



Sri Lanka

Demographic and Health Survey 2016



Department of Census and Statistics
Ministry of National Policies and Economic Affairs
and
Ministry of Health, Nutrition and Indigenous Medicine

Sri Lanka Demographic and Health Survey 2016

**Department of Census and Statistics
Ministry of National Policies and Economic Affairs**

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PREFACE

The Sri Lanka Demographic and Health Survey (SLDHS) - 2016 was carried out by the Department of Census and Statistics (DCS) with the financial assistance from the Second Health Sector Development Project (SHSDP) - Component II of the Ministry of Health, Nutrition and Indigenous Medicine in collaboration with the World Bank. Technical support for the survey was provided by ICF International (Inc.), USA. SLDHS 2016 is the fifth survey of this kind conducted in Sri Lanka. The objective of conducting this survey is to gather the most needed recent data to monitor and evaluate the impact of population, health and nutrition programmes implemented by different government agencies. Additionally the survey aimed at measuring the impact of interventions made under the SHSDP in improving the quality and efficiency of health care services as a whole.

It is also expected that this survey will serve as a continuation of the series of Demographic and Health Surveys conducted in Sri Lanka since 1987. This will also cater the needs of compilation of a number of Sustainable Development Indicators.

A nationally representative sample of 28,720 housing units was selected for the survey and 27,210 households were enumerated to provide district level estimates. Detailed information was collected from all ever-married women aged 15- 49 years and about their children who born after January 2011. Within the households interviewed, a total of 18,510 eligible women were identified, of whom 18,302 successfully interviewed.

Demographic and Health Surveys are normally designed to collect data on fertility and determinants of fertility, family planning, fertility preferences, infant and child mortality, reproductive health, nutrition, anthropometric measurements and HIV/AIDS related knowledge and attitudes. Yet the present DHS initiated collecting information on new areas such as mental health, awareness of well-women clinics, children who need special care and domestic violence also. Further, information on topics such as malaria, use of mosquito nets, empowerment of women, use of alcohol and narcotic drugs and some non-communicable diseases which are highly relevant to the country, were also collected in 2016 SLDHS. An effort was also made to incorporate standard questions as much as possible recommended globally.

Hemoglobin testing was carried out as a part of the survey. Data were collected by teams of enumerators and each team was consisted of a nursing sister particularly to collect information on hemoglobin, weight and height of all ever-married women aged 15-49 years and their children below five years at the time of the survey. This report does not include any findings of hemoglobin information as the Ministry of Health, Nutrition and Indigenous Medicine and decided to produce a separate report on that.

There are certain limitations in comparing the findings of this survey with that of year 2000 and 2006/07 SLDHS, as the year 2000 DHS did not include Northern and Eastern Provinces and the 2006/07 DHS did not cover Northern Province while the 2016 SLDHS covered the entire country.

The survey is the result of concerted effort on the part of various individuals and institutions and it is with great pleasure, I acknowledge their all contributions in conducting the survey and preparing this report successfully. The tremendous contribution of the staff of the Population Census and Demographic Division of the DCS and DHS experts from ICF International (Inc.) is greatly appreciated. I would like to extend my appreciation to the World



Bank for providing financial support for the survey. Particularly, I would like to thank the staff of the Ministry of Health, Nutrition and Indigenous Medicine who got involved with this survey for their co-operation throughout the survey programme.

This report serves not only as a valuable reference, but is a call for effective action. It is my sincere wish that policy makers and researchers in the health sector would use this survey findings extensively for the benefit of our nation.



Dr. A.J. Satharasinghe

Director General

Department of Census and Statistics

Sri Lanka

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SUMMARY OF FINDINGS

The 2016 SLDHS was conducted by the Department of Census and Statistics (DCS) for the Ministry of Health, Nutrition and Indigenous Medicine with assistance from the World Bank. It collected information for a series of demographic and health indicators at the national, urban and rural estate and district level to monitor progress and to support the identification and development of policies, programs and interventions. The 2016 SLDHS was successfully implemented in almost all households (99percent) selected and for almost all ever married women (99percent) identified in the household. Data was collected using Computer- Assisted Personal Interviewing technology (CAPI) for the first time in DCS. Some of the key finding of the SLDHS-2016 are given below.

Household Characteristics:

Ninety percent of the households have access to improved source of drinking water with 80 percent with access on premises (compared to 72 percent in the 2006/07 SLDHS). However, for households in the Estate areas, only 43 percent reported access to improved sources (compared to 83 percent in 2006/07). The main reason for this decline is the change in classification of “springs” from protected in 2006 (33percent) to unprotected in 2016 (54 percent). As for sanitation, 90 percent of the households and population have access to improved facilities. In terms of household amenities and practices:

- Almost all households (97 percent) have access to electricity (80 percent in 2006/07)
- Two thirds, or 66 percent use wood and solid fuel for cooking (79 percent in 2006/07)
- TV and mobile phones access has substantially increase to 87 percent and 91 percent respectively (from 77 percent and 39 percent respectively in 2006/07)

Education:

The 2016 SLDHS confirmed the existence of high levels of education across the country with a median of 9.4 years of education (yet 4 percent of the populations have no education). Primary school attendance is almost universal. While net school attendance in secondary education is only 83 percent, indicating that 17 percent of the 10-15 years of age population are not attending school with no differences between boys and girls.

Ever- married Women (E-MW): The distribution of E-MW by place of residence, ethnicity, and religion confirmed previous distributions: 81percent rural residence, 76 percent Sinhalese and 71 percent Buddhist. In addition:

- Ninety percent are currently married, 4 percent are living together and 6 percent are widowed , divorced or separate;
- Only 18 percent have ever use internet and 16 percent use it during the last 12 month;
- One out of three E-MW indicated to be employed during the week before the survey;



- Median age at first sexual intercourse is 23.7 years, but 12 percent of them at age 18;
- The median age at first marriage is 23.7 years, but 12 percent of them married at age 18;

Fertility:

The 2016 SLDHS confirms low levels of fertility already identified in previous surveys (2012 census and 2006/07 SLDHS) with a total fertility rate (TFR) of 2.2 in 2016. Substantial changes are observed among adolescents and young people (15-19 and 20-24). The TFR levels, trends and observed changes are well supported by the observed values under the basic determinants of fertility, such as marriage, sexual intercourse, and contraception for spacing or limiting. The median age at first birth has also increased substantially to 26 years. In addition, only 3 percent of teenagers reported a live birth or to be pregnant at the time of the survey. Fertility preferences show that 47 percent of the ever-married women “want no more children” with 1.9 as the wanted TFR.

Contraception:

Contraception and contraceptive methods are universally known in Sri Lanka. Seventy two percent of the currently married women have a demand for contraception in 2016. Of these, close to two out of three (65 percent) currently married women are using contraception. Of the total demand for contraception, close to 90 percent of the demand for contraception is satisfied, mainly by modern contraception. Other highlights include:

- Increase in the level of contraceptive use was observed among adolescents and young adults 20 – 24, particularly in the use of IUDs and implants.
- Yet 35 percent of the currently married women are not using contraception of which only 8 percent have an unmet need for contraception.
- The public – sector act as the main provider of contraception (97 percent for IUD, 99 percent for implants, 94 percent of sterilizations and 57 percent for pills).
- The private sector’s participation is strong for the provision of injectable (68 percent), male condoms (61 percent) and pills (43 percent).

As per informed choice, there are still challenges since:

- Only 53 percent of current users were informed about side effects.
- Only 51 percent were told what to do in case of experiencing side effects and,
- Only 42 percent were informed about other available methods.

Child mortality:

Under five year mortality is observed in the 2016 SLDHS at 11 per 1,000 live births, down from 21 in 2006/07.

Infant and child mortality continue to decline during the last ten years. Areas of investment are to be on interventions targeting high risk fertility behaviors: first birth, early or late age pregnancies and, short birth intervals.

Reproductive Health:

Ninety nine percent of the pregnancies in the country received antenatal care assistance from health facilities 92 percent of women having their first antenatal care visit before the 12 weeks of pregnancy, 96 percent attended by health personnel and 97 percent protected against neonatal tetanus.

Almost all births taken place in a health facility (94 percent in public and 5 percent in private). As for postnatal care, 99 percent of the births received assistance within two days of birth. Unfortunately, 16 percent of the births have low birth weight at birth (less than 2500 grams). There are eight districts in which this percentage is 18 percent or greater.

Among children age 24-35 months, only one percent was not received any vaccination. In terms of illness affecting children under the age of five (all below the levels observed in 2006).

- 2.4 percent are affected by Acute Respiratory infections(ARI);
- 14.3 percent were affected by fever;
- 2.7 are affected by diarrhea
- Almost all mother's (97 percent) know about ORS;
- 91 percent of the mothers indicated proper ways of stool disposal.

Nutrition of Children and Women:

Stunting (height x age) = 17 percent; Underweight (weight x age) = 21 percent and wasting (height x weight) = 15 percent. Among ever – married women, 9 percent were found to be thin, 32 percent overweight and 13 percent obese (45 either one). The majority (99 percent) of children are breastfed at some time (90 percent) within one hour, 98 percent within one day. Almost all households (95 percent) have supplies of iodized salt at home.

HIV/AIDS:

Almost all ever married women (93 percent) have heard about HIV/AIDS but only one out of three (33 percent) have comprehensive knowledge of AIDS (prevention and misconceptions). Yet this value is only 24 percent among young adults age 15-24. Ten percent of the ever- married women have been tested for AIDS but only 73 percent of them received the results from the test.



Violence by intimate partner:

Overall, 17 percent of the ever-married women reported to be victims of any type of violence, 2.1 percent on a daily basis. Unfortunately, only 28 percent requested help to deal with the events.

Malaria

In Sri Lanka 69 percent of the households possesses at least one mosquito net of any type while all types of insecticide- treated nets (ITNs) are possessed by only 13 percent. Moreover the usage of mosquito nets by under 5 year children (71 percent and pregnant women (60 percent) has increased during this decade (2006/2016)

Women Empowerment and Demographic and Health Outcomes:

The majority of ever – married women (83 percent) have access to a bank account and 78 percent use a mobile phone. Unfortunately, only 35 percent are, alone, making decisions related to her health care, 20 percent on purchasing household amenities and /or 16 percent on when to visit friends or family.

Non Communicable Diseases, Mental Illnesses, Suicides, Smoking and Drug Consumption

Overall, heart disease, high blood pressure and diabetes are mostly prevalent among older population (40 or more years of age). Wheezing and asthma, and chronic kidney disease seem to affect all age groups, although with slightly higher percentages among older population. And less than one percent (0.7 percent) of household members were undergoing treatment for any kind of mental illness. In 34 percent of household, at least one member smokes tobacco and another 29 percent use smokeless tobacco.

Sri Lanka is a pear-shaped Island in the Indian Ocean. The Island is separated from the southern tip of the Indian sub-continent by a 35km long narrow strip of water called Polk Straight. Sri Lanka lies between the northern latitudes of 5° 55' and 9° 50' and the eastern longitudes of 79° 42' and 81° 52'. The land size of Sri Lanka is 65,608 square kilo meters and the greatest length of the island is 435km and stretches from Point Pedro in the North to Dondra Head in the South. The width between the broadest point is 225km, from Colombo in the West to Sangamankanda in the East.

1.1 HISTORY

The history of Sri Lanka goes back about 2500 years. During its early history, “Yaksha, Raksha, Naga and Deva” tribes inhabited the blessed land of Lanka. During the period 543–505 BC, the Indian Prince Vijaya and his men established the foundation of a civilization. Later, Sinhala kings ruled the country. Even today, one can see the prosperity, skills and talents of these ancestors in the form of huge tanks, irrigation systems and architecture. From its early history, Sri Lanka has been well known for various spices and precious stones. Due to Sri Lanka’s strategic location in the Indian Ocean and the precious products found in the country, many western traders settled in this land. As a result of trade, the Portuguese, Dutch and British colonized this land from 1505 to 1948. The island’s history of immigration, trade, and colonial invasion has led to the formation of several ethnic groups, each with its own language, religious traditions and shared cultural practices, beliefs, and values. The majority of Sri Lankans are Sinhala (74.9%) and Buddhists (70.1%), while other ethnic groups consists of Sri Lankan Tamils (11.2%), Tamils of Indian origin (4.1%), Muslims (9.3%), Burghers and a few others (0.5%).

1.2 CLIMATE

Sri Lanka’s climate is tropical and can be divided into wet and dry zones based on precipitation. The country receives rainfall mainly from two monsoons, the Yala and the Maha. The Yala monsoon brings abundant rainfall to the country’s western and southern regions from May to September; this area generally experiences its dry season from December to March. The Maha monsoon affects the Northern and Eastern part of Sri Lanka and often lasts from October to January, with the dry season usually lasting from May to September. This region receives approximately 1000 mm of precipitation annually, significantly less than the other half of the country. There is also an inter-monsoonal period in October and November during which rain and thunderstorms occur frequently across the island.

The country’s coastal belt consists mainly of beaches and bays, with rocky cliffs in the North-East and South-West. Due to the southwestern location of the mountain range, precipitation is heavily weighted towards this area, with the Northern and Eastern parts falling in the rain shadow of the central highlands. The wettest parts of the country in the South and West receive around 4,000 mm of rainfall annually. With this year-round rainfall, the country enjoys immense biodiversity. Average humidity is typically high in Sri Lanka, averaging around 80% year-round. The coastal areas are warmer than the central hilly areas. Average temperature from West to South is around 27°C (80° F). During the March-June season slightly higher temperatures (up to 33°C / 92°F) are usual, while temperatures in November-January are a few degrees lower (around 24°C / 75°F at the coast). Sri Lankan weather along the shores is made more comfortable by cooling sea breezes. The temperature of the surrounding sea remains rather constant at roughly 27°C (80°F) year-round.

1.3 ECONOMY

Sri Lanka has a middle level developing economy based largely on agriculture, services, and light industry. Agriculture accounts for approximately 10 percent of the gross domestic product (GDP) and employs 38 percent of the workforce. One-third of the land of this country is arable and both cash crops and principal food crops are largely grown in every corner. The majority of rural people depend on rice production and at present the country is self-sufficient in rice production. Manufacturing industries account



for approximately 34 percent of the gross domestic product and employ about 17 percent of the workforce. The main manufacturing industries include textiles, ceramics, petroleum products, fertilizers, and cement. The service sector is the largest of the Sri Lankan economy, employing 45 percent of the workforce and contributing roughly 56 percent of GDP. Tourism, banking, finance, and retail trade are major components of the service sector. In Sri Lanka, both the private sector and the estate sector engage in the production process. Sri Lanka has followed free market ideology since 1977. Foreign investments are encouraged and attractive concessions have been given to establish free trade zones. The country's banking system is well developed and both foreign and local banks function in the economy.

1.4 DEMOGRAPHY

The total population of the country in the year 2012 was around 20.4 million and the sex ratio was 93.8, according to the Census of Population and Housing (CPH) conducted in 2012. The population density was 323 per square kilometer. Census data revealed that more than half of the island's population is distributed in Western, Central and Southern parts of the country. In addition 18.2 percent of the population lives in urban areas of the country, while 4.4 percent live in the estate sector. The majority of the population lives in the rural sector (77 percent, CPH 2012) Urban areas were defined as areas declared as municipal councils and urban councils. However, an attempt has been initiated by the Department of Census and Statistics to re-define this classification using Census of Population and Housing data, as the urban percentage seems to be underestimated according to the former classification.

When considering the total population based on broad age groups, nearly one fourth (25.2%) of the population are children (less than 15 years) while 12.4 percent belong to the elderly population (age 60 years and older). The work force of the country, defined as those 15-59 years of age, is 62.4 percent of the total population. Education indicators show that the majority of the population has completed up to secondary level while 4.7 percent of the population has never attended a school. The literacy rate of Sri Lankans stands at 95.7 percent and the computer literacy rate is 24.2 (CPH 2012).

Marital status and fertility data were analyzed for age groups 15 years and above. The Census data reveal that 70 percent of males in that population and 78 percent of females were ever married at the time of Census taking. The singulate mean age at marriage is 27.2 years for males and 23.4 years for females. This implies that males are on average 3.8 years older than their spouses. According to the Census data, 28.4 percent of the ever-married female population had two children. One fifth of the ever-married female population had one child and the proportion of ever married women who had three children was reported as 20.5 percent. However, 8 percent of the ever-married female urban population, 7 percent of the same rural population and 5.1 percent of the same estate population had no children. Census data were used to calculate the total fertility rate (TFR) as 2.4. The Sri Lanka Yonaka (3.3) and Indian Tamil (2.9) populations reported a higher TFR than Sinhala (2.3) and Sri Lankan Tamil (2.3) population.

1.5 HEALTH SYSTEM

Western, Ayurvedic, Unani, Sidda and Homeopathy are the components of the Sri Lankan Health system. Among these, the majority of services are provided through Western medicine which is provided free of charge by the government. The Ministry of Health is the central agency established for addressing health issues of the Sri Lankan population. Key functions of the institution include setting policies, guidelines, and programs to improve the quality of the health system in the country, managing and supplying medical needs of institutions under the ministry, as well as training and appointing staff. The Ministry of Health is headed by a cabinet minister who is assisted by a deputy minister and a secretary.

The main objective of the government health policy is to provide good quality, free health care for all Sri Lankan citizens. The overall objective of the health policy is to improve the quality of life and increase the life expectancy of the general public. This health policy ensures individual health care by improving accessibility to care on an equal basis. The policy focuses on alleviating malnutrition of mothers and children, promoting preventive medicine, improving health care facilities in remote areas, improving existing medical facilities, developing additional services to meet a wider range and level of medical needs, providing focused, immediate and intensive health interventions to underserved, under-privileged and vulnerable population, and improving facilities and services for children with special needs. Further, the Ministry of Health provides rules and regulations for streamlining private sector health institutions.

1.6 DEMOGRAPHIC AND HEALTH SURVEY

The fifth round of the Sri Lanka Demographic and Health Survey was conducted in 2016. This survey was funded by the World Bank under the Second Health Sector Development Project (SHSDP) – Component II. Survey planning, data collection, data processing and dissemination of final data of this survey were carried out by the Department of Census and Statistics (DCS). The primary objective of the SLDHS is to provide updated and reliable data to policy planners, program managers in the Ministry of Health (MOH), and other relevant institutions and researchers. This data includes information on maternal and child health, reproduction and fertility preferences, family planning, evaluation of maternal and child health services, women's status, and knowledge and behavior regarding HIV/AIDS and other sexually transmitted diseases. This information can contribute to policy decisions, planning, monitoring, and program evaluation at both the national and regional levels. For the first time in the DCS history, the Computer Assisted Personal Interview (CAPI) method was used in this survey. Because the new technology was challenging, moving to CAPI for the 2016 DHS was a great achievement for the department.

1.7 SAMPLE DESIGN

As in many other household surveys, the Demographic and Health Survey 2016, uses a multistage stratified area probability sample design. The survey uses a two-stage stratified sampling design. At the first stage, 2500 Census Blocks were selected as primary sampling units (PSUs). At the second stage, 12 housing units were selected from each selected PSU as the secondary sampling unit (SSU) from all strata except from the strata of the districts in Western Province (ie : Colombo, Gampaha and Kalutara). In these districts, 10 housing units were selected from each selected PSU. A total of 28,800 housing units were selected for the survey.

A sampling frame is the complete list of all sampling units that entirely covers the target population. For the SLDHS 2016 the frame consisted of the Enumeration Areas (EAs) that were prepared for the Census of Population and Housing 2012. These EAs are also called Census Blocks. A Census Block is a subdivision of a Grama Niladhari division, which consists of about 150 building units. The Census Frame covers about 65,000 Census Blocks.

Stratification is the process by which the survey population is divided into subgroups or strata that are as homogeneous as possible using certain criteria. Two- stage stratification was utilized for this survey, which involves stratifying the population by district at the first level and then by Urban, Rural and Estate within each district. The total sample of 2500 Census Blocks (PSUs) were allocated by districts and then by sectors using the proportional allocation method and some adjustments considering the proportion of eligible respondents by each district. All the selected PSUs were updated and separate lists of housing units were prepared to be used for SSUs. This procedure is important for correcting errors existing in the sampling frame, and it provides an updated sampling frame for household selection.

At the first stage, a stratified sample of PSUs was selected with probability proportional to size (PPS): in each stratum, a sample of Census Blocks was selected independently with probability proportional to the measure of size of the Census Block. In the selected PSUs, the list of households was updated making sure that all and each household/dwelling were listed separately. At the second stage, a fixed number of households was selected by equal probability systematic sampling in the selected PSUs. In each selected household, a household questionnaire was completed to list all usual residents and visitors who stayed in that household the night before the day of interview. During the planning stage, it had been decided to identify ever-married women aged 15 and over as eligible women for the interviews of individual women. Every eligible woman was interviewed with an individual questionnaire.

1.8 QUESTIONNAIRE

The 2016 SLDHS questionnaire was used to collect information from households and eligible women through personal interviews, to provide essential national level data for monitoring programs of the Ministry of Health, Nutrition and Indigenous Medicine and to provide information on important emerging health and family welfare issues. The questionnaire was extensively adapted from the standard ICF DHS core questionnaires with a large number of new country specific questions to reflect the health issues relevant to Sri Lanka. A number of data user meetings were held with the Ministry of Health, Nutrition and Indigenous



Medicine and representatives from relevant other agencies to discuss the questionnaire before finalization.

The questionnaire had two main sections, namely, a household section and a section on women and children. The first section was used to list all usual residents in each sample household plus any visitors who stayed in the household the night before the interview. For each person listed, information was collected on age, sex and relationship to the head of the household. For persons aged 10 or above, information was collected on marital status. Questions were asked about school attendance for children aged 5-22 years and adequacy of their basic requirements. For children under 17, the survival status of the parents was determined. The household section was used to identify eligible women and children for the main interview and women who were eligible for the interview focusing on domestic violence. The household section also collected information on the main source of drinking water, type of toilet facility, source of lighting, type of cooking fuel, garbage disposal, ownership of a house, agricultural land, livestock and various durable goods, use of mosquito nets and use of iodized salt. Under the household section, information was also collected on non-communicable diseases, mental health, the use of smoking tobacco and smokeless tobacco, alcohol and drugs. The health officers on each survey team measured the height and weight of eligible ever-married women aged and children born since January 2011. The health officers also took blood samples from eligible women aged and children (6 – 59 months) to measure hemoglobin levels, which indicate the prevalence of anemia.

