Poverty Briefs

Child Poverty

in Sri Lanka

Child Poverty in Sri Lanka

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Preface

This brief is based on a recently published literature review by Fiona Remnant and Azra Abdul Cader of CEPA entitled '*The Multiple Dimensions of Child Poverty in Sri Lanka*'. This review was prepared for the Christian Children's Fund (CCF), Sri Lanka, and is based on the Deprivation, Exclusion and Vulnerability (DEV) Framework which was conceptualised by Wordsworth, McPeak and Feeny (2005) for CCF worldwide.

This brief aims to summarise the key findings from this literature review, which collated a range of qualitative and quantitative information available on a variety of issues relevant to a multidimensional understanding of child poverty in Sri Lanka. For more detailed information on each of the subject areas readers should refer to the main publication which is available from CEPA.

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1. Introduction

Child poverty is a broad phrase which is used to refer to a wide range of issues that impact children's capabilities, wellbeing and future potential. Over the past fifty years understanding of the factors that influence children and adults' wellbeing has developed substantially from narrow definitions of the ability of households to meet basic needs (measured primarily by income), towards a more multidimensional understanding of a variety of influential factors, including environment, culture, education, health, freedom and security. In the case of children this multidimensional perspective is also facilitating greater emphasis on the *agency* of children, recognising that they 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 overview uses a multidimensional understanding of poverty, that is to say poverty is the result of a variety of different factors and influences and can be experienced in many different dimensions. This means that using a single indicator, such as income, is not sufficient to capture the extent or true experience of poverty. In recognition of this, governments and international agencies have started to adopt multiple indicators of poverty, the most well known of which is the UN's Human Development Index (HDI) which measures development in three basic dimensions: the ability to live a long and healthy life, measured by life expectancy at birth; the ability to gain knowledge, measured by the adult literacy rate (with two-thirds weight) and the combined primary, secondary, and tertiary gross enrolment ratio (with one-third weight); and the ability to have a decent standard of living, as measured by the log of gross domestic product (GDP) per capita at purchasing power parity (PPP) in USD.

Although a multidimensional understanding of poverty is gaining substantial ground at international and national levels, definitions still vary widely and empirical research and benchmarking remain contested and somewhat limited. This poses a challenge for governments and agencies working at an operational level with a multidimensional definition of poverty. Understanding where priority needs are, and what issues children from different areas and groups face is vital when planning interventions, and this is where rigorous empirical research is needed.

Many agencies working with children in Sri Lanka are now using participatory methodologies which put the child at the centre of development and use their perceptions and views to drive their strategic direction. Incorporating these techniques into research remains limited however, and a broad overview of priorities and key issues within the country is still vital in order to target interventions appropriately.

This poverty brief summarises a larger CEPA publication 'The Multiple Dimensions of Child Poverty in Sri Lanka'[1] and aims to pull together an overview of the main

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[1]   REMNANT F., CADER, A., 2008. The Multiple Dimensions of Child Poverty in Sri Lanka, Centre for Poverty Analysis.

issues that impact on children's wellbeing in Sri Lanka, using existing qualitative and quantitative research.

The DEV Framework

The multidimensional framework used as the analytical framework in this study is a framework specifically conceptualised in the context of child poverty. The **DEV framework** was conceptualised by Wordsworth, McPeak and Feeny (2005) for Christian Children's Fund (CCF), and is based on the three overlapping and interlinked dimensions of **Deprivation**, **Exclusion** and **Vulnerability** (see figure 1.1). The DEV framework followed an extensive study of child poverty in different countries and embodies the multidimensional approach to poverty, setting it within the context of child poverty specifically. It is an attempt to move beyond simplistic, narrow definitions of child poverty which fail to take into account the way that children *experience* poverty. Children are more likely to be subject to varying intensities of different dimensions depending on the nature of the issue. It is also likely that many children will experience more than one dimension simultaneously, thereby falling into the overlapping areas.

Figure 1.1: The DEV Framework
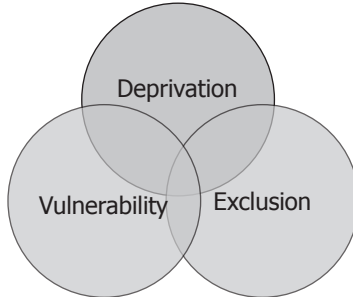
Source: Wordsworth *et al* (2005)

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. Deprivation is often a more severe experience for a child than for an adult, as children are more vulnerable to ill effects which could impact them for the rest of their lives. This is particularly relevant in terms of health and nutrition.

