

Development since 2011

1. Law and Law Enforcement

a) Women's Contribution to Law Reform

The 19th Amendment to the Constitution (2015) for the first time provided that the Constitutional Council responsible for high post appointments including to offices relevant to the justice system and appointments to the independent Commissions (eg. Public Service, Police, Human Rights) should strive to achieve a gender balance. Recently appointed Commissions there have a good representation of women. Task Forces and Committees mandated to recommend law and policy reform in important areas such as drafting a new Constitution, responding to Violence against Women and Girl Children, and Transitional Justice have several women professionals and activists and are sometimes chaired by women. Women academics are engaged in a pioneering effort to respond to sexual harassment in Universities, and this initiative has been endorsed by the regulatory authority, the University Grants Commission. These initiatives hold same promise for future of law reform and gender justice post 2015.

b) Temporary Special Measures

A recently enacted Local Government Election Act (2016) provides for a 25% quota for women candidates, but only on a list for nominated members. This is an extremely limited measure of affirmative action in response to low indicators of women's political participation noted in Concluding Observations. The government needs to pursue this agenda in light of available research and realities of the exclusion of women who are active in political parties, but are underrepresented, and cannot obtain the opportunities for the participation in elected bodies that they seek.

c) Reforms in Family Law: Emerging Concerns

(i) Under Age Marriage and Statutory Rape

Sexual abuse and adolescent sexuality followed by risk of pregnancy and for parental pressures for marriage have contributed to marriages below the legal age of marriage by falsification of documents. The phenomenon of underage marriages and implications girls who are often victims of sexual abuse is ignored by courts, which use suspended sentences to release the perpetrator, thus legitimizing sex below the age specified for statutory rape of minor girls. The important interface between reform of the law of marriage, and the criminal justice system's approach to the prohibition of sex with an underage girl has not been recognized, despite the fact that gender activists and women's groups have consistently asked for law reform and public awareness campaigns on early marriage and adolescent sex, especially through the school system. The recently published Action Plan of the Task force on Violence against Women, and a study by the WHO(Colombo)and Ministry of Health on the Human Rights of Adolescents(2012) have flagged this as an area that should be addressed as a matter of urgency. The current scenario and its implications for girls, if under-estimated, can have long terms impact for a country like Sri Lanka. It has been considered the only country in South Asia with a good record on eliminating child marriage, especially through the impact of law and social policy reform. This also has an interface with responses to violence against women and girls.

One of the other concerns given high priority in the Task Force on Violence Against Women Report 2015 is the urgent need to respond the problem of statutory rape and early marriage, and the practice of the trial Courts suspending sentences for sexual abuse of girls below the age of consent and or marriage, and for rape and sexual violence of adult women. Research studies and responses by women groups in consultations in the preparation of this Shadow report confirm what is stated earlier as a new and emerging problem of child marriage, especially in the conflict affected areas. Adolescent sexuality and access to new technology like the internet have also contributed to the sexual exploitation of young girls below the age of sexual consent (16) and marriage (18), and this is also confirmed in these consultations. There is often family compulsion to marry, when there is a possibility of pregnancy. The practice of trial courts imposing suspended sentences for statutory rape and rape and gang rape even of adult women has contributed to unsuccessful but sustained advocacy to introduce guidelines on sentencing and or minimum sentences.

An effort was made by women's groups to file an action in the Supreme Court, challenging this practice as a violation of fundamental rights of women to equality and equal protection from violence, citing many cases which demonstrated this trend in the trial courts. However the petition was dismissed for lack of standing according to principles of Constitutional Law. The then Chief Justice stated in open court that guidelines on sentencing will be developed by the Court. However such guidelines have not been developed. Even more disappointingly recent jurisprudence in the Supreme Court dismissed a decision of the Court of Appeal that overturned a trial court decision giving a suspended sentence for rape of an underage girl.

The Attorney General had appealed in May 2015 against a suspended sentence imposed by a Provincial High court (Kurunegala) and also argued that a previous decision of the Supreme Court (Anuradhapura rape case SC Ref 2008) that considered a minimum sentence for sexual violence imposed after the Penal Code reform of 1995 unconstitutional, and was wrongly decided. The intermediate appellate court (Court of Appeal) upheld this argument of the Attorney General and reversed the decision of the trial court of Kurunegala, which imposed a suspended sentence for the offence of statutory rape of an underage minor girl. However the Supreme Court in an appeal from the decision of the Court of Appeal upheld the suspended sentence of the trial court, disagreeing with the Court of Appeal. An amendment to the law in this area to re-introduce minimum sentence and or guidelines on sentencing in cases of sexual violence has been recommended out as a priority in the recent report of the Task Force (2016).

(ii) Impact of Male Head of Household and 'Male breadwinner' Concepts

A good example of how the concept influences public administration on women's access to employment is reflected in recent regulations of the Ministry of Labour dealing with women migrant workers. The former government introduced a regulation that restricted migrant domestic work of low-income women with very young children below a specified age threshold (MFE/RAD/10/13). The emphasis on women's responsibility for making arrangement for such children, and the policy of preventing them from travelling overseas for employment are based on the idea that the man is the head of the household and bread winner, the woman a secondary earner who has the sole responsibility for child care. This perception conflicts with the Maintenance Act (1999) which makes family support a joint and shared responsibility, though the Roman Dutch Law based custody law recognizes the father of marital children as the head of the family, and preferred guardian of children. The contradictions in legal principles, and stereotypical gender discriminatory values on women's family responsibilities, means that government policy continues to reinforce the stereotypical values. The discriminatory impact of this regulation on women domestic workers who seek foreign employment creates discrimination in the important areas of labour rights between men and women, and between women of different social and economic strata.

The regulation was challenged in 2013 for violation of the constitutional guarantee on equality during the time of the previous government, but the Supreme Court, with the then Chief Justice presiding, dismissed the action. A statement made by the Chief Justice in open court indicated that in his view it was women's responsibility to be caregivers for young children. Disappointingly, the Ministry of labour under the new government re-affirmed the regulations in 2015, including provisions on the required "family situation report" which diminishes women's status even more, by referring to "the guardian of a woman! Women's (MFE/RAD/10/13 (circular 02, 2015) Women's groups have expressed concern, but the Ministry of Labour has not responded. The Action Plan on Violence against Women (2016) has flagged the discriminatory regulations as one which should be withdrawn immediately.

(d) Vagrants Ordinance Reforms

In 2013 – 2014, consultations were held by the Ministry of Justice with women's groups and UN agencies, with a view to repealing the Vagrant's Ordinance in line with Concluding Observations of the CEDAW Committee, repeated in several progress reviews. The Ministry shared a proposed Act which tried to amend rather than repeal the Ordinance. It was argued by Ministry officials that the Vagrants Ordinance addressed the problem of public nuisance and harassment on the streets and could not be repealed. However discussions revealed that some of the proposed amendments continued to reflect gender bias and discrimination. It was pointed out that the public nuisance issues could be addressed through the current provisions on the offence in the Penal Code, with necessary amendments, and there were no rationale for not repealing the Vagrant Ordinance. Some consensus in this regard emerged from the discussion, but the Ministry of Justice did not respond later or take any, and

take any steps to repeal the Ordinance address the concerns on public nuisance through amendments to the Penal Code. The Action Plan of the Task Force (2016) has drawn attention to the need to repeal the Vagrant Ordinance, as a recommendation of high priority.

(e) Trafficking

As mentioned earlier, Sri Lanka has not ratified the Protocol to the UN Convention on Transnational Crime, but the 8th Periodical Report points to the positive steps taken by amendment to the Penal Code in 2006 to bring Sri Lankan law in harmony with these new international norms and standards. The initiative of the Ministry of Justice in establishing an inter-agency and department monitoring system to strengthen law enforcement and respond to internal and cross border trafficking have also been documented in the report. This is an area in which political will has been demonstrated by the government in the period 2011-2014. However prosecutions are still very rare, partly due to the complexities of the definition of trafficking offences introduced by the amendments of 2016. There is duplication of offences and lack of clarity on requirements. Consequently there are loop holes which make it difficult to prosecute. The amendments have not helped to prosecute a very exploitative category - the intermediaries engaged in trafficking in persons for migrant work, domestic labour and sexual exploitation.