The second section was used to collect information from ever-married women aged 10-49. Women were asked questions on the following topics:

- Background characteristics (place of residence, age, education, religion, ethnicity, marital status, media exposure etc.)
- Reproductive history
- Knowledge and use of family planning methods
- Pregnancy and postnatal care
- Child immunization, health and nutrition
- Fertility preferences
- Husband's background and woman's work
- Awareness about AIDS and other sexually transmitted infections (STIs)
- Awareness about well-women clinics
- Children who need special care (disabled)
- Early childhood development
- Other health issues

Respondents were asked an extensive series of questions about their children who had been born since January 2011. Topics covered were vaccinations, childhood illnesses, nutritional status and breastfeeding. In addition, a calendar of events was used to record information related to the respondent's marriage, pregnancies and births, and contraceptives used. Paper-based and tablet-based questionnaires were pre-tested by a team of experienced DCS staff. Questionnaires were prepared in Sinhala, and translated into Tamil and English.

1.9 TRAINING

There were two different training programmes: one for the pre-test, and one for the main survey. Each training was conducted in two different stages. During the first stage, training was conducted on the paper-based questionnaire, and during the second stage training concentrated on the application of the CAPI-based program. For the pretest, three weeks of training in total (from February 8th to 27th, 2016) were conducted at the DCS. The training team consisted of three consultants from ICF as well as the staff of the DCS. A total of 50 trainees (supervisors, interviewers and field editors) attended the pretest training. The pretest included in-class training, as well as field training. Fieldwork for the CAPI pretest was carried out by six teams in four locations around DCS.

During the main training 172 interviewers, 38 field supervisors and 33 field editors were trained by ICF consultants and local trainers. Separate training programs were organized for Sinhala and Tamil officers from April 25th to May 8th, 2016 at the CHPB building in Battaramulla. During the last 2 days of the training program, all trainees were sent to the field to practice with CAPI. During the training period, questionnaires and instructions were clearly explained and interviewing techniques and field procedures, rules and regulations of SLDHS were also explained. All nursing officers were given instructions and training to measure height, weight and hemoglobin and all supervisors, enumerators and IT assistants were given through knowledge of use of tablet computers.

In both trainings, the trainers used various techniques including presentations, lectures, mock interviews, and role-plays. Additionally, in-class exercises included probing for age, checking age consistencies, completing the reproductive calendar and practicing the interview. Also, there were special lectures on child immunization, contraceptive use, domestic violence, epidemiology, mental health and non-communicable diseases. Resource persons from the Ministry of Health, Nutrition & Indigenous Medicine provided assistance. Officers of the Family Health Bureau assisted to train nursing officers.

1.10 PROCUREMENT

Procurement activities for the Demographic and Health Survey (DHS) of Sri Lanka were conducted in accordance with the available provisions of the procurement guidelines of the Government of Sri Lanka and the World Bank. Standard Bidding Documents were used with the consent of the World Bank to procure goods, consultancy services and other services under the accepted procurement methods of National Competitive Bidding (NCB), National Shopping, and Single Source selection in line with the available provisions of the guidelines and depending on the prevailing situation in the market. The authority limit of the procurement activities vested from the level of Cabinet of Ministers to the Project Procurement Committee (PPC) with necessary assistance of Technical Evaluation Committees (TECs). The officers of the Ministry of Health, Nutrition and Indigenous Medicine and the Department of Census and Statistics closely monitored action plans and the detailed procurement activities. Budget for the International consulting was approved by the Budget for the (cabinet approved) project procurement committee.

1.11 SELECTION OF TEAMS AND FIELDWORK

An important feature of this survey was its coverage of the entire island. At the beginning of the survey, 32 teams for Sinhala speaking communities and 8 teams for Tamil speaking communities were formed for data collection. Each team was comprised of one female supervisor, four or five female interviewers, one male or female IT officer, a nursing sister and a field assistant. The nursing sister was recruited from the Ministry of Health, Nutrition and Indigenous Medicine in order to collect biomarker measurements (height, weight and hemoglobin measurements).

The supervisors had overall responsibility of fieldwork. The supervisors were responsible for reviewing all completed electronic questionnaires for their completeness, quality and consistency before transferring data to the central office. IT officers assisted supervisors to solve IT related issues.

Fieldwork started on May 14, 2016 and was completed by the middle of November, 2016 with a total of 40 teams. Time in the field for each team differed due to differences in the allocated number of clusters, the field environment, and the number of interviewers in the team. Supervision and technical assistance during fieldwork were provided by staff of the ICT division of DCS and two doctors specialized in IT from the Ministry of Health, Nutrition and Indigenous Medicine.

1.12 DATA COLLECTION USING CAPI

Computer-Assisted Personal Interviewing (CAPI), coupled with the use of mobile and wireless technology, is currently the data collection methodology of choice. Sri Lanka used tablet personal computers (tablet PCs) and wireless technology for the data collection for the 2016 DHS. Feedback from interviewers indicate that the use of tablet PCs and wireless technology can improve data quality and reduce data collection time, as well as improve accuracy and reduce missing data. Availability of Electricity is not significant in the use of tablets because almost all the country has a good electrical supply system.



The length and complexity of the DHS questionnaire was the main reason for using the Windows-based DHS software, CSPro (Census and Survey Processing System). A tablet computer with keyboard and touch screen was used as the primary data input device. The tablet computers were connected to Internet using mobile network technology using mobile phones and Bluetooth for transferring data over short distances.

Using CAPI, the interviewers enter the responses directly into a tablet computer database. The system helped in the selection of the appropriate language, skip-patterns and in selecting appropriate options from a drop down menu. The interviewers closed the respondents' data file and sent it to the supervisor via Bluetooth file transfer system. The supervisors reviewed the data for inconsistencies and provided immediate feedback to the interviewers. After that, the supervisor sent the data to the head office using Internet connections from a mobile phone.

1.13 DATA PROCESSING AND TABULATION

The DHS 2016 benefited from the CAPI (Computer Assisted Personal Interviewing) method which uses the survey questionnaire interactively on-site in electronic format. Thus, in CAPI, the data entry and validation of DHS 2016 was also done on-site using the digital questionnaire on tablet computers for the first time in DCS history. When CAPI is compared to traditional paper-and-pencil data collection, CAPI allows the data entry and data validation in the field at the field enumerator level. CAPI therefore results in decreased cost of clerical editing, data entry, correction and related man power, printing and a vast reduction in time taken for the whole process of producing a clean data file.

The CAPI System designed for the DHS 2016, controlled the operation of data capture at three administrative levels namely enumerator, supervisor and central office. At the enumerator level, most of the range checks and consistency errors were identified and removed while interviewing the survey respondents, and at the supervisor level further checks in consistency and structural errors found in the questionnaires were eliminated based on an error report generated by the system. Dedicated staff at the central office conducted a series of checks which needed higher level decision making to correct country and regional level errors, such as resolving cluster and questionnaire identification discrepancies and resulting inconsistencies found in the questionnaires in the clusters assigned to different regions under different supervisors.

The DHS CAPI system uses Bluetooth technology to transmit data between tablet computers and that feature was successfully employed for the data communication between the enumerators and supervisors, i.e., assigning households selected for the survey and system updates to enumerators by supervisors and sending the survey data from the enumerators to the supervisors. The transmission of data from the supervisors to the central office internet facility was facilitated via a popular Internet Service Provider (ISP). Before transmitting the data via the Worldwide-Web using File Transfer Protocol (FTP), the data files were encrypted using strong encryption keys and algorithms to safeguard the confidentiality of the data.

1.14 DATA DISSEMINATION

The Demographic and Health Survey is the most important source for generating data for the development of the health sector in Sri Lanka. Key findings of this survey are presented in this report. This is available in the DCS Website: [www. statistics.gov.lk](http://www.statistics.gov.lk). Policy makers, planners, researchers and students will have access to a large volume of health data through this final report.

Eventhough, it has been planned to collect information of ever-married women in the age group 10-49, according to the finding there were very few cases reported in 10-14 age group. Therefore please note that information were provided for ever-married women in the 15-49 age group.

1.15 RESULTS OF THE SURVEY INTERVIEW

Table 1.1 shows response rates for the SLDHS 2016. A total of 28,720 housing units were selected for the sample, from which 27,455 were occupied at the time of the survey of those existing households 27,210 were successfully interviewed, yielding a household response rate of 99.1 percent. The household response rate is slightly higher in the rural sector than in urban and estates sectors. Within the households interviewed a total of 18,510 eligible women (ever married women age 10-49) were identified.

Analysis was done only for the women age 15-49 as the number of women aged 10-14 were very few.

Table 1.1 Results of the household and individual interviews				
Number of households, number of interviews, and response rates, according to residence (unweighted), Sri Lanka 2016				
Result	Residence			Total
	Urban	Rural	Estate	
Household interviews				
Households selected	4,743	22,072	1,905	28,720
Households occupied	4,485	21,230	1,740	27,455
Households interviewed	4,413	21,083	1,714	27,210
Household response rate ¹	98.4	99.3	98.5	99.1
Interviews with women age 10-49				
Number of eligible women	2,963	14,454	1,093	18,510
Number of eligible women interviewed	2,910	14,344	1,048	18,302
Eligible women response rate ²	98.2	99.2	95.9	98.9
¹ Households interviewed/households occupied				
² Respondents interviewed/eligible respondents				



Training on pre-testing



Testing readiness of CAPI system



DHS pre-test Team



Training on enumerators on CAPI system



On their way to selected households



Collecting Bio-Maker Measurements



A team of enumerators



Some members of the report writing team

Key Findings

- **Source of drinking water:** One in ten households obtain drinking water from an unimproved source in the country as a whole and six out of ten households do so in the estate sector.
- **Toilet facilities:** Ninety-one percent of households have improved toilet facilities and 7 percent have improved shared toilet facilities.
- **Electricity:** Ninety-seven percent of households have access to electricity.
- **Flooring:** Ninety-five percent of households have some type of durable flooring, cement, terrazzo, tiles, granite or concrete.
- **Wealth quintile:** forty-three percent of the population in urban areas are in the highest wealth quintile and 71 percent of the population in the Estate sector are in lowest wealth quintile.
- **Sex ratio:** Sri Lanka has an unbalanced sex ratio of 89 men per 100 women.
- **Means of transportation:** Over 41 percent of households own a motorcycle or a scooter.
- **Cooking fuel:** Mostly used in the urban sector is LPG (67 percent) while wood is mostly used in the rural and estate sectors (73 and 80 percent respectively).
- **Dependency ratio:** The overall ratio is 54.9 percent, which represents 1.8 working persons per 1 dependent person (<15 or >65 years of age).
- **Head of the household:** Twenty four percent of households are headed by a woman.
- **Net Attendance Ratio at the primary and secondary level:** There is high school attendance at the primary level with an equal sex ratio, compared to secondary school where about 17 percent of children 10-15 are not attending school.

This chapter provides a descriptive summary of some demographic and socio-economic characteristics of the population in the households sampled in the 2016 SLDHS. Such information is intended to facilitate interpretation of the key demographic, socio-economic, and health indicators presented later in the report. It is also intended to assist in the assessment of the representativeness of the survey sample.

For the purposes of the 2016 SLDHS, a household was defined as a person or a group of persons, related or unrelated, who live together and share a common source of food. The household questionnaire included a schedule collecting basic demographic and socio-economic information for all usual residents and visitors who spent the night preceding the interview in the household. This method of data collection allows the analysis of the results for either the *de jure* (usual residents) or *de facto* (those who are there at the time of the survey) populations. The household questionnaire also obtained information on housing facilities and household possessions and a number of health conditions.

2.1 HOUSEHOLD CHARACTERISTICS

Household characteristics surveyed are access to basic facilities such as, sources of drinking water, access to sanitation facilities, housing structure; and type of fuel used for cooking as well as the general socio-economic status of household members.



2.1.1 WATER AND SANITATION

Two basic determinants of good health, are access to safe water and sanitation, Access to safe drinking water and sanitation facilities are important to protect people from diseases, such as diarrheal diseases, typhoid, and other water related diseases.

2.1.2 DRINKING WATER

Improved source of drinking water

Include piped water, public taps, tube wells, protected wells, semi protected wells, rural water supply projects, bottled water. Because the quality of bottled water is unknown, households that use bottled water for drinking are classified as using an improved source only if their water source for cooking and hand washing comes from an improved source.

Increasing access to improved drinking water is one of the Sustainable Development Goals (SDGs) (and previously the Millennium Development Goals (MDG)). According to the 2016 SLDHS, in Sri Lanka, 90 percent of households have access to improved drinking water. Sources of drinking water vary in their suitability for drinking. Sources that are likely to provide safe drinking water are identified as improved sources in Table 2.1. They include a piped source within the dwelling or yard, a public tap, a tube well, rural water supply project, bottled water and protected well. Lack of a readily accessible source of water may limit the quantity of suitable drinking water that is available to a household.

Table 2.1 shows the percent distribution of the households and the population by source of drinking water, time to obtain drinking water, and treatment of drinking water, according to background characteristics. The source of drinking water is an indicator of its suitability for drinking. Even if the water is obtained from an improved source, it may be contaminated during transport or storage if fetched from a source not immediately accessible to the household. Finally, home water treatment can be effective in improving the quality of drinking water. Nine in ten households in Sri Lanka obtain drinking water from an improved source, and ten percent of households still use water from an unimproved source. Households in the urban areas have greater use of improved sources than those in other areas.

Overall, 36 percent of households have piped water into their dwelling or yard. The prominent type of improved source varies across the residence sectors. In urban areas, household-level piped water (74 percent) is most frequent, but in rural areas, it is protected dug wells (34 percent). In the estate sector, tap borne water (19 percent), followed by rural water supply projects (11 percent) are the most common safe water sources. Non-improved sources of water are used by 57 percent of households in the Estate sector¹, but only 10 percent out of all households use risky sources of drinking water. The majority of households do not need to collect water, as it is piped onto the premises. Overall, 19 percent of households have to travel to get water, but are able to obtain it within 30 minutes. Naturally, this percentage is higher for the estate sector (30 percent) because rivers/ tanks/ streams/ springs are a frequent source for them.

Figure 2.1 shows 99 percent of the households in the urban sector are using an improved source of drinking water, followed by 91 percent in rural sector and 43 percent in estate sector. The definition of improved water sources differs between 2006/07 SLDHS and 2016 SLDHS and for this reason no attempt is made to identify trends. Protected springs which are considered as improved water sources in the 2006/07 SLDHS, but are not considered as such in the 2016 SLDHS as all springs are categorized as unimproved water sources.

The incidence of water-borne diseases can be reduced by treating water for drinking. Table 2.1 shows that more than half of Sri Lankan households boil water before drinking. The percentage of households that boil water is much greater (69 percent) in the estate sector compared to the other two sectors. So, even

¹ The “River/Streams/Spring” category is considered as un-improved water source, compared with 2006-07 SLDHS when was considered as improved water source. This change has an important effect on the percentages for the Estates sector values.

though the sources in the estate sector may not have suitable water for drinking to begin with, the majority of households take appropriate action to make the water safe to drink.

Figure 2.1 Percentage of Households with improved source of drinking water by residence

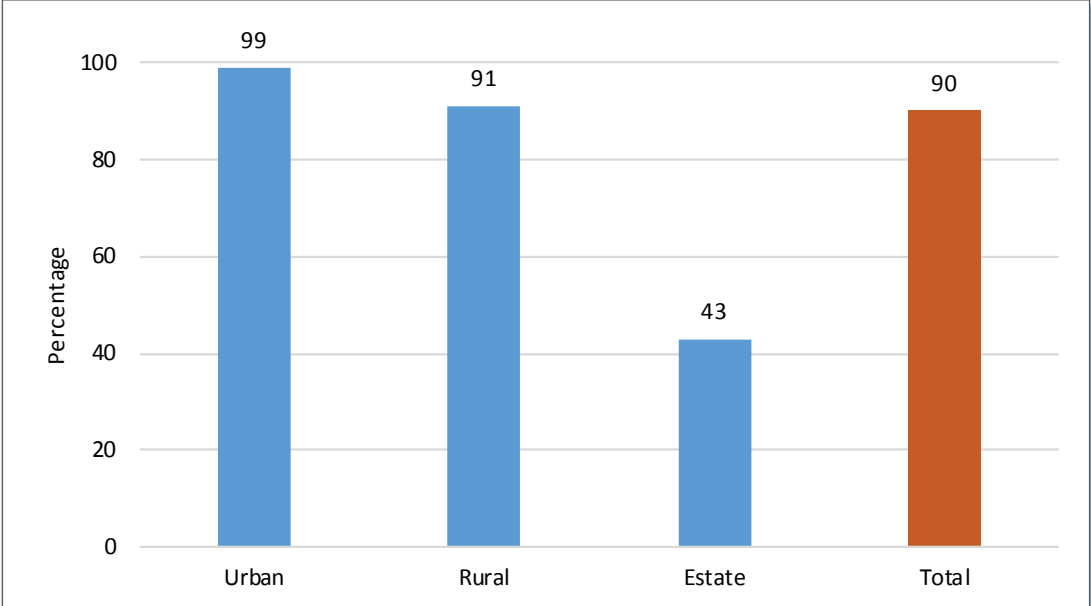


Table 2.1 Household drinking water

Percent distribution of households and *de jure* population by source of drinking water, time to obtain drinking water, and treatment of drinking water, according to residence, Sri Lanka 2016

Characteristic	Households				Population			
	Urban	Rural	Estate	Total	Urban	Rural	Estate	Total
Source of drinking water								
Improved source	98.7	91.0	43.0	90.2	98.7	91.2	43.8	90.4
Tap borne water (main line)	73.5	28.3	19.2	35.1	73.6	28.7	19.7	35.7
Tube well	2.9	3.8	0.4	3.6	2.9	4.0	0.4	3.6
Protected well	11.0	33.8	8.1	29.1	10.7	33.6	8.2	28.7
Semi Protected well	3.4	13.1	4.3	11.2	3.5	12.9	4.3	11.0
Rural water supply project	4.3	8.7	11.0	8.1	4.7	8.7	11.3	8.1
Bottled water, improved source for drinking ¹	3.5	3.2	0.1	3.1	3.3	3.4	0.1	3.3
Unimproved source	1.0	8.2	56.7	9.1	1.0	8.0	55.9	8.9
Unprotected well	0.2	2.4	2.8	2.0	0.2	2.4	3.0	2.0
Rain water	0.0	0.1	0.0	0.1	0.0	0.1	0.0	0.1
River/tank/streams/spring	0.5	5.2	53.6	6.4	0.5	5.0	52.7	6.3
Bowser	0.3	0.5	0.2	0.5	0.3	0.5	0.2	0.5
Other	0.3	0.8	0.3	0.7	0.3	0.8	0.3	0.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Time to obtain drinking water (round trip)								
Water on premises	91.6	77.9	69.1	79.7	91.8	78.4	69.2	80.2
Less than 30 minutes	7.0	18.3	27.0	16.9	7.0	17.7	26.8	16.4
30 minutes or longer	1.0	3.2	3.0	2.8	0.9	3.1	3.1	2.7
Don't know/missing	0.4	0.7	0.8	0.6	0.3	0.7	0.9	0.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Water treatment prior to drinking²								
Boiled	46.9	38.0	68.7	40.6	45.6	38.1	69.0	40.6
Bleach/chlorine added	0.6	0.6	0.2	0.6	0.7	0.7	0.3	0.7
Strained through cloth	2.9	4.5	6.2	4.3	3.0	4.5	6.6	4.4
Ceramic, sand or other filter	22.8	21.1	4.8	20.7	23.5	22.0	4.9	21.5
Solar disinfection	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Let it stand and settle	0.7	0.4	0.1	0.4	0.7	0.4	0.1	0.4
Other	0.1	0.0	0.0	0.0	0.1	0.0	0.0	0.0
No treatment	36.2	44.0	25.1	42.0	36.7	43.3	24.6	41.4
Percentage using an appropriate treatment method ³	61.7	52.8	70.5	55.0	61.2	53.5	70.7	55.5
Number	4,309	21,778	1,122	27,210	17,212	82,864	4,492	104,569

¹ Because the quality of bottled water is not known, households using bottled water for drinking are classified as using an improved or unimproved source according to their water source for cooking and washing.

² Respondents may report multiple treatment methods so the sum of treatment may exceed 100 percent.

³ Appropriate water treatment methods include boiling, bleaching, filtering, and solar disinfecting.

2.1.3 SANITATION

Improved toilet facilities
Include any non- shared toilet of the following types : flush/pour flush toilets to piped sewer systems, septic tanks, and pit latrines; ventilated improved pit (VIP) latrines; pit latrines with slabs; and composting toilets.

Ensuring adequate sanitation facilities is another goal of the Government of Sri Lanka, particularly in the context of the recently agreed SDGs. Table 2.2 shows that 91 percent of households have improved toilets and 7 percent have a shared improved toilet facility. The most common type of toilet is an unshared, pour/flush toilet (72 percent). Only 2 percent of households do not have access to any toilet facility, though this percentage is as high as 4 percent in the estate sector. Figure 2.2 shows the sanitary facilities among the sectors. In the estate sector, only 79 percent of households have improved facilities, compared with 90 percent and 91 percent in urban and rural sectors, respectively.

