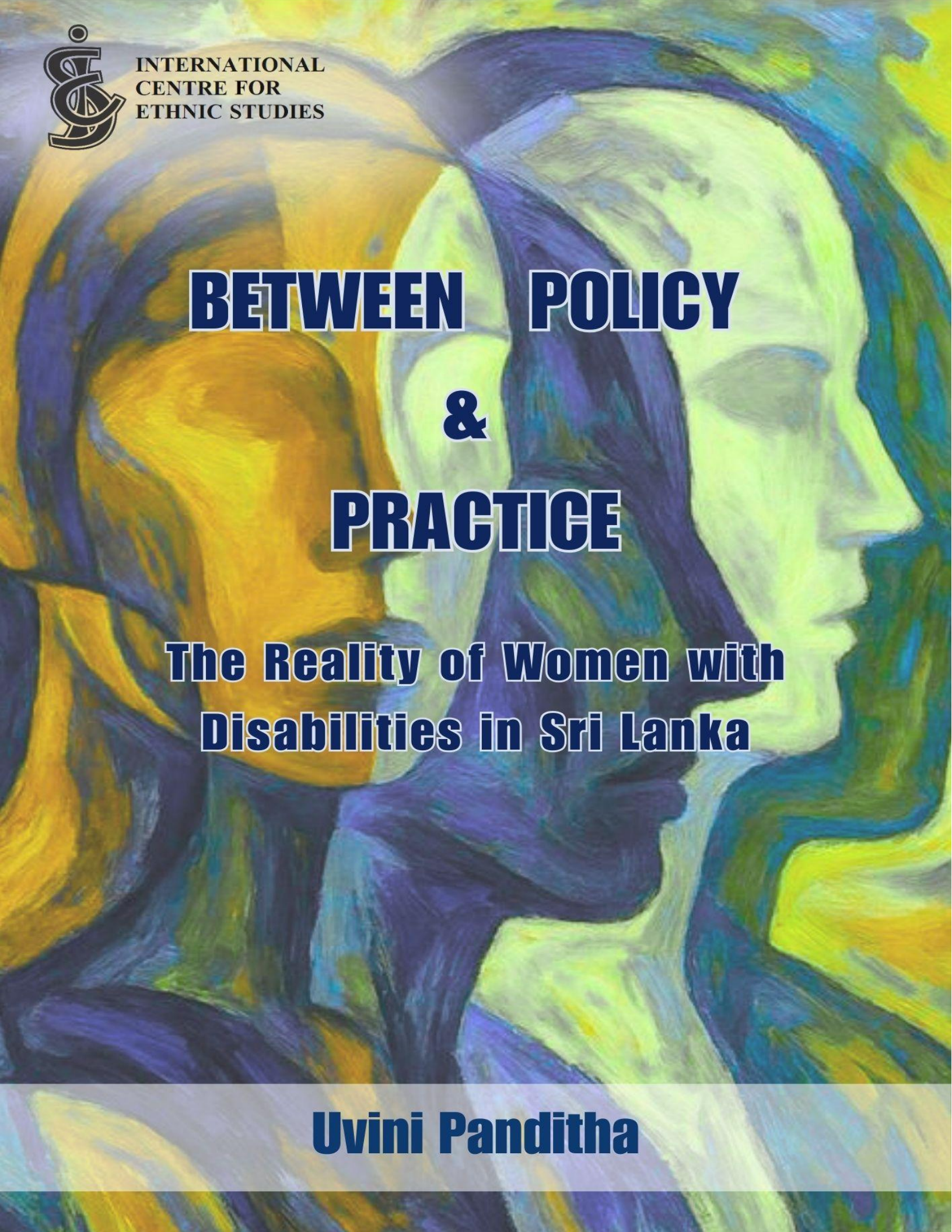
INTERNATIONAL
CENTRE FOR
ETHNIC STUDIES
BETWEEN POLICY
&
PRACTICE
The Reality of Women with
Disabilities in Sri Lanka
Uvini Panditha

Between Policy & Practice

The Reality of Women with Disabilities in Sri Lanka

Uvini Panditha

International Centre for Ethnic Studies

2025

Between Policy & Practice: The Reality of Women with Disabilities in Sri Lanka

2, Kynsey Terrace, Colombo 8, Sri Lanka

E-mail : admin@ices.lk

URL : www.ices.lk

ISBN : 978-624-5502-43-1

This publication is based on research funded by Diakonia. Copyright to this publication belongs to the International Centre for Ethnic Studies (ICES). Any part of this book may be reproduced with due acknowledgement to the author and publisher. The interpretations and conclusions expressed in the study are those of the author and do not necessarily reflect the views and policies of ICES or the donor.

INTERNATIONAL CENTRE FOR ETHNIC STUDIES

People Change the World Diakonia

Cover photograph: Artist unknown, adapted using Canva.com

Between Policy & Practice

The Reality of Women with Disabilities in Sri Lanka

Uvini Panditha*

* Uvini Panditha is a Researcher at the International Centre for Ethnic Studies, Colombo.

Acknowledgements

I would like to thank Dr. Mario Gomez, Executive Director of the International Centre for Ethnic Studies, Colombo, for encouraging me to undertake this research and for his continued guidance and support throughout the process.

I am also grateful to Tirani Wijewickrama and Yohani Dodangoda for their assistance in conducting the focus group discussions and for their unwavering support.

My heartfelt thanks to the late Ms. Chandani Herath from the Sunila Women & Children Development Foundation (Polonnaruwa), Ms. Nisha Shareef from We for Rights (Kandy), Ms. Anuratha Rajaretnam from the Suriya Women's Development Centre (Batticaloa) and Ms. T. Jeyakaladevi from ORHAN (Vavuniya) for the invaluable support they provided in organising the focus group discussions.

Finally, I am deeply thankful to all the women who participated in this research for trusting me with their stories and for speaking so openly about their lives. This report would not have been possible without them. I hope it reflects their realities and helps move us closer to a world that is more accessible, inclusive, and just.

Table of Contents

Introduction

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) is a key international treaty that affirms the rights of women and girls and places a binding obligation on State Parties to eliminate all forms of discrimination against them. Sri Lanka ratified CEDAW in 1981, thereby committing to uphold its principles, including the obligation to submit periodic reports to the CEDAW Committee on the measures taken to realise women's rights.

The International Centre for Ethnic Studies (ICES) has a long-standing engagement with the CEDAW Committee. In 2017, ICES submitted a shadow report focusing on the situation of women with disabilities (WWDs) in Sri Lanka. Building on this work, ICES once again submitted a shadow report in 2025 to inform the Committee's review of Sri Lanka's most recent state report. Shadow reports, prepared by civil society organisations, offer an alternative and independent perspective and are critical in bringing to light the lived realities of women and girls whose experiences may be overlooked in official government reports.

In February 2025, the CEDAW Committee reviewed Sri Lanka's progress and issued its Concluding Observations. Several of the Committee's recommendations to the Government of Sri Lanka (GoSL) were directly informed by the findings and recommendations put forward in the ICES shadow report. This marked an important recognition of the urgent need to address the intersectional discrimination experienced by WWDs in Sri Lanka.

However, the inclusion of these recommendations in the Committee's report is only the first step. Implementation by the Government is not automatic. It requires sustained monitoring, public pressure, and continuous advocacy by civil society, disabled persons' organisations (DPOs), women's rights activists, and other stakeholders. This expanded report seeks to support these efforts by making the content of the original shadow report more widely accessible to the public, especially to those working at the grassroots level.