(f) Law Enforcement

The politicization of the law enforcement agencies including the police and forensic services and the appellate judiciary, over a period of time and especially in the period under review has contributed to public disenchantment and lack of confidence in law enforcement. There were cases in this period where politicization hampered prosecutions even in highly publicized cases of rape, sexual harassment and violence against women and girls. Rhetoric in the Ministry of Justice and at high levels of government on the need to respond to sexual and gender based violence, and programmes on GBV, were contradicted by the politicization of the law enforcement authorities and the undermining of the rule of law in the years 2011-2014. The under-resourcing and lack of capacity building in key units in the Police like Women and Children's Desks undermined the earlier interventions of Government like reform of the laws on sexual violence in 1995, and domestic violence in legislation in 2005. Reviews of jurisprudence in the period indicate a lack of gender sensitivity to women's rights in the appellate judiciary, including the Supreme court (the apex court) as well as in trial courts. (eg. The rape case referred to earlier from trial courts in the Anuradhapura and Kurunegala cases and the judgement pronounced in appeal to the Supreme Court in these cases.) As pointed out earlier, the opportunity provided to develop a jurisprudence on temporary special measures under Act 12(4) of the Constitution was not taken by the Supreme Court in the Determination on the Local Government Bill. Similarly gender insensitive pronouncements and judicial opinions in the Supreme Court referred to, enabled the government to proceed with a regulation to limit migrant work for low income women domestic helpers. This jurisprudence ignored the joint and shared parental responsibilities of men and women in the family recognized by the legal system, since the enactment of the Maintenance Act 1999. All these trends have created an environment for poor and ineffective law enforcement in the country.

These same problems contributed to an even worse situation for women affected by conflict in the North and East, after the cessation of hostilities in 2009. Access to livelihoods and personal security remain major issues for women in these areas. GBV occurs, as elsewhere, in the family and in communities and there is a serious problem of access to relief and remedies. The inadequacy of trained women police officers, poor services and lack of fluency in Tamil language have contributed to fear and insecurity in making complaints to the police. The continued military presence in the North reinforces these fears. Livelihoods and personal security problems faced by widows and women heads of household have been highlighted in research and other reports. Ad hoc programmes of government and other agencies have not impacted to significantly change the lives of women in these regions in the aftermath of the conflict.

Future opportunities post 2014

The very limited changes in the legal system in regard to the gender equality agenda have been referred to in earlier sections. The 19th amendment to the Constitution has created an environment more positive to the gender equality agenda, both in its substantive provisions and the institutional changes regarding the Independent Commissions. The appointment of a Consultative Committee on Constitutional reform and the Constitutional reform process that is on-going in parliament provides an opportunity to strengthen the scope of women's human rights through reforms in the law on fundamental rights, and

institutional mechanisms to implement these rights. The appointment of a Consultative Committee to consider mechanisms to respond to transitional justice issues after the end of the armed conflict, such as enforced disappearances, truth seeking, reparation, reconciliation and non-reoccurrence and prosecution for violations of human rights can help to develop laws and institutions that can respond to on-going problems. The Prime minister has taken leadership in promoting a holistic reform and inter agency networking process within government to address violence against women and girls. The focus of these efforts will be the Plan of Action (2016). There is some hope that the outstanding issues on women's rights that the CEDAW Committee has focused over decades may at last be addressed through political will to implement a women's human right agenda.

2. Participation in Political and Public Life

Since universal franchise in 1931 over eight decades ago, women have had the right to vote and participate in political life and to seek election to the National Assembly, Parliament since independence in 1948, and Local Councils. Women have been active as voters but their representation in political assemblies have been minimal, around 5%, through these eighty five years.

Legal and policy context since 2011

In 2011, Sri Lanka adopted the Sri Lanka National Action Plan for the Protection and Promotion of Human Rights 2011-2016. The section on Rights of Women in component no. 5 addresses women's political participation. Its objective is to achieve thirty percent (30%) minimum representation of women in Parliament, Provincial Councils and local authorities, and to introduce statutory provision to for this purpose. A National Plan was drafted led by the Ministry of Child Development and Women's Affairs covering the period 2014 to 2018.

In response to the campaign since the late 1990s for a quota for women in all political institutions the law on Local Authority Elections was amended to include provisions for a quota. The Local Authorities Elections (Amendment) Act No. 22 of 2012 was passed by Parliament in October 2012 and in Sec 22(4)(2b) contains a provision of a 25 percent quota at nomination shared jointly between women and youth. This provision was criticized as there was no specific quota for women.

In 2013 the women's Caucus drafted a work plan that included a section on 'Women, Power and Decision making' that underscored the low representation of women in political institutions. The current government that took office in 2015 agreed to a 25% quota in local political institutions in its election manifesto. The proposal was approved by Parliament and will be operative at the next local elections.

Political participation since 2011

In 2010 women held 13 out of 225 seats in Parliament ,that is 5.8%. At the 2015 elections the number decreased to 11 out of the 225 seats, the percentage declining to 4.9%. The total number of candidates was 6151 of which 556 (9%) were women and the success rate was 2%. Under Local Government, Provincial Councils have 17 women out of a total of 417 (4.1%) and in Pradeshiya Sabhas –Local Councils- 2.03% were women.

Factors affecting political participation

Multiple reasons can be adduced for this low level of representation. A significant fact is the decrease in the 2015 elections despite the recent years of campaigning in communities island wide by women non government organizations. The National Committee of Women of the Ministry also organised programmes. These advocacy programmes also include training and capacity building of women to enter mainstream politics.

The reasons that have been given over the years have been the acceptance of male leadership stemming from gender role stereotypes; the violence associated with electioneering that deter women from participating; and inequality in the gender division of household and child care responsibilities which limits the time available for women and the unequal power relations between women and men within the family. Current available evidence is that political parties are the single major barrier to women's political participation. Political parties have few women in decision making positions and the 'women's wings' have mainly a supportive role. They have no expectation that women can be 'winners' at elections unless they come from political

families. They are extremely reluctant therefore to nominate women. The only way the 25% quota was accepted was by inclusion in the election manifesto and transfer to policy.

Women in Decision Making in the Public Sector

Studies have shown that the percentage of women in high level positions in the public sector is low and that it is even lower in the formal private sector. However more women have reached such positions in recent years. A few examples are given below.

In 2014 the percentage of women in the senior position of Ministry Secretaries increased to 18.6% with women appointed to key Ministries such as Justice, External Affairs, Education Services, Science and Technology, National Languages and Social Integration, Social Services and Production Promotion.

In the Justice sector the first woman Chief Justice held office from 2011-2013. In 2012, 27 % of Supreme Court Judges and 16 % of Court of Appeal judges were women. In 2014, three out of the 11 judges in the Supreme Court (27 %) and two out of the 9 judges in the Court of Appeal (22 percent) are women. The first woman Attorney General was appointed in 2011. In 2014 while the Solicitor General was a male, one out of the 2 Senior Addl. Solicitors General, 3 out of 9 Additional Solicitors General, 5 out of 28 Deputy Solicitors General and 16 out of 42 Senior State Counsel are women. Women have held the positions of Secretary to the Ministry of Justice and the Legal Draftsman.

In the education sector, there have been three women Vice-Chancellors in Sri Lankan universities and the Chairperson of the University Grants Commission was a woman till 2014. However in 2014 only 28% of the academic staff were Professors, 39% were Associate Professors and 41% were Senior Lecturers. In the school system, while 70% of teachers are women, there are only a few women senior administrators and 25% are Principals of schools.

Overall, however, the glass ceiling still operates as a barrier to promotion to high office. Reasons range from the gender related task of women to combine their family and work roles without detriment to either to political and personal biases of policy makers.