Figure 2.2 Percentage of Households with improved, not shared, sanitation facilities by sector

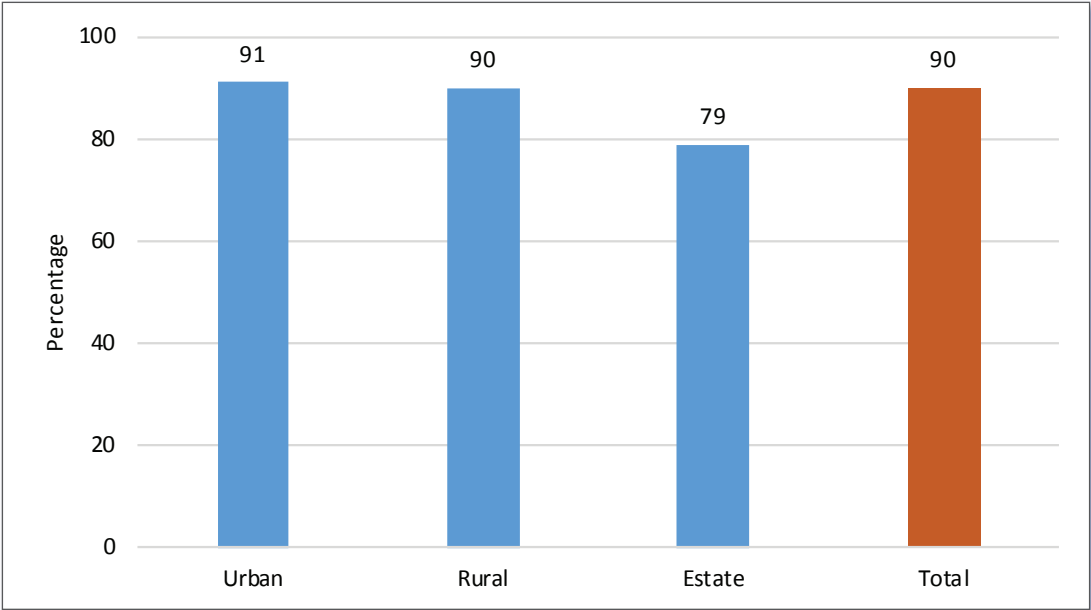


Table 2.2 Household sanitation facilities

Percent distribution of households and *de jure* population by type and location of toilet/latrine facilities, according to residence, Sri Lanka 2016

Type and location of toilet/latrine facility	Households				Population			
	Urban	Rural	Estate	Total	Urban	Rural	Estate	Total
Improved, not shared facility								
Flush/pour flush to piped sewer system	11.1	1.9	0.6	3.3	11.3	2.0	0.5	3.4
Flush/pour flush to septic tank	4.5	1.5	3.7	2.1	4.6	1.5	3.3	2.1
Flush/pour flush to pit latrine	72.1	84.6	72.0	82.1	72.3	85.9	73.4	83.1
Ventilated improved pit (VIP) latrine	1.1	1.5	2.1	1.4	1.3	1.5	2.1	1.5
Pit latrine with slab	1.9	0.9	0.3	1.0	2.0	0.9	0.4	1.1
Composting toilet	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total	90.8	90.3	78.7	89.9	91.5	91.7	79.8	91.2
Shared facility¹								
Flush/pour flush to piped sewer system	1.0	0.2	0.1	0.4	1.0	0.2	0.1	0.4
Flush/pour flush to septic tank	0.6	0.1	0.4	0.2	0.5	0.1	0.4	0.2
Flush/pour flush to pit latrine	5.5	7.2	16.3	7.3	4.6	6.1	15.6	6.3
Ventilated improved pit (VIP) latrine	0.0	0.0	0.2	0.0	0.0	0.0	0.2	0.0
Pit latrine with slab	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Total	7.2	7.6	17.0	8.0	6.2	6.6	16.3	6.9
Unimproved facility								
Flush/pour flush not to sewer/septic tank/pit latrine	1.1	0.3	0.6	0.4	1.2	0.2	0.5	0.4
Pit latrine without slab/open pit	0.1	0.2	0.1	0.2	0.1	0.2	0.0	0.2
Bucket	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0
No facility/bush/field	0.4	1.3	3.0	1.2	0.4	1.1	2.6	1.0
Other	0.4	0.2	0.6	0.2	0.5	0.2	0.7	0.2
Total	2.0	2.0	4.3	2.1	2.2	1.7	3.9	1.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	4,309	21,778	1,122	27,210	17,212	82,864	4,492	104,569

¹ Facilities that would be considered improved if they were not shared by two or more households.

2.2. HOUSING CHARACTERISTICS

Housing characteristics and household assets can be used as a measure of the socioeconomic status of household members. Cooking practices and cooking fuels also affect the health of family members and the environment. For example, the use of biomass fuels exposes household members to indoor pollution, which has a direct bearing on their health and surroundings.

Table 2.3 presents information on the availability of electricity, type of flooring material, type of fuel used for cooking, and place where cooking is done. Overall, 97 percent of households in Sri Lanka have access to electricity, 99 percent in urban areas and 97 percent in rural areas. This shows a marked improvement since 2006.

Table 2.3 Household characteristics

Percent distribution of households by housing characteristics, by place used for cooking and by the type of fuel used and by percentage using solid fuel for cooking, according to residence, Sri Lanka 2016

Housing characteristic	Residence			Total
	Urban	Rural	Estate	
Electricity				
Yes	98.6	96.7	95.3	97.0
No	1.4	3.3	4.7	3.0
Total	100.0	100.0	100.0	100.0
Flooring material				
Cement	62.5	68.6	85.0	68.3
Terrazzo/Tile/Granite	32.8	15.8	2.4	17.9
Mud	0.6	4.3	9.0	3.9
Wood	0.1	0.0	0.0	0.0
Sand	0.2	0.4	1.4	0.4
Concrete	3.6	10.7	1.8	9.2
Other	0.2	0.2	0.4	0.2
Total	100.0	100.0	100.0	100.0
Place for cooking				
In the house	88.9	79.3	65.7	80.3
In a separate building	3.8	6.2	19.9	6.4
Temporary hut	4.1	11.9	11.9	10.7
Outdoors	0.7	0.6	0.5	0.6
Other	0.0	0.0	0.0	0.0
No food cooked in household	2.5	2.0	2.0	2.0
Total	100.0	100.0	100.0	100.0
Cooking fuel				
Electricity	0.9	1.5	1.8	1.4
Gas (LP)	67.1	22.5	15.3	29.3
Kerosene	4.5	0.5	0.9	1.1
Wood	24.9	73.4	79.9	66.0
Saw dust/rice husk/charcoal	0.2	0.1	0.1	0.1
Other	0.0	0.0	0.0	0.0
No food cooked in household	2.5	2.0	2.0	2.0
Total	100.0	100.0	100.0	100.0
Percentage using solid fuel for cooking ¹	25.0	73.5	80.0	66.1
Number	4,309	21,778	1,122	27,210

LPG = Liquefied petroleum gas

¹ Includes wood, saw dust/rice husk/charcoal

Among flooring materials, cement is the most common (68 percent) material for floor. Urban sector households used with Terrazzo/ Tile/ Granite (33 percent) as floor material.

Almost 95 percent of households in Sri Lanka have some type of durable flooring, cement, Terrazzo/ tiles/ Granite or concrete). The remaining 5 percent have rudimentary flooring, such as mud and sand, the percent with permanent flooring is higher in urban areas.

Households were asked about cooking fuel and the place used for cooking. Overall 80 percent of households cook in the house, whereas 12 percent of households in the rural sector cook in a temporary hut, and 20 percent of estate-sector households use a separate building. The majority (66 percent) of households uses wood for cooking, and there is wide variation by residence. Almost all households in the estate sector (80 percent) and most of those in the rural sector (73 percent) use wood. The majority (67 percent) of urban households use LP gas or natural gas; only one-fourth of urban households use wood. Nearly one fourth of household use LP gas in the rural sector and in the estate sector it is 15 percent.

2.2.1 HOUSEHOLD POSSESSIONS

The availability of durable consumer goods is a good indicator of a household's socioeconomic status. In the 2016 SLDHS, information on the possession of selected consumer goods was asked; results are shown



Table 2.4 Household possessions

Percentage of households possessing various household effects, means of transportation, agricultural land and livestock/farm animals by residence, Sri Lanka 2016

Possession	Residence			Total
	Urban	Rural	Estate	
Household effects				
Radio	68.2	70.1	64.4	69.5
Television	91.0	86.5	82.3	87.1
Mobile phone	94.7	90.8	81.1	91.0
Computer	42.0	21.5	8.1	24.2
Non-mobile telephone	41.9	29.8	32.9	31.9
Refrigerator	71.7	54.3	24.6	55.8
Washing machine	42.5	17.6	4.1	21.0
Rice cooker	68.7	60.4	55.9	61.5
Means of transport				
Bicycle	33.3	37.8	8.3	35.8
Motorcycle/scooter	37.0	43.7	10.1	41.2
Motor car/van/jeep	21.9	9.8	2.3	11.4
Boat with a motor	0.7	0.5	0.1	0.5
Trishaw	14.6	16.7	10.9	16.1
Tractor/land master	0.7	4.1	0.3	3.4
Bus/lorry/truck	2.0	3.6	1.4	3.3
Ownership of agricultural land	12.6	41.8	17.0	36.1
Ownership of farm animals¹	4.0	10.3	19.6	9.7
Number	4,309	21,778	1,122	27,210

¹ Cows, bulls, other cattle, goats, chickens or pigs

in Table 2.4. There is some difference between urban and rural households, with urban households much more likely to own these durable consumer items than rural households. Information on household's ownership of selected assets has a strong association with poverty levels. Looking first at consumer goods, almost 70 percent of the households have a radio and a television in their home. Possession of other household items, such as mobile and land phones, and refrigerators is higher in the urban sector than other sectors. With regard to means of transportation, many households own a bicycle (36 percent) and over 41 percent have a motorcycle or scooter. Some urban households (22 percent) own a car or similar motor vehicle.

2.2.2 WEALTH INDEX

The wealth index is a socio-economic indicator that is used throughout the report as a proxy for long-term standard of living of the household. It is based on data on the household's ownership of consumer goods; dwelling characteristics; type of drinking water source; toilet facilities; and other characteristics that are related to a household's socio-economic status. To construct the index, each of these assets was assigned a weight (factor score) generated through principal component analysis, and the resulting asset scores were standardized in relation to a standard normal distribution with a mean of zero and standard deviation of one (Gwatkin et al., 2000). Each household was then assigned a score for each asset, and the scores were summed for each household. Individuals were ranked according to the total score of the household in which they resided. The sample was then divided into quintiles from one (lowest) to five (highest). A single asset index was developed on the basis of data from the entire country sample and this index is used in all the tabulations presented (Rutstein and Johnson, 2004).

Table 2.5 shows the distribution of the *de jure* household population into the five wealth quintiles, by residence. These distributions indicate the degree to which wealth is evenly (or unevenly) distributed by geographic areas. Table 2.5 illustrates that 43 percent of the population in urban areas is in the highest wealth quintile. In estate sector 71 percent of population in lowest wealth quintile. These results further confirm

that poverty is more concentrated in the estate sector. Table 2.5 further shows that higher percentages of people in Colombo and Gampaha districts, which are relatively more urbanized, are in the highest quintile. Kilinochchi, Mullativu, Mannar and Nuwara-Eliya, fall into the lowest wealth quintile. Several districts have a fairly balanced distribution across all quintiles, namely, Kalutara, Kandy, Galle, Kurunegala, Matara and Hambantota.

Table 2.5: wealth quintile
Percent distribution of the *de jure* population by wealth quintiles, and the Gini Coefficient, according to residence and region, Sri Lanka 2016

Residence/region	Wealth quintile					Total	Number of persons	Gini coefficient
	Lowest	Second	Middle	Fourth	Highest			
Residence								
Urban	7.6	11.4	15.3	23.3	42.4	100.0	17,212	0.07
Rural	19.8	21.8	21.8	20.3	16.4	100.0	82,864	0.05
Estate	70.8	20.5	5.4	2.6	0.8	100.0	4,492	0.08
District								
Colombo	4.4	8.1	14.2	23.4	49.9	100.0	10,478	0.06
Gampaha	8.5	16.3	18.8	24.3	32.1	100.0	10,780	0.06
Kalutara	12.6	17.3	19.4	25.2	25.5	100.0	6,429	0.07
Kandy	16.3	15.4	18.9	22.7	26.7	100.0	7,195	0.06
Matale	21.9	20.9	24.5	18.2	14.6	100.0	2,701	0.07
Nuwara-Eliya	49.5	26.1	13.3	6.5	4.6	100.0	3,411	0.10
Galle	16.4	20.7	22.3	23.2	17.3	100.0	5,560	0.07
Matara	12.8	17.9	21.7	23.5	24.2	100.0	4,348	0.06
Hambantota	17.2	23.7	20.8	22.4	15.8	100.0	3,214	0.07
Jaffna	48.1	24.1	12.7	9.5	5.6	100.0	3,026	0.11
Mannar	60.6	21.5	8.5	7.0	2.4	100.0	508	0.04
Vavuniya	52.9	18.6	12.9	9.6	6.1	100.0	820	0.12
Mullaitivu	69.6	15.7	8.4	5.2	1.1	100.0	446	0.12
Kilinochchi	77.8	16.9	3.2	1.9	0.2	100.0	553	0.10
Batticaloa	36.0	22.6	18.2	14.7	8.6	100.0	2,822	0.10
Ampara	26.1	24.4	19.6	19.2	10.7	100.0	3,803	0.06
Trincomalee	41.3	21.0	15.1	14.7	7.8	100.0	2,017	0.10
Kurunegala	14.4	22.3	26.7	22.1	14.4	100.0	8,713	0.04
Puttalam	19.7	27.3	22.8	16.4	13.8	100.0	3,674	0.09
Anuradhapura	15.8	21.4	24.9	24.9	12.9	100.0	4,831	0.05
Polonnaruwa	17.1	23.6	26.0	22.9	10.3	100.0	2,149	0.03
Badulla	32.9	24.2	15.9	15.0	12.1	100.0	4,147	0.09
Moneragala	24.9	24.3	25.3	17.2	8.3	100.0	2,548	0.07
Ratnapura	25.0	28.0	23.1	14.4	9.5	100.0	5,994	0.07
Kegalle	19.5	22.9	24.0	18.8	14.8	100.0	4,402	0.05
Total	20.0	20.0	20.0	20.0	20.0	100.0	104,569	0.06

2.3 HOUSEHOLD POPULATION BY AGE AND SEX

Household

A person or group of related or unrelated person who live together in the same dwelling unit(s), who acknowledge one adult male or female as the head of the household, who share the same housekeeping arrangements, and who are considered a single unit.

De facto population

All persons who stayed in the selected households the night before the interview (whether usual residents or visitors).

De jure population

All persons who are usual residents of the selected households. whether or not they stayed in the household the night before the interview.

Table 2.6 shows that the household population by the important demographic variables of age and sex. The total population in the sample is 103,283 and the female population (54,667) is slightly larger than male population (48,626); and males constitute 47 percent and females 53 percent of the population. This translates to an unbalanced sex ratio of 89 men per 100 women. The percentages of all males who are in the age groups up to age 20 are higher than those of females

The table also shows the child and adult dependency age groups. The population 0-14 is 25 percent of the total population and those ages 65 and above population constitute 10 percent. The working age population of 15-64 is 65 percent. The overall dependency ratio is 54.9 percent, indicating the presence of 1.8 working persons per 1 dependent person (<15 or >65). This is an optimal condition for the further development of a country which has been called the “demographic dividend”. Child and adult population percentages show that those aged 0-17 are 30 percent of the population and those above age 18 are 70 percent.

Table 2.6 Household population by age, sex, and residence

Percent distribution of the de facto household population by five-year age groups, according to sex and residence, Sri Lanka 2016

Age	Urban			Rural			Estate			Male	Fe- male	Total
	Male	Fe- male	Total	Male	Fe- male	Total	Male	Fe- male	Total			
Age												
<5	8.7	6.7	7.7	8.8	7.4	8.1	8.8	7.9	8.3	8.8	7.3	8.0
5-9	8.7	7.2	7.9	9.4	8.4	8.9	11.3	9.3	10.2	9.4	8.2	8.8
10-14	8.8	7.8	8.3	9.0	8.1	8.5	10.3	9.9	10.1	9.1	8.1	8.5
15-19	7.6	7.1	7.3	8.1	7.4	7.7	7.5	7.4	7.5	8.0	7.3	7.6
20-24	7.2	7.3	7.2	6.3	6.5	6.4	6.6	6.2	6.4	6.5	6.6	6.5
25-29	6.6	7.0	6.8	5.8	6.3	6.1	6.4	6.6	6.5	6.0	6.5	6.2
30-34	7.1	7.1	7.1	7.0	7.3	7.2	7.2	7.6	7.4	7.1	7.3	7.2
35-39	7.2	7.0	7.1	7.1	7.8	7.5	6.7	6.3	6.5	7.1	7.6	7.4
40-44	5.9	5.9	5.9	6.4	6.5	6.4	5.6	5.1	5.3	6.2	6.3	6.3
45-49	6.0	6.6	6.3	6.1	6.2	6.2	5.6	4.9	5.2	6.1	6.2	6.2
50-54	6.1	6.7	6.4	6.3	6.4	6.3	7.1	7.5	7.3	6.3	6.5	6.4
55-59	5.6	6.6	6.1	5.5	5.8	5.6	5.2	6.1	5.7	5.5	6.0	5.7
60-64	5.0	5.7	5.4	4.8	5.1	5.0	4.3	5.0	4.6	4.8	5.2	5.0
65-69	4.1	4.3	4.2	3.9	4.3	4.1	3.8	4.6	4.2	3.9	4.3	4.1
70-74	2.7	3.3	3.0	2.5	2.9	2.7	1.9	3.2	2.6	2.5	3.0	2.8
75-79	1.5	1.6	1.6	1.5	1.7	1.6	0.9	1.3	1.1	1.5	1.7	1.6
80 +	1.3	2.0	1.7	1.3	1.9	1.6	0.7	1.0	0.9	1.3	1.9	1.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Dependency age groups												
0-14	26.2	21.7	23.8	27.3	23.9	25.5	30.4	27.1	28.7	27.2	23.6	25.3
15-64	64.3	67.0	65.7	63.5	65.2	64.4	62.3	62.8	62.5	63.6	65.4	64.5
65+	9.6	11.3	10.5	9.2	10.9	10.1	7.3	10.1	8.8	9.2	10.9	10.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Child and adult populations												
0-17	30.6	26.1	28.2	32.3	28.4	30.2	35.8	31.9	33.7	32.2	28.2	30.1
18+	69.4	73.9	71.8	67.7	71.6	69.8	64.2	68.1	66.3	67.8	71.8	69.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of persons	8,028	9,038	17,066	38,482	43,295	81,777	2,116	2,324	4,440	48,626	54,657	103,283

The population pyramid (Figure 2.3) shows the higher presence of females in age groups 20 and over. The pyramid reflects the declining fertility and low mortality in Sri Lanka and increasing older age population.



Figure 2.3: Population Pyramid

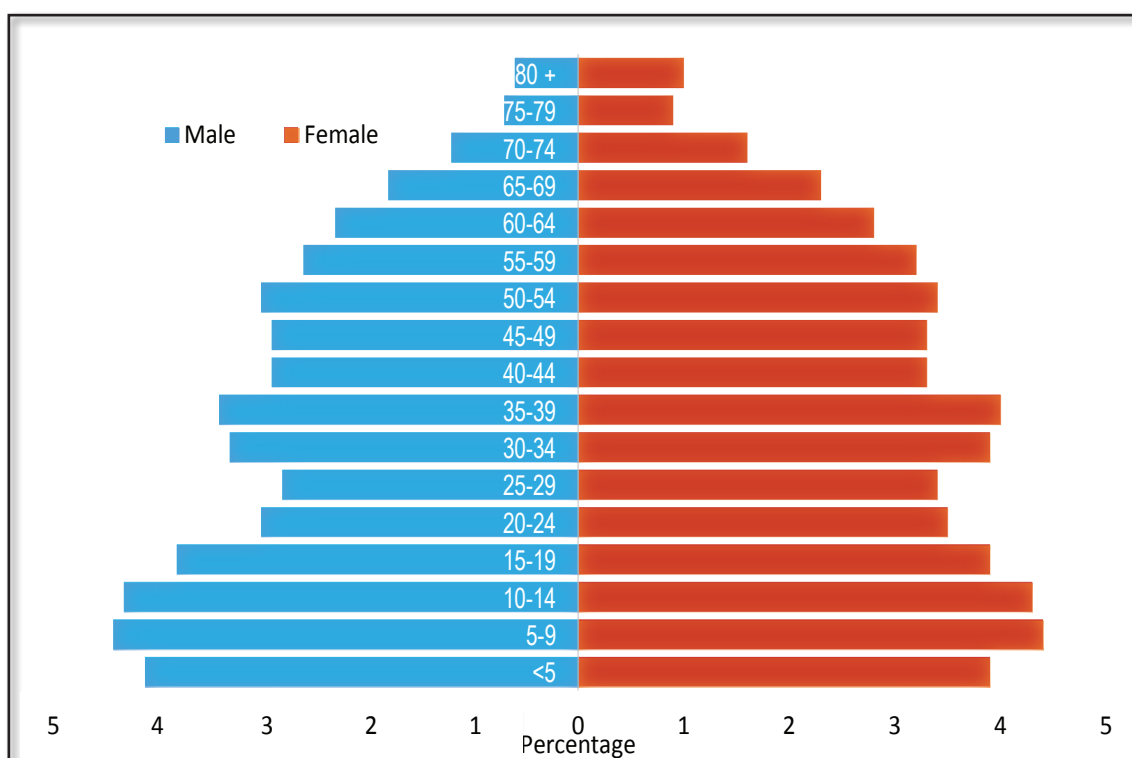


Table 2.A shows that the percentage of children under five years observed in the 2016 SLDHS declined slightly compared to the percentage from the 2012 Population Census. Since 1981, the proportion of children under 15 years of age has declined, and the proportions of the working age and elderly populations have generally risen. The proportion of women in the reproductive age group shows a decline since 2000, from 54 to 48 percent in 2016. The overall dependency ratio (proportion under 15 and 65 and older divided by the proportion age 15-64) is 54.9, compared to 65.4 in 1981. The child dependency ratio has declined from 58 to 39 and the old-age dependency ratio has gone up from 7 to 16. The demographic dynamics of Sri Lanka indicate that the dependency ratio (number of working age population per dependent population) will continue to decline in the future, bringing additional challenges since the number of dependents will continue to increase due to the ageing process of the Sri Lankan population.

Age group	Census 1981	DHS ¹ 1993	DHS ¹ 2000	DHS ¹ 2006-07	Census 2012	DHS 2016
Children under 5 years	12.5	9.0	7.9	8.8	8.6	8.0
Children under 15 years	35.2	30.3	25.8	25.9	25.2	25.3
Women of reproductive age (15-49 years)	52.2	53.0	54.6	51.8	51.0	47.8
Working age population (15-64 years)	60.5	63.5	67.1	66.5	66.9	64.5
Elderly population (65 years and over)	4.3	6.1	7.2	7.5	7.9	10.1
Ratio of persons under 15 to those age 15-64 (%)	58.2	47.8	38.3	39.0	37.7	39.2
Ratio of persons 65 and over to those age 15-64 (%)	7.2	9.6	10.7	11.3	11.8	15.7

¹ Exclude Northern and Eastern provinces

2.4 HOUSEHOLD COMPOSITION

Information on key aspects of the composition of households, including the sex of the head of the household and the size of the household is presented in Table 2.7. These characteristics are important because they are associated with the welfare of the household. Economic resources are often more limited in larger households. Table 2.7 shows 3.8 as the mean size of a household in 2016. One fourth of households (i.e. one in four) are headed by a woman in Sri Lanka. The proportion of female headed households does not differ much by sector. It is highest in the estate sector (26 percent) and lowest in the rural sector (24 percent). There are no marked differences by sector in distribution of household members. A trend towards decreasing household size has continued in Sri Lanka since 1981 in all but the estate sector, where the household size has fluctuated up and then down (Table 2.B).

