# Work History and Health Among Returned Foreign Domestic Workers in Sri Lanka

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Thesis submitted in partial fulfillment of
the requirements for the degree of
Master of Science in Global Health

2021

ABSTRACT

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# Abstract

As one of the first countries to experience rapid ageing in South Asia, Sri Lanka is put many efforts to understand and characterize the ageing population in order to better serve them and prepare for population ageing. This thesis studied further on Foreign Domestic Workers (FDWs) since they are one of the most vulnerable groups among the aged population in Sri Lanka. The aims of the study were to: (1) describe the characteristics of the returned FDWs; (2) associate work history and healthy older life by performing multivariable analysis; (3) describe the technology familiarity among the returned FDWs. 120 returned FDWs residing in Galle, Sri Lanka were surveyed using a questionnaire that was created for the purpose of the thesis. The population sample was women aged between 45 and 65 years old and worked as an FDW for at least 2 years in the past. Whether their older lives were healthy was measured using a binary well-being outcome variable. Overall, the study found that older FDWs were not living differently from that of the general elderly population in Sri Lanka. Many of the descriptive statistics results followed the literatures and other similar studies. When the subjects were satisfied with different aspects of health, they were also satisfied with their current overall well-being. In summary, the older life of the returned FDWs is accompanied by a

continual period of good health and a sustained sense of well-being, their social engagement and productivity remain low.

# Contents

Abstract ..... iv

List of Tables ..... ix

1. Introduction ..... 1

1.1 Global Ageing ..... 1

1.2 Healthy Older Life ..... 1

1.3 Ageing in Sri Lanka ..... 2

1.3.1 Current Situations in Sri Lanka ..... 3

1.3.2 Vulnerable Aged Population: Females and Foreign Domestic Workers (FDWs) 5

1.4 Healthy Ageing Among FDWs ..... 7

1.4.1 Healthy Older Life: Physical Health ..... 8

1.4.2 Healthy Older Life: Economic Health ..... 9

1.5 Justification of the Study ..... 10

1.6 Study Aims ..... 11

2. Methods ..... 12

2.1 Setting ..... 12

2.2 Recruitment ..... 13

2.2.1 Eligibility ..... 14

2.3 Data Collection ..... 14

2.3.1 Questionnaire ..... 14

2.3.2 Sample Size ..... 15
2.3 Measures ..... 16
2.3.1 Work History ..... 16
2.3.2 Healthy Older Life ..... 16
2.3.3 Three Dimensions of Health: psychosocial, physical, economic health ..... 17
2.4 Data Management ..... 18
2.5 Analysis ..... 19
2.5.1 Descriptive Statistics: Aim 1, Aim 2, and Aim 3 ..... 19
2.5.2 Regression Analysis: Aim 2 ..... 21
3. Results ..... 22
3.1 Aim 1: Subject Characteristics Summary ..... 22
3.1.1 Subject Characteristics Summary ..... 22
3.1.2 Categorization of three health dimensions ..... 32
3.2 Aim 2: Association Between Work History and Well-Being ..... 40
3.2.1 Descriptive Statistics of Work History and Well-Being ..... 40
3.2.2 Odds Ratios of Work History and Well-Being ..... 45
3.3 Technology Familiarity of the Subjects ..... 46
4. Discussion ..... 48
4.1 Aim 1: General Characterization and Three Dimensions of Health Among the Returned FDWs ..... 48
4.2 Aim 2: Well-being Among the Returned FDWs ..... 50

4.3 Aim 2: Association Between Work History and Older Life of the Returned FDWs ..... 52

4.4 Aim 3: Technology Familiarity Among the Returned FDWs ..... 53

4.5 Implications for further research ..... 54

4.6 Study limitations and strengths ..... 54

5. Conclusion ..... 56

Appendix A: Recruitment Materials ..... 58

Appendix B: Research Instrument – Survey Questionnaire (English) ..... 59

Appendix C: Research Instrument – Survey Questionnaire (Sinhalese) ..... 73

Appendix D: Information Sheet and Informed Consent Form (English) ..... 85

Appendix E: Information Sheet and Informed Consent Form (Sinhalese) ..... 90

References ..... 95

# List of Tables

Table 1 Categorization of the Three Dimensions of Health ..... 18

**Table 2 Subject Characteristics Summary: Demographics** ..... 22

Table 3 Subject Characteristics Summary: Work History ..... 24

Table 4 Work History Cont'd ..... 25

Table 5 Self-Assessment on Health ..... 26

Table 6 Satisfaction Assessment ..... 26

Table 7 Health ..... 27

Table 8 Health Cont'd ..... 28

Table 9 Economic Contribution of the Subject's Family Members ..... 29

Table 10 Housing ..... 30

Table 11 Retired ..... 31

Table 12 Work History and Psychosocial Health ..... 34

Table 13 Work History and Physical Health ..... 36

Table 14 Work History and Economic Health ..... 38

Table 15 Work History and Well-Being ..... 40

Table 16 Psychosocial Health and Well-Being ..... 41

Table 17 Physical Health and Well-Being ..... 42

Table 18 Economic Health and Well-Being ..... 43

Table 19 Covariates and Well-Being ..... 44

Table 20 Odds Ratio Summary: Work History and Well-Being..... 45

Table 21 Technology Familiarity..... 47

# 1. Introduction

## *1.1 Global Ageing*

Just two centuries ago, there was not a single country in the world with a life expectancy longer than 40 years [1]. From the decline of child mortality to the increased knowledge of hygiene, the life expectancy today has more than doubled and is expected to rise in all countries of the world. Life is getting longer, and ageing needs re-thinking. A new kind of indication of progress and development in the world will not solely be the decline of child mortality but the decline of the elder mortality. Thus, how do we ensure a healthy life not just in the beginning but throughout the course of life?

## *1.2 Healthy Older Life*

According to *Global Health and Ageing Report* by the National Institute on Ageing, a new question has risen: will population aging be accompanied by a continual period of good health, a sustained sense of well-being, and extended periods of social engagement and productivity, or will it be associated with more illness, disability, and dependency? [2] Today, we face questions that have evolved since the life expectancy has increased. The question is not whether people have good health or not, but whether good health is *lived* throughout the course of life. The question is not whether people have well-being or not, but whether well-being is *sustained* throughout the course of life. Furthermore, people across all stages of life should be engaging and feeling productive in a society for as long

as they can. A combination of health, well-being, and social inclusion should be reflected in aged population as well as that of the other population.

In order to re-imagine ageing and to make further progressive achievements in global health, each country needs to address how to live a healthy aged life. To live a healthy life is to have lived well, and a well-lived life requires more than having good health. Therefore, to answer the set of questions mentioned above, there needs to be a more complete and comprehensive approach to imagining 'an older life'.

## *1.3 Ageing in Sri Lanka*

According to the World Health Organization (WHO), 80% of the aged population in the world will be living in low- and middle-income countries [3]. This is concerning, because there is little evidence to suggest that older people today are experiencing their later years in better health than their parents [3]. Especially in low- and middle-income countries, the data is even more challenging to obtain. Thus, in order to ensure healthy ageing in the world, we must focus on the current aged population in those countries experiencing population ageing like Sri Lanka.

As one of the low- and middle-income countries, Sri Lanka is experiencing population ageing at a much faster rate compared to other South Asian countries. There are approximately 21.4 million people living in this country [4]. And, by 2041, one in four Sri Lankans are expected to be elderly. The country further expects financial pressure for

family care on the working-age population due to the unfavorable change in dependency ratio which measures the number of dependent children and elderly individuals in respect to that of the working-age people [5]. Thus, transitioning from a regime of low prosperity, high child mortality and high fertility to a state of high prosperity, low child mortality and low fertility may leave Sri Lanka further behind in terms of achieving healthy older life [6]. This kind of rapid development and demographic shifts could leave the older population vulnerable since there's little time to prepare and investigate the microscopic changes happening within this population. The needs of each aged group are unique. Without taking time to conduct more careful research to understand the needs of each aged group, imagining healthy older life will be more challenging. Thus, whether population ageing in Sri Lanka is being accompanied by a prolonged period of good health, a sustained sense of well-being, and extended periods of social engagement and productivity remains as an ongoing question to be answered.

### *1.3.1 Current Situations in Sri Lanka*

As of today, many barriers to healthy ageing exist in Sri Lanka, and the nation's population ageing is more likely to be associated with illness, disability, and dependency. Even though Sri Lanka has Universal Health System, older Sri Lankans are faced with many health barriers. For example, noncommunicable diseases (NCDs) are more prevalent among the aged population, and it is estimated to account for 83% of

total deaths in Sri Lanka [7]. However, Sri Lanka's health system is yet to have the capacity to combat NCDs. According to the Minister of Health, Nutrition, and Indigenous Medicine, "the health sector's capacity must increase to meet higher demands from the fast-growing burden of NCDs and the needs to the rapidly ageing population [8]." This ultimately will drive people to use private outpatient care and potentially push people to old-age poverty due to a higher out-of-pocket spending. This burden of out-of-pocket payment does not only concern the aged population but the working population as well. Kumara et al. suggests that out-of-pocket payment will increase as the number of elderly members increase in the household [9]. As the dependency ratio increases and there are more elderly members compared to the working members in the household, healthy ageing will be harder to achieve not just for older people but for everyone. As we can see, population ageing is a national concern that threatens healthy life at all stages of life in Sri Lanka.

Although a need to relieve the economic burden on the working members may seem like an immediate concern, creating social protection programs among the aged population require more attention due to its fragmented state. The current social protection schemes of Sri Lanka do not ensure an equitable access to all groups within the aged population. A clear gap between the formal and informal sector exists, and certain aged groups do not have access to the pension schemes. This leaves a larger

proportion of the aged population more vulnerable than the others in their later years of life since more than half of the working population engages in the informal sector [10]. In case of Sri Lanka, what re-imagining 'old life' requires is an equitable access to good health and well-being throughout the course of life, so that the increasing ageing population can thrive and be a part of the society. The issues of current aged population reflect the issues that the current working population will face soon or later, and they must be addressed now.

### *1.3.2 Vulnerable Aged Population: Females and Foreign Domestic Workers (FDWs)*

Among the aged Sri Lankans entering their late-adult life, Sri Lankan women are more likely to be vulnerable in their later years. Although they account for about 56% of the ageing population in Sri Lanka, there is a big gap in research and literature dedicated to understanding their situations (5). Generally, women tend to live longer than males – creating more barriers to sustained well-being and a healthy life among older women. For example, one in every three older women are widowed in Sri Lanka [12], and Sri Lankan women are less likely to participate in the work force due to cultural barriers and socially expected responsibilities in the household [13]. Thus, following a longer life expectancy of women and a higher percentage of widows, they are less likely to have a financial support in their later years. This leaves women further behind from living a healthy life throughout their later years. Even if these women participate in

economic activities, the fragmented pension system does not ensure protection when they retire. This is problematic, because a significant number of women (55.6% of working women) are employed in the informal sector – working as self-employed workers, domestic workers, sub-contact home base workers, and etc. [10].

Of the women in the informal sector, foreign domestic workers (FDWs) were studied further in this paper. According to the International Organization of Labor (ILO), the term 'domestic worker' refers to any person engaged in domestic work (e.g., work performed in or for a household) within an employment relationship[14]. This group of women is an important social group in Sri Lanka. As a low- and middle-income country, Sri Lanka sends a great number of their population abroad and 40% of the workforce are women. Of these women, more than 80% work as a 'housemaid' or a domestic worker[15]. Since migrant workers contributes as the highest avenue of foreign revenue earnings[15], we can expect this group of women to take a big part in the economic growth of Sri Lanka. Women choose to become a migrant worker and work as an FDW, because they can earn about eight times more than their average wage back home[16]. During the time of the work, it's not only the FDWs who benefit from the larger wage but their left-behind family members as well. FDWs send back a part of their wages, or also known as remittance, back home to financially support their family.

However, because they are migrant workers and have lived in a complex web of work history characteristics, the older years of these people are harder to imagine. For Sri Lanka to ensure a healthy life to all groups of it ageing population, FDWs must be prioritized in understanding the current situation of their later years. Considering that migrant workers are often engaged in what are known as 3-D jobs – dirty, dangerous, and demanding – an older FDW is at a higher risk for many chronic diseases along with occupational health risks [17]. More likelihood of spending out-of-pocket payments in health is possible for FDWs. In addition, not only are FDWs women who face more challenges in later years of their life, their work is considered to be a part of the informal sector and does not have a social protection schemes ready for them when they retire and return back home. Thus, whether health and well-being of FDWs are sustained throughout their older years needs to be further investigated. Having a comprehensive understanding of how this particular group is facing their older life will contribute to enhancing the fragmented health sectors and pension schemes in Sri Lanka – ultimately making further achievements in imagining 'older life' across different groups.

## *1.4 Healthy Ageing Among FDWs*

As repeatedly shown throughout the paper, a healthy life is not to be achieved at one point in time, but it must be sustained throughout the course of life. Since living a healthy life during old age is a result of interactions between different stages in life,

understanding unique characteristics of these stages will allow us to develop a comprehensive lens towards a healthy older life [18]. This is why studying the kind of older life the FDWs are living becomes crucial in having a better understanding of population ageing in the context of Sri Lanka. Every group of population may have its own story of ageing due to its own characteristics of earlier stages in life. What would a healthy life look like among the older FDWs? In other words, how are the well-being of the older FDWs sustaining since their early years of life?

### *1.4.1 Healthy Older Life: Physical Health*

In order to adapt to population ageing, a healthy older life should be accompanied by a prolonged period of good health, a sustained sense of well-being, and extended periods of social engagement and productivity. In the combination of these factors, being physically healthy is crucial, because it allows an older individual to have a sense of overall well-being and engage in one's bigger community. Good health impacts almost all of the aspects of life – including being able to socialize with family members and friends. However, in the case of domestic workers, they are highly vulnerable to adverse working or living conditions in destination countries [19]. While being in a foreign country, FDWs face cultural barriers that range from not being able to speak the language of the receiving country to having difficulties in maintaining connections with families back home. Also, they often face physical, verbal, and sexual

abuse at the workplace [20]. These issues can impact FDWs negatively even after they return to Sri Lanka. Thus, to look at the complex travel and work history of resettled migrants requires individual, situational assessment [21].

### *1.4.2 Healthy Older Life: Economic Health*

There is another dimension of health to consider when we look to promote a healthy older life among FDWs – economic health. Although economically, a larger foreign domestic worker population may contribute to national development, the socially accepted retirement age for these women is much earlier than the average retirement age. Most FDWs stop working abroad after they reach 40 years of age while typically, the normal retirement age is 60 years and 50 years for females in the public and private sector, respectively. This can create a sense of insecurity throughout their working life where they will ultimately have to face the consequences of their work in the later years.

Following this trend of early retirement age, it is not easy to grow old to have a healthy later-adult life as an FDW. One reason is because the reality does not reflect the mandatory retirement age of 60. For example, Singapore, one of the FDW receiving countries, has set the FDW eligibility age from 23 to below 50 years old at the time of application. FDWs 50 years old and beyond can only renew their working permits until they are 60 years old[22]. However, it is unrealistic for FDWs to continue working until

they are 60 years old, because the younger FDWs are in a higher demand and will often replace them.

This indicates how FDWs can be at a higher risk of old age poverty. Although a regional study from the World Bank shows that pension payments are associated with lower likelihood of poverty of the household where the recipients reside, this is a story of the lucky ones [23]. Most FDWs have little to no financial literacy. Considering that most of these women decide to work abroad due to financial strains back home, it is expected that the foreign domestic work returnees will choose to send remittances to save and invest for their later years. How these women prepare themselves for their retirement is still not clearly described. Ultimately, this can have an impact on reflecting the government's effort to understand the healthy older life of an older FDWs.

## *1.5 Justification of the Study*

The world is getting older. The number of adults aged 65 and over will outnumber children under the age of 5 since 2012. By 2050, these older adult will outnumber all children under the age of 14 [24]. According to the WHO, 80% of these people will be living in low- and middle-income countries. Sri Lanka is one of the very first countries in South Asia to experience the rapid growth in ageing population. There have been many efforts to understand and characterize the ageing population in order to better serve them and prepare for population ageing. Yet, Sri Lanka faces many

challenges that cannot be resolved until investigating each group within their aged population. This thesis studied further on FDWs since they are one of the most vulnerable groups among the aged population in Sri Lanka.

FDWs in other countries also require specific needs in their later years. Along with international organizations like the United Nations and International Organization of Migration, other domestic work labor sending countries like Philippines recognizes the need to have social protection programs for FDWs. Studies on the workers' health and their left behind families are often studied in the receiving countries such as Saudi Arabia, Hong Kong, and Singapore as well. This attention on the female migrant workers like FDWs is ongoing and they continue to be an important social group – especially in Sri Lanka where population ageing is already happening. Institute of Policy Studies (IPS) of Sri Lanka conducts studies further on the vulnerability foreign domestic workers face in their later years [25]. In order to ensure a healthy life not just in the beginning but throughout the course of life, Sri Lanka needs to put more effort in addressing challenges that older FDWs face as they return home to spend their later years.

## *1.6 Study Aims*

Ageing does not happen in one day. Healthy older life is a result of combinations among factors like work history, physical health, and economic health. Because of its

cumulative and acute effects on late-life health, work takes an especially important role in shaping the ageing processes [26]. Addressing the needs of older FDWs requires characterizing and describing their current situations. Thus, in order to get a better understanding of the later years the FDWs are living, this study surveyed 120 returned FDWs in Galle, Sri Lanka. Using a cross-sectional study design, the aims of this study were to: (1) describe the characteristics of the returned FDWs and categorize the questionnaire into three dimensions of health; (2) associate work history and healthy older life by performing multivariable analysis; (3) describe the technology familiarity among the returned FDWs.

# 2. Methods

In order to capture the situation of returned FDWs, a cross-sectional study design was used. A total of 120 returned foreign domestic workers (FDWs) were surveyed from August to September 2020. This study was approved by the Duke University Campus Institutional Review Board (IRB) in the United States and the University of Ruhuna IRB in Sri Lanka.

## *2.1 Setting*

The study took place in two selected Medical Officer of Health (MOH) Divisions in Galle District in the Southern Province of Sri Lanka. According to the Sri Lanka

Population and Housing Census (SLPHC) conducted by the Department of Census and Statistics (DCS), the second highest proportion of the aged live in the Southern Provinces, with 13.8% of the aged population[11]. Bope-Poddala MOH Division (rural area) and Hikkaduwa MOH Division (urban area) were selected to study.

## *2.2 Recruitment*

Currently there is no complete record on FDW returnees with any of the government agencies. However, some information on FDWs were available with divisional social services officers, Grama Niladari (Village officer) and public health midwives. A local research assistant was hired in order to identify ageing foreign domestic workers in two MOH divisions with the help of officers mentioned above. Information from selected FDWs was obtained about similar FDWs known to them in these areas. The research assistant prepared a list of selected FDWs from both MOH divisions. 60 from each MOH division (Bope-Poddala and Hikkaduwa) was then recruited to the study using convenience sampling. Participants in the questionnaire received a compensation of 1,000 Sri Lankan Rupees (equivalent to USD 6.0). After identifying the group of FDWs, dates and times were scheduled for them to either come in to the Medical Faculty or to a field clinic close to their residence to complete the questionnaire.

### 2.2.1 Eligibility

People eligible for the study were women aged between 45- and 65-years old living in Galle, Sri Lanka who worked as an FDW for at least 2 years and who were willing to participate in the study.

