

## **A Study of Social and Health Conditions related to Women-Headed Households in Rural Areas in Sri Lanka**

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### **Abstract**

In every human society, the household is one of the most significant social institution. Although household has been considered as a universal social institution, it can be identified that modern household has undergone significant transformations in its structure. Women-Headed Households (WHHs) is a new structural form of household and this new structural form of household has become a significant phenomenon in both global and national level. Although WHHs have occupied a prominent place in development discourse globally, very limited researches had been conducted regarding social and health conditions related to WHHs in Sri Lanka. Accordingly, the main objective of this study was to identify the background and issues related to social and health conditions, root causes, and interrelationships among those issues of WHHs in rural areas. The empirical research was conducted in five *Grama Niladari* Divisions of *Galgamuwa* divisional secretariat division which conveyed a marked increase of WHHs in Sri Lanka. Data were collected from hundred WHHs through purposive sampling method. Questionnaires and semi-structured interviews were used as primary data collection techniques based on the survey method. The study revealed that the inadequate education and vocational qualifications, low level of tendency to enter to formal employment sector, unsustainability of livelihood activities, low conditions of houses and related facilities, some legal issues related to residence, inadequate social supportive mechanisms in the community, lack of leadership and empowerment were prominent among social conditions and related issues. Unavailability of toilet facilities (19%), unavailability of drinking water in the own household (45%), prevalence of long-term affected health issue (49%) were the key issues of health and sanitary facilities related to WHHs in the sample. Based on these findings it has provided suggestions to improve social well-being and to improve health sanitary and infrastructure facilities, to reduce prevalence of non-communicable and communicable diseases as well as health risk and to improve quality of life and mental well-being among WHHs.

**Key Words:** *Women-Headed Households (WHHs), Social Conditions, Health Sanitary and Infrastructure Facilities, Leadership, Empowerment.*

### **1.0 Introduction**

Social and health conditions of individuals are related to access to goods and basic services, community participation, social capital, power and authority to make

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decisions, community leadership, status of interacting with other people as well as access to sanitary and health facilities, quality of health infrastructures, physical and mental well-being of individuals etc. (Amini, Rafiye and Khedmati, 2013). Female-Headed Households is a new structural form of household and this type of households have become significant phenomenon in the last half of 20<sup>th</sup> and 21<sup>st</sup> century (Baros, Fox & Mendonca, 1994). “Female Headed Households are households where either no adult males are present, owing to divorce, separation, migration, non-marriage or widowhood, or where men, although present, do not contribute to the household income, because of illness or disability, old age, alcoholism or similar incapacity” (ABC of women workers’ rights and gender equality, 2007:81). It has demonstrated a very comprehensive idea of female headship. Thus, there are so many reasons of a woman being the head of the household. It can derive from being unmarried, separation, divorce, being widowed, and temporarily absentness and also no contribution to the household income due to serious illness, disability or similar causes. Recently, it can be identified a marked increase of Female-Headed Households in Sri Lanka.

Table 01: Demographic Characteristics of Total Households in Sri Lanka

<b>Characteristics</b>	<b>2009/2010</b>	<b>2012/2013</b>	<b>2016</b>
Number of Households	4.9 million	5.1 million	5.4 million
Male-Headed Households	3.8 million	3.9 million	4.0 million
Female-Headed Households	1.1 million	1.2 million	1.4 million
Percentage of WHHs	23.0%	23.5%	25.8%

Source: Household Income and Expenditure Survey (HIES) Final Report, 2009, 2012/2013 and 2016

According to the Household Income and Expenditure Survey (HIES) 2009/2010, out of 5.1 million in number of households, 1.2 million (23.0%) female headed households were there in Sri Lanka (HIES Final Report, 2009/2010). HIES 2012/2013 final report has mentioned that, out of 5.1 million household, 23.5 percent households were female headed in Sri Lanka (HIES Final Report, 2012/2013). According to the most recent Household Income and Expenditure Survey 2016, out of 5.4 million households in Sri Lanka, 1.4 million households or 25.8 percent of the households were women-headed (HIES Final Report, 2016). In contrast, it can be identified that there are very limited researches have been conducted in Asia. In

particular, review of the researches and library studies done in the field of issues related to social and health conditions of WHHs in Sri Lanka shows that there are inadequate sources to access issues related to WHHs in a descriptive way. Even though, many development projects and programmes including small, medium and large scale have been implemented in Sri Lanka, WHHs are out of the main development discourse. Therefore, our country has not yet been able to absorb the full potentials of the community in a sustainable and effective manner. Thus, the main objective of this article is to identify the social and health conditions and related issues of women heads in rural areas of Sri Lanka.