Exclusion is less about specific resources and materials and more about 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 stresses the importance of familial and social relationships. There are many reasons why a child may feel excluded from certain groups, activities or opportunities. The four main areas identified in the DEV framework approach are: social status, e.g. stigma; group membership, e.g. ethnic, religious; economic status, e.g. exclusion from the 'formal' sector and cultural bias, e.g. gender discrimination.

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. The inability to plan ahead and lead a stable and secure life is a sign of vulnerability, and the extent to which children are able to cope with the risks around them depends on the resources available to them, on the context and on their individual capabilities. Levels of vulnerability can change dramatically depending on context; poverty is a dynamic experience and dependent upon many contextual issues such as seasons, levels of conflict, the macro-economic situation etc. Few people are trapped in chronic poverty, and vulnerability expresses this dynamic well, exposing the factors which make people more vulnerable to falling into and moving out of poverty.

2. 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 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 that suffers ill health and is not able to develop to their maximum capacity, is in turn vulnerable to perpetuating the same disadvantages in the next generation.

Sri Lanka's headline health statistics, such as high immunisation and low infant mortality rates, offer a relatively benign image of the health of Sri Lankan children in comparison to other developing countries. The emphasis placed on social welfare since independence has ensured the availability of free healthcare and other interventions aimed at improving nutrition and family health. However, despite these positive indicators, low weight and stunting in children are still significant issues, and safe drinking water and adequate sanitation (key factors in diarrhoeal prevalence) are still not accessible to all children.

The Demographic and Health Survey (DHS) conducted in 2000, in all areas excluding the North and East, captured the percentage of children under the age of five with

a health card who have received full vaccination coverage (see Table 2.1). A limited Demographic and Health Survey conducted in 2001 covered the North and East, and showed a similar picture.

Table 2.1: Vaccinations of children under five holding a health card (2000)

Sector	% of children with a health card	% of these children with full immunisation coverage
Colombo Metro	86.8	79.9
Other Urban	86.5	82.2
Rural	87.4	81.5
Estate	66.3	71.4

Note: Excludes the North and East
Source: DCS 2002(a): 172

Diarrhoeal disease is still common among children in Sri Lanka and is one of the main causes of poor growth and development of young children, often caused by poor sanitary conditions and unsafe drinking water. The 2000 DHS also captured the number of children (excluding the North and East) under five who suffered a diarrhoea episode in the last two weeks, with 5.5% for Colombo, 5% for other urban, 7% for rural and 6.5% for estate children. A more recent survey conducted in selected Northern and Eastern districts by UNICEF (2004) in collaboration with the Department of Census and Statistics found that rates were highest amongst 13-23 month old children at 13%, dropping to 5% in 24-35 month olds and 3% for children between 48-59 months. There was no clear statistical link between a mother's education levels and the rate of diarrhoea.

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). 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).

Table 2.2: Trends in mortality rates (per 1,000 live births)

Period	Neonatal mortality	Post neonatal neonatal mortality	Infant mortality	Child mortality	Under five mortality
1995-2000	8.3	5.3	13.6	1.0	14.6
1990-1995	19.4	5.2	24.6	2.6	27.2
1985-1990	13.8	8.2	22.0	3.3	25.3

Note: Excludes the North and East
Source: DCS 2002(a)

Table 2.3: Mortality rates by sector 2002 (per 1,000 live births)

Sector	Neonatal mortality	Post neonatal neonatal mortality	Infant mortality	Child mortality	Under five mortality
Urban	9.1	5.8	14.9	2.5	17.3
Rural	13.5	3.9	17.4	1.1	18.6
Estate	(31.0)	(16.5)	(47.5)	(4.1)	(51.6)

Note: Excludes the North and East; (Figures in brackets based on fewer than 500 cases)
Source: DCS 2002(a)

Antenatal care levels were relatively high with almost 100% of women receiving some sort of care across all sectors, including the North and East. The level of schooling of the mother is a key factor across the country, with rates of trained assistance rising from 72% with no schooling to 98% with schooling (DCS/UNICEF 2004).

The last Census of Population and Housing conducted by the DCS in 2001 collected data on the prevalence of different types of disability amongst children in Sri Lanka. 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. In total there were 158,446 disabled male children and 116,265 female children. The most common type of disability was in the legs – 33% across both sexes, followed by hearing/speaking disabilities at 26.5% and mental disability at 25% (DCS 2001). The disabled are amongst the poorest and most marginalised in the country, with statistics showing that the disabled and their families making up a high proportion of households living below the poverty line.

