

COVID-19 from the margins: Gendered-Disability experiences in Sri Lanka

Niro Kandasamy^a, Binendri Perera^b, Karen Soldatic^{c*}

^aUniversity of Melbourne; ^bUniversity of Colombo; ^cWestern Sydney University.
Corresponding Author- Email: K.Soldatic@westernsydney.edu.au

Recent research in the global South has highlighted that persons with disabilities are a vulnerable category of persons during the COVID19 outbreak. This paper provides some preliminary insights into Sri Lankan government responses to the outbreak, which, as we will be highlighting, take an ableist approach that further neglect the interests of persons with disabilities while entrenching disability dependencies on informal structures of familial and household support and in turn, increasing their marginality and economic insecurity. The COVID-19 outbreak hit Sri Lanka during a period of political turmoil – national Parliament had been dissolved on 3 March 2020 with elections initially called for 25 April 2020, six months prior to the official end of the Government’s elected term. Drawing upon rapid interview narratives, we present the lived experiences of two women with disabilities and the unique challenges they are facing during the COVID-19 pandemic. As we write this paper in September 2020, we acknowledge that the longer-term impacts of COVID-19 will not become immediately visible, particularly for disabled people from ethno-religious minority groups, including those residing within the former conflict zones.

Keywords: gendered-disability, Sri Lanka, COVID-19, Sinhalese, Muslim, Tamil

Introduction

The COVID-19 outbreak hit Sri Lanka during a period of political turmoil– national Parliament was dissolved on 3 March 2020 with elections initially called for 25 April 2020, six months prior to the official end of the Government’s elected term (Parliament of Sri Lanka, 2020). The President of Sri Lanka, Gotabaya Rajapaksa, has recently stated that the public health crisis caused by the COVID-19 pandemic is unforeseen within the constitution and that there was no other option but to hold the election as soon as possible, with the date set for 5 August 2020 to meet the constitutional requirements. The inevitable result has been a ‘doubling of the chaos’ by mixing the public health crisis with a constitutional crisis. Together, these undermine the political rights of marginalized communities, who are also highly vulnerable to the worst outcomes of COVID-19, specifically persons with disabilities and those living with chronic health conditions and illnesses. Our short interviews with persons with disabilities in Sri Lanka reveal the pervasive impacts of Sri Lanka’s political turmoil during COVID-19, identifying heightened challenges to accessing basic essential services, inability to engage in work, access barriers to education and information, and limitations in the receipt of aid packages.

It is clear, therefore, that despite the Sri Lankan government's measures to control COVID-19, the Constitutional crisis remains a significant barrier to protecting citizens, particularly those who have long suffered from exclusion and marginalisation. This paper seeks to assess the impacts of Sri Lanka's COVID-19 response upon persons with disabilities within this political climate of turmoil and constitutional uncertainty, while highlighting the informal strategies that persons with disabilities are undertaking to survive within the limitations of the current socio-legal context. As we write this chapter in September 2020, there are 2,995 confirmed cases and 12 deaths in Sri Lanka. In what follows, we expand on the basic and social implications of COVID-19 government restrictions in Sri Lanka and provide two case studies of women with disabilities to demonstrate its effects.

Sri Lanka's response to the COVID-19 crisis: authoritarianism, militarism, and exclusion

By using the defeat of the Liberation Tigers of Tamil Eelam (LTTE) in 2009, the Rajapaksa family has provided the necessary precondition for its position as the 'one leader' for the protection of the 'one nation'. By transferring political power to the Rajapaksa-led party, Sri Lanka Podu Jana Peramuna (SLPP), governance is intertwined with militarisation that makes the dynasty viable within an ideological framework that simultaneously makes its interests coterminous with the interests of the majority population (Gunasekara 2013). The construction of a long-lasting security state that is committed to the protection of the Rajapaksa dynasty also takes place within the global intensification of neo-liberal developments that further erodes the relationship between the state and civil society (Kadirgamar 2013). Thus, the COVID-19 crisis reached Sri Lanka with the advent of a neo-patrimonial authoritarian regime characterised by the intensification of militarisation and neo-liberalisation. The President has approached the COVID-19 pandemic through a majoritarian and militaristic approach, unchecked by political process due to the absence of a functioning Parliament (Uyangoda 2020).

