INTERSECTIONS OF WAR AND DISABILITY: THE CONTEXT OF DISABLED
TAMIL WOMEN IN SRI LANKA

VINTHIKA RAVEENDRAN

Supervisor's Name: Dr. Rachel Gorman

Advisor's Name: Dr. Geoffrey Reaume

Supervisor's Signature: _____ _ _____

Date Approved: _____ _____

Advisor's Signature: _____ _____

Date Approved: _____ _____

A Research Paper submitted to the Graduate Program in Critical Disability Studies in
partial fulfillment of the requirements for the degree of

Master of Arts

Graduate Program in Critical Disability Studies
York University
Toronto, Ontario
M3J 1P3

June 2016

Table of Contents

Acronyms and Abbreviations

ADB	Asian Development Bank
CBR	Community Based Rehabilitation
CWD	The Centre for Women and Development
DOJF	Disability Organisations Joint Front
DPOs	Disabled Persons Organizations
ICRC	International Committee of the Red Cross
IDP	Internally Displaced Person
IDMC	Internal Displacement Monitoring Center
IRIN	Integrated Regional Information Networks
INGOs	International Non-Governmental Organizations
LTTE	Liberation Tigers of Tamil Eelam
NGOs	Non Governmental Organizations
ORHAN	Organization for Rehabilitation of the Handicapped
SLFP	Sri Lanka Freedom Party
SLFRD	Sri Lanka Foundation for the Rehabilitation of the Disabled
UNICEF	The United Nations Children's Fund
UNCRPD	United Nations Convention on the Rights of People with Disabilities
UNHCR	The United Nations Refugee Agency
UNP	United National Party
WB	World Bank
WDC	Women's Development Center
WHO	World Health Organization

Abstract

In the foreground of economic development, Sri Lanka has been commended for its strong economic growth, despite its civil war. However, beneath that lies a different picture where inequalities are created and exacerbated by patterns of discrimination and unequal treatment among Sri Lanka's most vulnerable population. In keeping with a Critical Disability Studies approach, this Major Research Paper aims to shed light on the current state of disablement among Tamil women with disabilities in Sri Lanka and seeks to understand their position in society, where they are triply marginalized by a number of factors. These factors such as gendered-caste discrimination, life course position, social location, involuntary migration, displacement through civil war and marginalization intersect to create barriers for disabled Tamil women, which ultimately leaves them in a most disadvantaged position. Additionally, this paper discusses the ramifications of Sri Lanka's civil war and its connection with mental health, war, and disability. Lastly, it investigates the international bodies such as *United Nations*, *World Health Organization, and United Nations Convention on the Rights of Persons with Disabilities* and their role in dismantling disabilities in Sri Lanka. In doing so, it aims to provide a thorough investigation into these women's lives and to look at lived experience of disabled women from Northern part of Sri Lanka.

Keywords: Disability, Tamil Women, Civil War, Mental Health, Sri Lanka

Intersections of War and Disability: The Context of Disabled Tamil Women in Sri

Lanka

Introduction

The *World Report on Disability* informs that more than one billion people around the world experience some form of disability throughout their lives (World Health Organization & World Bank, 2011). Among them, considerably 200 million people live with disabilities, which constrain them from accessing economic resources and social services. Over the past years, the prevalence of disability has increased due to ageing populations, disability-related chronic health conditions, and other factors such as natural disasters, wars, and accidents (UN Partnership to Promote the Rights of Persons with Disabilities, 2012). Given the size and the diversity of the disabled population, there will be greater issues and concerns that center around disability domestically and globally. The unforeseen circumstance is that "disabled people live within a disabling world," where barriers in the forms of societal, institutional, cultural, and attitudinal continue to segregate and create hindrances among the complexity of pre-existing disabling factors (Lang 2001, p. 6).

Historically, in modern times, individuals with disabilities have faced significant stigmatization and discrimination throughout their lives. They have been excluded from the national agenda, been denied employment and treated differently in comparison to non-disabled counterparts. Despite the success of the Disability Rights Movement[1], the inauguration of international initiatives such as the adoption of the *United Nations Convention on the Rights of Persons with Disabilities* (CRPD), and United Nations'

---

[1] See, e.g. *World Institute on Disability: Milestones 1755-2003.* http://wid.org/international/timeline-of-the-international-independent-living-movement-1/timeline-of-the-international-independent-living-movement

declaration on ratifying disability as a human rights issue[2], disabled women around the world particularly in Sri Lanka, continue to be subjugated and marginalized (Rioux & Carbert, 2003).

In the twenty-first century in Sri Lanka, the majority of people were entitled to their rights as citizens of the state, "the human rights of which government is expected to protect" without discrimination in areas such as jobs, housing, social and health services (Green 2001, p. 715; UNHCR, 2004). Fundamentally, this was a step in the right direction for most Sri Lankans. However, there are communities within Sri Lankan's Northern and Eastern provinces who do not share or have the same experience (Somasundaram & Sivayokan, 2013)[3]. Among these, Tamil women with disabilities remain the most disadvantaged and are likely to find themselves at the bottom of the social, political and economic hierarchy.

Tamil women with disabilities experience the interlocking effects of disablement through numerous factors. These factors such as gendered-caste discrimination, life course position, social location, marginalization, involuntary migration, and displacement through civil war intertwine to create barriers for disabled woman, which ultimately leaves them in a multifarious position depriving them off their citizenship rights and livelihood. Consequently, the experiences of discrimination (i.e., sexism, ableism, and ageism) overlap to hinder disabled Tamil women from accessing social services and other health promotion practices. Therefore, the meaning of disability in Sri Lanka for disabled

---

[2] See, e.g. *Human Rights and Persons with Disabilities.*
http://www.un.org/esa/socdev/enable/rights/humanrights.htm

[3] "Somasundaram and Sivayokan (2013), states "individuals, families and communities in Northern Sri Lanka have undergone three decades of war trauma, multiple displacements, and loss of family, kin, friends, homes, employment and other valued resources" (p. 1).

Tamil women is profoundly embedded in the basic struggle for survival in a patriarchal society.

Commonly, in a traditional patriarchal society, women are seen as inferior and constructed as the "other." Social theories of women's inferiority and "otherness"[4] have been influenced by dominant discourses that continue to devalue and subordinate women (Perry & Whiteside, 2000). In Sri Lanka, patriarchal structures of domination are found in existing laws and religious principles, which perpetuate patriarchy and the devaluation of women (Samaratne & Soldatic, 2014). For instance, Hoole in her study indicates that in Sri Lanka, the ideal normative practice for a Tamil woman is that "her father protects her in her childhood, her husband in her youth and her sons in her old age; a woman is never fit for independence" (Hoole 2007, p. 28). However, for disabled Tamil woman, who occupy a marginalized position in society, the struggle to overcome these obstacles are further prevented by cultural and religious notions of disability, which further creates hindrances in the areas of employment, marriage, childrearing, and economic prospects. Hence, disabled Tamil women in Sri Lanka have generally been vulnerable within the Sri Lankan community. The struggles faced by these women manifests itself widely, in different forms, attitudes, and beliefs, through social policies, laws, and regulations.

In this major research paper, I will discuss the intersections of war, disability and its ramifications in the lives of disabled Tamil women in Sri Lanka from a Critical Disability Studies perspective. This study is a literature review that draws on Critical South Asian Studies and Critical Disability Studies to frame a discussion of the

---

[4] See, e.g., Perry, D., & Whiteside, R.K. (2000, January). Women, Gender and Disability: Historical and Contemporary Intersections of 'Otherness' –Women With Disabilities Australia. Retrieved March 25, 2016, from http://wwda.org.au/issues/gendis/gendis1995/whites/

contemporary situation of disabled Tamil women in Sri Lanka. Additionally, this paper is divided into three different chapters. Chapter one begins with providing the reader with the brief historical background of discrimination in Sri Lanka and delves into explaining series of discriminatory events/injustices, which led to Sri Lanka's civil war in 1983—causing major disablement. Chapter two investigates the status of disabled Tamil women by analyzing themes such as religious attitudes, cultural barriers, societal restrictions, gender discrimination, life course position, and access to employment, education and health care services. It also looks into implications of Sri Lanka's civil war and its physical, psychological and cognitive effects on disabled Tamil women. Finally, chapter three explores the influence of international bodies, such as the *non-governmental organizations* (NGOs), *United Nations Conventions on the Rights of People with Disabilities* (UNCRPD), and the *World Health Organization's* (WHO) contribution to disability agenda in Sri Lanka. The theoretical focus of this paper will critically examine the positioning of disabled Tamil women in society, where women are highly disadvantaged by social, economic, cultural and political aspects of disability.

Essentially, the primary objective of this paper is to contribute to the knowledge of disability and identify what it means to be disabled in a society, "where the notion of "disablement" is both socially and culturally defined" (Lang 2001, p. 291). In Sri Lanka, cultural, religious, and societal attitudes towards disabled individuals have been prevalent for decades. For instance, Mendis in her contribution to *Ability Asia Country Study Series* informs that there are many religious/cultural superstitious beliefs in Sri Lanka, which tend to associate disabled individuals with inclinations of misfortune and commiserations. For example, "some believe that seeing a person who has disabilities

when one starts a journey, supposedly, will bring bad luck" (Mendis 2004, p.14). The other example informs, "people who have disabilities are not welcome at weddings because of the belief that they may bring misfortune" (Mendis 2004, p. 14). These cultural assumptions along with negative attitudes, which have unfortunately been part of Sri Lanka's social history, clearly indicates the growing pattern of discrimination, which continues to stigmatize and exclude disabled individuals from mainstream society.

Similarly, disabled Tamil women are further marginalized due to cultural beliefs and attitudes, which apparently deem them incapable of marriage, childrearing, social and employment prospects. For example, one of the voices in Mendis study says, "we have no opportunities for education, no chance of doing a job and no prospects of marriage. So what is our future?" (Mendis 2004, p. 14). Consequently, evident from this woman's expression is the immediate need to break the social barriers and create awareness so that these women have the support they need to reach their own potential and have an opportunity for their voices to be heard in the wider community. I will explore these issues further in the coming chapters as an important element to understand the link between cultural differences/religious attitudes and the perception of disabilities in the lives of disabled Tamil women.

Over the past years, disability research in Sri Lanka has been relatively underdeveloped mainly covering significant issues around mental health, rehabilitation[5] of disabled soldiers, children with communication disorders and visual impairments (Meekosha & Soldatic, 2014). However, a recent study by Peiris-John et al., informs, "while published studies provide insights on several dimensions of disability, there are

---

[5] The World Health Organization describes the process of rehabilitation as an instrument, which enables disabled individuals whose functions are limited to get back on living independently by providing access to rehabilitation services. See, e.g., http://www.who.int/disabilities/care/en/

important research gaps pointing to unmet needs that require attention to support the health and wellbeing of people living with disability in Sri Lanka" (Peiris-John, Attanayake, Daskon, Wickremasinghe, & Ameratunga, 2013, p. 1742). For example, the Sri Lankan government in its mandate to helping low-income families with disabilities provides a monthly allowance of Rs[6]. 3,000 (CAD $28), which can be used for surgeries, medicine and self-employment (Peiris-John et al., 2013; Marshall, Kendall, Banks, & Gover, 2009). However, the extent to which these services reach the right individual is completely unknown. Hence, "disability programs in Sri Lanka do not reach all those who are poor" and this is mainly due to the lack of disability-specific research in the areas, where it needs the most attention (Peiris-John et al., 2013, p. 1745). Consequently, as Peiris-John et al. (2013) put forward, "a more focused approach for disability research will help identify needs, optimize resources and provide equal opportunities to people with disability to fulfill their potential" (Peiris-John et al., 2013, p. 1746).

Background

Before embarking on a study of disabled Tamil women in Sri Lanka, it is essential first to understand the situation of Tamil individuals and their historical struggles. In Sri Lanka, due to ethnic conflicts, the Tamil population as a minority has, since Sri Lankan independence, been under the domination of the Sinhalese-dominated state. For 26 years, they have been fighting for self-determination, denied access to higher education, and also been displaced within their own communities as internally displaced persons (IDPs). The ethnic conflict prevailed in Sri Lanka resulted in the immediate evacuation of many communities from the Northern part of Sri Lanka to the South (Badurdeen, 2010). As a

---

[6] 1 Rs (Sri Lankan Rupee) = 0.0090 CAD (as of March 25, 2016)

result, more than 350,000 persons were displaced in Sri Lanka (Global IDP, 2005). During this process, many individuals have lost their land, livelihood, communities and family members (UNHCR, 2015). Presently, the situation has not changed for these individuals as they continue to face violence, difficulties in reclaiming their land and losses. Below is a small part of a song/poem by an internally displaced school student from Sri Lanka's refugee camp presented in Somasundaram's work on *Collective trauma in the Vanni*[7] district*:*

"Living we were-on Vanni soil Living we were

Educating ourselves-we were- Joyfully

Educating ourselves we were

Running around we were –with friends

Running around we were

Came the airplanes-on us

Throwing bombs

Died relations-our

Relations fell

Race destroyed- Tamil Race disappeared

Life destroyed-our

Life scattered

Suffering saw-we

Sadness imposed

Caged by war-we were

---

[7] See, e.g., Somasundaram, D. (2010). Collective Trauma in the Vanni- a qualitative inquiry into the mental health of the internally displaced due to the civil war in Sri Lanka. *International Journal of Mental Health Systems,* 4(1), 22.