Education has been recognised as key for disabled children, giving them a better chance of independence and improved wellbeing in later life. Since the early 1970s disabled children have been integrated into the education system where possible in attempt to provide an 'inclusive education'. However, attrition rates amongst disabled

children are very high, with only 56% going on to secondary school and only 4.5% to tertiary education. In educational terms, female disabled children are much more disadvantaged than male disabled children; of those disabled children attending school 59.5% are boys and 40.5% are girls (Ministry of Social Services 2003: 19). The Ministry's research suggests that this could be because families are keen to protect their daughters from the stigma associated with disability.

Health services and the health of the population are areas in which Sri Lanka fares relatively well compared to most developing countries. Access to medical personnel and infrastructure is relatively good in most areas, and awareness of health issues is rising. It is difficult to generalise on the state of children's health as the issues are all very different. However, it is clear that 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.

3. Nutrition

Child malnutrition continues to be a major problem in Sri Lanka. According to the latest Demographic and Health Survey (2000), 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. Malnutrition rates are lower than other South Asian countries, but high compared to non-Asian countries. In fact, compared to other countries with similar rates of income Sri Lanka has a very high number of children underweight as a result of malnutrition. The malnutrition rate is three times that expected of a country with good infant mortality rates. Approximately 72,000 babies (19% of live births) are born moderately to severely malnourished every year; the median birth weight of Sri Lankan children is approximately 2.8kg, well below the reference median value of 3.2kg (MRI 1998)(de Silva, S. 2000).

While great progress has been made in the area of nutrition, Sri Lanka still suffers from poor maternal nutrition, low birth weight, under nutrition in children under five years and micronutrient deficiencies in all population groups. In addition to this there

Table 3.1: Child malnutrition rates by age and sex, 2000 (%)

| Age in months | Moderate or severe malnutrition | | | | Severe malnutrition | | | |
| | Weight for age | | Height for age | | Weight for age | | Height for age | |
	Males	Females	Males	Females	Males	Females	Males	Females
3-5	0.90	0.00	6.12	1.83	0.90	0.00	3.23	1.83
6-11	23.50	14.54	6.17	5.02	1.71	4.30	1.64	1.76
12-23	30.57	26.87	11.74	21.53	5.04	4.27	2.89	3.76
24-35	31.95	36.26	10.54	14.47	4.5	7.09	1.74	4.41

Table 3.1: Child malnutrition rates by age and sex, 2000 (%) (Contd.)

36-47	26.69	65.23	12.02	14.76	1.72	7.59	1.03	2.84
48-59	38.20	37.47	18.95	19.28	3.99	6.93	4.43	3.49
All	29.04	29.81	11.90	15.34	3.37	5.80	2.41	3.35

Source: Gunewardena calculations from DHS 2000 data. 2003: unpaginated

are issues of household food insecurity in some areas, and low levels of knowledge about adequate and appropriate nutrition. As Sri Lankan food and lifestyle habits change, there is also the growing risk of 'over-nutrition' and the chronic diseases associated with obesity.

4. Education

Education is one area in which Sri Lanka has famously excelled, making a significant impact on the country's development. Over the last fifty years a free education policy and a national commitment to the value and benefit of education has led to some of the highest literacy and enrolment rates in the region. Free education from pre-school to university was introduced in 1945 and aimed to eliminate differences based on families' ability to pay for education. Adult literacy is 92% and combined gross enrollment rates for primary, secondary and tertiary education stands at 65%, with net enrolment in the first grade at 97% (World Bank 2005: 2). However, despite these headline figures raising Sri Lanka's Human Development Index ranking and painting a picture of a well educated nation, there are fundamental problems in the system which is now outdated. There is evidence that a significant proportion of children are not benefiting from a decent, complete education.

Despite high initial enrolment rates, around 18% of children fail to complete Grade 9, demonstrating relatively high levels of drop out (World Bank 2005: 2). UNICEF (2001) estimated that 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, border villages 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 books, bus fares, meals etc. Additionally vulnerable groups include children who suffer from a disability, and children left behind by migrant mothers where the father may not be managing the household income well.

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. UNICEF and the World Bank estimated in 2003 that the areas affected by conflict needed approximately US$140 million to reconstruct education infrastructure. This figure is now out of date since the tsunami, and the recent escalation in the conflict has restricted access to undertake assessments and improvements.