This report is therefore an expanded version of the shadow report submitted to the CEDAW Committee in early 2025. Due to the word limit imposed on shadow reports, the original submission could not capture the full breadth and depth of the testimonies collected during the research process. This version includes additional analysis, quotes, and case studies drawn from focus group discussions (FGDs) held with approximately 50 WWDs and their family members across five districts: Colombo, Kandy, Polonnaruwa, Batticaloa, and Vavuniya. Batticaloa in the East and Vavuniya in the North are areas still grappling with the long-term consequences of the civil war (1983–2009), which continue to shape the lives of women with disabilities in these regions.

The FGDs were conducted between October and November 2024: Colombo (10 October), Polonnaruwa (24 October), Kandy (29 October), Batticaloa (6 November), and Vavuniya (7 November). These discussions were organised in partnership with local community-based organisations, including Sunila Women and Children Development Foundation (Polonnaruwa), We For Rights (Kandy), Suriya Women's Development Centre (Batticaloa), and the Organisation for Rehabilitation of the Handicapped (ORHAN) (Vavuniya). Participants included women with a range of physical, sensory, and intellectual disabilities, as well as mothers and caregivers of girls with disabilities. Verbal consent was obtained from all participants, and care was taken to protect their confidentiality.

The report thus aims to amplify the voices of WWDs and to advocate for the protection, promotion, and realisation of their rights in line with Sri Lanka's obligations under both CEDAW and the Convention on the Rights of Persons with Disabilities (CRPD), which Sri Lanka ratified in 2016. It also provides a roadmap for public engagement: by making these issues visible and accessible, the report invites civil society, media, and the general public to hold the Government accountable for implementing the CEDAW Committee's recommendations.

Background

According to the 2012 Population and Housing census, approximately 8.7% of Sri Lanka's then 20 million population were persons with disabilities, with 57% of them being women.[1] These disabilities include impairments in vision, hearing, mobility, cognition, self-care, and communication. A national survey on Blindness, Visual Impairments, Ocular Morbidity and Disability further notes that disability prevalence is '*significantly higher in females than males*', especially in rural districts and within the lower socio-economic strata.[2] Media sources from 2014 have also cited projections from the Ministry of Health indicating that the disability rate may rise to 24.4% by 2040.[3] There is thus an urgent need for the state to ensure the implementation of the rights of WWDs.

Despite Sri Lanka's ratification of the UN Convention on the Rights of Persons with Disabilities (CRPD) in 2016 and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1981, national progress in protecting, promoting, and realising the rights of women with disabilities has been limited. The incorporation of these international obligations into domestic law remains inadequate. State reports to the CEDAW Committee often lack sufficient information on disabled women, reflecting a broader gap in addressing their specific needs. Although the national census provides sex-disaggregated data on disability prevalence, such data is largely absent when it comes to critical areas such as education, employment, political participation, and access to healthcare and social protection. This lack of disaggregated data makes it difficult to assess the intersectional barriers faced by WWDs and to design targeted policy responses.

---

[1][1] Source: http://www.statistics.gov.lk/Population/StaticalInformation/CPH2011/CensusPopulationHousing2012-FinalReport (Last Accessed Date: 20/08/2025)

[2] Source: https://www.iapb.org/wp-content/uploads/2015/05/National-Survey-of-Blindness-A-Report-2014-2015.pdf (Last Accessed Date: 20/08/2025)

[3] Source: https://pulse.lk/everythingelse/disability-in-sri-lanka/ (Last Accessed Date: 10/08/2025), Source: https://pmc.ncbi.nlm.nih.gov/articles/PMC9062655/#fn0007 (Last Accessed Date: 30/08/2025)

One of the key obstacles to realising these disability rights in Sri Lanka is the continued dominance of a charity and welfare-based approach by both the executive and legislative branches. This framework fails to uphold the human rights model of disability embedded in the CRPD, thereby weakening the accountability of state institutions. Although the government has repeatedly promised comprehensive disability legislation, such reforms have yet to materialise.[4]

While the CEDAW does not specifically address the rights of WWD, Article 3 prohibits discrimination based on gender and disability. General Recommendation 18 of the UN Committee on the Elimination of Discrimination against Women urges CEDAW parties, including Sri Lanka, to include information on disabled women in their periodic reports. This includes measures taken to ensure their equal access to education, healthcare, employment, social security, and public life. However, Sri Lanka has not adequately fulfilled these obligations in recent state reports. This report, therefore, aims to situate the lived experiences of WWDs within this broader legal and policy vacuum and to draw attention to the urgent need for systemic reform that centres the voices of women and girls with disabilities.

[4] The current legislation, the Protection of the Rights of Persons with Disabilities Act (1996) is considered outdated.

Challenges Faced by WWDs

Inadequate State Support for WWDs

Despite the significant number of persons with disabilities in Sri Lanka, access to state assistance remains limited, inconsistent, and often exclusionary. The government currently provides a monthly living allowance of LKR 7,500 (approximately 25 USD) [5] to a small portion of individuals with disabilities. While the 2012 census reported approximately 1.7 million Sri Lankans with disabilities,[6] by 2023, only 72,000 individuals were receiving this allowance,[7] exposing a stark gap between the population in need and those who actually receive support. Although the census data is likely outdated, the discrepancy points to deep flaws in how eligibility is assessed and assistance is distributed.

Eligibility criteria further restrict access to those who arguably need support the most. For instance, WWDs are frequently denied aid if they are employed, even when their income is barely enough to survive, let alone cover the additional costs associated with disability. These criteria fail to account for expenses related to mobility aids, assistive devices, ongoing health care and support services. The LKR 6,000 monthly income threshold used to determine eligibility is arbitrary and out of touch with basic cost-of-living standards[8], given that, according to the Central Bank of Sri Lanka, the average

[5] Source: https://www.nspd.gov.lk/index.php/services (Last Accessed Date: 30/08/2025)

[6] Source: http://www.statistics.gov.lk/Population/StaticalInformation/CPH2011/CensusPopulationHousing2012-FinalReport (Last Accessed Date: 20/08/2025)

[7] Source: https://www.sundaytimes.lk/231231/news/underfunded-services-pile-on-indignities-for-disabled-people-in-the-north-and-east-543796.html (Last Accessed Date: 28/07/2025)

[8] At the time of submission to the CEDAW Committee (January 2025), the disability allowance was LKR 7,500 with an eligibility income threshold of LKR 6,000. *(There is some inconsistency regarding when this rate was set: the NSPD website indicates 2019, while officials from the NSPD stated April 2024).* According to officers from the NSPD, the allowance and threshold were further increased in April 2025 to LKR 10,000 and LKR 16,191, respectively. While these adjustments appear to be improvements on paper, the allowance still falls drastically short of the actual cost of living, which averaged over LKR 105,000 per household per month in 2024. Moreover, the restrictive eligibility criteria continue to exclude many WWDs

household in Sri Lanka spent over LKR 105,000 per month on consumption in 2024.[9] The situation is even more acute for WWDs who shoulder intersecting responsibilities, such as caregiving for children or other family members, making it virtually impossible for them to meet both household and disability-related needs.

Moreover, although disability allowances are officially directed to individuals, in practice, this system is routinely exploited. Male heads of households often seize control of these payments, even when the recipient is a woman or when several members of the household are entitled to separate allowances. By exploiting loopholes in the scheme's administration, men frequently consolidate the payments under their authority, denying WWDs direct access to support that is rightfully theirs. This practice not only strips women of their financial independence but also reinforces existing gender hierarchies within the household.

The impact is particularly devastating in situations of separation or divorce, where men continue to receive the allowance while women are left without resources. As one participant from Batticaloa explained:

"This system is wrong. The children are with the disabled mother, how is she supposed to support herself and her disabled children now, when the father continues to receive the aid?".[10]

Similarly, in Polonnaruwa, three WWDs married to men with disabilities reported that only their husbands received the allowance, while they were excluded. While they are under the assumption that only one member of the household could be entitled to the aid,

who face significant disability-related expenses, meaning the structural barriers to adequate support remain largely unaddressed.