Leading up to the parliamentary elections in Sri Lanka – one of the few countries to hold elections during the COVID-19 pandemic – political rallies and mass gatherings were held despite the risk they pose to public health amidst the pandemic. While strict guidelines were issued regarding the conducting of such political gatherings (The Hindu, 2020), some had to be cancelled due to the heightened risk. Therefore, the Sri Lankan Parliamentary Election of August 2020 saw political parties struggle for power during social and economic conditions further strained by the impact of COVID-19. The stakes of the election were high as its result was deemed significant in deciding the future constitutional and political path of the country (Atlantic Council, 2020).

On 5 August 2020, President Gotabaya Rajapaksa and his brother, former President Mahinda Rajapaksa, celebrated a landslide electoral victory. Mahinda Rajapaksa leads the SLPP that won 150 seats, out of a total 225, campaigning on a platform of Sinhala-Buddhist nationalism, national security, and centralised leadership. The victory means that the Rajapaksa family now

has the two-thirds majority required to make sweeping constitutional amendments without having to negotiate with other parties. This includes potentially removing a two-term limit on the presidency and the 19th amendment that was passed in 2015 after Mahinda Rajapaksa lost the presidential election and more evenly distributes the powers of the president between the prime minister, parliament and other institutions (Aljazeera, 2020). Political economists however have noted that regardless of the political outcomes of the recent Rajapaksa election victory, Sri Lanka is on the verge of an economic crisis that has been compounded by COVID-19 and disproportionately affects the country's most vulnerable groups:

The government's economic relief to the poor during this crisis has not been adequate. Educational activities at school and some universities have resumed only for a segment of the student population. Students from economically marginalised families and rural areas with limited or no access to the internet find it difficult to participate in classes conducted online. The tourism and hotel industries have suffered huge losses. The country might face a major economic crisis in the next few months. (Thiruvarangan 2020).

Revelations of the ethnicity and religious backgrounds of the majority of persons infected by the virus has aggravated existing racial tensions increasing the political presence of Islamophobia against the Muslim minority Sri Lankan community that has been rampant across the country since the Easter Sunday Bombings in 2019 (Gunasekara, 2020). Muslim community members have been actively denied the right to bury those who have died within their communities from COVID-19 in accordance with their beliefs. Additionally, the local Sri Lanka Muslim community have been openly criticized for their requests to revise the Ministry of Health Guidelines to cremate all bodies (Admani, 2020; Tegal et al., 2020).

Furthermore, the Sri Lanka military is gradually taking over civil administration, rather than providing support to civilian administration services (Uyangoda, 2020). The armed forces have been deployed to track and apprehend individuals testing positive to COVID-19 with minimal protective gear which has also resulted in a wave of infections within the Sri Lanka Navy (Economynext, 2020). Anybody criticising the Rajapaksa government for using the pandemic to curtail the freedom of expression by marginalised groups, particularly those from religious or ethnic groups, is subject to arrest, as reported by Human Rights Watch (2020).

Government responses to COVID-19 on persons with disabilities

The findings presented in this section are comprised of rapid interview responses, document analysis of newspaper articles and official government statements that have been collected since the outbreak of the COVID-19 pandemic in Sri Lanka alongside interviews with two disabled women from ethno-religious minority communities– Muslim and Tamil. The

interviewees live in urban and rural parts of Sri Lanka and face unique challenges to their survival due to their gender, religion, rurality, age, and ethnicity. The paper follows our ongoing research pursuit within critical disability studies and is consistent with disability and feminist epistemological standpoints that prioritise the political ethic of participation and recognition (Soldatic and Meekosha, 2012; Soldatic and Samararatne, forthcoming).