## 2.3 Data Collection

### 2.3.1 Questionnaire

The study instrument consisted of 55 questions in total, which was separated into 7 sections:

1) Demographics
2) Work History
3) Health
4) Current Financial Status
5) Housing
6) Self-assessing Retirement
7) Technology Usage

The questionnaire was created from the following standard measures: WHO Study of Global Ageing and Adult Health, Population and Housing Survey from Census of Population and Housing in Sri Lanka (2001 and 2016), Household Income and Expenditure Survey (2016) in Sri Lanka, Health and Retirement Study Survey. Some of the questions were developed specifically for the study [27]. Before the data collection

began, the research assistant translated and back translated all the questionnaire items from English to Sinhalese.

During the data collection, a research assistant read out loud the Sinhalese version of the questionnaire questions and wrote the responses on a physical copy of the questionnaire printed from the Community Medicine department at the University of Ruhuna. The questionnaire completion time was in between 30 and 45 minutes. Every participant was able to complete the questionnaire without stopping. The data collection process occurred in person at the Medical Faculty or a field clinic close to the participant's residence while following the national COVID-19 precautions.

### *2.3.2 Sample Size*

The sample size was calculated based on the following formula:

$$\text{Size of the sample (N)} = Z^2 \; P\,(1 - P)/d^2$$

Z = 1.96

P = Anticipated population proportion

d = Absolute precision required for the estimate to fall within given percentage point of the proportion = 10%

Health status and healthy older life has not been studied methodically among older FDWs returnees in Sri Lanka. Therefore, the maximum percentage 50% was taken as the expected proportion:

P = 50%

Substituting the above values in the above equation the required minimum sample is 96. Due to uncertainty in reaching out to all 96 returned FDWs, 120 were recruited. All 120 FDWs were able to participate in the study and were successfully recruited.

## *2.3 Measures*

Since FDWs have work history abroad, their older life is influenced by a complex web of work characteristics. Along with work history, three dimensions (such as psychosocial, physical, and economic) were considered to be factors leading to a healthy older life.

### 2.3.1 Work History

To understand the effect of the work history better, the following variables were chosen: work location, past remittance receivers, past remittance main usages, total years spent each time abroad, and average monthly wages abroad. All of the variables were chosen from performing literature analysis on FDWs.

### 2.3.2 Healthy Older Life

There are many approaches to measure healthy older life. However, this paper followed the multidisciplinary approach used to conduct the Health and Retirement Study (HRS) in the United States of America. The HRS is a nationally representative longitudinal survey of more than 37,000 individuals over the age of 50. The survey was

analyzed by focusing on four broad topics of income and wealth; health, cognition and use of healthcare services; work and retirement; and family connections [27]. Following a similar approach, the four broad topics were modified in the Sri Lankan FDWs context: work history, psychosocial health, physical health, economic health (Table 1).

These different aspects of health lead to healthy older life. For the purpose of the study, **healthy older life was measured using an overall well-being satisfaction. The question was:** ***Taking all things together, how satisfied are you with your life as a whole these days?*** **This was on a satisfaction scale ranging from 0 to 4, where 0 indicated the lowest satisfaction and 4 indicated the highest satisfaction**. If the study participant answered that she was very satisfied or satisfied, this was interpreted as being in the state of well-being and thus her later years were healthy.

### 2.3.3 Three Dimensions of Health: psychosocial, physical, economic health

Information about work in the earlier years of life provides only one part of how people age, and understanding an older life in any occupational group is not easy. Thus, both satisfaction and self-assessment sections of the questionnaire were further categorized into psychosocial, physical, and economic health (Table 0) in order to get a comprehensive understanding of the late-adult life the returned FDWs are living.

**Table 1 Categorization of the Three Dimensions of Health**

| Dimensions of Health | Question |
|---|---|
| Psychosocial | How satisfied are you with your personal relationships? |
| | How do you assess yourself in other social interactions? (e.g. keeping in contacts with relatives, grandchildren, friends, etc.) |
| | How do you assess yourself in competency in using technology? (e.g. phone,m computer, facebook, Skype, internet browsing, printing, etc.) |
| Physical | How satisfied are you with your health? |
| | How satisfied are you with your ability to perform your daily living activities? |
| | How do you assess yourself in exercise? (e.g. daily activities, lifting heavy things, swimming, etc.) |
| Economic | How satisfied are you with the conditions of your living place? |
| | How do you assess yourself in diet/nutrition (e.g. fresh fruits, vegetables, fast foods, etc.)?<br>Is there enough income for your household? |

The satisfaction scale ranged from 0 to 4, where 0 indicated the lowest satisfaction level and 4 indicated the highest satisfaction level. The self-assessment section of the questionnaire used a similar measurement as well. The self-assessment scale ranged from 0 to 4, where 0 implied *bad* and 4 implied *excellent*.

## 2.4 Data Management

A local research assistant administered the questionnaire. The only time when identifying information such as name and contact information were included was during the recruitment process. After the recruitment process was over, any remaining identifying information was removed. The questionnaire did not have any identifying

information. After the questionnaires were completed, the responses were entered using the Duke database, *REDCap* by a study staff.

All the paperwork (completed questionnaires) will remain with the study staff in the department of Community Medicine at University of Ruhuna for at least 5 years. After 5 years, the paper copies of the survey will be destroyed. Only the relevant personnel (research assistants, investigators) will have access to the completed questionnaires to maintain confidentiality.

## 2.5 Analysis

All modeling and regression analysis were performed using STATA 16 (StataCorp, College Station, Texas, USA).

### 2.5.1 Descriptive Statistics: Aim 1, Aim 2, and Aim 3

Descriptive statistics were done throughout the study to achieve all aims. Before each aim was described, kappa statistics were done to test the independence of the questionnaire questions. Kappa statistics is more commonly used to test interrater reliability [28]. However, for the purpose of the study, kappa statistics was used to compare two categorical variables that appeared to measure the same information such as general health of the subjects (i.e. more than one question give us the same information on the subjects' health status). Thus, the statistics was completed between variables before analysis to see the possibility of eliminating variables that are

measuring the same thing. Every question on the questionnaire was independent of each other, and none of the question was eliminated in proceeding the further analysis. This showed that each question response did not measure the same information. Then, descriptive statistics followed for each aim.

For **Aim 1,** to describe the characteristics of the returned FDWs, the following sections from the questionnaire were summarized and tabulated: demographics, work history, health, current economic state, housing, self-assessing retirement. These summarized responses were further categorized into three dimensions of health (psychosocial, physical, economic). These dimensions of health represent different aspects of healthy older life as mentioned in the 2.3.3 section. Thus, work history variables were tabulated by dimensions of health (psychosocial, physical, and economic) to show the distribution of work history with each aspect of healthy older life. For **Aim 2,** work history variables were tabulated by the well-being variable before performing multivariable regression analysis. This descriptive summary between work history variables and the well-being variable described that well-being variable is a representable outcome variable to psychosocial, physical, and economic health from Aim 1. Lastly, for **Aim 3,** technology section of the questionnaire was tabulated to describe the technology familiarity of the subjects.

### *2.5.2 Regression Analysis: Aim 2*

Using STATA, multivariable regression analyses were done between work history variables and the outcome variable (i.e. well-being). Throughout the analysis, the well-being variable reflected the healthy older life of returned FDWs. The multivariable regression between each work history variable and the well-being variable was done to find the relationships between them. Before adjusting for a possible confounder, age, in each model, bivariable regression was done between work history variables and the well-being variable. Both unadjusted odds ratios and adjusted odds ratios were summarized. 95% confidence intervals were also obtained from this step.

# 3. Results

## *3.1 Aim 1: Subject Characteristics Summary*

This first part of Aim 1 included summaries of response from the following sections in the questionnaire: work history, health, current economic state, housing, self-assessing retirement. Responses from the first part of Aim 1 were further categorized into psychosocial, physical, and economic dimensions of health. These summary tables are summarized as the second part of Aim 1 (Section 3.1.2). This section shows the relationship between work history and different aspects of healthy older life (Table 12 – Table 14). The relationships between each work history variable and the variables in each dimension of health were tabulated.

### *3.1.1 Subject Characteristics Summary*

**Table 2 Subject Characteristics Summary: Demographics**

| Subject characteristics summary: Demographics | | |
|---|---|---|
| **Variable Name** | **Frequency (n)** | **Column %** |
| **Marital Status (n = 120)** | | |
| Never Married | 9 | 7.5 |
| Married | 86 | 71.6 |
| Living with a partner | 2 | 1.6 |
| Widowed | 15 | 12.5 |
| Divorced/separated | 8 | 6.6 |
| **Religion (n = 120)** | | |
| Buddhism | 95 | 79.1 |
| Hinduism | 3 | 2.5 |
| Islam | 13 | 10.8 |
| Roman Catholicism | 2 | 1.6 |

| | | |
|---|---|---|
| Christianity | 7 | 5.8 |
| **Ethnicity (n = 120)** | | |
| Sinhalese | 102 | 85.0 |
| Sri Lanka Tamil | 1 | 0.8 |
| Indian Tamil | 3 | 2.5 |
| Sri Lanka Moor | 13 | 10.8 |
| Burgher | 1 | 0.8 |
| **Education (n = 120)** | | |
| No Schooling | 1 | 0.83 |
| Primary | 22 | 18.33 |
| Secondary | 41 | 34.17 |
| GCE O/L | 44 | 36.67 |
| GCE A/L | 12 | 10.00 |
| **Language (n = 120)** | | |
| Sinhalese alone | 48 | 40.00 |
| Sinhalese + English | 7 | 5.83 |
| Sinhalese + Arabic | 40 | 33.33 |
| Sinhalese + Tamil | 11 | 9.17 |
| > 2 languages | 10 | 8.33 |
| Tamil alone | 1 | 0.83 |

Of 120 women, the majority of the study participants were married (71.6%). 12.5% of them identified themselves as widows. Buddhism was the most common religion in the group. 85% of the study participants were Sinhalese, and Sinhalese was the most spoken language. 36.6% of these women had completed up to GCE O/L, which would be considered as a high school diploma. 34.1% received up to secondary education or equivalent to a middle school in the United States.

**Table 3 Subject Characteristics Summary: Work History**

| Subject Characteristics summary: Work History | | |
|---|---|---|
| **Variable Name** | **Frequency (n)** | **Column %** |
| **Work Location (n = 181)** | | |
| Jordan | 17 | 9.3 |
| Kuwait | 41 | 22.6 |
| Lebanon | 17 | 9.3 |
| Maldives | 1 | 0.5 |
| Oman | 12 | 6.6 |
| Qatar | 5 | 2.7 |
| Saudi | 51 | 28.1 |
| UAE | 34 | 18.7 |
| Cyprus | 1 | 0.5 |
| Bahrain | 1 | 0.5 |
| Singapore | 1 | 0.5 |
| **Remittance Receiver (n = 134)** | | |
| Self | 22 | 16.4 |
| Husband | 78 | 58.2 |
| Other family members | 34 | 25.3 |
| **Decisions on spending remittance (n = 130)** | | |
| Self | 57 | 43.8 |
| Husband | 52 | 40 |
| Parents | 15 | 11.5 |
| Children | 4 | 3 |
| Other | 2 | 1.5 |
| **Past Remittance Main Usages (n=252)** | | |
| Basic consumption for the household | 87 | 34.5 |
| Children Education | 76 | 30.1 |
| Family Care | 36 | 14.2 |
| Savings/Investment | 53 | 21.0 |

**Table 4 Work History Cont'd**

**Subject Characteristics summary: Work History (n =120)**

| | Mean | Min. | Max. |
|---|---|---|---|
| **Total Years Each Time Abroad** | | | |
| Years | 4.02 | 0.6 | 35 |
| **Average Monthly Wage** | | | |
| Rupees | 24,633 | 6,000 | 80,000 |
| **Average Savings Abroad** | | | |
| Rupees | 10,260 | 2,000 | 35,000 |
| **Remittance** | | | |
| Rupees | 19,196 | 3,300 | 80,000 |

Table 3 and Table 4 summarized work history of the participants. From Table 3, most common foreign work location was Saudi Arabia (28.1%) followed by Kuwait (22.6%). United Arab Emirates (UAE) was the third most common place for foreign domestic work (18.7%). When the participants sent remittances back home from abroad, their husbands were the usual receivers (58.2%). Other remittance receivers include parents (18.6%) and their own bank account (16.4%). Most were able to make their own decisions on where to spend the remittances (43.8%) followed by their husbands deciding (40.0%). In Table 4, the mean total years spent each time they went abroad was about 4 years. While they were abroad, they made a monthly average wage of 24,633 Sri Lankan Rupees. Of this amount, they saved 10,260 Rupees for themselves while abroad and sent more than half of their monthly wages as a remittance.

**Table 5 Self-Assessment on Health**

| Subject characteristics summary: Self-Assessed Health (n=120) | | | | | |
|---|---|---|---|---|---|
| **Category** | **Scale (n, (row %))** | | | | |
| | Excellent | Very Good | Good | Fair | Bad |
| Diet/Nutrition | 10 (8.3%) | 38 (31.7%) | 60 (50%) | 11 (9.16%) | 1 (0.8%) |
| Exercise | 6 (5.0%) | 34 (28.3%) | 67 (55.8%) | 12 (10%) | 1 (0.8%) |
| Family Interaction | 17 (14.2%) | 59 (49.2%) | 40 (3.3%) | 3 (2.5%) | 2 (0.8%) |
| Other social interaction | 14 (11.7%) | 63 (52.5%) | 37 (30.8%) | 6 (5.0%) | 0 |
| Hobbies/interest | 7 (5.8%) | 28 (23.3%) | 69 (57.5%) | 13 (10.8%) | 3 (2.5%) |
| Technology competency | 4 (3.3%) | 22 (18.3%) | 60 (50%) | 23 (19.2%) | 11 (9.2%) |
| Daily energy | 52 (43.3%) | 24 (20%) | 40 (33.3%) | 4 (3.3%) | 0 |

**Table 6 Satisfaction Assessment**

| Subject characteristics summary: Satisfaction (n=120) | | | | | |
|---|---|---|---|---|---|
| **Category** | **Scale (n, (row %))** | | | | |
| | Very Satisfied | Satisfied | Neither | Dissatisfied | Very Dissatisfied |
| Health | 13 (10.8%) | 63 (52.5%) | 28 (23.3%) | 16 (13.3%) | 0 |
| Daily living activities | 16 (13.3%0 | 80 (66.6%) | 21 (17.5%) | 3 (2.5%) | 0 |
| Relationships | 19 (15.8%) | 80 (66.6%) | 21 (17.5%) | 0 | 0 |
| Living Place | 21 (17.5%) | 61 (50.8%) | 30 (25%) | 7 (5.8%) | 1 (0.83%) |
| Overall Lifestyle | 12 (10%) | 73 (60.8%) | 31 (25.8%) | 4 (3.3%) | 0 |

Table 5 and Table 6 summarizes self-assessment and satisfaction assessment. From Table 5, participants had the highest scale score in daily energy category. This category asked if the participant has enough energy for daily life. The category with the lowest scale score was technology competency with 9.2%. From Table 6, most

participants generally seemed satisfied with their health, daily living activities, relationships, living place, and overall lifestyle.

**Table 7 Health**

**Subject characteristics summary: Health**

| Variable Name | Frequency (n) | Column % |
|---|---|---|
| **General Health (n = 120)** | | |
| Very Healthy | 24 | 20.0 |
| Healthier than average | 29 | 24.2 |
| Of average health | 47 | 39.2 |
| Somewhat healthy | 19 | 15.8 |
| Very unhealthy | 1 | 0.8 |
| **Outpatient visits (n=120)** | | |
| Yes | 31 | 25.8 |
| No | 89 | 74.2 |
| **In-patient visits (n = 120)** | | |
| Yes | 5 | 4.2 |
| No | 115 | 95.8 |
| **Usual caregiver(s) when sick (n = 156)** | | |
| Husband | 78 | 50.0 |
| Son | 17 | 10.9 |
| Daughter | 33 | 21.2 |
| Daughter-in-law | 9 | 5.8 |
| Son-in-law | 3 | 1.9 |
| Grandchild | 0 | 0.0 |
| Relatives | 6 | 3.8 |
| Parents | 5 | 3.2 |
| Sister | 4 | 2.6 |
| Nobody | 1 | 0.6 |

**Table 8 Health Cont'd**

**Subject characteristics summary: Chronic Diseases**

| Variable Name | Frequency (n) | Column % |
|---|---|---|
| Heart conditions / diseases | 5 | 4.2 |
| High/low BP | 23 | 19.2 |
| Diabetes | 19 | 15.8 |
| Asthma | 10 | 8.3 |
| Stomach Diseases / Gastritis | 10 | 8.3 |
| Kidney diseases | 6 | 5.0 |
| Eye diseases | 14 | 11.7 |
| Arthritis | 39 | 32.5 |
| Hemorrhoids | 1 | 0.8 |
| Catarrh (i.e. excessive mucus in the airways) | 6 | 5.0 |
| Severe headache | 2 | 1.7 |
| Depression | 1 | 0.8 |
| None | 30 | 25.0 |

Table 7 and Table 8 summarize physical health related questions from the survey instrument. From Table 7, most of the subjects recorded themselves to have of average health (39.2%). There was only one person who answered to be in a very bad health state. Both in- and out-patient visits referred to their visiting history of health facilities in the month prior to their participation month. 25.8 % of the participants had out-patient visits while only 4.2 % of them had in-patient visits. About half of them were taken care of by their husbands when the subjects felt sick. From Table 8, 32.5% of the study participants suffered from arthritis. This was the most common chronic disease present among the participants followed by high and low blood pressure (19.2%).

**Table 9 Economic Contribution of the Subject's Family Members**

| Economic Contribution of the Subject's Family Members | | |
|---|---|---|
| **Variable Name** | **Frequency** | **Column %** |
| **# of financially contributing members (n = 185)** | | |
| 1 | 120 | 64.8 |
| 2 | 58 | 31.3 |
| 3 | 7 | 3.7 |
| 4 | 0 | 0.0 |
| **Financially contributing members (n = 185)** | | |
| Self | 39 | 21.0 |
| Husband | 79 | 42.7 |
| Brother | 3 | 1.6 |
| Sister | 2 | 1.0 |
| Parents | 0 | 0.0 |
| Son-in-law / Daughter-in-law | 13 | 7.0 |
| Children | 49 | 26.4 |
| Relatives | 0 | 0.0 |
| **Age of the economically contributing members (n = 185)** | | |
| 15-20 | 2 | 1.0 |
| 20-30 | 25 | 13.5 |
| 30-40 | 34 | 18.3 |
| 40-50 | 39 | 21.0 |
| 50-60 | 62 | 33.5 |
| 60-70 | 23 | 12.4 |

Table 9 summarized the participants' economic health related variables such as family's financial contribution to the household. The study participants had at least one person financially contributing to the household (64.8%). However, no one had more than 3 people financially contributing. The usual financial contributors were the

following in order of the largest percentage: husband (42.7%), children (26.4%), and self (21.0%). None of their parents and relatives contributed to their household financially.

