



RAPID GENDER ANALYSIS SRI LANKA

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ACRONYMS AND ABBREVIATIONS

FGDS	FOCUS GROUP DISCUSSIONS
GBV	GENDER-BASED VIOLENCE
KIIS	KEY INFORMANT INTERVIEWS
LGBT	LESBIAN, GAY, BISEXUAL, AND TRANSGENDER
LGBT+	LESBIAN, GAY, BISEXUAL, TRANS, INTERSEX AND QUEER
PHM	PUBLIC HEALTH MIDWIVES
RGA	RAPID GENDER ANALYSIS
SME	SMALL AND MEDIUM ENTERPRISES
SADDD	SEX-, AGE- AND DISABILITY-DISAGGREGATED DATA
SEAH	SEXUAL EXPLOITATION, ABUSE AND HARASSMENT
SRH	SEXUAL AND REPRODUCTIVE HEALTH
UNFPA	UNITED NATIONS POPULATION FUND
WASH	WATER, SANITATION AND HYGIENE



EXECUTIVE SUMMARY

The lives of people in Sri Lanka have been impacted by an economic crisis in 2022, with massive protests and strikes across the country. The knock-on effects of the economic crisis have created a multi-dimensional crisis with increasing economic, health, social, and protection risks impacting the wellbeing of the people.

In August 2022, UNFPA in collaboration with CARE international and Chrysalis, conducted a Rapid Gender Analysis to bring attention to the on-going economic crisis to identify the gender specific economic, health (including sexual and reproductive health), social, and protection risks faced by women and girls including those with diverse sexual orientations and gender identities, and vulnerable groups in Sri Lanka. The RGA identifies differentiated needs and prioritizes strategic gender issues and opportunities to promote gender equality and women's empowerment. The RGA also proposes recommendations for humanitarian leadership to ensure that gender considerations are incorporated in recovery and response-oriented programming and operations, and support gender-responsive policy decisions to this crisis.

The RGA is a progressive publication based on both primary and secondary data sources that compare pre-crisis data with up-to-date information as the situation evolves in the country.

Key Findings

1) The crisis has changed gender roles and, nonetheless, it is largely exacerbating pre-existing gender and intersectional inequalities and discrimination.

Gender roles are changing in Sri Lanka. The interviews suggest that some men who have lost their main source of income also report an increasing care role and support with household activities, as they are less engaged in income-generating activities. Consequently, with men becoming unemployed, women report taking on new roles and multiple jobs to make up for the lost family income. However, the sudden change in the role of men as the main breadwinners has become a source of anxiety for them.

2) The crisis has affected the living standards of Sri Lankans and is pushing previously middle-income households toward poverty.

The economic crisis has predominantly affected the increasingly high living standard of people in Sri Lanka, irrespective of the economic sector, heavily impacting the healthy development of the economy, and visibly impacting middle to low-income sectors both in rural and urban areas. However, the interviews show that rural communities are more resilient to the economic challenges and changes in lifestyle created by the lack of food, and the shortages of fuel, than urban communities.

Both female and male respondents highlighted the importance of the stabilization of fuel distribution, and the subsidization of food, electricity, water and transportation prices for them to be able to respond to their basic livelihood needs with their work. They also emphasized the importance of access to credit programs, and business training opportunities. In most cases, participants in the FGDs emphasized the importance of access to income opportunities for them to be able to provide what was needed.

3) Women are disproportionately affected by the multi-sectoral and compounded impact of the crisis.

Women's care burden has increased significantly with the electricity shortages, and the lack of gas and fuel, doubling the time they spent on unpaid domestic chores. The disruption of education for children and the shortages of food have also added stress and responsibilities to women's role as the head of the household. The most visible barrier experienced by women and menstruating persons in urban and rural areas, irrespective of their economic sector or place of dwelling, is the difficulty to access WASH services: water, sanitation, and hygiene products, since the prices for water services, sanitary napkins, and soaps have increased. Women are leading community-based organizations and meetings and keeping the relationships within the communities has been added to their list of responsibilities.

4) The stressors related to the multi – dimensional crisis combined with minimal services for gender based violence and access to protection mechanisms have seen an increase in violence against women and children.

Domestic violence has increased as loss of jobs, family income and increased anxiety levels have led to negative coping mechanisms. With the increase in reports of drug and alcohol use, the nature and intensity of domestic violence have intensified.

Key Recommendations

- In terms of changes in **gender roles and relations** brought by the crisis, any humanitarian delivery of services and assistance needs to factor in that women report engaging in multiple jobs to make up for the lost family income and doubling the time they spent in unpaid domestic chores; therefore, no extra burden can be added.
- In **food security**, women have reduced their food intake as a negative coping mechanism to prioritize their children's and husbands' needs. Therefore, food assistance needs to be tailored to the specific needs of women and children, including adequate and appropriate nutritional food for older people, pregnant and breastfeeding mothers, children under the age of 5, and people with chronic illnesses.
- In **WASH**, facilitate access to sanitary products for women of reproductive age, through the distribution of hygiene and dignity kits. Although it did not come up in the RGA discussions, incontinence materials should also be included for older women and men.
- In **SRH**, humanitarian actions need to strengthen and complement the Public Health Midwives (PHM) that traditionally women and men rely on to access contraceptive methods (particularly pills and condoms). Access to all other types of medicines is a major concern for the population, particularly those with non-communicable diseases.
- In **Education**, while fathers have involved themselves, mothers carry the main responsibility to support the children with home-schooling when schools are closed, before during the pandemic and then with the crisis due to lack of petrol. Humanitarian programming can offer support with home-schooling and work to change the attitudes at home, encouraging redistribution of the care burden among male family members. Another alternative is providing children with after-school activities to reduce their stress and anxiety and improve mothers' access to paid employment.

- In **Livelihoods**, provide vocational education targeted at women and men and pay special attention to youth. Hard-hit groups like sex workers require further support and protection.
- Safe and accessible **MHPSS** services, need to be made available in locations where services are limited. Provide both offline and online services to mitigate mobility issues and the stigma that seeking mental health support still carries with it, including drug prevention programmes particularly targeting youth, and alcohol prevention programs for older men.
- In prevention, mitigation, and response to **GBV**, humanitarian actors need to advocate for more support, resources, and funding to address the increased risk of GBV caused by the crisis. Humanitarian action should strengthen and complement government services and fill in gaps where existing. Particularly, humanitarian actors could provide safe-shelters for survivors of domestic violence and their children.



1. INTRODUCTION

1.1 Background information

Sri Lanka is experiencing an acute economic crisis with an unsustainable level of public debt and low forex reserves, brought on by structural problems such as the chronic balance of payments deficit owing to high import dependence (including on food and medicine), narrow and undiversified export base, over-reliance on remittances and tourism receipts, regressive tax policy weighted towards indirect taxation, and low corporate and personal tax rates. It was further exacerbated by the ban on chemical inputs in agriculture (food and plantation crops) in 2021 and the repayment of international sovereign bonds. The knock-on effects of the economic crisis have created a multi-dimensional crisis with increasing economic, health, social, and protection risks impacting the wellbeing of the people.

Given the predominant trend in the crises, existing **inequalities** will deepen, resulting in the regression of human development indicators. The health and socio-economic impacts of the crisis carry differential - and at times more severe - risks and outcomes for women and girls, particularly for those who face disadvantages based on income levels, age, ethnicity, disability, religion, caste, and sexual orientation. It must also be noted that this crisis builds from vulnerabilities created by several prior crises including a prolonged armed conflict, ethno-religious violence, and the COVID-19 pandemic, as well as the systemic marginalization of vulnerable communities. As such, it is expected that women engaged in informal labour, older widowed women, women of ethno-religious minority communities, women heads of households, migrant returnees, pregnant women, sex workers, and those belonging to the LGBTIQ+ community, among others, will be the worst affected.

In the current context, the **economic wellbeing** of women will be impacted as the sectors where women are predominantly employed have been directly affected - the apparel, tea/rubber plantations, the Micro Small and Medium Enterprises, the informal economy, etc. The majority of women are in precarious jobs or not in waged work, pushing them further into poverty. The lack of access to financing and credit facilities, vulnerability to exploitative microfinance schemes and local moneylenders, and unavailability and/or unaffordability of raw materials for home-based production have implications for women's control over resources and for their protection and wellbeing.

The rising cost of living is pushing women to adapt **coping strategies** that will have negative outcomes for their wellbeing. The study on the 'Impact of COVID-19 Pandemic on Women and Girls'¹ indicates that women were already forfeiting their meals to ensure the wellbeing of their families, a situation that the economic crisis has worsened. In addition, the information gathered for this report suggests that women shoulder a greater portion of unpaid care work – already inequitably distributed – at a further detriment to their wellbeing and autonomy. Moreover, women tend to take more responsibilities, engaging in forms of self-employment or other income-generating activities, to cope with the economic crisis.

The reduction in household income is likely to produce negative outcomes for girls. It can lead to a rise in adolescent and teenage pregnancies due to early marriages and cohabitation. If interventions are not made early this will impact educational outcomes and increase poverty for girls in the long term. Further, disruptions to essential services on sexual and reproductive health, family planning, and Sexual and Gender-Based Violence can have multiple long-term impacts on the wellbeing of women and girls.

1. UNFPA and UN Women: Assessment of the Impact of COVID-19 Pandemic on Women and Girls.

At present, **women's representation and participation in decision-making** at all levels of governance are severely limited. The impact of the crisis on the autonomy, protection, and wellbeing of women is likely to cause further regression in women's full participation and leadership in society and governance, and thereby further de-prioritization of the needs, rights, and empowerment of women in response, recovery, and development measures.

Therefore, the government's response to the crisis must adopt a gender-responsive approach from the outset, to develop viable solutions that will benefit and uphold the rights of women, girls, and other marginalized groups.

1.2 The Rapid Gender Analysis objectives

The Rapid Gender Analysis (RGA) of the ongoing economic crisis aims to identify the gender differentiated economic, health (including sexual and reproductive health), social, and protection risks faced by vulnerable groups, and resultant implications to the 2030 agenda.

The objectives are

- To identify the differentiated needs of women and girls including those with diverse sexual orientations and gender identities.
- To prioritize strategic gender issues and opportunities to promote gender equality and women's empowerment to ensure those gender considerations are incorporated in recovery and response-oriented programming and operations, and support gender responsive policy decisions.