[9] Source: https://www.cbsl.gov.lk/sites/default/files/cbslweb_documents/publications/aer/2024/en/Full_Text.pdf (Last Accessed Date: 20/08/2025)

[10] FGD in Batticaloa on 6th November 2024

their narratives indicate another form of systemic exploitation of male relatives, deliberately withholding information and resources to maintain control.

Other accounts reveal that this problem is not confined to spousal relationships but extends to paternal control as well. A participant from Polonnaruwa explained how her father monopolised the allowance, saying:

"The money went directly to my father, and he would only give me a portion of what he received".[11]

Taken together, these accounts reveal how a scheme designed to provide vital support to persons with disabilities has, in practice, entrenched patriarchal power structures. By placing the allowance in the hands of male figures, the system perpetuates women's financial dependency and leaves them especially vulnerable to neglect and abuse.

Even for women who do receive the allowance, the sum is woefully inadequate. Participants shared that they often need to save up months of payments to afford even a single essential item. One woman recounted that she had to collect ten months of payments just to purchase a pair of gel socks to relieve pain caused by her prosthetic limb. This example illustrates not only the gap between state-provided support and the actual cost of living with a disability, but also how delayed access to necessary items can lead to physical suffering and reduced mobility

This disconnect has created a system in which aid is not only inadequate but also poorly aligned with the lived experiences of WWDs. Rather than empowering them, the current aid structure forces them into cycles of debt, dependency and discomfort. WWDs are left having to constantly justify their needs to a bureaucracy that neither understands nor prioritises their well-being. One woman articulated this frustration, stating,

[11] FGD in Polonnaruwa on 24th October 2024

"We're not saying that we need to get aid our whole lives, but we need to get something that allows us to be independent at one point, and after that, they can stop giving aid".[12]

This statement encapsulates the vision many WWDs share, that state support should be designed not for indefinite dependency, but to serve as a bridge to a stage where women can live with independence, dignity, and improved quality of life.

[12] FGD in Kandy on 29th October 2024

Limited Access to Sexual Reproductive Health Services (SRHS)

WWDs in Sri Lanka face deep-rooted systemic barriers in accessing SRHS, which is rooted in a combination of stigma, inaccessibility, and neglect. These barriers not only limit their right to health but also undermine their autonomy, dignity, and safety. Despite having the same reproductive rights as other women, WWDs are often excluded from vital services and information, particularly when it comes to family planning, pregnancy, and consent. Their specific needs are rarely recognised or addressed in healthcare settings, leaving them vulnerable to abuse, coercion, and poor health outcomes.

A consistent concern raised during FGDs was the lack of accessible and inclusive communication. Women with hearing impairments, for instance, shared their frustrations about the absence of sign language interpreters in clinics and hospitals. This severely restricts their ability to communicate with doctors, understand diagnoses, and make informed decisions. One woman described how pregnant women with hearing impairments are often accompanied by their mothers, who relay medical advice inaccurately or insufficiently, and what the doctor explains for 30 minutes gets reduced to a five-minute summary. The taboo surrounding sexual and reproductive issues only complicates this issue, as family members often avoid or distort such conversations due to discomfort or shame.

Many WWDs, particularly those with multiple children, expressed that they have limited knowledge of contraceptive methods. Rather than being given agency over their reproductive choices, they are frequently bypassed in conversations about family planning. Midwives visiting their homes would often speak only to their mothers, depriving them of essential knowledge. In some cases, women reported being administered contraceptive injections after childbirth without any explanation of their purpose or potential side effects.

Challenges during pregnancy and childbirth were also common, including a lack of support and accessibility in healthcare facilities. Women from Batticaloa described being denied the right to have a support person of their choice present during labour. A woman with a mobility impairment from Vavuniya recounted being forced to walk during labour despite the pain caused by her prosthetic leg and suffering injuries during labour when medical staff mishandled her prosthetic. Reflecting on her experience, she emphasised,

"WWD who are pregnant cannot be treated in the same way as other women; special consideration has to be shown to our disabilities".[13]

Negative attitudes from healthcare professionals further exacerbate these difficulties. During the Kandy FGD, a woman with a visual impairment shared that after giving birth, she was forced by nurses to change her sanitary napkin in front of them as a way to "prove" her ability to care for herself, saying, *"I did it only because I had no choice"*. Reflecting on the incident, she added, *"I'm questioning why people without any sensitivity could become nurses".*[14] Along with vividly illustrating the lack of professionalism of healthcare professionals, these experiences also point to a broader culture of mistrust, where WWDs are viewed as unfit mothers and denied basic respect.

Healthcare infrastructure also remains woefully inadequate. Most hospitals lack ramps, adjustable beds, and spacious washrooms, making them difficult or even dangerous for women with mobility impairments, especially during childbirth. Such physical barriers, coupled with the attitudes of healthcare professionals, depict a system where accessibility is treated as an afterthought.

Participants also reported instances of exploitation and abuse by healthcare professionals. One woman described being sexually abused by a doctor when seeking sexual health advice, stating,

[13] FGD in Vavuniya on 7th November 2024

[14] FGD in Kandy on 29th October 2024

"If we do not have sensation in our legs, a doctor may touch us inappropriately without us even realising it. Even if our mothers are present, they might not perceive anything wrong if the offender is a doctor or an Ayurvedic practitioner".[15]

Others shared experiences of inappropriate touching under the guise of routine medical examinations. These violations, often enabled by power imbalances and the absence of accessible complaint mechanisms, highlight the urgent need for gender and disability sensitive training within the health sector. They also foster a climate of fear and mistrust that discourages WWDs from seeking the very healthcare they rely on, further compounding their marginalisation.

WWDs, particularly those with intellectual or psychosocial disabilities, are also subjected to coercive reproductive practices. Several participants shared that they were pressured to use long-term birth control or undergo permanent procedures such as tubal ligations (LRTs), often without proper informed consent or understanding. In some cases, these decisions were made by family members or healthcare providers who deemed them unfit to have children. One mother described how her daughter, who has an intellectual disability, struggles to grasp concepts such as 'good touch' and 'bad touch' and often displays open affection to strangers. These circumstances make her particularly vulnerable to abuse, yet she receives little education or support in navigating these risks. Societal stigma and discrimination further isolate these women, making it harder to seek help or access essential services. This marginalisation leaves them disproportionately vulnerable to issues such as forced sterilisation, coerced contraception, and sexual violence. The systemic lack of accessible sexual and reproductive health services perpetuates cycles of exclusion and disempowerment for WWD.

[15] FGD in Kandy on 29th October 2024

Absence of a Disability Identification Card

For years, disability organisations and activists have called on the state to issue government-recognised identity cards (IDs) for people with disabilities (PWDs) in Sri Lanka. While disabled military personnel currently receive such IDs through the military, entitling them to free medical care and transport concessions, this system excludes the broader population of PWDs, particularly women.

This absence is especially detrimental for women in the Northern and Eastern provinces, many of whom acquired disabilities during the civil war (1983–2009), including internal injuries from shrapnel or trauma. Without a formal mechanism to verify their disability status, these women are frequently subjected to harassment, disbelief, and invasive treatment, often from state actors. During the FGDs, participants described repeated encounters with law enforcement and public officials where they were forced to prove their disabilities in degrading and humiliating ways. Some were asked to physically demonstrate their impairment in public spaces, while others were ordered to pull up their dresses or even undress to expose war-related injuries. Unlike men, whose disabilities could often be "proven" in ways that, though degrading, did not usually require the exposure of their bodies, women were compelled to submit to violations that not only stripped them of dignity but also carried undertones of sexual harassment. This practice reflects how women's bodies become sites of control and suspicion, deepening their marginalisation.