**Table 10 Housing**

**Subject Characteristics Summary: Housing**

| Variable Name | Frequency | Column % |
|---|---|---|
| **House Structure (n = 120)** | | |
| Single floor | 94 | 78.3 |
| Double floor | 11 | 9.1 |
| Attached house / Annex | 5 | 4.1 |
| Flat | 1 | 0.8 |
| Condominium | 0 | 0.0 |
| Twin House | 3 | 2.5 |
| Line room / Row house | 3 | 2.5 |
| Slum / Shanty | 3 | 2.5 |
| **# of rooms (n = 120)** | | |
| One | 12 | 10 |
| Two | 42 | 35 |
| Three | 49 | 40.8 |
| Four | 17 | 14.1 |
| **Do you own this house? (n = 120)** | | |
| Yes | 26 | 21.6 |
| No | 94 | 78.3 |
| **Who is the house owner? (n = 113)** | | |
| Self | 22 | 19.4 |
| Husband | 48 | 42.4 |
| Parents | 9 | 7.9 |
| Children | 18 | 15.9 |
| Brother | 5 | 4.4 |
| Government | 1 | 0.8 |
| Lessor | 1 | 0.8 |
| Mother-in-law | 1 | 0.8 |
| Son-in-law | 3 | 2.6 |
| To Estate owner | 2 | 1.7 |
| To plantation company | 1 | 0.8 |
| Other Relatives | 2 | 1.7 |

Table 10 summarized the housing section of the questionnaire. More than half of the study participants resided in a single floor house. About 40.8% of the houses had 3 rooms. This section indicates that most of these houses are owned by someone else or other authorities such as the government or plantation company.

**Table 11 Retired**

**Subject Characteristics Summary: Retired**

| Variable Name | Frequency | Column % |
|---|---|---|
| **Retirement Status (n=120)** | | |
| Retired | 68 | 56.6 |
| Not Retired | 52 | 43.4 |
| **Retired Age (n = 67)** | | |
| 25-30 | 2 | 3.0 |
| 31-35 | 1 | 1.5 |
| 36-40 | 2 | 3.0 |
| 41-45 | 13 | 19.4 |
| 46-50 | 29 | 43.3 |
| 51-55 | 13 | 19.4 |
| 56-60 | 6 | 9.0 |
| 61-65 | 1 | 1.5 |
| **Main Reason for Retirement (n = 72)** | | |
| Poor Health | 23 | 31.9 |
| Wanted to do other things | 1 | 1.4 |
| Didn't like the work | 2 | 2.8 |
| Work was not available anymore | 8 | 11.1 |
| Wanted to spend more time with family | 37 | 51.4 |
| To take care of a sick daughter | 1 | 1.4 |
| **Any Life Insurance (n=120)** | | |
| Yes | 14 | 11.7 |
| No | 106 | 88.3 |

| **How often did you think about retirement? (n=68)** | | |
|---|---|---|
| A lot | 20 | 29.4 |
| Some | 26 | 38.2 |
| Little | 12 | 17.6 |
| Hardly at all | 9 | 13.2 |
| Don't know | 1 | 1.4 |

Table 11 summarized the retired among the study participants. Out of the 120 participants, 52 of them (43.3%) were not yet retired. More than half (56.6%) were retired. Most of the retired participants retired between 46 and 50 years of age. The earliest retirement age was between 25 and 30 years. About half of them answered their main reason for retirement to be 'spending more time with family'. This was followed by their poor health as the next common reason for retirement. The majority of the participants (88.3%) did not have any kinds of life insurance. Among those who retired, a little less than 30 % gave lots of thoughts about retirement before retiring. Most people (38.2%) had only some thoughts about retirement.

### *3.1.2 Categorization of three health dimensions*

Table 12 through Table 14 summarize work history variables by three dimensions of health (psychosocial, physical, and economic). These three dimensions make up healthy older life.

From Table 12, most of those who worked in any of the work locations were satisfied with their personal relationships along with social interactions. Yet, their technology familiarity remained between bad and average. Those who reported to have bad social interactions lived almost 5 years longer than those who reported to have average or good social interactions. Table 13 shows the distribution of work history variables across different variables of physical health dimension. Those who have worked in Kuwait had the highest dissatisfaction with their health (51.2%). Also, the highest proportion of those who sent their remittance to husbands had good amount of exercise. When the subjects spent 1-2 more years abroad, the number of those who were dissatisfied with their health increased. Lastly, Table 14 summarizes the distribution of work history variables among different variables of the economic health dimension. Among those who used their remittance for basic consumption of their household, 32% were dissatisfied with their current living situation, which was the largest among other usages of remittance. Across the economic variables, the participants earned at least about 20,000 Sri Lankan Rupees (equivalent to about 273 USD). There was about 5,000 Rupees (about 25 USD) difference at most between those who were satisfied with their living situation, diet and nutrition, and having enough income for the household.

**Table 12 Work History and Psychosocial Health**

| Variable Name | | Satisfaction on: Personal Relationship (n=120) | | Self-Assessment on: Social Interactions (n=120) | | | Self-Assessment on: Technology Familiarity (n=120) | | |
|---|---|---|---|---|---|---|---|---|---|
| | Total (n) | Satisfied (n (%)) | Dissatisfied (n (%)) | Bad (n (%)) | Average (n (%)) | Good (n (%)) | Bad (n (%)) | Average (n (%)) | Good (n (%)) |
| **Past work Location: Ever been to (n=178)** | | | | | | | | | |
| Cyprus, Lebanon, or Jordan | 32 | 24 (75.0%) | 8 (25.0%) | 1 (3.1%) | 10 (31.2%) | 21 (65.6%) | 8 (25.0%) | 15 (46.8%) | 9 (28.1%) |
| Kuwait | 39 | 36 (92.3%) | 3 (7.6%) | 1 (2.5%) | 13 (33.3%) | 25 (64.1%) | 15 (38.4%) | 17 (43.5%) | 7 (17.9%) |
| Saudi Arabia | 49 | 38 (77.5%) | 11 (22.4%) | 3 (6.1%) | 17 (34.6%) | 29 (59.1%) | 18 (36.7%) | 22 (44.9%) | 9 (18.3%) |
| UAE or Maldives | 57 | 49 (85.9%) | 8 (14.0%) | 4 (7.0%) | 15 (26.3%) | 38 (66.6%) | 14 (24.5%) | 30 (52.6%) | 13 (22.8%) |
| **Past Remittance Receiver: Ever sent to… (n=134)** | | | | | | | | | |
| Self | 22 | 14 (63.6%) | 8 (36.3%) | 1 (4.5%) | 10 (45.4%) | 11 (50.0%) | 5 (22.7%) | 11 (50.0%) | 6 (27.2%) |
| Husband | 78 | 62 (79.4%) | 16 (20.5%) | 4 (5.1%) | 22 (28.2%) | 52 (66.6%) | 22 (28.2%) | 38 (48.7%) | 18 (23.0%) |
| Other Family Members | 34 | 31 (91.1%) | 3 (8.8%) | 2 (5.8%) | 11 (32.3%) | 21 (61.7%) | 10 (29.4%) | 18 (52.9%) | 6 (17.6%) |
| **Past Remittance** | | | | | | | | | |

| **Main Usages (n=254)** | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Basic consumption for the household | 87 | 70 (80.4%) | 17 (19.5%) | 6 (6.9%) | 25 (28.7%) | 56 (64.3%) | 29 (33.3%) | 43 (49.4%) | 15 (17.2%) |
| Children's Education | 76 | 61 (80.2%) | 15 (19.7%) | 4 (5.2%) | 21 (27.6%) | 51 (67.1%) | 24 (31.5%) | 39 (51.3%) | 13 (17.1%) |
| Family Care | 36 | 31 (86.1%) | 5 (13.8%) | 2 (5.5%) | 10 (27.7%) | 24 (66.6%) | 7 (19.4%) | 19 (52.7%) | 10 (27.7%) |
| Savings/Investment | 53 | 45 (84.9%) | 8 (15.0%) | - | 14 (26.4%) | 39 (73.5%) | 12 (22.6%) | 28 (52.8%) | 13 (24.5%) |

| **Total Years Spent Each Time Abroad (n = 120)** | **n** | **Satisfied: years** | **Dissatisfied : years** | **Bad: years** | **Average: years** | **Good: years** | **Bad: years** | **Average: years** | **Good: years** |
|---|---|---|---|---|---|---|---|---|---|
| mean | 120 | 4.7 | 3.1 | 9 | 4.2 | 4.5 | 4.8 | 4.6 | 4.4 |

| **Monthly Wages Abroad (n=120)** | **n** | **Satisfied: Rupees** | **Dissatisfied : Rupees** | **Bad: Rupees** | **Average: Rupees** | **Good: Rupees** | **Bad: Rupees** | **Average: Rupees** | **Good: Rupees** |
|---|---|---|---|---|---|---|---|---|---|
| mean | 120 | 24,633 | 24,232 | 19,500 | 21,870 | 25,578 | 22,873 | 23,633 | 26,923 |

**Table 13 Work History and Physical Health**

| Variable Name | Total (n) | Satisfaction on: Health (n=120) | | Satisfaction on: Daily activities (n=120) | | Self-Assessment on: Exercise (n=120) | | |
|---|---|---|---|---|---|---|---|---|
| | | Satisfied (n (%)) | Dissatisfied (n (%)) | Satisfied (n (%)) | Dissatisfied (n (%)) | Bad (n (%)) | Average (n (%)) | Good (n (%)) |
| **Past work Location: Ever been to (n=178)** | | | | | | | | |
| Cyprus, Lebanon, or Jordan | 32 | 21 (65.6%) | 11 (34.3%) | 25 (78.1%) | 7 (21.8%) | 2 (6.2%) | 16 (50.0%) | 14 (43.7%) |
| Kuwait | 39 | 19 (48.7%) | 20 (51.2%) | 31 (79.4%) | 8 (20.5%) | 7 (17.9%) | 25 (64.1%) | 7 (17.9%) |
| Saudi Arabia | 49 | 32 (65.3%) | 17 (34.6%) | 40 (81.6%) | 9 (18.3%) | 6 (12.2%) | 32 (65.3%) | 11 (22.4%) |
| UAE or Maldives | 57 | 39 (68.4%) | 18 (31.5%) | 48 (84.2%) | 9 (15.7%) | 5 (8.7%) | 32 (56.1%) | 20 (35.0%) |
| **Past Remittance Receiver: Ever sent to… (n=134)** | | | | | | | | |
| Self | 22 | 18 (81.8%) | 4 (18.1%) | 16 (72.7%) | 6 (27.2%) | 1 (4.5%) | 16 (72.7%) | 5 (22.7%) |
| Husband | 78 | 50 (64.1%) | 28 (35.9%) | 60 (76.9%) | 18 (23.0%) | 9 (11.5%) | 39 (50.0%) | 30 (38.4%) |
| Other Family Members | 34 | 20 (58.8%) | 14 (41.1%) | 29 (85.2%) | 5 (14.7%) | 4 (11.7%) | 21 (61.7%) | 9 (26.4%) |
| **Past Remittance Main Usages (n=254)** | | | | | | | | |
| Basic consumption for the household | 87 | 51 (58.6%) | 36 (41.3%) | 67 (77.0%) | 20 (22.9%) | 10 (11.4%) | 49 (56.3%) | 28 (32.1%) |
| Children's Education | 76 | 44 (57.8%) | 32 (42.1%) | 59 (77.6%) | 17 (22.3%) | 10 (13.1%) | 39 (51.3%) | 27 (35.5%) |
| Family Care | 36 | 23 (63.8%) | 13 (36.1%) | 30 (83.3%) | 6 (16.6%) | 1 (2.7%) | 24 (66.6%) | 11 (30.5%) |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Savings/Investment | 53 | 34 (64.1%) | 19 (35.8%) | 44 (83.0%) | 9 (16.9%) | 7 (13.2%) | 30 (56.6%) | 16 (30.1%) |
| **Total Years Spent Each Time Abroad (n = 120)** | **n** | **Satisfied: years** | **Dissatisfied: years** | **Satisfied: years** | **Dissatisfied: years** | **Bad: years** | **Average: years** | **Good: years** |
| mean | 120 | 4.2 | 5.2 | 4.3 | 5.7 | 6.7 | 4.4 | 4.3 |
| **Monthly Wages Abroad (n=120)** | **n** | **Satisfied: Rupees** | **Dissatisfied: Rupees** | **Satisfied: Rupees** | **Dissatisfied: Rupees** | **Bad: Rupees** | **Average: Rupees** | **Good: Rupees** |
| mean | 120 | 23,838 | 24,636 | 24,341 | 23,292 | 24,169 | 23,254 | 25,588 |

## Table 14 Work History and Economic Health

| Variable Name | | Satisfaction: Living Situation (n=120) | | Self-Assessment: Diet/Nutrition (n=120) | | | Is there enough income for your household? (n=120) | |
|---|---|---|---|---|---|---|---|---|
| | Total (n) | Satisfied (n (%)) | Dissatisfied (n (%)) | Bad (n (%)) | Average (n (%)) | Good (n (%)) | No (n (%)) | Yes (n (%)) |
| **Past work Location: Ever been to (n=178)** | | | | | | | | |
| Cyprus, Lebanon, or Jordan | 32 | 22 (68.7%) | 10 (31.2%) | 6 (18.7%) | 12 (37.5%) | 14 (43.7%) | 7 (21.8%) | 25 (78.1%) |
| Kuwait | 39 | 30 (76.9%) | 9 (23.0%) | 4 (10.2%) | 22 (56.4%) | 13 (33.3%) | 7 (17.9%) | 32 (82.0%) |
| Saudi Arabia | 49 | 32 (65.3%) | 17 (34.6%) | 7 (14.2%) | 27 (55.1%) | 15 (30.6%) | 9 (18.3%) | 40 (81.6%) |
| UAE or Maldives | 57 | 36 (63.1%) | 21 (36.8%) | 1 (1.7%) | 31 (54.3%) | 25 (43.8%) | 7 (12.2%) | 50 (87.7%) |
| **Past Remittance Receiver: Ever sent to… (n=134)** | | | | | | | | |
| Self | 22 | 9 (40.9%) | 13 (59.0%) | 1 (4.5%) | 14 (63.6%) | 7 (31.8%) | 1 (4.5%) | 21 (95.4%) |
| Husband | 78 | 52 (66.6%) | 26 (33.3%) | 8 (10.2%) | 35 (44.8%) | 35 (44.8%) | 14 (17.9%) | 64 (82.0%) |
| Other Family Members | 34 | 25 (73.5%) | 9 (26.4%) | 3 (8.8%) | 19 (55.8%) | 12 (35.2%) | 6 (17.6%) | 28 (82.3%) |
| **Past Remittance Main Usages (n=254)** | | | | | | | | |
| Basic consumption for the household | 87 | 59 (67.8%) | 28 (32.1%) | 10 (11.4%) | 44 (50.5%) | 33 (37.9%) | 15 (17.2%) | 72 (82.7%) |
| Children's Education | 76 | 53 (69.7%) | 23 (30.2%) | 9 (11.8%) | 34 (44.7%) | 33 (43.4%) | 15 (19.7%) | 61 (80.2%) |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Family Care | 36 | 26 (72.2%) | 10 (27.7%) | 2 (5.5%) | 19 (52.7%) | 15 (41.6%) | 4 (11.1%) | 32 (88.8%) |
| Savings/Investment | 53 | 40 (75.4%) | 13 (24.5%) | 3 (5.6%) | 28 (52.8%) | 22 (41.5%) | 10 (18.8%) | 43 (81.1%) |
| **Total Years Spent Each Time Abroad (n = 120)** | n | **Satisfied: years** | **Dissatisfied: years** | **Bad: years** | **Average: years** | **Good: years** | **Yes: years** | **No: years** |
| mean | 120 | 4.6 | 4.6 | 5.9 | 4.2 | 4.8 | 5.9 | 4.3 |
| **Monthly Wages Abroad (n=120)** | n | **Satisfied: Rupees** | **Dissatisfied: Rupees** | **Bad: Rupees** | **Average: Rupees** | **Good: Rupees** | **Yes: Rupees** | **No: Rupees** |
| mean | 120 | 25,744 | 20,650 | 22,750 | 23,237 | 25,594 | 24,887 | 20,350 |

## 3.2 Aim 2: Association Between Work History and Well-Being

The first part of this section (Table 15 – Table 19) includes a descriptive summary relating the different categories (e.g. work history, psychosocial health, physical health, economic health, and covariates) with well-being. These results show that well-being is a representative outcome variable of psychosocial health, physical health and economic health. The second part of this section (Table 20) includes a report of both unadjusted and adjusted odds ratio of the multivariable model where the outcome variable is well-being satisfaction measurement and the predictor is each work history variable. Each work history variable model was adjusted for age.

### 3.2.1 Descriptive Statistics of Work History and Well-Being

**Table 15 Work History and Well-Being**

| Variable Name | | Well-being (n=120) | |
|---|---|---|---|
| | Total (n) | Satisfied (n (%)) | Dissatisfied (n (%)) |
| **Past work Location: Ever been to (n=178)** | | | |
| Cyprus, Lebanon, Jordan | 32 | 21 (65.6%) | 11 (34.3%) |
| Kuwait | 39 | 28 (71.7%) | 11 (28.2%) |
| Saudi Arabia | 49 | 35 (71.4%) | 14 (28.5%) |
| UAE Region (+ Maldives) | 57 | 41 (71.9%) | 16 (28.0%) |
| **Past Remittance Receiver: Ever sent to… (n=134)** | | | |
| Self | 22 | 12 (54.5%) | 10 (45.4%) |
| Husband | 78 | 52 (66.6%) | 26 (33.3%) |
| Other Family Members | 34 | 27 (79.4%) | 7 (20.5%) |
| **Past Remittance Main Usages (n=254)** | | | |
| Basic consumption for the household | 87 | 58 (66.6%) | 29 (33.3%) |
| Children Education | 76 | 53 (69.7%) | 23 (30.2%) |

| | | | |
|---|---|---|---|
| Family Care | 36 | 30 (83.3%) | 6 (16.6%) |
| Savings/Investment | 53 | 39 (73.5%) | 14 (26.4%) |
| **Total Years Spent (n = 120)** | **n** | **Yes: years** | **No: years** |
| mean | 120 | 4.5 | 4.9 |
| **Monthly Wages Abroad (n=120)** | **n** | **Yes: Rupees** | **No: Rupees** |
| mean | 120 | 25,471 | 20,877 |

**Caption**. Descriptive Statistics Summary: Work History and Well-Being. The percentages shown are row percentages.

Table 15 summarized the descriptive statistics results between work history variables and the well-being variable. The satisfaction of well-being did not seem to depend on their work location since more than half of the people who went to each country reported they were satisfied with well-being. Most of the women who used their remittance on taking care of their families reported to be satisfied with their state of well-being. Those who were dissatisfied with their state of well-being spent 0.4 more years each time they went abroad and earned roughly 5,000 Rupees less on average.

### Table 16 Psychosocial Health and Well-Being

**Descriptive Statistics Summary: Psychosocial Health & Well-Being**

| **Variable Name** | | **Well-being (n=120)** | |
|---|---|---|---|
| | **Total (n)** | **Satisfied (n (%))** | **Dissatisfied (n (%))** |
| **Satisfaction on: Personal Relationship (n=120)** | | | |
| Dissatisfied | 21 | 8 (38.1%) | 13 (61.9%) |
| Satisfied | 99 | 77 (77.7%) | 22 (22.2%) |
| **Self-Assessment on: Social Interactions (n=120)** | | | |
| Bad | 6 | 3 (50%) | 3 (50%) |
| Average | 37 | 19 (51.3%) | 18 (48.6%) |

| | | | |
|---|---|---|---|
| Good | 77 | 63 (81.8%) | 14 (18.1%) |
| **Self-Assessment on: Technology Familiarity (n=120)** | | | |
| Bad | 34 | 15 (44.1%) | 19 (55.8%) |
| Average | 60 | 49 (81.6%) | 11 (18.3%) |
| Good | 26 | 21 (80.7%) | 5 (19.2%) |

Table 16 summarized the descriptive statistics results on psychosocial health and well-being. Among those who were satisfied with their personal relationship and had good social interactions, 77.7% and 81.8% were satisfied with their state of well-being respectively. On the other hand, 55.8% of those with bad technology familiarity responded to be dissatisfied with the state of well-being.