Women in civil society organizations are very active promoting women's rights and gender equality while some function at community level in development programmes and in organizing credit and savings schemes. In 2012 civil society organizations published the 'Sri Lankan Women's Agenda on Peace, Security and Development' covering women's experiences and concerns, and underscoring the absence of women at decision making level, and presented it to the Government.

3. Education & Training

Article 10 of CEDAW identifies 'appropriate measures to eliminate discrimination against women in order to ensure to them equal rights with men in the field of education and in particular to ensure, on a basis of equality of men and women'.

Legislative and Regulatory Framework

The 1978 Constitution guarantees fundamental rights and provides space for affirmative action to remove, inter alia, sex discrimination. Art 27 (2) in the Policy Directives articulates the goal of 'eradication of illiteracy and assurance of equal access to education at all levels.' Compulsory education introduced in 1998 from 5 to 14 years was extended in 2016 to 16 years.

Policy Context

Universal free education to undergraduate level introduced in 1945, and incentives have been provided over the years

General Education.

The Development Framework 2010 has among its objectives, promoting accessibility and equity; continuing free education, and incentives to provide adequate support for students from low income and disadvantaged families; universalisation of primary and secondary education irrespective of socio-economic background, gender and ethnicity; and developing one

thousand existing secondary schools as high performing centres spread through the country to eliminate regional disparities in the education system.

The second phase of the ESDFP 2012-2017, funded largely by the World Bank, is titled ‘Human Capital Foundation for a Knowledge Economy: Transforming the School System’. Its overall objective is ‘to enable future Sri Lankan citizens to acquire the knowledge, attitudes, skills and values to meet the requirements of a modern, national and global knowledge economy.’ The policy framework retains also (i) the equity concerns of the first ESDFP. Its objectives include increasing equitable access to education, continuation of free education policies, promoting quality education, developing selected secondary schools in all Divisions to reduce disparities and increasing access to science education. In both phases of the ESDFP there is no recognition of promoting gender equality apparently on the assumption that gender parity in enrolment is synonymous with gender equality.

The **ADB Education Sector Development Programme (2013-2018)** has its Gender Action Plan which aims to increase the participation of girls in the new Technology Stream in Grades 12 and 13, develop gender sensitive training modules and capacity development plans for teachers, especially in non-traditional fields such as technology, and incorporate gender indicators in management and monitoring systems. A new Management Information System is to be developed with sex disaggregated data for monitoring and evaluation of progress in implementation.

The concern for equity was reflected through the years in political will and policy documents, while gender equality received overt recognition only in the programmes of the Asian Development Bank and in GIZ programmes. Regrettably the ADB gender sensitive proposals have been confined to the proposals and have not been implemented by the relevant officials who had no understanding of or commitment to gender issues.

No efforts have been made therefore to empower girls and women through the education process to challenge gender role stereotypes and to exercise their options according to their aptitudes. Consequences are the gender imbalances in technical related courses and employment that exacerbates the unemployment of women.

Access to education

Education participation rates

According to the Census 2012 participation rates by age group are 6-9 Yrs.-Total 94.4%, Male 94.3%, Female 94.4%; 10-14 Yrs.- Total 92.2%, Male 91.7%, Female 92.8%; 15-19Yrs.- Total 52.6%, Male 50.6%, Female 54.6%. (Table1). The Central Bank Report (2015) records that the enrolment rates in 2014 were 5-9 years 98.5% and 10-14 years 94.8%, indicating yearly increase in enrolment.

Gender parity in enrolment has been achieved in primary and junior secondary education from 5 to 14 years, and an increasing higher rate at secondary education level from 15 years for girls as more boys than girls opt to drop out and seek employment. The minimum age for employment is 14 years.

The retention rates (Table 2) available in the Ministry indicate the following:

At end of Grade 5 - 2011-Female-98.2%, Male-97.6%; 2013-Female 98.9%, Male-98.3%
At end of Grade 9 - 2011 Female-94.3%, Male-90.3%; 2013-Female 94.0%, Male-90.1%
At end of Grade 10 - 2011 Female-90.4%, Male-85.6%; 2013-Female 91.9%, Male- 87.0%

The Central Bank report (2015) states that the survival/retention rate at the end of Grade 11 in 2014 was total 85.1%, male 82.04% and female 88.2%. These data confirms that retention rates increase yearly while male students drop out earlier from secondary education grades.

The percentage of girls in enrolment in the different stages in the school system in Table shows that the percentage of girls enrolled has increased in the Advanced Level classes, and chiefly in the science stream where female representation has been low over the years. An issue to be addressed is that female participation is very low -32.78%-in the new Technology stream as it is likely to reinforce the under representation of women in this field in tertiary education and in the labour force.

Factors affecting access to education and quality of education negatively

- (i) **Poverty** is the major cause as despite free schooling and other incentives, education has not been successful in compensating effectively for poverty, and adequate attention has not been given to the most vulnerable groups of children, the 'hard to reach' children, who continue to be victims of social exclusion.
- (ii) **Gender** -Policy makers accept the right to education which is articulated in policy documents over the years, but are unaware of the importance of the realisation of rights through the education process, the curriculum and the teaching-learning process. Consequently the curriculum continues to operate as a mechanism of social control that reinforces gender inequality within and outside the school. Education has promoted gender parity but has not succeeded as yet to move beyond to facilitating substantive gender equality.
- (iii) **Ethnicity**- in the post conflict years schools in affected areas have been reopened and rehabilitated. The plantation/estate sector which was disadvantaged over decades have almost reached national level in access to primary education but lack adequate facilities for secondary education.
- (iv) **Disability** has been found to be the second highest reason to poverty for non enrolment in schools, Schools lack facilities to address their needs so that children with disabilities remain a marginalised group deprived of equal rights to education.
- (v) A 2013 study found that **health** was a factor in dropping out of school and in the high rate of absenteeism. The schools meals programme in disadvantaged communities introduced recently was seen to increase attendance.
- (vi) **Distribution of education opportunities**- The inequitable distribution of educational resources and facilities and the absence of priority to reducing disparities have been impediments to promoting equal rights to quality education. The new education programme proposes the upgrading of 1,000 secondary schools island-wide and five primary schools developed as feeder schools to each secondary schools. Less than 8% of schools have science education facilities at AL .
- (vii) **Child abuse** Circulars prohibiting corporal punishment issued to principals have been disregarded for years and studies have found that physical punishments are administered with impunity. The negative attitude of teachers particularly to the poor has resulted in dropping out of schools. Sexual abuse – child rape and sexual harassment as well as statutory rape of girls under 16 years– has emerged from invisibility with the introduction of amendments to the Penal Code. Child mothers and victims of child abuse are withdrawn from school and are denied their right to education.
- (viii) **Natural disasters** Floods, landslides, cyclones are of frequent occurrence and the poor and women have been seen to suffer disproportionately.
- (ix) **Armed conflict**-Rehabilitation, reconstruction and resettlement programmes are in progress in the north and east with state resources and donor funds. Child combatants have been rehabilitated and enrolled in mainstream education, and the performance of girls and boys in examination is returning to pre-conflict levels.
- (x) **Governance and Management**- The political commitment to universal free education in state institutions is reflected in all policy documents. However, the implementation of these policies has been diluted and distorted by politicisation and by the lethargy of local officials. Vulnerable groups such as children with disability and 'street children' have not benefitted according to expectations, corporal punishment in schools is widespread and there has been increasing evidence of sexual abuse. Absence of coordination at local level, lack of an effective monitoring mechanism based on divisional sex disaggregated data and inadequate financial resources have been impediments to participation, retention and performance in education.

Early Childhood Development

Sri Lanka is reported to have around 17,000 ECD centres organized largely by non state actors. Basic requirements are found in less than half these centres and only 65% of the 3-5 age group are enrolled. The government has decided to implement a programme , Early Childhood Development Project 2015-2021 funded by the World Bank to expand and strengthen delivery of ECD services.

