of the country. The number of children traumatized, is not known. However, a recent study carried out by a team of child psychiatrists have concluded that "the conflict has left large numbers of children traumatized and in a state of grief, hopelessness, despair as well as anger and frustration. Sentiments such as 'life is not worth living' or 'I am so sad and afraid I can't study now' or 'I hate the world' indicate the nature of the problem.

(iii) Disruption of education

Resumption of normal schooling has been indicated as an important activity to help children overcome the effects of trauma (see details discussed earlier in the chapter).

(iv) Conscription into militant groups

The average age for conscription varies between 10-12 for boys and 12-14 for girls. To avoid conscription, some families have spent their life's savings to send their children abroad. The poor have simply fled. In Batticaloa district, it is reported that many families have fled into jungles.

(v) Psyche of violence/breakdown of cultural norms

Many brutal assaults carried out by militants both in the north and south are reported to have been executed by child combatants. The culture of violence thus perpetrated has undermined the age old ethics of compassion, tolerance, respect for elders, and the high status accorded to education which have been the corner stones of the Sri Lankan value system. The ideology of violence where the T56 machine gun is seen as the ultimate solution to all problems has permeated into the thinking of young people. To veer a whole generation away from this "Rambo culture" is a painstaking task requiring a deep commitment at all levels of society.

Provision of needs for rehabilitation

There are three stages to be considered. The first is that of women and children in the situation of armed on-going conflict. The second stage is that of women and children in displaced situations. And the third the situation of children following the aftermath of conflict. Within the above certain common issues can be identified to describe the needs. The first need, of course, is an immediate one; survival, including provisions for basic health care. In this case basic health care includes address physical as well as psychological needs to meet the demands of adjusting to a normal life style.

High risk groups are widows in conflict zones or in displaced situations; victims of assault or rape; children directly exposed to violence or violence against their families; women and children coping with the losses of displacement; women and children physically disabled by war injury.

Another need is training of children and youth in developing skills related to conflict resolution and problem solving. Education in socialization to a multi-ethnic, multi-cultural society will permit children and youth to move away from attitudes related to socio-cultural or racial discrimination. These are needed in the long term for healthy functioning of the country as well as good mental health and education.

The last need is that related to rebuilding of communities, including the development of income generating and newly created employment opportunities.

The basic infrastructure for the provision of these needs is available and there is strong government commitment to this work. There are also a wealth of non-governmental community resources. Both governmental and non-governmental organizations have experience and accessibility to strategies, resources and mechanisms to meet the fundamental needs. However, coping with the reduction of psychological trauma and facilitation of adaptive function will require innovative approaches.

In conclusion, it must be emphasized that this situation of crisis though bleak, can be turned into a unique opportunity for development and community re-vitalisation. The mechanisms, implementation capacity and human will to address the problems described above are available and can be mobilised effectively. Instances of effective interventions are available for replication. The UNICEF assisted rehabilitation projects in clusters of conflict affected villages have demonstrated that community energies can be harnassed to turn crisis into opportunity.

In the event of peace, these experiences could be re-activated and replicated. This developmental approach to rehabilitation could be implemented in other conflict affected areas to rebuild the lives of women and children and re-kindle their hope for a better tomorrow.

RIGHTS OF SRI LANKAN CHILDREN

A child has been defined by law as a person under eighteen years since 1989. However, the English law concept that the age of majority is twenty one had been recognised for over a century, and continues to prevail in some areas of the law. The general marriage law that governs most Sri Lankans requires parental consent for marriage until the age of twenty one. This is anomalous in a situation where a girl of 12 years or a boy of 14 years is considered competent to marry. Children governed by special personal laws are free to marry without parental consent at a much lower age. Judicial decisions and some legislation have also recognised that a boy and a girl reach an age of discretion at the ages of 14 and 16 respectively.

The Constitution of Sri Lanka recognises fundamental rights in regard to freedom of conscience and religion, freedom of expression, and freedom of association. These fundamental rights are also available to children and thus conform with the rights recognised in the Convention in these areas. These rights are only subject to the general constraints placed by the Constitution, which like the Convention, limit these rights in the interest of public security, public welfare, and special legal provisions such as the law of defamation. The concept of the age of discretion serves to limit the exercise of parental power or guardianship rights in a way that might undermine the child's rights in these areas. The constitutional guarantees prevent the absolute exercise of parental power, even in respect of a child below the age of discretion.

