



WEEKLY EPIDEMIOLOGICAL REPORT

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Gender-Based Violence Theories, Prevalence and the Legal Framework in Sri Lanka

Part I

Gender-based Violence (GBV) broadly describes a collection of harmful and denigratory acts against a person, because of her/his gender. It forsakes human rights, equality and the dignity of the individual, while stalling human development and is deeply entrenched in societal and individual discriminatory attitudes towards gender, that permit violence within the family, community and country. GBV affects both women and men, but the burden is disproportionately borne by women and girls and is inflicted by men and boys. GBV includes all types of physical, sexual, psychological, economic, and emotional violence as well as controlling behaviours and is identified as domestic violence/intimate partner violence (DV/IPV), Female genital mutilation or cutting (FGM/FGC), rape, sexual violence in public spaces or workplaces, cyber violence, sexual abuse and trafficking of women and girls.

DV/IPV is one of the most common forms of GBV affecting women in heterosexual relationships and is broadly defined as all acts of physical, sexual, psychological, or economic violence that occur within the family or domestic unit or between former or current spouses or partners, whether or not the perpetrator shares or has shared the same residence with the victim” and in Sri Lanka the Prevention of Domestic Violence Act 2005 (PDVA 2005), includes individuals such as a father or mother within a

domestic relationship also as possible perpetrators. It has been shown that intimate partner violence against women increases during emergencies and disasters including epidemics. It postulates the disruption of social and protective networks, increased socio-economic instability and hardships, mental stress, and decreased access to services as exacerbating factors. Numerous theories on psychological, sociological, and feminist perspectives have been proposed to explain DV/IPV. These theories attempt to explain why females are at higher risk and why men batter their partners while also trying to explain possible reasons why GBV survivors continue to remain in abusive relationships.

Sri Lankan Situation

A scoping review recently reported DV/IPV to be ranging between 20%- 72% in Sri Lanka. One of the earliest studies on GBV in 1991 detected a high prevalence of 54% and 72% in urban and rural areas respectively. The Demographic and Health Survey (DHS) of 2016 found that 17% of ever-married women aged 15 -49 years experienced DV/IPV during the preceding 12 months, with 19.8% and 16% urban and rural prevalence respectively. A marked district variation in prevalence was noted in the DHS with Batticaloa and Kilinochchi both showing a higher prevalence of 49.6% with Hambanthota (5.7%), Anuradhapura (7.4%) and

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Monaragala (7.4%) exhibiting lower prevalence. DHS 2016 also reported a life-threatening DV/IPV such as attempted strangulation (13.3%), severe beating (13%), and “burning” (3%). A study in the Central Province found a prevalence of “current DV/IPV” of 18%, while another study in North Colombo Teaching Hospital detected a lifetime prevalence of DV/IPV to be 40.7%. A study among “wives” in Central Province found that 36% had experienced at least one episode of abuse by their spouses. A UN multi-country study in 2013 which included Sri Lanka found that 39.7% had experienced DV/IPV and the plantation sector had shown a higher prevalence of DV/IPV compared to other urban and rural areas (p<0.001).

Among female university students, 57.2% admitted to knowing instances of verbal abuse. Another study estimated physical violence among the survivors to be 16.3% - 34% in a community-based study in the Western Province and sexual violence was divulged by only 9.5% of the respondents. Economic violence has been mentioned only in a few studies and was found to be ranging from 6.8% to 15%. A study among pregnant women (n=2088) in a capital city and the plantation sector found the prevalence of ‘currently abused’ as 15.9%. A study among pregnant women (n=1200) in the Badulla district found a rate of 18.7% in the “current pregnancy”. Few studies in Sri Lanka found the following as risk factors for DV/IPV: early age at marriage; a higher number of children; women living with in-laws, poor social skills; partners abusing substances or carrying on extra-marital affairs. Better educational levels and economic stability were found to be protective factors for DV/IPV. Scarce research exists on FGM, but it has been hinted that it is a hidden practice among some communities.