Trapped in suffering

Enough the sorrow-we

Escape to survive" (Somasundaram 2010, p. 1)

The above poem is an example of the loss, the struggles, physical/cognitive and psychological disablement and the indescribable human calamity experienced by Tamil people in Sri Lanka (Somasundaram & Sivayokan, 2013). To understand the struggles and inflictions profoundly, I will begin by providing a country summary and historical background into the continuous suffering of Tamil people at the hands of Sri Lankan government and its atrocity on innocent civilians.

In Sri Lanka, the periods of 1948 to 2009 marked a series of events that were discriminatory, damaging and disabling in many aspects (Lapointe & Klodawsky, 2005)[8]. In the next following sections, I will discuss this further and provide a timeline of events that lead to the Sri Lankan civil war in 1983. Discussing these discriminatory acts and social policies will provide a clear picture of understanding the struggles currently experienced by disabled Tamil women in Sri Lanka.

CHAPTER ONE

Country summary:

Sri Lanka, often described as an island country in the continent of South Asia, has a growing population of 20 million (Sri Lanka Department of Census and Statistics, 2011). The island's history stretches from South India, where most of the Sri Lankans are descendants of groups who arrived in ancient times (B.C.E.), often in the pursuit of economic opportunities (Holm, 1988; Tambiah, 1986). Today, Sri Lanka's population is

---

[8] See, e.g., Klodawsky, H. (Director), & Lapointe, P. (Producer). (2005). *No More Tears Sister* [Film]. Canada: A National Film Board of Canada Production.

divided into three main ethnic categories (Sinhalese, Tamil & Muslim) whom practice religions such as Buddhism, Hinduism, Islam, and Christianity. The Sinhalese, who are the majority, represent about 74.9% of the population and speaks Sinhala[9] and are predominantly Buddhists (Central Intelligence Agency, 2012). Conversely, the Tamils the overwhelming minority, constitute about 11.2% of the population and are Hindus and speak Dravidian[10] language Tamil (Central Intelligence Agency, 2012). The Muslims comprise at 9.2% of the population and are the third largest ethnic group in Sri Lanka (Department of Census and Statistics Sri Lanka, 2011). Throughout colonial history, Sri Lanka has been widely known for "trade among kingdoms, the intermingling of various civilizations and cultures" (Campbell 2009, p. 112).

European domination in Sri Lanka:

In Sri Lanka, the beginning of the fifteenth century saw the arrival of Europeans[11], the Portuguese who arrived in the early 1505 and the Dutch who arrived in 1658 and later the British, who came in 1796 (Jeyasuriya, 2000). Throughout the colonial period (1505-1948), the fabric of Sri Lankan society and culture has been under the domination of British colonists. For example, under the British colonial era, the island was formerly known as British Ceylon[12] between the periods of 1815 until 1948 (Coperehewa, 2011). However, in 1931, while controlling the island under their power, the British initiated a new constitution, which partially allowed for a formation of self-

---

[9] "Mother tongue of three-fourths of the people of Sri Lanka, it is related to the Indo-European languages of north India" (Peebles 2006, p. 6).

[10] See, e.g. Ramaiah, L.S. (1995). *Tamil Language and Linguistics.* Madras: T.R. Publications.

[11] See, e.g. The History of Sri Lanka, CBC News http://www.cbc.ca/news/world/the-history-of-sri-lanka-1.776957

[12] I will refer to Sri Lanka as Ceylon when discussing events that took prior to the name change in 1972.

government with minimal self-rule and a universal adult franchise[13], eventually leading to gaining independence from Britain in 1948 [14] (Gunawardena, 2005). According to Kanapathipillai (2009), February 4th of 1948 marked the day of independence, where Britain officially granted political power to the people of Sri Lanka (p. 39).

The Citizenship Act of 1948/1949:

Since independence, Ceylon made several changes to its ethnically, linguistically, and culturally diverse landscape. However, this period also brought in multiple ethnic and political tensions between the Sinhalese majority and Tamil-speaking minority. For example, in 1948/49, the newly formed government passed the *Ceylon Citizenship Act No.18*, which deliberately "disenfranchised Indian Origin Tamils, rendering them stateless" (Kanapathipillai 2009; Jegathesan 2013, p. 14). This contentious act, introduced by the government, nearly left out 800,000 laborers from South India, who were brought in by the colonial masters in 1840s to work in plantation fields, commonly avoided by the upper-class Sinhalese (Ilyas, 2014). The Sinhalese "objected and avoided the routine work on plantations because they had not the need and most of them had land of one sort or another" (Ilyas 2014, p. 185). Hence, they felt it was unessential to be part of a plantation, when it is foreign owned and controlled by non-Sinhalese (Ilyas, 2014). Consequently, the Indian Tamils in the post-independence era not only lost their rights to citizenship but also were targeted under *Ceylon Amendment Act No. 49,* despite their contribution to Sri Lanka's economy and colonial success (Jegathesan, 2013). Additionally, this act set out by the Sri Lankan government indicated that "persons who were not citizens could not have their name entered or retained in any of the registers of

---

[13] See, e.g. Gunawardena, C.A. (2005). *Encyclopedia of Sri Lanka.* New Delhi: New Dawn Press.

[14] See, e.g. Kanapathipillai, V. (2009). *Citizenship and Statelessness in Sri Lanka: The case of the Tamil Estate Workers.* London: Anthem Press.

electors, concreting the reality that those who were not successful in getting Ceylon citizenship were also effectively disenfranchised" (Kanapathipillai 2009, p. 43). Unfortunately, this was in a deliberate act of the Sri Lankan government to replenish the nation with Sinhalese majority while decreasing the percentage of Tamils to minimize the voting power in the new legislature.

The Sinhala Only Act of 1956:

In Sri Lanka, the *Sinhala only Act*—formally known, as the Official Language Act No. 33 of 1956 was the initial point of disagreement for many unfortunate events, historical oppression, social exclusion and ongoing discrimination among the Tamil minorities and Sinhalese majority (Ghosh 1999; Mel & Pathmalal, 2009). Before gaining independence, English was known as the official language of Ceylon for language administration, education and the legal system in Sri Lanka (Ghosh 1999; Rupesinghe, 2006). However, in 1956 both Sinhalese and the Tamils considered it reasonable to change the foreign language to their own languages—Sinhalese and Tamil (Ghosh, 1999). During this time, the language issue was made as the crucial point of the Parliamentary election campaign, which consisted of two national parties of Sri Lanka, commonly known as United National Party (UNP) and Sri Lanka Freedom Party (SLFP). The UNP, in this case, advocated adopting for both the Sinhala and Tamil as the two main languages of Sri Lanka (Ghosh, 1999). On the contrary, the SLFP promoted the efforts of "adopting Sinhala as the only official languages of Sri Lanka" (Ghosh 1999, p. 35). For example, two days before the announcement of the *Sinhala only Act* in parliament, UNP politician J.R. Jayewardene contended:

"No Government should and could make Sinhalese the official language by trampling down the language rights of over a million of the permanent residents of the country. It cannot thrust to the wilderness, the cherished language of these people. The doors of the public services should not be closed to the thousands of youth who did not know Sinhalese for no fault of their own. Surely that was the way to sow the seeds of civil war" (Brown 2003; J.R. Jayewardene on Sinhalese Bill, June 4, 1956, p. 5).

Despite the efforts of J.R. Jayewardene, election results revealed that SLFP defeated UNP under the dominance of former Prime Minister S.W.R.D. Bandaranaike[15] (Ghosh, 1999). Thus, "SFLP government in 1956 enacted the Official Languages Act declaring that Sinhala would be the only official language of Sri Lanka" (Ghosh 1999, p. 35). While this news may have been victorious for the Sinhalese revivalists who were the strength of SFLP's victory, it was the stumbling block for deepened conflicts between the Sinhalese and the Tamils. For example, the passing of the *Sinhala only Act* necessitated proficiency in the Sinhala language for those who held jobs in the civil service (Ghosh, 1999). Tamil civil workers, in this case, were "forced to learn the language or leave the employment as they were deprived of their rights of increments and promotions" (Ghosh 1999, p. 35).

Educational Policy:

Additionally, in the 1960s, the government of Sri Lanka, in an attempt to control university admissions gained by Tamil students, introduced a preferential treatment based on the creation of the "affirmative action" program (Wadley, 2015). This program

---

[15] Solomon West Ridgeway Dias Bandaranaike referred to as S.W.R.D. Bandaranaike, was the fourth Prime Minister of Sri Lanka under the Sri Lanka Freedom Party between the years of 1952-1956.

insisted that Tamil students in comparison to their Sinhalese counterparts score higher marks in order to secure university admittances (Mel & Pathmalal, 2009). Subsequently, this policy was also a major obstacle for Tamil youth from Sri Lanka's Northern province, because it created additional hindrances in obtaining jobs and other educational outlooks (Dennis, McGilvray & Michele, 2010).

Start of an ethnic conflict:

As a consequence of these actions, mainly initiated by the enactment of the *Sinhala only Act,* the Federal Party of Tamils[16] under S.J.V. Chelvanayakam[17] declared their interest in pushing for a "Tamil linguistic state within a federal union of Sri Lanka" (Ghosh 1999, p. 35). Tamils, in this case, felt fear from the government's proposals and demanded a system, which rejects any type of domination by Sinhalese people (Ghosh, 1999). For example, "the imposition of *Sinhala only Act* was seen by the Tamils as the ethnic discrimination in their homeland" (Ghosh 1999, p. 35). Hence, Tamils believed that denial of their linguistic rights meant denial of their fundamental human rights as citizens of Sri Lanka (Ghosh, 1999). Consequently, the continuous discrimination and exclusion of Tamils in all spheres of life (e.g., education, employment, access to services, political participation, & ownership of land) by the Sinhalese dominated government, eventually led to demanding for a separate homeland or Tamil Eelam within Northern and Eastern part of Sri Lanka (Ghosh 1999; Mel & Pathmalal, 2009).

---

[16] See, e.g., Nubin, W. (2002). *Sri Lanka: Current Issues and historical background.* New York: Nova Science.

[17] Samuel James Veluppillai Chelvanayakam, a former politician and a Member of Parliament in Sri Lanka between the years of 1949-1972.

Sri Lanka's Civil war:

Under these circumstances, in 1975, there was a formation of a military[18] group to fight for a separate state for Tamil people of Sri Lanka (Dennis, McGilvray & Michele, 2010). This group is commonly known as the Liberation Tigers of Tamil Eelam (LTTE or Tamil Tigers), which emerged under the leadership of Velupillai Prabhakaran[19], to establish a predominant, ethnic-Tamil, and a separate homeland for Tamil people of Sri Lanka (Dennis, McGilvray & Michele 2010; Ghosh, 1999). While the use of armed conflict may have been a huge cost to civilian life in the Northern part of Sri Lanka, it must be recognized that the Tamils in Sri Lanka have been under two decades of grievances imposed on them by the Sinhalese government (Hyndman & Amarasingam 2014; Nalapat, 2011). For instance, Somasundaram (2010), states "the Lankan state and the Sinhala nationalist would like to paint it as a war against terrorism, deny an ethnic or minority problem and portray the Tamils as of relatively recent origin, migrants or invaders from South India in the last millennium" (p.2). However, this resulted in the start of a fierce, brutal, violent war between the LTTE and the Sri Lankan government. The civil war, which was prominent in the years of 1980s to 2009 between the Tamil and Sinhalese ethnic groups, resulted in devastating consequences for disabled Tamil women. The destructive outcome of the war "created a casualty list of well over 100,000 killed and many more injured, mentally affected, displaced both internally and overseas; and in communities" (Somasundaram & Sivayokan, 2013, p. 4). Undoubtedly, the civil war is one of the principal reasons for the growing concern of disablement among the Sri Lankan Tamil population (Campbell 2009; Somasundaram & Sivayokan, 2013).

---

[18] A military group refers to "armed groups using violence to achieve political claims" (Hyndman & Amarasingam 2014, p. 560).

