Lurking in the shadows: A closer look at multidimensional poverty in Sri Lanka

By Wimal Nanayakkara

Sunil is a labourer who lives in a small hut with his wife, and their two children aged seven and four years. Both Sunil and his wife have had schooling only up to grade five. Their hut has no electricity or proper sanitation facilities. The elder child is not in school yet. It is clear that Sunil and his family are facing many deprivations simultaneously, and low income is just one dimension of poverty.

Multidimensional Poverty (MDP) is an effective measure that captures the many different deprivations faced by the poor. Unlike income poverty, MDP takes into consideration the different types of deprivations that individuals experience simultaneously.

The Alkire-Foster Method (AFM), that gauges MDP, involves three dimensions, health, education, and living standards, which are measured through 10 indicators.

The ”weighted sum of deprivations” for a household is determined by adding the weights for the deprivations the household is facing simultaneously. Multidimensionally poor are those living in households facing a weighted sum of 33.3% or more of the deprivations and NMDP are those living in households facing a weighted sum of more than 20% and less than 55.3% of deprivations.

The NMSP are those considered to be vulnerable to MDP. As the weighted sum of deprivations of Sunil’s household exceeds 33.3%, his family is multidimensionally poor.

Contributions of deprivations to MDP and NMSP

The first pie chart in Figure 1 shows the magnitude of the contributions of deprivations to MDP. The second shows the corresponding contributions to NMSP. It is clear that the highest contributions to MDP and NMSP are from deprivations 1, 3, 4, and 7. For MDP, the highest contribution (50%) is from the lack of education; no one in the household has six years of education. This is followed by the two health-related deprivations, and the lack of access to improved sanitation. These four elements make up almost 75% of the deprivations contributing to MDP.

In the case of NMSP, the main contribution is related to inability to work; head of the household is not working due to a chronic illness, disability or old age. This amounts to 33.3%. The other main deprivations are related to education, health, and sanitation. These four aspects account for 50% of deprivations contributing to NMSP.

Who are battered by multiple deprivations?

Although the incidence of MDP in Sri Lanka is only 1.9% (around 400,000 persons), nearly 10% of the population or around two million people are in NMSP, which means they can slip into the former category. Altogether 2.4 million people (or 11.5% of the population) in Sri Lanka are either in MDP or NMSP.

The other three SEGs with high shares of MDP or NMSP consist of households headed by agricultural labourers, non-agricultural labourers and skilled agricultural workers. These four groups account for nearly 80% of those in MDP or NMSP.

Spatial distribution of persons in MDP or NMSP

The regions where a majority of the people in MDP or NMSP live should be identified to develop area-specific strategies. In Sri Lanka, the highest number of persons in MDP or NMSP are in the Kandy District (9% of the total number in MDP or NMSP in the country). Other districts with high shares of MDP or NMSP are Kurunegala (8%), Ratnapura (7.5%), Gampaha (5.6%), Galle (5.6%), and Matara (5%).

It is also necessary to consider the incidence of MDP or NMSP or the percentages of persons in MDP or NMSP within each district. The incidence is highest in the Batticaloa district (19.5%), followed by Trincomalee (13.5%), and then Matara (12%).

The strategies to minimise MDP and NMSP depend on the types of deprivations faced by the poor, their locations, and their socio-economic groups. Continuous monitoring of all dimensions of poverty and identifying the most threatened regions and groups is essential to eliminate all forms of poverty.