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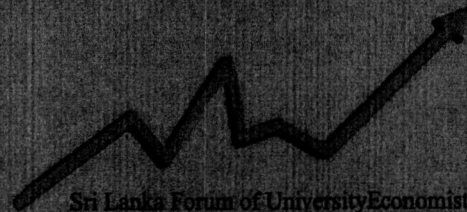
A Paradigm Shift of Thoughts and Policies: The Need of the Hour for Developing Economies

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Impact of Biomass Cooking on Women's Health in Rural Sri Lanka

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Introduction

More than half of the developing world's population, particularly rural poor households, depend on solid fuels such as agricultural residue, green waste, wood and wood derivatives, charcoal, coal, crop waste, and dung for their primary cooking. This high level of dependence on traditional solid fuels and inefficient and polluting cook stoves imposes huge health, environmental, economic, and social costs on the people in these economies.

Biomass smoke contains an enormous number of substances, many of which damage or are injurious to human health. Most important are particulates, carbon monoxide, nitrous oxides, sulphur oxides, formaldehyde, and polycyclic organic matter causing respiratory infections, nasopharyngeal and airways irritation, wheezing, chronic bronchitis, chronic obstructive pulmonary disease, low birth weight, an increase in prenatal deaths, cancers of the lung, mouth, cataracts etc. (Banerjee et al., 2012).

Firewood collection, fuel processing (e.g., drying and cutting), cooking, and post-meal cleanup are traditionally female-gendered roles across the developing world. As a result, women are supposed to bear a disproportionate burden of the negative health, economic and time poverty effects of bio mass fuel. As per evidence gathered from several countries, exposure of women cooks to significantly higher particulate matter emissions is higher than men, up to four times men's levels in Kenya and up to double the level of men in South Asia studies. (Huq, et al., 2004). Recent research demonstrates evidence of greater incidence of respiratory illness and eye disease including a higher component of disadvantage towards women regarding depression, blindness headaches, coughing, eye itching. According to Fullerton, et al., (2008) women are also expected to have more incidences of headaches, anemia, and other symptoms of excessive carbon monoxide exposure because the negative impacts of carbon monoxide in women, especially pregnant women, occur at significantly lower proportions than men.

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