[19] See, e.g., http://www.nytimes.com/topic/person/velupillai-prabhakaran

Under the impact of severe ethnic conflict, Tamil women are imposed to the bottommost subjugation due to political conditions forming barriers that are systematically disabling. The war imposed consequences such as trauma, multiple displacements, loss of identity, forced migration, torture, and loss of other valued resources which resulted in widespread human suffering and bewilderment among the Tamil civilian population (Somasundaram & Sivayokan, 2013). For instance, studies have shown that "conflict situations cause more mortality and disability than any major disease" (Murthy & Lakshminarayana 2006, p. 25). In this context, the civil war in Sri Lanka not only caused a catastrophic effect on the health of its nation, but it also lead to a journey of emotional, economic and social disablement among its population. The next following chapter will discuss notions of disability in Sri Lanka and delve into exploring the current status of disabled Tamil women by analyzing themes such as religious attitudes, cultural attitudes, societal factors, and environmental factors affecting inclusive participation of disabled Tamil women in Sri Lanka. Moreover, I will look at discussions of mental health and its intrinsic link to war and disability in the context of Sri Lanka. Research informs that in addition to the war imposed consequences; Tamil women are also exposed to mental health issues such as posttraumatic stress disorder (PTSD), anxiety, depression, and a variety of psychosomatic problems such as backaches and insomnia (Murthy & Lakshminarayana, 2006).

CHAPTER TWO

Disability in Sri Lanka:

The 2001 *Census of Population and Housing Report* informs that about 300,000 disabled persons are living in Sri Lanka, who have visual, speech, hearing, and mobility,

intellectual, psychiatric and epilepsy conditions associated with disability (Statistics Sri Lanka, 2001). Among these, *Sri Lanka Human Development Report* informs that small proportions are employed and that most rely heavily on families for economic and financial support (United Nations Development Programme Sri Lanka, 2012). While these numbers indicated in the 2001 census may have covered those with registered disabilities, predominantly in the Sinhalese area, it is uncertain if the figures had included disabled women from post-conflict areas of Eastern and Northern part of Sri Lanka. Similarly, in a cross-cultural study conducted by Thomas (2005), in India, up until 2001, disability was never included in the national population survey. Hence, there was no accurate measure to identify the number of people living with disabilities in India (Thomas, 2005). For instance, he argues:

> "The degree of social exclusion that a disabled person will face varies enormously according to his or her status as individual, as well as the type and severity of the impairment and, in particular his or her gender. The situation for disabled women is particularly bleak" (Thomas 2005, p. 6).

While the above situation may be the case in India, it can be argued that it is similar to the circumstance of disabled Tamil women in Sri Lanka, where both groups have not been represented monumentally. Hence, reinforcing their status as socially excluded individuals. For example, Gunawardena and Jeyaweera (2007) describes social exclusion as:

> "Social exclusion describes a process by which certain groups are systematically disadvantaged because they are discriminated against on the basis of their ethnicity, race, religion, sexual orientation, caste, descent, gender, age, disability,

HIV status, migrant status or where they live. Discrimination occurs in public institutions, such as the legal system or education and health services, as well as social institutions like the household, and in the community" (Jeyaweera & Gunawardena 2007, p. 6).

Moreover, the Asian Development Bank (ADB)—an organization that fights to alleviate poverty in Asia and the Pacific through offering financial support to developing countries indicates that, in Sri Lanka there are about 100,000 persons who became disabled during the civil war (ADB, 2014). However, there have been challenges in collecting data specifically addressing the Tamil population due to ongoing structures of violence, internal displacement and oppression towards the Tamil minorities (Somasundaram, 2013). For example, the organization that keeps track of internally displacement population informs that as of July 15th, 2015 there are up to 73,700 internally displaced individuals in Sri Lanka (Internal Displacement Monitoring Center, 2015). [20]

In Sri Lanka, disability surfaces from a complex interface between social factors, health conditions and living situations. However, the leading cause of disability in Sri Lanka is profoundly due to the ramifications of civil war, natural disasters, aging populations and individuals taking high-risk work (Campbell, 2009). Sri Lanka officially uses two national definitions to define disability. The first one according to Section 37 of the disability legislation reads, "a person with disability means any person who, as a result of any deficiency in his physical or mental capabilities, whether congenital or not, is unable by himself to ensure for himself, wholly or partly, the necessities of life" (Ministry of Social Welfare 2003, p. 9). While this definition encompasses on social and

---

[20] See, e.g., http://www.internal-displacement.org/south-and-south-east-asia/sri-lanka/

medical aspects of disability, Sri Lanka's National Census of 2001 elaborates in a more functional way of defining disability (Campbell, 2009). For example, the second definition states:

> "A person who is limited in the kind or amount of activities that he or she can do because of ongoing difficulties due to a long-term physical condition, mental condition or health problem. Short-term disabilities due to temporary conditions such as broke legs and illness are excluded. Only disabilities lasting for more than six months should be included" (Principles and Recommendations for Population and Housing Censuses, 2001).

Social Factors Affecting Inclusive participation:

Religious Attitudes:

Commonly, disability in Sri Lanka is understood to be a religious, cultural and a societal occurrence (Mendis, 2004). For example, the Buddhist belief in *Karma*—"which determines a person's fate in their next incarnation", has significant implications for how disability is perceived in Sri Lanka (Higashida 2016 p. 3). The belief, which associates disability with a negative connotation informs that to be disabled, must be the consequence of having done personal or parental sin in the past life (Higashida, 2016; Mendis, 2004). In a similar study conducted by Lang, a participant states:

> "Whether people in the community have met disabled people or not, they still believe that disability is a result of *Karma* or sins of the past. Disabled people and their families are despised. People are afraid to come in contact with disabled people. They think that disability is contagious. Some people in the community tell people to avoid disabled people because they might also attract the bad luck of

the disabled person and the family" (Lang 2001, p. 298).

Such beliefs, which associate disability with punishment for past misdemeanors has two outcomes, "one retrospective and the other prospective" (Mendis 2004, p. 13). For instance, in the retrospective sense, "one who is born with or acquires disabilities is paying for sins committed in a past life. This fate, must therefore, be accepted. In the prospective perception, "the good one does in this life will gain merit in the next" (Mendis 2004, p. 13). In other words, disability allows for a chance to develop charity, which leads to having a good *Karma* for the next life. This charity is, however, often applied from the principle that the provider is more privileged than the receiver, which underlines attitudes of the inferiority of people who have disabilities and exclude them from mainstream society (Mendis, 2004). Consequently, these religious attitudes/negative perceptions, which are still prevalent in Sri Lanka's society is one of the main reasons for the continued stigmatization, rejection and behaviors of patronization towards Tamil women with disabilities.

Cultural Attitudes:

Similarly, cultural aspects of disability also present hindrances for disabled Tamil women. The assumption that disabled women are perceived to be sexless, undesirable, and incapable of childrearing leaves many Tamil women and sometimes their families in a position of isolation (Mendis 2004; Nancoo 1993). Many families fear that having a disabled member will bring them shame and prevent them from enjoying the acceptance they normally would receive in a community. For example, the cultural portrayal of people with disabilities as dependent, morally depraved, asexual or pitiful affects the way in which disabled people are viewed in society (Wendell, 1996). Hence, they are reluctant

to speak about disabilities and they do not recognize disability, when it exists (Janardhana, Muralidhar, Naidu, Raghevendra, 2015; Pegg, 2004). Thus, many women with disabilities are perceived as unmarriageable and have difficulties finding suitable partners who will accept them for their disability. According to Mendis, families, in this case, also tend to protect female members with disabilities from the male sex, since their vulnerability may lead to sexual abuse (Mendis, 2004). In a similar study conducted by Lang, in India, some young women with disabilities may marry into families with lower caste[21] than themselves or pay higher dowries[22] to be considered capable of marriage (Lang, 2001). For example, a participant commenting on the issue of marriage for women who are blind argues:

> "Attitudes and ignorance are particularly virulent where blind women are concerned - no one would readily consider marrying off a blind girl or asking for her hand in marriage. Objects of false pity and mindless charity, blind women are often regulated to the lowest status within the community - they are isolated from society and confined to a corner of the house and live in obscurity, silent misery, and total social and economic obscurity" (Lang 2001, p. 308).

Subsequently, these types of reactions/attitudes emerging from the local community not only result in the oppressive position of disabled women, but it also leads to social isolation and restrictive behaviors (Janardhana et al., 2015). For example, Wendell (1996) in her study notes:

> "The lack of realistic cultural representations of experiences of disability not only contributes to the 'Otherness' of people with disabilities by encouraging the

---

[21] Individuals who have lower social status in society based on ownership of property, land, and money.
[22] In South Asian countries particularly in Sri Lanka, a dowry may refer to the property or money brought by the bride to the groom on their wedding day usually given by her family.

assumption that their lives are inconceivable to non-disabled people but also

increases non-disabled people's fear of disability by suppressing knowledge of

how people live with disabilities" (Wendell 1996, p. 61).

Hence, the cultural impact on disability needs to be discussed in the wider community

and the disability rights movement in Sri Lanka must raise awareness on the topic of

marriageability of disabled women. Consequently, following these steps will prevent

more women from experiencing social isolation and will encourage the inclusiveness of

women with disabilities.

Societal Factors:

Among the many challenges experienced by disabled Tamil women, societal

barriers create hindrances in accessing social, health, educational and employment

services. According to the *World Health Organization* (WHO) "barriers are factors in a

person's environment that, through their absence or presence, limit functioning and

creates disability" (WHO 2001, p. 214). These barriers can take the form of: a physical

environment that is highly inaccessible, services and resources that are not made

available to the wider community and the lack of availability of significant assistive and

adaptive devices[23] (WHO, 2001).

Over the past years, Sri Lanka's disability programs and services have always

focused on the approach of perceiving disabled individuals as recipients of passive care,

which encouraged physical dependency and resulted in the idea of building systems that

are full of obstacles and assigned to only suit the needs of able-bodied individuals (Davis,

1990; Weweldeniya, 2012). However, this resulted in the exclusion of disabled

---

[23] Assistive and adaptive devices refer to tools and technology that aid in the mobility and independence of a disabled person such as the wheelchair, hearing assistance and other walking aids.

individuals and reduced opportunities for social participation. For example, Harlan Hahn argues:

> "The failure of a structured social environment to adjust to the needs and aspirations of citizens with disabilities rather than from the inability of the disabled individual to adapt to the demands of society" (Hahn 1986, p. 128).

Environmental Factors:

Moreover, Section 23 of the Protection of the Rights of Persons with Disabilities Act (No 28 of 1996) clearly states that, "(2) No person with a disability shall, on the ground of such disability, be subject to any liability, restriction or condition with regard to access to, or use of, any building or place which any other member of the public has access to or is entitled to use, whether on the payment of any fee or not "(Parliament of Sri Lanka, 1996). However, according to disability activists, even though these rights were included in the legislation, they were not recognized and often disregarded in the creation of public spaces (Ramanayake, 2009). For example, Dr. Ajith Perera[24]—one of Sri Lanka's prominent disability activist and founder of a non-profit organization[25] petitioned the Supreme Court by claiming a violation of his right under Section 23 of the legislation[26]. He argued:

> "Accessibility is not just a physical issue, but a social one. By designing buildings that cannot accommodate the disabled, you inadvertently discount their existence.

---

[24] Dr. Perera is a Chartered Chemist by profession and a significant figure in the disability activism. See, e.g., http://www.sundaytimes.lk/140928/plus/sri-lanka-still-unfriendly-towards-the-handicapped-119666.html

[25] In 2005, Dr. Perera found the not-for-profit organization called "IDIRIYA" in Colombo, Sri Lanka. It is solely composed of individuals who want to promote better accessibility in creating spaces for disabled individuals.

[26] *Ajith Perera v Attorney General* SC (FR) 221/2009, SC Minutes of 27 April 2009

It's a deeply psychological thing. When society seems unable to make way for your needs, it's very discouraging" (Quoting Dr. Perera in Illankoon 2014, p. 1).

Similarly, Mendis (2004) in her study states that public buildings in Sri Lanka are designed without considering the needs of individuals in a wheelchair and other physically disabled persons (p. 12). Also, the inability to access elevator services in urban workplaces, vocational training institutions and community buildings limited independent mobility for disabled individuals and prevented them from accessing employment and educational opportunities (Mendis, 2004). Lastly, the unavailability of assistive and adaptive devices, such as hearing aids, walking aids, white canes, tricycles, wheelchairs, and artificial limbs, presented significant barriers to inclusion (Mendis 2004; Ministry of Social Welfare, 2003).