There are also issues of quality of education for those who do attend. Although 90% of children finish primary school, less than 20% reach mastery in numeracy, literacy and life skills (NEC 1995: 52). Teaching standards are low in many rural areas, with the government finding it difficult to recruit trained teachers. The ratio of pupils to graduate trained teachers remains high – the highest rates from the 2005 School Census were recorded in the Trincomalee District at 142 pupils per graduate trained teacher, and in Nuwara Eliya District at 132 pupils per graduate trained teacher (Ministry of Education 2007).

Young people are leaving school with few marketable skills as the curriculum has not been updated to reflect the skills young people need to enter the job market in the 21st century. Efforts have been made to increase the availability of vocational training, but many young people have to resort to expensive private sector training provision. Tertiary education enrolment rates are low with insufficient places available for young people who wish to further their education.

A good education can often be a passport to moving a new generation out of poverty, so denial of such an asset can be considered a serious deprivation. It is also evident from statistics on health, nutrition and child abuse that children with more educated parents are less likely to be vulnerable to problems in these areas, therefore educating the next generation can have a knock-on impact on a variety of socio-economic indicators. Investment in education can facilitate many different economic and social benefits, including higher earnings, better prospects, increased social mobility, higher levels of female workers, and, importantly, better family health and child nutrition levels. The social rate of return to education is high in Sri Lanka, especially at the compulsory basic and senior secondary education grade cycles. Among men, social rates of return to education are 20% at the senior secondary schooling level and 15% at the compulsory basic education level. Among women, social rates of return to education are 20% at the compulsory schooling level and 18% at the senior secondary schooling level (World Bank 2005: 3). This is a strong incentive for further investment in education at primary and secondary levels.

5. Children Affected by Armed Conflict

The effect of conflict in Sri Lanka on children has been vastly studied. These studies show that children have been both directly and indirectly affected by the conflict with destruction to their support networks and threats to their familiar environment. The prolonged effects of the conflict which is over two decades old has meant that today's children have grown up experiencing only a conflict situation with insecurity, violence, physical and emotional trauma and material deprivation. This is not a one-off experience but a continuous and dynamic process. The following quote is testament to the effects of war and the helplessness that children face. It highlights the inescapability of this context for many children who are trapped in poverty and points to the need for people to build survival strategies.

As Amarakoon (2002) indicates, children lose their very childhood as a result of being faced with fears, worries, frustrations and insecurities.

> *"The war affects us directly and indirectly... whatever we do, it is with us. We cannot escape from its reach. Like a rubber ball pushed under water, it will surface again and again."* Mahesh, 16 yrs, Colombo (Amarakoon 2002)

These feelings of helplessness are compounded by the destruction of familiarity in a child's life or rather that the conflict scenario is what becomes familiar to a child. A conflict situation destroys children's support structures such as family and community and changes the manner in which children perceive such stability. Children cannot be seen in isolation of their families nor of their community or peer groups and conflict serves to destroy this source of physical and emotional security.

> *"They shot at everybody... Everything was full with blood. We thought the baby too was dead. We waited until my father came home. He saw that the baby was still alive. My mother was loaded on to a tractor. Now, we live with my aunt... My father lives elsewhere. At first, I missed him, but now I do not want to see him anymore. He never does anything for us, because he is always drunk."* Boys aged 7 and 9 (ZOA undated)

Children need close trusting bonds, to feel a sense of dignity and belonging. The emotional security derived from this helps them to cope with stress and trauma that a conflict scenario can pose (UNICEF 1990). A situation of violence and insecurity often disregards the rights of children as an affected group. The fulfilment of children's basic needs becomes secondary and less significant and the healthy development of children is often less important than the need to defeat an enemy.

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. A child soldier is defined as 'any person below the age of 18 years who is a member of or attached to the armed forces or an armed group, whether or not there is armed conflict' (Moonesighe 2002:16). The first documentation of child recruitment within the LTTE was in the early 1980s in Pondicherry, India, where a camp was in existence for children below the age of 18 years, who were referred to as 'tiger cubs'.

The effects on the poor are profound especially since it seems that they are more vulnerable to recruitment. In areas under government control 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. At community level there is a desire and a need to build greater awareness of how children's rights can be protected in the context of a conflict situation.

While a whole generation has grown up with war and violence, each region and sub-district has its own unique dynamic. Because there are upsurges and decreases in

violence, the conflict is not static and the geography of the regions can change (Save the Children 1998). In the present context this still serves to highlight a pertinent factor when trying to understand the effects of conflict on children.

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. Blanket solutions are ineffective but what needs to be understood is that conflict affects all aspects of children's lives.