2. METHODOLOGY

The RGA provides information about the different needs, capacities and coping strategies of women, men, boys, and girls in a crisis. The RGA is built up progressively: using a range of primary and secondary information to understand gender roles and relations and how they may change during a crisis. It provides practical programming and operational recommendations to meet the different needs of women, men, boys, and girls and to ensure we ‘do no harm’. The RGA uses the tools and approaches of Gender Analysis Frameworks and adapts them to the tight timeframes, rapidly changing contexts, and insecure environments that often characterise humanitarian interventions.

2.1 Data collection methods

This RGA used a mixed-methods approach, with tools adapted from the CARE RGA Toolkit. The gathering of the primary data was undertaken between 9 and 27 August 2022, using three different tools: (1) focus group discussions (FGDs), (2) key informant interviews (KIIs), and (3) individual stories. Data collection was conducted in 12 districts (see chart 2.1) across the country. For all interviews, the data-collection used a combination of convenience and purposive sampling approaches. There was a national sample of state and non-state actors included as key informants as well. Urban and rural sectors were included as key demographic in the sample. But to get an in-depth understanding, agriculture, tea, apparel, migrant workers, SMEs, and female sex workers were specifically included. A sample of men per district was conducted to understand the impact on men. One FGD of LGBT persons and one particularly of trans persons were part of the data collection sample to understand the nuances of the economic crisis. Women who were in protests were also interviewed to get their views on the economic crisis and women’s empowerment (see chart 2.2 below for sector details).

The use of convenience sampling recognizes different people’s ability to participate in the research in the current volatile context in the country, while the use of purposive sampling ensures sufficient sampling across different intersectional groups, groups in vulnerable situations, genders, and age groups. The sample is not fully representative of the population of Sri Lanka but seeks to provide more understanding of the realities of diverse women, men, girls, boys, and others from diverse groups within the current crisis.

Overall, the enumerators carried out 85 FGDs divided by sex, ethnic group, and age. A total of 635 people participated in the focus group discussion (510 women, 115 men, and 10 LGBT persons). From this sample, 73 KIIs were conducted (55 women, 17 men, and 1 trans gender), this included 62 interviews at the district level and 11 at the national level. The general sample included 396 Sinhalese, 209 Tamil, and 30 Muslims, whereas 57 FGDs were conducted in the Sinhala Language while 28 were conducted in Tamil. Within the sample, there were 7 individual case stories of women who detailed out their experiences from the onset of the Economic Crisis.

The field data collection was carried out by district-level teams and orientation meetings were held on 9, 12 and 16 August for all data collectors virtually (3 in Sinhala language and 1 in the Tamil language). The rationale for the RGA was shared and they were taken through the 3 tools in detail. Sharing some experiences and the types of information they might receive and how to do the reports. 4 members of Chrysalis were available throughout data collection for clarifications.

Chart 2.1: Locations of FGDs and KIIs conducted

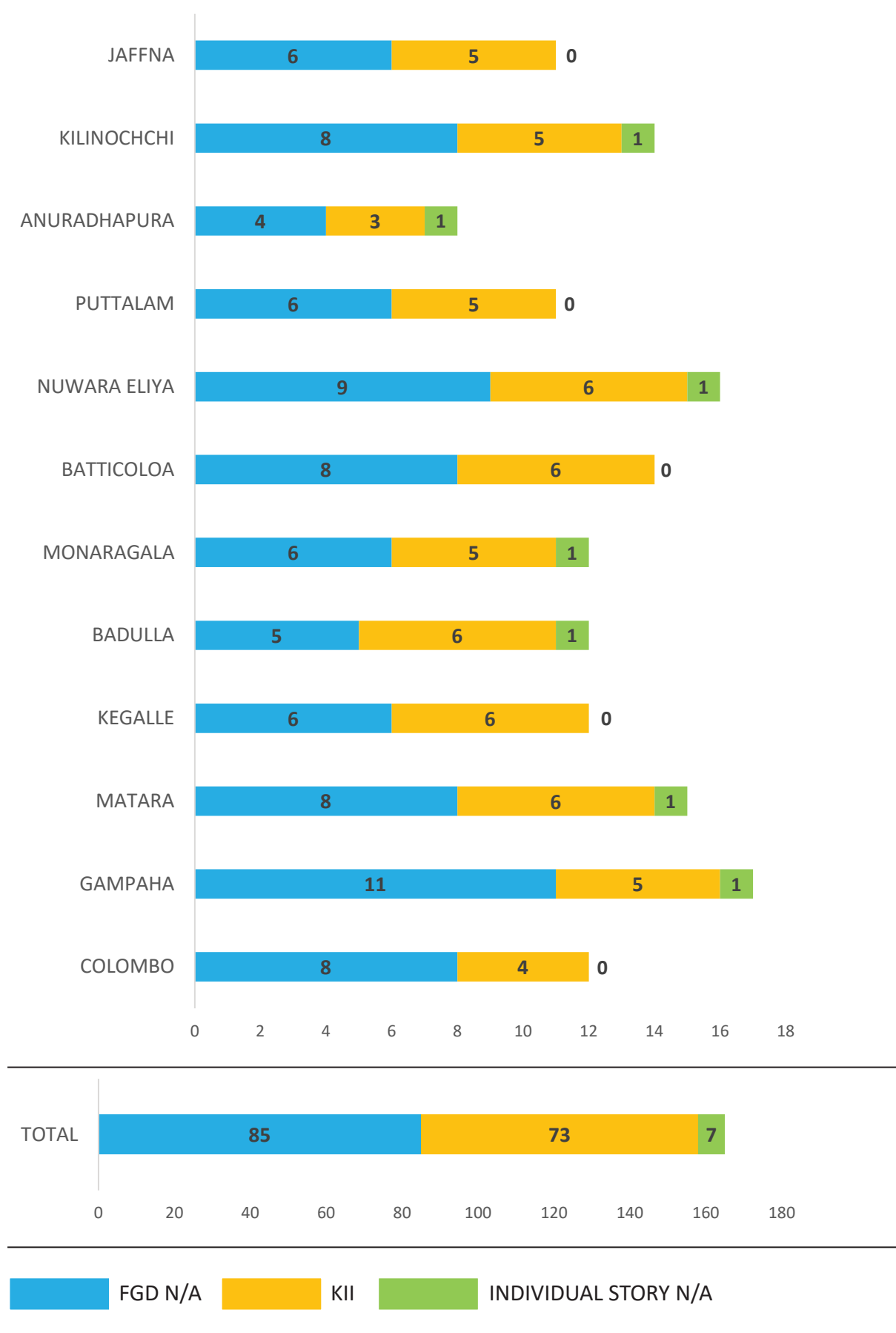
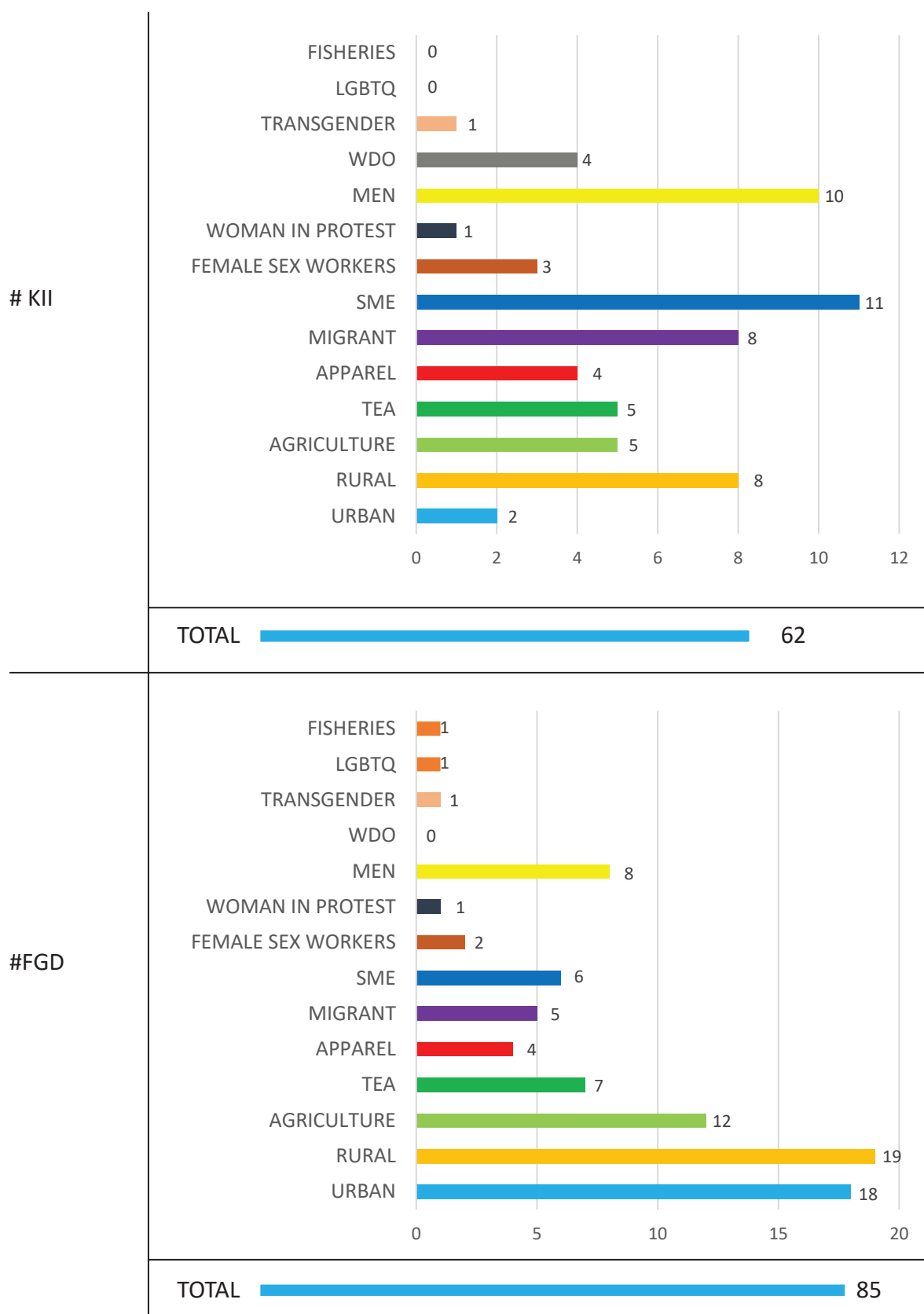


Chart 2.2: Sector representation in the sample



2.2 Limitations and Challenges

- With the fuel quota per week for a van being 50 litres it was difficult to cover the required distances for interviews. This was key to the decision on selecting and training enumerators in each district to expedite the data collection process. Even to get a wider representation in each focus group discussion was challenging as there were difficulties in terms of expenses to travel shorter distances. Therefore, most of the respondents are from relatively close communities.
- Given mobility constraints such as lack of modes of transportation and infrequent availability of buses, participants' arrival was at times 30 – 45 mins later than the scheduled time. Therefore, a level of flexibility had to be accounted for when scheduling interviews in the best interest of participants and the quality of evidence generation. Sometimes the interviews had to be ended considering the time constraints the respondents had.
- The RGA aimed to include different marginalized groups within the sample and succeeded in including inputs from women in different sectors, including rural, agriculture, tea, apparel, SME, sex workers, and few LGBT. However, further information would be needed on the situation of people with disabilities, older women, and the wider LGBT+ community in different sectors.
- Most of the women who came for the discussions were housewives as the employed women were at work during the weekdays.
- While the RGA aimed to include men, mobilizing men for the focus group discussion was a challenge given they are employed or constantly looking for employment. Even with a travel allowance, this was difficult as they felt the opportunity cost is much higher.
- To inform programming and planning, the RGA was carried out quickly, which limited the time available for tool development and piloting, data collection, and transcription and analysis. Many of the enumerators themselves were experiencing difficulties in their own lives during the process due to the economic crisis and the lack of fuel. Despite these challenges, the RGA team feels confident that the data collected, analysed, and reported here is of high quality and sufficient for an iterative RGA process.