Additionally, this situation is worsened for disabled Tamil women in post-conflict and natural disaster (e.g. tsunami)[27] affected areas of Northern Sri Lanka (Kett, Stubbs & Yeo, 2005). The inability of the government to recognize and prevent these barriers before escalating resulted in "greater risk of injury, mortality, disease, destitution and displacement" (Hemingway & Priestley 2014, p. 4). According to the Disability Organisations Joint Front (DOJF)—the main acting agent for the Disabled Persons Organization (DPOs) in Sri Lanka, the repercussion of tsunami resulted in many implications for disabled women. For instance, disabled individuals were excluded from the relief camps,[28] they did not have access to water and sanitation systems, and blind persons were ridiculed since they could not find their way around in camps (Kett, Stubbs,

---

[27] On December 26th, 2004, Sri Lanka was affected by Indian Ocean earthquake: Tsunami resulting in over 30,000 deaths. See, e.g., http://www.unhcr.org/420359434.html

[28] Relief camps refer to temporary living arrangements organized by the government for those affected by the natural disaster. See, e.g., Thurnheer, K. (2014). *Life Beyond Survival: Social Forms of Coping after the Tsunami in war-affected eastern Sri Lanka.* Bern: Swiss National Science Foundation.

& Yeo 2005, p. 18). Moreover, a woman commenting on her experience of tsunami with an epilepsy condition informs:

> "I can't remember what has happened. When I regain my consciousness, I was at the Karapitiya hospital. They said they found me unconsciousness. My diagnosis card and everything has been washed away. But doctors managed to trace my file and gave medication for a week. Since day before yesterday, I didn't have any medication and am finding it difficult to walk. I feel like fainting and can't concentrate. That's why I did not come to our meeting. It is with great difficulty my brother got medicine available in hospital. For those, which are not available, the doctors gave a prescription to buy them outside, they are very expensive and where can I find money? Neither does my brother have any. Without that I will not be able to get out of this chair" (Kett, Stubbs, & Yeo 2005, p. 15).

Therefore, in light of the discussions above, it is crucial that Sri Lanka focus on implementing policies and services that emphasize on removing social barriers that hinder growth and limits participation. Additionally, it is important to recognize that "disabled people's vulnerability to human disasters is entirely aligned within social structures, institutional discrimination and the presence of environmental barriers" (Hemingway & Priestley 2014, p. 3). Hence, Sri Lanka needs to adopt policies and services based on the approach of the social model of disability[29]. The social model of disability is a progressive political tool, which aims to advocate for individuals with disabilities who are unable to function due to physical and/or cognitive deficiencies

---

[29] See, e.g., Barnes, C. (2012). The social model of disability: Valuable or irrelevant? In N. Watson, A. Roulstone, & C. Thomas (Eds.), Tlte Routledge handbook of disability studies (pp. 12-29). London, UK: Routledge.

(Lang, 2001). Thus, it calls for the removal of societal barriers and illustrates the problems faced by disabled individuals are socially produced, as a consequence of social structures, institutional arrangements, and environmental factors (Lang, 2001; Shakespeare 2006, p. 199). Consequently, initiating the social model of disability will help in building a society that is barrier-free and that is accessible by everyone. For example, Vic Finkelstein states:

> "Once social barriers to the re-integration of people with physical impairments are removed, the disability itself is eliminated. The requirements are for changes to society, material changes to the environment, changes in environmental control systems, changes in social roles, and changes in attitudes by people in the community as a whole. The focus is decisively shifted on to the source of the problem – the society in which disability is created" (Davis 1990; Finkelstein 1980, p. 18).

Gender & Disability:

Historically, "there has been a dominant tendency to view disabled individuals as one homogenous group with no respect to gender distinctions" (Begum 1992, p. 70). For instance, Meekosha in her study of *Gender and Disability* informs, "disabled people have often been represented as without gender, as asexual creatures, as freaks of nature, monstrous, the 'Other' to the social norm" (Meekosha 2004, p. 3). However, the growing movements of feminist and disability scholars have challenged this notion and have argued that the reality of being a woman with a disability presents hindrances in all aspects of one's life (Meekosha, 2004).

In Sri Lanka, women with disabilities represent a group of individuals that are economically, politically and culturally excluded. These women are also placed under a value system that triply marginalizes based on social markers that signify one group over the other (Silva, Sivapragasam, Thanga, 2009). For example, in Sri Lanka, caste-based discrimination has been prevalent for decades. Contrary to the Hindu caste system, which emerged on notions of religious principles, the caste systems in Sri Lanka have relied on a kind of materialistic social ranking, which categorizes people among ownership of land and other properties (Silva, Sivapragasam, Thanga, 2009). Unfortunately, this has created "patterns of inequality, discrimination and social rejection" among people and has placed disabled individuals at the bottom of the caste hierarchy (Silva, Sivapragasam, Thanga p. 6, 2009).

The notion of disablement indubitably presents struggles for women with disabilities. Disabled Tamil women struggle with both the oppression of being a woman in a male-dominated and able-bodied society. According to the *Association of Women with Disabilities group*—an organization solely composed of women activists, disabled women in Sri Lanka face the double burden of discrimination based on disability and gender (AKASA, 2015). The widely accepted notion is that disability is a personal tragedy prompted by individual failing and incapability (Barnes et al., 1999 p. 1-6). However, this notion fails to recognize disabled individuals' limited capacity in society is not merely a result of their personal impairments. Rather, it is due to the role of social arrangements, environmental barriers, and negative cultural representations that restrict them from inclusive participation (Barnes et al., 1999 p. 1-6). Typically, dominant social groups tend to perpetuate and maintain power by subjugating and devaluing groups who

are deemed inferior by the elite class. These individuals are divided by power inequalities, "which continue to generate ideologies that reflect and sustain the position of one group over the other" (Barnes et al., 1999 p. 6). I will explore this concept further by discussing Wendell's study of the Social Construction of Disability. For instance Wendell argues:

> "I see disability as socially constructed in ways ranging from social conditions that straightforwardly creates illnesses, injuries, and pour physical functioning, to subtle cultural factors that determine standards of normality and exclude those who do not meet them from full participation in the societies" (Wendell 1996, p. 58).

Therefore, in capitalist societies, disability is presented to be an exclusionary social construction that tends to exclude those who do not conform to the mainstream expectations of 'normality' (Wendell, 1996). The ideology of 'normality' is a "set of practices that surround a material characteristic with the common attributes of the dominant society" (Jankowski 1997, p. 39). The dominant society maintains power by constructing dichotomies between the theories of 'normality' and 'abnormality' in an attempt to attain power and dominance by stigmatizing and devaluing people with disabilities. Unfortunately, in Sri Lanka, the institutionalization of this concept has been practiced to maintain power over disabled individuals by denying access to factors such as "employment, education, economic opportunities, and restrictions on political participation and social welfare" (Silva, Sivapragasam, Thanga, 2009, p. 1).

Access to employment, education and health care services:

Education:

Many aspects of Sri Lankan society create limitations/barriers for disabled Tamil women when accessing employment, health, and educational services. In Sri Lanka, from the moment of birth to adulthood, when a woman holds the label "disabled" or "handicapped", it can affect how she is perceived and therefore hinder her from accessing employment, health, and educational resources. For instance, a misconception about disability and disabled individuals is that disabled individuals are non-productive and incapable of working in comparison to their non-disabled counterparts (World Health Organization & World Bank, 2011). Hence, employers are reluctant to hire disabled individuals because of the assumption that they may be unproductive and unqualified (World Health Organization & World Bank, 2011). However, in Sri Lanka, this issue stretches beyond the factor of assuming whether employing a disabled person presumes to be unproductive or unqualified. For example, the association of disability with social stigma, preconceived cultural attitudes, and environmental barriers continue to result in low self-expectations and low rankings in finding employment and educational opportunities for disabled Tamil women.

In another study conducted by Jeyaweera and Gunawardena (2007) found that in Sri Lanka, individuals with visual impairments, hearing and speaking disabilities, and physical disabilities never attended school (p. 28). Additionally, the Department of Census and Statistics Sri Lanka also reveals that among the disabled population, about 31% of that demographic had never been enrolled in schools (Jeyaweera & Gunawardena 2007; Statistics Sri Lanka, 2003). The authors also note that theirs a high proportion of

disabled males attending schools than females with disabilities (Jeyaweera & Gunawardena, 2007). Similarly, Samararatne and Soldatic in their study found that access to educational opportunities have been disturbed by displacement, closure of schools, and lack of transportation assistance (p. 9). However, the common theme emerging from both of these studies discussed above is that the armed conflict in Sri Lanka has created severe difficulties in accessing resources and services. For example, the breakdown of communities, destruction of infrastructure and resources has resulted in further marginalization in accessing educational opportunities (Justino, 2014). Nonetheless, Sri Lanka needs to work towards the elimination of discrimination in all forms and kinds to improve integration of school systems in the lives of disabled women. Furthermore, Sri Lanka also needs to invest in educators trained in inclusive education[30] and work towards discriminatory attitudes that may prevent disabled women from attending schools (UNICEF, 2003). Lastly, the government and local NGOs should focus on providing educational infrastructures such as furniture, learning aids and school materials in the conflict-affected areas to assist these women integrate back in to the education system (Jeyaweera & Gunawardena, 2007; Kelegama, 2011).

Employment:

Additionally, social isolation and the lack of social networks also present hindrances in accessing employment services for disabled Tamil women. For example, the *World Report on Disability* demonstrates that when a disabled person does not have a large networking circle, it limits their chances of finding employment (World Health Organization & World Bank 2011, p. 240). Furthermore, barriers such as the inability to

---

[30]Inclusive Education is built on the principle that each child may present different abilities in learning. Therefore, the school system must provide opportunities using child-centered teaching strategies and educational policy and services that supports inclusive education (Mendis, 2004).

obtain vocational training, continual displacements, destruction of university and school systems and employers' lack of recognition for sign languages may also be responsible for their segregation from the labour market (Derges 2013; Mendis 2004; World Health Organization & World Bank, 2011). Thus, disabled individuals remain jobless and have less chance of participating in income generating activities such as crop cultivation, fishing, livestock farming and garment services offered through volunteer organizations such as *Sri Lanka Foundation for the Rehabilitation of the Disabled* (SLFRD, 2009).[31] The SLFRD is one of many local organizations formed under the Ministry of Social Services in section 20 of the *Protection of the Rights of Persons with Disabilities Act (No. 28 of 1996).* For example, this act mandates that:

> "(1) No voluntary organization shall engage in providing services or assistance in any form or manner to persons with disabilities either directly or through any institution or other body or organization, unless such voluntary organization is registered under this Act" (Parliament of Sri Lanka, 1996).[32]

Under this act, the SLFRD aim is to provide multiple services to help individuals with disabilities find employment and access educational resources such as training and skills support for local jobs (SLFRD, 2009). However, it is uncertain if these services are reachable to disabled women in the Northern part of Sri Lanka, where they need urgent assistance in improving livelihood, reintegration of school curriculum, access to educational infrastructure, and employment services (Kelegama, 2011; Swiss Labour

---

[31] Sri Lanka Foundation for the Rehabilitation of the Disabled (SLFRD)—A registered volunteer organization runs under the Ministry of Social Services, which aims to provide development services for disabled persons in Sri Lanka. See, e.g., http://slfrd.org/

[32] http://hrcsl.lk/PFF/LIbrary_Domestic_Laws/Legislations_related_to_Employment/Protection%20of%20the%20Rights%20of%20Persons%20with%20Disabilities%20Act%20No%2028%20of%201996.pdf

Assistance 2013)[33]. For example, Vellayan Subramaniyam—leader of the *Organization for Rehabilitation of the Handicapped* (ORHAN), which operates in the Northern district, informs that stigma seems to be a huge barrier in accessing employment opportunities for disabled persons (Perera, 2014). The overarching idea that is common throughout Sri Lanka is that disabled individuals are incapable of taking care of themselves; therefore, are treated and regarded as unproductive workers (Perera, 2014). Furthermore, a 58-year-old male who needed a prosthetic leg during the civil war, sold betel leafs in the former conflict zone of Mullaitivu district[34] and earned around 500-700 rupees (CAD 4.36-6.10)[35] a day, an amount that is barely enough to cover basic necessities (Perera, 2014). Unfortunately, without any financial support, as a routine he must wake up every morning, strap on his prosthetic leg and travel 40 kilometers per day to financially support his family (Perera, 2014). For example, when commenting on the issue he states:

> "It is very hard for me to ride for so long, but I have to. If I don't, I will not make any money. My kids will starve and I will have to pull them out of school" (Quoting Arumugam in Perera 2014, p. 1).

