Investment in Women's Health: Special Reference to Sri Lanka

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Abstract

It is undeniable that investment in women's health is a dominant factor of human capital development and economic performance enhancement. At present, Sri Lanka is extensively recognized for its strong public health system and well-documented health outcomes despite relatively low levels of health expenditure in the Asian region. It is clearly recognized that emerging healthcare challenges, particularly the progressively increasing burden of non-communicable diseases (NCDs), have exposed significant gaps in healthcare investment directed toward women in Sri Lanka. The present study critically and systematically examines patterns of healthcare investment in Sri Lanka using secondary data that are publicly available secondary data sources. Relevant peer reviewed journal articles, Sri Lankan government publications, reports from international organizations were systematically reviewed. The analysis of the present study brings attention to government interventions to strengthen women's health, disparities in health financing, access to care, and disease burden among women in Sri Lanka. Well-documented evidence reveals that while Sri Lanka has achieved significant accomplishments in maternal and preventive healthcare, investment in managing burdensome chronic diseases and implementing financial protection strategies remains inadequate. The study on investment in women's health in Sri Lanka draws attention to how to address these gaps to sustain healthcare achievements and ensure equitable healthcare access, since they directly influence the overall well-being of women and the socio-economic development of the country. Ground breaking success can be achieved in the country by implementing action-oriented policies that focus on strengthening primary healthcare, expanding financial protection for women, and integrating digital healthcare solutions to overcome healthcare accessibility challenges. The study contributes to the literature on gender-responsive health investment in developing countries.

Key word: Women's Health, Investment in Women's Health, Public Health Policy, Well Women, Gender Equity.

1.0 Introduction

It is a commendable achievement for Sri Lanka, which has long been regarded as a model for achieving strong healthcare outcomes with limited resources. Sri Lanka operates a publicly funded healthcare system through taxation. A key achievement to note in Sri Lanka is the universal healthcare mechanism. It provides all citizens of the country free access to essential healthcare provisions, contributing to longer life expectancy compared to regional countries in South Asia and low maternal mortality rates. Similar to the global pattern,

islands are encountering an increasing burden of non-communicable diseases (NCDs) such as cardiovascular disease, cancer, diabetes mellitus and respiratory issues, and it is witnessed that women are suffering from a dual burden of disease, encompassing both reproductive health issues and chronic conditions such as diabetes, cardiovascular diseases and cancer. The public healthcare system of Sri Lanka has been effective in delivering maternal and preventive healthcare services; it is not well equipped to manage long-term NCD care. The noted imbalanced situation has led to increased reliance on private healthcare, resulting in higher out-of-pocket (OOP) expenditure for households. From an economic perspective, underinvestment in women's healthcare can have significant consequences, including reduced productivity leading to substantially lower income generation, increased catastrophic healthcare expenditure which pushes households into poverty, and intergenerational health impacts which influence human capital productivity. The study aims to analyse investment patterns in women's health in Sri Lanka, identify existing gaps, and propose policy measures to enhance healthcare system's efficiency and equity.

2.0 Theoretical Framework

This study is grounded in the principles of health economics, drawing on the Human Capital Theory proposed by Gary Becker and the Health Demand Model developed by Michael Grossman. These theoretical perspectives provide a comprehensive framework for analysing investment in women's health and its economic implications, particularly in developing country contexts such as Sri Lanka.

2.1 Human Capital Theory and Women's Health Investment

Becker (1964) in Human Capital Theory emphasised that investments in health, education, and skills enhance individuals' productivity and contribute to economic growth (Becker, 1964). Health is perceived as an important component of human capital. Healthier individuals are more capable of participating in economic activities and generating income. Human capital theory acknowledges that investment in women is not merely a social obligation but an economic responsibility. It is often viewed as women contributing significantly to both paid and unpaid labour, including caregiving and household management. It is widely recognised that improvements in the health of the women lead to increased labour force participation, higher productivity, and improved intergenerational outcomes (Bloom, Kuhn, & Prettner, 2018). Importantly, Sri Lanka's investment in maternal health and preventive healthcare has resulted in better healthcare outcomes, including high female life expectancy and low maternal mortality, by adopting and investing in a women's health framework. On the other hand, the increasing burden of non-communicable diseases (NCDs) among women indicates a shift in health priorities. Insufficient investment in chronic disease management undermines women's productivity and imposes additional economic burdens on households. From a human capital perspective, underinvestment in women's health represents a loss of economic potential and a constraint on long-term development.