As one woman from the North recounted:

"People look at me and ask me where my disability is because my disability is not visible. Do I have to remove my clothes and show them my disability?". [16]

This statement reflects the broader experience of WWDs with non-visible or internal disabilities, who are often forced to endure the burden of proof in deeply violating ways.

[16] FGD in Batticaloa on 6th November 2024

For these women, a government-issued disability ID would serve not only as official recognition but also as a safeguard, offering protection from repeated scrutiny, disbelief, and public shame.

The consequences of this systemic neglect go beyond humiliation. For many war-affected women already dealing with the stigma of widowhood, displacement, and economic hardship, the inability to verify their disability exacerbates their isolation and invisibility. It denies them not only access to services but also the right to move through public life with dignity.

However, this need is not uniformly experienced across the country. Women outside the Northern and Eastern provinces expressed more caution about the introduction of a disability ID. These women feared that such an ID could further marginalise them, reinforcing the perception of being 'different' and increasing their vulnerability to discrimination. Others were concerned about the potential misuse of the ID by individuals seeking to fraudulently obtain state benefits. This disparity highlights the unique struggles faced by women with war-related disabilities in Sri Lanka.

Beyond protection from harassment, WWDs also stressed the practical benefits such an ID should offer. In hospitals and clinics, they noted that the card should grant priority access, enabling them to bypass long queues, especially critical for those with conditions such as eye pressure or mobility issues that make standing for long periods physically painful.

In the realm of public transport, women emphasised the need for the ID to guarantee recognition by bus drivers, conductors, and train staff. Although buses and trains have seats reserved for persons with disabilities, these are often occupied by others, and WWDs' requests for assistance are frequently ignored. These women stressed how a disability ID, if linked to mandatory awareness and enforcement protocols, could potentially improve these daily interactions and reduce indignities.

Lack of Accessible Sanitary Services

For WWDs, access to safe, hygienic, and private sanitation is a critical issue of health, safety, and dignity. Yet, sanitary infrastructure in Sri Lanka consistently overlooks the specific needs of WWD, severely restricting their ability to manage personal hygiene independently and safely. Poorly designed public and private toilets exacerbate their exclusion, complicating everyday challenges and reinforcing structural inequalities.

Inadequate facilities are particularly challenging for women with mobility impairments. Most public and institutional toilets lack essential features such as ramps, handrails, grab bars, and spacious interiors that can accommodate wheelchairs or assistive devices. Even when toilets are marked as 'accessible,' they often fail to meet actual needs due to design flaws or poor maintenance. Women with sensory impairments face additional barriers from the absence of tactile indicators, audio cues, or proper signage, leading to confusion, discomfort and a loss of independence in managing basic hygiene.

Participants also noted that public sanitation infrastructure rarely considers the diverse needs of disabled women. For example, squat toilets in government buildings and clinics are not only inaccessible but often dangerous to use without support. Even where facilities exist, their maintenance is inconsistent, and blocked toilets, broken doors, and missing locks render them unusable.

The situation is often worse in rural areas, where household toilets are typically built a short distance away from the main home. For WWDs, particularly those with mobility or sensory impairments, this distance presents both physical and safety challenges. One woman with a hearing impairment explained how using these outdoor household washrooms in areas without streetlights can be particularly unsafe, as they cannot hear approaching dangers like elephants or attackers, nor can they scream for help. As a result, many women said they are forced to go to the toilet accompanied by their husbands or another male relative, a dependency that undermines their privacy and dignity.

Despite the risks, most of these women cannot afford to build accessible washrooms at home. Such facilities are expensive, particularly for households already struggling with poverty and limited access to state support. As a result, they continue to rely on makeshift or shared options, further compromising privacy, dignity, and personal safety.

In workplaces, the lack of accessible facilities creates daily indignities and health risks. A woman with a mobility impairment from Colombo, who works in a government office building, shared how the nine-story complex has only one accessible restroom and that it is almost always kept locked. As a result, she must travel two floors down each time she needs to use it, consuming time and energy while reinforcing feelings of exclusion, as her colleagues face no such obstacles. Similar accounts emerged during the Colombo and Kandy FGDs, where women explained that accessible bathrooms in office buildings and other public spaces are routinely treated as storage rooms, kept locked, and therefore unavailable for use. The fact that these accessible bathrooms exist but remain inaccessible highlights a pattern of symbolic compliance, where accessibility is provided in name but denied in practice, leaving WWDs to navigate barriers that should not exist in the first place. Women further explained that because these facilities are kept locked, they are forced to go around asking for the key each time, effectively having to announce to colleagues or supervisors that they need to use the toilet. As one participant noted, this is a humiliation that non-disabled women never experience, since they can use washrooms freely and privately whenever the need arises. These conditions also force women to alter their behaviour, planning outings around toilet availability, reducing fluid intake, and, in extreme cases, wearing the same sanitary napkin all day. As one participant with a mobility impairment from Kandy explained,

"*I can't use the toilet at work. So, on the days I go to work, I use the washroom at home before I go, and when I have my period, I can't change my pad during the workday".*[17]

Such practices not only compromise dignity but also lead to urinary tract infections, skin rashes, and other serious health problems.

[17] FGD in Kandy on 29th October 2024

The lack of accessible sanitation is also a key contributor to the school dropout rates among girls with disabilities. This was further elaborated by WWDs, who shared stories about girls with disabilities who stopped attending school after reaching puberty because they could not manage menstruation without accessible toilets. These accounts thus painstakingly highlight how physical infrastructure compromises women's health, mobility, and independence, often confining them to their homes. This creates a cycle of exclusion from education and, later, employment, reinforcing their dependency on family members or spouses.

Exclusion from Accessible Vocational Training Programmes

Vocational training is often framed as an alternative path to employment for WWDs, who are often excluded from formal education and workspaces. Yet, during the FGDs, it was consistently highlighted that WWD faced significant barriers in accessing vocational training. Many training programs are outdated, misaligned with job market demands, and focus on traditional skills such as sewing and handicrafts, restricting earning potential and reinforcing stereotypes about women's roles. For instance, women from Colombo reported being trained in working with Palmyra leaves, a skill irrelevant in their region due to the material's unavailability.

In addition to being outdated, vocational training programmes are governed by rigid eligibility criteria that institutionalise exclusion. According to the Department of Social Services regulations, applicants must be between 16 and 35 years of age, unmarried, and certified as "independent" and of a "trainable level" (able to understand instructions, memorise, and function away from parental care). [18] [19] These requirements systematically disqualify large numbers of WWDs, who would benefit most from training. The age restriction was raised repeatedly during the FGDs, especially by women who acquired disabilities in adulthood. A woman from Colombo, who became mobility-impaired later in life, expressed frustration at being barred from training as she was past the 35-year threshold, noting,

"If we are interested in learning, why does the government have to limit us based on our age?".[20]

[18] Source: https://www.socialservices.gov.lk/web/index.php?option=com_content&view=article&id=22&Itemid=131&lang=en (Last Accessed Date: 08/09/2025)

[19] Source: https://www.socialservices.gov.lk/web/images/Application_Vocational_Training/Circular_English.pdf (Last Accessed Date: 08/09/2025)

[20] FGD in Colombo on 10th October 2024

By enforcing arbitrary age caps, the system denies women a chance to adapt to new circumstances and regain financial independence.

The marital status requirement is equally exclusionary, as some residential training programmes categorically reject married women. This rule, combined with the "independence" requirement, which demands that participants manage daily life without assistance and live away from home, creates a paradox where only the most independent, unmarried women are deemed "fit" for training. As several women pointed out, those who most need vocational training are precisely those who are excluded by these conditions.