Case Studies: Nisha and Aadvika

We draw upon two narrative case studies of women with disabilities from diverse ethno-religious diverse backgrounds to elucidate the unique difficulties faced by women with disabilities who are from ethno-religious minority backgrounds during COVID-19 restrictions. Their narratives add greater nuance to understanding how generalized restrictions that may appear neutral, in fact may create increased risks, exclusion and marginalization for persons with disabilities who live with social stigmatization and distrust because of their gender and their ethno-religious backgrounds. As Sayer (2000) suggests, narrative case studies provide the researcher with the opportunity to investigate the phenomenon under study in all of its particularities, complexities and consistencies. Furthermore, the narrative case study approach provides the researchers with an opportunity to explore issues that are often consistent across broader vulnerable and marginalized populations that are often not in a position to give voice to their experiences due to a range of gatekeepers that monitor and surveil their engagement with researchers (Sayer, 2000: 56). While this does not suggest that in-depth narrative case studies are reflective of all persons within the broader group, they provide researchers with insight into the day to day experiences of highly marginalized persons who have few opportunities to express their everyday experiences (Punch, 2005). Rapid case study interviews thus aim to elucidate the immediate impact on mandated emergency policy reforms on everyday lives in a fast-moving global pandemic. Importantly, rapid case studies can distil particular nuances and contingencies that emerge for population groups that are ignored or forgotten in these fast policy spaces. For example, in ongoing COVID-19 parliamentary enquiries in places such as Australia, it has been revealed that persons with disabilities generally and people (disability and the aged) in institutional care (group homes, aged care settings and so forth), were not considered at all in the initial roll out of state responses. Rapid case study interviews can therefore elucidate the ways in which persons with disabilities are forced to navigate ableist policy emergency responses that completely ignore both their needs as a vulnerable population to the pandemic and as a specific impairment group with unique requirements to ensure their wellbeing throughout the ongoing pandemic period.

The two in-depth case studies in this paper are from ethno-religious minority communities and from different parts of Sri Lanka. Nisha is a Muslim woman with a physical disability and uses a wheelchair. Nisha runs her own business in the centre of Sri Lanka's second largest

city. Nisha has also been involved with a range of gendered-disability advocacy campaigns over recent years to advance disabled women's rights especially for ethno-religious minority women. Aadvika is a Tamil woman from the North-East part of Sri Lanka. Aadvika was born with a visual impairment and also acquired a secondary impairment during the armed conflict. Aadvika has been advocating for gendered-disability rights for Tamil women and actively incorporates a range of arts based activist mediums to articulate demands for disability rights realisation.

Both women were interviewed in July 2020 via telephone after the Sri Lankan Government had implemented a range of COVID-19 policy responses across the Island. Both women had thus experienced a multiplicity of pandemic state directives to contain and control community transmission for several months. It is important to note that Aadvika is a pseudonym and we use the Aadvika name throughout the remaining of the paper when we draw upon her narrative to discuss her experiences of the Sri Lankan government responses to the COVID-19 pandemic and the impact upon her everyday life as Aadvika currently experiences this. Nisha's expressed preference is to use her real name and therefore, we do so throughout the publication.

Aggravated impact of inability to engage in work

While restrictions on movement to prevent community transmission of COVID-19 have generally affected employment, self-employed persons with disabilities are among the most vulnerable. Even after the curfew is lifted, their businesses are unable to function for long hours for safety reasons. Persons with disabilities also face restrictions in engaging in their work in a context where transportation means are limited. Nisha notes that she opens her shop in line with the legal requirements for the social distancing and sanitary hygiene, however her working hours are dependent upon the travelling hours of the trishaw she has arranged to travel back and forth from her home to the city. She explains that public transport is generally hostile towards accommodating and facilitating persons with disabilities, and that it is virtually impossible to rely on public transport during this period of restricted mobility.