The UN Convention recognises important rights in respect of the child's right to equal treatment and non-discrimination. It also recognises the importance of giving due priority to the best interests of the child. These basic premises have been recognised in the Sri Lankan Constitution, which confers fundamental rights in respect of equality before the law, gender equality, as well as protection for cultural rights. Other legislation, as well as non-statutory Roman-Dutch law, confers the court with the jurisdiction to act in the best interests of children provide legal support for these fundamental rights. There is thus a basic foundation of law that can be used to realise what the Convention envisages as a child's right to survival growth and development and protection from abuse.

However the protection given to cultural rights sometimes may contradict the rights conferred in respect of equality before the law and gender equality. Varying perceptions on the legality of child marriage, as well as diminished rights in respect of family support and inheritance, are justified by reference to different legal values articulated in personal customary or religious laws. This is apparent in recent judicial decisions regarding family support and adoption in the case of Muslim children. The enactment of constitutionally guaranteed rights thus appears to have limited the rights of the courts to exercise their wide jurisdiction to decide an issue in dispute in the interests of the child. Sri Lankan appeal courts focus on the child's interests in custody litigation irrespective of the personal law. Even recent decisions recognise that a child's right to maintenance must receive priority.

The Constitution of Sri Lanka contains a special article authorising affirmative action on behalf of women, children in general, and disabled children in particular. This provision has been introduced as a qualification to the right of equality before the law, to prevent such action being challenged in the courts on

the ground that it discriminates against other groups. The greatest problem of implementation arise in the area of rights connected with protection from abuse and exploitation. It is in this sphere that adult interests conflict most with a child's interests.

Sri Lankan laws as well as policies in general usually identify the interests of women with children. Administrative units set up to protect the rights of women invariably focus on problems pertaining to children. Sri Lanka has a "Women and Children's Division" in the Ministry of Labour, and in the Police Force.

The Convention itself postulates that every child has an inherent right to life, and declares a state's parties obligation to ensure to the "maximum extent possible, the survival and development of the child". Sri Lankan law does not recognise the concept of therapeutic abortion, except when there is danger to the life of the mother.

Sri Lankan law on Parent and Child and adoption is a combination of statute and Roman-Dutch law. The concept of parental rights is subject to the right of the courts to interfere with abuse of parental rights and guardianship, either in "in care proceedings" initiated in the juvenile court, or in ordinary civil litigation. The latter usually take the form of actions in respect of child custody, divorce or separation. Parents and children owe each other reciprocal rights of inheritance. Yet the concept of "family provision" after the death of a parent has not been recognised. This means that the duty of support lasts only during the lifetime of the male breadwinner, and sometimes the mother. If the parent disposes of all his/her property by will, minor and disabled children can be left destitute. The General law of intestate succession gives equal rights of inheritance to the majority of Sri Lankan children. However these rights are displaced by dispositions property made by will.

The duty to provide a child with an education is perceived as a crucial aspect of the legal obligation of parents or guardian's. Sri Lanka has a long tradition of literacy, which has helped to strengthen community support for this legal duty. A policy of providing free education from primary to university level was introduced in 1945, and sustained through the post-independence period. It has provided poor children with an opportunity to obtain upward social and economic mobility through education.

Despite this early promise, universal primary education has not been achieved in Sri Lanka, and there is concern about the recent increase in school drop out rates. Though the obligation to educate children has been a major factor in keeping children out of the work place, current data indicates that child labour has increased in the period 1980-1985. Schools, especially in poor areas, lack adequate resources, while efforts at curriculum reform have not helped to maintain the quality of education uniformly in all schools.

Legislation on birth registration has a long history in Sri Lanka. The current legislation has been supplemented by the concept of registration of persons above sixteen years, and issue of national identity cards to them. A legal framework already exists to help realise what the Convention describes as the child's right to a name, and preservation of identity. Nevertheless Sri Lankan laws on nationality and illegitimacy conflict with the Convention's perception of a state's obligation to provide every child with a nationality, a name from birth, and the basic aspects of a child's identity. These aspects of Sri Lankan law represent the only difficulties that the country may experience in ratifying the U.N. Convention.

The Convention recognises an important component of rights that are meant to protect a child from abuse, neglect and exploitation in times of both peace and war. The right to protection in situations of armed conflict thus constitutes an important dimension of the rights recognised by the Convention. Laws in the area of child abuse are weak, and do not afford adequate protection to the child.

Nineteenth century penal laws recognise the offences of infanticide and abandonment as a grave Crime. The Criminal and tort/delict law on personal injuries and fundamental rights guaranteed in the Constitution on the subject of personal liberty also assume a fundamental right to life. Nutritional and primary health care policies introduced in the post-independence period focus on the child's right to survival. Yet these legal and socio-economic policies only touch the lives of children in the family unit that functions well, irrespective of its economic status. Social and economic pressures on young unmarried mothers, the breakdown of an earlier system of wider family supports, and the strengthening of negative attitudes to the status of illegitimacy, place some children at risk of infanticide and abandonment.