**Table 17 Physical Health and Well-Being**

**Descriptive Statistics Summary: Physical Health & Well-Being**

| **Variable Name** | | **Well-being (n=120)** | |
|---|---|---|---|
| | **Total (n)** | **Satisfied (n (%))** | **Dissatisfied (n (%))** |
| **Satisfaction on: Health (n=120)** | | | |
| Dissatisfied | 44 | 21 (47.7%) | 23 (52.2%) |
| Satisfied | 76 | 64 (84.2%) | 12 (15.7%) |
| **Satisfaction on: Daily activities (n=120)** | | | |
| Dissatisfied | 24 | 4 (16.6%) | 20 (83.3%) |
| Satisfied | 96 | 81 (84.3%) | 15 (15.6%) |
| **Self-Assessment on: Exercise (n=120)** | | | |
| Bad | 13 | 3 (23.0%) | 10 (76.9%) |
| Average | 67 | 49 (73.1%) | 18 (26.8%) |
| Good | 40 | 33 (82.5%) | 7 (17.5%) |

From Table 17, those who were satisfied with their health and daily activities were also satisfied with their state of well-being. Of those who assessed themselves to have 'bad exercise', 76.9% were dissatisfied with their well-being. However, most of those who had an average or good score in exercise were satisfied with their well-being.

**Table 18 Economic Health and Well-Being**

**Descriptive Statistics Summary: Economic Health & Well-Being**

| Variable Name | | Well-being (n=120) | |
|---|---|---|---|
| | Total (n) | Satisfied (n (%)) | Dissatisfied (n (%)) |
| **Satisfaction: Living Situation (n=120)** | | | |
| Dissatisfied | 38 | 16 (42.1%) | 22 (57.8%) |
| Satisfied | 82 | 69 (84.1%) | 13 (15.8%) |
| **Self-Assessment: Diet/Nutrition (n=120)** | | | |
| Bad | 12 | 3 (25.0%) | 9 (75.0%) |
| Average | 60 | 42 (71.6%) | 17 (28.3%) |
| Good | 48 | 39 (81.2%) | 9 (18.7%) |
| **Is there enough income for your household? (n=120)** | | | |
| Yes | 100 | 73 (73.0%) | 27 (27.0%) |
| No | 20 | 12 (60.0%) | 8 (40.0%) |

Table 18 summarized the descriptive statistics results between economic health and well-being. 57.8% of those who were dissatisfied with their living situation were also dissatisfied with their well-being. When the participants had average diet/nutrition, 71.6% of them were satisfied with their well-being. The majority of the people who had enough income for their household were satisfied with their well-being (73.0%), compared to 60% who did not have enough income.

## Table 19 Covariates and Well-Being

**Descriptive Statistics Summary: Covariates & Well-Being**

| Variable Name | | Well-being (n=120) | |
|---|---|---|---|
| | Total (n) | Yes (n (%)) | No (n (%)) |
| **Age (n = 120)** | | | |
| 45-49 | 26 | 23 (88.4%) | 3 (11.5%) |
| 50-54 | 35 | 25 (71.4%) | 10 (28.5%) |
| 55-59 | 31 | 22 (70.9%) | 9 (29.0%) |
| 60-65 | 28 | 15 (53.5%) | 13 (46.4%) |
| **Marital Status (n = 120)** | | | |
| Never Married | 9 | 8 (88.8%) | 1 (11.1%) |
| Married | 88 | 61 (69.3%) | 27 (30.6%) |
| Widowed/divorced | 23 | 16 (69.5%) | 7 (30.4%) |
| **Religion (n = 120)** | | | |
| Buddhism | 95 | 71 (74.7%) | 24 (25.2%) |
| Hinduism | 3 | - | 3 (100%) |
| Islam | 13 | 8 (61.5%) | 5 (38.4%) |
| Roman Catholicism | 2 | 1 (50%) | 1 (50%) |
| Christianity | 7 | 5 (71.4%) | 2 (28.5%) |
| **Ethnicity (n = 120)** | | | |
| Sinhalese | 102 | 76 (74.5%) | 26 (25.4%) |
| Sri Lanka Tamil | 1 | - | 1 (100%) |
| Indian Tamil | 3 | - | 3 (100%) |
| Sri Lanka Moor | 13 | 8 (61.5%) | 5 (38.4%) |
| Burgher | 1 | 1 (100%) | - |
| **Education Level (n = 120)** | | | |
| No Schooling | 1 | - | 1 (100%) |
| Primary Education | 22 | 14 (63.6%) | 8 (36.3%) |
| Secondary Education | 41 | 29 (70.7%) | 12 (29.2%) |
| GCE O/L | 44 | 35 (79.5%) | 9 (20.4%) |
| GCE A/L | 12 | 7 (58.3%) | 5 (41.6%) |
| **Language (n = 198)** | | | |
| Sinhalese | 116 | 82 (29.3%) | 34 (29.3%) |
| Tamil | 18 | 9 (50%) | 9 (50%) |
| Arabic | 49 | 37 (75.5%) | 12 (24.4%) |
| English | 14 | 10 (71.4%) | 4 (28.5%) |
| Other | 1 | 1 (100%) | - |
| **Language: details (n = 117)** | | | |
| Sinhalese alone | 48 | 35 (72.9%) | 13 (27.0%) |
| Sinhalese + English | 7 | 5 (71.4%) | 2 (28.5%) |
| Sinhalese + Arabic | 40 | 30 (75.0%) | 10 (25.0%) |
| Sinhalese + Tamil | 0 | - | - |
| Sinhalese + Other | 0 | - | - |
| >2 languages | 4 | 3 (75.0%) | 1 (25.0%) |
| Tamil alone | 18 | 9 (50%) | 9 (50%) |
| **Retirement Status (n = 120)** | | | |
| Retired (Y) | 65 | 44 (67.6%) | 21 (32.3%) |
| Not Retired (N) | 55 | 41 (74.5%) | 14 (25.4%) |

Table 19 summarized the descriptive statistics between covariates and well-being. Those who were between 45 and 49 years of age had the greatest satisfaction with well-being. However, those who were between 60 and 65 years of age had the most dissatisfaction in well-being (46.5%). Marital status, religion and the number of languages spoken did not seem to be associated with well-being. The satisfaction on well-being did not seem to vary between the participants' retirement status.

### *3.2.2 Odds Ratios of Work History and Well-Being*

**Table 20 Odds Ratio Summary: Work History and Well-Being**

| Odds Ratio Summary: Work History and Well-Being | | | |
|---|---|---|---|
| **Variable Name** | | **Well-being (n=120)** | |
| | **Total (n)** | **Unadjusted OR (95% CI)** | **Adjusted OR (95% CI)** |
| **Past work Location: Ever been to (n=178)** | | | |
| Cyprus, Lebanon, Jordan | 32 | 0.71 (0.30-1.70) | 0.75 (0.30-1.84) |
| Kuwait | 39 | 1.07 (0.46-2.49) | 1.25 (0.52-3.01) |
| Saudi Arabia | 49 | 1.05 (0.47-2.34) | 0.95 (0.41-2.18) |
| UAE Region (or Maldives) | 57 | 1.10 (0.50-2.43) | 1.16 (0.51-2.62) |
| **Past Remittance Receiver: Ever sent to… (n=134)** | | | |
| Self | 22 | 0.41 (0.15-1.06) | 0.28* (0.10-0.80) |
| Husband | 78 | 0.54 (0.22-1.30) | 0.54 (0.22-1.34) |
| Other Family Members | 34 | 1.86 (0.72-4.79) | 1.86 (0.69-4.96) |
| **Past Remittance Main Usages (n=254)** | | | |
| Basic consumption for the household | 87 | 0.44 (0.16-1.19) | 0.56 (0.20-1.56) |

| | | | |
|---|---|---|---|
| Children Education | 76 | 0.86 (0.37-1.97) | 1.08 (0.45-2.58) |
| Family Care | 36 | 2.63 (0.98-7.06) | 2.83* (1.02-7.84) |
| Savings/Investment | 53 | 1.27 (0.57-2.82) | 1.24 (0.54-2.82) |
| **Total Years Spent (n = 120)** | 120 | 0.97 (0.88-1.06) | 0.98 (0.89-1.08) |
| **Monthly Wages Abroad (n=120)** | 120 | 0.71 (0.30-1.70) | 1.03 (0.99-1.08) |

**Caption.** The table describes the odds ratio between Work History and Well-Being. Unadjusted OR was adjusted for 'age' for adjusted OR. *p-value is < 0.05.

Table 20 summarizes the relationship between work history and well-being. Both unadjusted and adjusted odds ratios are shown in the table. In obtaining adjusted odds ratios, 'age' was the only variable considered. In the unadjusted model, when remittance was received by other family members, the satisfaction of well-being was positively associated. Remittance main use to take care of family members was also positively associated with the satisfaction of well-being. In general, the associations from the adjusted models did not seem to change drastically compared to that of unadjusted models. When the remittance was sent to self and when the remittance was used for family care, the adjusted odds ratios were statistically significant and had a p-value less than 0.05.

## *3.3 Technology Familiarity of the Subjects*

The data presented in this section shows the responses to the technology familiarity section in the questionnaire (Table 21). Most people had access to a cell phone

(86%), but only 30% had internet access. From Table 21, 77.0% of the study participants did not have anyone who could help them with technology.

**Table 21 Technology Familiarity**

| Technology Familiarity | | |
|---|---|---|
| **Variable Name** | **Frequency** | **Column %** |
| **Have access to…. (n=120)** | | |
| Internet | 36 | 30.0 |
| Social Media | 32 | 26.7 |
| Mobile Phone | 103 | 85.8 |
| Laptop/Tablet | 7 | 5.8 |
| **Use technology to… (n=120)** | | |
| (Video) call | 68 | 56.7 |
| Email | 9 | 7.5 |
| Messaging | 27 | 22.5 |
| Game | 21 | 17.5 |
| Recreation (eBook, movies, TV shows, etc.) | 31 | 25.8 |
| Finance | 6 | 5.0 |
| **Technology Help (n=122)** | | |
| No one | 94 | 77.0 |
| Spouse | 6 | 4.9 |
| Children | 14 | 11.5 |
| Son-in-law/Daughter-in-law | 6 | 4.9 |
| Others | 2 | 1.6 |

# 4. Discussion

## *4.1 Aim 1: General Characterization and Three Dimensions of Health Among the Returned FDWs*

Overall, older FDWs were not living differently from that of the general elderly population in Sri Lanka. Many of the descriptive statistics results followed what has been noted in the literatures and other similar studies. From sections 3.1.1 and 3.1.2, most study participants were living with an average health, and were taken care of the closest person to them (e.g. husband or daughter). More than half of the participants were satisfied in different aspects of older life such as health, relationships, living places, and daily living activities (Table 5 and 6). From 3.1.2, similar satisfaction trend was found across different aspects of health (psychosocial, physical, and economic).

However, these general findings leave certain groups among older FDWs more concerned in their older life – such as the widowed. For example, although 71.6% of the participants were married, the second largest group among the older FDWs' marital status was those who were widowed (Table 2). Throughout the results of the study, there seems to be many interactions between the study participants and her husbands, which was positively reflected in the current state of participant's older lives. From Table 12, the majority of the older FDWs had sent their remittance to their husbands. A large proportion of them reported to be satisfied with personal relationships (79.4%) and to have good health (66.6%). Having good relationship with someone close to them seems to be beneficial in the long-term since the highest percentage of those who sent

their remittance to their husbands also had good amount of exercise. This suggests that those who are widowed, separated, or divorced may face more challenges in her later years such as not having enough exercise, good health, or good social interactions. In other words, those who were still with her husbands and was in a good relationship with her husband reported to be more satisfied with their psychosocial and physical health than those who were widowed, separated, or divorced.

Due to the national increase of the widowed in the older population, financial vulnerability was found to be another concern. Although staying in the labor force may contribute to financial security even among those who are widowed, the study found that 56.6% of the older FDWs were retired (Table 11). The most common age of retirement was between 46 and 50 years old, and the earliest age of retirement was 25 years. Considering that most FDWs retire when they reach 40 years of age, the data confirms an earlier retirement age of FDWs compared to the normative retirement age in both formal and informal sectors in Sri Lanka. Nevertheless, despite the relatively early retirement age, the older FDWs were not likely to be engaged in any kind of labor work (Table 11). While the high educational attainment among the study participants suggests that they are likely to find a job when they return to Sri Lanka and thus stay economically active, the collected data does not support this.

From Table 2, about 37% of the study participants completed up to GCE O/L, which is equivalent to a high school diploma in the United States. The majority of these

women also spoke more than one language. Their experience along with educational gains should encourage the older FDWs who returned to continue participating in the labor market. Yet, Sri Lanka continuously faces challenges in increasing females in their work force. According to Mendis et al., Sri Lanka's labor market experiences sexual discrimination by employers, inadequate services (e.g. lack of daycare) for married women, and an overall lack of vacancies for the educated population in the labor market. All of these barriers discourage female labor participation in Sri Lanka. Thus, although there's a high proportion of educated women who can even speak multiple languages among the study participants, returned FDWs between 45 years and 65 years of age were likely to retire and not engage in any kinds of economic activities.

## *4.2 Aim 2: Well-being Among the Returned FDWs*

The results from Aim 2 confirms the general findings from Aim 1. Those who were satisfied in the three dimensions of health were also satisfied with their overall well-being in later years. In other words, when a study participant was dissatisfied with any variables in each dimension of health, she was also dissatisfied with her well-being. However, when covariates and economic health were tabulated by the state of well-being, the findings were different from Aim 1. The study found that 60% of those who did not believe that there was enough income for the household reported to be satisfied with their overall well-being (Table 18). Also, from Table 19, the marital status was found to make a little difference in their state of well-being. 69.3% of those who were

married were satisfied with their well-being, and 69.5% of those who were widowed or divorced said the same – leaving to a small difference of 0.2%.

These findings suggest that there are other factors that contribute to their overall well-being. Although many interactions between the participant and her husband were found when characterizing the older FDWs who returned to Sri Lanka, other factors that contribute to the overall well-being of their current older life existed such as having good relationships with other family members. For example, the study found that the second largest group to receive remittance was other family members (Table 3). Also, most of the remittance were either used on basic consumption of the household or child education with 34.5% and 30.1% respectively (Table 3). These two findings imply that remittance was generally used to take care family members either through investing in child education or spending to be immediately used by the household. Although these two ways of spending remittance did not benefit the participants directly, it allowed them to build better connections with family members other than her husbands. According to the study findings, 79.4% of those who sent their remittance to other family members were satisfied with their state of well-being (Table 15). This is the highest among other remittance receiver groups. When remittance was used for basic consumption and children education, over 60% of each remittance usage group reported to be satisfied with their well-being. Thus, having good relationships with family

members other than her husbands can also contribute positively in the overall state of well-being along with a little difference across the marital status.

## *4.3 Aim 2: Association Between Work History and Older Life of the Returned FDWs*

Each of the work history variables were associated with the well-being variable. The results from the models reflect similar trends from the previous findings. Because the odds ratios change when the models were adjusted for age for many of the variables, this suggests that there is confounding by age and that there can be other factors contributing to the relationship with the outcome. The age of the participants influences both work history variables and the well-being variable. Along with age being the possible confounder, another finding from the result is that the associations between well-being and each work location are not strong (Table 20) – confirming the small difference in the state of well-being across different locations of work (Table 15). However, when the remittance receiver was the other family members, both unadjusted and adjusted odds ratios had the highest positive association with well-being. Also, when remittance was used for family care, the odds ratios were the largest for both unadjusted and adjusted regression models. On the other hand, the odds ratios were small when the remittance receiver was the husband with the odds ratios of 0.54 in both the unadjusted and adjusted models. These findings were expected since the largest proportion of those who sent their remittance to other family members and used it for family care reported to be satisfied with their well-being (Table 15). The large odds

ratios for family care as the remittance usage and other family members as the remittance receivers confirm the findings from Aim 1.

Overall, because many interactions between the study participant and her husband were found, this left certain groups among the older FDWs such as the widowed. However, what the relationships between work history and well-being tells us is that as long as the FDWs have good relationships with any of her family members, they are likely to be satisfied with their older life.

## *4.4 Aim 3: Technology Familiarity Among the Returned FDWs*

For Aim 3, technology familiarity among the returned FDWs were described. Generally, most FDWs had access to a type of technology such as mobile phone or laptop or tablet. 85.8% of them had mobile phones, which was used mostly to call (Table 21). Because of their work history abroad, this large usage of mobile phones was expected. However, it was surprising to see that 77% of them reported that they do not have anyone who can help them with technology, because some findings of the study do not correspond with one another. Half of the participants expressed themselves to have *good* level of technology competency (Table 6). Also, more than 80% of those with an *average* or *good* level of technology competency stated to be satisfied with their well-being (Table 16). This could suggest that most FDWs are aware of using technology for basic needs such as calling or texting. Yet, when they want to learn new functions or perform advanced web-browsing skills (e.g. online banking), the participants do not

have anyone whom they can reach out to. Only 5% of the older FDWs used technology to complete their financial needs online.

## 4.5 Implications for further research

This study is the earliest stage in a potentially larger study on further describing the older life of the returned FDWs. The data collected from the questionnaire can be further analyzed to find other aspects of a healthy older life such as the impact of retirement status on the later years of the returned FDWs. Comparison between those who are retired and those who are not may provide more information on what living older life is like for FDWs who are already vulnerable in retirement as a woman. It may be interesting to compare these groups to find if there's any differences in work history along with other dimensions of health. Also, further analyzing the relationship between work history with three dimensions of health will be needed in order to have a more comprehensive analysis and discussion on the impact of work history. In addition, adjusting regression models with age suggested possible confounding. There should be a further investigation to what other factors might influence the relationship between work history and well-being.

## 4.6 Study limitations and strengths

This study is unique and adds to the study of older female migrant workers. There is yet to be a questionnaire that measures the well-being of the older FDWs comprehensively. Given the kappa statistics test results, every question was investigated

further to ensure that each question is significant and present different information. However, the study had a cross-sectional design which does not prove causal relationships between work history and dimensions of health as well as the overall current well-being of the subjects. Also, there is a possibility of recall bias of the work history variables in the questionnaire. One essential section of the questionnaire includes work history. Since the study participants are not active FDWs and have either retired or moved onto a different occupation, it is questionable to how accurately each participant can remember the work history. Especially considering their older age, it is highly likely that they may be remembering their work history not precisely.

Another limitation of this study is a small sample size. Due to the small sample size, many of the levels within some variables needed to be combined. This might create an imprecise picture of the older life the returned FDWs are currently living. The combined categories may underestimate the dynamic characteristics of the study participants as well. Although kappa test was done to test if there's any parts of the questionnaire telling us the same information, the questionnaire responses must be further analyzed with a bigger sample size to test the effectiveness of the questionnaire as well as the results of the findings.