Where gender and ethnic identity intersect with disability, there is also the risk of heightened threats in resuming their work due to the racialization of public discourse in community transmission that has been spurred on by majoritarian politics. Moreover, Nisha had to solely rely on private arrangements during this period because public transport mechanisms did not function. She had to plan her working hours based on the number of hours the trishaw will remain in the town. Therefore, while the COVID-19 outbreak affected the freedom of movement and freedom to work for people generally, persons with disabilities face heightened challenges in moving amidst restrictions and returning to work. However, the Sri Lankan governmental response to the pandemic has not taken these unique circumstances into account.

Receipt of aid packages

The government has promised a single cash payment of SLR 5000 (US\$ 25) for persons who are earning a low income affected by COVID-19 (Businessnews Sri Lanka, 2020). Persons with disabilities are included if they register for the payment, however, this payment is the same as the current disability income payment, and therefore, does not provide additional assistance nor the coverage of income loss that persons with disability earn on top of their government monthly disability support payment. Furthermore, the process of registering and receiving the payment is in itself, inaccessible, due to the COVID-19 disruptions in public administration and the associated mobility issues that arise, as outlined above, in attempting to register for the payment. Even after registering for the payment, some recipients are uncertain about when they will receive the payments, as in the experiences of one participant called Aadvika. After registering at multiple locations, Aadvika has not received the government subsidies she is eligible and registered for. Moreover, the lack of access to public transport, has made it difficult to travel to the town to purchase food items. Aadvika states that there are fewer buses operating, and due to the strict curfew hours there are greater risks associated with going to the supermarket and general market that are more susceptible to transmission as it creates also high levels of restricted mobility (The Morning, 2020; Gunawardhana, 2020). Thus, the lack of public transport coupled with the loss of income has forced Harini to reconsider attending her upcoming medical appointments as well.

Similarly, Nisha states that many persons with disabilities in her advocacy network had difficulties in reaching out to government officials and that their mobiles were most often unresponsive. There were difficulties in receiving the allocated aid due to shortcomings in communication and coordination during implementation. Nisha specifically refers to the issues faced by persons with visual and hearing impairments. She states that, therefore, persons with disabilities had to rely on their DPOs for assistance and taking collective actions and coordinate reaching out to the administrative officers. Nisha also states that many persons with disabilities had to convince the officials of the Department of Social Services that the medical payments that they get are not sufficient to meet their needs during the COVID-19 pandemic crises. One reason for this is because the government hospitals do not have all the prescribed medicine, which compels them to buy them through private pharmacies at significantly higher cost. This also highlights the ignorance of the government officers in implementing governmental aid mechanisms, requiring persons with disabilities to spend considerable time and effort to even access the aid that is allocated for them.

Access to education and information

With the COVID-19 outbreak, as elsewhere in the world, education has transferred to online platforms wherever possible. Online distribution of information has also become even more

significant in a context of stringent state policing of mainstream media. However, these developments create inequalities due to language and digital inequalities, including inaccessible online formats alongside the unequal distribution and access to internet facilities and technology. Persons with disabilities who live in poverty and/or are reliant on alternative accessible formats, have extremely limited access to information, much of which is necessary to ensure that they remain protected from potential communal transmission of the virus, alongside limited up-to-date information in relation to the parliamentary-mandated curfew. Even where persons with disabilities do have access to technology, they have had issues in handling the complex online procedures alongside difficulties in following the information posted in English. Low literacy levels of persons with disabilities resulting from their lack of access to education, aggravates their disadvantage during this situation. These leave persons with disabilities particularly vulnerable to potential arrest as they are unable to follow rapidly changing government orders due to poorly communicated government information that can cause them to defy restrictions whilst trying to maintain their health, wellbeing and livelihoods.