3. DEMOGRAPHICS AND HUMAN DEVELOPMENT

The current crisis threatens the significant gains that Sri Lanka has made in the last years. According to the UNDP Human Development Report², Sri Lanka's **Human Development Index (HDI)** value for 2021 is 0.782—which put the country in the High human development category—positioning it at 73 out of 191 countries and territories. Between 1990 and 2021, Sri Lanka's HDI value changed from 0.636 to 0.782, a change of 23.0 percent. Between 1990 and 2021, Sri Lanka's life expectancy at birth changed by 4.5 years, mean years of schooling changed by 2.7 years and expected years of schooling changed by 2.9 years. Sri Lanka's GNI per capita changed by about 226.1 percent between 1990 and 2021.

Sri Lanka has a **Gender Inequality Index (GII)** value of 0.383, ranking it 92 out of 170 countries in 2021. In Sri Lanka, 5.4 percent of parliamentary seats are held by women, and 84 percent of adult women have reached at least a secondary level of education compared to 84.2 percent of their male counterparts. For every 100,000 live births, 36.0 women die from pregnancy-related causes; and the adolescent birth rate is 15.7 births per 1,000 women of ages 15-19. Female participation in the labour market is 30.9 percent compared to 68.5 for men.

In terms of **demographic background**, the sex ratio is in favour of women (106:100), as they accounted for 51.5 percent of the population in the 2011/12 Population and housing Census. The age composition of the population has changed, with the population below 15 years declining to 25.8 percent and those over 60 years increasing to 12.2 percent, indicating the emergence of a largely

vulnerable older people, the majority of whom are women. This greater number of older women is assumed to be due to the higher female average life expectancy of 79.6 years than the male average life expectancy of 72.4 years. The ethnic distribution of the population was Sinhalese, 74.9 percent; Sri Lankan Tamil, 11.2 percent; Tamil of Indian descent, 4.2 percent; Sri Lankan Moor, 9.2 percent; Malay, 0.2 percent; Burgher, 0.2 percent; and others, 0.1 percent.³ While the minimum age of marriage is 18 years (except in the Muslim community), the average age of marriage for women has been 25 years for many years.

Poverty indicators for 2019⁴ by the Department of Census and Statistics indicate that an estimated 3.2 percent of the population in Sri Lanka lived below the old poverty line of Rs.4,830 per person per month and amounted to 689,800 individuals living in poverty; and an estimated 14.3 percent of the population lived below the updated poverty line of Rs.6,966 per person per month and amounted to 3,042,300 individuals living in poverty.

2. <https://hdr.undp.org/sites/default/files/Country-Profiles/LKA.pdf>

3. Sinhalese—mainly Buddhists and speak the Indo-European Sinhala language. Sri Lankan Tamils—Hindu and Christian, speak Tamil, a Dravidian language. Tamil of Indian descent—mainly Hindu descendants of indentured laborers brought from South India to work on the plantations, the railroad, and as sanitary laborers. Sri Lankan Moor—Muslim, speaking Tamil. Malay—Muslim descendants of immigrants from Indonesia and Malaysia, speaking a Malay dialect and English. Burghers—Christian descendants of Dutch and Portuguese settlers.

4. statistics.gov.lk



4. FINDINGS AND ANALYSIS

4.1 Gender Roles, responsibilities, and relations

Gender roles are changing in Sri Lanka. The interviews suggest that some men who have lost their main source of income also report an increasing care role and support with household activities, as they are less engaged in income-generating activities. Consequently, with men becoming unemployed, women report taking on new roles and multiple jobs to make up for the lost family income. However, the sudden change in the role of men as the main breadwinners has also become a source of anxiety for them.

Women's care burden has increased significantly with the electricity shortages, and the lack of gas and fuel, doubling the time they spent on unpaid domestic chores. The disruption of education for children and the shortages of food have also added stress and responsibilities to women's role as the head of the household.

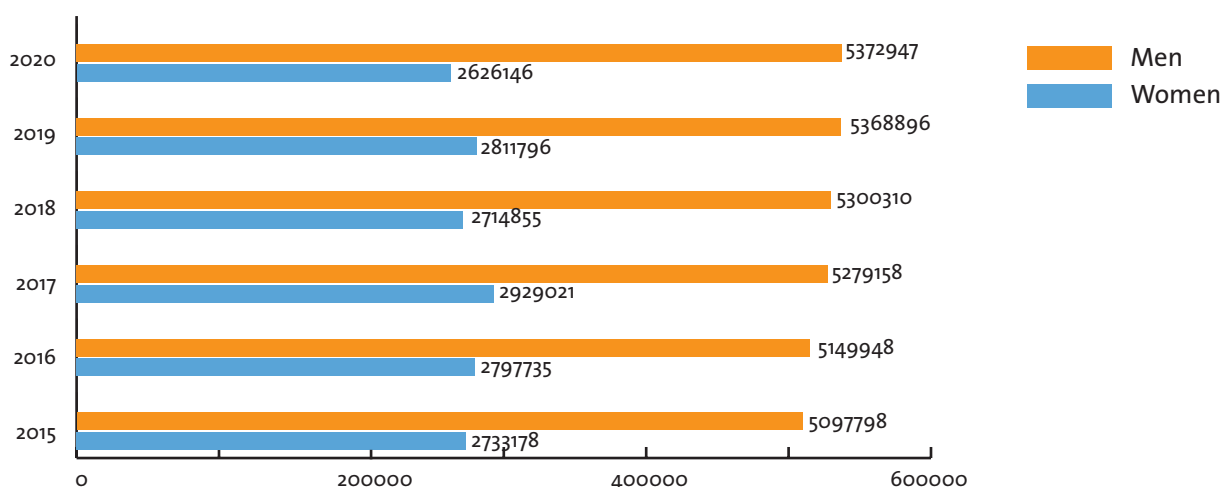
Although the time for engaging in social activities has decreased, women are leading community-based organizations and meetings, and keeping the relationships within the communities has been added to their list of responsibilities.

4.1.1 Paid work

Before the crisis, over the last two decades despite impressive educational and health gains that should have translated into economic gains, only 1 in 3 Sri Lankan women have participated in the country's labour force -medium, small and micro enterprise (MSME) sector. Women were already facing inequalities because of constructed gender roles, unequal power dynamics, and the division of labour, which restricts women to the care economy. In 2021, female labour force participation rate was 31.8%, and the economically active population (female) in the urban, rural, and estate sectors were 34 percent, 33.8 percent and 42.6 percent respectively.

Before the crisis, a vast majority of women in Sri Lanka lived in the rural agrarian and estate sectors and they lacked ownership of land which means they were also denied access to and control over agricultural assets, services and benefits (e.g., subsidies, credit, and irrigation water). Women were consequently, concentrated in the informal sector, either in subsistence agriculture or in work as unpaid workers in family farms. The women in the estate sector were mainly employed as workers picking tea leaves- a low-skilled job.

Employed population by gender 2015-2020



Source: Department of Census and Statistics, Sri Lanka

5. IPID-Chrysalis (2019): Gender Analysis – Women in the SME Sector. Final Report.

Before the crisis, the Covid pandemic had already affected a sizable female population who had lost employment completely or partially.⁶ However, during this period ‘working from home’ became more common among females, creating challenges connected to a lack of internet connectivity and/or interruption of internet connectivity as well as the lack of devices or accessories to work from home.

In addition, working from home increased unpaid care work that resulted in the inability to perform paid work. However, in comparative terms, males were more impacted in their employment by the pandemic.⁷

In the FGDs and interviews, most of the respondents reported that their income has been one of the areas most impacted by the economic crisis. In the rural sector (including the agriculture and tea sector), some of the main reasons for the loss of income are related to the lack of fuel, the unavailability of seeds, and the increased prices of fertilizers and raw materials, which have resulted in the collapse of businesses, agriculture, and fisheries. This has had a ripple-effect in local communities with many related jobs being affected, and in society, with the costs of food increasing everywhere else. The tea sector has been hard hit by the lack of fertilizers as well as by environmental factors that affected the crops, impacting productivity in the plantations and reducing the income of tea pickers, especially affecting women in this sector.

“Most of the men who worked outside of the estate sector lost their jobs and returned home with no income. We are not doing anything for income and are totally depressed due to loss of regular income. We are very sad about the situation of our family which depends on the income earned by our wife. And the

debts increased, and we couldn’t buy things from the shop that we used to purchase goods. Now mostly we go to temporary jobs, get low income and we have great hope that things will better for the future. Also, we have not received any assistance from the government that support to other farming and business community as such we are totally neglected from the subsidies and welfare activities.”

(Man from Kegalle in FGD Men).

Men, who are seen more often in Sri Lanka as those responsible for a family’s financial security, have lost their jobs as wage laborers in other farms, or as fishermen, experience increasing pressure because of these challenges and causing stress at the household level, creating conflict within some families because of the unfulfilled gender expectations. As a response, women who were previously housewives started to engage in various income-generating activities as wage laborers working side by side with men, or developed informal home-based ways of earning money. In cases where the family had their own farm, in addition to the income-generating activities, women also began to actively support the work of their husbands on the farms, to reduce cost of labour and maximize their resources. In some cases, in the rural sector, more children are engaging in income generating activities to economically support the family. In most cases, young men are abandoning their education and looking for work as daily wage laborers, while young women are supporting the family by engaging in household activities or looking for extra sources of income.