Table 2.7 Household composition

Percent distribution of households by sex of head of household and by household size; mean size of household, and percentage of households with orphans and foster children under 18 years of age, according to residence, Sri Lanka 2016

Characteristic	Residence			Total
	Urban	Rural	Estate	
Household headship				
Male	75.3	76.4	73.8	76.1
Female	24.7	23.6	26.2	23.9
Total	100.0	100.0	100.0	100.0
Number of usual members				
0	0.1	0.0	0.1	0.0
1	5.6	6.5	6.7	6.4
2	14.1	15.1	15.0	15.0
3	21.2	20.9	18.4	20.8
4	24.9	26.3	22.5	25.9
5	17.0	17.9	18.7	17.8
6	9.1	8.7	10.4	8.8
7	4.9	2.9	5.5	3.3
8	1.6	1.0	1.6	1.1
9+	1.6	0.6	1.1	0.8
Total	100.0	100.0	100.0	100.0
Mean size of households	4.0	3.8	4.0	3.8
Percentage of households with orphans and foster children under 18 years of age				
Double orphans	0.1	0.1	0.0	0.1
Single orphans ¹	2.0	2.4	2.3	2.3
Foster children ²	2.6	2.9	7.0	3.0
Foster and/or orphan children	4.2	4.8	8.3	4.8
Number of households	4,309	21,778	1,122	27,210

Note: Table is based on de jure household members, i.e., usual residents.

¹ Includes children with one dead parent and an unknown survival status of the other parent.

² Foster children are those under age 18 living in households with neither their mother nor their father present, and the mother and/or the father are alive.



Table: 2.B Trends in mean household size

Mean household size from censuses and surveys, according to residence, Sri Lanka 1981-2016

Source	Urban	Rural	Estate	Total
Census 1981	5.4	4.9	4.3	4.9
1993 DHS ¹	5.0	4.7	4.4	4.7
2000 DHS ¹	4.8	4.5	4.6	4.5
2006-07 DHS ¹	4.2	4.0	4.3	4.0
Census 2012	3.9	3.7	4.0	3.8
2016 DHS	4.0	3.8	4.0	3.8

¹ Exclude Northern and Eastern province

2.5 CHILDREN'S LIVING ARRANGEMENTS, ORPHANHOOD, AND SCHOOL ATTENDANCE

The 2016 SLDHS collected information on living arrangements of children and orphanhood. Living arrangements should be monitored together with the proportion of foster and orphan children because of their significant effects on the comprehensive development of children.

Table 2.8 shows the percent distribution of children under age 18 by their living arrangements and survivorship of parents. Among children under age 18 reported in the 2016 SLDHS, 78 percent live with both parents, 14 percent live with their mother only, although their father is alive, 2 percent live with their father only, although their mother is alive, and 3 percent live with neither of their natural or biological parents, although both parents are alive.

Table 2.8 also provides information on the extent of orphanhood, that is, the proportion of children who have lost one or both parents. Less than 1 percent of children under age 18 have both parents' dead and 3 percent have one or both parents' dead. The percentage of children living with both biological parents decreases with the age of the child. This may be due to children moving out of house to pursue further education or seek work. In the urban sector 79 percent of children live with both parents. Children in urban and rural areas are more likely than those in estate areas to live with both parents (79 and 78 percent versus 67 percent).

By wealth status, the proportion of children under age 18 living with both parents increases with wealth quintile. The highest proportions are among children in the highest wealth quintiles (82 percent) and the lowest proportion is in the lowest wealth quintile (73 percent).

Table 2.8 Children's living arrangements and orphanhood

Percent distribution of de jure children under age 18 by living arrangements and survival status of parents, the percentage of children not living with a biological parent, and the percentage of children with one or both parents dead, according to background characteristics, Sri Lanka 2016

Background characteristic	Living with mother but not with father			Living with father but not with mother		Not living with either parent					Total	Percentage not living with a biological parent	Percentage with one or both parents dead ¹	Number of children
	Living with both parents	Father alive	Father dead	Mother alive	Mother dead	Both alive	Only father alive	Only mother alive	Both dead	Missing information on father/mother				
Age														
0-4	80.6	17.0	0.3	0.5	0.1	0.9	0.0	0.0	0.0	0.4	100.0	1.0	0.5	8,182
<2	81.7	17.1	0.2	0.1	0.1	0.5	0.0	0.0	0.0	0.3	100.0	0.5	0.3	3,029
2-4	80.0	16.9	0.4	0.8	0.1	1.2	0.1	0.0	0.0	0.5	100.0	1.3	0.6	5,153
5-9	78.9	14.4	1.1	2.1	0.3	2.3	0.2	0.2	0.0	0.5	100.0	2.8	1.8	9,085
10-14	76.9	12.1	2.7	3.0	0.6	3.2	0.3	0.5	0.1	0.7	100.0	4.1	4.1	8,875
15-17	74.1	10.1	5.0	3.1	0.9	4.6	0.3	0.9	0.2	0.8	100.0	6.0	7.3	4,918
Sex														
Male	78.2	13.8	1.8	2.2	0.3	2.4	0.2	0.3	0.1	0.6	100.0	3.0	2.7	15,663
Female	77.8	13.7	2.1	2.0	0.5	2.7	0.2	0.3	0.1	0.6	100.0	3.4	3.2	15,396
Residence														
Urban	79.4	13.6	1.8	1.6	0.3	2.3	0.1	0.3	0.1	0.5	100.0	2.8	2.6	4,795
Rural	78.4	13.7	2.0	1.9	0.4	2.4	0.2	0.3	0.1	0.6	100.0	3.1	3.0	24,754
Estate	66.7	15.3	1.5	7.6	0.7	5.6	0.3	0.8	0.0	1.6	100.0	6.7	3.3	1,510
District														
Colombo	83.4	10.2	1.9	1.5	0.2	2.0	0.1	0.2	0.1	0.6	100.0	2.4	2.4	2,689
Gampaha	84.5	9.7	1.7	1.6	0.3	1.9	0.1	0.1	0.0	0.3	100.0	2.0	2.2	2,896
Kalutara	80.9	10.9	2.1	2.0	0.6	2.3	0.4	0.4	0.0	0.5	100.0	3.1	3.4	1,858
Kandy	77.2	15.6	1.4	2.2	0.5	2.5	0.2	0.2	0.0	0.3	100.0	2.8	2.3	2,093
Matale	68.5	22.4	2.3	1.5	0.4	3.2	0.3	0.5	0.0	1.1	100.0	4.0	3.4	824
Nuwara-Eliya	70.9	19.5	0.7	4.0	0.7	3.2	0.2	0.2	0.0	0.6	100.0	3.5	1.8	1,115
Galle	73.7	17.4	2.6	1.8	0.2	2.7	0.1	0.6	0.1	0.8	100.0	3.5	3.6	1,676
Matara	80.2	14.7	0.9	1.2	0.5	1.8	0.1	0.4	0.0	0.3	100.0	2.2	1.9	1,316
Hambantota	79.9	12.4	1.9	0.8	0.2	2.5	0.2	0.4	0.0	1.7	100.0	3.1	2.6	1,026
Jaffna	78.8	11.2	4.6	0.2	0.2	2.6	0.5	0.5	0.2	1.2	100.0	3.8	6.0	887
Mannar	85.7	6.7	3.1	1.4	0.6	1.7	0.2	0.5	0.0	0.1	100.0	2.4	4.4	166
Vavuniya	77.9	8.9	4.4	3.4	0.4	3.3	0.6	0.6	0.1	0.4	100.0	4.6	6.1	275
Mullaitivu	75.2	11.1	7.6	0.7	2.0	1.6	0.6	0.2	0.2	0.9	100.0	2.5	10.7	157
Kilinochchi	75.2	14.5	5.3	0.7	0.7	1.8	0.0	0.1	1.0	0.7	100.0	2.8	7.1	197
Batticaloa	72.9	18.0	1.8	2.0	0.3	3.5	0.3	0.4	0.0	1.0	100.0	4.2	2.7	995
Ampara	76.7	15.2	3.1	1.0	0.4	2.7	0.3	0.4	0.2	0.0	100.0	3.6	4.4	1,323
Trincomalee	78.4	11.8	0.8	2.7	0.5	4.0	0.2	0.4	0.4	0.8	100.0	5.1	2.4	737
Kurunegala	73.2	18.6	1.5	2.9	0.3	2.5	0.3	0.4	0.0	0.3	100.0	3.2	2.5	2,573
Puttalam	75.7	13.8	1.0	3.4	0.6	3.5	0.4	0.5	0.1	1.0	100.0	4.5	2.7	1,120
Anuradhapura	80.6	10.9	1.5	2.5	0.4	3.2	0.2	0.5	0.1	0.1	100.0	4.0	2.7	1,490
Polonnaruwa	76.8	12.0	1.5	4.6	0.1	2.9	0.7	0.8	0.0	0.4	100.0	4.5	3.2	652
Badulla	69.6	20.5	1.5	2.8	1.0	3.7	0.2	0.3	0.0	0.5	100.0	4.1	2.8	1,276
Moneragala	80.5	11.6	2.3	1.1	0.6	2.9	0.0	0.4	0.0	0.4	100.0	3.3	3.3	812
Ratnapura	80.5	10.6	2.5	2.4	0.5	2.1	0.1	0.1	0.1	1.1	100.0	2.4	3.3	1,683
Kegalle	80.9	9.7	2.3	2.7	0.3	2.1	0.1	0.4	0.2	1.3	100.0	2.7	3.2	1,224
Wealth quintile														
Lowest	73.3	13.2	3.0	3.8	0.6	3.7	0.4	0.8	0.1	1.1	100.0	5.0	4.8	6,695
Second	78.7	12.3	2.3	2.2	0.5	2.9	0.2	0.3	0.1	0.6	100.0	3.5	3.3	6,331
Middle	77.6	14.8	1.7	2.0	0.3	2.6	0.2	0.3	0.0	0.6	100.0	3.0	2.5	6,213
Fourth	79.2	15.2	1.3	1.2	0.3	1.9	0.2	0.2	0.1	0.3	100.0	2.4	2.1	6,122
Highest	82.0	13.4	1.3	1.0	0.4	1.5	0.0	0.1	0.1	0.2	100.0	1.8	1.9	5,698
Total <15	78.7	14.4	1.4	1.9	0.3	2.2	0.2	0.2	0.0	0.6	100.0	2.7	2.2	26,142
Total <18	78.0	13.8	1.9	2.1	0.4	2.6	0.2	0.3	0.1	0.6	100.0	3.2	3.0	31,060

Note: Table is based on de jure members, i.e., usual residents.

¹ Includes children with father dead, mother dead, both dead and one parent dead but missing information on survival status of the other parent.



2.6 EDUCATION OF THE HOUSEHOLD POPULATION

Studies have shown that education is one of the major socioeconomic factors to influence a person's behavior and attitudes. In general, the higher the level of education of a person, the more knowledgeable he/she is about the use of health facilities, family planning methods, and the health of their children, among many other things. Results from the 2016 SLDHS can be used to look at educational attainment among household members and school attendance and dropout rates among children and youth.

For the purpose of the analysis presented below, the official age for entry into the primary education level is five. The official primary level of schooling consists of grades 1 through grade 5 and finishing grade 11 marks completion of secondary school. The school ages are 5-9 for primary education and 10-15 for secondary education.

2.6.1 EDUCATIONAL ATTAINMENT

Median educational attainment

Half the population has complete less than median number of years of schooling and the half the population has completed more than the median number of years of schooling.

Sample: De facto household population age 6 and older.

Tables 2.9.1 and 2.9.2 show the education status for male and female household members separately. They indicate remarkable gender equity in educational attendance and attainment in Sri Lanka. The distribution of median years completed by age is quite similar for both sexes; in fact, it is slightly higher for females (9.4 years), compared to males (9.2 years).

The data shows differences by sector of residence. The estate sector lags behind urban and rural sectors on median years completed. Furthermore, females in the estate sector are more likely to have no education (15 percent) than males in the same sector (7 percent). Although there is not much gender difference by residence for the highest education category. The population with completed secondary level is much lower in the estate sector (nearly 13 percent) compared with about one-third of rural residents, and nearly 45 percent of urban residents.

Only a very small proportion of the population six years or older has never gone to school. The percentage of males who never attended school is 2 percent, and the corresponding proportion for females is 4 percent. This difference is due to a wider gap between males and females age 65 years and above, which suggests that in the past, girls were somewhat less likely to go to school than boys.

Table 2.9.1 Educational attainment of the female household population

Percent distribution of the de facto female household population age six and over by highest level of schooling attended or completed and median years completed, according to background characteristics, Sri Lanka 2016

Background characteristic	No education	Some primary	Completed primary ¹	Some secondary	Completed secondary ²	More than secondary	Don't know/missing	Total	Number	Median years completed
Age										
6-9	4.5	94.6	0.9	0.0	0.0	0.0	0.0	100.0	3,639	1.6
10-14	0.4	11.4	19.6	67.9	0.6	0.0	0.1	100.0	4,422	6.0
15-19	0.4	0.4	0.2	15.9	31.2	51.8	0.1	100.0	3,998	10.1
20-24	0.6	1.0	0.7	5.0	24.6	67.9	0.1	100.0	3,598	11.4
25-29	0.9	1.3	1.3	7.2	27.8	61.5	0.1	100.0	3,537	10.8
30-34	1.1	1.7	1.7	11.3	29.2	55.1	0.0	100.0	3,989	10.4
35-39	1.5	3.3	2.1	13.0	32.7	47.2	0.2	100.0	4,149	9.9
40-44	2.4	6.1	4.6	13.7	29.8	43.1	0.2	100.0	3,452	9.8
45-49	4.4	9.5	5.4	16.8	25.1	38.4	0.4	100.0	3,405	9.6
50-54	6.0	14.5	7.8	17.6	18.7	34.6	0.8	100.0	3,531	9.4
55-59	6.4	16.2	8.2	20.4	18.4	29.7	0.7	100.0	3,254	9.1
60-64	6.3	17.4	10.2	22.0	16.8	26.1	1.3	100.0	2,850	8.0
65+	14.9	22.2	10.7	19.9	11.3	19.4	1.5	100.0	5,974	6.8
Residence										
Urban	2.6	12.1	5.2	18.6	16.0	45.2	0.5	100.0	8,303	9.8
Rural	4.0	15.5	5.8	18.2	21.3	34.8	0.4	100.0	39,397	9.4
Estate	14.5	24.3	11.9	22.9	12.2	13.6	0.6	100.0	2,098	6.2
District										
Colombo	2.1	11.3	4.1	18.0	16.1	48.0	0.6	100.0	5,065	9.9
Gampaha	1.6	11.3	5.0	18.1	19.5	44.2	0.3	100.0	5,100	9.7
Kalutara	2.6	13.6	5.5	16.9	21.8	39.0	0.6	100.0	3,043	9.6
Kandy	4.4	14.2	5.0	18.4	20.2	36.8	0.9	100.0	3,541	9.5
Matale	6.4	16.9	5.1	19.9	19.5	31.8	0.4	100.0	1,259	9.2
Nuwara-Eliya	10.4	21.4	9.7	20.5	17.2	20.4	0.4	100.0	1,601	7.5
Galle	3.8	14.0	6.5	19.2	22.1	34.2	0.2	100.0	2,725	9.4
Matara	4.0	15.4	4.6	16.2	21.0	38.1	0.7	100.0	2,108	9.5
Hambantota	4.4	15.1	6.7	15.6	20.2	37.4	0.5	100.0	1,494	9.5
Jaffna	0.9	13.8	8.3	19.9	18.0	38.4	0.7	100.0	1,496	9.4
Mannar	1.6	16.4	12.1	23.5	18.2	27.8	0.3	100.0	234	8.5
Vavuniya	3.1	13.5	9.1	20.7	13.1	39.7	0.8	100.0	385	9.3
Mullaitivu	2.8	20.2	9.2	25.2	16.9	25.6	0.1	100.0	212	8.0
Kilinochchi	3.3	17.9	7.1	26.1	25.9	19.7	0.0	100.0	254	8.6
Batticaloa	7.0	19.1	8.1	20.5	15.0	30.3	0.1	100.0	1,353	8.7
Ampara	5.6	24.1	7.5	19.9	15.5	26.8	0.6	100.0	1,732	8.2
Trincomalee	5.9	17.0	8.9	23.5	13.6	30.8	0.3	100.0	898	8.4
Kurunegala	3.8	15.9	4.9	17.2	24.4	33.4	0.5	100.0	4,240	9.4
Puttalam	3.4	18.7	6.3	23.0	21.8	26.3	0.5	100.0	1,733	9.0
Anuradhapura	2.8	16.1	6.3	18.7	17.9	37.8	0.4	100.0	2,241	9.4
Polonnaruwa	5.9	17.6	4.9	18.7	27.9	25.0	0.1	100.0	980	9.2
Badulla	9.3	16.2	7.3	17.7	20.4	28.6	0.4	100.0	2,023	9.2
Moneragala	4.9	18.4	5.9	18.4	21.3	30.8	0.4	100.0	1,161	9.2
Ratnapura	7.0	16.6	5.7	16.9	24.4	29.1	0.4	100.0	2,810	9.3
Kegalle	4.2	15.6	5.9	17.8	19.7	36.4	0.2	100.0	2,109	9.4
Wealth quintile										
Lowest	9.8	22.6	9.4	24.0	18.9	14.6	0.7	100.0	9,815	7.2
Second	4.7	17.5	6.8	21.1	24.1	25.2	0.5	100.0	9,906	9.1
Middle	2.9	16.0	5.5	18.1	24.1	33.0	0.4	100.0	9,946	9.4
Fourth	2.1	11.9	4.8	16.7	20.8	43.3	0.3	100.0	9,899	9.7
Highest	1.6	8.9	3.2	12.8	12.3	60.9	0.4	100.0	10,233	10.8
Total	4.2	15.3	5.9	18.5	20.0	35.6	0.5	100.0	49,798	9.4

¹ Completed 5 grade at the primary level

² Completed 10 grade at the secondary level



Table 2.9.2 Educational attainment of the male household population

Percent distribution of the de facto male household population age six and over by highest level of schooling attended or completed and median years completed, according to background characteristics, Sri Lanka 2016

Background characteristic	No education	Some primary	Completed primary ¹	Some secondary	Completed secondary ²	More than secondary	Don't know/missing	Total	Number	Median years completed
Age										
6-9	5.0	93.8	1.2	0.0	0.0	0.0	0.0	100.0	3,747	1.5
10-14	0.6	11.4	19.7	67.6	0.6	0.0	0.1	100.0	4,401	6.0
15-19	0.8	0.6	0.2	18.4	38.2	41.7	0.1	100.0	3,895	9.8
20-24	0.9	1.5	0.9	9.2	29.3	57.9	0.2	100.0	3,145	10.6
25-29	0.9	1.5	1.4	10.4	32.8	52.8	0.2	100.0	2,894	10.2
30-34	0.7	3.0	2.6	16.1	31.3	46.0	0.2	100.0	3,435	9.9
35-39	1.1	4.6	3.0	16.5	33.5	41.0	0.2	100.0	3,470	9.8
40-44	1.5	7.9	4.5	17.8	30.0	38.0	0.3	100.0	3,034	9.6
45-49	2.3	9.6	6.8	21.5	22.6	36.7	0.5	100.0	2,959	9.5
50-54	3.6	14.2	8.1	20.7	20.0	32.9	0.5	100.0	3,079	9.2
55-59	3.9	14.2	8.2	24.1	17.2	31.7	0.7	100.0	2,665	9.1
60-64	3.3	17.8	9.0	25.0	14.3	29.8	0.8	100.0	2,329	7.9
65+	5.0	20.1	9.8	24.3	12.0	27.5	1.1	100.0	4,474	7.5
Residence										
Urban	1.7	12.5	5.5	19.1	16.7	44.1	0.4	100.0	7,201	9.7
Rural	2.2	16.5	5.9	22.1	22.3	30.7	0.3	100.0	34,439	9.2
Estate	6.6	25.1	11.9	29.8	13.5	12.6	0.5	100.0	1,887	6.3
District										
Colombo	1.3	11.2	5.1	18.3	17.8	45.9	0.4	100.0	4,529	9.8
Gampaha	1.4	10.5	4.2	20.0	22.0	41.5	0.5	100.0	4,686	9.6
Kalutara	1.3	15.4	5.9	21.8	21.6	33.5	0.4	100.0	2,680	9.3
Kandy	2.4	18.2	5.2	19.4	22.0	32.2	0.7	100.0	2,882	9.3
Matale	3.5	18.6	5.5	23.9	20.7	27.8	0.1	100.0	1,097	9.0
Nuwara-Eliya	4.0	19.8	10.5	27.5	16.2	21.5	0.6	100.0	1,434	7.6
Galle	2.1	15.7	6.0	22.2	25.1	28.6	0.2	100.0	2,258	9.2
Matara	2.1	17.9	5.6	19.3	23.0	31.6	0.5	100.0	1,761	9.3
Hambantota	2.4	18.8	7.5	20.6	19.4	30.9	0.3	100.0	1,361	9.1
Jaffna	0.4	12.3	7.0	22.3	18.8	38.3	0.9	100.0	1,240	9.4
Mannar	2.1	14.5	10.3	27.5	22.5	23.0	0.1	100.0	223	8.5
Vavuniya	1.6	15.3	8.1	22.7	13.5	38.2	0.6	100.0	348	9.2
Mullaitivu	2.0	19.0	10.6	22.9	22.2	23.4	0.0	100.0	182	8.2
Kilinochchi	2.0	18.2	8.3	27.7	27.8	15.9	0.0	100.0	223	8.3
Batticaloa	4.6	22.8	7.3	23.1	13.2	28.7	0.3	100.0	1,110	8.1
Ampara	3.0	24.9	6.9	24.2	13.5	27.4	0.1	100.0	1,506	7.8
Trincomalee	4.1	17.3	6.1	24.3	15.4	32.4	0.4	100.0	839	8.9
Kurunegala	1.7	16.6	5.4	22.5	25.8	27.4	0.5	100.0	3,621	9.2
Puttalam	2.1	17.0	6.9	26.9	23.9	22.9	0.2	100.0	1,557	8.7
Anuradhapura	2.7	14.9	5.3	23.2	18.4	35.4	0.1	100.0	2,001	9.3
Polonnaruwa	2.2	18.5	6.5	25.3	27.4	19.4	0.7	100.0	868	8.7
Badulla	4.5	18.0	6.7	24.0	20.5	26.2	0.0	100.0	1,738	8.7
Moneragala	3.4	20.3	6.6	21.5	21.7	26.4	0.1	100.0	1,054	9.0
Ratnapura	3.0	19.1	7.4	22.7	25.1	22.4	0.3	100.0	2,501	8.8
Kegalle	2.3	15.7	6.0	20.4	20.1	35.5	0.1	100.0	1,831	9.3
Wealth quintile										
Lowest	5.1	24.1	9.7	29.2	19.2	12.1	0.5	100.0	8,660	7.0
Second	2.4	18.5	7.1	26.0	24.1	21.5	0.3	100.0	8,753	8.4
Middle	1.6	15.5	5.8	22.6	25.4	28.7	0.4	100.0	8,758	9.2
Fourth	1.3	13.4	4.6	19.0	23.1	38.3	0.3	100.0	8,597	9.5
Highest	0.9	9.6	3.1	12.8	13.3	60.1	0.2	100.0	8,760	10.7
Total	2.3	16.2	6.1	21.9	21.0	32.2	0.4	100.0	43,528	9.2

¹ Completed 5 grade at the primary level

² Completed 10 grade at the secondary level

2.7 SCHOOL ATTENDANCE RATIOS

Net Attendance Ratio

Percentage of the school – age population that attends primary or secondary school.