In the recently published document by the World Health Organization (2020) titled ‘Disability Considerations during the COVID-19 Outbreak’, it states that a key action for governments should be to ensure that public health information and any communication is accessible, which includes working with disabled people’s organizations (DPOs) and disability service providers to disseminate public health information. In our investigations, neither Nisha nor Aadvika mentioned receiving COVID-19 information from disability organizations, however both appeared to have family members and access to television and radio for the latest government announcements. At the same time, the lack of government collaboration with disability organizations to disseminate vital public health information raises serious concerns about the real possibilities that there could be persons with disabilities who are without any family support or technological devices and therefore unable to access COVID-19 related information and which could prevent them from gaining access to critical welfare payments, for instance.

Lack of access to essential services resulting from the curfew

The curfew and the resulting limitations on freedom of movement compelled people to rely on the delivery of essential services within their homes.¹ However, the country’s online infrastructure to maintain access to food, pharmaceutical and medical care alongside banking and finance were overwhelmed by the sudden skyrocketing of public demand (de Silva, 2020). Regional disparities are significant in both online and essential service infrastructure. Aadvika, an interviewee, lives in a rural area of Sri Lanka, where the lack of access to essential services has intensified since the nation-wide government restrictions were announced due to COVID-19. Aadvika described how the inaccessible built environment, in addition to extensive travel restrictions, impede the mobility of many persons with disabilities to communal and village-

based resources in rural areas. During the government restrictions, Aadvika has been unable to visit her regular doctor who is based at a distant hospital where she has been receiving ongoing treatment for her physical impairments. Instead, she is visiting a nearby hospital that does not hold her medical histories and is providing her with conflicting advice about her treatment plan. In this context, women with disabilities face further difficulties in obtaining the provisions necessary to protect their sanitation needs and menstrual hygiene (Handunetti 2020). The need for sanitary pads is not something that women will openly discuss with military who are running the quarantine centres. Thus, gender becomes a crucial factor for persons with disabilities of menstruating age, as Kusum Athukorala, a community water practitioner, reveals in an interview (Handunetti 2020):

If gender is not a factor, then we will fail to address, for example, menstrual hygiene during the pandemic. Menstrual hygiene is not a Cinderella issue. What programs do we have at the multiple quarantine centres to cater to gender-specific sanitation needs?

Access to medicine through online orders, delivery restrictions faced by rural communities and long waiting lists during the curfew have also aggravated consequences for persons with disabilities who require prescribed medicine and pharmaceutical products (Ubeyratne, 2020). These particular and unique needs to date, have not received government attention, and in turn, persons with disabilities have to either place themselves at risk of the virus through attending external medical appointments, or endure without these necessary interventions, often with secondary health effects. Persons with disabilities also face heightened risks because they cannot obtain the tests required for their personal medical purposes due to delays in providing these services by hospitals.

The curfew has been perpetual since March for districts defined as high-risk, while the other districts have been allowed several hours per day to access essential services (Hamza, 2020). However, these short windows have resulted in extreme congestion in accessing supermarkets, general markets and pharmacies, making these essential service environments a high-risk environment for certain populations such as persons with disabilities, who are more susceptible to transmission as it creates also high levels of restricted mobility (The Morning, 2020; Gunawardhana, 2020). Governmental policy, unlike other countries where dedicated hours are provided to highly vulnerable populations such as Australia and the UK, has not addressed nor implemented any specific mechanisms to enable readily available access to essential services that ensures the protection of persons with disabilities from community transmission. Also, the government's latest mechanism of allowing persons to go out on different days of the week based on the last digit of their National Identity Card Number overlooks the fact that the majority of persons with disabilities in Sri Lanka require mobility assistance and support due to the inaccessible infrastructure and built environment (News Sri Lanka, 2020). Therefore, persons with disabilities have not been able to access these services as a result, and have had to rely on their friends and families for the purchasing of essential goods, products and services.