Healthcare:

In Sri Lanka, access to health care presents numerous struggles for disabled Tamil women. The Sri Lankan civil war, which was prominent in the Northern and Eastern provinces, resulted in significant damages to health infrastructure and unequal distribution of health resources among its population (Blaikie & Lund, 2009). In the conflict-affected areas, the absence of human resources, shelling of hospitals by the

---

[33] Swiss Labour Assistance (SAH) is a non-governmental organization (NGO) which aims to promote humanitarian services for conflict-affected areas of Sri Lanka. See, e.g., http://www.sahsrilanka.org/about-us/vision-and-mission

[34] See, e.g., http://www.refworld.org/docid/49faac842.html

[35] 1 Rs (Sri Lankan Rupee) = 0.0090 CAD (as of April 19, 2016)

military, lack of medical supplies and the unavailability of staff in the combat areas left many individuals to suffer without proper medical care (Nagai, Abraham, Okamoto, Kita & Aoyama, 2006). The Canadian Red Cross who has been working together with the International Committee of the Red Cross (ICRC)[36] on numerous health care projects in Sri Lanka informs that, the conflict situation resulted in restrictions in access to health care services. For instance, the ICRC reported that civilians had difficulties accessing medical products and technologies and bicycles were required for travelling to remaining health facilities (ICRC, 2002). Additionally, an aid worker describing the attack on one of the local hospitals in the 'no-fire zone' area as follows:

> "I was in the hospital. Right after 12:30 p.m., I noticed a Sri Lanka military drone conducting reconnaissance above the hospital. The people in the hospital suspected that an attack was imminent, so they lay down on the ground. Shortly thereafter, we heard a loud explosion in the air, followed by several smaller explosions on the ground. One of the explosions took place only a couple of meters from me. One of the doctors, who was lying just next to me, was killed by a shrapnel piece that hit him in the head. Four or five people were killed and more than 30 were wounded in the attack" (Human Rights Watch Sri Lanka, April 2, 2009).

Presently, even though Sri Lanka offers free-of-charge health-care services [37], the situation has not changed as the majority of the health facilities remain damaged and

---

[36] Humanitarian agency based in Geneva (ICRC) providing multiple financial, social and development support for individuals affected from Sri Lanka's civil war.

[37] "All people receive the health services they need without suffering financial hardship" (World Bank, 2014). See, e.g., Smith, O. (2014, December 18). Celebrating World Universal Health Coverage Day in Sri Lanka. Retrieved March 12, 2016, from http://blogs.worldbank.org/endpovertyinsouthasia/celebrating-world-universal-health-coverage-day-sri-lanka

destroyed by the armed conflict, forcing many individuals to travel long distances to access available medical services (Blaikie & Lund 2009; Samararatne & Soldatic, 2014). However, this presents many complications to disabled women who are unable to afford transportation costs associated with the medical services. For example, Samararatne and Soldatic (2014) in their study of *Rural Disabled Women's Social Inclusion in Post-armed Conflict in Sri Lanka* note that some women tend to avoid monthly hospital visits since they could not afford to pay transportation costs (p. 9).

Similarly, Blaikie and Lund in their study have found that the cost of transportation for every hospital trip is equivalent to their monthly income of Rs. 2,000 (CAD $18), which severely prohibits individuals from accessing medical services (Blaikie & Lund 2009). Nevertheless, Sri Lanka needs to work towards rebuilding hospitals, upgrading health units, providing assistive devices, and supplying medical staff in the most vulnerable areas in the Northern province, where these women need immediate assistance in health care rehabilitation and reintegration (Blaikie & Lund, 2009; Kelegama, 2011). Subsequently, following these steps will ultimately eliminate uneven allocation and shortages of health resources and work towards building a health care system available for all individuals.

War & Mental Health:

Among the many consequences exacerbated by the Sri Lankan civil war, the psychological and physical impact on civilian mental health has presented with additional stressors among the disabled Tamil population (Murthy & Lakshminarayana 2006;

Somasundaram, 2010). The WHO estimates that in conflict affected areas of the world, "10% of the people who experience traumatic events will have serious mental health problems and another 10% will develop behavior that will hinder their ability to function effectively. The most common conditions are depression, anxiety and psychosomatic problems such as insomnia, or back and stomach aches" (WHO 2001, p. 1-16). However, in Sri Lanka the 26-year-old war, which ended in 2009, has resulted in mental health consequences beyond the scope of the psychological factors of war. In other words, Tamil women with disabilities in this context have been direct sufferers and witnesses of human rights abuses; have been placed in situations where the psychological trauma of the war has been worsened with other destructive mental health conditions (Jong, Mulhern, Ford, Simpson, Swan & Kam, 2002). Currently, these women continue to suffer/live/tolerate in government-led refugee camps, where attaining basic necessities such as hygiene, clean water, and accessible public washrooms present numerous struggles (Jong et al., 2002). Somasundaram in his study notes that civilians who survived the psychological impact of the civil war are in a state of *daze,* where they cannot accept what happened in the battlefield (Somasundaram 2010, p. 2). Hence, these individuals continue to suffer in silence while adding on other trauma-related risk factors that may intensify their mental health conditions.

Somasundaram further notes this experience as '*collective trauma*,' where multiple traumatic events such as "disruption of family and community structure and destruction of the social fabric, networks, cohesion, and social capital" intertwine to create additional mental health consequences (Siriwardhana & Wickramage 2014, p. 4; Somasundaram, 2014). As a result, disabled Tamil women in this context are vulnerable

to experiencing Post Traumatic Stress Disorder (PTSD)[38], anxiety, and a wide range of psychosocial issues, which further results in social isolation and marginalization. Moreover, in a study conducted by Husain et al. (2011) it was revealed that 13% of the Tamil population in Jaffna district reported having PTSD, while the remaining 48.5% and 41.8% informed living with anxiety and depression. In addition, 68% of the Tamil population have been exposed to one or more experiences of traumatic events in their life (Husain et al., 2011). The experience of tsunamis have also been relevant in many of these women's discussion, for example the tsunami in 2004, resulted in significant mental health consequences and physical, emotional, and financial damages in their lives (Thurnheer, 2014; Veen & Somasundaram, 2006). However, the WHO states that individuals who have survived a tsunami are in a state of a psychological shock, similar to the experience of individuals who have been affected by the psychological trauma of the war, where it will likely take years for individuals to mentally recover (WHO, 2005).

Additionally, Murthy and Lakshminarayana (2006) explain/ urge that civil war survivors require urgent physical and psychological support where the services being offered reflect the understanding of the trauma experienced by these individuals. However, in Sri Lanka mental health programmes do not have a higher priority. For example, Samarasekare et al. study found that for every 500,000 people there is only one psychiatrist available for treatment (p. 93). In addition, mental health services that are being offered are thoroughly through community based mental health programmes,

---

[38] In their study, Loue and Sajatovic describe PTSD an anxiety disorder, which severely affects the psychological state of an individual after being exposed to certain traumatic events (Loue & Sajatovic, 2012). See, e.g., Loue, S., & Sajatovic, M. (2012). *Encyclopedia of Immigrant Health*. New York: Springer.

which are only concentrated in urban areas of Sri Lanka, which ignores individuals living outside of the cities (Samarasekare, Davies, & Siribaddana, 2012).

Similarly, another study conducted by Kulasegaram in 2014 informs that the impact of the war has resulted in permanent psychological scars and vulnerability among disabled Tamil women (p. 7). For some women, the indelible memories, such as witnessing or the killing of a family member, grenade explosions, detention, torture, sexual abuse, desperate living conditions in IDP camps intensifies trauma within communities and results in long-term depression and in an increase in suicidal thoughts (Fernando & Wilkins, 2015; Kulasegaram, 2014; Jong et al., 2002). Unfortunately, the inability to live with war-related complex psychosomatic issues also result in an alarming rate of suicide among Tamil population (Siriwardhana & Wickramage, 2014; Kulasegaram, 2014). For instance, Samarasekare et al.'s study discovered that the occurrence of suicidal rates in Sri Lanka is relatively one of the highest in the world "with rates ranging higher than 20 per 100,000" (Campbell, 2009; Samarasekare et al., 2012, p. 93). In this context, it is crucial that Sri Lanka continues to implement programs and services that target psychosocial issues at the local and national levels. Lastly, it is important for the Sri Lankan government to make mental health a priority because the occurrence of mental illnesses are on the rise through war and other psychological and social situations (Samarasekare et al. 2012, p. 97). The government needs a concrete plan in organizing these services in a way that is equally distributed between Northern and Southern provinces. The next following final chapter will look at the influence of international bodies, such as the NGOs, UNCRPD, and the WHO's contribution to dismantling disabilities in Sri Lanka. Additionally, this chapter also reviews the

effectiveness of programs and services implemented to help disabled Tamil women in Sri Lanka.

CHAPTER THREE

For many years, the Disability Agenda in Sri Lanka has been enduring several policy changes to meet the mandates of the UN *World Programme of Action* for Disabled Persons (WPA). The WPA is an international approach to ensure that every country that adopts this policy must integrate disabled individuals in the development process, as well as including measures to overcome prevention, rehabilitation, and equalization of opportunities for all persons (UN General Assembly 3, 1982). In addition, the WPA mandates the importance of having a human rights approach to disability legislation (UN General Assembly 3, 1982). Affiliating with WPA meant that Sri Lanka must take concrete steps toward implementing UN *Standard Rules on the Equalization of Opportunities for Persons with Disabilities* (1993). However, it is important to understand that although these rules were announced, "they were not legally enforceable nor were many resources made available for promotion" (Yeo 2005, p. 5). Nonetheless, these rules were introduced in an attempt to encourage the international community on models that meets disability from an inclusive approach.

In Sri Lanka, despite these advancements in the disability movement, the Sri Lankan government took many years to implement laws that center on disability advocacy and promotion. For instance, in 1996 after many years of urging the government to include disability-focused legislations by the disability movement, the Sri Lankan Parliament finally passed three significant laws that center on disability promotion (Marshall, Kendall & Grover, 2009). However, despite these regulations that

revolve around disability such as the *Human Rights Commission Act* (no.21 of 1996), *The Protection of the Rights of Persons with Disabilities Act* (no.28 of 1996) and the *Social Security Act*, (no.17 of 1996), Sri Lanka still has not made significant progress in the advancement of human rights for disabled individuals.

In 2007, Sri Lanka signed an agreement with the United Nation's Convention on the Rights of Persons with Disabilities (UNCRPD)[39]. For example, the Convention indicates that:

> "Persons with disabilities hold every civil, cultural, economic, political and social right, on an equal basis with others; forbids discrimination on the basis of disability, whether in laws, regulations, customs and practices; and requires States Parties to ensure the full realization of all human rights and fundamental freedoms for persons with disabilities by taking all appropriate measures." (UNCRPD Article 2, 2010).

However, Sri Lanka did not ratify this convention until February 8th of 2016 (Mendis, 2016). Hence, in the past nine years (2007-2016), Sri Lanka was not legally obligated to protect the rights of individuals with disabilities, as signing the treaty simply meant that it provided an early endorsement without any commitment to legal obligation (UNCT Sri Lanka 2016, p. 12). Currently, as a ratifying state, Sri Lanka is obligated to protect the rights of disabled individuals as well as promote programs and services that allow them to live a dignified life. Under the mandate of CRPD, Sri Lanka must follow four key considerations in the protection of rights of persons with disabilities. These are as follows:

---

[39] See, e.g., https://treaties.un.org/Pages/ViewDetails.aspx?src=IND&mtdsg_no=IV-15&chapter=4&lang=en

"1.) Right To Equal Protection And Non-Discriminatory Practices On The Grounds Of Disability (Article 5 CRPD); 2.) The right to accessibility and personal mobility (Article 20 CRPD); 3.) The right to education, healthcare and work (Article 24-25 CRPD); 4.) The right to participation in political and public life (Article 29 CRPD)"

Nonetheless, through the discussion of chapter two above, it was evident that the international bodies such as United Nations, World Health Organization, UNCRPD, NGOs, and INGOs have been pushing for a state that is keen on dismantling disability barriers in Sri Lanka. However, through the available data and literature, it was evident that Sri Lanka still needs strong policies and coordination that can help implement many of the mandates included in the CRPD. Laws and legislations in Sri Lanka that focus around disability should be produced in a way that can be understood and accessed by all members of society. Lastly, Sri Lanka should ensure many of the protections introduced in the CRPD are made available and accessible in the Northern part of Sri Lanka where Tamil women with disabilities desperately needs help in restarting their lives.

Disability & Social Services:

Community-based Rehabilitation Program (CBR):

In Sri Lanka, there are two main governmental organizations at the national and international level (i.e., the Ministry of Social Services and the Ministry of Social Welfare), which provides disability services to disabled persons (World Health Organization, 2013). Under these programs, the Sri Lankan government in agreement with non-governmental organizations (NGOs) and Disabled People's Organizations

(DPOs) deliver Community-based Rehabilitation (CBR) [40] programs to disabled individuals. The World Health Organization describes CBR as a global initiative to improve the quality of life for persons with disabilities and to increase access to rehabilitation and reintegration services (WHO, 2013). This program is delivered through collective efforts of disability activists, NGOs, DPOs, and individuals working together to eliminate social exclusion, poverty and promote inclusiveness to disabled persons at all levels of health, educational, vocational and other mainstream social services (WHO, 2013). Moreover, Higashida in her study informs that in Sri Lanka, CBR was introduced as part of a pilot project in 1981, and it has since developed into a national program with the support of other stakeholders such as the Ministry of Health, Ministry of Education, Ministry of Vocational Training, DPOs, NGOs and local communities (Higashida, 2014; WHO, 2013).