## **2.0 Research Problem**

The concept of social and health conditions include access to health care, schools, education, community engagement, sanitary facilities, health and social infrastructures. The absence of a comprehensive attention and knowledge, regarding social and health conditions of WHHs has decreased and prevented social, physical and mental well-being, women leadership and empowerment in the society in rural areas in particular. In accordance with the preceding context, “What are the social and health conditions related to living of Female-Headed Households in rural areas in Sri Lanka?” was the research problem of this study.

## **3.0 Research Objectives**

The main objective of this research was to identify the background and issues related to social and health conditions, root causes, and interrelationships among those issues of WHHs in rural areas in Sri Lanka. Specific Objectives were to identify the social and health background of WHHs and to study the social and health issues related to WHHs.

## **4.0 Women-Headed Households in the Sri Lankan Context**

When considering the researches related to WHHs, it can be identified that there are very limited studies carried out in Sri Lankan context and therefore, some knowledge and strategic gaps have been created by limited access towards social and health conditions and issues related to WHHs. This has also influenced to become women headship as a hidden phenomenon in our society. With respect to this situation, the researcher expects to investigate several researches conducted so far in Sri Lankan context related to WHHs.

There was a significant study namely “How effective is Female-Headed Household? A study with special reference to education poverty in the Eastern province in Sri Lanka”. The main objective of the study was to investigate the effectiveness of WHHs in terms of economic well-beings and vulnerability to poverty with compared to Male-Headed Households (MHHs) in a violent conflict affected community. According to the findings, it had indicated that low level of education is a major factor which correlated with poverty. And also, it had revealed that adult literacy in particular among Tamil and Muslim WHHs is a key impediment to household well-being. It had discovered that assets and livelihood sustenance of WHHs were in risk and vulnerable compared to MHHs in rural Eastern region in Sri Lanka (Kulathunga, 2013). This study had mainly focused on economic stability and poverty among WHHs with special reference to conflict affected area in Eastern region in Sri Lanka. “Living in Shadow: Status of Military Widows in Sri Lanka” was a significant study which has conducted in 2011. Sample had selected based on the 2011 annual report of the Ranawiru Sewa Authority (RSA). Total sample was 292 women and from Kurunegala (192) and Anuradhapura (100) whose husbands were in the armed forces, police or civil defence forces who were Killed in Action (KIA), declared Missing in Action (MIA) or disabled as a consequence of war between 1983 to 2009. Lack of financial management skills, obtaining debt, lack of assets and most of widows engaging in agriculture and informal sector were major issues related to economic vulnerabilities. And also, this research had identified that these women were often considered as inauspicious and had excluded from auspicious social events, they are closely monitored with dealing with outside men even male relatives were major socio-cultural issues related to war widows (FOKUSWOMEN, 2016). This is a comprehensive study about socio-economic, cultural and psychological issues of women but in particularly war widows. It had not focused all the categories of WHHs.

#### **4.1 Methodology**

This research was conducted in five *Grama Niladari* divisions namely *Molewa, Kallanchiya, Koonwewa, Wadugama and Medawachchiya* in *Galgamuwa* Divisional Secretariat division which has situated in Kurunegala district, North Western province. Survey method was used to obtain an understanding of complex issues. In sampling, basically purposive sampling method under non-probably sampling was used to select WHHs from other population in the area. Then, cluster sampling under the probably sampling method was used to select women from the list of WHHs in *Galgamuwa* division. The researcher divided the population of

WHHs in a *Grama niladari* division into separate groups such as widows, separated women, divorced women, women heads who live with a disabled spouse and never married women. Then a simple random sample of clusters was selected from the population, based on statistics of each *Grama niladari* divisions. Data were collected from 100 WHHs through questionnaires and 10 case studies among 100 WHHs through semi-structured interviews. In addition, observation was also used in order to obtain an acute insight into the research problem. Data were analysed based on thematic analysis.