6. Child Labour

Child labourers suffer multiple deprivations; they are overworked, have little leisure, are denied education, suffer bad working conditions, cruel treatment by employers, sexual harassment and are paid low wages. Often children are not provided 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).

Precise and up to date statistics on children engaged in child labour are limited. Many of the studies used in this literature review focus on a select area and hence the numbers that are produced have limited representation. The only national level survey conducted in 1999 by the Department of Census and Statistics (DCS 1999) attempted to provide data on child employment. It revealed that 21% of Sri Lankan children between the ages 5 and 17 were engaged in some form of economic activity. 2.9% of children in the age group 5-14 and 29.3% in the 15-17 age group were not engaged in education. Among children below 18 years, 5.3% were involved in economic activities and 7.1% in housekeeping; neither group was attending school (CPA 2003).

The Child Activity Survey also indicates that 25,333 children in the 5-14 year age group were engaged in economic activities without engaging in education (IPEC 2001-2002:78). An ILO/IPEC study carried out in 2004 attempted a sectoral breakdown of the prevalence of child labour, revealing that the estate sector had the largest prevalence of child labour followed by the conflict and border regions and the coastal areas.

The Child Activity Survey (1999) found that there are 19,110 child domestic workers in the Northern and Eastern provinces and that urban households have a high employment rate of child domestic workers (DCS 1999). The ILO/IPEC study (2004) indicates that 60% of all child labourers work in the agricultural sector in Sri Lanka. A

majority of child domestic workers come from rural areas, plantations and city slums (Kannangara, De Silva and Parndigamage 2003).

Poverty makes children vulnerable to entering the labour force and the informal nature of the work that children engage in makes it easier for them to be exploited. On the other hand children are keen to contribute to their household income situation and display some willingness to undertake such work. This aspect cannot be disregarded in an outright call for prohibition because this willingness will ensure that the space for the exploitation of children in the labour forces will continue. While basic education may reduce child labour, it may also endanger the welfare of households who depend heavily on this source of income. In Sri Lanka the inclusion of light work in what is permitted under child labour laws makes the distinctions more difficult but it does recognise that there is space for children to take on some forms of work as it teaches children responsibility. This then reiterates the need to categorise work that children should and should not be involved in, the duration, holidays and leave, health and safety requirements, provisions for the registration of young persons and minimum salary requirements that will help regulate the working conditions of children. Working children are often employed in tasks typical to the informal sector. These are economically unrewarding, unstable and offer no opportunity for upward mobility, and these children are likely therefore to remain in poverty.

Sri Lanka is a signatory to a number of international conventions which address child labour. Sri Lanka ratified the Convention on the Rights of the Child (CRC) in 1991 and the Optional Protocol on Children in Armed Conflict in 2002. It is also party to the ILO Convention on Minimum Age for Admission to Employment. This minimum age should be greater than the age of completion of compulsory school, greater than 15 (Coomaraswamy and Sathkunanathan 2006). 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). This legislation also protects children from being employed at night and in private and public industrial undertakings such as mines or quarries. Children below the age of 15 years should not be employed at sea, including a ship of war (Kannangara *et al.* 2003).

In support of a child's right to choose Jayaweera *et al.* (2002) propose that measures be introduced that allow children to attend school and work part-time. The report suggests that this would be relevant especially in the case of children in rural areas who engage in agricultural activities. This would also factor in the seasonality of such labour. They also call for solutions in the education system to incentivise keeping children in school. At the policy level there is a need for greater and more accurate data collection and dissemination of such information towards targeted decision making.

7. Children in Migrant Mother Families

Gamburd (2005) paints a picture of the 'average' Sri Lankan woman who migrates to the Middle East; in the 20-45 age group with six to nine years of schooling and married with two or more children. They are usually from a low income group and have not previously worked outside the home. Women who have children have to make a difficult decision to leave their children, and have to address issues of childcare while they are out of the country. Leaving children without a mother is a risk, but many decide to take that risk for the future benefit of their family:

> "In estimating the pros and the cons of sustaining the rights of the child as against securing economic stability for the family, the parents discern that ensuring economic stability is more advantageous, even at the cost of infringing the rights of the child." (Priyadarshani 2000: 35)

A recent Save the Children study (2006) interviewed families impacted by mother migration in order to gain a more accurate picture of the situation and the impacts. Overall it was found that families adapted well to the loss of the mother, with other figures taking on her role. Many fathers accepted a more flexible role on a temporary basis, taking on what would normally be considered women's roles. The care and love given to children was generally of a high standard, despite not being able to fully compensate for the loss of the mother, particularly in the case of young children whose emotional needs were not met. In the sample, almost half of migrant mothers maintained contact with children through regular home visits, and many also made regular contact via telephone. The community and peer groups also played an important role in children's care and stayed in contact with the caregiver. Most studies found that childcare arrangements were adequate, even if not fully compensating for the mother's absence.