Key activities are Improving quality of ECD provision; expanding equitable access to ECD services; improving quality of ECD services in the plantation sector; quality management, facility improvement of ECD centres; Training of ECD teachers and teaching assistants; training of trainers and govt. staff in sector; Interventions to enhance access to ECD services - awareness

programmes, fee waivers to students from poor households; establishment or extension of facilities in unserved and underserved areas.

Technical and Vocational Training

Policy context

The changes introduced by the Tertiary and Vocational Education Commission such as the National Vocational Qualifications scheme (NVQs), Career Guidance and Counselling and provision of Labour Market Information have been continued.

The Ten Year Horizon Development Framework 2006-2016 of the Department of National Planning.

For the first time a national policy document had as one of its objectives, reducing gender imbalances in enrolment by motivating women to enrol in technical courses. This development was the result of the efforts of the Asian Development Bank to provide a gender perspective to policies.

The **ADB funded Technical Education Development Project 2012** followed the directions of its earlier projects. One of its component was reducing gender imbalances in enrolment, and promoting social equity to improve access to TEVT. ADB supported a social equity and gender consultant who proposed a comprehensive programme including action plans as well as capacity building of the Ministry and training institutions and the appointment of a gender consultant in each College of Technology. While the Ministry accepted the gender policy no action was taken to integrate it in the implementation programme.

Skills Sector Development Programme (SSDP) (2014-2020) is a government initiative which will incorporate training programmes of several ministries to meet the local and foreign labour market demand by 2020. It was motivated by the need to move to high technology related and other skills intensive programmes necessary to avoid the 'middle income trap'. Both ADB and the World Bank have developed proposals to support the government in this endeavour.

The ADB funded Sector Enhancement Programme (SSEP) (2014-2020) is a component of the SSDP and is expected to commence in 2014. Its objectives are to (i) improve the quality of TEVT provision, (ii) enhance industry partnership for TEVT, (iii) increase partnership and improved equity in TEVT, and (iv) improve sector management to implement policy and reforms.. It is intended to promote a path to high growth.. As most women are enrolled in traditional female occupations and have minimal participation in technology related courses leading to remunerative employment, a sector wide gender and social equity framework is to be developed to guide SSDP implementation.. Specific targets for women are identified in the Framework but gender is invisible in the indicators. A Gender Action Plan has been prepared by an ADB supported gender consultant. But progress is slow because no follow-up motivational programmes have been conducted to increase the participation of women.

The World Banks Skills Development Project (2014-2019) will support the governments Skills Sector Development Programme (SSDP) 2014-2020 to achieve its goals of restructuring the economy and improving living standards and social inclusion. Its specific objective is to 'expand the supply of skilled and employable workers by increasing access to quality and labour market relevant training programmes'. This project document too states that Government will develop 'a gender and social equity framework by 2016 and provide equitable and adequate human and financial resources to support its realisation in SSDP'. No gender specific interventions are suggested in the project document.

Participation in TVET programmes

The Tables/Figures pertaining to the percentage of women in the courses of the Vocational Training Authority (VTA), the Department of Technical Training (DTET) and the University of Vocational and Technical Courses have a common trend. Courses stereotyped as 'feminine courses' such as tailoring, garment industry, beautician, and commerce, enroll a high percentage of women, while those perceived as 'male courses' enroll such as technology, electrician, mechanics, aluminium fabricator, welder, mason, have consistently a low percentage of women. The only change is the increasing enrolment of women in Information technology courses in recent years. Clearly, therefore gender role stereotypes continue to determine selection of courses reinforcing the traditional gender imbalances in training.

Factors affecting achievement of outcomes

Programmes have yet to meet the needs of over 100, 000 secondary school leavers without employable skills. The curriculum in TVET institutions does not meet the demands of employers for technical and soft skills. Equipment and facilities need to be upgraded, qualified instructors deployed and financial resources increased to ensure success.

A significant intervention in recent years has been the incorporation of gender specific policies and programmes in skills development and technical education supported by ADB gender consultants. However, implementation of gender sensitive policies and programmes has not achieved expected outcomes. Women are still concentrated in culturally perceived service sector courses and men in technical courses and trades. Minimal effort has been made to upgrade skills, diversify training opportunities, or to motivate women to move to training programmes to increase in income or to promote upward occupational mobility. Consequently, the gender imbalances in enrolment have not been reduced and have reinforced the inequitable gender division in the labour market and the fact that the unemployment rate of women has been consistently double that of men over five decades. The only positive development has been the increase in the enrolment of women in Information Technology skills programmes, responding to the burgeoning demand for these skills, and resulting in narrowing the gender gap in access to IT. An ambitious proposal to establish 25 university colleges for technical education is being implemented.

Major factors that have delayed change in gender perceptions have been the absence of commitment among some administrators; the reluctance of employers to recruit women to technical related employment; the negative attitudes of families and communities; and the failure to conduct gender sensitization programmes for women, families, communities and officials and employers. Overall is the failure to promote concepts of gender equality in relations in the family, workplace and society and to ensure equal rights to access to opportunities in technical and vocational training.

Higher Education

Sri Lanka has 15 universities in which overall women are over 50% of students. Nevertheless gender has been considered a non-issue in national higher education policy and a review of the Strategic Plans of Universities indicate that the goals identified in the Plans have been more oriented towards quality rather than equity. It is only in the current year that a Gender Centre has been created in the University Grants Commission and a UGC Committee appointed to initiate activities.

Gender role stereotyping has been challenged largely by the incorporation of gender courses into specific courses in all Faculties in the University of Colombo except in the Faculties of Management and Science. A significant intervention has been the establishment of a Gender Centre in the University of Kelaniya. However the slow pace of change appears to be due to the lack of advocacy for curriculum transformation at the institutional level.

Access to and performance at universities

Minimal changes have taken place in the percentage of students admitted in 2010/2011 and 2013/2014 and the percentage of women among those who entered the university is abysmally low in the engineering faculties. (Table 3) Of the total enrolment in universities the percentage of women was 60.5% in 2010/2011 and 62.6% in 2012/2013. The only change has been the increase in the percentage of those in paramedical courses from 68.3% to 81.1%. There has not been a significant change in the low representation in engineering courses. (Table 4) At post graduate level the percentage of women has been relatively low and there has been a sharp decline the earlier high participation in Indigenous Medicine. (Table 5) Women staff have yet to have a leadership role as the percentage of women Professors has been 24.2% in 2011 and 27.8 in 2014; Assistant Professors 32.9% and 39.3%; Senior lecturers 37.9% and 41.1%; and Lecturers 49.6% and 55.0% in the academic hierarchy. (Table 6)

Constraints to gender equality

While gender appears to be perceived as a critical issue since 2015, a major problem that has to be addressed is the gender imbalance in enrolment in technical related courses. It is noted from the statistical data that enrolment was low only in engineering courses and computer related courses. Also that entry to IT related courses has increased rapidly in response to the burgeoning demand for these skills in the labour market. But representation in engineering courses has remained low over the years. Its root causes are the gender role stereotypes that assign technology related courses to males. It is a problem that needs to be addressed in the school curriculum, and continues to remain unaddressed

4. Employment

The gender division in the labour market is perceived to reflect wide inequalities both horizontally and vertically resulting in the consistent situation over decades that the unemployment rates of women are double those of men. Inequalities are seen in labour rights and labour participation at all levels.

Labour rights of women in the workforce

Sri Lanka has ratified the International Covenant on Economic, Social and Cultural rights in 1966 and CEDAW in 1981 but their provisions to guarantee gender equality have not been incorporated in national legislation. The Sri Lanka Constitution (1978) recognises the right to equality and non-discrimination (Art,12(2)), the right of every citizen to engage in any lawful occupation or enterprise (Art 14(g)), and the entitlement to freedom of association (Art 14 c and d). However these rights are only applicable to those employed in the public sector, thereby, depriving the majority of workers who are in the private and informal sectors protection against discrimination. The Women's Charter of 1993 identifies the economic rights of women based on the provisions in CEDAW but has remained a policy document without legal validity.