Sample : Children age 5 – 9 for primary school NAR and children age 10 – 15 for secondary school NAR.

The 2016 SLDHS collected information on school attendance for the population age 3-24 that allows the calculation of net attendance ratios (NARs) and gross attendance ratios (GARs). The NAR for primary school is the percentage of the primary-school-age (5-9 years) children that are attending primary school (right level for age). The NAR for secondary school measures school attendance of the secondary-school-age (10-15 years) children (right level for age). By definition, the NAR cannot exceed 100 percent. The Gross Attendance Ratio (GAR), measures participation at each level of schooling among persons age 6-25 (level for any age). The GAR is mostly higher than the NAR for the same level because the GAR includes participation by those who may be older, because they may have started school late, may have repeated in one or more grades in school, or may have dropped out of school and returned later, or may be younger than the official age range for that level.

Table 2.10 presents data on the NAR and GAR for the de facto household population by level of schooling and sex, according to place of residence, district, and wealth quintile. Ninety eight percent of children age 5-9 are attending primary school (right level for their age). The GAR at the primary school level is 101 percent. The distribution shows that both the NAR and the GAR are little lower at the secondary school level: 83 percent of students' age 10-15 who should be attending secondary schools are in secondary school (NAR). The GAR for secondary school is very close to the NAR at 85 percent.

The results show no differences in the primary or secondary school NARs between males and females, indicating no notable gender gap in school attendance for the school-age population who should be attending school at a given level.

When considering the NAR at the primary level, the differences in urban, rural and estate sectors, district levels and among wealth quintiles are minimal. The NAR at the secondary school level also does not have a large gap among urban, rural and estate sectors. District and wealth quintile show some differences in secondary school NAR. The secondary school NAR is lowest in the Puttalam district (76 percent) and highest in the Colombo district (87 percent). The secondary school NAR is lowest (80 percent) in the lowest wealth quintile and highest (85 percent) in highest wealth quintile. The GAR at the primary school level does not show large differences by sector, district and wealth quintile. However, there is almost no urban-rural-estate difference in the GAR at the secondary school level. The GAR at the secondary school level is highest in Hambantota district (88 percent) and lowest in Puttalam district (79 percent). By wealth quintile GAR at secondary school level does not show major differences, except that it is slightly lower in the highest quintile than the other quintiles.

This data shows that there is really not much difference in NAR and GAR at any levels of the country, showing the high efficiency of the educational system in Sri Lanka. It reflects probably that education is free in Sri Lanka. However, the NAR for secondary schools can be improved.

Table 2.10 also shows the Gender Parity Index (GPI), which represents the ratio of the NAR and GAR for females to the NAR and GAR for males. It is a more precise indicator of gender differences in the schooling system. A GPI of less than 1 indicates that a smaller proportion of females than males attend school. In Sri Lanka, the GPI is 1.01 for primary school attendance and 1.00 for secondary school attendance, indicating no gender gaps. There are no notable differences in GPI for NAR considering background characteristics of primary and secondary school levels.



Table 2.10 School attendance ratios

Net attendance ratios (NAR) and gross attendance ratios (GAR) for the de facto household population by sex and level of schooling; and the Gender Parity Index (GPI), according to background characteristics, Sri Lanka 2016

Background characteristic	Net attendance ratio ¹				Gross attendance ratio ²			
	Male	Female	Total	Gender Parity Index ³	Male	Female	Total	Gender Parity Index ³
PRIMARY SCHOOL								
Residence								
Urban	97.2	98.2	97.7	1.01	100.8	101.2	101.0	1.00
Rural	98.1	98.1	98.1	1.00	100.3	100.8	100.6	1.00
Estate	95.8	96.4	96.1	1.01	102.9	104.3	103.5	1.01
District								
Colombo	97.2	99.6	98.3	1.02	99.7	101.5	100.6	1.02
Gampaha	97.9	98.5	98.2	1.01	99.6	102.4	101.0	1.03
Kalutara	99.0	98.5	98.7	1.00	100.7	100.4	100.6	1.00
Kandy	99.0	96.1	97.6	0.97	101.6	98.3	100.0	0.97
Matale	99.7	99.7	99.7	1.00	105.5	100.9	103.1	0.96
Nuwara-Eliya	93.6	99.3	96.6	1.06	98.7	103.2	101.1	1.05
Galle	98.5	98.5	98.5	1.00	99.8	100.0	99.9	1.00
Matara	98.4	98.9	98.7	1.01	99.7	102.8	101.2	1.03
Hambantota	95.6	99.5	97.5	1.04	96.8	100.1	98.4	1.03
Jaffna	93.1	95.0	94.1	1.02	98.9	99.8	99.4	1.01
Mannar	96.1	96.9	96.5	1.01	104.4	102.1	103.2	0.98
Vavuniya	98.0	96.8	97.4	0.99	101.7	104.9	103.1	1.03
Mullaitivu	94.4	87.3	90.6	0.92	105.8	91.8	98.4	0.87
Kilinochchi	98.9	99.1	99.0	1.00	100.9	100.2	100.5	0.99
Batticaloa	99.3	98.9	99.1	1.00	103.8	100.8	102.4	0.97
Ampara	98.2	98.2	98.2	1.00	101.5	104.0	102.6	1.02
Trincomalee	98.0	98.6	98.3	1.01	99.9	103.9	101.6	1.04
Kurunegala	98.5	98.5	98.5	1.00	101.8	101.9	101.9	1.00
Puttalam	97.3	99.0	98.2	1.02	101.6	103.1	102.4	1.01
Anuradhapura	97.7	95.4	96.5	0.98	100.7	98.4	99.5	0.98
Polonnaruwa	98.0	96.8	97.4	0.99	99.5	97.6	98.5	0.98
Badulla	97.1	98.0	97.6	1.01	99.5	100.8	100.2	1.01
Moneragala	97.9	98.7	98.3	1.01	99.2	100.9	100.0	1.02
Ratnapura	98.6	96.8	97.7	0.98	100.6	99.1	99.9	0.99
Kegalle	98.1	98.0	98.0	1.00	100.2	102.5	101.4	1.02
Wealth quintile								
Lowest	97.5	96.6	97.0	0.99	102.7	100.9	101.8	0.98
Second	96.6	97.9	97.3	1.01	99.1	100.7	99.9	1.02
Middle	98.1	98.8	98.5	1.01	100.2	101.2	100.7	1.01
Fourth	98.9	99.0	98.9	1.00	100.5	101.4	100.9	1.01
Highest	98.1	98.1	98.1	1.00	100.0	101.0	100.5	1.01
Total	97.8	98.1	97.9	1.00	100.5	101.0	100.8	1.01

Contd... Table 2.10 School Attendance ratios

Table 2.10 School attendance ratios								
Net attendance ratios (NAR) and gross attendance ratios (GAR) for the de facto household population by sex and level of schooling; and the Gender Parity Index (GPI), according to background characteristics, Sri Lanka 2016								
Background characteristic	Male	Female	Total	Gender Parity Index ³	Male	Female	Total	Gender Parity Index ³
SECONDARY SCHOOL								
Residence								
Urban	84.0	83.6	83.8	0.99	84.7	84.6	84.7	1.00
Rural	83.0	83.0	83.0	1.00	84.8	84.2	84.5	0.99
Estate	80.4	82.9	81.6	1.03	83.7	85.8	84.8	1.02
District								
Colombo	86.6	85.7	86.1	0.99	87.2	86.4	86.8	0.99
Gampaha	83.7	81.3	82.5	0.97	85.6	81.5	83.6	0.95
Kalutara	85.2	82.9	84.1	0.97	85.7	83.8	84.8	0.98
Kandy	82.4	79.9	81.1	0.97	83.8	82.0	82.9	0.98
Matale	84.7	87.5	86.0	1.03	85.1	88.2	86.6	1.04
Nuwara-Eliya	83.6	79.4	81.4	0.95	87.7	81.8	84.7	0.93
Galle	82.3	86.4	84.4	1.05	83.2	87.3	85.3	1.05
Matara	81.7	83.7	82.9	1.02	83.7	83.7	83.7	1.00
Hambantota	88.4	82.6	85.5	0.93	92.0	84.7	88.3	0.92
Jaffna	83.2	86.5	84.9	1.04	85.6	88.8	87.3	1.04
Mannar	83.2	85.0	84.1	1.02	86.8	87.7	87.2	1.01
Vavuniya	80.9	77.3	78.9	0.95	84.9	80.9	82.7	0.95
Mullaitivu	79.5	87.7	84.0	1.10	83.3	89.5	86.7	1.08
Kilinochchi	83.2	87.5	85.4	1.05	85.6	87.5	86.6	1.02
Batticaloa	79.4	84.7	82.1	1.07	81.2	86.4	83.9	1.06
Ampara	87.3	75.6	81.2	0.87	88.6	78.6	83.4	0.89
Trincomalee	79.5	81.7	80.5	1.03	81.3	83.5	82.4	1.03
Kurunegala	82.5	82.2	82.4	1.00	84.3	82.6	83.5	0.98
Puttalam	75.5	80.0	77.7	1.06	77.7	81.1	79.3	1.04
Anuradhapura	83.3	88.2	85.7	1.06	86.4	91.3	88.8	1.06
Polonnaruwa	78.8	80.0	79.4	1.02	78.8	81.0	79.8	1.03
Badulla	81.4	82.5	81.9	1.01	83.8	82.7	83.3	0.99
Moneragala	77.5	88.4	83.3	1.14	77.5	89.4	83.8	1.15
Ratnapura	83.5	83.7	83.6	1.00	83.9	85.1	84.5	1.01
Kegalle	84.0	83.2	83.6	0.99	86.6	85.1	85.9	0.98
Wealth quintile								
Lowest	80.4	83.1	81.7	1.03	82.5	85.8	84.1	1.04
Second	83.1	82.1	82.6	0.99	85.5	83.5	84.5	0.98
Middle	83.7	84.7	84.2	1.01	85.2	85.7	85.4	1.01
Fourth	84.1	85.2	84.6	1.01	85.1	86.0	85.6	1.01
Highest	84.6	80.4	82.4	0.95	85.8	80.7	83.2	0.94
Total	83.1	83.1	83.1	1.00	84.7	84.3	84.5	1.00

¹ The NAR for primary school is the percentage of the primary-school age (5-9 years) population that is attending primary school. The NAR for secondary school is the percentage of the secondary-school age (10-15 years) population that is attending secondary school. By definition the NAR cannot exceed 100 percent.

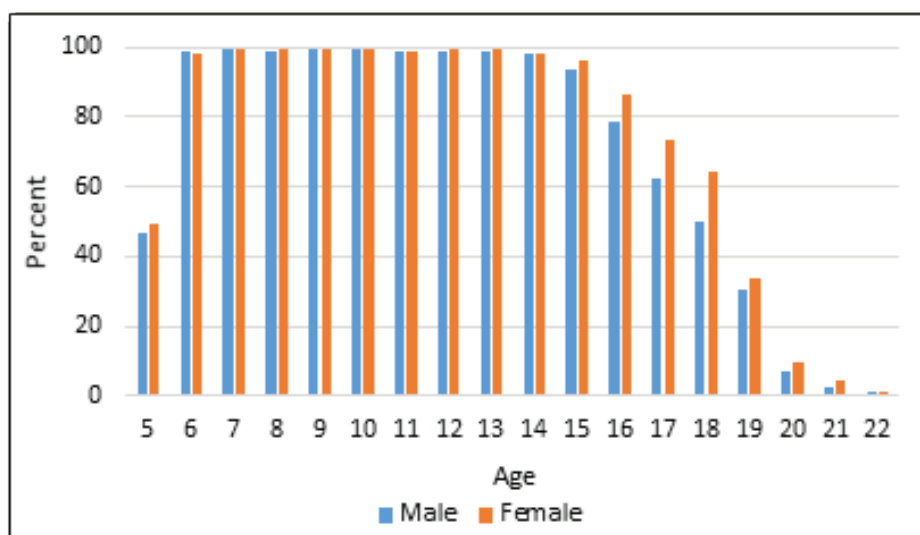
² The GAR for primary school is the total number of primary school students, expressed as a percentage of the official primary-school-age population. The GAR for secondary school is the total number of secondary school students, expressed as a percentage of the official secondary-school-age population. If there are significant numbers of overage and underage students at a given level of schooling, the GAR can exceed 100 percent.

³ The Gender Parity Index for primary school is the ratio of the primary school NAR(GAR) for females to the NAR(GAR) for males. The Gender Parity Index for secondary school is the ratio of the secondary school NAR(GAR) for females to the NAR(GAR) for males.

2.8 SCHOOL ATTENDANCE RATES

Figure 2.4 shows the percentage of males and females attending school by single years of age up to 23 years of age. Almost all girls and boys age 6-14 are attending school. The decline starts from age 15 for both sexes. However, an interesting pattern appears by gender. The decline in schooling is greater in boys than in girls, which means girls stay in school longer than boys. Attendance drops below 50 percent for boys at age 18, but for girls this reduction doesn't happen until age 19.

Figure 2.4 Age-Specific School Attendance Rates



Key Findings

- **Age:** Seventy-seven percent of all ever-married women age 15 to 49 are over 29 years old.
- **Education:** Forty-Seven percent of ever married woman age 15 - 49 in Sri Lanka have completed more than secondary education. However, two percent of women have never attended school.
- **Literacy:** Ninety-Four percent of ever married women age 15 - 49 in Sri Lanka are literate.
- **Exposure to mass media:** Eleven percent of women are not exposed to any mass media at least once a week. Estate women are almost two times more likely than urban women to have “no” regular exposure to any form of mass media (8 percent versus 17 percent).
- **Internet usage:** 16 percent of ever-married women have used the internet in the past 12 months.
- **Employment:** Thirty three percent of ever-married women age 15 - 49 were employed during the week before the survey.
- **Occupation:** Over one-third of employed woman works are unskilled manual occupations.

This chapter provides information on the demographic and socioeconomic characteristics of ever-married women who were interviewed in the 2016 SLDHS. The chapter begins by describing basic background characteristics, including age, religion, ethnicity, marital status, residence, education, and wealth status. Information is also presented on exposure to mass media and employment status. This information will help in understanding some of the factors that affect reproductive behavior, contraceptive use and other health practices of women.

3.1 BASIC CHARACTERISTICS OF SURVEY RESPONDENTS.

A total of 18,302 ever married women were interviewed in the 2016 Sri Lanka DHS. Twenty-three percent of the ever-married respondents are under 30 years of age. The majority of women are currently married, with only 6 percent divorced and separated. Living together as if married is not popular in Sri Lanka; only 4 percent of ever married women are in this category.

The distribution of respondents by residential sector reveals that the vast majority of the respondents (81 percent) live in rural areas of the country. By district of residence, Colombo and Gampaha have 10 percent each of the respondents, while districts in Western Sri Lanka comprise 25 percent of the ever-married women included in the sample (see Table 3.1).

The majority of the respondents (71 percent) are Buddhist. Hinduism (11 percent) Islam (10 percent) and Roman Catholic (6.5 percent) are the other religious with notable proportions. The distribution of ethnicity parallels the pattern for religions, with three-quarters (76 percent) of the respondents being Sinhalese, followed by Sri Lanka Tamils (12 percent), Sri Lankan Moors (9 percent), and Indian Tamil (2 percent). These distributions are similar to the ones reported from similar surveys and from the 2012 population census.

Table 3.1 Background characteristics of respondents

Percent distribution of ever-married women age 15-49 by selected background characteristics, Sri Lanka 2016

Background characteristic	Weighted percent	Ever-married Women	
		Weighted number	Unweighted number
Age			
15-19	1.2	229	227
20-24	7.7	1,410	1,440
25-29	14.3	2,620	2,655
30-34	19.7	3,615	3,603
35-39	21.6	3,945	3,925
40-44	17.9	3,269	3,261
45-49	17.6	3,214	3,191
Religion			
Buddhist	71.0	13,003	11,577
Hindu	11.4	2,078	3,242
Islam	9.7	1,772	1,825
Roman Catholic	6.5	1,196	1,365
Other Christian	1.4	249	290
Other	0.0	4	3
Ethnic group			
Sinhala	76.1	13,928	12,372
Sri Lanka Tamil	12.4	2,271	3,658
Indian Tamil	2.1	383	519
Sri Lanka moor /Muslim	9.1	1,660	1,695
Malay	0.1	27	24
Burger	0.2	29	29
Other	0.0	5	5
Marital status			
Married	90.4	16,545	16,538
Living together	3.9	712	632
Widowed/divorced/separated	5.7	1,045	1,132
Residence			
Urban	15.6	2,855	2,910
Rural	80.5	14,737	14,344
Estate	3.9	710	1,048
District			
Colombo	9.5	1,731	1,333
Gampaha	10.1	1,845	1,476
Kalutara	6.0	1,104	815
Kandy	6.7	1,223	1,093
Matale	2.7	490	484
Nuwara Eliya	3.1	572	633
Galle	5.1	935	857
Matara	3.9	718	698
Hambantota	3.0	556	563
Jaffna	2.6	471	520
Mannar	0.4	81	416
Vavuniya	0.7	136	451
Mullaitivu	0.4	81	378
Kilinochchi	0.5	94	384
Batticaloa	2.9	531	601
Ampara	4.0	731	799
Trincomalee	2.0	362	460
Kurunegala	8.7	1,592	1,383
Puttalam	3.6	664	661
Anuradhapura	5.4	984	816
Polonnaruwa	2.2	399	447
Badulla	4.0	735	767
Moneragala	2.6	485	543
Ratnapura	5.9	1,084	1,011
Kegalle	3.8	698	713
Education			
No education	1.6	285	318
Passed Grade 1-5	6.9	1,257	1,431
Passed Grade 6-10	44.4	8,130	8,169
Passed G.C.E.(O/L) or equivalent	22.1	4,044	4,032
Passed G.C.E.(A/L) or equivalent	20.4	3,731	3,522
Degree and above	4.7	856	830
Wealth quintile			
Lowest	18.5	3,390	4,295
Second	20.2	3,695	3,720
Middle	21.0	3,838	3,588
Fourth	20.9	3,816	3,501
Highest	19.5	3,562	3,198
Total 15-49	100.0	18,302	18,302

Note: Education categories refer to the highest level of education attended, whether or not that level was completed.

3.2 EDUCATIONAL ATTAINMENT BY BACKGROUND CHARACTERISTICS

Education is one of the most influential determinants of an individual's knowledge, attitudes, and behaviors. The educational attainment of a population is an important indicator of the society's stock of human capital and level of socioeconomic development. Education enhances the ability of individuals to achieve desired demographic and health goals. Table 3.2 presents differentials in the educational attainment of ever-married women by selected background characteristics.

Table 3.2 shows the relationship between women's level of education and their other background characteristics. Forty-Seven percent of ever married women age 15-49 in Sri Lanka have completed more than secondary education. However, 2 percent have never been to school, 20 percent have completed only some primary education, just completed all primary education, or some secondary education, and 32 percent have completed secondary education. Older women, women in the estate sector, and those in the lowest wealth quintile are most likely to have no education. The median number of years of completed education has levelled off at 11 years.