“Women are more vulnerable to these crisis condition as some of us who rely on the maintenance

6. UNFPA and UN Women: Assessment of the Impact of COVID-19 Pandemic on Women and Girls

7. UNFPA and UN Women: Assessment of the Impact of COVID-19 Pandemic on Women and Girls

fees provided by ex-husbands after getting divorced at Quasi courts are supposed to survive within LKR 5000 per month which is not even enough to run the household for a week. We live in congested housing structures where we do not have enough space to light firewood stoves when there is no gas in the market, we do not have enough space in our gardens or backyards to relax when mobility is restricted due to fuel crisis. Life has become so stressful after this crisis.”

(Woman from Batticaloa in FGD Urban).

In most cases, women had taken on extra responsibilities and increased their income-generating activities. However, in some other cases, women lost their jobs and engaged in child care due to the closure of schools and the difficulties in accessing education during the pandemic and the fuel crisis. These families remain the most vulnerable to the loss of income. In this context, female-headed families have become more vulnerable as the women have to look after the entire family and face more difficulties during the crisis without permanent income, with the added difficulty of the lack of proper schooling for the children.

In the urban sector (including SMEs), according to the participants, after the economic crisis, the roles performed by men have changed as most of the men engaged in business had to close down their businesses and stayed at home, and many had to sell or mortgage jewellery to manage the business as well as the family. Their stress levels increased due to their economic responsibilities to pay for lease, cheques, and goods already purchased. On top of that, they had to queue for fuel, considerably reducing their leisure time. These circumstances have sometimes created conflict at the household level. In general terms, job rotation has increased, creating instability and precariousness.

“Now we are in a very pathetic situation because the price of goods is high and we can’t buy raw materials to do our business at a low cost. The cost of production has increased, which has impacted business and reduced our income.”

(Woman from Kegalle in Urban FGD).

Men remain the official breadwinners, but many female participants were housewives before the crisis and engaged in home-based income-generating activities when their husbands lost jobs or had pay cuts. According to participants, more often women must look for different income sources to balance the loss of income they have experienced during the crisis. Therefore, in more places (e.g. Gampaha, Kilinochchi, Puttalam), participants engage in SME activities to generate income while working at home (sewing, teaching, gardening, candle making, bakery, etc.) (Gampaha, Kilinochchi, Puttalam). In many cases, this turns into an increase in loans to capitalize on the SMEs and respond to the families’ everyday needs. However, with the higher costs of living and raw materials, running businesses has become more challenging and these loans are difficult to pay (Kegalle). Other women, in the apparel, and migrant economic sectors are also engaging in self-employment or searching for jobs through manpower agencies that sell their labour without much legal protection. More women from urban settings are looking into the possibilities of migrating to other cities or emigrating abroad to find other sources of paid work.

“We cannot survive with our current income anymore. We need to find an extra income source. As we live in a completely business-oriented community, our families’ income has long been dependent in buying and selling goods. However, after

the onset of the COVID19 pandemic, we started to get affected badly due to continuous lockdowns and travel restrictions. This economic crisis followed by the pandemic has pushed us further down.”

(Woman from Batticaloa in the Urban FGD).

In most sectors, the effects of the crisis have been particularly negative for households with less diversified sources of income who are more dependent on one paid job. This includes single mothers and female-headed households. As it has been reported by the participants, the most vulnerable to the loss of income remain people with disabilities, widows, and older women who are abandoned by their families and do not receive any economic support.

Sex work is another sector impacted by the economic crisis. Sex workers have lost their income and become more vulnerable to abuse by family members, customers, and the police. The lack of tourists visiting the country since the start of the pandemic has also affected those communities reliant on tourism, increasing their economic vulnerability during the current crisis.

“Due to the fuel shortage it’s difficult for our husbands to do marine fishing and selling it. So, we women had to do something extra works to increase our household income.”

(Woman from Gampaha in the Rural FGD).

In the rural sector, fuel shortages have affected the people reliant on fuel to make a living. Among them are three-wheeler drivers whose sole source of income has stopped; fisherwomen have also completely lost the post-harvest process as the one-day fishing boats have not been employed for

nearly three months due to a lack of fuel. The other aspect of the fuel shortages that have affected income has been the difficulty in delivering food products.

4.1.2 Unpaid work

Prior to the economic crisis, and before the pandemic, unpaid domestic activities in Sri Lanka were higher for women than for men, with 86.4 percent and 54 percent respectively.⁸ Accordingly, SDG indicator 5.4.1 which is the “proportion of time spent in a day on unpaid domestic and care work”, for women and men (% of 24-hour day) in Sri Lanka were 23.4 percent and 6.2 percent respectively.

“More household work than before. Because there is no gas, there is too much rain, the wood is too wet, and it takes longer to cook. However, now men help much more: looking for wood.”

(Woman from Nuwara Eliya in Agriculture FGD).

As quoted above, changes happened during the pandemic. Unpaid care work by females increased and some women became unable to balance paid work and unpaid care work. In addition, because of the economic crisis created by the pandemic, the proportion of females practicing methods to reduce household expenditure doubled or tripled, in comparison to males. In addition, a higher proportion of females practiced some methods to increase household income. E.g., Engaging in small businesses (male = 6.8% vs. female = 14.7%). However, a larger proportion of males were involved in casual labour compared to females (male = 8.9% vs. female = 5.8%).⁹

After the economic crisis, the roles performed by men changed slightly. On a country level, participants report that when men lost their jobs some became more engaged with household

8. DCS (2017): Sri Lanka National Survey on Time Use Statistics (TUC) – Final Report. Available at: [Link](#).

9. UNFPA and UN Women: Assessment of the Impact of COVID-19 Pandemic on Women and Girls

chores, such as cooking and cleaning, and others became more engaged with child care. For example, men picked up children from school because of the lack of fuel and transportation and paid more attention to online classes. However, while some men became more involved in the household due to the loss of jobs and income, according to the participants in the FGD, this did not necessarily decrease women's traditional household chores or care giving roles. Moreover, because of the loss of income and breadwinning role, the men participants in the FGDs reported being psychologically affected by the inability to provide. Consequently, some men increased their alcohol and drug consumption, and participated in robberies.

“It is very difficult to cope with this financial crisis. Most of us do not have enough food for a day and are not able to feed our children the necessary foods. It was very hard during school closure, as we have to spend more money on food and Zoom classes. At present, most of the men do not have regular jobs or income and this has led to a considerable increase in robberies. Unemployed men are suspected of engaging in such activities in the society.”

(Men from Kegalle in Men FDG).

In addition, the shortage of fuel and gas in the country created the need for people to queue for long hours at designated distribution areas. Men engaged mostly in the acquisition of fuel and occasionally gas. In other places, they are also collecting firewood. In farming communities, the responsibilities have not changed in terms of tasks. However, because of the lack of fuel, the use of machines has decreased, and manual labour has increased with the caveat that external laborers are unaffordable. As a consequence, the efficiency of the work has declined, and the time spent in the fields has tripled.

Nevertheless, the economic crisis exacerbated the trend created during the pandemic, with women experiencing increased burdens due to the added responsibilities of their unpaid domestic activities. Because of the lack of fuel, gas, and electricity cuts, women had to get up earlier than before to prepare food because it takes longer to cook with firewood stoves. Time management is more difficult. Due to the food shortages at supermarkets, many women have to spend more time in queues, and because of the increased costs of transportation and the lack of fuel, they cannot afford to take the bus, a three-wheeler, or drive their own motorbikes to go to the market. Like men, they also have to queue for gas and kerosene. Additionally, many rural participants reported they are also working on their family farms, engaging in extra income activities, and gardening for domestic consumption.

“The entire schedule has changed as we need to do or support the business in many ways to make a stable income. So we have to wake up a little earlier than before and do all the reproductive duties such as dropping the children at school and then coming to the shop or the business place to support the husband. When we come to the business place then he will go to the fuel queue and sometime to purchase goods. Also we had to play a multiple roles in looking after the family, children and the business to earn income, as the financial burden is huge.”

(Woman from Puttalam in Urban FGD).

Similarly, urban participants reported that their time invested in domestic duties, such as cooking, has tripled due to having to cook with firewood or coconut charcoal, and house cleaning takes much longer as well. Other participants reported that staying in queues has become the most typical source of their loss of time since they have to queue night and day to access food, gas, and fuel. Women claim that they are not able to plan their

working days due to the instability created by the rapid fluctuation in food and commodities, and their availability in the market, which causes a lot of frustration.

Urban participants from Kegalle mention that the responsibility and role of the youth have also changed with the crisis and the disruption of education, as they had taken more responsibilities with household chores. The division of responsibilities remains very gendered. Young men spent most of the time queuing for fuel on behalf of the family business, while young girls had to help with cooking when the mother was absent and support the father in his business. Also, women suffer from a negative image in some media as violent protestors as opposed to men.

4.2 Access to services and resources

The economic crisis has predominantly affected the increasingly high living standards of the people, irrespective of the economic sector, heavily impacting the healthy development of the economy, and visibly impacting middle to low-income sectors both in rural and urban areas. However, the interviews show that rural communities are more resilient than urban communities to the economic challenges and changes of lifestyle created by the lack of food, and the shortages of fuel, despite having their jobs more directly dependent on the use of fuel to operate farm vehicles or transport the harvest to markets for commercialization. Therefore, while most of the people both urban and rural interviewed have lost access to their main sources of income, by the time of the interviews they remained resilient and were not heavily dependent on humanitarian support. Nevertheless, with the continuation of the crisis and the instability it has created, the resiliency of people will continue to be affected, pushing more people into poverty and increasing their dependency on humanitarian support in the near future, completely disrupting the high living standards they had normalized both in rural and urban sectors.

Both female and male respondents highlighted the importance of the stabilization of fuel distribution, and the subsidization of food, electricity, water and transportation prices for them to be able to respond to their basic livelihood needs with their work. They also emphasized the importance of access to credit programs, and business training opportunities. In most cases, participants in the FGDs emphasized the importance of access to income opportunities for them to be able to provide what was needed.