Many core ILO Conventions have been ratified such as C 103 Maternity Protection, C 100 Equal remuneration for men and women for work of equal value, and C111 Discrimination in respect Employment and Occupation (equality of opportunity and equal treatment). and some have been incorporated in labour laws. But only public and private sector employees in the formal sector are beneficiaries of labour legislation. Social security legislation is limited to pension for state employees, the Employees Provident Fund Act,(EPF), Employees Trust Fund Act (ETF) and Payment of Gratuities Act for non state employees. There have been violations of these laws and the 'glass ceiling' remains a barrier to promotion. Yet the space is there for better enforcement and conditions have improved in recent years.

The majority of workers, however, are engaged in economic activities in the informal or unregulated market and are vulnerable to demand and supply market forces. The informal sector comprises a minority of high income entrepreneurs as well as a large number of low income paid labour, self- employed workers and unpaid family workers among whom the majority are marginalised groups of women workers who are denied protection by labour legislation. They undergo unstable and exploitative working conditions and have low levels of skills and income. Among them are four major groups of women workers - migrant domestic workers;, a relatively invisible, flexible and peripheral labour force of subcontracted workers;, self-employed home based workers trapped in low income activities in the informal sector and often without right to land, training, technology, credit and markets; and marginalized local domestic workers and temporary overseas domestic workers, all of whom are denied minimum wages, regular hours of work, and social security.

It is salutary to note that the recent ILO Conventions that are yet to be ratified apply to these informal sector workers.-C 177 (1996)–Home Work Convention for home based workers who work for remuneration but do not work in the employers' work place and are not independent self-employed workers, in brief, for piece rate or subcontracted workers in the 'external market'; C 189 (2011) Decent Work for Domestic Workers–specific protection to domestic workers in the country and migrant domestic workers.

Policy Context

National Human Resources and Employment Policy for Sri Lanka developed in 2012. Its objectives are to 'work towards a highly competent, globally competitive, multi-skilled and productive workforce'

A striking feature in this policy is the effort made, for the first time, to mainstream gender in employment policies. While the objective of the policy is 'to enable women to participate in the labour market and access jobs that pay better', initiatives are proposed to address gaps in programmes and to overcome attitudinal barriers:

- (i) providing incentives for increasing the participation of women such as supportive child care services, flexible work arrangements, training for high skilled jobs, promoting women's entrepreneurship development by increasing access to credit, technology, business knowledge and markets, and providing a safe and secure environment, and

- (ii) promoting attitudinal change to combat sexism, and gender stereotyping in the labour market, and inequitable sharing of care and domestic chores in the household between men and women.

However, as the occupations preferred for women are the conventional ‘feminine’ jobs, women will be mainstreamed in the existing gender inequitable labour market.

A Plan of Action was developed in 2014 to facilitate the implementation of the policy. While some of the employment related programmes include the role of women particularly in the rural sector, an innovative feature in the National Plan is the section on ‘Gender Mainstreaming’. The employment fields included in this section area are a limited number of ‘higher skilled’ occupations for women-IT, nursing, hospitality industry, and driving. Importantly, however, strategies are to be developed to (i) discourage sexism and gender stereotyping in the workplace, (ii) strengthen state legal and institutional infrastructure to handle issues of discrimination and sexual harassment, (iii) promote more equitable sharing of the burden of care and household chores between men and women, (iv) enact labour laws that ensure equality between women and men in employment, (v) expand the knowledge base on the gender division of labour and other gender related issues, and identify priorities areas for higher levels of women’s involvement, and (vi) implement a social security system for self employed women. The proposals extend to encouraging large corporate firms in the private sector to recruit more women graduates and to appoint more women to management positions, and to mainstream gender in sports. As previous experience indicates the implementation of these proposals will depend on the capacity and attitudes of the identified agencies.

Labour migration-the implementation of the Labour Migration Policy of 2009 commenced in 2012 and a Plan of Action is being developed. Several developments have taken place since 2011 including

- Memoranda of Understanding have been entered with the Govt. of Italy (2011), Kuwait (2012), Iraq (2013), Oman(2014).
- The minimum age limit of female domestic workers was increased in 2013 – 25 years to Saudi Arabia, 23 years to other Middle East countries, and 21 to other countries.
- Submission of a Family background Report by females leaving as domestic workers from 2013 to protect small children below 5 years left behind by mothers.

There is considerable criticism of the restrictions and the imposition of the Family Background Report on women only as gender discrimination and a violation of women’s human rights as well as the undervaluing the role of men in the family.

Males have become dominant among migrant workers by 2013. While the overall increase in the number of migrant workers has increased, there has been a steep increase in the number and percentage of male workers and a decline in those of housemaids as a result of state policy to send more men and to implement policies to discourage potential housemaids.

Male migrant worker	- 2011-51.8%; 2014 - 63.2%; 2015 - 64.3%
Female migrant workers -Housemaids	- 2011-36.7%; 2014 - 29.5%;
-Other female workers	- 2011- 7.3%; 2014 - 7.3%;
Total female migrant workers	-2011-48.2%; 2014 - 36.8%; 2015 - 34.4%

Male migrant workers have increased steadily and female migrant workers have declined in number from 2011 to 2014, both have declined in 2015. Male migrants continue to be dominant among migrant workers. (Table 7)

For the first time, policies and programmes have been formulated and implemented to support Small and Medium Enterprises. The World Bank supports a project from 2011 to 2015 to promote access to finance to SMEs through Banks, and the GIZ a programme to implement a national policy to develop the SME sector. Programmes exclude the women in the informal sector who engage in self-employment or micro enterprises. The outcomes of these programmes are unclear.

Labour Force Participation

The **labour force participation rates** of women were 34.4% in 2011 and 35.2% in 2015, and those of men were 74.0% in 2011 and 75.4% in 2015. There has been a slight increase since 2011 but the gender gap continues to be wide.(Table 8). It is likely that many women engaged in home based economic activities do not claim to be employed and are therefore uncounted but the gap will still be wide. The concentration of women in culturally perceived 'feminine' jobs results in their under representation in technical related employment.

Unemployment rates have increased marginally from 4.2%in 2011 to 4.3%in 2015 but it is relevant to note that while male rates have declined slightly from 2.7% to 2.6%, female rates have increased from 7.0% to 7.6% and that the unemployment rate of women has been treble that of men in 2015. The increase in the unemployment rate of women has been largely in the 25-29 age group (Tables 9 & 10). Unemployment rates of women are seen to be more than double those of men at all educational levels. (Table 11). The unemployment rates of women have been consistently at least double those of men over three decades. These unemployment rates are the inevitable result of the wide gender imbalances in enrolment in technology and technical related vocational courses created by the impact of gender role stereotypes on the selection of courses by girls/women.

Employment status

The private sector still has the highest number of both male and female employees in 2011 and 2015. Women employers are miniscule in number in both years. There has been no increase in own account workers despite the support given to SMEs during these years., but the percentage of women unpaid workers/ contributing family workers has declined from 23% to 17.9%. (Table 12).

Women are concentrated chiefly in lower skilled jobs such as migrant domestic workers. In the Export Processing Zone, Export Processing Park and Industrial Park the percentage of women workers ranges from 5.9% to 81.8% . (Table 13).

The critical situation in the labour force is that unemployment rates of women have been at least double those of men for decades while overall unemployment rates have declined from the unconscionably high rates in earlier decades. This remains a problem to be addressed, particularly in view of the rapid ageing of the population and the need for women to have adequate resources for these years. Unemployed women are an untapped pool resources for the changes sought in the economy of a middle income country.

Factors affecting achievement

Two new developments have taken place since 2011 (i)inclusion of gender mainstreaming in policies and programmes (ii) Support for small and medium enterprises. It is premature to assess the impact of ongoing employment policies that are expected to transform the economy. It has to be noted however that the agriculture sector is relatively neglected, that the lead industry is still the garment industry and that no significant efforts have been made to promote higher skills intensive manufacturing industries.