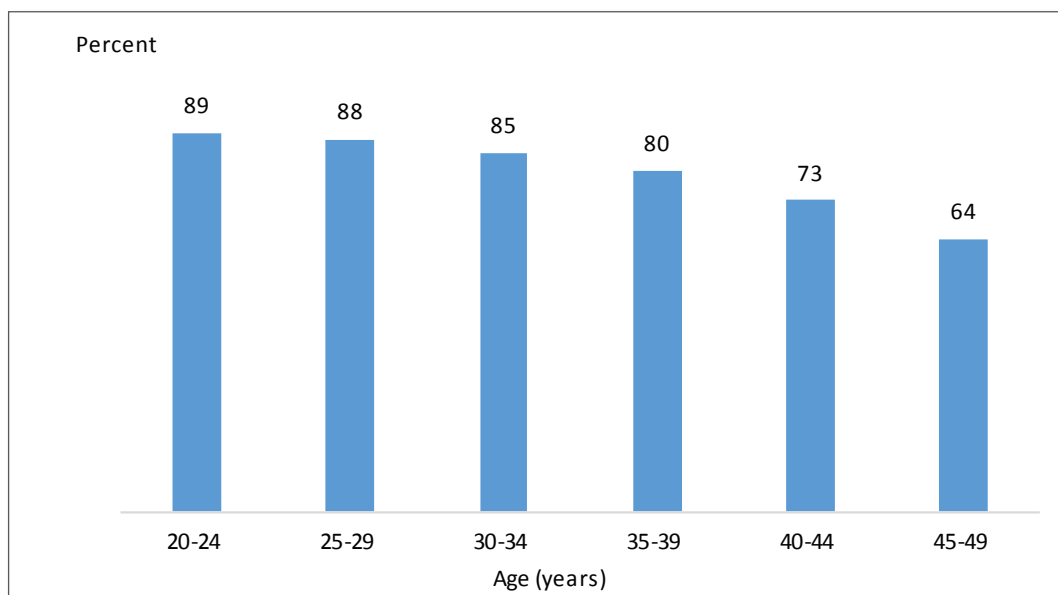
Table 3.2 Educational attainment									
Percent distribution of ever-married women age 15-49 by highest level of schooling attended or completed, and median years completed, according to background characteristics, Sri Lanka 2016									
Background characteristic	No education	Highest level of schooling					Total	Median years completed	Number of ever-married women
		Some primary	Completed primary ¹	Some secondary	Completed secondary ²	More than secondary			
Age									
15-24	0.1	0.9	1.0	9.4	43.5	45.0	100.0	9.9	1,639
..15-19	0.0	1.0	0.8	14.4	55.3	28.5	100.0	9.6	229
..20-24	0.2	0.9	1.0	8.6	41.6	47.7	100.0	9.9	1,410
25-29	0.4	1.3	1.6	8.7	33.4	54.4	100.0	10.3	2,620
30-34	0.7	1.4	1.7	11.8	30.4	54.1	100.0	10.3	3,615
35-39	1.3	3.2	2.0	13.3	32.9	47.3	100.0	9.9	3,945
40-44	2.0	6.3	4.6	14.0	30.3	43.0	100.0	9.8	3,269
45-49	4.0	9.3	5.4	16.9	25.6	38.7	100.0	9.6	3,214
Residence									
Urban	1.0	2.7	2.8	13.5	23.0	57.0	100.0	10.4	2,855
Rural	1.3	3.8	2.5	12.0	33.8	46.6	100.0	9.9	14,737
Estate	8.4	14.4	10.9	26.3	20.9	19.0	100.0	8.2	710
District									
Colombo	1.1	2.6	1.9	11.1	23.2	60.1	100.0	10.6	1,731
Gampaha	0.6	2.0	0.9	10.1	28.8	57.7	100.0	10.4	1,845
Kalutara	1.1	3.0	1.9	11.0	32.8	50.3	100.0	10.1	1,104
Kandy	1.7	3.6	2.2	11.1	30.2	51.1	100.0	10.1	1,223
Matale	1.8	2.9	2.8	15.5	33.5	43.6	100.0	9.8	490
Nuwara Eliya	3.9	8.9	8.9	17.5	29.7	31.1	100.0	9.4	572
Galle	1.4	3.7	2.2	11.2	35.9	45.6	100.0	9.9	935
Matara	1.1	4.2	0.5	7.8	35.1	51.2	100.0	10.1	718
Hambantota	0.3	3.2	2.2	9.1	33.9	51.2	100.0	10.1	556
Jaffna	0.0	3.4	4.6	13.2	28.2	50.5	100.0	10.0	471
Mannar	0.2	2.9	7.9	24.0	28.9	36.1	100.0	9.5	81
Vavuniya	3.1	4.7	4.8	16.4	16.5	54.4	100.0	10.2	136
Mullaitivu	0.6	7.6	6.7	20.4	25.9	38.9	100.0	9.6	81
Kilinochchi	1.2	4.8	4.8	21.9	40.0	27.3	100.0	9.4	94
Batticaloa	2.3	7.9	7.4	20.8	21.3	40.4	100.0	9.6	531
Ampara	2.8	10.1	5.9	18.1	24.7	38.4	100.0	9.6	731
Trincomalee	2.3	4.6	7.1	21.6	22.7	41.6	100.0	9.7	362
Kurunegala	0.9	3.4	2.0	9.6	39.8	44.3	100.0	9.9	1,592
Puttalam	1.7	6.2	3.9	21.3	32.8	34.1	100.0	9.5	664
Anuradhapura	0.9	1.7	2.7	13.1	29.1	52.5	100.0	10.1	984
Polonnaruwa	1.5	4.6	2.1	14.7	44.8	32.4	100.0	9.6	399
Badulla	4.5	4.1	3.1	14.4	33.8	40.1	100.0	9.8	735
Moneragala	1.9	4.7	3.0	12.9	35.2	42.2	100.0	9.8	485
Ratnapura	3.0	4.6	2.5	12.6	41.9	35.4	100.0	9.7	1,084
Kegalle	0.9	3.7	2.1	9.2	31.0	53.2	100.0	10.2	698
Wealth quintile									
Lowest	5.6	10.2	7.3	23.9	33.8	19.1	100.0	9.2	3,390
Second	1.5	4.7	3.2	17.3	40.2	33.2	100.0	9.6	3,695
Middle	0.5	3.4	2.4	11.3	38.6	43.8	100.0	9.8	3,838
Fourth	0.4	1.6	1.3	8.5	30.6	57.6	100.0	10.4	3,816
Highest	0.2	0.6	0.5	3.6	14.4	80.7	100.0	12.2	3,562
Total	1.6	4.0	2.9	12.8	31.7	47.2	100.0	9.9	18,302

¹ Completed 5 grade at the primary level

² Completed 10 grade at the secondary level



Figure 3.1 Ever-married Women 20-49 with completed Secondary Education or Higher



As figure 3.1 shows younger women have attained more years of education than older women. For example, 89 percent of ever married women in age 20-24 have completed more than secondary education, compared with only 64 percent of ever married women in age 45-49.

Women in the urban sector show the highest percentage with some education above the secondary level (57 percent), compared with only 19 percent for women in the estate sector.

3.3 LITERACY

Literacy

Respondents who have attended higher than secondary school are assumed to be literate. All other respondents were given a sentence to read, and were considered literate if they could read all or part of the sentence.

Literacy is widely acknowledged as benefiting both the individual and society. Particularly among women, literacy is associated with positive outcomes, including inter-generational health and nutrition benefits. The ability to read and write empowers both women and men. Knowledge of the level of literacy that a population may attain is important for policy makers and program managers who design information materials.

The 2016 SLDHS defined literacy based on the respondent's ability to read all or part of a sentence. To test respondents' reading ability, interviewers carried a set of cards with simple sentences printed in Sinhala, Tamil and English. Respondents who had attended at least some secondary school were assumed to be literate. Respondents who had never been to school and those who had not attended school at the secondary level were asked to read the cards during the interview. From Table 3.3 we can see that Sri Lanka has high levels of literacy at 94 percent of ever-married women. However, there are substantial variations by place of residence and household wealth. Thus, 25 percent of the women of the estate sector are illiterate, compared to only around 5 percent in the urban and rural sectors. At the district level, four districts have illiteracy levels of 12 percent or more (Bataloa, 15 percent; Badulla, 13 percent; Nuwara Eliya and Trincomalee with 12 percent respectively). Illiteracy is also greater among the poorest 20 percent of the women (18%) and gradually declines with increased wealth to less than 1 percent among the richest women (see Table 3.3).

Table 3.3 Literacy

Percent distribution of ever-married women age 15-49 by level of schooling attended and level of literacy, and percentage literate, according to background characteristics, Sri Lanka 2016

Background characteristic	No schooling or primary school						Total	Percentage literate ¹	Number of ever-married women
	Higher than secondary schooling	Can read a whole sentence	Can read part of a sentence	Cannot read at all	No card with required language	Blind/visually impaired			
Age									
15-24	45.0	47.1	4.4	3.2	0.3	0.0	100.0	96.5	1,639
15-19	28.5	59.1	7.2	5.2	0.0	0.0	100.0	94.8	229
20-24	47.7	45.2	3.9	2.9	0.3	0.0	100.0	96.7	1,410
25-29	54.4	39.3	3.6	2.5	0.1	0.0	100.0	97.3	2,620
30-34	54.1	39.3	3.6	3.0	0.1	0.1	100.0	96.9	3,615
35-39	47.3	42.5	4.3	5.6	0.2	0.1	100.0	94.2	3,945
40-44	43.0	41.9	7.1	7.6	0.1	0.3	100.0	92.0	3,269
45-49	38.7	40.6	8.5	11.2	0.2	0.8	100.0	87.8	3,214
Residence									
Urban	57.0	32.9	4.7	4.5	0.8	0.1	100.0	94.6	2,855
Rural	46.6	43.1	4.9	5.1	0.0	0.3	100.0	94.6	14,737
Estate	19.0	38.9	16.5	25.2	0.2	0.2	100.0	74.4	710
District									
Colombo	60.1	33.3	2.1	3.4	1.1	0.0	100.0	95.5	1,731
Gampaha	57.7	37.0	2.8	2.4	0.0	0.2	100.0	97.4	1,845
Kalutara	50.3	41.7	2.7	4.8	0.0	0.6	100.0	94.7	1,104
Kandy	51.1	36.4	4.2	8.1	0.0	0.1	100.0	91.8	1,223
Matale	43.6	45.2	5.5	5.0	0.0	0.7	100.0	94.3	490
Nuwara Eliya	31.1	44.9	11.7	12.3	0.0	0.1	100.0	87.6	572
Galle	45.6	44.5	4.6	4.9	0.0	0.4	100.0	94.7	935
Matara	51.2	42.1	2.0	4.2	0.0	0.5	100.0	95.4	718
Hambantota	51.2	41.9	2.7	3.9	0.2	0.0	100.0	95.9	556
Jaffna	50.5	36.1	6.5	5.7	0.0	1.2	100.0	93.2	471
Mannar	36.1	43.7	15.1	4.5	0.0	0.6	100.0	94.9	81
Vavuniya	54.4	26.5	9.5	8.8	0.0	0.9	100.0	90.3	136
Mullaitivu	38.9	41.6	10.2	7.8	0.0	1.4	100.0	90.8	81
Kilinochchi	27.3	56.7	7.6	8.2	0.0	0.2	100.0	91.6	94
Batticaloa	40.4	32.4	12.4	14.8	0.0	0.0	100.0	85.2	531
Ampara	38.4	35.8	16.5	9.2	0.0	0.1	100.0	90.7	731
Trincomalee	41.6	29.7	16.0	12.6	0.0	0.1	100.0	87.2	362
Kurunegala	44.3	47.9	4.3	3.3	0.0	0.2	100.0	96.4	1,592
Puttalam	34.1	51.8	8.4	5.8	0.0	0.0	100.0	94.2	664
Anuradhapura	52.5	40.1	5.2	2.2	0.0	0.0	100.0	97.8	984
Polonnaruwa	32.4	56.1	4.6	6.3	0.0	0.6	100.0	93.1	399
Badulla	40.1	39.6	7.3	12.3	0.8	0.0	100.0	87.0	735
Monaragala	42.2	47.5	4.9	5.2	0.0	0.2	100.0	94.6	485
Ratnapura	35.4	53.3	2.9	8.3	0.0	0.1	100.0	91.5	1,084
Kegalle	53.2	40.9	3.1	2.8	0.0	0.0	100.0	97.2	698
Wealth quintile									
Lowest	19.1	49.5	13.3	17.6	0.1	0.4	100.0	81.9	3,390
Second	33.2	53.2	6.7	6.5	0.1	0.3	100.0	93.1	3,695
Middle	43.8	48.6	3.9	3.4	0.1	0.2	100.0	96.3	3,838
Fourth	57.6	38.1	2.1	1.8	0.3	0.2	100.0	97.8	3,816
Highest	80.7	17.2	1.2	0.6	0.1	0.1	100.0	99.2	3,562
Total	47.2	41.4	5.3	5.8	0.1	0.2	100.0	93.8	18,302

¹ Refers to women who attended schooling higher than the secondary level and women who can read a whole sentence or part of a sentence



3.4 EXPOSURE TO MASS MEDIA

Exposure to mass media

Respondents were asked how often they read a newspaper, listened to the radio or watched television. Those who responded *at least* once a week are considered to be regularly exposed to that form of media.

Access to information through the media is essential to increase people's knowledge and awareness of what takes place around them. The 2016 SLDHS assessed exposure to media by asking respondents if they listened to the radio, watched television, or read newspapers or magazines at least once a week. This information could be used effectively in determining the optimal media to use in passing health messages and other information to the public, and specific target populations.

Table 3.4 shows that television is most the popular mass medium (81 percent) among ever-married women, followed by radio (56 percent). Reading the newspaper is less popular (41 percent). It is also important to note that 24 percent women are exposed to all three media, and 12 percent are not exposed to any of the three media on a weekly basis. Estate women are less likely than urban women to have regular exposure to any form of mass media (8 percent versus 17 percent).

District of residence shows important differentials in media access by ever-married women. The percentage of women with no access to any of the three media at least once a week is highest in Kilinochchi (37 percent), Trincomalee (28 percent), Kegalle (27 percent), Moneragala (19 percent), Batticaloa (19 percent), Ampara (18 percent) and, Mullaitivu (16 percent). Altogether, in 14 out of the 25 districts at least 10 percent of the ever-married women have no regular exposure to mass media.

Exposure to all three media increases with the level of education (from 1 percent for those with no education to 45 percent for the highest education group). Media exposure is positively related to the wealth of the households in which ever-married reside, going from 25 percent with no mass media access among women in the poorest quintile to just 6 percent among those in the richest one.

Table 3.4 : Exposure to Mass Media

Percentage of ever-married women age 15-49 who are exposed to specific media on a weekly basis, by background characteristics, Sri Lanka 2016

Background characteristic	Reads a newspaper at least once a week	Watches television at least once a week	Listens to the radio at least once a week	Accesses all three media at least once a week	Accesses none of the three media at least once a week	Number of ever-married women
Age						
15-19	40.1	82.5	50.0	25.5	9.4	229
20-24	39.4	82.4	51.4	24.5	10.6	1,410
25-29	42.6	84.4	48.8	24.8	9.4	2,620
30-34	41.4	80.9	49.2	23.6	10.4	3,615
35-39	41.1	80.6	52.1	24.3	10.5	3,945
40-44	43.4	79.0	52.1	26.2	12.1	3,269
45-49	38.8	77.2	50.0	23.2	13.4	3,214
Residence						
Urban	51.6	83.3	50.1	27.5	7.5	2,855
Rural	39.7	80.3	50.6	24.0	11.6	14,737
Estate	31.0	73.2	53.0	19.9	16.5	710
District						
Colombo	59.0	85.5	51.1	30.7	6.0	1,731
Gampaha	53.9	83.8	51.7	30.7	8.6	1,845
Kalutara	49.0	84.0	54.8	28.2	7.3	1,104
Kandy	46.0	78.0	52.4	25.8	10.3	1,223
Matale	26.9	83.9	49.7	15.4	7.7	490
Nuwara Eliya	41.1	81.0	68.2	30.8	9.3	572
Galle	45.8	79.9	59.8	28.2	9.0	935
Matara	52.5	88.4	66.8	36.6	4.3	718
Hambantota	39.0	88.6	65.4	31.0	4.1	556
Jaffna	57.6	73.9	48.1	30.4	12.5	471
Mannar	52.0	82.0	60.4	41.6	10.3	81
Vavuniya	64.9	80.9	58.3	41.1	9.4	136
Mullaitivu	43.4	61.5	44.5	17.1	16.3	81
Kilinochchi	29.7	46.9	29.8	12.5	37.0	94
Batticaloa	22.8	72.8	35.6	12.4	18.8	531
Ampara	25.2	74.6	53.2	18.2	18.0	731
Trincomalee	31.9	63.3	40.1	17.9	28.1	362
Kurunegala	33.1	79.1	43.1	17.9	13.7	1,592
Puttalam	36.1	81.2	51.9	22.1	8.5	664
Anuradhapura	35.6	83.8	49.5	24.7	13.0	984
Polonnaruwa	33.1	82.8	53.5	19.8	10.0	399
Badulla	31.0	79.2	56.2	21.7	12.1	735
Moneragala	18.6	77.3	27.5	10.4	18.8	485
Ratnapura	29.1	83.9	46.3	14.5	6.5	1,084
Kegalle	38.5	68.3	30.6	20.5	26.8	698
Education						
No education	0.6	49.4	40.4	0.6	37.4	285
Passed Grade 1-5	7.2	62.5	40.1	3.7	26.7	1,257
Passed Grade 6-10	32.0	80.2	47.8	18.7	11.8	8,130
Passed G.C.E.(O/L) or equivalent	48.2	83.5	53.7	28.7	8.7	4,044
Passed G.C.E.(A/L) or equivalent	60.5	85.6	55.7	36.1	6.1	3,731
Degree and above	75.4	83.4	58.2	45.2	6.8	856
Wealth quintile						
Lowest	24.5	61.6	37.2	10.7	24.9	3,390
Second	31.1	80.1	46.2	17.3	11.5	3,695
Middle	37.9	85.7	51.4	22.6	8.2	3,838
Fourth	47.4	86.9	58.4	30.8	6.7	3,816
Highest	64.5	86.4	58.6	39.7	5.6	3,562
Total	41.2	80.5	50.6	24.4	11.1	18,302



3.5 INTERNET USAGE

Table 3.5: Internet usage

Percentage of ever-married women age 15-49 who have ever used the internet ever, and percentage who have used the internet in the past 12 months, according to background characteristics, Sri Lanka 2016

Background characteristic	Ever used the internet	Used the internet in the past 12 months	Number of ever-married women
Age			
15-19	21.3	18.5	229
20-24	26.1	22.5	1,410
25-29	27.7	25.4	2,620
30-34	23.8	21.7	3,615
35-39	16.6	14.8	3,945
40-44	12.8	11.3	3,269
45-49	8.6	7.4	3,214
Residence			
Urban	35.1	32.9	2,855
Rural	15.7	13.8	14,737
Estate	4.4	3.7	710
District			
Colombo	39.1	37.1	1,731
Gampaha	27.0	24.7	1,845
Kalutara	20.2	18.7	1,104
Kandy	25.4	23.1	1,223
Matale	17.5	13.6	490
Nuwara Eiya	7.3	6.3	572
Galle	18.0	15.9	935
Matara	13.2	12.0	718
Hambantota	14.3	11.1	556
Jaffna	17.8	17.2	471
Mannar	8.6	7.7	81
Vavuniya	16.6	14.7	136
Mullaitivu	9.1	8.2	81
Kilinochchi	9.6	9.3	94
Batticaloa	16.2	15.3	531
Ampara	11.7	9.8	731
Trincomalee	18.8	17.0	362
Kurunegala	14.2	11.7	1,592
Puttalam	15.6	13.5	664
Anuradhapura	11.7	10.5	984
Polonnaruwa	9.7	8.4	399
Badulla	12.4	10.3	735
Moneragala	7.4	5.3	485
Ratnapura	11.6	9.2	1,084
Kegalle	9.4	8.6	698
Education			
No education	1.1	0.7	285
Passed Grade 1-5	2.0	0.9	1,257
Passed Grade 6-10	6.5	5.3	8,130
Passed G.C.E.(O/L) or equivalent	17.0	14.9	4,044
Passed G.C.E.(A/L) or equivalent	40.1	36.6	3,731
Degree and above	71.8	68.4	856
Wealth quintile			
Lowest	3.3	2.2	3,390
Second	6.8	5.3	3,695
Middle	11.0	9.2	3,838
Fourth	21.3	18.8	3,816
Highest	49.1	46.4	3,562
Total	18.3	16.4	18,302

Table 3.5 shows that almost one in five (18 percent) of ever-married women age 15-49 have ever used the internet. This table also indicates that only 16 percent of the ever-married women have used the internet in the past 12 months.

As expected, internet use is higher among younger cohorts but is at its highest among women 25-29 years of age. Similarly, place of residence predicts internet use well, with the highest percentages in the urban sector (33 percent used in the past 12 months, compared to just 14 percent and 3 percent in the rural and estate sectors respectively) and urban districts (Colombo, 37 percent, Gampaha, 25 percent, and Kalutara, 19 percent).

Education and household wealth also are good predictors of internet use. Sixty eight percent of ever-married women with “degree and above” have used the internet during the 12 months before the survey, compared to five percent or less among those with no education, primary or secondary education (passed grade 1-5 or passed grade 6-10). Almost half (46 percent) of ever-married women in the richest households have used the internet in the last 12 months, compared to only 2 percent of those in the poorest households, a dramatic difference (see Table 3.5).