Despite the limitations listed above, the study had some notable strengths. As the study instrument, a questionnaire was created. This questionnaire included a variety of questions asking different types of health. It included many lenses to look at an older life

of an FDW. Also, although the study was the first that systematically measured older lives of returned FDWs, it had good response rate which led to no missing data. Having no missing data along with a variety of questions regarding multiples aspects of health, the study was completed with a sufficient representation of the participants' older lives.

# 5. Conclusion

In summary, what the responses of the study questionnaire suggest is that while the older life of the returned FDWs is accompanied by a continual period of good health and a sustained sense of well-being, their social engagement and productivity remain low. More than half of the study participants were retired – leaving them at a higher risk of financial insecurity and dissatisfaction with well-being. Although more than 70% of them were married, the second largest group in the marital status was the widowed. The proportion of the widowed among the older FDWs may increase due to the national increase of the widowed in older population. This could potentially leave certain groups (e.g. the widowed or divorced) among the older FDWs behind in achieving a healthy older life. However, the study found that as long as they maintain good relationships with her family members, the older FDWs could have a continual period of good health and a sustained sense of well-being. Having a partner will increase the likelihood of even continual periods of good health and well-being.

Just in a few decades, Sri Lanka made many impressive achievements such as surpassing all developing country's regional averages of female secondary education

completion rate[29]. People are living longer and experiencing the fast development that is happening in the country. Yet, like the rest of the world, a healthy older life remains puzzling: *how does one live a healthy life? What does a well-lived life look like?* These are not philosophical questions to dwell upon, but questions to be answered with evidence and a thorough investigation. What population ageing looks like and how it will affect the rest of the nation may be different for every country. However, as one of the first countries to reach demographic changes and to face the early effects of population ageing, Sri Lanka must move forward in imaging what a healthy aged life can be.

# Appendix A: Recruitment Materials

**This section will be used only by the research assistant in order to recruit foreign domestic workers.**

| Name | Age | Have you worked as a Foreign Domestic Worker? (Y/N) | Residence Region (Bope-Poddala / Hikkaduwa) | Contact information | Possible interview date(s) |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |

**In-person contact script:**

Hello! I am a research assistant from the University of Ruhuna. Would you be interested in taking a 30-45-minute survey to add to our research about retirement preparedness and health status of older foreign domestic work returnees in this region? There is a cash reward of Rs 1,000 after you've completed the survey. You can find more about the study as you read the information form and the consent form.

# Appendix B: Research Instrument – Survey Questionnaire (English)

**Eligibility**

1) What is your gender? _____

   ☐ Men → exclude from survey: thank them for their time
   ☐ All other genders → continue survey

2) What is your age? _____

   ☐ Has to be in between 45-65, inclusive → continue survey
   ☐ Younger than 45 or older than 65 → exclude from survey: thank them for their time

3) Have you worked as a **foreign** domestic worker for two or more years?

   ☐ Yes → continue survey
   ☐ No → exclude from survey: thank them for their time

   [Exclude those who have not worked as an FDW for two or more years.]

**Section 1) Demographics**

1) What is your current marital Status?

   - Never married
   - Married (Registered)
   - Married (Customary)
   - Living with a partner
   - Widowed
   - Divorced
   - Legally separated
   - Separated (Not legally)

2) What is your practiced religion?

   - Buddhism

- Hinduism
- Islam
- Roman Catholicism
- Christianity
- Other (specify): _____

3) What is your ethnic group?

- Sinhalese
- Sri Lanka Tamil
- Indian Tamil
- Sri Lanka Moor
- Burgher
- Malay
- Sri Lanka Chetty
- Bharatha
- Other (specify): _____

4) What is your district of usual residence?

_____

5) What is your highest level of education completed?

- No schooling
- Primary Education
- Secondary Education
- GCE O/L
- GCE A/L
- Post Graduate up to Master
- Post Graduate PhD

6) Which of the following languages do you speak fluently?
[Please check all that apply.]

- ☐ Sinhalese
- ☐ Tamil
- ☐ Arabic
- ☐ English
- ☐ Other (specify): _____

**Section 2) Past Work Experience Abroad**

The next set of questions is about your time as a foreign domestic worker.

7) List all the places you've worked abroad as a foreign domestic worker and how long you spent in each place. Please include your monthly wage on average as well as how much you saved in that country. Lastly, state how much of the money you sent back home monthly.

[Note: Wages, savings, and remittances should be recorded in Rupees, but if the participants cannot recall the amount in rupees, it can be recorded in the country's currency. If this is the case, please specify the currency.]

| **Location (country)** | **Total Years Spent** | **From when (year)** | **To when (year)** | **Monthly Wages on Average** | **Monthly Savings kept abroad** | **Monthly remittance (money sent home each month)** |
|---|---|---|---|---|---|---|
| (e.g. Kuwait) | (e.g. 4.5 years) | (e.g. 2002) | (e.g. 2006) | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

8) Who were the receivers of the remittances? [Check all that apply.]
   - ☐ Self (e.g. own bank account)
   - ☐ Husband
   - ☐ Parents
   - ☐ Children
   - ☐ Other relatives
   - ☐ Other (specify): _____

9) What were the main uses of the remittances (money you sent home used for)? [Check all that apply.]
   - ☐ Basic consumption for the household
   - ☐ Education for children
   - ☐ Taking care of elders in the household
   - ☐ Savings in Sri Lanka
     i. If selected, how much **per month** were you able to save back home? _____

- ☐ Purchasing a home
- ☐ Building a home
- ☐ Investment (e.g. food production, small business, etc.)
- ☐ Other (specify): _____

10) Who decided how the money you sent home was spent? [Check all that apply.]
- ☐ Self (e.g. own bank account)
- ☐ Husband
- ☐ Parents
- ☐ Children
- ☐ Other relatives
- ☐ Other (specify): _____

**Section 3) Health**

11) In general, how would you describe your health?
- o Very healthy
- o Healthier than average
- o Of average health
- o Somewhat unhealthy
- o Very unhealthy
- o Not sure

12) In the last month, did you visit a hospital, clinic or a physician for **out-patient treatment**?

[Note: Outpatient refers to a patient who receives medical treatment without being admitted to a hospital. This includes visits to the outpatient department in hospital as well as visits to a general practitioner or specialist in the community.]

- o Yes
- o No → skip to question 14

13) How many times did you visit? _____ times

14) In the last month, did you stay at a hospital as an **in-patient?**

[Note: Inpatient refers to a patient who receives medical treatment while being admitted to a hospital.]

- Yes
- No → skip to question 16

15) For how many days did you stay in the hospital? _____ days

16) Do you suffer from any of the following chronic illnesses or disabilities? [Check all that apply.]

- ☐ Heart conditions / Diseases
- ☐ High / low blood pressure
- ☐ Diabetics
- ☐ Asthma
- ☐ Epilepsy
- ☐ Cancer
- ☐ Stomach diseases / Gastritis
- ☐ Kidney diseases
- ☐ Diseases related to eyes
- ☐ Diseases related to ear (auditory problem)
- ☐ Arthritis
- ☐ Intellectual disability
- ☐ Hemorrhoids
- ☐ Catarrh
- ☐ Severer headache
- ☐ Disabled by an accident
- ☐ Other (specify): _____

17) Who usually takes care of you when you get sick?

- Spouse
- Son
- Daughter
- Daughter-in-law
- Son-in-law
- Grandchild
- Relatives
- Other (specify): _____

**18)** How do you assess yourself in the following areas?

a) Diet / Nutrition (e.g. fresh fruits, vegetables, fast foods etc.):

○ Excellent ○ Very Good ○ Good ○ Fair ○ Bad

b) Exercise (e.g. daily activities, lifting heavy things, swimming, etc.):

○ Excellent ○ Very Good ○ Good ○ Fair ○ Bad

c) Family interaction (e.g. keeping in contacts with relatives, grandchildren, etc.):

○ Excellent ○ Very Good ○ Good ○ Fair ○ Bad

d) Other social interaction (e.g. talking with neighbors, friends, etc.):

○ Excellent ○ Very Good ○ Good ○ Fair ○ Bad

e) Hobbies / interests (e.g. gardening):

○ Excellent ○ Very Good ○ Good ○ Fair ○ Bad

f) Competence in using technology (e.g. Phone, Computer, Facebook, Skype, internet browsing, printing, etc.):

○ Excellent ○ Very Good ○ Good ○ Fair ○ Bad

19) Do you have enough energy for everyday life?
- Completely
- Mostly
- Moderately
- A little
- None at all

20) Do you smoke?

- Yes
- No

**Section 4) Current Financial Status**

In this section, please consider only your monthly spending in Rupees.

21) Do you have control over handling finances in the household? (e.g. deciding how much to save, where to spend, etc.)

- Yes, together with someone else (if so, who: _____)
- Yes, only me
- No

22) Does your household have a regular source of income?
- Yes
- No

23) Current Expenditure:

Consider how much you spend in each category on average per month for the household and complete the table. Please put 0 if you usually do not spend money in a category. Complete this section to the best of your knowledge even if you are not in charge of each expense.

[Note: Do not include Rent in "Others". We will be asking for this information separately.]

| | **Monthly spending in each category (in Rupees)** |
|---|---|
| **Food (cereals, rice, bread, curry, vegetables, meat, fish, etc.)** | |
| **Personal care expenses (e.g. toilet soap, shampoo, tooth paste, cosmetics, hair products, clothing, etc.)** | |
| **Health Expenses (e.g. fees for private medical practitioners, Ayurveda treatments, specialist, medical laboratories cost, nursing homes, etc.)** | |
| **Transportation (e.g. train, bus, taxi, etc.)** | |
| **Maintenance of private vehicle (e.g. fuel, tire, service charges, repair charges, license fees, insurance, etc.)** | |

| | |
|---|---|
| **Telephone charges (domestic)** | |
| **Mobile phone charges** | |
| **Internet charges** | |
| **Recreation, entertainment, cultural & religious activities (e.g. cinema, books, sports, pets, sacred goods, etc.)** | |
| **House maintenance (e.g. washing soap, fuel & light, electricity, laundry charges, buying glass ware, plastic ware, etc.)** | |
| **Other: please specify expenses (e.g. debts, credit card debts, car loans, etc.)** | |

24) Thinking about the income for this household, do you believe that it is enough money to cover your daily living needs and obligations?

- Yes
- No
- Don't know

25) Family contribution:

list **all** household members who **contribute** to the household for each category. Record the value in Rupees. Do not include the names of household members.

| **Household members** (those who live with you, including yourself) | **Relationship to you** (respondent) | **Age** | **Employed** (Y/N) | **Do they make financial contributions to the household?** (Y/N) | If yes, **how much** do they contribute to the household **(monthly)**? |
|---|---|---|---|---|---|
| (e.g. 1) | (e.g. self) | (e.g. 50) | (e.g. Y) | (e.g. Y) | |
| (e.g. 2) | (e.g. husband) | | | | |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | |

**Section 5) Your Home**

26) What is the type of your house structure?

- Single house – single floor
- Single house – double floor
- Single house – above double floor
- Attached house / Annex
- Flat
- Condominium luxury apartments
- Twin house
- Line room / row house
- Slum / shanty

27) How many bedrooms are in your house? _____

28) Do you own this house?

- Yes → skip to question 33
- No

29) Do you pay rent?

- Yes
- No → skip to question 32

30) How much rent do you pay monthly? _____ Rupees

31) Who owns the house where you live? [Check all that apply.]

- ☐ Husband
- ☐ Parents
- ☐ Children
- ☐ Other relatives
- ☐ Other (specify): _____

32) Do you have mortgage for the house?

- Yes

- No → skip to question 35

33) How much do you pay monthly for mortgage? _____ Rupees

**Section 6) Self-Assessing Retirement**

34) Please tell us how satisfied you are with the following issues.

| How satisfied are you with… | Very satisfied | Satisfied | Neither satisfied nor dissatisfied | Dissatisfied | Very dissatisfied |
|---|---|---|---|---|---|
| … your health? | | | | | |
| … your ability to perform your daily living activities? | | | | | |
| … your personal relationships? | | | | | |
| … the conditions of your living place? | | | | | |
| Taking all things together, how satisfied are you with your life as a whole these days? | | | | | |

35) Main activity: how do you **usually** spend your time? [Check all that apply.]

- ☐ Engaged in economic activity (e.g. employee or employer)
  i. If selected, what is your current occupation? _____
  ii. How many hours do you work per week? _____hours
  iii. What is your monthly income on average? _____ Rupees
- ☐ Seeking for and available to work

i. What is the main reason that you would like to work at present?
    1. Need income
    2. Want to / need to be active
    3. Want to feel useful
    4. Help my family
    5. Other (specify): _____
- ☐ Household activities
- ☐ Retired
    i. At what age did you stop working? _____
- ☐ Unable to work
- ☐ Others (specify): _____

36) If you **are** retired, how much did you think about retirement before you retired?
- o A lot
- o Some
- o Little
- o Hardly at all
- o Don't know

37) If you **are** retired, what is the main reasons for your retirement? [Check all that apply.]
- ☐ Poor health
- ☐ Wanted to do other things
- ☐ Didn't like the work
- ☐ Work was not available anymore
- ☐ Wanted to spend more time with family
- ☐ Hobbies (e.g. travel)
- ☐ Other (specify): _____

38) What is your greatest concern in retirement? [Check all that apply.]
- ☐ Unexpected health crisis
- ☐ Outliving savings
- ☐ Inflation
- ☐ Costs of long-term care
- ☐ Not having enough to do
- ☐ Isolation / loneliness
- ☐ Relationship challenges / marital challenges
- ☐ Other (specify): _____

39) Do you have any life insurance, including individual or group policies?

- Yes
- No → skip to question 41

40) What is the total coverage amount? _____ Rupees

41) Have you heard of any of the following social protection schemes provided by the government for elders? [Check all that apply.]

- ☐ Pension schemes
- ☐ Provident fund
- ☐ Samurdhi
- ☐ Pin padi (charity allowance)
- ☐ Other (specify): _____

42) Do you plan to rely on your children for financial support during retirement?

- Yes
- No
- Haven't thought of this issue yet

43) Do you have an Elders' Identity card provided by the government?

- Yes
- No

**Section 7) Technology Usage**

44) Do you have access to internet connection in your household (e.g. cellphone with internet accessibility, shared computer, laptop, etc.)?

- Yes
- No → skip to question 46

45) How many hours in a day do you access the internet? _____ hours

46) Do you have any social networking accounts like email, Facebook, Instagram, Twitter, etc.?

- Yes
- No

47) Do you have a regular access to a mobile phone?

- Yes

- No → skip to question 49

48) How many hours do you use the mobile phone in a day? _____ hours

49) Do you have a laptop or a tablet?
- Yes
- No → skip to question 51

50) How many hours do you use your laptop or a tablet in a day? _____ hours

51) In the last year, have you used messaging services such as WhatsApp, Imo, Viber?

- Yes
- No → skip to question 53

52) Would you know how to send a text or WhatsApp message to a family member or a friend?

- Yes
- No

53) Would you know how to initiate a video call on a program such as facetime or WhatsApp?

- Yes
- No

54) Do you use your cellphone, laptop, or tablet for the following?

a) Calling friends and family members:
   - Yes
   - No

b) Sending or receiving emails
   - Yes
   - No

c) Chat sites messaging
   - Yes
   - No

d) Voice or video call using the internet (e.g. Skype, WhatsApp, Viber, Messenger, Facebook)
   - ○ Yes
   - ○ No

e) Playing video or computer games
   - ○ Yes
   - ○ No

f) Watching movies and TV shows, listening to music
   - ○ Yes
   - ○ No

g) Read e-books, magazines and online news
   - ○ Yes
   - ○ No

h) Manage financial accounts online (e.g. internet banking)
   - ○ Yes
   - ○ No

i) Others (specify): _____

55) Who helps you with the use of these technologies? [Check all that apply.]

- ☐ No one
- ☐ Spouse
- ☐ Son
- ☐ Daughter
- ☐ Son-in-law
- ☐ Daughter-in-law
- ☐ Grandchild
- ☐ Brother
- ☐ Sister
- ☐ Relatives
- ☐ Friends
- ☐ Other (specify): _____

# Appendix C: Research Instrument – Survey Questionnaire (Sinhalese)

**<u>ගෘහ සේවිකාවක් වශයෙන් විදේශරටක සේවයකර පැමිණි වැඩිහිටියන්ගේ විශ්‍රාම පූර්ව සුදානම සහ සෞඛ්‍යය තත්වය පිළිබඳ සමීක්ෂණය.</u>**

<u>සමීක්ෂණයට සහාගී කරගැනීම සඳහා සුදුසුකම්</u>

01. ඔබ ගේ ස්ත්‍රී/පුරුෂ භාවය කුමක්ද?

○ පුරුෂ → සමීක්ෂණයෙන් ඉවත් කරන්න.

○ ස්ත්‍රී → සමීක්ෂණයට සහාගී කරගන්න

02. ඔබ ගේ වයස කොපමනද? අවුරුදු _____

○ 03. වයස අවුරුදු 45-65 අතර නම් → සමීක්ෂණයට සහාගී කරගන්න.

○ වයස අවුරුදු 45 ට අඩු හෝ 65 ට වැඩි නම් → සමීක්ෂණයෙන් ඉවත් කරන්න.

03.ඔබ ගෘහ සේවිකාවක් ලෙස විදේශරටක අවුරුදු දෙකක් හෝ ඊට වැඩි කාලයක් සේවයකර තිබේද?

○ ඔව් → සමීක්ෂණයට සහාගී කරගන්න.

○ නැත → සමීක්ෂණයෙන් ඉවත් කරන්න.

**01. <u>කොටස - සමාජීය තොරතුරු</u>**

01. ඔබ ගේ විවාහක අවිවාහක භාවය කුමක්ද?
- ○ a. අවිවාහක
- ○ b. විවාහක (නීත්‍යානුකූලව ලියාපදිංචි)
- ○ c. විවාහක (චාරිත්‍රානුකූලව)
- ○ d. සහකරු සමග එකට ජීවත්වේ
- ○ e. වැන්දඹු
- ○ f. දික්කසාද
- ○ g. නීත්‍යානුකූලව වෙන්ව ජීවත්වේ
- ○ h. වෙන්ව ජීවත්වේ (නීත්‍යානුකූලව නොවේන)

02. ඔබ අදහන ආගම කුමක්ද?
- ○ a. බෞද්ධ
- ○ b. හිංදු
- ○ c. මුස්ලිම්
- ○ d. රෝමානු කතෝලික
- ○ e. ක්‍රිස්තියානි
- ○ f. වෙනත් (සඳහන් කරන්න) _____

03. ඔබ ගේ ජනවර්ගය කුමක්ද?
- ○ a. සිංහල
- ○ b. ශ්‍රීලාංකික දෙමල
- ○ c. ඉන්දියානු දෙමල
- ○ d. ශ්‍රීලාංකික මුස්ලිම්
- ○ e. බර්ගර්
- ○ f. මැලේ
- ○ g. ශ්‍රීලාංකික වෙට්ටියාර්
- ○ h. භාරත
- ○ i. වෙනත් (සඳහන් කරන්න) _____

1

04. ඔබ සාමාන්‍යයෙන් පදිංචි දිස්ත්‍රික්කය කුමක්ද?_____

05. ඔබ ලබා ඇති ඉහළම අධ්‍යාපන මට්ටම?

