

# Child Poverty in Sri Lanka: Some perspectives

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## 1. Introduction

Child poverty is a broad phrase used to refer to a wide range of issues that impact children's capabilities, wellbeing and future potential. This multidimensional perspective also recognises that children are individuals rather than extensions of a household or a family, and that their experiences of poverty and wellbeing are different to those of adults. This article attempts to draw attention to child poverty in Sri Lanka, using evidence from a desk review on child poverty conducted by the Centre for Poverty Analysis.<sup>1</sup>

## 2. Deprivation, Exclusion and Vulnerability (DEV) Framework on Child Poverty

Many researchers now recognise that child poverty is a multidimensional issue; that it is caused by a variety of different reasons – that are based on income and non-income factors, and can be experienced in different dimensions. Child poverty has been analysed using the DEV Framework to enable a multidimensional analysis to better understand how children are affected by and experience poverty.

### 10<sup>th</sup> Annual Symposium on Poverty Research on Child Poverty, 4-5 December 2009

The Symposium aims to improve understanding of child poverty and build partnerships amongst researchers and decision makers. The Symposium will include child participation.

#### Potential themes and panel sessions

- Discourses on child poverty
- Recent contextual changes and impact on child poverty
- Practices that are changing child poverty
- Bridging the research and policy gap

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The **DEV framework** is based on three overlapping and interlinked dimensions, **Deprivation, Exclusion and Vulnerability**<sup>2</sup>. It attempts to move beyond simplistic, narrow definitions of child poverty which fail to take into account how children *experience* poverty. Children are more likely to be subject to varying intensities of different dimensions and will experience more than one dimension simultaneously.

**Deprivation** can be described as the 'basic needs' dimension and refers to a lack of resources and services which are essential to children's wellbeing, such as food, safe water, education and health.

**Exclusion** includes the systems and context which contribute to children being deprived, not only of basic needs, but also of emotional and social support. Exclusion was found to be an important component of how children expressed poverty and is a dimension which

<sup>1</sup> REMNANT, F., & ABDUL CADER, A. 2008. *The Multiple Dimensions of Child Poverty in Sri Lanka: A literature review*. Study Series No.3 – 2008. Colombo: Centre for Poverty Analysis

<sup>2</sup> Wordsworth, McPeak and Feeny (2005) for the Christian Children's Fund worldwide.

stresses the importance of familial and social relationships. Children feel excluded because of social status, group membership, economic status, and cultural bias.

**Vulnerability** stresses the dynamics of poverty, how children are vulnerable to different threats based on their location, ethnicity, social status, age, gender, etc. It also refers to children's ability to cope with dimensions of poverty, the extent to which they can be resilient and therefore bounce back. These depend on the resources available to children, context and individual capabilities of children.

### **3. Child poverty in Sri Lanka**

The following sections describe child poverty in Sri Lanka in different dimensions of the DEV Framework, using evidence from past secondary quantitative and qualitative studies.

#### **3.1 Health**

A child's health is key to their development in both intellectual and physical terms, and poor health can impair a child's ability to fulfil their capabilities. The characteristics that can impact on a child's health include: parental income, education and health levels, economic or social exclusion from key services or infrastructure, and geographical location (spatial disadvantage and vulnerability). A child who is suffering from ill health is not able to develop to their maximum capacity, and, is in turn, vulnerable to perpetuating the same disadvantages in the next generation.

Despite Sri Lanka's positive indicators, malnutrition in children, leading to low weight and stunting, is still a significant problem, and safe drinking water and adequate sanitation are still not accessible to all children.

Child malnutrition continues to be a major problem in Sri Lanka. Between 1/3 and 1/4 of children under the age of five are underweight, and one in ten suffers from chronic or acute malnutrition. Approximately 72,000 babies (19% of live births) born every year are moderately to severely malnourished; the median birth weight of Sri Lankan children is approximately 2.8kg, well below the reference median value of 3.2kg of Medical Research Institute in 1998) (de Silva, 2000). A study by Gunewardena (2003) shows that lack off access to safe drinking water and adequate sanitation affects children with lower nutrition levels more than others; 40% of underweight children did not have access to safe drinking water and nearly 42% had access to only a pit latrine and nearly 45% had bucket/no toilet.

In comparison to other developing countries, Sri Lanka has much lower infant mortality and maternal mortality rates. The infant mortality rate has declined from 22% in 1985-1990 to 13.5% in the period 1995-2000. Infant mortality is highest in the estate sector 47.5 % ( based on fewer than 500 cases) compared to 15% in urban and 17.5% in rural areas (excluding the North and East) (Department of Census and Statistics (DCS), 2000).