2.2 Health Demand Model and Healthcare Utilisation

The Health Demand Model conceptualises health as both a consumption and an investment good, where individuals derive utility from good health while also investing in it to increase productive time (Grossman, 1972). According to this model, individuals demand healthcare services to maintain or improve their stock of health capital. The demand for health is influenced by several factors, including income, education, age, access to healthcare services, and the cost of medical care (Grossman, 2002). Individuals make decisions regarding healthcare utilisation based on these constraints and preferences. In the Sri Lankan context, women's healthcare utilisation is shaped by both economic and socio-cultural factors. Although public healthcare services are provided free of charge, indirect costs such as transportation, waiting time, and opportunity costs can discourage timely healthcare utilisation. Additionally, increasing reliance on private healthcare for non-communicable disease treatment reflects perceived differences in quality and accessibility. Empirical evidence suggests that financial barriers, including high out-of-pocket expenditure, significantly affect healthcare utilisation in developing countries (Xu *et al.*, 2003). In Sri Lanka, limited insurance coverage further constrains women's ability to invest optimally in their health, leading to delayed diagnosis and treatment of chronic diseases.

2.3 Integrating the Theories: A Gendered Health Investment Perspective

The integration of Human Capital Theory and the Health Demand Model provides a comprehensive framework for analysing gender disparities in health investment. While Human Capital Theory highlights the macroeconomic benefits of investing in women's health, the Health Demand Model explains individual-level healthcare utilisation behaviour. Collectively all theories point out that investment in women's health enhances economic productivity and social welfare, financial and structural barriers limit optimal healthcare utilisation and disparities in health investment lead to inefficient utilisation of human capital .In Sri Lanka, despite strong public investment in basic healthcare services, gaps remain in addressing the evolving health needs of women, particularly in the context of NCDs. These gaps reflect both supply-side constraints (limited investment in specialised care) and demand-side barriers (financial and accessibility issues).

2.4 Relevance to the Present Study

Investment in women's health is a critical determinant of economic productivity, and gaps in such investment result in both health and economic inefficiencies. By applying these theories to Sri Lanka, the study examines how health financing patterns, healthcare access, and disease burden interact to influence women's health outcomes. The framework also provides a basis for analysing policy interventions aimed at improving gender equity in health investment.

3.0 Overview of Sri Lanka's Health System

Healthcare system of Sri Lanka is recognised as a tax-funded universal healthcare model. Country delivers free services at the point of care through a predominantly public sector framework. Importantly, Sri Lanka's healthcare model with low cost has been established as a model among low- and middle-income countries (LMICs) (WHO, 2023). Women represent nearly half out of total population of the country which is estimated at approximately equivalent to 22.9 million. Most importantly, Sri Lanka presents strong demographic and health indicators in female life expectancy, which is estimated to be around 78 years, significantly higher than the South Asian average (WHO, 2023; World Bank, 2024). The data illustrate, structure of health financing in Sri Lanka is characterised by a combination of extensive government participation and out of pocket expenditure (OOPE) while insurance plays insignificant role. Additionally, Sri Lanka has recorded healthcare expenditure approximately 4.0 to 4.2 per cent of gross domestic product of the country (World Bank, 2024) and out-of-pocket (OOP) expenditure constitutes above 40 per cent of total healthcare expenditure, indicating limited financial protection mechanisms (WHO, 2023).