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**Table 1 : Water Quality Surveillance
Number of microbiological water samples November 2023**

District	MOH areas	No: Expected *	No: Received
Colombo	15	90	0
Gampaha	15	90	NR
Kalutara	12	72	12
Kalutara NIHS	2	12	11
Kandy	23	138	18
Matale	13	78	0
Nuwara Eliya	13	78	31
Galle	20	120	206
Matara	17	102	NR
Hambantota	12	72	39
Jaffna	12	72	32
Kilinochchi	4	24	21
Mannar	5	30	NR
Vavuniya	4	24	48
Mullatvu	5	30	63
Batticaloa	14	84	0
Ampara	7	42	NR
Trincomalee	11	66	0
Kurunegala	29	174	NR
Puttalam	13	78	NR
Anuradhapura	19	114	0
Polonnaruwa	7	42	16
Badulla	16	96	NR
Moneragala	11	66	0
Rathnapura	18	108	NR
Kegalle	11	66	0
Kalmunai	13	78	NR

* No of samples expected (6 / MOH area / Month)
NR = Return not received

Table 1: Selected notifiable diseases reported by Medical Officers of Health 09th- 15th Dec 2023 (50th Week)

RDHS	Dengue Fever		Dysentery		Encephali		Enteric F.		Food Poi-		Leptospirosis		Typhus		V. Hep.		H. Rabi.		Chickenpox		Meningitis		Leishmania-		WRCD	
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	T*	C**
Colombo	409	14241	0	16	0	18	0	4	0	12	7	361	0	0	0	6	0	0	3	368	1	50	0	7	42	100
Gampaha	130	13029	1	22	0	21	0	13	0	26	11	617	1	13	0	20	0	0	14	314	1	129	0	48	11	99
Kalutara	104	4651	0	30	0	5	0	1	0	19	29	890	0	2	0	10	0	1	19	562	4	105	0	4	320	1000
Kandy	353	8283	1	43	0	3	0	11	0	23	2	301	3	67	0	5	0	2	6	332	1	32	0	36	83	100
Matale	74	1924	0	5	0	3	0	1	0	39	8	150	0	14	0	8	0	0	3	78	1	11	4	346	24	100
NuwaraEliya	25	375	6	167	0	6	0	3	0	51	2	191	0	76	0	6	0	0	4	218	0	34	0	3	58	100
Galle	113	3379	3	56	0	15	0	6	2	45	22	954	1	81	0	2	0	1	8	385	2	36	0	3	36	100
Hambantota	43	1480	1	18	0	4	0	1	0	10	22	374	3	72	0	9	0	0	3	155	1	20	3	649	32	100
Matara	38	1941	1	30	0	10	0	1	0	69	5	541	0	34	0	7	0	2	12	323	0	24	16	199	54	100
Jaffna	423	3418	1	161	0	2	1	18	0	46	1	17	45	660	0	8	0	2	5	203	2	22	0	3	70	93
Kilinochchi	11	130	4	27	0	0	0	1	0	18	0	11	0	8	0	1	0	0	0	19	0	2	0	0	51	100
Mannar	14	130	0	9	0	0	0	1	0	0	1	41	0	8	0	1	0	0	0	3	0	11	0	1	56	100
Vavuniya	5	193	0	14	0	1	0	0	0	26	1	44	0	10	0	3	0	0	1	37	0	17	0	11	20	100
Mullaitivu	4	133	1	17	0	1	0	5	0	12	0	40	0	7	0	1	0	0	0	19	0	2	0	8	27	100
Batticaloa	95	2540	4	231	0	11	0	5	9	28	4	116	0	2	2	10	0	4	8	152	1	50	0	1	64	100
Ampara	6	277	3	21	0	1	0	1	0	70	7	175	0	2	0	2	0	0	4	103	2	68	0	12	15	100
Trincomalee	21	2124	1	31	0	2	0	2	0	69	2	96	0	15	0	5	0	0	1	88	3	34	0	7	30	99
Kurunegala	155	3537	1	71	0	18	1	2	0	9	33	530	0	21	0	16	0	3	8	534	6	236	7	587	28	100
Puttalam	107	3420	0	50	0	5	0	1	0	2	6	134	0	9	0	1	0	0	2	131	4	98	0	27	29	99
Anuradhapur	30	823	2	20	0	2	0	1	0	12	28	333	1	36	0	5	0	2	5	248	2	53	14	721	29	100
Polonnaruwa	16	636	1	28	0	6	0	6	0	11	14	235	0	9	0	16	0	0	2	99	0	18	3	426	37	99
Badulla	178	1740	0	46	0	6	0	0	0	45	9	358	2	67	2	98	0	0	11	209	8	63	0	43	63	100
Monaragala	30	798	0	26	0	6	0	0	0	8	24	595	1	41	1	35	0	1	0	79	3	92	0	180	30	100
Ratnapura	106	2436	2	70	0	20	0	3	1	63	40	1343	2	33	0	20	0	2	10	273	3	152	11	220	34	100
Kegalle	63	3264	2	30	0	3	0	2	0	23	20	770	0	47	0	6	0	0	9	488	2	97	2	48	34	100
Kalmune	34	1787	1	74	0	13	0	0	0	4	0	63	0	1	0	1	0	0	1	184	0	45	0	0	52	100
SRILANKA	2587	76689	36	1313	0	182	2	89	12	740	298	9280	59	1335	5	302	0	20	139	5604	47	1501	60	3590	42	99