The three principal causes of infant mortality remain respiratory illness, diarrhoeal infection and accidental death (DCS, 2002). The reasons for mortality rates can be linked

to mother's health and nutritional levels during pregnancy and her access to quality pre-natal care and post-natal care. The socio-economic background of parents, especially the educational attainment of mothers, has also been found to affect infant and child mortality to a great extent. Living environment and accessibility to primary health care facilities are also key factors influencing mortality levels. The mother's age is also an important factor; children born to women under the age of 20 or over the age of 35 years of age are at a higher risk of dying within the first month of life (DCS, 2000).

Diarrhoeal disease is common among children, and is one of the main causes of poor growth and development of young children. This is often caused by poor sanitary conditions and access to unsafe drinking water. According to the 2000 Demographic and Health Survey (DHS) (DCS, 2002a)<sup>3</sup> 5.5% for children under five in Colombo district, 5% in other urban areas, 7% in rural and 6.5% in estates suffered from a diarrhoea episode (in reference to a two week period) (DCS, 2000).

Immunisation levels in different parts of the country, in comparison to diarrhoeal disease prevalence, are more positive. In urban areas 87% of children had health cards and 82% of these had full immunisation coverage; in rural areas 87.5% of children had health cards and of these 81.5% had full coverage; in the estate sector, 66.5% had health cards with 71.5% having full immunisation coverage (DCS, 2000).

The number of children with disability increases with age, indicating that most disabilities either develop later in life or are a result of injury or illness. The most common type of disability was in the legs, followed by hearing/speaking disabilities and mental disability (DCS, 2001).

### **3.2 Education**

Sri Lanka's free education policy has led to some of the highest literacy and enrolment rates in the South-Asian region. Despite high initial enrolment rates, around 18% of children fail to complete Grade 9, demonstrating relatively high levels of drop out (World Bank, 2005).

United Nations Children's Fund (UNICEF) (2001) estimated that, in Sri Lanka, between 80,000-100,000 children between 5-14 years do not attend school. The children who fail to complete schooling are mainly those from poor and marginalised homes in poor geographical areas, including the rural sector, conflict-affected areas, and the estate sector. Despite the provision of free education, poor households may not be able to pay for the extra essentials for school, such as exercise books, bus fares, sufficient meals, etc. Additionally, vulnerable groups include children who suffer from a disability, and children left behind by migrant mothers where care givers may not be managing the household income well enough to include adequate access to education. Education and learning levels are lowest in the conflict-affected areas, which have been seriously affected by damage to the infrastructure as well as lack of skilled teachers.

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<sup>3</sup> In areas excluding the North and East.

There are also issues of quality of education ~~of~~ for those who do attend. Although 90% of children finish primary school, less than 20% reach mastery in numeracy, literacy and life skills (National Education Commission (NEC), 1995). Teaching standards are low in many rural areas, with the government finding it difficult to recruit trained teachers (Ministry of Education, 2007).

### **3.3 Children Affected by Armed Conflict**

Children have been both directly and indirectly affected by the conflict with destruction to their support networks and threats to their familiar environment. Children have lost their childhood as a result of being faced with fears, worries, frustrations and insecurities (Amarakoon, 2002). A conflict situation destroys children's support structures, such as, family and community, and changes the manner in which children perceive such stability.

In trying to deal with the way children experience conflict and its resulting violence, Mathieu (2006) stresses that children are not a homogenous group and their vulnerabilities in emergencies will be a function of many factors; their age, whether they live in urban or rural settings, their ethnicity or tribe and whether they are boys or girls. Accordingly, their vulnerability will also depend on the traditional role in society, whether that role and position has become worse or better as a result of the disaster. Furthermore, the conflict experience can affect children at all phases of their lifecycle; impacting on childhood, youth and adulthood.

The issue of child soldiers in Sri Lanka is critical considering the significant numbers of children who have been affected and killed as a result of underage recruitment. The poor in conflict regions have been more vulnerable to recruitment. In post-conflict conditions, greater efforts need to go into understanding and addressing the 'push' factors for children (and young men in particular) joining armed groups by offering them other choices to improve their living conditions.

### **3.4 Child Labour**

Poverty makes children vulnerable to entering the labour force and the informal nature of the work that children engage in make it easier for them to be exploited. On the other hand, children are keen to contribute to their household income situation, and sometimes, display willingness to undertake such work. These tasks are economically unrewarding, unstable and these children are likely therefore to remain in poverty.