Beyond these formal restrictions, systemic barriers within training centres continue to reinforce exclusion. Many centres remain physically inaccessible, lacking ramps and accessible washrooms, while programme rules fail to accommodate diverse needs. One mother of a woman with an intellectual disability described how her daughter was unable to participate because she required frequent toilet breaks, something the programme was not equipped or willing to accommodate. In fact, there are almost no vocational training options specifically tailored for women with intellectual disabilities. Centres also routinely screen out participants they consider too "dependent" or in need of support, while also prohibiting relatives from accompanying them, even though many rely on female relatives to help them participate in daily life.

As one participant observed, such practices assume an unrealistic standard of independence:

"*They only want disabled women who don't look disabled*".[21]

Another exclusionary practice is the requirement for educational qualifications that many WWDs never had the chance to obtain. Although not publicly listed on the Department of

[21]FGD in Polonnaruwa on 24th October 2024

Social Services website, women reported that some vocational training programmes demand O-Level or even A-Level qualifications. As one participant asked,

"How can these centres ask for A/Ls without first fixing the school education system?".[22]

Such requirements fail to account for the systemic barriers that have denied girls with disabilities access to quality primary and secondary schooling.

A further shortcoming was the lack of post-training support. While the state invests in vocational training, it often fails to provide follow-up mechanisms such as job placement assistance or links to employers. As a result, WWDs are left with certificates but no employment, rendering the training symbolic at best. For many women, particularly those born with disabilities, limited access to proper education compounds these challenges. With vocational training often being their only opportunity to build a career, the inefficiencies and exclusionary practices within the system frequently leave women without jobs or financial security, reinforcing dependency on family members and deepening their marginalisation.

[22] FGD in Kandy on 29th October 2024

Inadequate Accessible Assistive Devices

For WWD, assistive devices are essential tools for survival, dignity, and independence. Yet the devices provided through state channels in Sri Lanka are often of poor quality and limited functionality. Devices such as wheelchairs, hearing aids, spectacles, prosthetic limbs and white canes are distributed without individual assessments and are rarely tailored to specific needs.

Government-provided assistive devices are typically one-size-fits-all, but women shared how ill-fitting or poor-quality equipment ends up hampering their ability to work, travel, or perform basic tasks independently. Many reported using broken or inadequate equipment due to lengthy replacement processes, with eligibility for replacements restricted for up to 5 to 10 years after receiving the initial device.

A lack of individualised needs assessments further exacerbates these challenges, with devices distributed without consideration for specific requirements. Participants shared instances of receiving unsuitable equipment, such as oversized wheelchairs, rendering them impractical and leaving women unable to achieve the autonomy these tools are meant to provide. Hearing aids were often reported as poorly functioning, while government-issued white canes for visually impaired women were described as fragile and prone to breaking. One woman described being forced to pawn her gold jewellery to purchase a functional hearing aid worth LKR 163,000, with the high cost of batteries adding further financial strain.

Prosthetic devices present another layer of difficulty. Women revealed that while measurements for artificial limbs may be taken at one point in time, the device might only be provided a year later. By then, weight fluctuations, muscular deterioration or new injuries can make the limb uncomfortable or unusable. Regardless of fit or usability, prosthetic replacements are only permitted once every five years, leaving many to suffer in silence.

Electric wheelchairs, too, come with hidden costs. While the initial device might be provided through state or charity channels, the responsibility for replacing worn-out parts or batteries falls entirely on the individual. The absence of a formal mechanism for maintaining or exchanging worn-out equipment leaves women without crucial support and often forces them to rely on family members or limit their mobility altogether. These devices thus become a temporary relief rather than a long-term solution.

High taxes on essential items such as catheters and adult diapers place a further financial burden on WWDs, significantly affecting their quality of life. These items are critical for maintaining hygiene, health, and dignity, yet their high cost often forces women to ration their use or forgo them entirely. This can lead to severe health consequences, which can further limit their mobility and independence. Presently, Sri Lanka subjects' adult diapers to a combination of taxes, resulting in a total tax burden of approximately 52% which is an especially heavy burden considering that many WWDs require more than five diapers per day. [23] [24] A woman with a mobility impairment shared how, when she was advocating for the distribution of catheters and diapers for WWDs, a welfare ministry officer questioned whether catheters and diapers need to be used daily. Commenting on this incident, she questions,

"How can someone in her position not know that some women with spinal injuries rely on these items daily for their basic dignity and health? It's shocking that this even needs to be explained to a government officer".[25]

Participants also noted the absence of a proper recycling or return system for used or broken devices. *"If my wheelchair breaks,"* one woman explained, *"there's nowhere I can*

[23] In Sri Lanka, adult diapers are subjected to a 20% Customs Duty, 18% Value Added Tax (VAT), 10% Ports and Airports Development Levy (PAL), 10% Cess and 2.5% Excise (S.P.D.)

[24] Source: https://www.customs.gov.lk/wp-content/uploads/2025/06/Tariff%202022%20Chapter%20-%2096%20Final.pdf (Last Accessed Date: 27/08/2025)

[25] FGD in Kandy on 29th October 2024

give it back or exchange it. I just have to keep using it or buy a new one myself".[26] This lack of systemic support traps WWD in cycles of dependency and discomfort.

For many women, the inability to afford these necessities exacerbates feelings of shame and isolation, making it even more difficult to participate in social, educational, or professional activities. The inadequacy of these devices not only limits physical mobility but also symbolises a broader institutional neglect, where assistive technologies are treated as one-time handouts rather than essential tools that must evolve with the user's needs.

[26] FGD in Kandy on 29th October 2024

Limited Access to Accessible Education

WWDs in Sri Lanka face significant and multifaceted barriers in accessing education, beginning from early childhood and continuing through to higher education and employment. These barriers are rooted in ableist attitudes, a lack of accessible infrastructure, limited teacher training, poorly implemented inclusive education policies, and a systemic failure to value the education of girls with disabilities.

During FGDs, participants consistently highlighted the widespread societal belief, particularly in rural areas, that girls with disabilities do not need an education. As a result, WWDs are often kept at home and denied the opportunity to attend school. Even when families are supportive, they face institutional obstacles such as the absence of accessible schools in the vicinity. In districts like Polonnaruwa, participants reported that children with disabilities are frequently left without educational options, forcing many to grow up without formal schooling and reinforcing cycles of illiteracy and isolation. This situation is further reflected in national statistics, where according to the 2012 Census of Population and Housing, an overwhelming 95.7% (around 1.55 million) of persons with functional difficulties were not engaged in any educational activity, while only 3.4% (about 54,000) were attending school.[27] However, these figures are now more than a decade old and therefore provide only a limited and outdated picture of the current situation. They are also not disaggregated by sex, making it impossible to determine how many girls and women with disabilities are being left out of the education system.