Families did benefit economically and had more material possessions than other families, such as newer clothes, access to social institutions, extra education and private medical treatment. All the studies reviewed concluded that the majority of children enjoyed a better standard of living through remittances. However, poor financial management meant that the eventual goals of migration, e.g. building a house, were rarely met.

All the studies did highlight some negative impacts on children, however, it is important to highlight that the cause and effect attribution is not straightforward. Since the great majority of working migrant mothers are from low-income families, many of these families are likely to have already been experiencing deprivation and vulnerability *before* the mother migrated. Negative consequences of mother migration are often sensationalised in the media, conforming to the stereotype of idealising the traditional role of the mother.

> "The negative impact on children ranged from lack of care and neglect to physical and mental abuse. However, it would be wrong to conclude that the

mother's absence was the only cause of such outcomes. Such families had been identified as those confronted with problems of family disorganisation prior to the departure. In fact foreign employment had been a mechanism of alleviating such stressful relationships." (Dias 2000: 6)

This brief overview of some of the main issues impacting families with migrant mothers highlights the vulnerability of the families affected. However, it is important to stress that this vulnerability is often a symptom of existing problems linked to low socio-economic status and poor family or community cohesion. These are push factors which influence the mother's decision to leave in an attempt to improve the family's situation. Unfortunately, Dias (2000) suggests that this aim is rarely met by migrant mothers as paying back debts often takes longer than presumed, and the money is not handled well by the main caregiver in many cases.

8. 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. This highlights the importance of taking into account a range of other significant factors which leave children vulnerable to abuse, such as lack of education, inadequate infrastructural and legal support, lack of empowerment and awareness on the part of the child and gendered and age specific power relations.

Girls most often face the threat of abuse in the home and within their community where they may be subjugated by strong male family members or friends, or through trafficking for domestic labour or prostitution. In tourist areas, however, boys are most vulnerable to foreign paedophiles. Geographically, certain areas are more vulnerable to different types of abuse:

- Urban slums – children are vulnerable to different forms of abuse from child labour to sexual exploitation;
- Plantation areas – these areas are the main source of child labour;
- South-West coastal areas – children (particularly boys) are vulnerable to 'sex tourism' and commercial sexual exploitation;
- North Eastern Province – many children are used as labour in fishing 'vadiyas' or in refugee camps (particularly areas around Batticaloa). This is also an area where there is high demand for children used for sexual exploitation. Children living in welfare camps are at risk of conscription or trafficking for child labour.

Child abuse is acknowledged to be a significant problem in Sri Lanka, despite the fact that much evidence remains anecdotal. Particular focus was placed on child abuse and child rights during the 1980s and 90s following a surge in research and publicity of the issues during the 1980s. Under the Bandaranaike Presidency the National Child Protection Authority (NCPA) was introduced in 1999 to address the growing call for a more formal response to issues of violent and sexual abuse. The NCPA gathers statistics on violent, sexual and labour abuse, as well as providing support through psychologists, child protection officers, and awareness raising campaigns on child rights. Sri Lanka is a signatory to the Convention on the Rights of the Child (CRC) and significant efforts have been made to communicate directly with children and parents on the risks and impacts of abuse.

Despite data collection efforts by the NCPA, there are still large gaps in knowledge about the status of child abuse in Sri Lanka. The statistics collected by NCPA are based on *reported* incidents, and since many incidents go unreported this data can only be seen as indicative. Alternative literature and data available on child abuse in Sri Lanka is limited, and much of it is outdated, ungeneraliseable (e.g. small sample sizes) or unreliable, so a comprehensive review of the different types of abuse Sri Lankan children are vulnerable to is restricted. Little information is available, for example, on violent abuse or on mental abuse such as bullying.

The strong emphasis placed on sexual abuse during the 1980s and 90s, particularly on commercial sexual exploitation perpetrated by tourists visiting Sri Lanka, spawned a large amount of literature on the subject. It is possible that this skewed the balance of research away from other types of abuse, or even from domestic sexual abuse. ILO and UNICEF statistics estimate that around 40,000 children are used as prostitutes in Sri Lanka, while 5,000 to 30,000 boys are used by Western paedophiles. But this range demonstrates how statistics vary wildly on the numbers of children involved in sexual exploitation, and much of the data is therefore unreliable. However, sexual abuse remains by far the highest form of abuse reported to the NCPA, whether from commercial exploitation or domestic abuse (see Figure 8.1).