- ○ a. පාසල් ගොස් නැත
- ○ b. ප්‍රාථමික අංශය
- ○ c. ද්විතීක අංශය
- ○ d. අ.පෙ.ස. සාමාන්‍යපෙළ
- ○ e. අ.පෙ.ස. උසස්පෙළ
- ○ f. පශ්චාත් උපාධි
- ○ g. ආචාර්ය උපාධි

06. පහත සඳහන් කුමන භාෂාවන් චතුර ලෙස කථාකළ හැකිද?

- ○ a. සිංහල
- ○ b. දෙමල
- ○ c. අරාබි
- ○ d. ඉංග්‍රීසි
- ○ e. වෙනත් (සඳහන් කරන්න) _____

**02 <u>කොටස - විදේශ රැකියාව සම්බන්ධ අත්දැකීම්</u>**

මීලඟ කොටසේ ඇති ප්‍රශ්න ඔබ විදේශගත ගෘහ සේවිකාවක් වශයෙන් කටයුතු කළ කාලය සම්බන්ධවයි

07. ඔබ විදේශගත ගෘහ සේවිකාවක් වශයෙන් කටයුතු කළ සියලු ස්ථාන සහ කොපමණ කාලයක් එම ස්ථාන වල රැකියාව කලේද? යන්න ලයිස්තුගත කරන්න. කරුණාකර ඔබ ගේ දළ මාසික වැටුප සහ ඉන් කොපමණ මුදලක් එම රට තුළ දී ඉතිරි කිරීමට හැකිවූයේද?. අවසාන වශයෙන්, මාසයකට කොපමණ මුදලක් ඔබ ගේ පවුලේ අයට එවීමට හැකිවූයේද?.

| රැකියාව කළ ස්ථානය (රට) | රැකියාව කළ වර්ෂ ගනන | කුමන වර්ෂ යේ සිට ද? | කුමන වර්ෂ ය දක්වා ද? | දළ මාසික වැටුප | කොපමණ මුදලක් එම රට තුළ දී ඉතිරි කිරීමට හැකිවූයේද? | මාසයකට කොපමණ මුදලක් ඔබ ගේ පවුලේ අයට එවීමට හැකිවූයේද? |
|---|---|---|---|---|---|---|
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08. ඔබ ගේ විදේශගත රැකියාවෙන් ඉපයූ මුදල් ලබාගත්තේ කවුරුන්ද?

- ○ a. තමන් සතුව ( උදා. පුද්ගලික බැංකු ගිණුමක)
- ○ b. සැමියා
- ○ c. දෙමව්පියන්
- ○ d. දරුවන්
- ○ e. වෙනත් නෑදෑයන්
- ○ f. වෙනත් (සඳහන් කරන්න) _____

09. ඔබ ගේ විදේශගත රැකියාවෙන් ඉපයූ මුදල් පවුලේ අයට එවීමේ ප්‍රධාන අරමුණ කුමක්ද? (කුමක් සඳහා වියදම් කිරීමටද?)

- ○ a. නිවසේ එදිනෙදා පරිභෝජනය සඳහා
- ○ b. දරුවන්ගේ අධ්‍යාපනය සඳහා
- ○ c. නිවසේ වැඩිහිටියන් රැකබලාගැනීම සඳහා
- ○ d. ශ්‍රී ලංකාවේ ඉතිරිකිරීම සඳහා
  (මාසයකට කොපමණ මුදලක් ඉතිරි කිරීමට හැකිවූයේද? රුපියල් _____)
- ○ e. නිවසක් මිලදී ගැනීම සඳහා
- ○ f. නිවසක් ඉදිකිරීම සඳහා
- ○ g. ආයෝජනය සඳහා( උදා. ආහාර නිෂ්පාදනය, කුඩා ව්‍යාපාර වැනි...)
- ○ h. වෙනත් (සඳහන් කරන්න) _____

10. ඔබ විසින් පවුලේ අයට යවනලද මුල් වියදම් කිරීම පිළිබඳ තීරණ ගනු ලැබුවේ කවුරුන්ද?

- ○ a. තමන් විසින්
- ○ b. සැමියා
- ○ c. දෙමව්පියන්
- ○ d. දරුවන්
- ○ e. වෙනත් නෑදෑයන්
- ○ f. වෙනත් (සඳහන් කරන්න) _____

**03** **<u>කොටස - සෞඛ්‍යය</u>**

11. සාමාන්‍යයෙන් ඔබ ගේ දැනට පවතින සෞඛ්‍යය විස්තර කරන්නේ කෙසේද?

- ○ a. ඉතාමත් සෞඛ්‍යය සම්පන්නයි
- ○ b. සාමාන්‍ය මට්ටමට වඩා සෞඛ්‍යය සම්පන්නයි
- ○ c. සාමාන්‍ය මට්ටමට සෞඛ්‍යය සම්පන්නයි
- ○ d. සෞඛ්‍යය තරමක් නරකයි
- ○ e. සෞඛ්‍යය ඉතා නරකයි
- ○ f. සෞඛ්‍යය පිළිබඳ හරියටම කීමට අපහසුය

12. පසුගිය මාසය තුළ දී සායනයකට හෝ වෛද්‍යවරයකු හමුවීමට බාහිර රෝගියකු වශයෙන් රෝහලකට යනු ලැබුයේද?

- ○ a. ඔව්
- ○ b. නැත → කරුණාකර ප්‍රශ්න අංක 14 වෙත යන්න

13. කොපමණ වාර ගනනක් රෝහලකට යනු ලැබුයේද? වාර _____

14. පසුගිය මාසය තුළ දී නේවාසික රෝගියකු වශයෙන් රෝහල්ගත වූයේද?

- ○ a. ඔව්
- ○ b. නැත → කරුණාකර ප්‍රශ්න අංක 16 වෙත යන්න

15. කොපමන දින ගනනක් නේවාසික රෝගියකු වශයෙන් රෝහල්ගතව සිටියේද? දින _____

16. ඔබ පහත සඳහන් කුමන හෝ නිදන්ගත රෝගයක් හෝ ආබාධිත තත්වයකින් පෙළෙන්නේද?

- ☐ a. හදවත් රෝගී තත්වයන්
- ☐ b. අධි/අව රුධර පීඩනය
- ☐ c. දියවැඩියාව
- ☐ d. ඇදුම
- ☐ e. අපස්මාරය
- ☐ f. පිළිකා
- ☐ g. උදර රෝගී තත්වයන්/ ගැස්ට්‍රයිටීස්
- ☐ h. වකුගඩු රෝගී තත්වයන්
- ☐ i. අක්ෂි රෝගී තත්වයන්
- ☐ j. කනෙහි රෝගී තත්වයන් (ශ්‍රවන ආබාධ)
- ☐ k. හන්දි රෝගී තත්වයන් (ආතරයිටීස්)
- ☐ l. බුද්ධිමය ආබාධිත තත්වයන්
- ☐ m. අර්ශස්
- ☐ n. පිනස් රෝග
- ☐ o. දරුණු හිසරදය
- ☐ p. හදිසි අනතුරක් නිසා ඇතිවූ ආබාධිත තත්වයන්
- ☐ q. වෙනත් (සඳහන් කරන්න) _____

17. සාමාන්‍යයෙන් ඔබ රෝගී වූ විටදී රැකබලා ගන්නේ කවුරුන්ද?

- ☐ a. සැමියා
- ☐ b. පුතා
- ☐ c. දුව
- ☐ d. ලේලි
- ☐ e. බෑණා
- ☐ f. මූණුබුරන්/මිනිබිරියන්
- ☐ g. නෑදෑයන්
- ☐ h. වෙනත් (සඳහන් කරන්න) _____

18. ඔබ සම්බන්දයෙන් පහත සඳහන් ක්ෂේත්‍ර වල ඇගයීම කෙසේද?

a. ආහාර/ පෝෂණය (උදා. නැවුම් පලතුරු, එලවලු, ක්ෂණික ආහාර වැනි...)

○ ඉතාමත් හොඳයි ○ ඉතා හොඳයි ○ හොඳයි ○ තරමක් හොඳයි ○ නරකයි

b. ව්‍යායාම (උදා. දෛනික ක්‍රියාකාරකම්, බර දේ එසවීම, පිහිනීම වැනි...)

○ ඉතාමත් හොඳයි ○ ඉතා හොඳයි ○ හොඳයි ○ තරමක් හොඳයි ○ නරකයි

c. පවුලේ අන්තර් සම්බන්ධතා (උදා. නෑදෑයන් සමග සම්බන්ධතා පැවැත්වීම, මූණුබුරන්/මිනිබිරියන් වැනි...)

○ ඉතාමත් හොඳයි ○ ඉතා හොඳයි ○ හොඳයි ○ තරමක් හොඳයි ○ නරකයි

d. වෙනත් සමාජ සම්බන්ධතා (උදා. අසල්වැසියන් සමග කථාබහ කිරීම, මිතුරන් වැනි...)

○ ඉතාමත් හොඳයි ○ ඉතා හොඳයි ○ හොඳයි ○ තරමක් හොඳයි ○ නරකයි

e. විනෝදාංශ/රුචිය (උදා. ගෙවතු වගාව වැනි...)

○ ඉතාමත් හොඳයි ○ ඉතා හොඳයි ○ හොඳයි ○ තරමක් හොඳයි ○ නරකයි

f. තාක්ෂණය භාවිත කිරීමේ හැකියාව (උදා. දුරකථන, පරිගනක, මුහුණු පොත, ස්කයිප්, අන්තර්ජාල සෙවුම් පද්ධති, මුද්‍රනය කිරීම වැනි...)

○ ඉතාමත් හොඳයි ○ ඉතා හොඳයි ○ හොඳයි ○ තරමක් හොඳයි ○ නරකයි

19. ඔබගේ එදිනෙදා ජීවිතය පවත්වා ගැනීමට අවශ්‍ය ශක්තිව තිබේද?
- ○ a. සම්පූර්ණයෙන්ම
- ○ b. වැඩි වශයෙන්
- ○ c. සාමාන්‍යයෙන්
- ○ d. සුලු වශයෙන්
- ○ e. කොහෙත්ම නැත

20. ඔබ දුම්පානය කරන්නේද?
- ○ a. ඔව්
- ○ b. නැත

**04.** <u>කොටස - වර්තමාන මූල්‍ය තත්වය</u>

කරුණාකර මෙම කොටස තුළ දී ඔබ ගේ මාසික වියදම රුපියල් ලෙස සලකන්න.

21. ඔබට නිවසේ මූල්‍ය පාලනය කිරීමේ බලය තිබේද? ( ඉතිරි කරන මුදල තීරණය කිරීම, කුමක් සඳහා වියදම් කරන්නේද? වැනි... )
- ○ a. ඔව් වෙනත් අයකු සමග (එසේ නම් ඒ කවුරුන් සමග ද?_____)
- ○ b. ඔව් මා විසින්
- ○ c. නැත

22. ඔබගේ නිවසේ ස්ථීර ආදායම් මාර්ගයක් තිබේද?
- ○ a. ඔව්
- ○ b. නැත

23. වර්තමාන වියදම්

පහත දැක්වෙන වගුවේ ඇති එක් එක් වර්ග කිරීම් වල දී දළ වශයෙන් ඔබට මාසයකට වැයවන නිවසේ වියදම් ප්‍රමාණය ලෙස සලකා සම්පූර්ණ කරන්න. (කරුණාකර බදු/කුලී සම්බන්ධ තොරතුරු දැක්වීමෙන් වලකින්න. ඒ සම්බන්ධ තොරතුරු වෙනත් තැනක දී අසනු ලැබේ)

| | | එක් එක් වර්ග කිරීම් වල මාසයකට වැයවන මුදල (රුපියල් වලින් දක්වන්න) |
|---|---|---|
| 1 | ආහාර (ධාන්‍ය වර්ග, බත්, පාන්, වෑංජන, එළවලු, මස්, මාලු වැනි...) | |
| 2 | පුද්ගලික සනීපාරක්ෂාව සඳහා වන වියදම් (වැසිකිළි සබන්, ෂැම්පු, දත් බෙහෙත්, හිසකෙස් සඳහා වන නිෂ්පාදන, ඇඳුම් වැනි...) | |
| 3 | සෞඛ්‍යය වියදම් (පුද්ගලික වෛද්‍යවරුන්, ආයුර්වේද ප්‍රතිකාර, විශේෂඥ වෛද්‍යවරුන්, වෛද්‍ය රසායනාගාර සඳහා වන වියදම්, සාත්තු නිවාස වැනි... ) | |
| 4 | ප්‍රවාහන වියදම් (දුම්රිය, බස් රථ, කුලීරථ වැනි...) | |
| 5 | පුද්ගලික රථවාහන නඩත්තුව සඳහා (ඉන්ධන, ටයර්, සේවා ගාස්තු, අලුත්වැඩියා කිරීම, බලපත්‍ර ගාස්තු, රක්ෂණ ගාස්තු වැනි...) | |
| 6 | ස්ථාවර දුරකථන ගාස්තු | |
| 7 | ජංගම දුරකථන ගාස්තු | |
| 8 | අන්තර්ජාල ගාස්තු | |
| 9 | විනෝද ක්‍රීඩා සඳහා, ආගන්තුක සත්කාර සඳහා, සංස්කෘතික හා ආගමික කටයුතු සඳහා (චිත්‍රපටි, පොත්පත්, ක්‍රීඩා, සුරතල් සතුන්, පූජා භාණ්ඩ වැනි...) | |
| 10 | නිවසේ නඩත්තුව සඳහා (රෙදි සෝදන සබන්, ඉන්ධන සහ ආලෝකය, රෙදි ඇපිල්ලීම, වීදුරු භාණ්ඩ, ප්ලාස්ටික් භාණ්ඩ වැනි...) | |
| 11 | වෙනත්: කරුණාකර වෙනත් වියදම් සඳහන් කරන්න (හරපත්, ණයවරපත්, මෝටර්රථ ණය වැනි...) | |

24. ඔබ ගේ නිවසේ ආදායම් මාර්ග පිළිබඳ සිතීමේ දී එදිනෙදා ජීවන අවශ්‍යතා සහ බැඳීම් වලට අවශ්‍යකරන වියදම් සපුරාගැනීම සඳහා ප්‍රමාණවත් මුදල් තිබෙයයි ඔබ විශ්වාස කරනවාද?

- ○ a. ඔව්
- ○ b. නැත
- ○ c. නොදනී

25. පවුලේ දායකත්වය

ඔබ ගේ නිවසේ වාසය කරන ආර්ථිකමය වශයෙන් දායක වන සාමාජිකයන් ලයිස්තුගත කරන්න.

දායක වන වටිනාකම රුපියල් වලින් දක්වන්න. සාමාජිකයන් ගේ නම් සඳහන් නොකරන්න.

| | ඔබ ද ඇතුලත්ව ඔබ ගේ නිවසේ වාසය කරන පවුලේ සාමාජිකයන් | ඔබට ඇති සම්බන්ධතාවය | වයස | රැකියාවක් කරන්නේද? | ඔවුන් ඔබ ගේ නිවසේ කටයුතු සඳහා ආර්ථිකමය වශයෙන් දායක වන්නේද? | දායක වන්නේ නම්, දායක වන මුදල දක්වන්න (මාසයකට) |
|---|---|---|---|---|---|---|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |

**05.** <u>කොටස - ඔබගේ නිවස</u>

26. ඔබ වාසය කරන්නේ කුමන ආකාරයේ නිවසකද?

- ○ a. සම්පූර්ණ තනි නිවසක් - තනි තට්ටුවේ නිවසක්
- ○ b. සම්පූර්ණ තනි නිවසක් - තට්ටු දෙකේ නිවසක්
- ○ c. සම්පූර්ණ තනි නිවසක් - තට්ටු දෙකට වැඩි නිවසක්
- ○ d. යාබද නිවසක්/ ඇනෙක්ස් එකක්
- ○ e. මහල් නිවාස සංකීර්ණයක්
- ○ f. සුබෝපභෝගී සහාධිපත්‍ය නිවාස සංකීර්ණයක නිවසක්
- ○ g. බද්ධ නිවසක්
- ○ h. ලයින් කාමරයක්/ පේළි නිවසක්
- ○ i. මුඩුක්කු නිවසක්/මඩුවක්

27. ඔබ නිවසේ කාමර කීයක් තිබේද? _____

28. නිවසේ අයිතිය ඔබ සතුද?

- ○ a. ඔව් → කරුණාකර ප්‍රශ්න අංක 33 වෙත යන්න
- ○ b. නැත

29. ඔබ නිවස සඳහා බදු/කුළී ගෙවන්නේද?

- ○ a. ඔව්
- ○ b. නැත → කරුණාකර ප්‍රශ්න අංක 32 වෙත යන්න

30. ඔබ නිවස සඳහා බදු/කුළී කොපමන මුදලක් ගෙවන්නේද? රුපියල් _____

31. ඔබ වාසය කරන නිවසේ අයිතිය ඇත්තේ කාහටද?

- ○ a. සැමියා
- ○ b. දෙමව්පියන්
- ○ c. දරුවන්
- ○ d. නෑදෑයන්
- ○ e. වෙනත් (සඳහන් කරන්න) _____

32. ඔබ නිවස උකස් කොට ඇත්තේ ද?

- ○ a. ඔව්
- ○ b. නැත → කරුණාකර ප්‍රශ්න අංක 34 වෙත යන්න

33. ඔබ නිවසේ උකස ඳහා කොපමන මුදලක් ගෙවන්නේද? රුපියල් _____

**06.** <u>කොටස - විශ්‍රාම ගැනීම පිළිබඳ ඔබගේ ස්වයං තක්සේරුව</u>

34. කරුණාකර පහත සඳහන් කරුණු සම්බන්ධයෙන් ඔබ කොපමණ දුරට තෘප්තිමත් දැයි දක්වන්න?

| ඔබ කොපමණ දුරට තෘප්තිමත් ද? | ඉතා තෘප්තිමත් | තෘප්තිමත් | තෘප්තිමත් හෝ අතෘප්තිමත් නොවේ | අතෘප්තිමත් | ඉතා අතෘප්තිමත් |
|---|---|---|---|---|---|
| **a.** සෞඛ්‍යය පිළිබඳ | | | | | |
| **b.** ඔබගේ එදිනෙදා කටයුතු කරගැනීමේ හැකියාව පිළිබඳ | | | | | |
| **c.** ඔබගේ පුද්ගලික සබඳතා පිළිබඳ | | | | | |
| **d.** ජීවත්වන ස්ථානයේ තත්වය පිළිබඳ | | | | | |
| **e.** සමස්ථයක් ලෙස මේදිනවල ඔබගේ ජීවිතය පිළිබඳ තෘප්තිමත් ද? | | | | | |

35. ප්‍රධාන ක්‍රියාකාකම්: සාමාන්‍යයෙන් ඔබගේ කාලය ගතකරන්නේ කෙසේද?

☐ 1. ආර්ථික කටයුතු වල නිරතවීම සම්බන්ධව (උදා. සේවා යෝජකයෙකු හෝ සේවකයෙකු ලෙස)

- a. තෝරාගෙන ඇත්නම් ඔබගේ වර්තමාන රැකියාව?_____
- b. සතියට පැය කීයක් ඔබගේ රැකියාව කරන්නේද?_____
- c. දළ වශයෙන් කොපමන මුදලක් මාසික ආදායමක් ලැබෙන්නේද? රුපියල් _____

☐ 2. රැකියාවක් කිරීමට බලාපොරොත්තුවීමට ප්‍රධාන හේතුව කුමක්ද?