Currently, the program seeks to support disabled individuals right to live independently by providing skills, advice, counselling and activities based on models of rehabilitation and community engagement (Hettiarachchi, 2015; Ministry of Social Welfare, 2003). According to Hettiarachchi (2015), Sri Lanka uses a "6+1 model" of rehabilitation. Under this model, Sri Lanka focuses on development of education (1), vocational training (2), psychosocial and creative therapies (3), social support (4), religious support (5), and recreational activities (6) plus community rehabilitation services (Hettiarachchi 2015, p. 106). However, the extent to which these services are available for disabled Tamil women in the conflict-affected areas of Sri Lanka are

---

[40] According to Higashida, CBR was introduced in the 1980s and adopted in more than 90 countries globally. See, e.g., Higashida, M. (2014). Local Resources of Disabled People in Sri Lanka: Action Research on Community-Based Rehabilitation Programme. *Sociology and Anthropology, 2*(4), 159-167.

completely unknown. Thus, it is clear that more research needs to be done in this area to identify the delivery and effectiveness of such programs.

In addition, Boyce in his study of community based rehabilitation in areas of armed conflict found that "only 1 to 3% of persons with disabilities living in developing countries who require rehabilitation services receive them, these services being particularly inaccessible to the rural majority" (Boyce 2000, p. 3). Correspondingly, WHO in their publication of *Situation analysis of Community-based Rehabilitation in the Southeast Asia Region* note that there is currently a large number of individuals with disabilities in the post-conflict affected areas of Sri Lanka, who do not have access to regional rehabilitation services (WHO 2012, p. 36). Furthermore, a report by UN agency found that individuals in the former conflict zones (i.e., Mullaitivu, Kilinochchi, Mannar & Vavuniya districts) who require urgent rehabilitation services live below the poverty line and survive on less than $0.50 (Rs. 74.00) a day (IRIN, 2011). For these individuals, meeting basic necessities such as electricity, functioning toilets, clean water and even a complete school term is a luxury (Perera, 2014).

Similarly, Baksh and Harcourt point out that for Tamil women, who are economically deprived, the death/disappearance and killing of male family members in the conflict zone has presented them with new forms of social vulnerability (Baksh & Harcourt, 2015). Unfortunately, under these circumstances these women are placed in a position where they must find alternative ways to earn an income with little or no support (Baksh & Harcourt, 2015). Consequently, apparent from both of these conditions highlighted above, it is clear that Sri Lanka needs to develop a multi-sectoral approach—one that focuses on all sectors of society in delivering rehabilitation services (Boyce,

2000; WHO, 2012). The approach needs to make sure the services are accessible in the Northern parts of Sri Lanka, where individuals may not be aware of the availability of such programs due to their economic conditions and social position.

Moreover, Boyce (2000) demonstrates that to effectively carry out CBR in the conflict-affected areas, it is important for stakeholders to actively network and implement strategies of peace building into planning (Boyce 2000, p. 5). In other words, ensuring discussions of confidence building between the Sinhalese and Tamil civil society actors, who are in turn responsible for delivering social services and health resources. Adapting these steps will present rehabilitation services under the framework of equality, where all members have equal access to services despite their gender, ability, socio-economic position and social status.

Social Services/Social Benefits:

In Sri Lanka, since the implementation of CBR in 1994, there have been a number of local NGOs and INGOs providing social services to disabled women. The *Centre for Women and Development* (CWD)[41]—a local organization formed in Jaffna district[42] under the Ministry of Social Service and Ministry of Defense advocates for capacity building among Tamil women in the Northern part of Sri Lanka. The World Health Organization describes capacity building as a process that strengthens and develops human and institutional resources among individuals (WHO, 2006). In this case, CWD uses capacity building to tackle issues related to women and encourages sustainable

---

[41] See, e.g., Livelihood assistance to war affected women. (n.d.). Retrieved April 20, 2016, from http://cwdjaffna.blogspot.ca/

[42] Jaffna—a former conflict affected zone in the Northern province of Sri Lanka. See, e.g., http://www.jaffna.dist.gov.lk/index.php?option=com_content&view=article&id=145&Itemid=244&lang=en

results based on enhancing capacities within grassroots decision makers, governments, and non-governmental organizations (CWD, 2014).

Over the years, the CWD has been successful in providing services and support for disabled women who have been internally displaced. Such services include, livelihood assistance for those affected by the war and free legal services for women who have been a victim of sexual abuse and domestic violence (CWD, 2014). The CWD receives its funding from international development agencies that are committed to development projects across South Asia. For example, under the financial assistance of the *Asia Foundation*[43]—a non-profit organization that supports the growth of women's empowerment, the CWD has been able to provide independent income opportunities for Tamil women in the conflict-affected areas of Sri Lanka. Tamil women in this case were assisted with home-based gardening projects, sewing projects, supply of goats and cows for farming and financial assistance for purchasing coir making machines to create products such as floor mats, doormats and brushes (CWD, 2014). Currently, the organization continues to advocate for Tamil women by strengthening partnerships with other administrations to engage women at the social, economic, and political levels of governance (CWD, 2014).

Similarly, the *International Committee for the Red Cross* (ICRC) has also been a catalyst in providing services to disabled individuals in the conflict-affected areas of Sri Lanka. Anthony Dalziel—head of operations for ICRC in South Asia indicated that the conflict in Sri Lanka has created numerous difficulties for disabled persons. For example, in commenting on his recent visit to Sri Lanka he stated:

---

[43] See, e.g., The Asia Foundation. Retrieved April 20, 2016, from http://asiafoundation.org/about/

"The conflict suddenly forced female headed of household and disabled people to fend for themselves or even support entire families. They had to find a way of earning a living without necessarily having the skills or experience" (Anthony Dalziel, Interview, February 26th, 2014).

The ICRC and the Sri Lanka Red Cross are working together to ensure disabled individuals have the support they need in order to reintegrate back into the community. In the Northern and Eastern parts of Sri Lanka, the ICRC has been helping individuals who became disabled as a result of the civil war by providing livelihood support through ICRC's Micro-economic initiative (MEI) programme (ICRC, 2015). Chesses (2009) describes MEI as an income generating program that focuses on interventions of vocational training, productive grants and micro-credit support based on a bottom-up approach, whereby every recipient of the program is involved in identifying and creating the grant to be delivered (Chesses 2009, p. 11). Through involvement of programs such as crop cultivation, fishing, trade and craft the ICRC aims to help these individuals sustain a manageable income (ICRC, 2015). Additionally, Perera (2014) has discovered that in the past two years, the ICRC has given financial assistance to more than 300 persons with disabilities in the conflict-affected areas of Sri Lanka (Perera, 2014). Sivachandran Mayuran who lost his leg in the civil war is one of many beneficiaries who received the grant of Rs 50,000 (USD 385) in income support through the program (Perera, 2014). Upon receiving the grant he states:

"Without that I would not have been able to set up my small business. And in my state, I find work like construction work or helping in the paddy fields very hard. I

did that kind of work before and it was very painful" (Quoting Sivachandran

Mayuran in Perera, 2014).

Moreover, the *Organization for Rehabilitation of the Handicapped* (ORHAN)[44] is a local

NGO based in the district of Vavuniya[45], which has advocated since 1990 for sustainable

lives for disabled persons. In Vavuniya prior to the establishment of ORHAN, there were

no other organizations providing services to disabled individuals (ORHAN, 2012). For

example, the president of ORHAN who became disabled during the civil war explains:

> "We needed some kind of sustained program soon after the war to make sure that
>
> these people were able to live at least a tolerable life. For many reasons like lack
>
> of funds and lack of specialized personnel, that did not happen. Now most of them
>
> have to fend for themselves, which is sad" (Quoting Vellayan Subramaniyam in
>
> Perera 2014, p. 2).

Hence, the disabled community in Vavuniya has been dealing with the compounding

effects of disability, poverty and the conflict situation without much support or assistance

from the government (ORHAN, 2012). Subsequently, the organization started as a result

of Sri Lanka's civil war and its direct consequence on individuals with disabilities.

Presently, the organization supports a large number of people with disabilities[46] and this

figure is expected to grow as more people seek and become aware of these local

community services (ORHAN, 2012). The main goal of this organization is to ensure

disabled individuals are fully integrated into the society by providing services and

support. Additionally, the organization also works with UN agencies such as UNICEF,

---

[44] See, e.g., ORHAN-Vavuniya. (n.d.). Retrieved April 25, 2016, from http://www.orhansrilanka.org/

[45] Vavuniya is a large town in the Northern province of Sri Lanka with a population of 143, 940. See, e.g., http://www.vavuniya.dist.gov.lk/

[46] According to ORHAN, the district of Vavuniya has 1255 registered people with disabilities. Out of this proportion, most individuals are living in Vavuniya North and South.

UNHCR, and UNDP to provide development services for disabled women (ORHAN, 2012). Thus, the success of ORHAN has been reflected in its strength in providing high quality services, daily skills development for women with disabilities and inclusive education training for teachers and other professionals involved in the rehabilitation process. However, theirs a need for NGOs to expand their services to neighbouring districts affected by the civil war. For instance, Sellamuthu Sirinivasan—a district secretary for the Killinochchi[47] division informed that the government of Sri Lanka lacks a synchronized plan to assist those disabled through the civil war in the Killinochchi district. For example he states:

> "There are no major programs that assist the disabled in the region. We have not had a large program targeting that group. Here and there we have hard had small programs, but nothing on a larger scale" (Quoting Sellamuthu Srinivasan in Perera 2014, p. 2).

Currently, it is noted that the Sri Lankan government provides monthly assistance to disabled individuals from low-income families (Peiris-John et al., 2013). These individuals also get additional financial support to cover medications, surgeries and self-employment (Peiris-John et al., 2013). However, it was found in Peiris-John et al.'s study that the quantum of such assistance is based on individual needs and assessment. Hence, this monthly assistance does not necessarily cover the needs of disabled individuals within war-affected areas. For example, the Ministry of Social Welfare spends 85% of its budget on disabled soldiers and leaves the others (non-soldiers or citizens) only partially

---

[47] Killinochchi is a district situated in the Northern part of Sri Lanka, which currently has a population of 113, 250. See, e.g., Department of Census and Statistics, Sri Lanka (web).

uncovered (Peiris-John et al., 2013). Unfortunately, the remaining individuals do not have access to income transfers including the disability allowance (Peiris-John et al., 2013). Moreover, Sri Lanka claims to have a highly effective social protection program when compared to other neighboring countries in South Asia (WHO, 2006). However, the heavy/central focus on disabled soldiers limits assistance and access to essential services and resources for other civilians, especially women, who have become disabled during the war (Peiris-John et al., 2013).

Additionally, Peiris-John et al.'s study (2013) also discovered that theirs only one Medical Faculty[48] in Sri Lanka that has a dedicated Department of Disability Studies. This Department of Disability Studies mainly caters to the training of speech therapy, audiology and occupational therapy programs and leaves other significant disability-related concerns without any growth for training and development (Peiris-John et al., 2013). In this context, Sri Lanka needs to build a pool of disability researchers who can collaborate with other DPOs and NGOs in sharing experience and knowledge for filling areas that require immediate attention. Higher education facilities in Sri Lanka should also focus on building a disability-centered curriculum that challenges ablest[49] notions, while educating others on the importance of adapting inclusive approaches to disability education in classrooms (Gabel & Conner, 2014).

Conclusions

In this paper, I have discussed the intersections of war and disability in the lives of disabled Tamil women from a Critical Disability Studies perspective. This paper has

---

[48] See e.g., Department of Disability Studies, Faculty of Medicine, University of Kelaniya
http://www.kln.ac.lk/medicine/depts/dds/department-of-disability-studies.html

[49] See, e.g., Campbell, F. K. (2009). Contours of Ableism: The Production of Disability and Abledness. Basingstoke: Palgrave Macmillan.

provided an introduction to understanding disability from a cultural, social, and political standpoint of Sri Lanka by discussing some of the beliefs and attitudes that shape the way disabled Tamil women are perceived within their community. Within the cultural context of Sri Lanka, the dominant picture remains one of discrimination and unequal treatment, often rationalized on the grounds of traditional beliefs and misconceptions about disability and disabled people.

Through the investigation of this paper, it was evident that the Sri Lankan war resulted in both physical and psychological disablement among Tamil women in Sri Lanka. These women who are often isolated, unnoticed and forgotten remains the most marginalized persons in comparison to their non-disabled counterparts. The extreme experiences undergone by Tamil women, such as trauma, multiple displacements, war injuries, loss of livelihood, psychosocial and mental health consequences resulted in widespread human suffering and bewilderment among the Tamil population.