However, many respondents, the majority of whom were female, spoke of the challenges and barriers they face in accessing services and raw materials needed for their everyday living. These challenges vary in the different sectors and especially between people living in urban or rural settings. In general terms, household expenses have increased, and as the income is lower or the income is not sufficient to meet the expenditure demands, families have had to reduce their spending, prioritizing only the essential needs. Therefore, the lifestyle has changed, affecting the overall wellbeing of the different members of the family. Consequently, most of the families are not going out anymore unless there is a real need, and basic social activities are minimized to essential encounters only.

Most significant barriers faced by people in the rural sector (including agriculture and estate tea sector) are:

- Lack of fuel to operate the machines needed for farming and the vehicles needed for distribution.
- Lack of fertilizers and pesticides for the fields, and rising costs of seeds.
- Lack of access to cash and income to buy necessary products that have increased their prices.
- Lack of access to health services and medicines, including sexual and reproductive health services and counselling.

The lack of fuel has disrupted agricultural activities on multiple levels since the use of equipment had to stop, reducing the cultivated land area but

demanding more manual labour from agricultural families. The lack of fuel has created a domino effect, impacting the availability of materials required for economic activities and cultivation. It has impacted livelihoods since the amount of work has increased, production has reduced in most of the crops, and other crops suffer losses (both vegetables and fruits) due to lack of external labour force (inability to pay wages) and the inability to transport the harvest to the economic centres (market hubs located in districts both to collect and sell farm products). Moreover, the unavailability of chemical fertilizers and pesticides has also decreased the efficiency of the crops and in the agricultural sector it has resulted in crop loss, in the tea sector, it has decreased the harvesting of tea leaves, affecting the expected income of both sectors.

“There is no one to buy cashew kernels. During Corona there was no one to buy Cashew Kernels, and now due to fuel issues continuing the cashew business is difficult. Payments which used to come within a week is now delayed by 2-3 weeks. Cashew Kernels used to sell at 4200 LKR and now it has reduced in price to 3500 LKR. So, the margin we earn has reduced. Cashew machines operate on electricity. The power cuts are a loss to the business. It costs 100 LKR to remove the outer shelling or the cashew, and 100 LKR to cut on the machine.”

(Woman from Gampaha in Rural FGD)

In terms of access to medical services and medicines, rural communities (including the agriculture and estate sector) perceived a barrier in the service with the reduction in the recurrence of medical services due to the lack of fuel and the availability of services. For instance, in rural areas,

mobile health units are not able to access distant communities on a regular basis due to the lack of fuel, and the medical facilities provided by some estates have been closed. Additionally, in the estate sector, some groups of women mentioned language as a barrier to accessing medical services for people that only speak Tamil.

Most significant barriers faced by people in urban areas are:

- Lack of nutritious foods
- Long queues for fuel and gas
- Differential impact of the gas crisis on women and men economic activities
- Lack of access to cash and income to buy necessary products that have increased their prices
- Lack of access to health services and medicines, including sexual and reproductive health services and counselling.

Like the rural sector, the urban sector has also been affected by the fuel crisis, however, this reflects differently in the livelihoods of urban dwellers, as their mobility and possibilities to access public services differ from those of the rural sector. Nevertheless, the fuel crisis differently affected urban men and women in the development of their economic activities as it affected men working as three-wheeler drivers, and women entrepreneurs.

While the crisis has limited the procurement of non-essential products, such as fuel, kerosene, and gas, these products have proved to be essential for the income generating activities of the participants working mainly in the rural, agriculture, and tea sector. Moreover, with the crisis in the provision of electricity and gas in the urban areas, these have also proved to be essential goods for the normal development of household activities, such as cooking. Besides fuel, materials and essential food and livelihood items, such as sanitary pads for women, the crisis has also affected the buying capacity of luxury goods, like electronic devices, phones, computers, and clothes. Interestingly, most participants have mentioned the lack of affordability of these items as a negative impact

of the crisis in their purchasing power. This acts as a reminder that the economic crisis has hardly hit the generally high standards of living and the capacity to consume experienced by Sri Lankans before the economic crisis.

4.2.1 Food security and nutrition

According to the participants, food is the most acute need identified across Sri Lanka, with different access-related concerns varying between economic sectors, and from one area to another. Data from the pandemic shows that women, more often than men, reduced their quantity and frequency of food intake as a coping mechanism.¹⁰ Therefore, this crisis has heightened food insecurity for women in Sri Lanka. Moreover, participants in the urban sector informed being more vulnerable to the challenges in accessing nutritious food due to the loss of income and the lack of availability of products in the market, which increases the price of basic household products, negatively affecting their buying capacity.

While the amount of goods has decreased in most of the grocery stores, according to the participants, the agricultural sector has been the least affected in terms of food shortages, and in some communities, they have resorted to bartering. Contrary, for participants living in the estate sector and working on tea plantations, the losses in the production of tea has directly affected their income and their capacity to buy goods, which have also increased in prices.

According to participants at the country level, although to different degrees, women control the access and distribution of food at the household level and have the right to make decisions about what it is eaten at home. Therefore, they are in charge of managing the list of products and goods to buy for the family and are responsible for procuring those goods in most cases. Nevertheless, most of the participants have also confirmed that women have reduced their food intake as a negative coping mechanism to prioritize their children's and husbands' needs, resorting to eating

less or even skipping meals so others can eat more. Most respondents emphasized that there was no differentiation between girls and boys in terms of access to food, they were both prioritized by their parents.

Across the country, households had to limit their food consumption, first because of the shortage of food in local supermarkets, and second because of the price surge. Therefore, access to animal protein, milk products, fruits, and a variety of vegetables and legumes has been the most visible limitation imposed by the economic crisis.

And while the crisis shows that people are lacking nutritious food everywhere in the country, the FGDs and interviews also show that people evaluate the impact of the food crisis also based on the current barriers to accessing non-essential food items that were integrated into their diet. Many participants mention they cannot afford to eat out or buy pastries, biscuits, junk food, or candy, which were treats they previously indulged in. In the urban sector, for example, people have changed their diet as a coping mechanism, reducing the number of ingredients and condiments used to prepare food, and getting used to local products and vegetables to eat more locally.

“Earlier we cooked 3-4 curries for meal, now it reduces for 1-2 curries. Earlier for the breakfast we ate bakery items, but now we have to eat rice for all three meals.” (Interview with woman from rural sector in Gampaha).

“The prices have gone up, but we have to provide essential needs especially for children. An egg which was at LKR 55 is now LKR 65. We used to buy about 10 eggs a week. Now we buy about 2 or 3 eggs a week. Therefore,

10. UNFPA and UN Women: Assessment of the Impact of COVID-19 Pandemic on Women and Girls.

the nutrition of children and young people are declining. We have come to a stage where we sometime pack rice and pol sambol for their school lunch. The nutritious value of meals has reduced alarmingly.” (Interview with woman from agriculture sector in Puttalam).

The disrupted water, electricity and gas supplies, has also affected the way women cook the family meals as most had to begin using woodfire, coconut charcoal, or kerosene (when available), since these methods take longer time and their stoves are not designed for it. This has also increased meal preparation time and energy.

4.2.2 Access to health services (including Sexual and Reproductive Health SRH)

Most respondents mentioned that accessing health services has been affected mainly by the lack of fuel, which has increased the prices of transportation for rural communities, disrupted the service of mobile health units in some communities, or the availability of medical services in others. The economic crisis has lowered the availability of essential medicine and nutritional supplements and vitamins in hospitals, reducing the free access or reduced prices of medicines distributed by public (governmental) health institutions, while reducing the availability of essential and over-the-counter medicine in private pharmacies, increasing the cost of these goods. For the final consumer, the loss of income and the expensive prices have created an extra barrier to accessing essential medicine, particularly for people with non-communicable diseases. Also, because of inflation, there is great variation in prices. Therefore, people with prescription medicines are cutting down on the doses.

“I have pressure and I’m using tablets, earlier I have to buy medicines for

5,000LKR per month, but now the same medicines are purchased for 11,000LKR. How can I buy that? Now I consume the medicines only in the morning and skip the afternoon and night. I don’t know how much it will cost next month.”

(Interview with a woman from the agricultural sector)

Before the crisis for every 100,000 live births, 36.0 women died from pregnancy-related causes; and the adolescent birth rate was 20.9 births per 1,000 women of ages 15-19.¹¹ It is difficult to estimate with this RGA how these numbers have changed after the crisis, but based on the report of the participants it is possible to say that the vulnerability of pregnant women has increased.

“Young girls and boys need Sexuality education, teenage pregnancy is increasing in our area.”

(Woman from Batticaloa in Rural FGD).

In terms of SRH, barriers have increased for pregnant women who in many locations are not getting Thriplosa¹², or the vitamins and nutritional supplements needed. As reported in different rural locations, the need to access sexual and reproductive health education and services has become more acute after the crisis. During this time there have been increased unintended pregnancies due to a lack of family planning methods (this was particularly highlighted by women from Badulla during the Tea FHD), lack of awareness about STDs, and social fear to disclose this as a health problem. Women and men have then relied on Public Health Midwives (PHM) to access contraceptive methods (particularly pills and condoms). However, services in some communities were reduced during COVID and

11. World Bank (2022): Sri Lanka Gender Landscape Brief. Available at: [Link](#).

12. Cereal Health Supplement for Underweight Pregnant Mothers and Underweight Toddlers up to age 5. Produced and introduced by Care International in 1968 (or so) and handed over to the government in 1986. It was part of the national nutrition programme. Over the last 2-3 years the factory stopped its production intermittently due to shortages of grains to make them.

were further affected by the economic crisis. In some communities, traditional gendered beliefs create social pressure and limit access to contraceptive methods. While in Gampaha, women report still being stigmatized for buying condoms in pharmacies, other women reported that there is not much counselling on sexual and reproductive health that included women who were not already pregnant or lactating. Therefore, according to most participants, there is a general barrier to accessing information on sexual and reproductive health and this has diverse explanations, among them are a lack of awareness programs and sexual education.

“We don’t get any sound knowledge on sexual and reproductive health, so when we face any issue related to sexual and reproductive health, we can’t manage them but we are not aware of other reproductive health issues – no awareness is given to communities or through midwife to non-pregnant and non-lactating mothers.”

(Woman from Gampaha in Migrant FGD).

Moreover, the participants are reporting that due to the economic crisis young women are engaging in sexual relationships and early-age marriage (participants mentioned this as a result of problems at home, the lack of opportunities and a clear prospect for the future, and idle time while waiting in queues). According to participants from Kilinochchi and Batticaloa in the apparel sector, the problem with these changing attitudes is that young women are reluctant to reach out to the midwife and get access to contraceptives, resulting in increased unexpected pregnancies.