- a. ආදායම් මාර්ගයක් අවශ්‍ය වේ
- b. ක්‍රියාශීලීව සිටීමට අවශ්‍ය වේ
- c. ඵලදායී හැඟීමක් ලබාගැනීමටඅවශ්‍ය වේ
- d. මගේ පවුලට උපකාර කිරීමට
- e. වෙනත් (සඳහන් කරන්න) _____

☐ 3. පවුලේ ක්‍රියාකාරකම්

☐ 4. විශ්‍රාමික
   a. ඔබ රැකියාව නතර කරනවිට වයස කොපමනද?_____

☐ 5. රැකියාවක් කළ නොහැකිය

☐ 6. වෙනත් (සඳහන් කරන්න) _____

36. ඔබ විශ්‍රාමික නම්, විශ්‍රාම ගැනීමට ගත් තීරණය සඳහා කොපමන දුරට සිතාබැලුවේද?
   ○ a. බොහෝ දුරකට
   ○ b. තරමක් දුරකට
   ○ c. සුලු වශයෙන්
   ○ d. එතරම් දුරකට සිතා බැලුවේ නැත
   ○ e. නොදනී

37. ඔබ විශ්‍රාමික නම්, විශ්‍රාම ගැනීම සඳහා බලපෑ ප්‍රධාන හේතුව කුමක්ද?
   ○ a. දුර්වල සෞඛ්‍යය තත්වය
   ○ b. වෙනත් දෙයක් කිරීමට අවශ්‍යතාවය
   ○ c. රැකියාව කිරීමට තිබූ අකමැත්ත
   ○ d. රැකියාව තවදුරටත් නොමැති වීම
   ○ e. පවුල සමග වැඩි කාලයක් ගතකිරීමට ඇති අවශ්‍යතාව
   ○ f. විනෝදාංශයන් (උදා. සංචාරයෙහි යෙදීමට ඇති කැමැත්ත)
   ○ g. වෙනත් (සඳහන් කරන්න) _____

38. ඔබ විශ්‍රාම යාමේදී ප්‍රධාන වශයෙන් සැලකිල්ලට ගනු ලැබුයේ කුමක්ද?
   ○ a. බලාපොරොත්තු නොවූ සෞඛ්‍යය අර්බුධය
   ○ b. දීර්ඝායුශ ආරක්ෂා කරගැනීමට
   ○ c. උද්ධමනය
   ○ d. ප්‍රතිකාර සඳහා වන වියදම
   ○ e. ප්‍රමාණවත් දෙයක් කිරීමට නොලැබීම
   ○ f. හුදකලාව/තනිකම
   ○ g. සම්බන්ධතාවයන් වල පැවති අභියෝග/විවාහය පිළිබඳ අභියෝග
   ○ h. වෙනත් (සඳහන් කරන්න) _____

39. ඔබට කුමන හෝ (පුද්ගලික හෝ කණ්ඩායම් රක්ෂණ ක්‍රම ඇතුලත්ව) ජීවිත රක්ෂණයක් තිබේද?
   ○ a. ඔව්
   ○ b. නැත ⟶ කරුණාකර ප්‍රශ්න අංක 41 වෙත යන්න

40. රක්ෂණයෙන් ආවරණය වන සම්පූර්ණ මුදල කොපමණද? රුපියල් _____

41. රජය මගින් වැඩිහිටියන් සඳහා ලබාදෙන පහත සඳහන් කුමන සමාජ ආරක්ෂණ වැඩසටහන් පිළිබඳ දැනුවත්වී තිබේද?
   ☐ a. විශ්‍රාම වැටුප
   ☐ b. අර්ථසාධක අරමුදල

☐ c. සමෘධි සහනාධාරය
☐ d. පින් පඩිය
☐ e. වෙනත් (සඳහන් කරන්න) _____

42. ඔබේ සැලසුම වන්නේ විශ්‍රාම ගැනීමෙන් පසු ඔබේ දරුවන්ගෙන් මුදල් උපකාර බලාපොරොත්තුවෙන් සිටීමද?
○ a. ඔව්
○ b. නැත
○ c. තවමත් ඒ පිළිබඳ සිතුවේ නැත

43. ඔබට රජය මගින් වැඩිහිටියන් සඳහා ලබාදෙන හැඳුනුම්පත ලබාගෙන තිබේද?
○ a. ඔව්
○ b. නැත

**07. <u>කොටස - තාක්ෂණය භාවිතය</u>**

44. ඔබගේ නිවස තුළ අන්තර්ජාලයට ප්‍රවේශවීම සඳහා පහසුකම් රජය තිබේද? (අන්තර්ජාල ප්‍රවේශ පහසුකම් සහිත ජංගම දුරකථන, හවුලේ භාවිත කරන පරිගනක,ලැප්ටොප් වැනි...)
○ a. ඔව්
○ b. නැත → කරුණාකර ප්‍රශ්න අංක 46 වෙත යන්න

45. ඔබ දිනකට කොපමන පැය ගනනක් අන්තර්ජාලය භාවිත කරන්නේද? පැය_____

46. ඔබට කුමනහෝ ඊ-මේල්, මුහුණුපොත, ඉන්ස්ටග්‍රැම්,ට්විට්ටර් වැනි සමාජජාල ගිණුම් තිබේද?
○ a. ඔව්
○ b. නැත

47. ඔබට ජංගම දුරකථනයක් තිබේද?
○ a. ඔව්
○ b. නැත → කරුණාකර ප්‍රශ්න අංක 49 වෙත යන්න

48. ඔබ දිනකට කොපමන පැය ගනනක් ජංගම දුරකථනය භාවිත කරන්නේද?
පැය_____

49. ඔබට ලැප්ටොප් හෝ ටැබ්ලට් එකක් තිබේද?
○ a. ඔව්
○ b. නැත → කරුණාකර ප්‍රශ්න අංක 51 වෙත යන්න

50. ඔබ දිනකට කොපමන පැය ගනනක් ලැප්ටොප් හෝ ටැබ්ලට් භාවිත කරන්නේද?
පැය_____

51. පසුගිය වසර තුළ වට්ස් ඇප්, වයිබර්, ඉමෝ වැනි කෙටිපනිවිඩ සේවා භාවිත කළේද?

- ○ a. ඔව්
- ○ b. නැත → කරුණාකර ප්‍රශ්න අංක 53 වෙත යන්න

52. ඔබගේ පවුලේ සාමාජිකයෙකුට හෝ මිතුරකුට වට්ස් ඇප් මගින් කෙටිපනිවිඩ යවන්නේ කෙසේදැයි ඔබ දන්නවාද?

- ○ a. ඔව්
- ○ b. නැත

53. වට්ස් ඇප්, ෆේස්ටයිම් වැනි වැඩසටහන් මගින් වීඩියෝ දුරකථන ඇමතුම් ලබාගැනීම ආරම්භකරන ආකාරය ඔබ දන්නවාද?

- ○ a. ඔව්
- ○ b. නැත

54. ඔබගේ ජංගම දුරකථනය, ලැප්ටොප් හෝ ටැබ්ලට් භාවිත කරන්නේ පහත සඳහන් කුමක් සඳහාද?

1. මිතුරන්ට සහ පවුලේ සාමාජිකයන්ට කතාකිරීම සඳහා

- ○ a. ඔව්
- ○ b. නැත

2. ඊ-මේල් යැවීම සහ ලබාගැනීම සඳහා

- ○ a. ඔව්
- ○ b. නැත

3. අදහස් හුවමාරු කරගන්නා වෙබ් අඩවි තුළින් පණිවිඩ යැවීම සඳහා

- ○ a. ඔව්
- ○ b. නැත

4. අන්තර්ජාලය භාවිත කරමින් ශ්‍රව්‍ය සහ දෘෂ්‍ය දුරකථන ඇමතුම් ලබාගැනීම සඳහා (උදා. ස්කයිප්,වට්ස් ඇප්,වයිබර් මැසෙන්ජර් )

- ○ c. ඔව්
- ○ d. නැත

5. වීඩියෝ බැලීම හෝ පරිගනක ක්‍රීඩා කිරීම සඳහා

- ○ a. ඔව්
- ○ b. නැත

6. චිත්‍රපට,රූපවාහිනී වැඩසටහන්, ගීත ඇසීම සඳහා

- ○ a. ඔව්
- ○ b. නැත

7. පොත්පත්, සඟරා සහ අන්තර්ජාල ප්‍රවෘත්ති බැලීම සඳහා

○ a. ඔව්
○ b. නැත

8. අන්තර්ජාලය මගින් බැංකු ගිණුම් කළමණාකරණය ( උදා. අන්තර්ජාල බැංකු සේවා)

○ a. ඔව්
○ b. නැත

9. වෙනත් (සඳහන් කරන්න) _____

55. තාක්ෂණය භාවිත කිරීම සඳහා සහයෝගය ලබාදෙන්නේ කවුරුන්ද?

☐ a. කිසිවෙක් සහයෝගය ලබාදෙන්නේ නැත
☐ b. සැමියා
☐ c. පුතා
☐ d. දුව
☐ e. බෑණා
☐ f. ලේලි
☐ g. මුණුබුරන්/මිනිබිරියන්
☐ h. සහෝදරයා
☐ i. සහෝදරිය
☐ j. නෑදෑයන්
☐ k. මිතුරන්
☐ l. වෙනත් (සඳහන් කරන්න) _____

# Appendix D: Information Sheet and Informed Consent Form (English)

## Informed Consent forms
## Instructions

Informed consent form should have two parts
Part 1: information sheet
Part 11: certificate of consent
Please use the templates below (pages 2 & 4) to assist you in preparing the information sheet and consent form. Do not duplicate the sample information sheet. Some paragraphs may not be relevant to your study. Please select those which are applicable to your study. Use the template as a guide to prepare the Information Sheet to be used in your study, paying particular attention to the wording when the information is directed at parents and guardians of minors less than 18 years of age, who will constitute the study population.
The Consent Form template may be used in its entirety for most studies needing consent from adults. However, in the case of proxy consent, the sentences will need to be suitably re-worded. An extra statement is needed if tissue samples are to be stored
It is a good idea if provision is made for sufficiently mature children to give their assent, in addition to the parental consent. In this case, there needs to be a separate form for the child's assent in addition to the form for parental proxy consent with a suitable heading.
You should make the forms available in English, Sinhala and Tamil. However, you may limit to English and one of the other languages, or English alone, if you can justify the exclusion of any language/s on the basis of the language competence of the study population.
All forms – as well as all other documents submitted for review – should contain page numbers as well as the version number and date in the page header.

## Part 1: Information Sheet

< Retirement Preparedness and Health Status of Older Returned Sri Lankan Foreign Domestic Workers (FDWs)>

Introduction

I, Vijitha De Silva, from the University of Ruhuna would like to invite you to take part in a Questionnaire analyzing the retirement preparedness among older foreign domestic work returnees in Galle, Sri Lanka.

a. The purpose of this study is to describe the retirement preparedness and health status of older returned Sri Lanka Foreign Domestic Workers. This study will be conducted in Bope-Poddala and Hikkaduwa Medical Officer of Health (MOH) Division in Galle, Sri Lanka. The first aim of this study is to describe the current health status of older returned Sri Lankan Foreign Domestic Workers. The second aim of this study is to describe the retirement preparedness of older returned Sri Lankan Foreign Domestic Workers by looking at the financial information from the past work experience abroad as well as the current financial status and behaviors such as monthly expenditure and savings. The third aim of this study is to describe the retirement preparedness through their familiarity with technology and social media.

b. This study uses a questionnaire that is created to achieve the objectives of the study. In order to capture multiple aspects of retirement, the following elements will be asked: the current health status, past and present financial information (e.g. savings and monthly expenditure), and self-assessment of retirement preparedness.

c. The target population for this study is any female who has worked abroad as a foreign domestic worker for at least 2 years. In order to participate in the questionnaire, you must be in between 45 and 65 years of age (included if you are 45 years old or 65 years old) and agree to complete the questionnaire. You would have given consent to participate in the study.

d. Participation is this study is completely voluntary. A decision to not participate in the questionnaire will not result in any negative consequences.

e. The questionnaire will be shown to the participant. Completion of the questionnaire will be assisted by a local research assistant from University of Ruhuna. All completed questionnaire will be collected and kept private in the Department of Community Medicine at the University of Ruhuna. Only the study staffs will have access to the data. A study staff

member will manually enter the questionnaire data into the Duke REDCap system each day.

The data will then be transferred from the REDCap system to STATA system for analysis.

h. The questionnaire should only take on average 30 minutes to complete. It may take up to 45 minutes to complete. It will be administered by the research assistant for the entire time of the questionnaire.

As a participant, you will only need to complete a questionnaire. This questionnaire would assess your preparedness on retirement through looking at your past financial saving information when you were working abroad as a foreign domestic worker and your current financial information such as monthly expenditures and savings. Your preparedness on retirement will also be assessed through questions that describe your current health state.

You have been chosen for this study because you are a female who have a history of working as a foreign domestic worker for at least 2 years. Also, you are either 45 years old or 65 years old or in between 45 and 65 years of age.

You can choose to participate or not to participate. Failure to participate will not negatively impact you in any way. Your decision to participate or not participate will be kept private.

Now that you are eligible to participate in completing the questionnaire, we would ask if you would like to complete a questionnaire on your preparedness for retirement. Retirement is a complex term that cannot be described or measured with the provided questionnaire. You would gain different components of retirement. However, this questionnaire does not provide any official information on whether you are prepared to retire or not. This questionnaire is completely voluntary. The questionnaire will be used to describe the perceptions of retirement and retirement preparedness among older foreign domestic work returnees.

i. There is no physical risk in completing the questionnaire. However, there are some questions that you may find uncomfortable such as questions on financial information. Some questions involve you recalling back to times when you were abroad and working as a foreign domestic worker. This step may feel uncomfortable. To minimize these potential risks, you may stop answering the questionnaire anytime you wish during the completion process. You may also skip any questions that you prefer not to answer. You may ask the research assistant present in the room assisting you with the questionnaire to clarify any of the questions you may find uncomfortable. The questionnaire will be completed in a private space that is not around the physician, health staff, or other foreign domestic workers.

j. The information collected from this questionnaire will be used to better describe the health status among older foreign domestic work returnees. It will also be used to describe the retirement preparedness among older foreign domestic work returnees. In this effort, we hope that this information will not only increase your own awareness of preparedness for retirement, if you are not already retired, but improve the general knowledge of retirement preparedness among older foreign domestic work returnees as well. We also hope that this will contribute to the general knowledge of health state of older foreign domestic work returnees.

k. There will be a compensation for completing the questionnaire. You will be paid 1000 Rupees for completing the questionnaire.

l. All questionnaires will be kept confidential. Only the research team will have access to the data on the questionnaires. The questionnaires will be kept in locked storage with the research team. Data will be added to the REDCap system for analysis. This system is encrypted/secure and HIPPA approved. The only personnel who have access to this system are the same researchers listed above.

m. The results of this study will be shared with both the Duke Global Health Institute at Duke University and the University of Ruhuna. This can include a form of a presentation at scientific meetings or a published article in a scientific journal. The publication may be accessed online in the public domain where anyone can access it. Your name and all other identifying information will not be included.

n. Participation is voluntary, and you have the right to refuse to complete the questionnaire at any stage without explaining why. It will not affect your right to get proper, routine, treatment, and care. Once the questionnaire is complete, participants can withdrawal their questionnaire data at any time, for any reason, specified or unspecified.

o. Please contact the research team by email. if you have any questions or concerns. PI: Vijitha De Silva at pvijithadesilva123@yahoo.com. You may also contact the local research assistant, AVH Tharindra at 0094716017346 or by emailing at <tharindraavh@gmail.com>

## Part 2: Consent Form

<Retirement Preparedness and Health State of Older Returned after Foreign Domestic Work (FDWs) in Galle, Sri Lanka>

To be completed:

### a. By the participant

The participant should complete the whole of this sheet himself/herself.

1. Have you read the information sheet? (Please keep a copy for yourself) YES/NO
2. Have you had an opportunity to discuss this study and ask any questions? YES/NO
3. Have you had satisfactory answers to all your questions? YES/NO
4. Have you received enough information about the study? YES/NO
5. Who explained the study to you? ……

6. Do you understand that you are free to withdraw from the study at any time, without having to give a reason and without affecting your future medical care? YES/NO
7. All personal details from this study will be treated as STRICTLY CONFIDENTIAL. Do you give your permission for these individuals to have access to your records? YES/NO
8. Have you had sufficient time to come to your decision? YES/NO
9. Do you agree to take part in this study? YES/NO

Participant's signature……Date……..
Name (BLOCK CAPITALS)……

## b. By the investigator

I have explained the study to the above participant and he/she has indicated willingness to take part.