Currently, it has been seven years since the war ended in 2009, but the situation of disabled Tamil women continues to deteriorate and presents hindrances in accessing social and health services. In view of these heightened concerns, the Sri Lankan government needs to consider these issues and work towards a common goal that will eliminate the reoccurring of disabilities and implement new methods to help those by working together with national level policy makers, non-governmental organizations, and planners. The intervention for recovery, redevelopment and capacity building should focus on a holistic and inclusive approach to disability (Somasundaram, 2010). Moreover, the Sri Lankan government should focus on building a pool of disability researchers who can focus on topics beyond the scope of mental health, visual

impairment and health care provision (Peiris-John et al., 2014). Presently, there is a gap in literature to evaluate the delivery of disability programs and services in the North and East regions of Sri Lanka (Peiris-John et al., 2014). Hence, it is crucial that Sri Lanka develops a vibrant disability infrastructure and agenda, where it can effectively measure the functioning of existing disability programs and services (Soldatic & Meekosha, 2014).

Furthermore, it is essential for the government of Sri Lanka to work with the United Nations Human Rights Council to investigate the war crimes/human rights abuses and bring forward support for peace in Sri Lanka and justice for the Tamil minority. The international communities should intervene in addressing these human rights violations and help towards building a nation that results in sustainable long-term peace and a reconciliation process for Tamil minorities. Tamil people in Sri Lanka have been relentlessly fighting for self-determination for the past 26 years yet, through the review of available literature, it is evident that much work lies ahead in order to achieve sustainable results and peace building mechanisms in Sri Lanka. To achieve these aims, the work begins with the involvement of the Sri Lankan government and its concrete steps towards confidence building within Tamil victims of war crimes. It is important for Sri Lanka to ensure victims of war crimes remain the center of the decision-making process that involves any type of interventions on the grounds of justice and accountability. Unfortunately, for far too long, Tamil people have been left without any answers to political grievances inflicted upon them and have experienced severe heartache since the civil war. Nonetheless, it is fundamental for the government of Sri Lanka to launch and sustain significant peace building interventions to help restart these individuals' lives,

which have been psychologically, emotionally and financially destroyed. Consequently, the government of Sri Lanka should provide compensation for the losses and create economic opportunities for individuals and communities affected by the war. Tamil women with disabilities in this case should also be assisted with programs and physical rehabilitation services that consider the specific needs of this population. These individuals are not represented monumentally and tend to be forgotten in peace-building reconciliation processes. Hence, it is vital that the government of Sri Lanka meets the appropriate needs of this population (IRIN, 2015).

Moreover, in Sri Lanka, the mobilization of disabled women's networks has been actively pushing for a state that recognizes and puts the needs of disabled individuals in the forefront. However, as this paper attempted to show, there are still many unaddressed concerns within the arena of disability that requires immediate local and international attention. The disabled women's organizations in Sri Lanka have been working towards mainstreaming disability services and expanding local programs to offer equal opportunities for all women with disabilities. However, this attempt has made slow progress since the government of Sri Lanka has been relatively slow in building policy development and legal reforms regarding disability issues (Soldatic & Meekosha, 2014). Hence, it is important for the government to consider the proposals made by disability organizations and provides appropriate assistance/funding, specifically in areas of vocational training, self-employment, counseling advocacy and leadership training for disabled individuals (Campbell, 2009). Following these steps, an environment that fosters economic growth and independent living support for disabled individuals will be formed. However, to achieve these tasks, it is significant for disabled individuals to be considered

and be trained in all levels of governance and "obtain the requisite levels of leadership skills and knowledge to build capacity" (Campbell 2009, p. 112).

Ultimately, the Sri Lankan society needs to address the disabled as well as the non-disabled persons needs and adopt a strategy based on the social model of disability, to recognize barriers faced by disabled Tamil women at the societal and systemic levels. Given an accessible environment, income-generating programs, heightening disability awareness and acceptance from local communities, Tamil women with disabilities have the chance to participate in sustainable livelihood programs, whereby they can create valuable contributions to their communities. Lastly, ensuring these will be a step towards creating an inclusive society that is accepting, barrier-free and one that includes disabled individuals in all aspects of society.

References

Ashraf, H. (2005). Tsunami wreaks mental health havoc. Bull World Health

Organization. 83(6): 405–406.

AKASA-Association of Women with Disabilities. (n.d.). Retrieved from

http://www.akasa.lk/

Arunailake, N., Jayasuriya, S., & Kelegamma, S. (2001). The economic cost of the war in

Sri Lanka. World Development, 29(9), 1483–1500.

Asian Development Bank. (2014). *Peace and Prosperity in Sri Lanka.* Department of

Governance and Public Sector Management. Retrieved from

http://www.adb.org/countries/sri-lanka/main

Badurdeen, FA. (2010). *Ending internal displacement: The long-term IDPs in Sri Lanka*.

RSC Working Papers, no 66, University of Oxford.

Barnes, Colin, Mercer, Geof and Shakespeare, Tom. (1999). "Introduction: Analysing

Disability" in *Exploring Disability: A Sociological Introduction,* pp. 1-42. Polity

Press.

Baksh-Soodeen, R., & Harcourt, W. (2015). *The Oxford handbook of transnational*

feminist movements. Oxford University.

Blaikie, P., & Lund, R. (2009). *The tsunami of 2004 in Sri Lanka: Impacts and Policy in*

the shadow of civil war. London: Routledge.

Brown, M.E. (2003). *Fighting words: Language policy and ethnic*

relations in Asia. Cambridge, MA: MIT Press.

Boyce, W. (2000). Adaptation of community based rehabilitation in areas of armed

conflict. *Asia Pacific Disability Rehabilitation Journal, 11(1).*

Campbell, F.K. (2009). *Disability, Legal Mobilisation and the Challenges of Capacity*

Building in Sri Lanka, in Marshall, C, E. Kendall & R Gover (Eds). Disability:

Insights from Across Fields and Around the World, Volume III, Praeger Press, pp.

111-128.

Central Intelligence Agency. (2008). CIA world fact book. Retrieved on March 10, 2016,

from www.cia.gov/library/publications/the-world-factbook/geos/ce/html.

Chessex, S. (2009, July). *Micro-Economic Initiatives-Handbook*. Retrieved April, 2016,

from https://www.icrc.org/eng/assets/files/other/icrc_002_0968.pdf.

Coperehewa, S. (2011): "Colonialism and Problems of Language Policy:

Formulation of a Colonial Language Policy in Sri Lanka," Sri Lanka Journal of

Advanced Social Studies, 1(1), 27–52.

Davis, Ken (1990). A Social Barriers Model of Disability: Theory into Practice. The

Emergence of the "Seven Needs" Paper prepared for the Derbyshire Coalition of

Disabled People. Retrieved March 25, 2016 from

http://disabilitystudies.leeds.ac.uk/files/library/DavisK-DavisK-davis-social-
barriers.pdf

de Mel, D., & Pathmalal, S. L. (2009). Political and Economic Policy Priorities in

Supporting Post-Conflict Peace and Development in Sri Lanka. *Philip Oxhorn

Part 1: Case Studies*, 163.

Derges, J. (2013). *Ritual and recovery in post-conflict Sri Lanka.* New York: Routledge.

Department of Census and Statistics Sri Lanka (2012). Census of Population and

Housing. Retrieved from http://www.statistics.gov.lk/

Department of Census and Statistics Sri Lanka (2003). *Information on Disabled Persons

Census of Population and Housing 2001.* Colombo: Department of Census and

Statistics.

Fernando, G. & Wilkins, A. (2015) Barriers to recovery in communities exposed to

    disasters: Sri Lankan voices speak, International Review of Psychiatry,

    27:3, 218-232.

Finkelstein, V (1980). Attitudes and Disabled People, London, 1980, p. 33.

Gabel, S. L., & Connor, D. J. (2014). *Disability and Teaching*. Abingdon, Oxon:

    Routledge. New York.

Ghosh, P.A. (1999). *Ethnic conflict in Sri Lanka and role of Indian Peace Keeping Force*

    (IPKF), New Delhi: A.P.H. PUB.

Green, J. (2001). Canaries in the Mines of Citizenship: Indian Women in Canada. *CJP*

    Canadian Journal of Political Science/Revue Canadienne De Science Politique,

    34(04).

Global IDP Project (2005, March 7). Profile of Internal Displacement: Sri Lanka.

    Retrieved March 26, 2016, from http://www.refworld.org/pdfid/407e6e9c2.pdf

Gunawardena, C.A. (2005). *Encyclopedia of Sri Lanka.* New Delhi: New Dawn Press.

Hahn, H. (1986), "Public Support for Rehabilitation in Programs: The Analysis of US

    Disability Policy", Disability, Handicap & Society, 1(2): 121-138.

Hemingway, L., & Priestley, M. (2014). Natural hazards, human vulnerability and

    disabling societies: a disaster for disabled people?. *Review of Disability Studies:*

    An International Journal, *2*(3).

Hettiarachchi, M. (2015). Sri Lanka's Rehabilitation Programme: The Humanitarian

    Mission Two. *A New Frontier in Counter-terrorism Terrorist Rehabilitation,* 103-

    131.

Higashida, M. (2016). Integration of Religion and Spirituality With Social Work Practice

in Disability Issues: Participant Observation in a Rural Area of Sri Lanka. *SAGE Open, 6*(1).

Higashida, M. (2014). Local Resources of Disabled People in Sri Lanka: Action Research on Community-Based Rehabilitation Programme. *Sociology and Anthropology, 2*(4), 159-167.

Hoole, D. (2007). *Suppression of Tamil Women's Narratives in Sri Lanka*. Women's Narratives, War, and Peace Building . *Critical Half , 5* (2), 26-33.

Holm, J.A. (1988). *Pidgins and Creoles. Volume 2, Reference Survey.* Cambridge University Press.

Human Rights Watch. (2009). Sri Lanka: Repeated Shelling of Hospitals Evidence of War Crimes. Retrieved April 10, 2016, from

https://www.hrw.org/news/2009/05/08/sri-lanka-repeated-shelling-hospitals-evidence-war-crimes

Husain, F., Anderson, M., Cardozo, B. L., Becknell, K., Blanton, C., Araki, D., & Vithana, E. K. (2011). Prevalence of War-Related Mental Health Conditions and Association With Displacement Status in Postwar Jaffna District, Sri Lanka. *Jama, 306*(5).

Hyndman, J., & Amarasingam, A. (2014). Touring "Terroism": Landscapes of Memory in Post-War Sri Lanka. *Geography Compass, 8*(8), 560-575.

ICRC. (2002). Canadian Red Cross: Annual Review. Retrieved April 23, 2016, from

http://www.redcross.ca/cmslib/general/2001to02annualreview.pdf

Illankoon, D. (2014, September 28). Sri Lanka still unfriendly towards the handicapped The Sundaytimes Sri Lanka. Retrieved March 24, 2016, from

http://www.sundaytimes.lk/140928/plus/sri-lanka-still-unfriendly-towards-the-

handicapped-119666.html

Ilyas, A. H. (2014). Estate Tamils of Sri Lanka – A socio economic review. *Int. J. Social.*

Anthropol. International Journal of Sociology Anthropology, 6(6), 184-191.

IMDC Internal Displacement in Sri Lanka. (2015, July 1). Retrieved March 25, 2016,

from http://www.internal-displacement.org/south-and-south-east-asia/sri-lanka/

IRIN. (2015). Sri Lankans disabled by war, forgotten in peace. Retrieved May 24, 2016,

from http://www.irinnews.org/report/102001/sri-lankans-disabled-war-forgotten-

peace

International Classification of Functioning, Disability and Health: ICF. (2001). Geneva:

World Health Organization.

Jankowski, K. A. (1997). Deaf Empowerment: Emergence, Struggle and Rhetoric. D.C.,

Washington, USA: Gallaudet University.

Janardhana, N., Muralidhar, D., Naidu, D., & Raghevendra, G. (2015). Discrimination

against differently abled children among rural communities in India: Need for

actions. *Journal of Natural Science, Biology and Medicine J Nat Sc Biol Med,*

6(1), 7.

Jayaweera, S., & Gunawardena, C. (2007). Social Inclusion: Gender and

Equity in Education Swaps in South Asia Sri Lanka Case

Study. Retrieved March 12, 2016, from

http://www.ungei.org/resources/files/Srilanka_Case_Study.pdf

Jegathesan, M. (2013). Bargaining in a Labor Regime: Plantation Life and the Politics of

Development in Sri Lanka (Doctoral dissertation, Columbia University).

Jenkins, R., Mendis, J., Cooray, S., & Cooray, M. (2012). Integration of mental health into primary care in Sri Lanka. *Mental Health in Family Medicine*, *9*(1), 15–24.