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). This is of particular relevance in the context of children who 'choose' to become engaged in commercial sexual exploitation.

Figure 8.1: Child abuse cases reported to NCPA - 2005
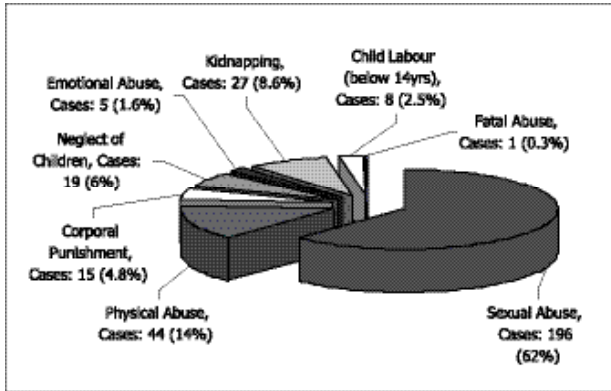
Source: National Child Protection Authority (2005)

9. Institutional Care

Little comprehensive research has been done on the care of children who are placed in an institution, either a children's home, or a part of the juvenile justice system – a remand home or a prison. The children who are housed in institutions are usually the most vulnerable: victims of abuse, child labour, extreme poverty, family break-up or death. 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 in 2005 (Bilson & Cox 2005), looking in detail at children's institutions across the country, including the North Eastern Province. The report's figures show a much higher number of children in care and a higher number of institutions than is recorded in official statistics, particularly in the North Eastern province where many homes are not registered with the government. The low number of state run institutions is clear from these figures, with the implication that children awaiting court cases have nowhere to be looked after as they would be held in a state institution pending the trial.

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. The minimum age of criminal responsibility in Sri Lanka is 8, and a child is defined as one who is less than 14 years of age. Those between 14-18 are classified as young persons. 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 should be in residential care but the shortage of homes available means that many 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).

Table 9.1: Distribution of type of institution by province

Province	Receiving Home	Certified School	Remand Home	Detention Home
Western	1	2	2	
Southern	1	1	1	2
North Eastern	1			
Central	1			
Total	4	3	3	2

Province	Voluntary Home	Home for Children with Disabilities	Other	Total number of homes	Number of Children
Western	72	12		89	4,594
Southern	20	6		31	1,063
North Eastern	150	8	15	174	8,622
Central	30	4		35	1,279
Total	**272**	**30**	**15**	**329**	**15,068**

Source: Bilson and Cox, 2005: 7

The links between poverty and the institutionalisation of children are strong; the main reason given for children entering care homes is poverty, and children from poor backgrounds are most likely to commit minor crimes. Vulnerable children are also more likely to be institutionalised, particularly those who are victims of child abuse or child labour. The children who find themselves in care or in the juvenile justice system, therefore, are in particular need of a high level of care and support. The evidence from the studies considered in this chapter would suggest that this care is lacking, and that children are instead continuing to be deprived of material comforts and adequate healthcare, excluded from normal social interaction with their families and people outside the home, and not adequately rehabilitated and prepared for life outside the institution.

Table 9.2: Number of homes and number of children admitted during 2002

Type of home	Number of Homes	Number of Children
Remand Homes	4	1161
Certified Schools	4	242
Receiving Homes	8	326
Detention Home	1	183
Approved School	1	3
National Training Centre	1	24
Voluntary Remand Homes	3	71
Voluntary Homes	201	9485
Total	**223**	**11,495**

Source: The Department of Probation and Child Care Services

10. Street Children

As with many other issues that have been raised within this review, estimates of street children are unreliable and hard to find. Many of the studies that have been undertaken on the issue are dated therefore the figures can be limited and misleading. Rather than looking at numbers, therefore, this chapter will highlight how street children have been identified in the literature and what issues are raised in trying to define this group. Children who end up living on the streets are most obviously victims of severe deprivation, but they are also extremely vulnerable and excluded from many aspects of a normal childhood. These aspects of deprivation, exclusion and vulnerability are often the 'push and pull' factors which lead to children living on the streets, as well as manifestations of their situation once they take to the streets.

'Street children' is an urban phenomenon, and it is important to highlight that consideration of child poverty in poor urban areas should consider not only those children who live permanently on the streets, but also the conditions of the poor who live in underserved settlements in urban areas. However, children living on the streets in urban areas often have also come from poor rural areas, hoping to find a better life.