Child labourers suffer multiple deprivations; they are overworked and have little leisure, denied education, faced with bad working conditions, –subjected to cruel treatment by employers and to sexual harassment and are under paid. Often children are not provided with the stimulation for proper physical and mental development, and full-time child labour in particular affects the health and personal development of the child (Rajendran, 2004).

Sri Lanka is a signatory to a number of international conventions which address child labour, including the Convention on the Rights of the Child (CRC), the Optional Protocol

on Children in Armed Conflict and the ILO Convention on Minimum Age for Admission to Employment. As a result, national legislature prohibits children below 14 years from engaging in any type of employment, but, allows children between the ages of 14-16 to engage in work under certain conditions that ensure that the development needs of the children are met (Kannangara, De Silva and Parndigamage, 2003).

Precise and up-to-date statistics on children engaged in labour work are limited. Past data from the DCS (1999) revealed that 21% of Sri Lankan children between the ages 5 and 17 were engaged in some form of economic activity. Sixty percent of all child labourers work in the agricultural sector in Sri Lanka and a majority of child domestic workers come from rural areas, plantations and city slums (Kannangara, De Silva and Parndigamage, 2003).

### **3.5 Child Abuse**

Child abuse is a wide term which covers a range of ‘deliberate’ actions which impact negatively on a child’s wellbeing. These actions can range from verbal bullying at school, in the community or at home, to commercial sexual exploitation and trafficking. Some types of abuse, commercial exploitation for example, are more prevalent in poorer communities, but children from a range of different socio-economic environments are vulnerable to abuse.

Child abuse is acknowledged to be a significant problem in Sri Lanka, despite the fact that much evidence remains anecdotal. The statistics are based on *reported* incidents, and since many incidents go unreported, this data can only be seen as indicative.

Abuse is closely associated with poorer socio-economic backgrounds and deprivation of education and adequate care. Vulnerability is exacerbated for children living in certain geographical areas or sectors, those living in dysfunctional or broken families, and along gendered lines. However, aside from more obvious socio-economic factors, there is also an insidious problem in Sri Lanka which increases the vulnerability of children; a culture of acceptance of both sexual and violent abuse, and the fact that in some communities (particularly in coastal areas) prostitution has even become ‘institutionalised’ with limited stigma or shame attached to it (Dias, 1999).

### **3.6 Institutional Care**

The children who are housed in institutions: victims of abuse, child labour, extreme poverty, family break-up or death, are usually the most vulnerable. The available literature would suggest that their subsequent experience and placement in most institutions does little to mitigate that vulnerability, instead exposing them to more deprivation, exclusion and vulnerability. Save the Children commissioned a study on institutional care for children (Bilson & Cox 2005) which shows a higher number of children in care and a higher number of institutions than recorded.

Children caught within the juvenile justice system are often institutionalised before trial even if they are victims, and may be held in remand homes or prisons. Children under the age of 18 who are victims of abuse, awaiting trial or offenders all enter the juvenile

justice system and are invariably institutionalised. Victims of abuse are placed in remand institutions which suffer from a severe lack of qualified staff to deal with the needs and concerns of the children. The inadequate housing facilities mean that different types of offenders and victims are often housed together (Coomaraswamy and Satkunanathan, 2006).

#### **4. Conclusions**

This article provides an overview of child poverty issues in Sri Lanka within varied themes. In relation to health Sri Lanka fares well in its health services and the health of the population, but deprivation is a key factor in most ill health; households deprived of adequate living standards, education and access to key infrastructure and markets are more likely to suffer ill health. Child malnutrition continues to be a major problem in Sri Lanka.

A history of commitment to education in Sri Lanka has led to good literacy levels and good overall availability of basic schooling available for children throughout most areas of the country. However, the lack of investment in the sector and a failure to modernise the curriculum in recent years has taken its toll.

A large body of literature exists on the impacts of the conflict on children in Sri Lanka, with a whole generation affected by insecurity, violence, physical and emotional trauma and material deprivation. However, some of the most interesting research indicates the resilience that children can demonstrate in face of seemingly insurmountable difficulties.

Child labourers suffer multiple deprivations; they are overworked, have little leisure, are denied education, suffered by bad working conditions, subjected to cruel treatment by employers and sexual harassment and under paid.

Abuse is closely associated with poorer socio-economic backgrounds and deprivation of education and adequate care. The links between poverty and the institutionalisation of children are strong; the main reason given for children entering care homes is poverty.

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