Signature of investigator……..……..Date……..
Name (BLOCK CAPITALS)……

# Appendix E: Information Sheet and Informed Consent Form (Sinhalese)

**01.** කොටස  තොරතුරු පත්‍රිකාව

**ගෘහසේවිකාවක් ලෙස විදේශීය රටක රැකියාව කොට පැමිණි ශ්‍රී ලාංකික වැඩිහිටියන්ගේ විශ්‍රාම පූර්ව සැලසුම සහ සෞඛ්‍යය තත්වය පිළිබඳ කෙරෙන සමීක්ෂණය**

**හැඳින්වීම**

රුහුණ විශ්වවිද්‍යාලයේ මහාචාර්ය විජිත ද සිල්වා වන මම ගාල්ල දිස්ත්‍රික්කයේ වෙසෙන ගෘහසේවිකාවක් ලෙස විදේශීය රටක රැකියාව කොට පැමිණි ශ්‍රී ලාංකික වැඩිහිටියන්ගේ විශ්‍රාම සැලසුම සහ සෞඛ්‍යය තත්වය පිළිබඳ ප්‍රශ්නාවලිය විශ්ලේෂණය කිරීම සඳහා කොටස්කරුවෙකු වීමට මෙයින් ආරාධනා කොට සිටිමි.

a. මෙම අධ්‍යනයේ අරමුණ වන්නේ ගෘහසේවිකාවක් ලෙස විදේශීය රටක රැකියාව කොට පැමිණි ශ්‍රී ලාංකික වැඩිහිටියන්ගේ විශ්‍රාම පූර්ව සැලසුම සහ සෞඛ්‍යය තත්වය පිළිබඳ විග්‍රහ කිරීමයි. මෙම අධ්‍යයනය ගාල්ල දිස්ත්‍රික්කයේ ග්‍රාමීය සහ නාගරික ප්‍රදේශන් ආවරණය වන පරිදි සිදුකෙරේ. මෙම අධ්‍යයනයේ පලමු ඉලක්කය වන්නේ ගෘහසේවිකාවක් ලෙස විදේශීය රටක රැකියාව කොට පැමිණි ශ්‍රී ලාංකික වැඩිහිටියන්ගේ වර්තමාන සෞඛ්‍ය තත්වය විග්‍රහ කිරීමයි. මෙම අධ්‍යයනයේ දෙවන ඉල්ක්කය වන්නේ ගෘහසේවිකාවක් ලෙස විදේශීය රටක රැකියාව කොට පැමිණි ශ්‍රී ලාංකික වැඩිහිටියන්ගේ පසුගිය විදේශ රැකියාවෙන් ලැබූ අත්දැකීම් මෙන්ම මාසික වියදම් සහ ඉතිරිකිරීම් වැනි මූල්‍ය තත්වයන් හා වර්යාවන් තුලින් ලැබෙන මූල්‍ය තොරතුරු මගින් විශ්‍රාම පූර්ව සැලසුම විග්‍රහ කිරීමයි. මෙම අධ්‍යයනයේ තුන්වන ඉලක්කය වන්නේ තාක්ෂණය සහ සමාජ මාධ්‍ය පිළිබඳ හුරුපුරුදුකම තුලින් ඔවුන්ගේ විශ්‍රාම පූර්ව සැලසුම විග්‍රහ කිරීමයි.

b. මෙම අධ්‍යයනය සඳහා භාවිත කරන ප්‍රශ්නාවලිය නිර්මාණය කොට ඇත්තේ අධ්‍යයනයේ අරමුණු මුදුන්පත් කරගැනීම සඳහා වේ. විශ්‍රාම ගැනීමේ බහුවිධ පැතිකඩ හඳුනාගැනීම පිණිස පහත සඳහන් මූලික කොටස් පිළිබඳ අසනු ලබයි. වර්තමාන සෞඛ්‍යය තත්වය, පසුගිය සහ වර්තමාන මූල්‍ය තොරතුරු (උදා: ඉතිරිකිරීම් සහ මාසික වියදම්, සහ විශ්‍රාම පූර්ව සැලසුම් පිළිබඳ ස්වයං තක්සේරුව).

c. මෙම අධ්‍යයනයේ ඉලක්කගත ප්‍රජාව වන්නේ අවම වශයෙන් වසර දෙකක් ගෘහ සේවිකාවක් වශයෙන් විදේශගතව සේවය කොට ඇති කාන්තාවන් වේ. මීට අමතරව ප්‍රශ්නාවලිය සඳහා සහභාගි වීමට ඔබගේ වයස අවුරුදු 45 ත් 65 ත් අතර වියයුතුම වීම, (ඔබගේ වයස අවුරුදු 45 හෝ 65 නම් ඇතුලත් වේ) සහ ප්‍රශ්නාවලිය සම්පූර්ණ කිරීමට එකඟ විය යුතුය. ඔබ මෙම අධ්‍යයනය සඳහා සහභාගි වීමට පෙර ඔබගේ කැමැත්ත ලබාදිය යුතුය.

d. මෙම අධ්‍යයනය සඳහා සහභාගිවීම සම්පූර්ණයෙන්ම ස්වේඡාවෙන් විය යුතුය. ඔබ ප්‍රශ්නාවලිය සඳහා සහභාගි නොවීමට තීරණය කිරීමෙන් කිසිදු අහිතකර ප්‍රතිවිපාකයක් සිදු නොවේ.

e. ප්‍රශ්නාවලිය සහභාගි වන්නන්ට ලබාදෙනු ලැබේ. රුහුණ විශ්විද්‍යාලයේ දේශීය පර්යේෂණ සහකාරවරුන් ප්‍රශ්නාවලිය සම්පූර්ණ කිරීම සඳහා උපකාර කරනු ලැබේ. සම්පූර්ණකල සියලුම ප්‍රශ්නාවලි ලබාගන්නා අතර එහි රහස්‍යභාවය සුරැකෙන අයුරින් රුහුණ විශ්වවිද්‍යාලයේ ප්‍රජා වෛද්‍ය විද්‍යා අධ්‍යයනාංශයේ රඳවා තැබේ. අධ්‍යයන කාර්යමණ්ඩලයට පමණක් දත්ත සඳහා ප්‍රවේශ වීමේ හැකියාව ඇත. අධ්‍යයන කාර්යමණ්ඩල සාමාජිකයෙකු අතින් ප්‍රශ්නාවලියේ ඇති දත්ත ඩියුක් රෙඩ්කැප් පද්ධතියට ඒ ඒ සඳහා දිනයන්හි දී ඇතුලත් කරනු ලැබේ. ඉන්පසුව සියලු දත්ත විශ්ලේෂණය සඳහා රෙඩ්කැප් පද්ධතියේ සිට සාටා පද්ධතියට මාරු කරනු ලැබේ.

f. මෙම ප්‍රශ්නාවලිය සම්පූර්ණ කිරීමට දළ වශයෙන් විනාඩි 30 ක පමන කාලයක් වැයවන අතර ඇතැම් විට එය විනාඩි 45 ක පමන කාලයක් වැයවේ. ප්‍රශ්නාවලිය සඳහා පිළිතුරු සපයන සම්පූර්ණ කාලය තුළ පර්යේෂණ සහකාර විසින් පරිපාලනය කරනු ලැබේ.

g. සමීක්ෂණය සඳහා සහභාගී වන්නකු ලෙස ඔබ ප්‍රශ්නාවලිය සම්පූර්ණ කිරීම පමණක් ප්‍රමාණවත්වේ. මෙම ප්‍රශ්නාවලිය මගින් ඔබ ගෘහ සේවිකාවක ලෙස විදේශ රටක සේවය කරන කාලයේදී ඔබ ගේ පසුගිය මූල්‍ය ඉතිරිකිරීම් තොරතුරු දෙස බැලීම තුලින් සහ වර්තමාන මාසික වියදම් සහ ඉතිරිකිරීම් තොරතුරු තුලින් ලබා ගන්නා දැනට පවතින මූල්‍ය තොරතුරු මගින් ඔබගේ විශ්‍රාම පූර්ව සැලසුම් තක්සේරු කරනු ලැබේ. ඔබගේ වර්තමාන සෞඛ්‍යය තත්වය පිළිබඳ ප්‍රශ්න තුලින් ඔබගේ විශ්‍රාම පූර්ව සැලසුම් පිළිබඳ තක්සේරු කිරීමක් සිදුකරනු ලබයි.

h. ඔබ මෙම අධ්‍යයනය සඳහා තෝරාගනු ලැබුවේ ගෘහසේවිකාවක් ලෙස අවම වශයෙන් වසර දෙකක සේවා ඉතිහාසයක් ඇති කාන්තාවක් වීම නිසා වේ. එමෙන්ම ඔබගේ වයස අවුරුදු 45 හෝ 65, හෝ අවුරුදු 45ත් 65ත් අතර පරාසයක තිබීම නිසා වේ.

i. සමීක්ෂණය සඳහා සහභාගි වන්නේද නැද්ද යන්න ඔබට තෝරාගත හැක. සහභාගි වීමට නොහැකිවීම කිසිදු ආකාරයක සෘණාත්මක බලපෑමක් සිදුනොවේ. සහභාගි වීමේ හෝ සහභාගි නොවීමේ ඔබගේ තීරණය රහස්‍යභාවය සුරැකෙන අයුරින් තබාගැනේ.

j. දැන් ඔබ ප්‍රශ්නාවලිය සම්පූර්ණකිරීම සඳහා සහභාගි වීමට සුදුසුකම් ලබාඇත. ඔබ ප්‍රශ්නාවලිය සම්පූර්ණ කිරීමට කැමතිනම් අප විසින් ඔබගේ විශ්‍රාම පූර්ව සැලසුම පිළිබඳ ප්‍රශ්න අසනු ලැබේ. විශ්‍රාම ගැනීම යනු සංකීර්ණ වචනයකි. එය විස්තර කිරීම හෝ මැනීම අප විසින් ලබාදෙන ප්‍රශ්නාවලිය මගින් සිදුකල නොහැක. විශ්‍රාම ගැනීම පිළිබඳ බහුවිධ සාධකයන්ගෙන් ඔබට ප්‍රතිලාභයක් ලැබෙනු ඇත. කෙසේ නමුත්, මෙම ප්‍රශ්නාවලිය ඔබගේ විශ්‍රාම ගැනීමට සුදානම්ව සිටියද නොසිටියද මෙම ප්‍රශ්නාවලිය මගින් නිල තොරතුරු සපයාදීමක් සිදු නොකරයි. මෙම ප්‍රශ්නාවලිය සම්පූර්ණයෙන් ස්වේච්ඡාවෙන් සිදුවේ. මෙම ප්‍රශ්නාවලිය මගින් විදේශ රටක ගෘහ සේවයේ නිරතව පැමිනි වැඩිහිටි අයගේ විශ්‍රාම ගැනීම සහ විශ්‍රාම පූර්ව තත්වය තේරුම් ගනීම විග්‍රහ කිරීම සඳහා බාවිතා කරනු ලැබේ.

k. මෙම ප්‍රශ්නාවලිය සම්පූර්ණ කිරීම මගින් ඔබට කිසිදු ශාරීරික බලපෑමක් සිදු නොවේ. කෙසේ නමුත් මෙහි අන්තර්ගත මූල්‍යමය තොරතුරු වැනි ඇතැම් ප්‍රශ්න වලදී ඔබ අපහසුතාවයට පත් විය හැකිය. සමහර ප්‍රශ්න ඔබ ගෘහ සේවිකාවක වශයෙන් සේවය කළ කාලය නැවතත් මතකයට නැගීම සිදුවිය හැකිය. එම තත්වය හේතුවෙන් ඔබට අපහසුකාරී හැඟීමක් ඇති විය හැකිය. එබැවින් ඇතිවිය හැකි අවධානම අවම කර ගැනීමට මෙම ප්‍රශ්නාවලිය සම්පූර්ණ කිරීමේ ක්‍රියාවලිය අතරතුරදී ඕනෑම වෙලාවක ප්‍රශ්නාවලිය සඳහා පිලිතුරු සැපයීම නතර කල හැකිය. ඔබගේ කැමැත්ත අනුව ඕනෑම ප්‍රශ්නයකට පිළිතුරු නොදී මග හැරිය හැකිය. ප්‍රශ්නාවලිය තුල ඇති මොනයම් හෝ ප්‍රශ්නයකින් ඔබ අපහසුතාවයට පත් වන්නේ නම් ඔබ ඉදිරියේ සිටින පර්යේෂණ සහකාරගෙන් අසා එය පැහැදිලි කරගත හැකිය. එම ප්‍රශ්නාවලිය පුද්ගලිකත්වය ආරක්ෂා වන ස්ථානයක සම්පූර්ණය කලයුතු අතර වෛද්‍යවරුන්, සෞඛ්‍ය කාර්යය මණ්ඩලය හෝ වෙනත් විදේශයන්හි සේවය කල ගෘහ සේවිකාවන් අතර සිට සම්පූර්ණ නොකල යුතුය.

l. ප්‍රශ්නාවලිය මගින් රැස් කර ගන්නා තොරතුරු ගෘහ සේවිකාවක් ලෙස විදේශ ගතව සේවයකොට පැමිණි වැඩිහිටියන් අර ඇති සෞඛ්‍යය තත්වය වඩා හොඳින් විග්‍රහ කිරීම සඳහා යොදාගැනේ. එමෙන්ම ගෘහ සේවිකාවක් ලෙස විදේශ ගතව සේවයකොට පැමිණි වැඩිහිටියන්ගේ විශ්‍රාම පූර්ව සැලැසුම් විග්‍රහ

කිරීම සඳහා යොදා ගැනේ. මෙම කාර්යයේදී ඔබ ලබාදෙන තොරතුරු මගින් බලාපොරොත්තු වන්නේ විශ්‍රාම පූර්ව අවධිය පිළිබඳව ඔබගේ දැනුවත්භාවය වැඩිදියුනු වීම පමණක්ම නොවේ. ඔබ තවමත් විශ්‍රාම ගෙන නොමැති නම් හෝ විදේශ රටක සේවයකොට පැමිණි වැඩිහිටි ගෘහ සේවිකාවන් අතර විශ්‍රාම පූර්ව සැලැසුම් පිළිබඳව සාමාන්‍ය හෝ දැනීමක් ලබාදෙනු ඇතැයි බලාපොරොත්තු වෙමු. එමෙන්ම විදේශයන්හි සේවය කල වැඩිහිටි ගෘහ සේවිකාවන්ගේ සෞඛ්‍යය තත්වය පිළිබඳව සාමාන්‍ය හෝ දැනීමක් ලබාදෙනු ඇතැයි බලාපොරොත්තු වෙමු.

m. ප්‍රශ්නාවලිය සම්පූර්ණ කිරීම වෙනුවෙන් දීමනාවක් ලබාදෙනු ලැබේ. ප්‍රශ්නාවලිය සම්පූර්ණ කිරීම වෙනුවෙන් රුපියල් 1000 ක ගෙවීමක් ඔබට ලැබෙනු ඇත.

n. සියලුම ප්‍රශ්නාවලි රහස්‍ය ස්ථානයක තබනු ඇත. පර්යේෂණ කාර්යමණ්ඩලයට පමණක් දත්ත සඳහා ප්‍රවේශ වීමේ හැකියාව ඇත. සියලුම ප්‍රශ්නාවලි පර්යේෂණ කාර්යමණ්ඩලය සතුවඇති අඟුලු සහිත රඳවනයක තබනු ඇත. දත්ත විශ්ලේෂණය සඳහා ඩියුක් රෙඩ්කැප් පද්ධතියට ඇතුලත් කරනු ලැබේ.මෙම පද්ධතිය ආරක්ෂාකාරී වන අතර එය HIPPA මගින් සහතික කළ පද්ධතියකි. ඒ සඳහා ප්‍රවේශවිය හැක්කේ ඉහත දක්වාඇති පර්යේෂකයන් ලයිස්තුවට පමණි.

o. මෙම අධ්‍යයනයේ ප්‍රතිපල ඩියුක් විශ්වවිද්‍යාලයේ ග්ලෝබල් හෙල්ත් ආයතනය සහ රුහුණ විශ්වවිද්‍යාලය හවුලේ භුක්තිවිඳිනු ඇත. මෙය ශාස්ත්‍රීය සමුලු සඳහා ඉදිරිපත් කිරීම හෝ ශාස්ත්‍රීය සඟරාවල ලිපි පළකිරීම සඳහා අන්තර්ගත කරගත හැකිය. ප්‍රකාශනයන් ලබාගැනීම සඳහා ප්‍රවේශවීම පරිගනක ජාල මගින් ඕනෑම අයෙකුට සිදුකළ හැකිය.ඔබගේ නම සහ අනෙකුත් හඳුනාගැනීමේ තොරතුරු අවශ්‍ය නොවේ.

p. සහභාගීවීම ස්වේච්ඡාවෙන් සිදුවන අතර ඔබ ප්‍රශ්නාවලිය සම්පූර්ණකරන අතරතුර ඕනෑම අවස්ථාවක හේතු දැක්වීමකින් තොරව ප්‍රශ්නාවලිය සම්පූර්ණයෙන්ම ප්‍රතික්ෂේප කිරීමේ අයිතිවාසිකම ඔබට ඇත. මෙය ඔබගේ සුපුරුදු පරිදි ලබාගන්නා ප්‍රතිකාර සහ සාත්තු කිරීම් සඳහා ඇති අයිතියට කිසිදු බලපෑමක් සිදුනොවේ. සහභාගීවන්නාට ප්‍රශ්නාවලිය සම්පූර්ණකිරීමෙන් පසුව හේතු දැක්වීමක් ඇතිව හෝ නැතිව ඕනෑම වේලාවක ප්‍රශ්නාවලියේ ඇති දත්ත දත්ත නැවත ලබා ගැනීමට හැකියාව ඇත .

q. ඔබට යම්කිසි ප්‍රශ්නයක් හෝ සැලකියයුතු කරුණක් සම්බන්ධ යෙන් විමසීමට පර්යේෂණ කණ්ඩායම සම්බන්ධ කරගැනීමට දුරකථන අංක: මහාචාර්ය පී. විජිත ද සිල්වා 0777609703 ට හෝ pvijithadesilva123@yahoo.com පර්යේෂණ සහකාර වරුන් සම්බන්ධ කරගැනීමට

**02.කොටස  කැමැත්ත ලබාගැනීමේ පත්‍රිකාව**

**ගෘහසේවිකාවක් ලෙස විදේශීය රටක රැකියාව කොට පැමිණි ශ්‍රී ලාංකික වැඩිහිටියන්ගේ විශ්‍රාම පූර්ව සැලසුම සහ සෞඛ්‍යය තත්වය පිළිබඳ කෙරෙන සමීක්ෂණය**

සම්පූර්ණ කළයුතුය:

a. සහභාගීවන්නා විසින්
සහභාගීවන්නා විසින් මෙහි සඳහන් සියලුදේ සම්පූර්ණ කළයුතුය

1. ඔබ තොරතුරු පත්‍රිකාව කියවාබැලුවේද?
   ○ a. ඔව්
   ○ b. නැත
2. ඔබට මෙම අධ්‍යයනය පිළිබඳව සාකච්ඡා කිරීමට හෝ ප්‍රශ්න ඇසීමට අවස්ථාවක් ලැබුනේද?
   ○ a. ඔව්
   ○ b. නැත
3. ඔබගේ සම්පූර්ණ ප්‍රශ්නාවලිය සඳහා කෘප්තිමත් පිළිතුරු ලබාදුන්නේද?
   ○ a. ඔව්
   ○ b. නැත
4. ඔබට මෙම අධ්‍යයනය පිළිබඳව ප්‍රමාණවත් තොරතුරු ලැබුනේද?
   ○ a. ඔව්
   ○ b. නැත
5. මෙම අධ්‍යයනය පිළිබඳව විස්තර කළේ කවුරුන්ද?_____
6. ප්‍රශ්නාවලිය සම්පූර්ණකරන අතරතුර ඕනෑම අවස්ථාවක හේතු දැක්වීමකින් තොරව ප්‍රශ්නාවලිය සම්පූර්ණයෙන්ම ප්‍රතික්ෂේප කිරීමේ අයිතිවාසිකම ඔබට ඇත. මෙය ඔබගේ සුපුරුදු පරිදි ලබාගන්නා ප්‍රතිකාර සහ සාත්තු කිරීම් සඳහා ඇති අයිතියට කිසිදු බලපෑමක් සිදුනොවේ. යන්න ඔබ තේරුම්ගත්තේද?
   ○ a. ඔව්
   ○ b. නැත
7. මෙම අධ්‍යයනයේ සියලු පුද්ගලික තොරතුරුවල රහස්‍ය භාවය සුරැකෙනලෙස ඔබගේ දත්ත සඳහාබ ප්‍රවේශ වීමට මෙම පුද්ගලයන්ට අවසර ලබාදෙන්නේද?
   ○ a. ඔව්
   ○ b. නැත
8. ඔබගේ තීරණයට පැමිණීමට ප්‍රමාණවත් කාලයක් ලැබුනේද?
   ○ a. ඔව්
   ○ b. නැත
9. ඔබ මෙම අධ්‍යයනයේ කොටස්කරුවෙකු වීමට එකඟවන්නේද?
   ○ a. ඔව්
   ○ b. නැත

සහභාගීවන්නාගේ අත්සන.....  දිනය.....

සහභාගීවන්නාගේ නම.....

b. පර්යේෂණ සහකාර විසින්

ඉහත සඳහන් සහභාගීවන්නාහට මා විසින් මෙම අධ්‍යයනය පිළිබඳව විස්තර කිරීමෙන් පසුව මෙම අධ්‍යයනය සඳහා කොටස්කරුවෙකු වීමට ඇය ගේ කැමැත්ත සටහන් කරනලදී.

පර්යේෂණ සහකාර ගේ අත්සන..... දිනය.....

පර්යේෂණ සහකාර ගේ නම.....

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