Source: Weekly Returns of Communicable Diseases (esurveillance.epid.gov.lk). T=Timeliness refers to returns received on or before 15th Dec, 2023. Total number of reporting units 358. Number of reporting units data provided for the current week: 353. C**=Completeness. A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

09th–15th Dec 2023 (50th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2023	Number of cases during same week in 2022	Total number of cases to date in 2023	Total number of cases to date in 2022	Difference between the number of cases to date in 2023 & 2022
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	00	00	00	00	01	00	00	01	02	94	82	14.63 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	00	00	01	01	00	00	01	00	00	03	02	223	97	129.89 %
Measles	17	08	07	01	00	03	04	00	00	40	00	814	37	2100 %
Rubella	00	00	00	00	00	00	00	00	00	00	00	09	00	0 %
CRS**	00	00	00	00	00	00	00	00	00	00	00	02	00	0 %
Tetanus	00	00	00	00	00	00	00	00	00	00	00	06	05	20 %
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Japanese Encephalitis	00	00	00	00	00	00	00	00	00	00	02	06	16	-62.5 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	07	01	600 %
Tuberculosis	77	22	15	11	11	20	08	07	10	197	89	8919	6275	42.13%

Key to Table 1 & 2

Provinces: W: Western, C: Central, S: Southern, N: North, E: East, NC: North Central, NW: North Western, U: Uva, Sab: Sabaragamuwa.
RDHS Divisions: CB: Colombo, GM: Gampaha, KL: Kalutara, KD: Kandy, ML: Matale, NE: Nuwara Eliya, GL: Galle, HB: Hambantota, MT: Matara, JF: Jaffna, KN: Killinochchi, MN: Mannar, VA: Vavuniya, MU: Mullaitivu, BT: Batticaloa, AM: Ampara, TR: Trincomalee, KM: Kalmunai, KR: Kurunegala, PU: Puttalam, AP: Anuradhapura, PO: Polonnaruwa, BD: Badulla, MO: Moneragala, RP: Ratnapura, KG: Kegalle.

Data Sources:
Weekly Return of Communicable Diseases: Diphtheria, Measles, Tetanus, Neonatal Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps., Rubella, CRS,
Special Surveillance: AFP* (Acute Flaccid Paralysis), Japanese Encephalitis
CRS** =Congenital Rubella Syndrome
NA = Not Available

Influenza Surveillance in Sentinel Hospitals - ILI & SARI							
Month	Human				Animal		
	No Total	No Positive	Infl A	Infl B	Pooled samples	Serum Samples	Positives
August							

Source: Medical Research Institute & Veterinary Research Institute

Comments and contributions for publication in the WER Sri Lanka are welcome. However, the editor reserves the right to accept or reject items for publication. All correspondence should be mailed to The Editor, WER Sri Lanka, Epidemiological Unit, P.O. Box 1567, Colombo or sent by E-mail to chepid@sltnet.lk. **Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

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