“When we go to pharmacies and ask for condoms people are still looking at us like we are prostitutes, so we don’t buy those, this happens when

we ask for sanitary pads even. But the midwife in our area makes us aware about the sexual health when we get pregnant, she is doing it very well and it helps us.” (Woman from Gampaha in Apparel FGD).

“Unaffordability of sanitary pads affects our young girls. Due to this economic crisis, we are facing serious problem in purchasing non-food items, especially sanitary pads, cloths (undergarments) and soap are very expensive so we cannot buy those as earlier days.”

(Woman from Nuwara Eliya in Tea FGD).

However, the most visible barrier experienced by women and menstruating persons in urban and rural areas, irrespective of their economic sector or place of dwelling, is the difficulty to access WASH services: water, sanitation, and hygiene products, since the prices for water services, sanitary napkins, and soaps have increased. Sanitary pads are a basic necessity for women. However, due to the high prices and the lack of availability in some local shops (which doubles the prices of the product as women have to search different stores and add transportation costs), families and women are not able to afford the number of sanitary pads needed during menstruation. Therefore, the most economically vulnerable families cannot afford to buy these items and more women have resorted to traditional methods, such as the use of cloths.

“A sanitary pad pack is costing 240LKR, we can buy 1kg of rice instead of pads, so we use clothes and stopped using pads when we have menstruation.” (Woman from Gampaha in Rural FGD)

“The economic crisis directly affects sexual and reproductive health. There

is a great impact on the reproductive health of women and young girls in particular. It is not possible to buy sanitary pads, soap, clothes and other materials related to hygiene. Having to give priority to buying food items, it has not been possible to pay enough attention to sanitary facilities.”

(Woman from Kegalle in Rural FGD).

Some rural participants explicitly mentioned that the lack of sanitary pads has become an added challenge for young women and girls to participate in education, therefore the availability of this sanitary product is prioritized by some families to avoid girls missing school days. Consequently, older women in the family bear the burden to use cloths and only resort to using sanitary pads when travelling to school and work. However, as the majority of the women interviewed were housewives, more information is needed to understand how the lack of sanitary pads is affecting working women in both rural and urban sectors.

Urban participants mention that using cloths is also problematic for different reasons, among them are the challenges to clean the cloths because of the lack of soap and high cost of water bills. In addition, as mentioned by one group in Colombo, they lack spaces to hang the cloths to dry, so they do not feel they have the privacy to use cloths as an alternative. As a result, many older and young women across different economic sectors are using the sanitary pads for longer periods, and this has created vaginal allergies and infections among the users.

“Sanitary pads are getting unaffordable, there are old stocks available in places, so we search for them and buy. Though it is time-consuming activity. No women in this

locality have thought about moving back to use cloths instead of sanitary pads. Even if we decide so, there is no place to dry them protecting our confidentiality. When we have issues, we go to an older woman and get their advice.”

(Woman from Colombia in Urban FGD).

For sex workers, the increasing prices of sanitary pads and the difficulty to access medical services are interlocked and negatively impact their health and wellbeing. Because of the nature of their work, sex workers require frequent medical follow-up and constant health check-ups to prevent STDs or control current STDs or HIV cases. However, due to the impact of the crisis on the medical sector, sex workers have not been able to access the medical services they need because they cannot afford private clinics. Moreover, they report having more bleeding during menstruation and having to use larger amounts of pads during their periods but as many cannot afford to buy pads they have resolved to use of cloths. In most cases, they also suffer from painful cramps during their menstruation and have resolved to go to private doctors only for the prescription of pain medicine but without proper medical check-ups. In addition, sex workers complained because of the lack of confidentiality and inadequate treatment they receive because of their profession.

“Confidentiality of this group of people is highly important. However there have been instances where I was hospitalized because of my low immunity levels because I am HIV positive. I was at the IDH hospital. The staff there knows that I am a sex worker because I visit there for treatment very often. One day in the presence of my children, a nurse asked me “ahh... you did not come

again". My children are not aware of my HIV positive status and that I am a sex worker. I had to pull the nurse aside and tell her that she was about to break confidentiality."

(Sex worker in Sex worker FGD).

Access to medical care has become a major barrier amongst members of the LGBT community. According to trans participants undergoing hormonal treatments, accessing the hormone injection treatment that was normally provided by the government hospitals has become impossible to afford both physically and financially. Even those with HIV find it difficult to get to clinics because of the significant rise in transport costs and the lack of available services in different hospitals due to strikes and fuel crises, which also resulted in hospital equipment malfunctioning and the hospital telling patients to go to private clinics. For most participants, this is added cost that they cannot afford.

"We have to take medicines from the pharmacies. Last week we had to spend 1500LKR per month on medicines, but when it comes to this week it cost 2100LKR. It's hard for us to bear it. We have to take 125mg of hormone injection per month to maintain our hormones, but as with the high cost now we are using 125mg for 2 people. We are uncomfortable with that."

(Trans gender participant in Trans FGD).

4.2.3 Education

For the children, there is no proper education since the occurrence of COVID-19. The economic crisis exacerbated the fragile situation created by the pandemic, with the limitations to face-to-face

education and the upsurge of digital classrooms. According to the participants, the economic crisis has affected the access of children to schooling since it is almost two and a half years now that schools have been operating at a limited capacity and moving to online classes. The impact that this compounded crisis has had on the overall access of children to education can be seen on different levels. On the one side, school and tuition fees have increased as a result of the economic crisis. On another side, the increase in the costs of transportation, electricity, food, and internet. The surge in these prices has greatly impacted the economic capacity of parents, ultimately affecting the schooling experience of children following up online classes. These differences vary from area to area and also between the rural and urban sectors. For the children of families in rural areas with low internet connectivity, and power cuts, online schooling has created additional stress. One example is that with the electricity cuts, the students have had to rely on the times of the electricity to do their schoolwork or prepare for their exams. In addition, in rural areas there are cases where several students use the same mobile phone to attend classes (Nuwara Eliya). All of these create more tension for the parents, mainly the mothers, as they have to be more attentive to the virtual classes.

On another level, when classes have gone back to the physical school centres, the high costs and lack of transportation hinder access to education. For example, according to some participants in Matara, "there is no way to send children to school because some schools are in the city. There is too much stress in everything." Transportation has created more financial constraints.

In general terms, the participants agree with the concern that with the economic crisis there is no proper environment for studying and the interest of children and youth towards education has dropped, resulting in a higher number of school dropouts and higher interest in finding a job. While the situation is generalized around sectors, gender and socio-economic differences affect the level of interest and participation in

education. For instance, male children and youth are the most affected by the lack of interest in continuing their studies after the instability in education generated by the pandemic and the current economic crisis. Among these, those living in the rural, agricultural, and estate (tea) sectors are the most affected. It can be inferred from the participants that this is due to the long periods spent by children and youth without proper in-school classes because of COVID and the current fuel crisis, and the difficulties accessing classes through Zoom. The reasons are that boys got used to playing around and idling in the community or had to engage in income-related activities to support the household, in comparison to girls and young women who had to stay at home and support with house chores.

In comparison, the youth in urban sectors are concerned with the low level of education and the difficulties in properly preparing for the national exams are adding mental stress and disillusion towards their professional future. Therefore, there is a higher tendency for youth and women to leave the country to find employment in the Middle East. According to enumerators, there are queues in front of the Divisional secretariat offices to obtain birth certificates and other documentation to apply for passports. This is connected to a perception that they have no future in the country. The participants from Kegalle agree on this point and add that this is related to various factors, among them is the negative impact of social media, which is consumed by the youth on a constant base.

“Also, the perception of the youth has come down due to using social media that always published and emphasis no hope for future of the country. They always been under negative mindset of the crisis due to the protests and demands of the youngsters. Also, the expectation

of the youth has been completely breakdown as many of them are doing O/L and A/L are couldn't carry out their education properly and they have no hope of the result they will obtained. Also, the higher studies and employment in the county is blinded so the youth in women headed and low-income families are more vulnerable in getting support from the respective authorities and they stressed out and attempt to do unwanted thing in the community.”

(Woman from Kegalle in Urban FGD).

It is of great concern to many participants, from rural and urban sectors, that the frustrations experienced by young people are turning them into a vulnerable group because of their increasing use of drugs and cigarettes as a coping mechanism.

4.3. Safety and protection

4.3.1. Gender-based violence

A survey done before the pandemic crisis, in 2019, indicated that one in five (or 20.4 per cent) ever-partnered women have experienced physical and/or sexual violence by an intimate partner in their lifetime and two in every five women (or 39.8 per cent) have experienced physical, sexual, emotional, and/or economic violence and/or controlling behaviours by a partner in their lifetime.¹³

The most common form of reported violence is controlling behaviour (19.1%) which reflects the lack of agency women have to take decisions regarding their lives. Reports show that the Covid pandemic led to a rapid rise in the number of domestic GBV cases.¹⁴ An increase in physical violence was reported during the pandemic, with 51.1 per cent of women participating in the

13. DCS (2020): 2019 Women's Wellbeing Survey, Sri Lanka. Available at: [Link](#).

14. UNFPA and UN Women: Assessment of the Impact of COVID-19 Pandemic on Women and Girls.

report experiencing violence in the last 12 months. Moreover, the Humanitarian Needs and Priorities Plan¹⁵ assessment of the current crisis pointed out that the multi-dimensional crisis in Sri Lanka has inevitably brought more protection issues to the pre-existing chronic inequalities experienced by its people. District officials reported a rise in domestic violence while acknowledging that these cases remain underreported as they have limited means to monitor them. The rise in domestic violence, and the increase in stress and mental health impacts, especially among women and girls, have also been identified in recent surveys.

In the FGDs, the majority of the participants (from eight sectors out of ten) report that there has been an increase in domestic forms of violence that include sexual violence at home and sexual harassment in the streets. The women participants explain this because of the economic crisis and the stressful conditions that their husbands must deal with nowadays, adding to the pressure of not being able to provide economically. In addition, in some cases, these women claim that the increase in violence is connected to increased alcohol intake by their partners, and by the fact that after losing their jobs men spend more time at home. According to the participants, the fact that unemployed men increase their alcohol intake and remain at home increases the that women and children in the house are going to be abused.