The educational system also continues to segregate students with disabilities into special schools or units within mainstream schools, a practice that contradicts Sri Lanka's commitment to inclusive education under the Salamanca Statement.[28] Despite having

[27] Source: https://unstats.un.org/unsd/demographic-social/meetings/2016/bangkok--disability-measurement-and-statistics/Session-6/Sri%20Lanka.pdf (Last Accessed Date:25/08/2025)

[28] The Salamanca Statement, adopted in 1994 at the World Conference on Special Needs Education in Spain, calls on governments to adopt an inclusive education system, ensuring that schools accommodate all children, including those with disabilities. It emphasises the right to education and the importance of inclusive, child-centred pedagogy.

signed the statement in 1994 and pledging to integrate children with disabilities into regular schools, the current approach continues to isolate them. This is due to a homogenising policy that lumps all disabilities together, failing to differentiate between intellectual, physical, and sensory impairments. As a result, children with physical disabilities are frequently placed in special units even when they do not require modified curricula or learning environments. These placements deprive them of the opportunity to learn alongside peers and reinforce damaging perceptions of disability as synonymous with intellectual inferiority. A participant reflected,

"My daughter can think clearly and wants to study like other children, but she's kept apart just because she uses a wheelchair. What message does that send to her and to others?".[29]

When accessible schools do exist, they are often located far from villages, with sometimes one serving 25 or more villages. Transport is either unavailable or unaffordable, and parents, particularly mothers, expressed serious concerns about their daughters' safety during long commutes. These concerns are not unfounded, as sexual harassment is widespread in Sri Lanka, with studies showing that around 90% of women have experienced harassment on public transport.[30] For girls with disabilities, the risks are heightened; gender makes them targets of harassment, while disability makes them more vulnerable to abuse and less able to protect themselves or seek help.[31] In this context, many families felt they had no choice but to withdraw their daughters from school once the daily travel became physically and emotionally exhausting.

Source: https://www.european-agency.org/sites/default/files/salamanca-statement-and-framework.pdf (Last Accessed Date: 17/07/2025)

[29] FGD in Vavuniya on 7th November 2024

[30] Source: https://srilanka.unfpa.org/sites/default/files/pub-pdf/Online_DoesSheTravelSafe_Report%2001032019-compressed_1.pdf (Last Accessed Date:31/08/2025),
Source: https://pmc.ncbi.nlm.nih.gov/articles/PMC9062655/#fn0018 (Last Accessed Date: 30/08/2025)

[31] Source: https://pmc.ncbi.nlm.nih.gov/articles/PMC8820249/ (Last Accessed Date: 30/08/2025)

Even within mainstream schools, girls with disabilities face enormous physical and systemic barriers. School buildings lack ramps, accessible toilets, and other essential infrastructure. Mothers or friends often have to carry students upstairs and into classrooms. At the university level, lecture halls are frequently located on upper floors with no lifts or alternative arrangements. These structural barriers not only hinder attendance but also send a message of exclusion to disabled students.

Another persistent challenge is the severe shortage of trained teachers capable of teaching students with disabilities. During the FGDs, WWDs shared that a previously active government programme, implemented in collaboration with NGOs, had trained teachers in inclusive education. However, once external funding ended, these initiatives dissolved, and trained educators were absorbed back into the general system without ensuring continued support for students with disabilities.

Students with hearing impairments face a unique set of challenges. There are no trained teachers in early education centres who can communicate using sign language, let alone teachers with hearing impairments themselves. One participant described her school experience by saying,

"I studied by watching others, copying from their books, but the teachers scolded me, and the students covered their notes. There were no interpreters, and I didn't understand what was being taught".[32]

The absence of interpreters or the use of untrained ones further hinders learning. Compounding this is the lack of standardisation in Sri Lankan sign language, leading to confusion as different schools and teachers use different methods.

This situation is further complicated by regional disparities. In Polonnaruwa, for example, many women with hearing impairments had never received a formal education in sign language and rely solely on lip-reading and hand gestures to communicate within

[32] FGD in Kandy on 29th October 2024

their families. When meeting other women, they often struggled to understand each other due to the lack of a shared language. A similar issue was raised in Vavuniya, where the absence of a local deaf school forces children to travel to Jaffna to receive an education.

The lack of accessible learning materials also presents a major barrier. Braille textbooks are frequently delayed, and some education zones have only one braille teacher who meets students as infrequently as once a week. Moreover, participants noted that braille is not the only reading format for visually impaired individuals and called for materials in other accessible formats, such as audiobooks and tactile graphics. Even at the university level, visually impaired students are often funnelled exclusively into the Faculty of Arts, as science and other visually demanding fields remain inaccessible.

The system's failure to adapt education to meet the diverse needs of students with disabilities has long-term consequences. A WWD from Batticaloa, speaking about missed opportunities, said,

"We now do not have the time to educate ourselves and find jobs. We are now adults and have already lost our chance. Therefore, we need to focus on the new generation of women who still have a chance. They need to be educated, and this cycle needs to be stopped".[33]

The impact of exclusion from education extends far beyond the classroom. As one participant explained,

"Education or marriage are the ways to move up the social ladder in Sri Lanka. However, WWDs face barriers when accessing free education, which stops them from getting educated. Then they opt for marriage, and because they're not educated, they're married off to just anyone and often face domestic abuse".[34]

[33] FGD in Batticaloa on 6th November 2024

[34] FGD in Colombo on 10th October 2024

Ultimately, the education system in Sri Lanka, through a combination of neglect, misinformed policy, and a lack of meaningful inclusion, continues to deny WWDs their right to learn. Without urgent reforms to infrastructure, teacher training, educational materials, and policy implementation, generations of WWDs will remain vulnerable to harassment and bullying, excluded from opportunities for economic independence, and trapped in cycles of poverty, dependency, and marginalisation.

Recommendations

Recommendations to the CEDAW Committee

The following recommendations were submitted by ICES in its shadow report to the CEDAW Committee, based on findings from FGDs with women and girls with disabilities across five districts in Sri Lanka.

1. The Government of Sri Lanka (GOSL) should adopt a **rights-based approach** to respond to WWD, in line with CEDAW Article 1 (Elimination of discrimination) and General Recommendation No. 18, which calls for measures to ensure equal opportunities for WWD.

2. The GOSL should establish an **independent 'Disability Rights Commission'**, set up by statute, whose members are appointed by the President on the recommendation of the Constitutional Council (according to the Constitution of Sri Lanka), to protect, promote and realise the rights of disabled persons including disabled girls and women, in accordance with CEDAW Article 2, which requires state parties to eliminate discrimination through legislative and institutional measures.

3. The GOSL should adopt a **new law** on the **Rights of Persons with Disabilities**, drawing on the values and rights contained in the CRPD, with the **full participation of persons with disabilities, including women and young girls with disabilities.**

4. The GOSL should provide **financial and other resources to implement the National Action Plan on Disability** and provide mechanisms for women and girls with disabilities to participate in its implementation in accordance with General Recommendation No. 6.

5. The GOSL should increase **disability aid amounts, simplify eligibility criteria, and implement a more equitable, needs-based allocation system** to foster independence and self-sufficiency.

6. The GOSL should establish a formal and inclusive **Disability Identity Card** for all persons with disabilities, including women, with safeguards against discrimination and misuse. The system should provide access to essential benefits such as free transport and priority when accessing medical services. The card should be nationally recognised to protect women from harassment, particularly by law enforcement agencies or members of the armed forces, by offering a legal way to prove their disability.

7. The GOSL should ensure SRHR information is available in accessible formats, such as sign language, Braille, and simplified language, and disseminate it effectively. Additionally, a comprehensive SRHR education should be integrated into school curricula, tailored to the needs of WWDs, accompanied by national campaigns of public education in line with Article 12 of CEDAW and General Recommendation No. 24, which emphasises women's right to accessible SRHR services.

8. The GOSL should ensure that all the medical staff at government and private hospitals are given training on how to treat WWD and that each hospital has one sign language interpreter to facilitate communication.

9. The GOSL should adopt **and implement** a **universal design practice** that caters to all disabilities in the development and retrofitting of physical infrastructure in rural and urban areas, including public buildings, educational institutions, health centres, private and public workplaces, housing, and transportation systems. This includes a provision for fully accessible and hygienic sanitary facilities in public spaces.

10. The GOSL should increase the labour force participation of WWD by updating **vocational curricula to be more inclusive and expanding access to mainstream technical and vocational education**, labour market skills training, and apprenticeship programs. Vocational education should not promote gender stereotypes. These measures align with Articles 10 and 11 of CEDAW and General Recommendation No. 36, which highlight inclusive education, equal access to training and employment opportunities.