Nisha, from Kandy, explained how she could not access any of the shops during those extremely short periods of the curfew being lifted because of the large cues alongside the need for swift movement. Nisha is a wheelchair user and due to the inaccessible streetscape already faces numerous obstacles and hazards to ensuring her safe mobility under regular circumstances, prior to the COVID-19 curfew. She states that it is hard for a person with a mobility disability to do the necessary shopping with the combined factors of crowded streetscapes, long queues of competing shoppers, whilst all trying to navigate the dangerous streetscape for wheelchair users. Even after the curfew was more relaxed, she has to continue to rely on her family and friends to access basic, essential services. This is because the social distancing requirements in place alongside the infrastructural environment that does not facilitate independent movement for persons with disabilities has resulted in further restrictions on their freedom of movement and autonomy.

Conclusion

As the paper demonstrates, the COVID-19 pandemic has further highlighted that persons with disabilities require additional and more targeted forms of assistance during crises. Persons with disabilities face higher risk of poverty and exclusion that can undermine government public health protections aimed at reducing the effects of the COVID-19 pandemic. The evidence begins to chart a complex map of the ways persons with disabilities have been forced to negotiate their basic and social needs to survive. In response to the vulnerability facing persons with disabilities across Sri Lanka, there is a need to fully incorporate the needs of disabled persons in government responses that can affect social cohesion and wellbeing. The paper identified specific disadvantages facing persons with disabilities: lack of access to essential services, aggravated impact of inability to engage in work, receive aid packages, and access education and information among others. Most significantly, the combination of COVID-19 related stresses with their gender, rurality and ethnicity disproportionately entrenches them within systems of exclusion and marginalization. In the light of these preliminary insights from Sri Lanka and by way of concluding this short paper, we suggest that future research should examine the effects of COVID-19 on persons with disabilities at the intersections of gender, rurality, caste, class and age.

Taking up an intersectional approach to examine the effects of COVID-19 on women with disabilities would stress less the lack of individual adversities than the culture of Sri Lanka; an island defined by conflict and the ongoing marginalization of minority groups, it makes visible the structural weaknesses that deprive women with disabilities of supports and opportunities to participate as equal citizens in society. Gendered disability effects must be scrutinized within political developments rather than decontextualizing women's lived experiences. Because women with disabilities such as Nisha have been vocal about their disability rights, the political context becomes imperative to challenging normative frameworks of disability inclusion and exclusion during the pandemic. The Rajapaksa family's parliamentary majority that resulted

from the recent elections signals increased concerns that the government will return to the repression that prevailed during the previous Rajapaksa government that rapidly expanded the role of the military and targeted minorities that included individuals seeking disability rights justice.

Mahinda Rajapaksa's presidency from 2005-2015 was characterized by a culmination of heightened Sinhala-Buddhist nationalism, as well as human rights abuses against minority Tamil and Muslim communities who are still seeking justice for the abuses committed during the country's twenty-six year civil war, which ended in 2009. The International Crisis Group (2007), among several international human rights organizations, observed that the previous Rajapaksa government routinely attacked Tamil and Muslim civilians, community activists and government critics while giving free rein to Sinhalese nationalist groups. Moreover, Rajapaksa amended the constitution that enabled him to consolidate power and award his brothers influential positions while controlling much of the national budget that resulted in billions of dollars of misused public funds (Reuters, 2015). The South Asia director of the Human Rights Watch states that the highly militarized response to COVID-19 coupled with another Rajapaksa government election win, indicates that 'President Rajapaksa is rapidly turning the clock back to the repression that prevailed during the previous Rajapaksa administration', and that 'there is real concern that fresh off parliamentary elections, the Rajapaksa government will feel emboldened to further disregard its international human rights obligations' (2020). In this context, the importance of highlighting the needs of women with disabilities in Sri Lanka has never been more important as the country ascends deeper into authoritarianism. Only with deep ethnographic information can we fully understand and support advocacy work for the basic and social rights of persons with disabilities during times of political uncertainty and transformation.

Notes

¹ While the government initially arranged for ad hoc delivery of food and gas through lorries, accessing these was a challenge for persons with disabilities.

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