Healthcare system of Sri Lanka operates through a dual structure. It comprises a public sector extensively and a growing private sector. Rannan-Eliya & Sikurajapathy, in 2009 shedding light on healthcare financing of Sri Lanka and the study highlighted that government takes part extensively to supply the largest portion of inpatient care across the country. Delivering preventive services, including immunisation, maternal healthcare, and disease control programs are provided by the public Sector through tax fund. Over the years, primary healthcare setup works efficiently in Sri Lanka. The setup of primary healthcare significantly contributes to improve maternal and child health outcomes nationwide. However, the Sri Lanka's health sector confronts severe challenges in adapting to the growing burden of non-communicable diseases (NCDs), which require continuous care, early detection, and long-term management. Sri Lanka is currently undergoing an epidemiological transition, with NCDs accounting for over 80 per cent of total deaths of the country (WHO, 2023). Conditions namely, diabetes, cardiovascular diseases, and cancer have become the leading causes of morbidity and mortality and consuming high volume of healthcare resources. Women remain highly vulnerable and often face financial, social, and structural barriers to accessing healthcare, especially for long-term NCD management. Further, high OOP expenditure can lead to catastrophic health spending among households (Kastor & Mohanty, 2018).

3.2 Women's Health Intervention in Sri Lanka

Sri Lanka has implemented programs to ensure better women health outcome nationwide. Maternal and child health programme, reproductive health and family planning program, maternal nutrition program, non-communicable disease (NCD) prevention and control program, well woman clinic, maternal mental health program, community-based public health program, and gender-based violence prevention program. The programs have significantly contributed to enhancing women's healthcare accessibility and health outcomes.

Importantly, these national programs have played an important role in reducing maternal mortality, improving life expectancy, enhancing early disease detection, strengthening preventive healthcare services, and increasing healthcare awareness among women populations in Sri Lanka (WHO, 2021).

3.2.1 Maternal and Child Health (MCH) Program

The impactful maternal and child health program with the objective of promoting health outcome of women and children has been established under the Family Health Bureau of the Ministry of Health, Sri Lanka. Importantly, maternal and child health program aims to provide maternal healthcare services including antenatal care, institutional delivery services, postnatal care, maternal nutrition support, immunization services, and continuous monitoring of maternal health conditions. It is noted that Public Health Midwives (PHMs) play a crucial role in delivering maternal healthcare services at the grassroots level through home visits, clinic services, and community health education sessions. The country's strong maternal healthcare framework has significantly reduced maternal mortality and improved maternal wellbeing over time (Family Health Bureau, 2017). Furthermore, Sri Lanka has achieved remarkable success in ensuring skilled birth attendance and universal access to maternity care services, even in rural and geographically disadvantaged areas (WHO, 2021).

3.2.2 Reproductive Health and Family Planning Program

Reproductive health and family planning interventions have received considerable policy attention in Sri Lanka. The healthcare system of the country facilitates family planning counselling, contraceptive distribution, fertility-related healthcare guidance, adolescent reproductive health education, and sexually transmitted infection (STI) prevention services free of charge. Remarkably, improved reproductive health of women, birth spacing practices, and awareness regarding reproductive health management have been achieved as outcome of the program. Moreover, adolescent reproductive health programs have increasingly focused on educating young women regarding sexual health, menstrual hygiene, and reproductive wellbeing, thereby contributing to long-term improvements in women's health outcomes (Senanayake *et al.,* 2012).

3.2.3 Maternal Nutrition and Nutritional Supplementation Program

Another noteworthy nutritional program adds more value on women's health in Sri Lanka. Iron and folic acid supplementation programmes, Thriposha nutritional support schemes, maternal nutrition monitoring systems, and breastfeeding promotion initiatives are widely implemented through public healthcare institutions. The programs have contributed to reducing low birth weight prevalence and improving maternal nutritional status in many parts of the country. Importantly, nutrition education programmes conducted through maternal clinics and community health services have strengthened women's awareness regarding balanced diets and maternal nutritional requirements (Jayatissa *et al.,* 2012).