Justino, P (2014). Barriers to Education in Conflict-affected countries and policy opportunities. Paper commissioned for Fixing the Broken Promise of Education for All: Findings from the Global Initiative on Out-of-School Children (UIS/UNICEF, 2015), Montreal: UNESCO Institute for Statistics (UIS).

Jong, K. D., Mulhern, M., Ford, N., Simpson, I., Swan, A., & Van Der Kam, S. (2002). Psychological Trauma of the Civil War in Sri Lanka. Retrieved April 02, 2016, from http://www.doctorswithoutborders.org/news-stories/op-ed/psychological-trauma-civil-war-sri-lanka

Kanapathipillai,V. (2009). *Citizenship and statelessness in Sri Lanka: The case of the Tamil estate workers.* London: Anthem Press.

Kett, M., Stubbs, S., and Yeo, R. (2005). Disability in Conflict and Emergency Situations: Focus on Tsunami-affected Areas. IDDC, East Anglia.

Kelegama, S. (2011). Socio-Economic Challenges of Post-Conflict Reconstruction of Sri Lanka. Retrieved March 10, 2016, from http://www.ips.lk/staff/ed/news/2011/27_09_2011_post_conflict/post_conflict.pdf

Klodawsky, H. (Director), & Lapointe, P. (Producer). (2005). *No More Tears Sister* [Film]. Canada: A National Film Board of Canada Production.

Kulasegaram, G. (2014). *The Forgotten Victims of the Unfinished War in Sri Lanka: Tragic Plight of the Tamil Widows& Victims of Sexual Violence In Sri Lanka and Abroad* (pp. 1-14). Retrieved April 3, 2016, from http://www.widowsforpeace.org/wp-content/uploads/2014/07/The-Forgotten-victims-of-the-Unfinished-War-in-Sri-lanka-1.pdf

Ramanayake, W. (2009, October 15). Supreme Court orders disabled-friendly buildings.

Retrieved March 22, 2016, from

http://archives.dailynews.lk/2009/10/15/news24.asp

Rioux M. & Carbert A. (2003) Human rights and disability: the international context.

GLADNET Collection 316, 1–14. Available at: http://digitalcommons.ilr.cornell.

edu/cgi/viewcontent.cgi?article=1318&context=gladnetcollect&seiredir=1#search

=%22Rioux+and+ Carbert,+2003%22>.

Rupesinghe, K. (2006, September 1). Linguistic discrimination against the Tamils.

Retrieved March 23, 2016, from http://listserv.linguistic.org/pipermail/lgpolicy-

list/2006-September/003563.html

Lang, R (2001): "Understanding Disability from a South Indian Perspective", 14th

Annual Conference of the Society of Disability Studies, Winnipeg, Canada.

Lang, R. (2007). *The Developing and Critique of the Social Model of Disability.* Working

Paper 3, London: Leonard Cheshire Disability and Inclusive Development Centre,

University College London

http://www.ucl.ac.uk/lcccr/centrepublications/workingpapers/WP03_Developmen

t_Critique.pdf

Livelihood assistance to war affected women. (n.d.). Retrieved April 24, 2016, from

http://cwdjaffna.blogspot.ca/

Marshall, C.A., Kendall, E., Banks, M.E., & Gover, R. M. (2009). *Disabilities: Insights

from across Fields and around the World.* Westport, CT: Praeger.

McGilvray, D.B., & Gamburd, M. R. (2010). *Tsunami recovery in Sri Lanka: Ethnic and

regional dimensions.* Milton Park, Abingdon, Oxon: Routledge.

Mendis, P. (2004). Training and employment of people with disabilities: Sri Lanka 2003.

Ability Asia Country Study Series. Bangkok: International Labour Organization.

Mendis, P. (2016, April 15). UN Disability Convention: What Next? Retrieved April 20,

2016, from http://www.island.lk/index.php?page_cat=article-details

Ministry of Social Welfare. (2003). *National Policy on Disability for Sri Lanka.*

UNICEF, Battaramulla, Sri Lanka.

Murthy, R. S., & Lakshminarayana, R. (2006). Mental health consequences of

war: a brief review of research findings. *World Psychiatry*, *5*(1), 25–30.

Nagai, M., Abraham, S., Okamoto, M., Kita, E., & Aoyama, A. (2007). Reconstruction of

health service systems in the post-conflict Northern Province in Sri Lanka. *Health*

Policy, 83(1), 84-93.

Nalapat, M.D. (2011, March 11). Defeating Terrorism – Why the Tamil Tigers Lost

Eelam…And How Sri Lanka Won the War. Retrieved March 24, 2016, from

http://www.jinsa.org/publicationsglobal-briefing/defeating-terrorism-why-tamil-

tigers-lost-eelamand-how-sri-lanka-won-wa

Nancoo, L. (1993). Marriage-able: Cultural perspectives of women with disabilities of

South Asian origin. Canadian Woman Studies / Les Cahiers de la Femme, 13(4),

49-51.

Parliament of Sri Lanka: Protection of the Rights of Persons with Disabilities Act, No 28

of 1996.

Peebles, P. (2006). *The history of Sri Lanka.* Westport, CT: Greenwood Press.

Pegg, S. (2004). *Disability, culture and service engagement among Chinese, Somali and*

Tamil Communities in Toronto. Roeher Institute.

Perera, A. (2014, July 1). Sri Lanka's war disabled left to fend for themselves – ucanews.com. Retrieved April 16, 2016, from http://www.ucanews.com/news/sri-lankas-war-disabled-left-to-fend-for-themselves/71292

Peiris-John, R.J., Attanayake, S., Daskon, L., Wickremasinghe, A. R., & Ameratunga, S. (2013). Disability Studies in Sri Lanka: Priorities for action. *Disability and Rehabilitation, 36(20),* 1742-1748.

Tambiah, S.J. (1996). *Leveling crowds: Ethnonationalist Conflicts and Collective Violence in South Asia.* Berkeley: University of California Press.

The Asia Foundation. (n.d.). Retrieved April 24, 2016, from http://asiafoundation.org/about/

Thomas, P. (2005). *Mainstreaming Disability in Development: India country report.* Policy Project of the Disability Knowledge and Research, Department of International Development, United Kingdom.

Thurnheer, K. (2014). *Life beyond survival social forms of coping after the tsunami in war-affected Batticaloa, Eastern Sri Lanka*. Bern: S.n.

Samararatne, D., & Soldatic, K. (2014). *Rural disabled women's social inclusion in post-armed conflict Sri Lanka.* UNSW Australia and Social Scientists. South Wales: University of New South Wales.

Shakespeare, T. (2006). The social model of disability. In L. Davis (Ed.), *The disability studies reader* (pp. 197-204). New York: Routledge.

Silva, K., Sivapragasam, P., & Thanges, P. (2009). *Caste Discrimination and Social Justice in Sri Lanka: An Overview* (Working Paper Series Volume III). Indian

Institute of Dalit Studies.

Siriwardhana, C., & Wickramage, K. (2014). Conflict, forced displacement and health in

Sri Lanka: A review of the research landscape. *Conflict and Health Confl Health,*

8(1), 22.

SLFRD. (2009). Sri Lanka Foundation for the Rehabilitation of the Disabled. Retrieved

March 23, 2016, from http://slfrd.org/

Smith, O. (2014, December 18). Celebrating World Universal Health Coverage Day in

Sri Lanka. Retrieved March 12, 2016, from

http://blogs.worldbank.org/endpovertyinsouthasia/celebrating-

world-universal-health-coverage-day-sri-lanka

Somasundaram, D. (2010). Collective Trauma in the Vanni- a qualitative inquiry into the

mental health of the internally displaced due to the civil war in Sri Lanka.

International Journal of Mental Health Systems, 4(1), 22.

Somasundaram, D., & Sivayokan, S. (2013). Rebuilding community resilience in a

post-war context: developing insight and recemmendations - a qualitative

study in Northern Sri Lanka .*International Journal of Mental Health Systems,*

7 (3), 1-24.

Somasundaram, D. (2014). Addressing collective trauma. *Intervention, 12*, 43-60.

Soldatic, K., & Meekosha, H. (2014). *The Global Politics of Impairment and*

Disability: Processes and Embodiments. New York: Routledge.

Sri Lanka – Census of Population and Housing. (2001). Retrieved March 25, 2016, from

http://nada.statistics.gov.lk/index.php/catalog/955/related_materials

Sri Lanka: Helping those who need it most [Interview by A. Dalziel]. (2014, February

26). Retrieved April 22, 2016, from

https://www.icrc.org/eng/resources/documents/interview/2014/02-26-sri-lanka-assistance.htm

Veen, M. V., & Somasundaram, D. (2006). Responding to the psychosocial impact of the

Tsunami in a war zone: Experiences from northern Sri Lanka. *Intervention*

Journal, 1-6.

U.N. General Assembly, 3rd session. *World Programme of Action: Report of the*

Secretary General. 3 December 1982.

U.N. (2012, April). UN Partnership to Promote the Rights of Persons with Disabilities.

Retrieved from http://dfat.gov.au/about-us/publications/Documents/disability-undp-strat-operating-framework.pdf

U.N. (2014). *Sri Lankan Millennium Development Goals Country Report.*

United Nations, Institute of Policy Studies of Sri Lanka. United Nations, Sri

Lanka.

U.N. (2016). Disability at a Glance 2015: Strengthening Employment Prospects for

Persons with Disabilities in Asia and the Pacific. Retrieved March 25, 2016, from

http://www.unescap.org/sites/default/files/SDD%20Disability%20Glance%20201 5_Final.pdf

UNCT. (2016). Request from the UN Special Rapporteur on the rights of person with

disabilities. Retrieved from

http://www.ohchr.org/Documents/Issues/Disability/DecisionMaking/UN/UNCT Sri Lanka (ENG).docx.

UNCRPD. (2010). *Disability - Guidance Note for UN Country Teams* (pp. 1-108, Rep.).

United Nations Development Group. Retrieved May 1, 2016, from

http://www.ilo.org/public/english/bureau/program/dwcp/download/disabilityguida ncenote.pdf

UNDP (2012). United Nations in Sri Lanka | Sri Lanka Human Development Report 2012. Retrieved March 24, 2016, from http://un.lk/publications/sri-lanka-human-development-report-2012/

UNHCR. (2004). Feature: Sri Lanka makes citizens out of stateless tea pickers. Retrieved from March 16, 2016, from http://www.unhcr.org/416564cd4.html

UNHCR. (2015). Sri Lanka-UNHCR Sub regional Operations Profile –South Asia. Retrieved March 26, 2016 from http://www.unhcr.org/pages/49e4878e6.html

UNTC. (2006, December 13). Convention on the Rights of Persons with Disabilities. Retrieved April 09, 2016, from

https://treaties.un.org/Pages/ViewDetails.aspx?src=IND

Wadley, S. S. (2013). *South Asia in the world: An introduction.* New York: Library of Congress.

Wendell, S. (1996). *The Social Construction of Disability.* The Rejected Body.

New York: Routledge.

Weweldeniya, A. (2012). Holistic Approach to Develop a Barrier Free Environment for People with Disabilities (PWDs) in Sri Lanka. Retrieved March 23, 2016, from http://www.transed2012.in/Common/Uploads/Theme_H_Session_2/326-paper-transedAbstract00058.pdf

http://www.dinf.ne.jp/doc/english/asia/resource/apdrj/z13jo0500/z13jo0506.html

WHO. (2001). The world health report 2001 - Mental Health: New Understanding, New

Hope. Retrieved April 03, 2016, from http://www.who.int/whr/2001/en/

WHO. (2012). Situation analysis of Community-based Rehabilitation in the South-East

Asia Region. Retrieved March 5, 2016, from

http://www.searo.who.int/entity/disabilities_injury_rehabilitation/documents/situa

tionanalysisofcbrinsear.pdf

WHO. (2014, May). Sri Lanka Country Cooperation Strategy at a glance. Retrieved

March 23, 2016, from

http://www.who.int/countryfocus/cooperation_strategy/ccsbrief_lka_en.pdf

WHO. (2013). Community-based rehabilitation (CBR). Retrieved March 15, 2016, from

http://www.who.int/disabilities/cbr/en/

WHO. (2006). Information, capacity building and research. (n.d.). Retrieved April 24,

2016, from

http://www.who.int/globalchange/capacity/en/

WHO. (2006, April). *Sri Lanka: Strengthening Social Protection Part I*

(Rep.). Retrieved April 23, 2016, from WHO website:

http://siteresources.worldbank.org/INTSOUTHASIA/Resources/Strengthening_S

ocial_Protection.pdf

World Bank. (2014, January 30). Sustaining Development Success in Sri Lanka.

Retrieved February 2, 2016, from

http://www.worldbank.org/en/news/opinion/2014/01/30/sustaining-development

success-Sri-Lanka

Yeo, R. (2005). Disability, poverty and the new development agenda. Disability

Knowledge and Research

http://hpod.pmhclients.com/pdf/Developmentagenda.pdf