## **5. Results and Discussions**

### **5.1. Education and Related Issues of Women-Headed Households**

Educational level or educational attainment is one of important factors which strongly influences the livelihood and living condition of households. In one hand, education is a main factor of facilitating social mobility. On the other hand, it interprets their probability of falling vulnerabilities and poverty in some extent. It is evident thorough the study that majority of responded WHHs (42%) have attended school from grade 6 to Ordinary Level (O/L). A considerable proportion of women (36%) have completed only primary education (from grade 1 – 5). A few proportion (8%) have passed O/L. A lowest rate (6%) have only completed Advanced Level (A/L) while 8% of women reporting no schooling. None of them in the sample reported that have received higher education (Graduates/Postgraduates or other Vocational Trainings). It has indicated that although free education is provided in Sri Lanka, education mobility is very limited among sampled WHHs. Inadequate awareness about value of education, lack of motivation and not taking education as a necessary social requirement, becoming as assistants for cultivation with their parent due to economic difficulties have mainly affected to low level of education in particular women in rural societies. In the context of India Gangopadhyay & Wadhwa (2004) have indicated that most of women heads are poor not because of gender factor but because of lower level of education (Boyagoda, 2014). Therefore, it illustrates that women with lower educational qualification are more vulnerable to poverty than others.

### **5.2. Employment Status and Related Issues**

Employment or livelihood activities are main factors which influence to decide living condition or status of an individual in the society. On the other hand, employment status or livelihood strategies of individuals directly affect the level of income and economic stability of a household. According to data, remarkably, a

higher number of employed WHHs (45) have engaged in agriculture. Some of them have engaged in both paddy cultivation and crop cultivation and some are doing only crop cultivation. Crop cultivation refers to dry farming in particular *chena* cultivation. Grains such as Sesame, Mung beans, Cowpea, Maize, Finger Millet (*Kurakkan*) are mainly cultivated in this type of cultivations as these types of crops are more suitable for dry zone area such as Galgamuwa. A considerable number of WHHs (28) work as manual labours in agriculture sector. A few numbers of women heads (2) employ in a brick-kiln and a tile mill as non-agricultural wage labours. A few proportions of female heads (6) having engaged in self-employment such as sewing dresses, Mat, boxes and purses woven from palm leaves, making cloth handbags, Making cloth door-mats etc. Employment in private sector refers mainly to women who are working in garment factories. Fewer number of WHHs (2) work as pre-school teachers and teaching assistants in pre-school.

### **5.2.1. Lack of Formal Employment and Income Generating Opportunities**

Considering all above data and information, it is clear that employment and income generating opportunities for WHHs are very limited. Low level of education and lack of vocational and professional qualifications have directly affected to limit access to a better paid employment for WHHs. On the other hand, unawareness of employment opportunities, few employment opportunities closed by and lack of opportunities for skill development have been obstructed to enter formal labor forces. Not only that but also, although they are willing to enter the labor market, lack of social supporting network to provide due care for children in their absence have become a barrier for employment. As a result of above all factors, most of women heads have tended to work in informal sectors such as manual labor and agricultural livelihood activities.

### **5.3. Issues Related to Social Well-being**

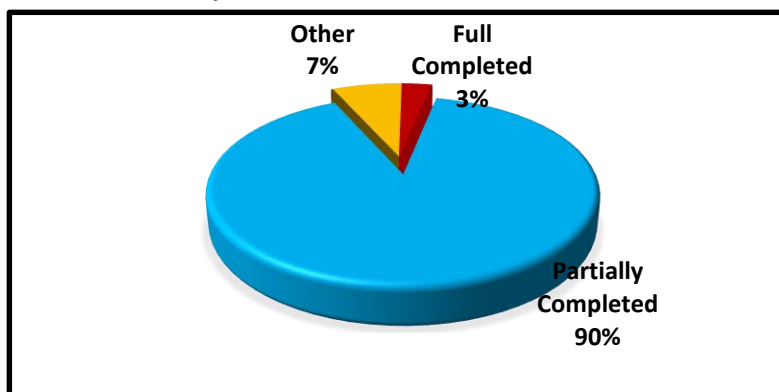
Social well-being is inherently associated with quality of life and fulfilment of personal and collective needs in a community. Abraham Maslow has presented a hierarchy of needs to be fulfilled in a social context and it has argued that higher needs are based on the fulfilment of foundational/basic needs. In other word, needs of physical requirements for human survival, safety and security and social belongings are essential for achievement of self-esteem and at the peak self-actualization. Physical needs such as availability of food, clean water, shelter and good sanitary facilities are physiological drives for human motivation (Maslow, 1954).