11. The GOSL should provide incentives and duty concessions for the manufacture, importation, and distribution of **high-quality, affordable assistive devices and technologies** for persons with disabilities, particularly for WWD. Individualised needs assessments need to be conducted to ensure assistive devices are tailored to specific requirements and replacement processes must be streamlined to prevent prolonged use of substandard or damaged equipment.

12. The GOSL should adopt and implement a **comprehensive and inclusive education policy** aligned with the Salamanca Statement, CEDAW General Recommendation No. 36, and Articles 10 and 14 of CEDAW. This policy must ensure that all girls and women with disabilities, particularly in rural and conflict-affected areas, have equitable access to early childhood, primary, secondary, and higher education. It should eliminate structural and attitudinal barriers and promote inclusive environments across all levels of learning.

13. The GOSL should ensure **all educational institutions**, including early childhood education centres, are **equipped with trained staff and inclusive teaching materials**. This includes increasing the number of teachers trained in disability-inclusive pedagogy, Sri Lankan Sign Language, and methods for teaching children with visual, hearing, and intellectual disabilities. Schools should be required to employ qualified sign language interpreters and ensure communication accessibility for students with hearing impairments.

14. The GOSL should ensure **timely provision of accessible learning materials in Braille, large print, audio, and tactile formats**. Support for students with visual impairments should be decentralised through the allocation of braille-trained teachers and resources in all education zones. Additionally, the GOSL should **establish bridging programmes, adult education opportunities, and flexible pathways to vocational and higher education** for women with disabilities who have aged out of the formal education system.

15. The **Human Rights Commission** and the soon-to-be-established **National Commission on Women** should ensure that **WWD remains a key priority in their work**. Both institutions should regularly engage with government agencies, the private sector, and civil society to ensure the protection, promotion and full realisation of the rights of WWD.

Recommendations Made by the CEDAW Committee

The following recommendations were made by the CEDAW Committee to the GoSL during its 2025 concluding observations.

"Women and girls with disabilities

55. The Committee notes with concern that women and girls with disabilities face intersecting forms of discrimination in the State party, particularly regarding their limited access to public transport, justice, education, employment and health care.

56. The Committee recommends that the State party ensure that women and girls with disabilities have adequate access to justice, inclusive education, employment, and accessible health services, including sexual and reproductive health services, and that they are provided with reasonable accommodation, state of the art assistive technologies and accessibility in all regions of the State party".

While the CEDAW Committee's concluding observations acknowledged many of the barriers faced by women and girls with disabilities, particularly in relation to education, health, employment, and transport, the recommendations remain general in nature and lack the specificity needed to drive targeted reform.

ICES welcomes the inclusion of assistive technology, accessibility, and the principle of reasonable accommodation in the Committee's recommendations. However, key issues raised in the shadow report, including the need for a Disability Identity Card, specialised training for medical staff, a rights-based disability law, and the establishment of an independent Disability Rights Commission, were not explicitly addressed.

These omissions reflect a broader challenge in international reporting; while general commitments are reaffirmed, the operational details that enable change on the ground, such as allocation of funding, oversight mechanisms, and policy infrastructure, are often left unarticulated.

As such, civil society must now play a critical role in bridging this gap: by translating the Committee's recommendations into clear advocacy demands, lobbying for domestic reforms, and monitoring state compliance through follow-up reports and national action plans.

Conclusion

The experiences and challenges documented in this report highlight the urgent need to move beyond symbolic inclusion toward meaningful, rights-based reform for women and girls with disabilities in Sri Lanka. While international mechanisms such as the CEDAW Committee provide critical platforms for visibility and accountability, their impact ultimately depends on the political will and institutional capacity of the state, as well as the sustained advocacy of civil society actors.

The following case studies bring to life the everyday realities behind the data and policy gaps discussed in earlier sections. They serve as a powerful reminder that each recommendation, each unfulfilled promise, and each policy failure has a deeply human cost.

Annexure

All names used in the following case studies are pseudonyms. Identifying details have been modified to protect the privacy and anonymity of the individuals involved.

Case Study: The Story of Kusum

Introduction

"I won't marry because I don't want to be dependent on my partner, but I believe every woman with a disability should still have the option to marry," shared Kusum, a young woman in her early 20s with a mobility impairment.

Despite being one of the youngest in the group, Kusum was among the first to break the silence during the most intimate part of the discussion focusing on relationships and marriage, opening up a conversation that many considered too taboo to address in public. As a wheelchair user, her life has been marked by significant challenges across education, employment, and access to basic services. Yet beyond navigating a world not built for her, Kusum stood out as one of the few university graduates at the FGD, embodying an unmistakable sense of perseverance and quiet strength.

Background and Education

Kusum developed arthritis when she was 13 years old, which severely affected her mobility and disrupted her formal education. Despite obtaining special permission from the zonal education office, she was denied the opportunity to sit for her pre-university exams due to low attendance, which was a consequence of her disability rather than negligence.

Determined to continue her education, Kusum completed her exams privately and gained admission to a local government university. However, even at the university, accessibility

remained a major issue. The departments relevant to her degree were all located on upper floors, making them inaccessible to her. Her mother had to accompany her every day, commuting from home to help her navigate both physical and institutional barriers. This dependency on her family while enrolled at a state university highlights the complete lack of systemic support for students with disabilities.

Employment Challenges

After completing her teaching exams, Kusum encountered further obstacles when she was repeatedly rejected from teaching positions because government schools were deemed inaccessible for wheelchair users.

Instead of offering basic adjustments such as moving her classroom to the ground floor, she was advised to apply for a Development Officer position. This suggestion, framed as "more suitable," revealed the discriminatory attitudes and narrow career pathways often imposed on people with disabilities.

Restricted Independence

As a young woman, Kusum has never travelled alone due to her parents' concerns about her safety and the lack of accessible public transport. As a wheelchair user, she cannot use buses or trains and must rely on private cabs for transportation, an expensive and unreliable alternative. Even then, she needs someone to physically lift her into the vehicle, forcing her to depend on others' goodwill. If Sri Lanka had an accessible public transport system, Kusum could achieve greater independence.

Access to Public Spaces and Services

Kusum's experiences in public spaces further underscore the barriers she faces. During elections, she noted that while her polling station allowed her vehicle inside, her privacy was compromised because a helper could see her voting choice.

Her workplace is similarly inaccessible. While at work, she avoids using the washroom entirely due to its inaccessibility. She uses the washroom at home before coming to work, and during her period, she is unable to change sanitary napkins while at work, causing immense discomfort and inconvenience.

Relationships and Marriage

While Kusum acknowledges that marriage is a personal choice, she has decided not to marry to maintain her independence and avoid potential dependency on a spouse. This decision reflects not only her resilience but also the lack of societal and institutional support for women with disabilities within marriage and family settings.

Conclusion

Kusum's story is not one of individual misfortune; it is a reflection of structural exclusion. Inaccessible schools and workplaces, discriminatory hiring practices, lack of inclusive transport, and the absence of basic facilities continue to undermine the rights and dignity of women with disabilities in Sri Lanka. Her experience highlights the urgent need to call for reforms to create a society where accessibility and autonomy are not privileges but guaranteed rights.

Case Study: The Story of Nilanthi

Introduction

"Attitude comes before rights in this country. Even if they offer us a job, it's often out of pity; even if we accomplish something good, they minimise it by saying, 'Even though she has this disability, she did this".

These words from Nilanthi, a woman in her 50s with a mobility impairment, reflect a lifetime of navigating structural and social exclusion. At the FGD, Nilanthi stood out, not only for the gravity of her experiences but for her unwavering determination to challenge the status quo and push other women with disabilities to reach for more.