Additionally, particularly in rural areas, women report an increase in fear to walk alone at night and queueing for gas, because of increased catcalling and sexually harassment in public spaces. Participants explain this by reporting that due to the crisis the number of unemployed men loitering in the streets has increased, and with this, the number of men under the influence of alcohol and drugs has also raised. Therefore, women from rural and urban sectors reported restraining their mobility at night, refraining from walking alone in dark areas, and have minimized the use of public transportation to reduce experiencing sexual harassment in overcrowded buses.

In the tea sector, the participants stated that there is a new trend in some estates that have become a threat to the girls. It is related to most of the young boys having stopped schooling after grade 10 and loitering around the estate, harassing young girls on their way back home. In the rural sector in Gampaha, women participants report that they have experienced verbal and physical harassment from salesmen when they take goods from shops for loans which was not experienced before.

“Domestic violence has increased due to the economic crisis and an unusual increase in drug addiction. There should be a safe shelter where women can live when they become vulnerable. Last year one of our members had to help a woman who came out of the house with her eight-year-old daughter due to several domestic violence incidents by her husband who has been sexually torturing their daughter too. This member of us, gave a safe place at their home and at the end, she fell in trouble. If we had a safe place where women like this could stay safe, it will be really helpful.” (Woman from Batticaloa in Rural FGD).

“Domestic violence, Intimate partner violence and catcalling in public areas are severe in our surrounding. However, we have now made our daughters aware on how to be safe when they are outside.”

(Woman from Batticaloa in Urban FGD).

Based on the participant responses, Batticaloa is one of the places that need more attention because of the rise in cases of gender-based violence across sectors (agriculture, rural, urban, apparel, and

15. OCHA, RCO (2022): Sri Lanka Humanitarian Needs and Priorities (HNP) Plan. Available at: [Link..](#)

migration), besides a surge in the use of alcohol by men, it seems that the economic crisis has badly hit the income generating activities of men and negatively impacted the power relationships in the domestic sphere resulting in more participants reporting a surge of violence by their partners. Additionally, participants from Badulla, Jaffna, Gampaha, and Moneragala, reported increased cases of intimate partner violence across sectors in their provinces. Contrary, participants from Puttalam, both in the rural and urban sectors, reported a decrease in cases of intimate partner violence, but more information is needed to understand what causes these differentiations.

The LGBT community reports domestic violence, intimate partner violence, workplace harassment, catcalling, and other forms of harmful public behaviours, as forms of violence experienced on a constant base. The trans gender participants discussed more explicitly the types of violence they experienced as a result of their gender transition and reported that the first violence they experience was by their families.

“As many of our friends are depending on their partners’ income, their rights are violated by their partners. They are staying with their partners as they do not have other choice, because they can’t manage a job with the treatments.”

(Trans gender person in Trans FGD).

4.3.2 Violence and Harassment at work

The participants report that different forms of violence and harassment have increased in the workplace, including forms of sexual bribery. A migrant worker from Batticaloa reported, “we didn’t experience workplace violence here but

when we worked abroad, we faced domestic violence, and some were forced into sex work”.

The reports from participants also inform about forms of gender-based discrimination, for example, a woman from Gampaha was rejected at a manpower company because she was pregnant.

As reported by participants from Gampaha, women from the apparel sector are particularly vulnerable to different forms of harassment and violence that include: harassment from supervisors and management-level people in the factories; harassment from the conductors in busses and three-wheel drivers; and harassment from boarding house owners.

Even before the crisis there was already a need to address harassment at work proactively in Sri Lanka. There are three key groups of workers at higher risk: domestic workers, informal sector workers, and migrant workers.¹⁶

- Domestic workers have been excluded from almost all labour and employment legislation, even the national minimum wage, and have largely been invisible when considering working conditions, safety, health, and harassment. However, Cabinet approval has been received to extend the coverage of all labour laws to domestic workers and it is intended that the Domestic Workers’ Convention will be ratified once the relevant legislation has been amended.
- Informal sector workers: More than half of all employment in Sri Lanka (58%) is in the informal sector: this is even more marked in the agricultural sector with nearly 85 per cent of all workers in the agriculture sector in the informal sector; in the non-agricultural sector the division is slightly in favour of formal sector employment, due mainly to the impact of employment in the service sector. However, there is also informality

16. Ranaraja, S. (2019): Gap analysis of Sri Lankan Law in relation to the Convention Concerning the Elimination of Violence and Harassment in the World of Work. Available at: [Link](#).

of employment in the formal sector, with non-formal work arrangements such as casual employment, outsourcing, and sub-contracting arrangements making informal employment more precarious.

- Migrant workers: Sri Lanka has been reliant for the past three decades on its migrant workers employed in destination countries for the economic benefits that such employment brings. However, it has been difficult to protect migrant workers from violence and harassment and the nature and type of official complaints received by the Sri Lanka Bureau of Foreign Employment (SLBFE), which can be assumed to be only a part of actual incidents, reveals the extent of this problem

Sex workers also report different levels of gender-based violence that intersect with their work as sex workers. In most cases, these women have not disclosed to their families their sources of income and live in a constant state of fear of 'being discovered' by a family member or a client in their different roles. Moreover, because of the precarity of their work and the discretion required from them, sex worker participants report being more vulnerable to harassment and violence by clients, but also by the police.

"I am fearful of being marginalized because of what I do. I am afraid to voice out if I am sick, I am afraid to go to my child's school, or interact in crowds.... because where we can meet clients we interacted with previously."

(Sex worker in Sex Worker FGD).

4.3.4 Physical Safety

The participants, men and women alike, report that the economic crisis has changed the social fabric of many communities because poverty is increasing and with it, theft and insecurity are

becoming new normalities. Therefore, people have begun to distrust others and demand more presence of security institutions, like the police, in roads and areas of distribution of resources, such as fuel and gas.

"With the crisis the trend of robbing people in our area is increased. Robbers loot not only money and gold but clothes in the clothing racks (specially garment uniforms), cooked foods and even dry chilies at home, they rob those also, take batteries of the vehicles, firewood we gather, bikes and bicycles, etc."

(Interview with woman from rural sector).

Because of the increase in robberies and sexual harassment, many women report being more fearful of walking around alone or at night, sending their children to school, particularly girls, and leaving their children unattended. In Puttalam single parent mothers have to take extra measures to ensure that their children are safe at night. One mother who is a single parent stated that she goes to sleep between 8 to 9.30 pm, while her daughter engages in online classes or studies until midnight, when the daughter goes to sleep, the mother wakes up to keep a night watch.

"We are scared to send our daughters alone on roads even at day or night-time. There are people catcalling, teasing and bullying women who walk alone on roads. That is one of the major reasons we prefer covering our face. Catcalling is a menace in our community." (Woman from Batticaloa in Urban FGD).

"Electricity goes out after 6 pm. This is the time when many petty thefts

happen. Snatching of gold jewellery (gold chains) from the necks of women are quite high.” (Woman from Colombia in Urban FGD).

“Now we have a different type of problem in our society as there are people who live without employment and robbing has significantly increased which is done by the people who lost their employment in the society.”

(Woman from Kegalle in Tea FGD).

In both rural and urban sectors, there is a generalized sense of growing insecurity due to the increase of robberies and theft. Participants seem to be aware that this is caused by the economic crisis and the fact that many people lost their main sources of income. In rural Gampaha, participants have reported with concern the rise in robberies within the community, and in Badulla, participants of the tea sector have reported increased aggressive behaviours among men and criminal incidents, including murders and kidnappings in the area. While there is no explicit distinction made by the participants about who are the victims of these criminal offences, it can be inferred that while women are disproportionately the targets of sexual forms of violence and physical violence in the domestic sphere, in public spaces men are usually the targets of physical forms of violence.

In addition to social forms of insecurity, participants from Batticaloa report increased encounters with wildlife -elephants and buffaloes- that damage their crops. Because of the economic crisis and the surge in prices, they mention it takes them much longer to respond to this crisis and fix the damaged fences. In addition, because of poorly lit roads, the encounter with wild animals have also increased exposing people to different dangers while walking down the road at night.

4.3.5. Mental Health

The participants report that women, men, children, and youth have experienced high levels of mental and emotional stress during the crisis, which became evident since the beginning of the lockdown created by the pandemic. However, there is little discussion about mental health and people do not seek or receive any support from public mental health professionals. It is important to acknowledge that the current crisis has rapidly altered the living conditions of a post-conflict society that managed to raise the living conditions of its population in the last 20 years. Included in these changes are the gender roles and responsibilities associated with traditional and patriarchal expectations of income generation within the family. Due to the current crisis, a majority of men have experienced loss of job and income that results in a drop in their status as breadwinners, it is important to understand the psychological burden that this sudden shift imposes on men as well as the effect on the whole family. As a participant from the tea sector mentioned in Badulla family disputes between the husband and wife have increased due to the economic situation, and the husband not being able to fulfil the family's needs and wants. As a result, participants report that in many communities young and older men have turned towards drinking more alcohol or using drugs as a form of coping mechanism.

Men are not only bearing the mental costs of the economic crisis; participants report how different members of the family are affected differently and how the impacts also differ between the sectors and vary among the different districts. As the participants report, women in rural and urban sectors have also carried the mental weight and stress of having to feed their families with reduced purchasing capacity in the context of rising commodity prices and, consequently, product shortages. Women have also faced the burden of economic loss of income and found the need to engage in income-generating activities as a coping strategy to the economic crisis. While this can create an opportunity for women to procure economic independence, under the current

conditions this is experienced by participants as a source of stress in addition to their traditional workload, which has tripled. In addition, women have to endure increased domestic violence at home and sexual harassment in the streets. As a consequence, women participants report generally high-stress levels, and in the urban sector of Badulla, a woman reported irregularity in her menstruation cycle due to economic crisis and mental stress.

“The day-to-day necessities needed to prioritize as we need to select whether the food, education or health as the priority matter. We were continuously suffering from thinking how to overcome the economic crisis and mentally down with the situation.”

(Woman from Gampaha in Urban FGD).

The differences are also noted by sector. In some agriculture communities’ families are working together in farming activities and, according to participants, this has reduced gender discrimination. Therefore, so far, the crisis has not severely affected day-to-day family affairs in rural areas where there are stored staple food and access to firewood. Nevertheless, some agricultural communities have been more affected than others because of the confinement and the lack of social activities in the community, examples of this can be found in Matara, Kilinochchi. In Jaffna, their coping strategy is getting used to the new lifestyle with limited resources and support mechanisms. On the contrary, in the urban sector women mention that life had become very stressful since the crisis and they are experiencing mental exhaustion. Moreover, women feel that besides all their work they also have to take care of their partners and support them in their struggles.