3.2.4 Non-Communicable Disease (NCD) Prevention and Control Program

It is important to note that the healthcare system of Sri Lanka understands the management of NCDs is vital since it account for higher mortality rate in the country. Sri Lanka has implemented national program for the prevention and control of NCD through the Directorate of Non- Communicable Diseases under the Ministry of Health in 1998. The services are provided through a network of government healthcare institutions including Healthy Lifestyle Centres (HLCs), primary medical care institutions, district hospitals, provincial hospitals, and teaching hospitals. The early detection and prevention of NCDs such as cardiovascular diseases, hypertension, obesity, diabetic mellitus and cancer through awareness programs, screening programs, and lifestyle modification actions are essential to save human resource of the country. Preventive healthcare strategies have become increasingly important due to the growing burden of NCDs among Sri Lankan women. These interventions aim to promote early diagnosis, timely treatment, and healthy behavioural practices among women populations (Institute of Policy Studies of Sri Lanka, 2017).

3.2.5 Well Woman Clinic Program

Distinguished initiative to promote healthy life of women in Sri Lanka is well women clinic program by the Ministry of Health in 1996. The program was initiated through a network of well women clinics under the Family Health Bureau and Medical Officer for Health (MOH) across the country. The national program provides screening services for hypertension, diabetes, Pap smear/ HPV testing for cervical cancer, and breast cancer screening for women above 35 years and the program provides counselling regarding nutrition, physical activity, menopause-related issues, and healthy lifestyle practices. The program has strengthened preventive healthcare services and improved early detection of chronic diseases among women population in Sri Lanka (Family Health Bureau, 2017).

3.2.6 Maternal Mental Health Programs

Sri Lanka has identified the importance of maternal mental health interventions within the national healthcare framework, according to Agampodi *et al.*, (2021).Specifically, psychological counselling, postpartum depression treatment, mental health screening during pregnancy, and referral services for women in extreme psychological distress are now offered by healthcare facilities and maternal clinics. However, community-level awareness initiatives have been implemented to lessen the social stigma attached to maternal mental health problems and to motivate women to seek competent medical assistance when needed. The therapies help improve women's healthcare results and psychological well-being.

3.2.7 Community-Based Public Health Program

Sri Lanka's community-based public health system is considered one of the strongest components of the national healthcare framework. Community-oriented healthcare services delivered through Medical Officer of Health (MOH) divisions and Public Health Midwives provide continuous maternal monitoring, home visits, nutrition counselling, disease screening, vaccination support, and health education programmes for women throughout the country. The extensive public health network has played a major role in enhancing healthcare accessibility among women in both urban and rural sectors while strengthening preventive healthcare services at community level (Pathmeswaran *et al.*, 2006).

3.2.8 Gender-Based Violence Prevention and Support Program

Sri Lanka has also implemented several interventions addressing gender-based violence and women's social wellbeing through the collaboration of Ministry of Women, Child Affairs and Social Empowerment, Ministry of Health, the Sri Lanka Police and other NGOs. The major milestone was introduced in 2016 with the introduction of the National Plan of Action to Address Sexual and Gender- Based Violence. The action was further strengthen through the Multi-sectoral National Action Plan 2024-2028 (Ministry of Women, Child Affairs and Social Empowerment, 2025). Healthcare institutions increasingly provide counselling services, psychosocial support, legal referral mechanisms, and protection services for women affected by domestic violence and abuse. Awareness campaigns and hospital-based support centres have been introduced to strengthen women's safety and psychological wellbeing (Wijegunasekara, & Wijesinghe, 2020). These interventions demonstrate the country's gradual movement towards a more holistic and gender-sensitive healthcare system that addresses both physical and psychosocial dimensions of women's health.