Background and Education

Nilanthi's challenges began in childhood when her parents assumed that her disability rendered formal education unnecessary. However, she later received vocational training, which enabled her to secure employment. While she valued this training, Nilanthi was quick to point out that such training centres are outdated and disconnected from the realities of the modern job market. Elaborating, she held that they rarely support job placement and often lack the inclusive frameworks necessary for real, long-term impact.

Employment Challenges

Despite her vocational skills, Nilanthi faced frequent dismissal and disregard due to her lack of formal education, particularly from urban employers. She noted that her practical knowledge and understanding of rural issues were often overlooked because of societal biases favouring formal qualifications. These experiences reflect the systemic barriers preventing women with disabilities from achieving economic independence.

Healthcare Discrimination

Nilanthi recounted harrowing experiences in healthcare, revealing inappropriate and exploitative behaviour by medical professionals. As a woman with paralysis, she was particularly vulnerable, unable to detect inappropriate touching. She shared an incident where a doctor made unwanted advances, even visiting her home. Her vulnerability in these settings, combined with a lack of accessible complaint mechanisms, left her exposed and unsupported. She also highlighted the complete absence of mental health care for women with disabilities, especially around reproductive health, motherhood, and the emotional toll of exclusion.

Societal Stigma and Relationships

"Many WWDs are discouraged from marriage and relationships, told they're paying for a sin until they eventually die. Our sexual needs and feelings are ignored", Nilanthi said plainly.

Her reflections cut to the heart of the deeply ingrained stigma surrounding disability and womanhood.

Her relationships further illustrate the impact of societal biases. Her first relationship ended after a social worker discouraged her partner from continuing the relationship because of her disability. In another relationship, she was exploited for money and labour. Reflecting on these experiences, Nilanthi noted that many young women with disabilities are sheltered at home, leaving them unfamiliar with men and vulnerable to manipulation in relationships. She observed that many women with disabilities crave love and attention, often lacking emotional support at home.

She spoke of being pitied, patronised, and praised for doing ordinary things, experiences that strip agency and reinforce harmful stereotypes. We are constantly labelled as 'special,' even when we do something normal. If we disrupt the status quo and speak about our rights, it's dismissed by saying things like, *"Even if she can't walk, she talks a lot",* she added.

Independent Living and Future Uncertainty

In a radical act of self-liberation, Nilanthi left her parents' home after enduring years of emotional neglect and cruelty. Today, she lives independently in a boarding house, an uncommon and bold choice for a woman with a disability in Sri Lanka. Her courage in doing so reflects the very spirit that fuels her work in the community. Yet, her independence is tempered by a deep sense of uncertainty. With no family support and no government safety nets, Nilanthi worries about growing old without care or housing. Her story is not just one of resilience, but also one that reveals the dangerous gaps in long-term social support.

Conclusion

Nilanthi's story reflects the intersecting challenges faced by women with disabilities in Sri Lanka. From the lack of inclusive education and discriminatory employment practices to the vulnerabilities in healthcare and societal stigma, her experiences underscore the urgent need for systemic reforms. Her journey of independence, while inspiring, also highlights the gaps in social support systems, particularly for women with disabilities who are ageing. Her narrative is a call to action for policymakers, service providers, and society to build a more inclusive and equitable environment where women with disabilities can thrive.

Case Study: The Story of Malini

Introduction

"I asked to stay with my daughter after she had her baby because she can't hear and can't talk. But the hospital staff said that if she can get pregnant, she can manage the rest on her own, but my daughter became pregnant as a result of rape", recounted Malini's mother during the FGD.

Malini, a young woman in her mid-20s with a hearing impairment, sat quietly beside her mother as both shared their story. While her mother did most of the speaking due to communication barriers, the account reflected the experiences of both women, experiences marked by isolation, trauma, and institutional neglect.

Background and Education

Malini's challenges began early in life. Due to the lack of educational opportunities for children with disabilities in her area, she was only able to attend school until grade 5. Although she was selected for a school specialising in education for the hearing impaired in another district, her parents could not afford to send her. As a result, Malini remained at home from the age of 10, missing out on crucial years of education and socialisation.

Her mother explained that because of this, Malini never formally learned sign language. Instead, she communicates with her mother mainly through lip reading and has picked up some sign language informally over the years. However, a sign language interpreter present at the FGD noted that her signing was often inaccurate and difficult to understand. This communication barrier prevents her from interacting effectively with her peers, further isolating her from the hearing-impaired community.

Trauma and Personal Challenges

During the years her mother was abroad working as a domestic worker to support the family, Malini was raped by her cousin. This traumatic event resulted in pregnancy. Her parents, unable to access justice or adequate support services, arranged for her to marry her assailant. Her mother, however, shared that even after marriage, Malini would scream whenever her husband attempted to touch her, revealing the psychological and emotional trauma she continued to carry.

Although still legally married, Malini now lives with her parents along with her child, whom they also support. This arrangement, while offering her some protection and care, places significant emotional and financial strain on the family, adding to their existing burdens.

Healthcare Discrimination

Malini faced dismissive and insensitive treatment from hospital staff during and after her pregnancy. Despite her hearing impairment and the traumatic circumstances leading up to her pregnancy, staff showed little understanding or compassion. Her mother recounted how staff berated her for not following instructions, with one commenting that she *"had the intelligence to get pregnant but not to understand their instructions"*, failing to acknowledge that she could not hear or speak. These instances highlight not only a failure to provide disability-sensitive healthcare but also the persistence of stigma and victim-blaming within medical institutions.

Economic Dependence and Lack of Opportunities

Without formal education or vocational training, Malini is unable to secure employment. She depends entirely on disability aid and her parents for financial support. She shared how, until recently, her disability aid was deposited into her father's account, limiting her financial independence. Although she has now managed to have it redirected to her own

account, her reliance on this aid clearly illustrates the lack of opportunities for women with disabilities to achieve economic independence.

Conclusion

The story shared by Malini and her mother reflects the harsh realities faced by women with disabilities in Sri Lanka, realities shaped by poverty, inaccessibility, violence, and a profound absence of institutional care. Her experiences reveal how the intersection of gender, disability, and poverty creates heightened vulnerability to abuse, social exclusion, and systemic neglect.

Her case also highlights the urgent need for comprehensive reforms, including access to inclusive education, trauma-informed healthcare, psychosocial support, economic opportunities, and protection mechanisms for women with disabilities. It also depicts the critical role of family caregivers, like her mother, whose presence and advocacy often make the difference between further harm and a small measure of safety.

Between Policy & Practice

The Reality of Women with Disabilities in Sri Lanka

Uvini Panditha

This report explores the everyday realities of women with disabilities (WWDs) in Sri Lanka, drawing on testimonies from focus group discussions conducted in Colombo, Kandy, Polonnaruwa, Batticaloa, and Vavuniya. Their accounts reveal a persistent struggle for dignity, equality, and recognition. Despite state programmes intended to provide welfare and training, women with disabilities continue to face barriers across nearly every sphere of life, from education, employment, healthcare to vocational training. Inaccessible infrastructure, exclusionary eligibility criteria, and entrenched discrimination aggravate these challenges, pushing WWDs to the margins of society.

Building on the shadow report submitted to the CEDAW Committee in early 2025, this expanded version calls for urgent reforms to ensure that women with disabilities are not treated as dependents or exceptions, but as equal citizens entitled to autonomy, opportunity, and full participation in public life.

Uvini Panditha is a researcher at the International Centre for Ethnic Studies, Colombo

INTERNATIONAL CENTRE FOR ETHNIC STUDIES

ISBN 978-6-24550-243-1