Leading economists have underscored the fact that foreign direct investments have been inadequate, domestic savings are low and debt service payment high; that the 'knowledge economy' that is the goal of current national policy requires increase in productivity in all sectors and high value added technology products and services such as 'computer equipment, software development, electronic technology, telecommunications, nanotechnology products, biotechnology products, processed agricultural products'.

Gender Specific Factors

Quantitative data and qualitative studies indicates that minimal changes have taken place In the position of women in the labour force. Their unemployment rates have been double those of men irrespective of the decline in incidence over the years. Gender differences in occupations continue to be influenced by gender role stereotypes of appropriate male and female jobs although a minority have entered 'culturally perceived 'non- traditional' areas of employment in technology. Women are concentrated chiefly in the bottom of the occupational hierarchy.

Major factors for gender discrimination are the role of women in the economy and the social construction of gender. Women are widely perceived to lack the skills required to meet the demand for high level technological skills in the changing labour market. However in consonance with gender role socialisation in the homes, schools and society, women are confined to a narrow range of conventional 'feminine' skills through the educational and skills development process that excludes them from acquiring skills required for remunerative employment in the envisaged changes in the economy.. The inequitable gender division in household chores and child and elderly care responsibilities create time constraints that limit both participation in economic activities and aspirations for upward occupational mobility to penetrate the 'glass ceiling'. Overarching these constraints is the gender ideology that creates gender inequality in the home, workplace and society.

5. Health

i. The right to health for all women, throughout their life cycle.

Sri Lanka provides islandwide access to free healthcare services with focused health interventions for women and girls. These are based on health needs at critical points in their life cycle, including curative and preventive services, accessible through a network of hospitals, outpatient departments, and field based clinics. This also includes health education, disease surveillance and control of communicable diseases. Special emphasis is placed on services relevant to reproductive health rights. These include antenatal care, care at delivery, post natal care, and access to family planning. Others are immunization, control of communicable diseases, including sexually transmitted diseases, with particular emphasis on HIV/AIDS prevention and treatment. Promotion of better nutrition includes the control of micro nutrient deficiencies, particularly anaemia, as it affects mainly women and girls. Others are Vitamin A and D deficiency, Vitamin B and iodine.

The life expectancy at birth for Sri Lankan women has risen to 77.9 years compared with 70.9 for men. 10.8% of the elderly population (over 60 years) are women (2.1 million). This reflects the increasing survival of Sri Lankan women, from health risks related to pregnancy and childbirth.

Health care for women includes both preventive and curative services, decentralized to the 9 provinces and 24 districts. This has enabled greater accessibility. The larger teaching hospitals are located in all major cities, and most have specialist services. Due to the higher literacy among Sri Lankan women, they prefer to patronise such hospitals, which draw large numbers of patients, particularly in Colombo, which has 2 of the largest teaching hospitals, providing obstetric and gynaecological services. Teaching hospitals in the bigger cities including Colombo also have specialist services for women. There is now a growing network of private care, but mostly accessed by working women who are on health insurance schemes. (Source: statistical Abstract, Dept. of Census and Statistics 2012).

ii. Right of access to trained care during pregnancy, child birth, and pregnancy risk reduction.

Pregnancy and childbirth are natural, physiological processes, and not illnesses. Hence access to services is an essential right. The maternal health care system provides ante natal care, accessed through field based MCH clinics, located near the homes of the families concerned. There are also field based public health midwives who visit homes, with what are designated, as, eligible couples. These are married couples. Other components of care include, trained care during the labour, at delivery, and post natal care. Over the past several decades, home deliveries have almost disappeared, and the majority of women seek trained delivery care in hospital institutions. New initiatives introduced include pre pregnancy care to identify risks to a healthy pregnancy, which can be addressed early and risks reduced. There is also a Maternal Death Surveillance system in which the Family Health system collaborates with the SL College of Obstetricians and Gynaecologist and conduct maternal death audits. It is also important to provide opportunities for the reporting of maternal deaths to an independent institution, the most relevant being the SL Medical Council, if the family have doubts regarding the cause of death.

Analysis of the registration of mothers by public health midwives indicates a 94.3% coverage. There are however some district disparities which include some parts of the Colombo Municipality, and the districts of Ampara, Nuwara Eliya, Batticaloa and Mannar. Better utilization of services occurs when there is greater accessibility. This is indicative of increased health seeking behavior by Sri Lankan women related to their high literacy. Ante natal care clinic coverage is 96%, with 4 visits by each mother.

All mothers are regularly screened for pre pregnancy nutritional status, anaemia, sexually transmitted infections, including syphilis, and protected from rubella and tetanus with vaccination.

iii. Maternal undernutrition and anaemia

Anaemia and maternal undernutrition still remain not well addressed issues. It relates to lack of access to iron containing foods, quantity and quality, when there is a higher demand during pregnancy. Food habits where the women, including even pregnant mothers eat last, with the man as the breadwinner eating first and most. Nutrition education is needed to overcome this. Other connected issues include lack of access to nutritious food, low incomes, and the rising cost of basic food. 12.6% of babies are born low birth weight related to maternal undernutrition. There are also geographical disparities. To overcome this, free iron supplements are provided pregnant women.

iv. Responding to teenage pregnancies.

6.1% of the total pregnancies attended by public health midwives occur in mothers under 20 years, including those under 18 years. There are considerable regional disparities, with higher numbers in the northern and eastern provinces. But Jaffna was the lowest, the reasons for which are yet to be unidentified.

Data collected on a routine basis by the Registrar General's Department, based on the registration of live births was used as a proxy for this information on teen age pregnancies. Accordingly, there had been a consistent decline in the numbers of pregnancies in women under 19 years, from 8.1% in 2000 to 5.45 in 2006. Inter district variations were apparent, with higher rates in the tamil community, mostly in rural areas. but less in the plantations. This may connect with the larger number of working women in the plantation sector. The most recent DHS data concluded that, the percentage of teenage pregnancies among ever married women between 15 and 49 years was 6.3%. This declined with education and access to health services.

v. Access to Family Planning Services

Family Planning continues to be regarded as an essential component of Family Health Services. FP is integrated with other Maternal and Health services, which facilitated acceptability without much controversy in the early years. Families are provided with the necessary information by public health midwives working at community level, in addition to other services. Other forms of communication include the media. All modern methods of contraception are available, including, oral contraceptives, intra uterine devices, implants, tubal ligation and condoms. There is a social marketing programme for both oral contraceptives and condoms which are available in most pharmacies. Other services include vasectomy and tubal ligation. The latter is often undertaken postpartum, when a couple decides their family is complete. Public health officials also provide education, particularly to newly married couples. It is reported that the contraceptive rate in Sri Lanka has increased by 30% over the past 3 decades. The proportion of modern methods and traditional method users were 56% and 9.3%. There are inter district variations in contraception use, with the lowest rates occurring in the northern and eastern provinces, and some areas in the Colombo municipality. The districts of Ampara and Batticaloa reported high rates. In general Injectables are known to be popular, closely followed by IUCDs, and oral contraceptives.

Another important component of family Health is to provide services for couples with subfertility. With Sri Lanka's increasing age of marriage, more girls, marry late. Thus subfertility is an issue to be better addressed in the context of family health. More couples are seek private services, perhaps because of confidentiality issues. There is a need for better identification of such couples at local level by public health midwives, enabling them to access government services.

A hitherto unresolved issue is that women need to obtain the consent of their husbands for a tubal ligation. This is mostly done after a delivery when they decide the family is complete. Husbands too need spousal consent for a vasectomy. The numbers of such men seeking services has declined. Due to this, single women, unmarried women, widowed women, or those separated from a spouse, are unable to access services. This is a denial of their right to choice which needs to be addressed.

vi. Well Women Clinic Services.

These were commenced in 1998, and still continues as a dedicated health service to women. It is regarded as a component of family health, focused mostly on peri menopausal women, with reproductive health issues. Such clinics provide opportunities to

test for breast cancer, and cervical carcinomas as well as identify non communicable diseases such as diabetes mellitus and hypertension. The services are targeted on women 35 years and over.

vii. Reproductive health care services to adolescents.