4.0 Emerging Challenges in Women's Health

Sri Lanka has achieved remarkable progress in women's health. It is evidenced by higher life expectancies of women in South Asia, indicating significant improvement in maternal health, education and living standard. However, there are several challenges to improve health of women in the country. Non-communicable diseases (NCDs) have emerged as a main health issue among women in Sri Lanka. Increasing burden of NCDs cause higher morbidity and mortality in the country. Further, national health expenditure and out of pocket expenditure are mounting due to NCDs. It is important to note that screening services for early detection and prevention of NCDs are available in healthcare system of Sri Lanka, the utilization of services remain inadequate in certain parts of the country due to limited awareness, cultural barriers, and inadequate health-seeking behaviour. Regional inequalities are observed among women in rural and estate sectors in access to healthcare services. Equally important factor which constrain better health outcome of women in Sri Lanka is shortages of healthcare personnel. Increasing demand for specialized services, and resource constraints place additional pressure on the healthcare system. The mounting economic burden associated with chronic illnesses

also affects women's ability to access timely diagnosis and treatment. In addition, insufficient attention is given to mental health issues, gender-based violence, and the health needs of ageing women. The challenges indicate the need for more comprehensive, equitable, and integrated approaches to women's health in Sri Lanka.

5.0 Policy Recommendations

Well Woman Clinics & screening. Actions should be taken to expand and strengthen Well Woman Clinics (WWCs) and community-based screening programs across Sri Lanka to improve the early detection of non-communicable diseases. More women can benefit from timely diagnosis and intervention by increasing the facility. Regular utilisation of screening services should be actively encouraged, and preventive health behaviours promoted as a cornerstone of women's wellbeing at every stage of life.

Education and Awareness. Provision of health education and awareness is important. Awareness program should be provided women which enhance the knowledge and motivation to adopt preventive health behaviours, life style modifications and utilisation of available screening services in healthcare system. Awareness campaigns should be designed to reach women across diverse communities without linguistic barriers. Clear and accessible information should addresses common barriers to health care and early diagnosis among women. It is essential to shifting attitudes and improving long-term health outcomes which can be delivered through community outreach, mass media and social media. It ensures sustainable behavioural change.

Equity & access. In order to address unequal utilisation of healthcare facilities among women from different regions, reducing geographical and socioeconomic disparities are crucial. Improving service delivery in underserved rural and estate communities, where distance, cost, and cultural factors are observed are barriers are needed. Establishment of mobile health services, outreach clinics, and community health workers can play a vital role in bringing essential services closer to the women who need them most.

Workforce & capacity building. High-quality women's health services depend on skilled healthcare workforce. Healthcare workers at all levels should receive regular skills development and updated clinical guidance to ensure they are equipped to manage the full range of women's health needs. Building specialist capacity and establishing clear performance standards will further enhance the responsiveness and effectiveness of the health system.

Digital health & policy. Increased investment in digital health technologies and robust health information systems will significantly enhance the effectiveness and efficiency of women's health interventions in Sri Lanka. Digital tools can improve data collection, streamline service delivery, and enable better monitoring of health outcomes across the life course. Alongside this, a commitment to evidence-based policymaking will

ensure that resources are directed where they are most needed, and that interventions are continually refined in response to emerging health challenges and population needs.

Conclusion

Health of women is not just a social concern, it is a part of economic well-being since investment in women's health produces healthy human resources. In South Asian region, Sri Lanka has achieved significant progress in improving women's health through a range of interventions, including maternal and child health services, Well Woman Clinics, reproductive health programmes, cancer screening initiatives, nutrition interventions, and NCD prevention strategies. They have substantially contributed to improvements in health indicators and the overall well-being of women. However, emerging health challenges, particularly the growing burden of non-communicable diseases, healthcare inequalities, and changing demographic patterns, require renewed policy attention. Strengthening existing interventions while adopting integrated, preventive, and woman-centred approaches will be essential for sustaining progress and addressing future health needs. Continued investment in women's health is not only crucial for improving individual health outcomes but also for promoting social development, economic productivity, and national well-being.

Declaration of Generative AI and AI-assisted technologies

During the preparation of this work, the authors used ChatGPT (Open AI) and Claude (Anthropic) to assist with language editing and improving the clarity of the manuscript.

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