### 5.3.1. Nature of Residence and Related Issues

According to data, it could identify that majority of WHHs of the sampled population (82%) had been settled in their own houses. A considerable percentage of WHHs (15%) had settled in their relations’ houses in particular own siblings’ households. Some of never-married women (4) had tended to settle in relations’ houses but they had to make food and earn income separately for their own survival. Unfortunately, in some cases a very few WHHs (3%) had settled in unauthorized premises in public property sector. They had not been provided with any legal clearance for it. The unauthorized residences had created worse vulnerabilities of WHHs in various aspects. Because these women heads had built their houses in illegal lands through taking loans or using accumulated money through income generating activities. They had no any ownerships and it had been hard to get deeds for those unauthorized public properties. However, women heads living in an unauthorized public land with dependents particularly children, the risk of losing the property in the future would affect the well-being of the household in the long run trapping the offspring into a cycle of poverty. And also, that had created the risk of displacement in any situation.

### 5.3.2. Nature of Houses and Related Issues

**Figure 01: WHHs by Nature of Houses**



Source: Field Data, 2018

Above figure illustrates that a larger proportion of WHHs (90%) had partially completed houses. When considering household structure, most of houses had tile roof and brick walls with no plastering. Only a fewer proportion of WHHs (3%) had full completed houses. “Other” category included house structures with clay wall and coconut leaf roofs. Above data indicates that majority of WHHs had been in houses under poor conditions.

#### 5.4. Issues Related to Social Protection

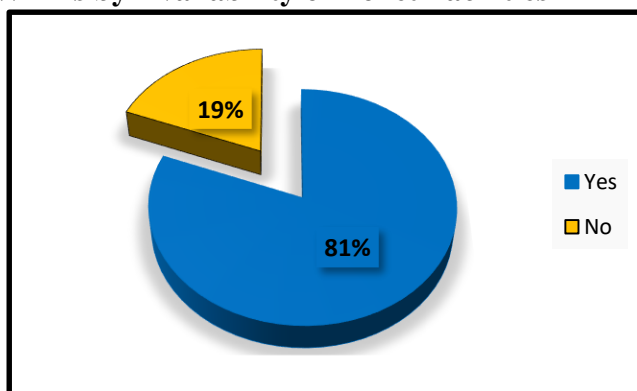
Social and economic supportive mechanisms are essential for personal growth and emotional development of individuals and to ensure protection of people particularly women, children and people with disabilities. According to data, a large proportion of WHHs (56%) had had support systems which provided additional corporation for their livelihood. Basically, financial support, physical support, caring and protection are key highlighted nature of corporation and parents, relations, their elder sons and daughters have provided these social and economic corporation. But considerable proportion (44%) of WHHs had not had any type of support systems in order to provide strength to their living. According to Emile Durkheim (sociologist) social solidarity mainly can be identified as mechanical solidarity and organic solidarity in the path of evolution of societies (Ritzer, 2000). Even in rural areas, collective social cohesion is decreasing based on various factors such as influence of urbanization, modern social and economic transformations from integration and collectiveness to individual performances. In particular, transformation of household structure from an extended household to a nuclear household had influenced to disrupt of social and economic supportive mechanisms. On the other hand, prevalence of low level of income, instability of livelihood, poverty and struggle for building up their own livelihood individually among community members had also been influenced to reduce the social collectiveness and supportive mechanisms in the community.

#### 5.5. Status of Health Sanitary

Health condition and well-being has a closed interlink each other. Health condition of the head of household directly influences the stability and well-being of a household.

##### 5.5.1. Availability and Conditions of Toilet Facilities:

**Figure 02: WHHs by Availability of Toilet Facilities**



Source: Field Data, 2018



According to the above figure it is evident that majority of WHHs of the sampled population (81%) had the access to the toilet facilities in their houses. But considering condition of toilet facilities it could identify that squatting toilets were vast prevalence type of toilets in WHHs of that area. They were basically pit-latrines. But in most cases water pipelines had not directly been combined with the toilets and water should be brought from another place. This figure convinces that a considerable proportion of WHHs (19%) had not had the access to toilet facilities within their houses. This is a pathetic situation in some extent in a modern society. According to them, the household members in these houses used neighbors' toilets and most difficulties had been faced in that situation by disabled, old aged people, women and children particularly during night-time and illness. And also, it could have created vulnerabilities for safety of individuals particularly children and women. Financial barriers had mainly caused for unavailability of toilet facilities in their household.