Failure to enforce penal sanctions and the inadequacy of regulatory legal controls allow child exploitation in some other areas. Sri Lanka has been a party to several of the international conventions on trafficking with persons for prostitution and criminal purposes. Its law recognises a specially defined offence of abduction which contemplates taking a child outside the national jurisdiction for illegal purposes. These penal laws, derived from nineteenth century British colonial statutes, can contain loopholes to prevent effective prosecutions in child trafficking cases. Reports of exploitation of small children in adoption transactions, child labour, prostitution in particular, and recruitment of small children for camel riding in the Gulf States reveal that parents, couriers or agents and other adults can act together to exploit young children.

Child abuse in the family and in the community represents another area in which the laws are weak and do not meet the demands of the Convention. Incest is not a grave crime, while the rape law places the age of statutory rape at twelve years. This means that the defence of consent can be raised to prevent effective prosecution for rape in a situation where a girl under sixteen is placed in a custodial situation with an employer or relative. Sri Lankan law also does not contain special protections regarding child witnesses in cases where they are the victims of abuse.

A parent or an adult does not have a legal right to inflict grave injury in the exercise of parental of guardianship rights and responsibilities. They can be prosecuted for the criminal offence of causing hurt and personal violence. Yet the absence of facilities for representing the child's interests in legal proceedings for child abuse, and the failure to implement existing special laws on prevention of cruelty to children, can prevent adequate priority being given to imposition of penal sanctions on adults who batter children.

The Convention takes a positive stand against exploitation of children in employment. Sri Lanka recognises two minimum ages of employment, resulting in a situation where varying controls that are difficult to monitor are introduced in respect of employed children. Employment below the age of twelve is prohibited, but employment between twelve and fourteen is prohibited only for certain purposes. Regulatory controls have also been used to protect children above the age of fourteen from hazardous employment. When these controls do not apply, children above fourteen years are perceived as part of the official labour force. They are entitled to the same protections as adult workers except in regard to payment of standard wages. Exploitation is thus greatest in the case of children between twelve and fourteen and in areas of informal labour, such as domestic service, which are not covered by regulatory controls.

The basic principles found in the Convention on juvenile justice rehabilitative and institutional care for child offenders and adoption and foster care for children placed in difficult family situations are found in the Sri Lanka legal system. However, institutional resources are weak, and the department of Probation and Child Care appears to lack the facilities to effectively monitor institutions, and adoptive and foster parents. A specially constituted Juvenile Court

situated in Colombo has very limited jurisdiction to make orders in respect of children brought before it as victims of adult exploitation and abuse. It has no jurisdiction to punish adults for child abuse. The court merely makes orders placing a child in need of "care" (because of neglect or abuse) with a foster parent or in an institution. Inevitably, "in care" proceedings can be used to deprive a child of liberty and remove him/her from a familiar environment, without the safeguards to ensure that this decision is in the child's best interests. The Juvenile court also does not have jurisdiction to deal with issues involving custody or support, since these matters are dealt with by separate courts. Sri Lanka does not have a single family court system dealing with matters relating to children. These matters surface in both the District Court and Magistrate's Court that have defined jurisdiction in regard to distinct issues.

Legislation introduced in 1939 envisaged that child offenders will receive special protection in legal proceedings. Yet children are sometimes placed on remand in adult prisons. Children of female adult offenders also spend time in prison, since there are facilities for locating these children in institutions that provide child care services.

There appears to be a general perception that institutional care even in the facilities provided for children in trouble with the law fails to rehabilitate, and only exposes these children to further violence and delinquency. Recent administrative policies on poverty alleviation, *Janasaviya*, and a scheme of child sponsorship through contributions to a State fund, attempt to assist poor parents to look after and care for their children in their own homes.

Monitoring Implementation of the Convention

The Convention is a legal document, and it envisages that legislation, legal controls and judicial proceedings will be utilised to realise children rights. It provides for the creation of an International Committee that will, review national reports regularly and so monitor the performance of States parties vis a vis the Convention. A States party is required to submit a report two years after ratification, and every five years after the submission of the first report. The monitoring process, and the gamut of socio-economic policies required to implement the Convention, suggest that the whole community must be mobilised in the process of implementation. Awareness raising and advocacy at all levels is thus a crucial facet of successful implementation.