The legal age of marriage is 18 years, and age of consent for sexual intercourse 16 years. There is an exception for Muslim girls, because their traditional laws prevail for them, which stipulates marriage at 12 years. The Sri Lankan justice system recognizes applicability of religious laws in courts. But, the numbers of such marriages have declined, as most Muslim girls now attend school, enter university and even enter the job market. The underage marriages mostly occur in the rural areas.

Following recommendations made by the National Women’s Committee in 1995, changes were effected to the penal code to amend the age of sexual consent to 16 years, even if the couple decides to marry at 18 years.

There is also a trend during the past few years indicating that menarche is occurring at younger ages. The phase of adolescence is regarded as the period of time from 10 to 18 years. Girls are engaging in earlier sexual unions, which indicates a need for earlier access to contraception. Early sex is more prevalent in rural communities. Under the prevailing laws, if a girl gets pregnant, the man/boy concerned is liable to a criminal prosecution. This issue needs to be resolved by making contraception accessible under conditions of confidentiality to girls from 14 years to 16 years as well as 16 to 18. This will reduce early pregnancies which carry greater health risks to girls.

viii. Improving access to safe, therapeutic abortion services.

This still remains an unaddressed issue, although many representations have been made by women’s groups to the political leadership over the past number of years for such services to be available to all women and girls in need of such services. This would prevent them resorting to illegal procedures, placing their life and health in jeopardy. Representations have also been made by the SL College of Obstetricians and Gynaecologists as they are concerned regarding the risk of death and long term complications to the health of girls and women due to illicit abortions. The SL College of Paediatrics has joined in such advocacy endeavours as they are concerned about teenage pregnancies, the consequences of higher mortality and morbidity as well as pregnancies due to the increased incidence of incest and the sexual abuse of girls. But there remains a reluctance on the part of policy makers and legislators to take this important step. Such groups are joined by activists on women’s rights who have lobbied for safe abortion services for specific situations. These include, sexual abuse and rape, known and identified congenital abnormalities in the foetus, and when situations of sexual violence and rape have occurred.

Available information indicates that, inspite of the wide network of healthcare services for women, some women still remain unaware of the dangers of unsafe abortions. Studies indicate that women have difficulties in obtaining safe abortion services, particularly among the poor and illiterate, who unlike the more well to do, access unsafe services.

More education is needed for adolescents and women on the dangers of illicit abortions. Unlike homebound women, it is those employed, including migrant women workers and girls working away from homes in garment factories and the apparel industry, involved in illicit relationships, far away from homes, who are most at risk of abortion.

It is essential that all women and girls are made knowledgeable on risks of illicit abortions. Perpetrators should be punished without impunity, while victims must be protected. Access to counseling is essential.

ix. Health care services for ageing women.

According to the 2012 census, 2,520,573 persons were over 60 years. Out of this total, 56% are women. At the last census, 785 were aged between 60 and 74. The census data indicated that most were active and still productive. The census indicated that 25% were engaged in economic activities, and 55% were selfemployed. A significant number were engaged in unpaid homework, not regarded as ‘employment’.

The fastest growing group among the ageing women, are those of who are 80 years plus. This group faces a double jeopardy of exclusion due to ageism and sexism. They are need of more chronic care services. Those available at present are mostly private and expensive, beyond the reach of most women in poor rural families. Trained caregivers, are needed, including chronic care

services at community level. Active ageing must be promoted, including opportunities to optimize healthcare access. Ensuring their security and protection because of their heightened vulnerabilities to harassment is also essential.

Another group of vulnerable women are those who are disabled. Such disabilities may/may not have even been detected. They need support in the form of community based rehabilitation. This should include access to health care if needed and protection from violence and protection. Others more vulnerable include those living in remote rural areas, and low socio economic situations.

Health issues of ageing women which need to be better addressed include, blindness, deafness, depression, alzheimer's disease, breast cancer ,cervical cancer, osteoarthritis, and osteoporosis. More preventative interventions are needed for this group. They also need long term care facilities and palliative treatment centres. Other services include, psychological support systems, and access to mental health services. Preventive screening services are also necessary. Costs have to be addressed, including the need for long term care facilities. Access to more palliative services need consideration and hospice type treatment centres. Other areas of importance include providing for support through community based care giving groups, ensuring access to old age pensions, and other financial schemes, actively preventing elder abuse and addressing the gendered dimensions of ageing that is growing in Sri Lanka.

x. Role of the health sector related to domestic violence.

The government health care system has established a system of access to services at out patient departments and clinics, through which, victims of domestic violence can access treatment. Such victim centres are termed 'mithurupiyasa'. At present there are 40 such centres and there are plans for expansion. However it is important to recognize that victims of domestic violence may seek services from other speciality health units such as the burns centre, accident services, ear, nose and throat clinics. It is common for such women to hide the cause of their injuries to protect the spouse, mostly claiming is 'accidental' causes. This needs to be addressed as repeat abuse and violence should be prevented.

Other relevant services include access to mental health services for depression which usually accompanies such violence. The root cause of domestic violence needs to be better recognized. The reason for such deception is women fear reprisal from the perpetrators, mostly husband and boyfriends, and do not want to risk prosecution of the offender and loss of the principal bread winner to the family. The current victim and witness act will be of particular relevance to women victims of violence. It will also be of value to protect victims of incest.

xi. Preventing HIV/AIDS, and other sexually transmitted infections in women and girls, including female sex workers.

Sri Lanka continues to be a low HIV prevalent country. However, the information available on high risk groups is also low, except among women sex workers. 60% of reported HIV cases are men. Most of the transmission is through sexual contact, 4 to 5% peri natal and less than 1% through blood transfusion. The ratio of HIV positive men to women is 1.4:1. Risks and vulnerabilities are mostly related to the low usage of condoms among high risk groups. But the usage in sub groups such as female sex workers is high, and is 80 to 95 %.

A mapping exercise conducted in 2010/2011 revealed that there were about 3500 female sex workers in Sri Lanka. Rates of sexually transmitted infections and HIV in them was found to be relatively low. Only a few male clients were encountered per day, and they practiced high condom use. The numbers of those with STI's is estimated to range from 60,000 to 200,000 annually, but, only 10 to 15% report to government clinics. Out of an estimated 2 million migrant workers, 86% are unskilled workers, of which, 49% are women. There is no data on those engaging in casual sex and commercial sex networks although it is well known that both prevail, in countries in the gulf states where there are large numbers of Sri Lankan migrants, both men and women. Source: World Bank IBRD.IDA 2010

Since the very first HIV patient detected in 1987, the National STD/HIV Control programme reported a cumulative number of 2241 HIV positives, while the cumulative AIDS reported for the end quarter of 2015 was 587. An integrated bio behavioural survey conducted in 2014 showed that the percentage of those using condoms for last sex with a client was 93% among female sex workers, and ,an equally high percentage of condom users (90%) with condom users.

According to Sri Lanka's national STI/AIDS programme, it is estimated that on the average, 41,000 (28,000 to 64,000) adults have HIV. Children (under 15 years) were less than 100, and new infections 1,000 in 2015. Deaths in 2015 were 100 and the adult prevalence less than 15.01%.

HIV is not a notifiable condition in Sri Lanka. Therefore the actual situation may not be known. But since testing is only available at the National Reference Lab, all confirmed positives are reported and known, and is therefore a useful indicator. The trend is therefore a gradual increase annually, and is 147% in the past 10 years. Since 2011, the proportion of men infected is increasing. End 2015, the male/female ratio was 2.8:1.

In 2015, there were 7 cases of children 0 to 14 years, due to mother to child transmission. 86% was due to sexual transmission. In 10% there was not enough data to determine mode of transmission. 50% of males with HIV transmission had a history of male to male sexual contact. The highest rates were in Colombo, Gampaha and Puttalam. The lowest was in the northern province.

xii. Cancers in Women

The health care system has incorporated screening and early detection processes, particularly for breast and cervical cancers. Early detection is essential to improve the chances of recovery. More health education is needed as early detection is a factor in reducing mortality and morbidity. A policy decision has been made to introduce the vaccination of girls during adolescence against the human papilloma virus, commencing in 2017. This is an important step in the prevention of cervical cancer.

xii. Laws.