De Silva and De Silva (*undated*) distinguish two groups of children on the streets; firstly those children who live on the streets full time, both 'accompanied' children – living with parents or care givers who engage in begging themselves and 'unaccompanied' children who have been abandoned by their families; secondly children working on the street who return home at night.

Children who come to the city alone in search of work but continue to have some links with their families form another category. A CENWOR study (1991) shows that children living alone on the streets are as young as seven years old; most belong to the age group 6-15 years and have often dropped out of school. Children are vulnerable to a life on the streets when they do not have stable support structures and are neglected and ill treated at home. Most street children are boys.

There is a clear lack of research in this area; more research is needed not only to establish numbers of children affected but also to understand the needs, values and conditions of these children, and the gendered effects of life on the streets as well as the dynamic nature of their conditions. It is also notable that the resilience and coping strategies of street children and children in the urban context are not portrayed in the research.

11. Conclusions

This brief attempted to provide an overview of child poverty issues in Sri Lanka as raised in available research resources. This analysis was focused within thematic areas of health, malnutrition, education, conflict, child labour, children in migrant families, child abuse, institutionalisation and street children. The conclusions highlighted in this section highlight aspects that are important to note when considering addressing child poverty related issues within these themes. It ends with a reflection on the need for more research in these areas and sharing of information amongst stakeholders.

The research highlights that health services and the health of the population are areas in which Sri Lanka fares relatively well compared to most developing countries. Access to medical personnel and infrastructure is relatively good in most areas, and awareness of health issues is rising. It is difficult to generalise on the state of children's health as the issues are all very different. However, it is clear that 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. While there is much data available in this area, there is a heavy focus on data on infant and under five health issues, reflecting a preoccupation at the international level with survival and health based on a child's first few years, rather than their ongoing quality of life and wellbeing.

Child malnutrition continues to be a major problem in Sri Lanka. Despite good human development indicators and improvements, Sri Lanka still suffers from poor maternal nutrition and low birth weight.

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 modernize 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 is that which indicates the resilience that children can demonstrate in face of seemingly insurmountable difficulties.

Many of the statistics on child labour are out of date, and need updating. Child labourers suffer multiple deprivations; they are overworked, have little leisure, are denied education, suffer bad working conditions, cruel treatment by employers, sexual harassment and are paid low wages.

There is little research in the area of children in migrant families, with the most comprehensive survey looking at impacts being the Save the Children survey from 2006. Some of the main issues impacting families with migrant mothers highlights the vulnerability of the families affected. However, it is important to stress that this vulnerability is often a symptom of existing problems linked to low socio-economic status and poor family or community cohesion.

Much of the available literature on abuse focuses heavily on commercial sexual exploitation, illustrating a bias in research interests rather than reflecting the reality of the problems on the ground. Abuse is closely associated with poorer socio-economic backgrounds and deprivation of education and adequate care.

Little comprehensive research has been done on the care of children who are placed in an institution, either a children's home, or a part of the juvenile justice system – a remand home or a prison. However, the links between poverty and the institutionalisation of children are strong; the main reason given for children entering care homes is poverty, and children from poor backgrounds are most likely to commit minor crimes.

As with many other issues that have been raised within this review, estimates of street children are unreliable and hard to find. There is a clear lack of research in this area; more research is needed not only to establish numbers of children affected but also to understand the needs, values and conditions of these children, and the gendered effects of life on the streets as well as the dynamic nature of their conditions.

The collection of literature for this brief confirmed certain research gaps in the available literature and also highlighted the difficulty practitioners had accessing reliable and representative information in certain areas. This has important implications for the way that interventions are planned by organisations since they should be based on evidence-based research. Many organisations conduct their own baseline research in order to establish the situation on the ground before planning interventions, however, these findings are often not shared widely enough with other organisations. Better sharing of findings could help to avoid duplication of effort, and ensure that interventions are targeted where most needed.

In order to facilitate this, the Centre for Poverty Analysis would like to encourage readers, be they researchers or practitioners, to contribute to the resources available to others by adding any additional research, statistics or reports to CEPA's Poverty Database. The Poverty Database is a resource portal for information relevant to poverty in Sri Lanka and aims to become a comprehensive repository of information. Information which is available in a downloadable format, available on a website or in hard copy in a library can be entered into the database. Please email databse@ecpa.lk or contact CEPA on Tel: 011 2676955-8, 2667967-8 with any suggestions for information which can be uploaded for the use of others working in this area. Readers should consult www.povertydatabase.lk to use the database and access the information available.

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