### **5.5.2. Availability of Drinking Water and Related Issues**

Safe drinking water is an essential requirement to prevent illness, infections and to increase the quality of life. On the other hand, access to the clean water is a basic human right. According to data, it is evident more than a half of sampled population (55%) had the access to drinking water within their own households. In this category, some of them had own wells and some of them had community-based water projects introduced by the water board. A considerable percentage of WHHs (45%) had not had access to drinking water sources within their own houses. When considering sources of drinking water, a considerable proportion of WHHs (34%) had been provided with drinking water through water projects in the area and "common well" had also become an important water source of drinking water for WHHs (27%). Comparatively, few proportions of WHHs had had own wells of their own. Other category had been the wells and tube wells in the neighbourhood. WHHs using common wells and tube wells as drinking water source had to walk miles every day to collect water for their households. Although they had confronted difficulties to access the drinking water, it was hardly noticed application of any method for harvesting rainwater for drinking purpose in the research area.

### **5.6. Long-term Affected Health Issue**

Health condition of the head of household directly influences the stability and well-being of a household. Thus, health status of WHHs is examined through this study and it can be illustrated as follows.

Thus, it is proved that almost half percentage of WHHs in the sampled population (49%) suffered from different kinds of long-term affected health issues. When considering deeply, it could be identified that it had been ranging from minor illness and difficulties to lethal diseases. Non-communicable diseases such as diabetics, cholesterol imbalance, blood pressure, and heart problems were highlighted among WHHs. In addition, Gastritis, Goitre and Epilepsy as well as some infirmities on legs, knees, nerve system hearing and vision', also, some lethal disease such as cancers were identified among WHHs. When women become the heads of the household that poor conditions of health related to WHHs had highly affected the household income, quality of life of its members, education and mental well-being of their children. Especially, main income sources of most of WHHs in this area had been paddy and crop cultivation, agricultural and non-agricultural labour. In this context, because of lacking formal employment they had not had any privileges like health insurance or work assurance. When women become the main economic breadwinner of the household, poor health conditions of WHHs critically affect the income of the household and trap them into cycle of excessive poverty.

### **5.7. Infrastructure Facilities of Health**

Infrastructure facilities related to health is significant to assure the health status of a community. It indicates an important cross-cutting of a quality and well-being of individuals. First, the status of women heads' requirements on programmes based on health aids can be illustrated as follows. A sizable proportion of WHHs (40%) had requested for health aids programmes to uplift the well-being of their lives. These villages in research location had been far away from the town and according to WHHs, in some cases there had been a far distance range of about 10km-20km to a hospital. Some of them had to go for clinics monthly to the hospital in regular basis. Because of low level of monthly household income and instability of livelihood activities, most of WHHs do not have sufficient money for transportation and medical tests. Consequently, poor health conditions could be worse and ultimately it could affect to create lethal health risk of WHHs.

As well as the facts preceded, the lack of awareness of good health practices and well-being and negligence of their health due to the burden of household responsibilities could be another factor for prevalence of poor health conditions among WHHs particularly in rural areas.

## 6. Conclusion and Suggestions

Prevalence to low level of education has created various vulnerabilities in the living of WHHs such as limited access to formal employment opportunities, insecurity and instability of livelihood. Therefore, it is significant to increase awareness about value of education, guidance and motivation to achieve educational qualifications as a necessary social requirement, to improve the access to vocational and professional qualifications and also to remove or reduce economic and social barriers to access the quality of education such as increasing educational infrastructures in rural areas and economic stability of the household.

Lack of formal employment and income generating opportunities has influenced to increase low level of household income, economic instability, and health risk among WHHs. Therefore, creating access to the formal employment opportunities, providing opportunities for educational, vocational qualifications and skill development, and improving community supporting networks to provide care to children in their absence are essential to reduce or mitigate of issues related to employment of WHHs.

Necessary actions to improve conditions or access to the toilet facilities in their household are essential to increase well-being and sanitary facilities among WHHs. Improving access to community-based water projects and rainwater harvesting methods are important to access to drinking water in sustainable manner in the research area.

Awareness programmes on health and good practices are crucial to reduce prevalence of non-communicable and communicable diseases, to reduce health risk and to improve quality of life and mental well-being among WHHs. Improving social collectiveness and supportive mechanisms in the community are important to confirm social security and sustainability of living of WHHs.

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