There is a need to reform the laws related to access to therapeutic abortion services, for rape, incest and congenital malformations of the foetus. Another aspect is, women who have suffered a miscarriage/natural abortion should be entitled to maternity leave benefits, No leave is given to women who adopt babies. This needs to be addressed. The victim and witness bill which has been passed in parliament will be of importance for women victims of domestic violence and incest.

xiv. Health Data

All data should be sex disaggregated when reporting.

6. Rural Women

The Population and Housing Census of 2012, claims that 71.8% of Sri Lankans lived in rural areas, out of which 51.43% were women, and 6.5% were over the age of 65 years. The July 2014 data shows that 81.7%, out of a total population of 21,866,445 live in the rural sector.

The Sri Lankan Constitution ensures women the right to participate in the electoral process and in macro level policies, such as free education, free health services, water and sanitation services, the legal system, labour laws, the MDGs and development projects. These have impacted positively on the lives of both men and women in both the urban and the rural sectors.

However, there are **persistent inequalities** that negatively impact the lives of rural women, such as the Land Development Ordinance of 1934, where inheritance is based on the principle of primogeniture, which denies women in the new settlements, the right to inherit family land if they did not originally own land in the area.

Further, in the area of formal employment, restrictions in the scope of labour regulations deny rural women equal rights and protection in employment. This indicates that patriarchal norms and values still prevail which cause hardships to rural women and women continue to receive less priority in accessing new jobs and new technologies.

It is observed that women spend more time than men in reproductive and household work. Faced with a lack of services and infrastructure, rural women carry a great part of the burden in providing water and fuel for their households, caring for children

and the sick, and in processing food. This is a result of shortcomings in rural infrastructure and services, as well as culturally assigned roles that limit women's time and opportunities for greater participation in economic development activities.

Education: The provision of free state education supported by extensive incentives such as free textbooks, free uniforms, scholarships, subsidized transport for all, and free school meals for the children of the economically disadvantaged, have resulted in a rapid rise in the participation rates in school, to over 95%, and the achievement of gender parity in enrollment, in primary, secondary, and university education.

The percentages of female students in universities and non vocational tertiary education are higher than that of male students. However, wide gender imbalances are present in enrollment in technological courses, including information technology and technical courses in vocational education institutions, which in turn limit their access to high skilled and remunerative employment in technology-related fields. Disparities in the provision of quality education facilities in rural schools and poverty, continue to be barriers to the utilization of available opportunities to rural women.

Health services: The services of the Female Family Health workers (FHW) in the rural sector is noteworthy. They provide basic health services, maternal and child care and family planning services. 98% of births in the country take place in government funded health care facilities. This performance has been possible due to a well - developed rural family healthcare system. Although the contraceptive prevalence rate is reported to be about 70%, the reproductive rights of women need to be ensured. Further, although the maternal mortality rate had decreased to 35 deaths per 100,000 live births (2010), there are District-wide disparities, with the highest mortality rates being in the plantation sector, and the disadvantaged district of Moneragala, and the conflict-affected districts in the North and East.

Another issue of concern in the area of health is the low nutritional status of many women; the increasing incidence of non - communicable diseases; inadequate provision of health care for the elderly, the mentally ill, and the differently abled; and the health implications of gender-based violence badly affect women. The prevalence of diseases like dengue, and dysentery are an outcome of poor environmental conditions that needs urgent attention. The rising cost of drugs in an unregulated market also creates many hardships for the poor households.

Contribution to the Economy: Unlike in the Social sector rural women are specifically discriminated in the economic sector. Succeeding Governments have ignored women's contribution to the rural economy, and Sri Lanka still lacks sex-disaggregated data on rural production. This denies them access to certain benefits as the head of House Hold is recognized as the male in the family and women continue to be invisible. There exists a denial of access to credit due to lack of land ownership.

Wage differences exist in the traditional agricultural sector activities as there is no formal wage structure nor defined minimum wages. Women are paid less than men for the same agricultural activity due to the gender ideology that men are capable of more work than women and women's labour is considered less valuable than that of men. Women too accept this situation as they are unaware of their rights. Even rural women's organisations have not been able to resist this injustice.

Evidence also shows that rural female-headed households have limited access, than male-headed households, to a whole range of critical productive assets and services required for rural livelihoods. These includes fertilizer, livestock, mechanical equipment, improved seed varieties, extension services and agricultural education.

Mechanization of agricultural activities: With the introduction of machinery women tend to get pushed out from their traditional farming activities as it is the men who are selected to operate these machines as women are perceived as incapable of operating machines.

Unpaid family work: The contribution made to the total economy by unpaid family workers is comparatively higher in the districts of Anuradhapura, Moneragala and Badulla, which are identified as having a higher female labour force participation and the high concentration of agricultural sector employment. Such discriminatory practices are unacceptable as it affects the well being of women.

Self-Employment activities : Non –agricultural, micro level activities keep increasing in the rural sector and these micro/enterprises attract rural women. Those engaged in such activities face many hardships as they are categorised as home based small economic activities and face difficulties of finding raw materials, credit and in marketing their products. Further, they do not receive state assistance as most of these enterprises are not legally registered.

Unlike employees in the public and private sectors who have a pension fund or provident fund for security in old age, the informal sector face an insecure and resource-less old age.

Gender-Based Violence: Violence against women, affect a majority of rural women. The underlying issues of unequal gender relations in the family and the acceptance of violence to safeguard family privacy and prestige are yet to be addressed. Women victims are disadvantaged by the absence of adequate support services such as crisis shelters, Legal aid and counseling.

Disabilities: The situation of disabled rural women is far worse due to poverty, remoteness, less accessibility to services and less knowledge and awareness. As a result these women face many hardships all throughout their lives.

Access to Safe Water is very high when taking the country as a whole. However, many rural areas are disadvantaged than urban areas and this negatively affects the women as women are often the water collectors and water bearers in their communities.

Water quality in rural areas is also affected by fertilizer, agrochemicals, and industrial and domestic waste entering the system and creating health hazards. Further, the unregulated extraction of groundwater, reduces the quantum of water available. Rural women in the dry zone face many hardships in accessing pure drinking water for their families.

Women who have to carry water from distant places are affected in two ways - their health, as they have to carry heavy pots of water often on their heads or hips and in losing valuable time for more productive work.

Poverty: Despite the implementation of macroeconomic and social policies, poverty has continued to be an issue. Household Income and Expenditure Survey by the Department of Census and Statistics, show that the poverty head count in 2012/13 was 2.4% in the urban sector, 7.5% in the rural sector, and 6.2% in the estate sector. Rural women are also more likely to be unpaid contributing family members than rural men.

Energy: Women collect biomass residue from forests, plantations, and home gardens, unlike their urban counterparts who use gas or buy fuel wood from vendors. The major issues in the power sector is the costs that limit its use by householders thus depriving women of clean and easy energy sources for their domestic chores .

North and East: In the war affected areas the recovery process of survivors of the armed conflict that ended in 2009 is facilitated by relief, rehabilitation, resettlement, and reconstruction programs. Despite these efforts at resettlement, many families are yet to be resettled with adequate housing and livelihoods to generate incomes. A sense of insecurity is still reported to prevail among some families. The most vulnerable groups are war widows, who have had to assume responsibility as single heads of households and cope with adversity

They are without access to adequate resources, infrastructure and housing, basic facilities, and vocational skills and livelihoods to support their families. They are often denied land rights and are exposed to sexual violence and trafficking. Although the government has established women’s desks at police stations in the former conflict affected Northern Districts, to deal with complaints made by women and children, they are at times ineffective.

Need for special support: Migrant workers, Women workers in Free Trade Zone, Female heads of households, Women victims of violence, are a few categories of vulnerable Women who are in direct need of economic and social support and policy changes to improve their condition.