3.6 EMPLOYMENT

Measuring employment status is difficult in part because some work, especially work in a family business or in the informal sector, may not be perceived as employment. To avoid underestimating respondents' employment, ever-married women were asked several questions to determine if they were employed or not. They were asked whether, aside from household work, they were working in the seven days before the survey. At the time of the survey, 33 percent of ever-married women age 15-49 indicated to be employed (see Table 3.6). The proportion employed is lowest among women age 15-19 (7 percent) and peaks at 42

percent in the 45-49 age group. The proportion of women employed decreases with increasing early levels of education. Thus, 57 percent of women with no education are employed compared with 26 percent of

Table 3.6 Employment status

Percent distribution of ever-married women age 15-49 by employment status, according to background characteristics, Sri Lanka 2016

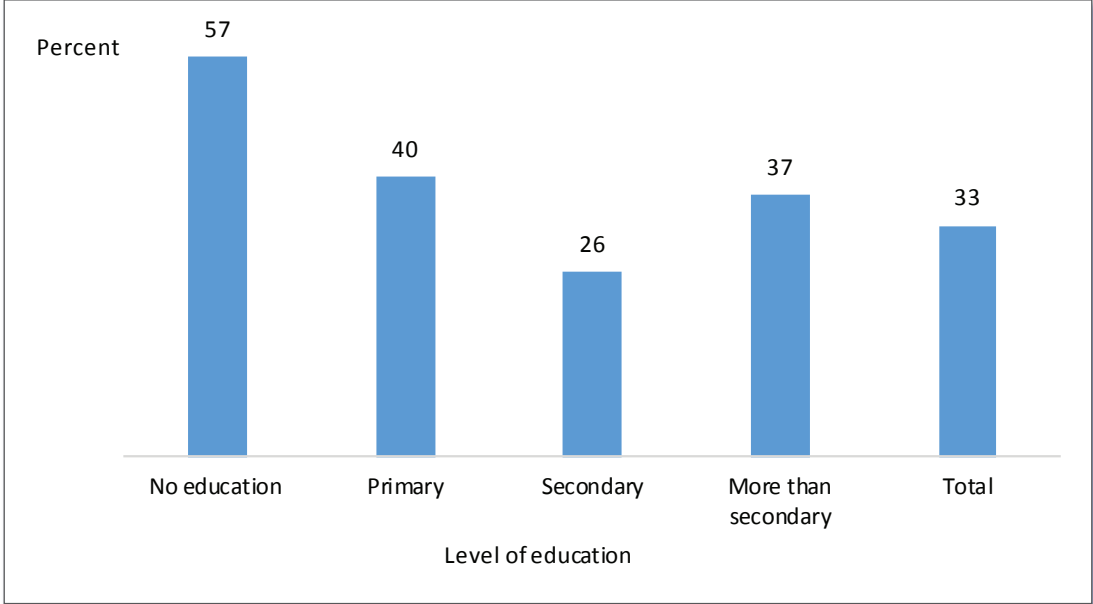
Background characteristic	Currently employed ¹	Total	Number of ever-married women
Age			
15-19	6.9	6.9	229
20-24	17.3	17.3	1,410
25-29	24.4	24.4	2,620
30-34	30.7	30.7	3,615
35-39	33.8	33.8	3,945
40-44	40.3	40.3	3,269
45-49	42.2	42.2	3,214
Marital status			
Married or living together	31.3	31.3	17,257
Divorced/separated/widowed	58.7	58.7	1,045
Number of living children			
0	40.0	40.0	1,873
1-2	31.8	31.8	11,489
3-4	33.0	33.0	4,584
5+	28.2	28.2	355
Residence			
Urban	34.2	34.2	2,855
Rural	31.6	31.6	14,737
Estate	53.4	53.4	710
District			
Colombo	39.0	39.0	1,731
Gampaha	36.8	36.8	1,845
Kalutara	41.4	41.4	1,104
Kandy	31.5	31.5	1,223
Matale	39.3	39.3	490
Nuwara Eliya	41.5	41.5	572
Galle	38.2	38.2	935
Matara	34.9	34.9	718
Hambantota	26.4	26.4	556
Jaffna	32.4	32.4	471
Mannar	17.4	17.4	81
Vavuniya	19.8	19.8	136
Mullaitivu	29.6	29.6	81
Kiilinochchi	29.8	29.8	94
Batticaloa	22.7	22.7	531
Ampara	17.7	17.7	731
Trincomalee	20.3	20.3	362
Kurunegala	34.5	34.5	1,592
Puttalam	28.9	28.9	664
Anuradhapura	20.3	20.3	984
Polonnaruwa	27.1	27.1	399
Badulla	38.0	38.0	735
Moneragala	24.4	24.4	485
Ratnapura	37.0	37.0	1,084
Kegalle	31.3	31.3	698
Education			
No education	57.0	57.0	285
Passed Grade 1-5	39.8	39.8	1,257
Passed Grade 6-10	26.3	26.3	8,130
Passed G.C.E.(O/L) or equivalent	24.6	24.6	4,044
Passed G.C.E.(A/L) or equivalent	40.1	40.1	3,731
Degree and above	84.7	84.7	856
Wealth quintile			
Lowest	32.3	32.3	3,390
Second	29.2	29.2	3,695
Middle	28.7	28.7	3,838
Fourth	31.1	31.1	3,816
Highest	43.6	43.6	3,562
Total	32.9	32.9	18,302

¹ "Currently employed" is defined as having done work in the past seven days. Includes persons who did not work in the past seven days but who are regularly employed and were absent from work for leave, illness, vacation, or any other such reason.



women who completed secondary level. However, among women with more than secondary education it is 37 percent (see Figure 3.2).

Figure 3.2 Percentage of currently employed ever married women among age 15-49 by level of education



3.7 OCCUPATION

Women who had worked in the 7 days before the survey were asked about their occupations. As shown in Table 3.7 and Figure 3.3, over one-quarter of employed women work in professional, technical, or managerial positions and almost one-sixth work in sales and services. Over one-third of employed women are unskilled manual workers. In urban areas, the most common occupations are Professional/Technical / Managerial

Figure 3.3 Percentage of ever-married women age 15-49 by occupation

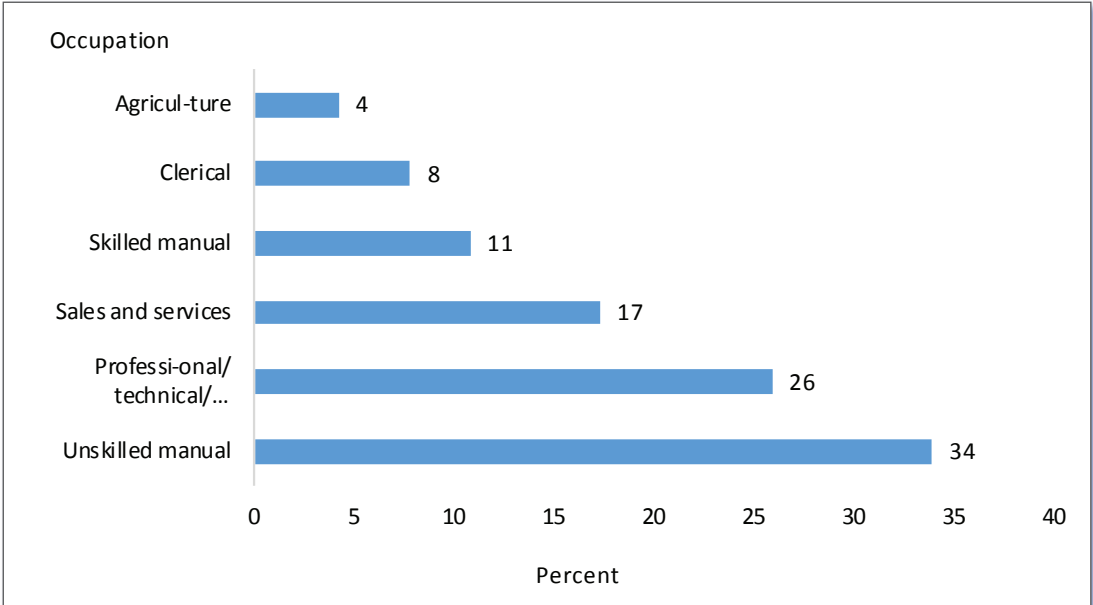


Table 3.7 Occupation

Percent distribution of ever-married women age 15-49 currently working by occupation, according to background characteristics, Sri Lanka 2016

Background characteristic	Professional/ technical/ managerial	Clerical	Sales and services	Skilled manual	Un- skilled manual	Agriculture	Total	Number of ever- married women
Age								
15-19	*	*	*	*	*	*	100.0	16
20-24	21.1	6.8	13.8	22.4	33.5	2.4	100.0	244
25-29	28.4	13.6	13.1	12.7	29.6	2.7	100.0	640
30-34	31.4	10.2	15.6	11.2	28.9	2.6	100.0	1,110
35-39	25.6	7.7	18.1	11.3	32.5	4.9	100.0	1,334
40-44	24.3	5.7	18.9	9.3	37.0	4.8	100.0	1,318
45-49	23.1	5.4	18.9	8.3	38.7	5.6	100.0	1,355
Marital status								
Married or living together	26.7	8.3	17.1	10.8	32.9	4.3	100.0	5,402
Divorced/separated/widowed	19.0	3.7	19.3	11.1	42.7	4.2	100.0	614
Number of living children								
0	33.6	14.8	15.2	14.5	20.5	1.4	100.0	749
1-2	28.0	8.4	17.2	11.1	31.8	3.5	100.0	3,656
3-4	18.6	3.3	18.2	8.4	44.2	7.2	100.0	1,512
5+	4.5	1.4	19.8	8.6	57.9	7.8	100.0	100
Residence								
Urban	30.4	12.6	23.3	10.4	22.9	0.5	100.0	977
Rural	26.5	7.4	16.4	11.5	34.2	4.0	100.0	4,660
Estate	7.7	0.3	12.5	3.6	59.4	16.5	100.0	379
District								
Colombo	30.8	13.3	28.6	10.6	16.5	0.2	100.0	675
Gampaha	23.8	8.9	26.9	22.4	17.8	0.3	100.0	679
Kalutara	30.2	4.3	16.6	9.8	35.1	4.0	100.0	458
Kandy	34.5	7.5	17.1	9.8	25.9	5.2	100.0	386
Matale	16.2	6.3	13.9	11.3	51.1	1.1	100.0	192
Nuwara Eliya	13.4	2.6	8.7	2.9	52.7	19.8	100.0	238
Galle	13.6	6.0	13.5	5.7	58.1	3.1	100.0	357
Matara	55.5	5.2	15.8	3.9	10.3	9.2	100.0	250
Hambantota	24.8	4.9	21.5	18.6	25.5	4.6	100.0	147
Jaffna	26.3	20.2	10.6	5.9	35.4	1.7	100.0	153
Mannar	*	*	*	*	*	*	100.0	14
Vavuniya	(27.3)	(13.8)	(21.4)	(1.8)	(26.3)	(9.4)	100.0	27
Mullaitivu	*	*	*	*	*	*	100.0	24
Kilinochchi	(5.3)	(23.6)	(10.3)	(14.7)	(38.0)	(8.1)	100.0	28
Batticaloa	2.1	22.6	10.9	19.8	40.0	4.6	100.0	121
Ampara	2.3	6.8	10.0	11.2	67.4	2.2	100.0	129
Trincomalee	27.0	15.2	11.1	9.2	37.6	0.0	100.0	73
Kurunegala	32.1	5.0	10.9	5.7	45.0	1.2	100.0	549
Puttalam	27.2	7.5	23.4	13.3	17.0	11.8	100.0	192
Anuradhapura	25.6	6.9	5.6	4.5	54.8	2.6	100.0	199
Polonnaruwa	22.9	2.7	28.8	16.3	19.5	9.8	100.0	108
Badulla	22.0	4.3	7.0	1.4	64.6	0.7	100.0	280
Moneragala	39.2	6.7	19.6	4.4	29.3	0.8	100.0	118
Ratnapura	21.6	4.1	7.0	18.9	36.8	11.5	100.0	401
Kegalle	22.6	9.3	34.0	13.2	15.5	5.4	100.0	218
Education								
No education	9.0	0.0	21.2	2.5	62.7	4.6	100.0	162
Passed Grade 1-5	8.2	0.0	12.7	8.0	60.4	10.7	100.0	500
Passed Grade 6-10	11.5	1.1	17.8	17.6	45.2	6.8	100.0	2,140
Passed G.C.E.(O/L) or equivalent	19.6	7.2	24.7	14.4	30.3	3.7	100.0	995
Passed G.C.E.(A/L) or equivalent	38.8	18.9	17.0	5.5	19.0	0.8	100.0	1,495
Degree and above	66.7	12.8	8.5	0.4	11.6	0.0	100.0	724
Wealth quintile								
Lowest	10.0	1.6	12.7	11.9	54.6	9.2	100.0	1,097
Second	15.3	3.2	17.9	14.2	43.1	6.2	100.0	1,079
Middle	20.3	6.5	18.4	15.4	34.7	4.6	100.0	1,101
Fourth	28.4	10.3	19.6	11.1	28.4	2.3	100.0	1,186
Highest	46.6	14.4	17.6	4.2	16.6	0.6	100.0	1,554
Total	25.9	7.8	17.3	10.8	33.9	4.2	100.0	6,016

Note: An asterisk indicated a figure is based on fewer than 25 unweighted cases and has been suppressed and figures in parentheses are based on 25-49 unweighted cases.



The type of occupation of ever-married women has an interesting association with the number of children. On the one hand, greater participation in professional/technical/managerial, clerical, sales and services, and skilled manual occupation are observed among women with lower numbers of living children. At the same time, unskilled manual occupations tend to increase with the number of living children (see Table 3.7). For example, the percentage of ever-married women working in professional/technical/managerial occupations changes from 34 percent among those with no children to only 5 percent among those with 5+ living children. This compares to those working in unskilled manual occupations where only 21 percent of childless women work in such an occupation, compared to almost sixty percent (58 percent) among those with 5+ living children. This pattern is similar across sector residence, with the Estate sector highly influenced by unskilled manual and agricultural occupations.

At the district level, there are clusters of districts with higher percentages of either skilled or unskilled occupations reflecting somehow the level of development of the country. Of particular importance is the high percentage of unskilled manual and agriculture occupations observed in 6 of the 25 districts (50 percent or more of the ever-married women): Nuwara Eliva (73 percent), Ampara (70 percent), Badulla (65 percent), Galle (62 percent), Anuradhapura (57 percent), and Matale (52 percent).

Key Findings

- **Total Fertility Rate (TFR):** The Total Fertility Rate (TFR) for the three years preceding the survey is 2.2 births per woman.
- **TFR trends:** The TFR from the 2006/07 SLDHS, 2.3 and the TFR estimated from the 2012 Population Census is 2.4.
- The fertility of women age 25-34 has increased while, among women in the other age groups it has decreased over the past 20 years.
- **TFR differentials:** The TFR for the richest wealth quintile is 2.3 while the TFR for the poorest quintile is 2.2.
- **Number of children:** Women age 40-49 in kilinochchi, Batticaloa and Trincomalee have on average more than 3 children.
- **Birth intervals:** More than half of births (other than first birth) in the country occur within five years of the previous birth, with 33 percent of births occurring in the interval of 24-27 months.
- **Teenage pregnancy:** Thirty women out of thousands of age 15-19 have begun childbearing.

Fertility is one of the three principal components of population dynamics that determine the size and structure of the population of a country. The other two are mortality and migration. One of the main objectives of 2016 SLDHS was to identify current levels of fertility, as well as the recent trends and the differentials of fertility in the country. Population growth related policies are often formulated depending on the fertility trends.

The Sri Lanka Demographic and Health Survey (2016 SLDHS), collected data on fertility through a number of questions asked of all ever married women including a complete birth history and a set of questions that can also help to produce indirect estimates of fertility (number of live births they had given birth to during their lifetime, number of sons and daughters living with them, the number living elsewhere, and the number who had died) as well as serve as a basis for questions on child health.

This chapter presents current fertility levels, fertility differentials, fertility trends, children ever born and living, birth intervals, the age at which women initiate childbearing, and teenage pregnancy and motherhood. Current fertility and fertility differentials are used to study the trends in fertility by comparing with past fertility levels. Information on children ever born and living is an important measure used to monitor the population growth. Statistics on birth intervals often reveal an association with infant and child mortality. The age at first birth gives insight into the social and economic impacts of motherhood. The extent of teenage pregnancy and motherhood is an important indicator for planning for the health and wellbeing of both the mother and the child.

4.1 CURRENT FERTILITY LEVELS

Total fertility rate

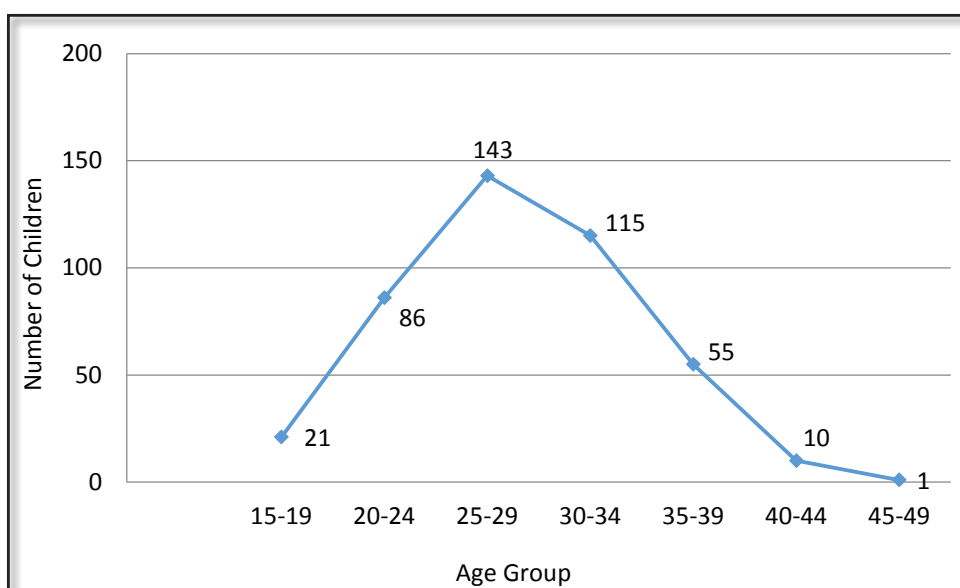
The average number of children a woman would have by the end of her childbearing years if she bore children at the current age-specific fertility rates. Age-specific fertility rates are calculated for the 3 years before the survey, based on detailed birth histories provided by women.

sample : Women age 15-49

Current fertility is measured through age specific fertility rates (ASFR), the total fertility rate (TFR), the general fertility rate (GFR), and the crude birth rate (CBR). The ASFRs provide the age pattern of fertility. The total fertility rate indicates the number of children a woman would have if she experienced the current age-specific fertility rates at each age of her reproductive life (15-49 years). ASFRs are calculated by dividing the number of births to women in a specific age group by the number of woman-years lived during a given period.

Figure 4.1 shows the ASFR of the women of age 15-49. Age specific fertility rates reveals young age fertility is low in the country. The fertility rate is highest among the women of age 25-34.

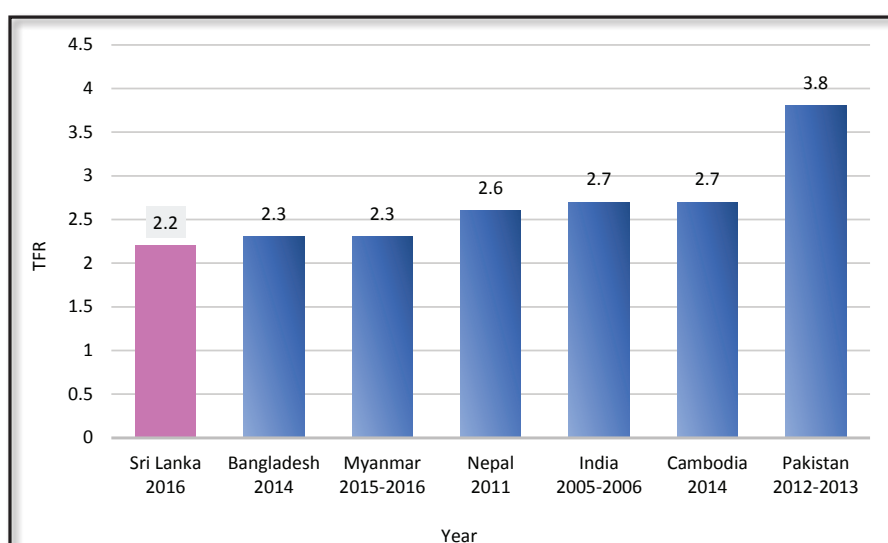
Figure 4.1 Age Specific Fertility Rates



The measures of fertility presented in this chapter refer to the three-year period prior to the survey. Table 4.1 shows the current fertility levels of women in Sri Lanka. The ASFRs are indicative of a late fertility population with low fertility levels.

Figure 4.2 depicts the total fertility rates of countries in the region. Sri Lanka has the lowest TFR among the other countries in the region compared here. The latest rate available for the total fertility of the countries are used for comparison

Figure 4.2 Total Fertility Rates in the region



A TFR of 2.1 children per woman is considered to be a replacement level fertility that is a fertility that in the long run and if kept constant will replace the existing generations. Below the replacement level, fertility will eventually produce, in the absence of considerable migration flows, a decreasing population.

The GFR for Sri Lanka is 72, which means that there were 72 births for every 1,000 women of reproductive age during the three-year period preceding the survey. The CBR for the period is 15.7 per 1,000 populations.

Table 4.1 Current fertility
Age-specific and total fertility rates, the general fertility rate, and the crude birth rate for the three years preceding the survey, Sri Lanka 2016

Age group	Total
15-19	21
20-24	86
25-29	143
30-34	115
35-39	55
40-44	10
45-49	1
TFR(15-49)	2.2
GFR	72
CBR	15.7

Notes: Age-specific fertility rates are per 1,000 women. Rates for age group 45-49 may be slightly biased due to truncation. Rates are for the period 1-36 months prior to interview.
TFR: Total fertility rate expressed per woman
GFR: General fertility rate expressed per 1,000 women age 15-44
CBR: Crude birth rate, expressed per 1,000 population

4.2 FERTILITY DIFFERENTIALS

Table 4.2 presents the TFR, the percentage of women currently pregnant and, the number of children ever born to women 40-49 (CEB) by background characteristics. The TFR represents hypothetical current fertility, while the CEB measures the cumulated fertility of women 40-49 during most of their reproductive period (15-39 and assuming low levels of fertility during the last ten years that is from age 40-49). There is not that much difference between the TFR (2.2) and the CEB (2.3), indicating perhaps a relatively constant fertility in Sri Lanka during the last 25 years. This is also supported by the low percentage of current pregnancies (3 percent) among women 15-49

Women with no education would have 1.6 children by the end of her childbearing period while the women who passed grade 1-5 would have 2.5 children in their reproductive live span. The Mean number of children ever-born among women 40-49 for these educational groups is 2.5 and 2.6 respectively. The high level of use of female sterilization among women with no education (44 percent) may in part explain this difference.



Table 4.2 Fertility by background characteristics

Total fertility rate for the three years preceding the survey, percentage of women age 15-49 currently pregnant, and mean number of children ever born to women age 40-49 years, by background characteristics, Sri Lanka 2016

Background characteristic	Total fertility rate	Percentage of women age 15-49 currently pregnant	Mean number of children ever born to women age 40-49
District			
Colombo	1.8	1.5	2.0
Gampaha	1.8	3.8	2.0
Kalutara	2.2	1.8	2.1
Kandy	2.6	3.3	2.1
Matale	1.9	2.4	2.4
Nuwara Eliya	2.2	2.8	2.4
Galle	2.1	3.3	2.3
Matara	2.3	3.9	2.2
Hambantota	1.9	2.0	2.5
Jaffna	2.1	2.4	2.8
Mannar	2.0	3.9	2.8
Vavuniya	2.0	2.5	2.8
Mullaitivu	2.0	1.4	2.9
Kilinochchi	2.1	2.7	3.4
Batticaloa	2.4	3.9	3.0
Ampara	2.4	4.1	2.8
Trincomalee	2.3	3.6	3.1
Kurunegala	2.2	3.7	2.2
Puttalam	2.1	3.5	2.5
Anuradhapura	2.4	3.7	2.2
Polonnaruwa	2.5	4.0	2.3
Badulla	2.3	3.1	2.4
Moneragala	2.4	3.8	2.7
Ratnapura	1.8	2.2	2.2
Kegalle	2.6	4.1	2.0
Education			
No education	1.6	0.8	2.5
Passed Grade 1-5	2.3	1.3	2.8
Passed Grade 6-10	2.4	3.1	2.4
Passed G.C.E.(O/L) or equivalent	2.1	3.3	2.1
Passed G.C.E.(A/L) or equivalent	2.1	3.7	1.9
Degree and above	2.0	6.1	1.8
Wealth quintile			
Lowest	2.2	2.8	2.7
Second	2.1	2.9	2.4
Middle	2.0	3.1	2.2
Fourth	1.9	2.6	2.2
Highest	2.3	3.6	2.1
Total	2.2	3.3	2.3

Note: Total fertility rates are for the period 1-36 months prior to interview.