Successful implementation of many programmes in the last few decades, on family planning, health care and nutrition have shown how advocacy is a crucial part of successful intervention. Radical reform in difficult areas such as land policy and tenancy rights have been introduced through legislation, and public awareness. Thus, effective advocacy is a clear and recognised strategy in Sri Lanka for implementing policies.

STATUS OF INDICATORS OF IMPLEMENTATION OF THE CONVENTION ON THE RIGHTS OF THE CHILD

Convention Objectives for the year 2000	Sri Lanka Situation
Major goals	
1. Reduce infant mortality by one third and reduce under five mortality by one third.	The nationwide 1990 estimate of IMR is 19.4. However there are population pockets with mortality over 50. Under five mortality is 9.5. There are areas with mortality over 20.
2. Reduce maternal mortality by half.	The national figure is .5, but there are districts with maternal mortality triple the national average.
3. Reduce undernutrition by half.	There are no national figures on the incidence of undernutrition. Scattered surveys show the figure is well above 60 percent
4. Universal access to safe drinking water and safe human waste disposal.	Access varies widely from district to district and between rural and urban areas. Rural access is estimated to be 64 percent for water and 56 percent for human waste.
5. Universal access to basic education and completion of primary school education for at least 80 percent of primary age children.	Access to basic education is nearly universal and over 90 percent have completed grade five.
6. Reduce adult illiteracy by half.	Literacy is now over 90 percent overall and above 85 percent for women. There are regional disparities, particularly in the estate areas.
7. Improved protection of children in difficult circumstance. The indicators of protection include:	There are no firm data available on the situation of children in difficult circumstance. See chapter 3 for some estimated magnitudes.
Proportion of children suffering physical or mental abuse;	
Proportion of children in institutions;	
Proportion of disabled children without access to services;	It is generally accepted that over 95 percent of the disabled do not have access.
Proportion of working children;	
Proportion of children in prostitution;	
Proportion children living on the street.	

Supporting sectoral goals

Women's health	
Availability of MCH services for all pregnant women.	Over 81 percent presently avail themselves of such services.
Promotion of pregnancies in the 20 to 34 year age group.	No data are available on the age distribution of women giving birth.
Promotion of birth-spacing to allow at least 30 months between births.	No data are available on birth spacing.
The availability of trained personnel for all births	Seventy-eight percent of births are presently attended by trained personnel.
Screening of all women for high risk pregnancies.	No national data are available.
Nutrition	
Reduction of severe and moderate undernutrition by half.	No data are available, estimates of severe undernutrition are around 12 percent.
Reduction of the rate of low birthweight to less than ten percent.	Thirty percent of birth in government hospitals are below 2.5 kilos.
Reduction of iron deficiency anaemia among women by one third.	Sixty-five percent are estimated to suffer from anaemia.
Elimination of iodine deficiency disorders.	No national data are available. Prevalence in the endemic zone ranges from 9.2 percent to 32 percent.
Virtual elimination of vitamin A deficiency and its consequences.	Sixty-five percent are estimated to suffer from vitamin A deficiency.
Empowerment of women to breast feed exclusively for six months and to continue into the second year.	Over 80 percent of women are breast feeding their children.
Growth monitoring of all children under two years of age.	Eighty percent are estimated to have been weighed.
Promotion of household food security.	No systematic data are available on the household food security situation.
Use of ORT.	Over fifty percent of mothers use ORS for children with diarrhoeal dehydration.

Child health	
Eradication of poliomyelitis.	There were six cases in 1990.
Eradication of neonatal tetanus.	No data are available, but there are very few cases.
Reduction of measles deaths by 95 percent and reduction of measles incidence by 90 percent.	No data are available.
Achievement and maintenance of 90 percent immunization coverage.	Immunization coverage is presently over ninety percent.
Reduce deaths due to diarrhoea by half.	No data are available.
Reduce deaths due to ARI by one-third.	The current mortality rate is 9.1 percent.
Basic education	
Expansion of early childhood development activities.	No data are available on the extent of early childhood development activities.
Universal access to basic education.	Access is nearly universal. The major constraints to taking advantage of access are economic.
Reduction of adult illiteracy by half.	Ninety percent are currently considered to be literate.
Increased acquisition by individuals and families of the knowledge, skills and attitudes required for better living.	*Facts for Life* types of information has had limited and sporadic dissemination.

It can be seen from the above that while the overall availability of data is better than in many countries, the challenges of the Declaration of the World Summit for Children mean that much more information is required. Sri Lanka has the capability and resources for such data collection and the relevant information should be forthcoming as the National Plan of Action is implemented from 1992.

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