4.4 Participation, capacity, and coping mechanisms

The discussion with participants reveals that across sectors women are mostly the main managers of household resources during this crisis. In all sectors, participants mention that women control the economic income resulting from their work. With the changing roles that the crisis has created in the household, windows of opportunity are open for women to participate in more decision-making spaces. Particularly in the management of food and non-essential resources in these moments of restraint, women have acquired recognition from their partners. Moreover, with their multiple roles as caretakers of the household and of the community, women have worked towards the maintenance of relationships with others in the family and community, to the best of their abilities and the resources available. This gives women participation on different fronts. However, as the participants confirmed, men still take important decisions at the societal level. For instance, women and men in the rural, agriculture, and tea sector have equal access because they both work the land. However, the differences appear in terms of owning and controlling the land, since in the rural sector more men control it, and in the tea sector the estate controls and own it. In the urban sector, neither men nor women have access to land, but they can have access to the property. Women’s access is generally equal but in practice, men are usually in control.

Moreover, women are leading community-based organizations and meetings, and keeping the relationships within the communities has been added to their list of responsibilities, despite reporting triple work burdens and a reduced time for engaging in social activities. Women’s active participation in community or women-based organizations is more common in the agriculture, rural, urban, and apparel sector. In these sectors, the role of women has proved important for the continuation of community relations and the creation of support networks and mechanisms.

In terms of responding to the economic crisis, reliance on borrowing has increased among women. They have also engaged in selling or pawning their jewellery as a way to make ends meet. In rural Gampaha, women are especially caught in the credit process and have encountered difficulties to pay it, since there is no income, but they still have to provide for their family meals. Since microcredit institutions target women, recourse to take such loans to meet their daily household needs. However, in the face of the economic crisis, loans have become an additional pressure to pay for those who have completely lost their economic income.

“Earlier we took goods from shops for credit, but now the shops even do not issue and we don’t have money to pay the debt.”

(Woman from Gampaha in Rural FGD).

Other economic coping mechanisms mentioned by women include the following: saving by reducing the intake of non-essential and luxurious goods; recycling, reusing, and amending clothes, reducing their food intake, using cloth instead of sanitary pad, reusing sanitary pads or using them for a longer period of time, have negatively impacted their well-being. Male participants have resorted to walking long distances instead of driving their own vehicle, hiring a three-wheeler, or taking the bus. This has also negatively impacted them as they need to invest more time in mobility and transportation.

Other coping mechanisms have created positive effects. For example, families in rural or urban sectors have access to a piece of land or a garden and have managed to cultivate their own vegetables and leaves to generate a small source of food security. However, it should be noted that having access to arable land and controlling it is a privilege that most of the participants in the urban, tea, apparel, and SME sector do not have.

Among the positive aspects learned through the crisis, are the capacities of the participants to respond to the crisis. In this sense, women participants have become more aware of their entrepreneurship and community organizing skills. In Batticaloa, some of the women and girls teach the kids of the community in the evenings. One of them is a preschool teacher, and some of the women also join in agriculture activities. They have also developed traditional honey harvesting skills that they have employed in their entrepreneurship efforts.

4.5 Mobility

In general, women have different levels of freedom to move around but they do not decide on their make choices or decisions of their mobility. This decision is negotiated at home with either the husband or other male elder members of the family. Mainly the restriction comes from the expectations of women’s role at home and responsibilities as household managers.

The majority of women participants explained that they can travel alone to the closest town without major difficulties. The problems are taking care of children, insecurities in the streets connected to lack of night lighting, and the threats of robbery and encounters with wildlife in the rural area. Therefore, in many instances, chaperoning for women is the expected norm. Women are also allowed to get medicines. Nevertheless, with the current fuel crisis, mobilization has reduced to its minimum expression, and participants reported that they stopped non-essential travel due to the higher costs of transportation. For women, this decision also reflects the rising security concerns. In the rural sector, travelling to distant locations, including the district capital, is dependent on basic needs such as accessing medical services, or buying food and household supplies.

In communities less reliant on motor vehicles for mobility, fuel shortages have not been a problem as they are used to walking and using bicycles. Nevertheless, even in these places, security concerns prevail and while women have their

own bikes, they travel around with a chaperone, their husbands or families, or as part of a group of friends. This is particularly the case in rural Puttalam.

Some limitations imposed by the crisis include the following: Increased prices of bus fare; lack of family income travel has to be limited due to fuel problems and priorities; lack of experience for women to travel alone for safety reasons; travel only when necessary; not enough buses and buses take too long and are more expensive which restricts visiting relatives in nearby towns, challenges attending ceremonies or funerals, and pilgrimages due to economic situation; need to walk long distances as it is difficult to find vehicles. Some of the mobility limitations related to the lack of fuel continue after the change of government: This reflects the inability to continue their social activities which also affects their mental wellbeing.

“Even though the authorities have changed, our problems have not been solved so far. Although the queues have decreased, the situation of the crisis has not changed. The fuel was issued according to the numbers and in such a situation, we use the fuel sparingly for the week. So, we got here on foot and now we travel to most of our needs on foot. It is also good for our health, and this is an option for us to overcome the current economic crisis.”

(Participant from the rural sector in rural FGD).



5. RECOMMENDATIONS

This Rapid Gender Analysis report should be updated and revised as the crisis unfolds and relief efforts continue. Up-to-date gender analysis of the shifting gender dynamics within affected communities allows for more effective and appropriate programming and will ensure humanitarian assistance is tailored to the specific and different needs of women, men, boys and girls. It is recommended that organisations continue to invest in gender analysis, that new reports are shared widely and that programming will be adapted to the changing needs.

The recommendations include those which constitute general gender-responsive good practice in intersectional humanitarian response and others that arise directly from the findings of this RGA:

Generally,

- Ensure that humanitarian assistance addresses the needs of women, men, girls, and boys in vulnerable situations and from different marginalized groups, including special attention to female heads of households, persons with disabilities, older women and men, pregnant and breastfeeding women, LGBTI persons, sex workers and those key groups of workers already at risk of violence and harassment before the crisis: domestic workers, informal sector workers, and migrant workers.
- Ensure that information on services, access and rights is widely available and accessible to all sections of the crisis-affected population, taking into consideration language, access to technology, preferred and trusted communications channels and formats, and gender roles.
- Ensure that all actors collect and share sex, age- and disability-disaggregated data (SADDD) and prioritize transparency and the sharing of non-identifiable data collected, in order to ensure greater access to information and reduce duplication. This aims to reduce assessment fatigue, the re-traumatization of respondents, and the general burden on the affected populations, as well as safeguard humanitarian staff and volunteers.
- Confirm that donors ensure that all funded proposals and interventions include gender analysis and the use of SADDD and have budgets dedicated to addressing gender considerations, requiring the use of gender markers for the allocation of funds.
- Ensure that community members, particularly women and people in vulnerable situations and from different marginalized groups, have information on their rights in terms of humanitarian assistance as well as how to report misconduct.
- Ensure that all actors involved in the response adhere to the principles of zero tolerance for sexual exploitation, abuse and harassment (SEAH), with established codes of conduct and PSEAH protocols for each staff member, including for implementing partners, consultants and volunteers.
- Support all humanitarian actors in ensuring that a safe and accessible feedback and complaints system is in place to report misconduct and to prevent, mitigate and respond to SEAH.
- Collect further information regarding the preferred and trusted means of two-way communication by men and women and among different population groups, including men and women with restricted mobility due to the crises.

- Ensure that humanitarian coordination and planning processes led by the United Nations and the Government meaningfully consult with representative women's civil society and create opportunities for their participation in decision-making.
- Support women-led and women's rights organizations engaged in the response through the provision of financial resources and by amplifying their voices at national and international platforms.
- Design cash delivery modalities, including the timing and mechanism of distribution, in consultation with women and vulnerable populations. Ensure that GBV risk mitigation measures are in place, as well as taking into consideration women's household care duties, the ease of movement, perceived stigma for sex workers, discrimination against groups such as LGTB persons, access to financial institutions, and familiarity with technology such as mobile phones.

Specifically,

- In terms of changes in gender roles and relations brought by the crisis, any humanitarian delivery of services and assistance needs to factor in that women report engaging in multiple jobs to make up for the lost family income and doubling the time they spent in unpaid domestic chores, therefore no extra burden can be added. For men, the loss of their role as main income earners positively impacts in some cases their support with childrearing but negatively impacts on self-esteem and can lead to negative coping mechanisms.
- In food security, it was already surveyed during the pandemic and with the economic crisis again women have reduced their food intake as a negative coping mechanism to prioritize their children's and husbands' needs. Therefore, food assistance needs to be tailored to the specific needs of women and children, including adequate and appropriate

nutritional food for older people, pregnant and breastfeeding mothers, children under the age of 5, and people with chronic illnesses.

- In WASH, facilitate access to sanitary products and underwear for women of reproductive age, through the distribution of hygiene and dignity kits. Although it did not come up in the RGA discussions, incontinence materials should also be included for older women and men. Ensure access to life saving sexual and reproductive health services aligned with the Minimum Initial Service Package (MISP) for SRH in crisis settings.
- Need for more information and education on SRH for the community and specially Youth.
- In SRH, humanitarian actions need to strengthen and complement the Public Health Midwives (PHM) that traditionally women and men rely on to access contraceptive methods (particularly pills and condoms).
- Access to all other types of medicines is a major concern for the population, particularly those with non-communicable diseases.
- In Education, while fathers have involved themselves, mothers carry the main responsibility to support the children with home-schooling when schools are closed, during the pandemic and then with the crisis due to lack of petrol. Humanitarian programming can offer support with home-schooling and work to change the attitudes at home, encouraging redistribution of the care burden among male family members. Another alternative is providing children with after-school activities to reduce their stress and anxiety and improve mothers' access to paid employment.
- In Livelihoods, provide vocational education targeted for women and men and special attention to youth. Hard-hit groups like sex workers require further support and protection.

- Safe and accessible MHPSS services, need to be made available in locations where services are limited. Provide both offline and online services to mitigate mobility issues and the stigma that seeking mental health support still carries with it, including drug prevention programmes particularly targeting the youth, and alcohol prevention programs for older men.
- In prevention, mitigation, and response to GBV, humanitarian actors advocate for more support, resources, and funding to address the increased risk of GBV caused by the crisis. Humanitarian action should strengthen and complement government services and fill in gaps where existing. Particularly, humanitarian actors could provide safe shelters for survivors of domestic violence and their children.