The TFR for the lowest wealth quintile is 2.2 and for the highest it is 2.3. The mean number of children ever born at age 40-49 is 2.7 in the lowest and 2.1 in the highest quintile, testifying in this way to the high levels of fertility in the past among women of the poorest households, a situation that seems to have changed in the younger cohorts of women in the poorest households.

Figure 4.3 Total Fertility Rates and Children Ever Born among Women 40-49 by level of education

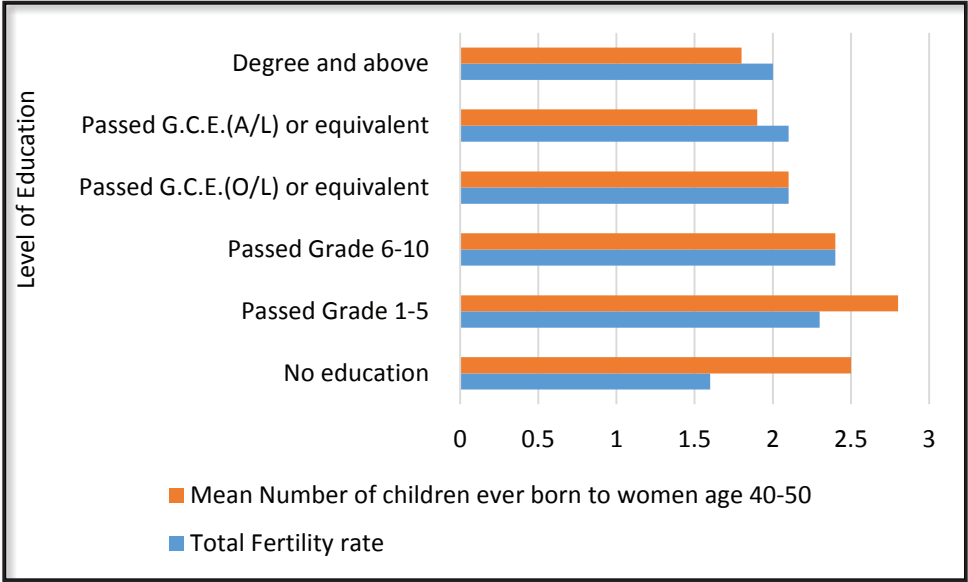
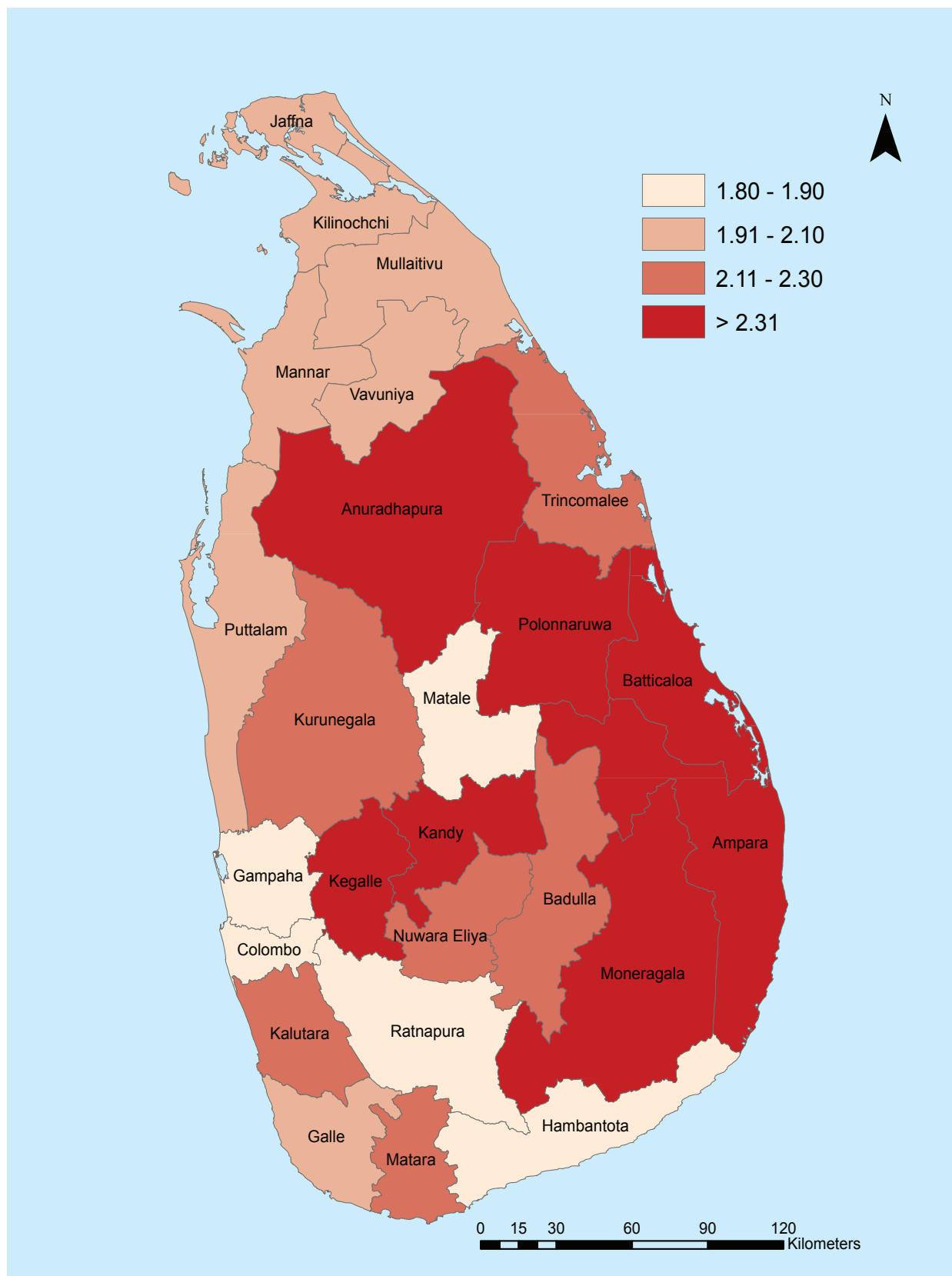


Figure 4.4 shows the TFR by districts, the TFR for Colombo, Gampaha and Ratnapura is 1.8 and it is the lowest compared to the TFR 2.6 for Kandy and Kegalle, followed by Polonnaruwa 2.5. The highest mean number of children ever born for the age group 40-49 (CEB) was observed in the Kilinochchi district (3.4), while the lowest values are observed among the women 40-49 of Colombo, Gampaha and Kegalle districts (2.0) (see table 4.2 and Figure 4.4).

Figure 4.4 Total Fertility Rates by District, 2016 SLDHS



4.3 FERTILITY TRENDS

Sri Lanka has experienced a continued fertility decline since the 1960's. This decline can be observed as happening in four phases. The first phase from 1963 to 1975 was a period of decline that was sharp and dramatic when the total fertility rate dropped from 5.0 children per woman in 1963 to 3.4 in 1975 – that is a decline of 1.6 children per woman in 12 years. During the second phase, between 1975 and 1987, the TFR appears to slightly increase in 1982 but then declined to 2.8 in 1987. During the third phase, 1987- 2000, the TFR decreased further by 0.54 to a TFR in 2000 of 1.9 children per woman (a below replacement level). The fourth phase was a period of relative stability during the 2000s when the total fertility rate has fluctuated between 2.3 and 2.2.

Figure 4.5 Total Fertility Rates during the period 1963-2016

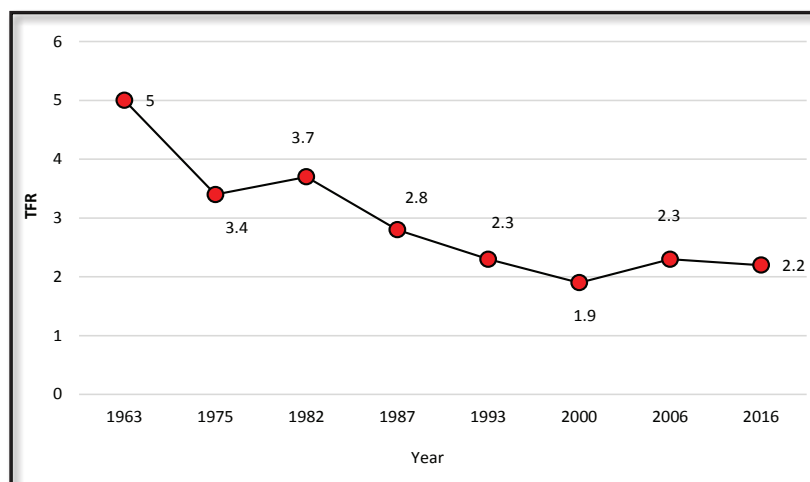
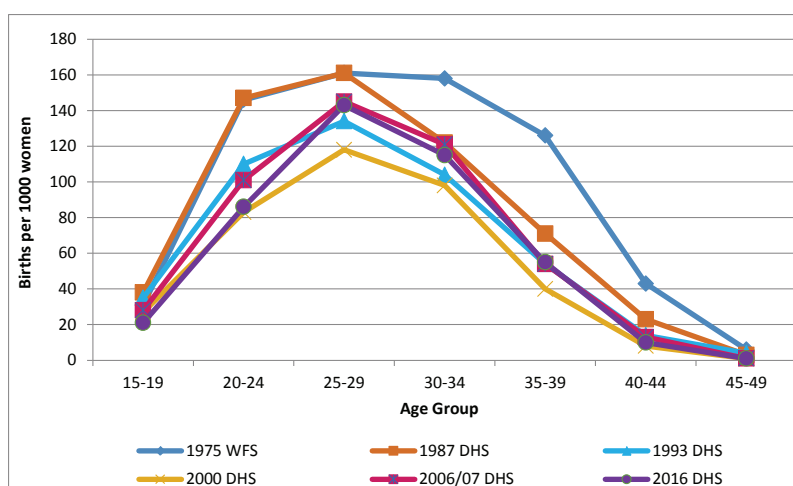


Figure 4.6 included below, shows the observed age specific fertility rates (ASFRs) obtained from different sources during the period 1975-2016. These fertility patterns show that the young adult age groups (15-19, 22-24, and 25-29) are the ones with the greater fertility declines during the last 35 years. It can be observed that in 2016 there is a slight increase in the ASFRs of these same age groups but caution should be taken when interpreting these trends since the values can be affected by sampling errors. It is also important to mention that for all the surveys except the 1975 WFS the highest levels of fertility is observed for the 25-29 age groups.

Figure 4.6 Trends in the Age Specific Fertility Rates (ASFR) during the period 1975-2016.



Fertility trends can also be calculated using past fertility data obtained from a birth history from a single survey. Table 4.3 shows the age specific fertility rates (ASFRs) obtained from the birth history collected in the 2016 SLDHS by five year periods before the survey. The analysis reveals that teenage fertility rates have declined over the years (from 30 during the 15-19-year period before the survey to just 22 during the most recent period (0-4 years before the survey). A similar pattern is observed among women 20-24 years of age. Fertility among women in the 25-34 age group has been rising due in part to late age entry into childbearing and increasing birth intervals producing lower levels of the total fertility rate as documented before.

Table 4.3 Trends in age-specific fertility rates
Age-specific fertility rates for five-year periods preceding the survey, by mother's age at the time of the birth, Sri Lanka 2016

Mother's age at birth	Number of years preceding survey			
	0-4	5-9	10-14	15-19
15-19	22	29	30	32
20-24	91	97	99	100
25-29	143	142	139	128
30-34	115	117	114	109
35-39	55	59	66	*
40-44	11	19	*	*
45-49	1	*	*	*

Note: Age-specific fertility rates are per 1,000 women. Estimates in brackets are truncated. Rates exclude the month of interview.

4.4 CHILDREN EVER BORN AND LIVING

The number of children ever born (CEB) to a woman is also called the cumulative fertility of a woman. Table 4.4 presents the cumulative fertility for all women and currently married women by age groups. For all women age 15-19, only 2 percent of them have had children, but 32 percent is the figure among the current-married women. Around 70 percent of married women of the age 20-24 have children, 55 percent of them have 1 child and 20 percent of them have more than one child. The mean number of children ever born for all the women is 2.3 compared to 2.5 for currently married women.

Ten percent of currently married 15-49 women are childless; while this number for all women is 36 percent nearly 10 percent of all women and 5 percent of currently married women of the age group 45-49 don't have children. The currently married women of the age group 45-49 can likely be identified as infertile. The percentage of infertility is 5 percent, compared to 3 percent observed in the 2006-07 SLDHS

The difference between CEB and children surviving indicates also the prevalence of low levels of infant and child mortality with small differences at all age groups, particularly among currently married women (see last two columns of Table 4.4).

Table 4.4 Children ever born and living

Percent distribution of all women and currently married women age 15-49 by number of children ever born, mean number of children ever born and mean number of living children, according to age group, Sri Lanka 2016

Age	Number of children ever born											Total	Num-ber of women	Mean num-ber of children ever born	Mean number of living children	
	0	1	2	3	4	5	6+	7	8	9	10+					
ALL WOMEN																
Age																
15-19	98.0	1.9	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	3,744	0.02	0.02
20-24	72.7	21.8	4.9	0.5	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	3,563	0.33	0.33
25-29	38.6	32.1	23.6	4.9	0.7	0.1	0.0	0.0	0.0	0.0	0.0	0.0	100.0	3,510	0.97	0.96
30-34	15.4	26.7	38.3	16.3	2.6	0.6	0.1	0.0	0.0	0.0	0.0	0.0	100.0	3,946	1.66	1.64
35-39	8.3	16.0	41.7	26.0	5.9	1.6	0.5	0.1	0.0	0.0	0.1	0.0	100.0	4,103	2.12	2.09
40-44	8.8	12.1	39.0	28.8	7.7	2.7	1.0	0.1	0.1	0.0	0.0	0.0	100.0	3,420	2.27	2.22
45-49	10.1	13.6	34.2	27.5	9.2	3.5	1.9	0.4	0.2	0.0	0.0	0.0	100.0	3,371	2.31	2.24
Total	35.9	17.7	26.2	14.9	3.7	1.2	0.4	0.1	0.0	0.0	0.0	0.0	100.0	25,656	1.38	1.36
CURRENTLY MARRIED WOMEN																
Age																
15-19	68.3	29.8	1.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	225	0.34	0.32
20-24	31.5	54.6	12.6	1.2	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	1,373	0.84	0.83
25-29	17.9	42.5	31.9	6.6	1.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	100.0	2,559	1.31	1.29
30-34	7.3	28.3	42.7	18.1	2.8	0.6	0.1	0.0	0.0	0.0	0.0	0.0	100.0	3,481	1.83	1.81
35-39	4.1	15.6	44.1	27.9	6.2	1.7	0.5	0.1	0.0	0.0	0.1	0.0	100.0	3,735	2.24	2.20
40-44	4.2	11.2	41.7	31.2	8.0	2.7	0.9	0.1	0.0	0.0	0.0	0.0	100.0	3,033	2.40	2.35
45-49	5.6	13.1	36.6	29.7	9.3	3.6	2.1	0.5	0.2	0.0	0.0	0.0	100.0	2,851	2.45	2.37
Total	10.1	24.2	37.3	21.1	5.0	1.6	0.6	0.1	0.0	0.0	0.0	0.0	100.0	17,257	1.94	1.91

4.5 BIRTH INTERVALS

Median birth interval

Number of months since the preceding birth by which half of children are born.

sample : Non-first births in the 5 years before the survey

Birth intervals are very much related with the health and wellbeing of mother and child and they affect fertility too. Children born within 3 years from a previous birth tend to have greater risks of creating difficulties for maternal health and facing undernutrition issues. More than half of the births in Sri Lanka occur within a period of five years from the previous birth. On average, women of Sri Lanka have a 53 months birth interval between births. Lower birth intervals are observed among women from the estate sector (43 months) and those with education of degree and above (42 months). The median birth intervals decrease with the level of education of women from 61 months among those without education to 42 months among with degree and above.

Figure 4.7 shows that the intervals between births (number of months) of educated women and the estate women are more or less same. This implies that the fertility behavior of the estate women has changed substantially in the recent past. Fertility behavior of women in terms of birth interval by wealth quintile reveals that differences between the poorest and richest quintiles are also quite narrow. (see Table 4.5).



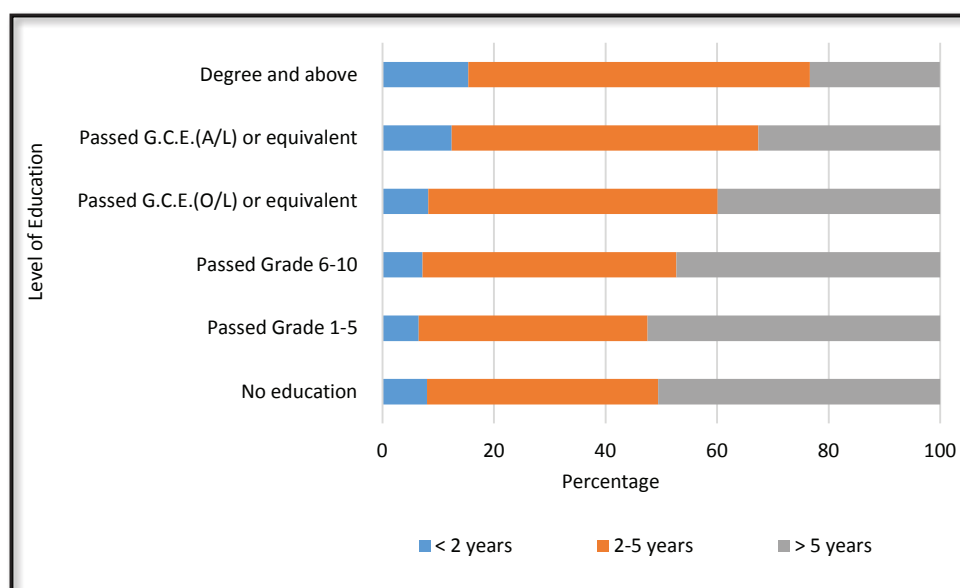
Table 4.5 Birth intervals

Percent distribution of non-first births in the five years preceding the survey by number of months since preceding birth, and median number of months since preceding birth, according to background characteristics, Sri Lanka 2016

Background characteristic	Months since preceding birth						Total	Number of non-first births	Median number of months since preceding birth
	7-17	18-23	24-35	36-47	48-59	60+			
Age									
15-19	*	*	*	*	*	*	100.0	4	*
20-29	5.3	7.3	18.1	23.3	18.3	27.7	100.0	1,217	46.1
30-39	2.9	5.1	13.7	17.6	16.0	44.7	100.0	3,251	55.9
40-49	1.7	3.3	9.5	14.9	12.7	57.8	100.0	506	67.2
Sex of preceding birth									
Male	3.1	5.9	14.0	18.4	16.8	41.8	100.0	2,512	53.2
Female	3.6	5.1	14.8	18.9	15.7	41.9	100.0	2,467	54.0
Survival of preceding birth									
Living	3.1	5.2	14.2	18.7	16.5	42.4	100.0	4,897	54.2
Dead	17.2	24.7	25.3	18.5	2.7	11.7	100.0	81	26.0
Birth order									
2-3	3.4	5.3	13.9	18.7	16.6	42.0	100.0	4,532	53.9
4-6	2.5	7.4	18.4	17.5	12.4	41.7	100.0	438	52.0
7+	*	*	*	*	*	*	100.0	9	*
Residence									
Urban	4.7	7.2	16.6	20.2	12.9	38.4	100.0	744	49.4
Rural	3.0	5.0	13.4	18.3	16.8	43.4	100.0	4,000	55.2
Estate	5.0	7.8	24.3	19.6	16.8	26.5	100.0	235	43.5
District									
Colombo	3.7	6.1	16.4	17.3	13.5	42.8	100.0	385	51.6
Gampaha	5.0	6.8	13.9	17.3	12.3	44.7	100.0	459	55.3
Kalutara	2.2	7.8	14.1	21.9	17.0	37.1	100.0	303	50.4
Kandy	2.6	5.7	15.9	23.1	18.7	34.0	100.0	377	50.9
Matale	4.9	8.0	10.2	21.3	12.7	43.0	100.0	128	53.2
Nuwara Eliya	3.0	6.1	22.4	24.9	15.3	28.3	100.0	184	44.7
Galle	3.3	5.4	11.1	18.8	20.9	40.5	100.0	246	52.6
Matara	4.8	2.1	9.4	24.4	16.4	42.9	100.0	204	54.0
Hambantota	2.4	4.8	17.1	16.6	16.0	43.2	100.0	162	54.1
Jaffna	4.5	10.9	20.1	17.0	17.4	30.1	100.0	116	47.3
Mannar	4.3	7.3	14.9	26.3	18.6	28.6	100.0	28	46.7
Vavuniya	4.9	8.9	11.9	22.8	16.4	35.2	100.0	42	50.7
Mullaitivu	3.2	2.1	19.0	22.9	15.7	37.1	100.0	25	52.4
Kilinochchi	2.5	7.9	11.4	21.6	26.8	29.7	100.0	30	50.0
Batticaloa	4.6	4.4	10.2	12.0	19.4	49.3	100.0	154	59.0
Ampara	3.9	5.3	17.1	18.5	18.1	37.1	100.0	229	51.9
Trincomalee	4.0	6.5	15.2	19.9	13.5	40.8	100.0	133	52.8
Kurunegala	2.4	3.7	14.4	18.1	17.4	44.0	100.0	388	55.6
Puttalam	2.3	6.8	13.1	16.9	15.8	45.2	100.0	173	56.3
Anuradhapura	3.3	4.0	11.3	14.0	17.3	50.1	100.0	265	60.1
Polonnaruwa	0.5	4.1	9.6	13.7	15.7	56.4	100.0	125	64.9
Badulla	3.7	4.9	17.8	15.9	18.5	39.2	100.0	201	51.6
Moneragala	2.0	4.0	14.9	16.4	21.6	41.0	100.0	151	55.1
Ratnapura	2.8	4.6	13.9	15.9	12.3	50.5	100.0	275	60.2
Kegalle	4.1	3.7	13.2	22.3	12.5	44.3	100.0	196	54.6
Education									
No education	3.4	4.6	9.4	17.1	14.9	50.6	100.0	44	61.2
Passed Grade 1-5	1.6	4.9	14.8	15.1	11.1	52.5	100.0	232	61.4
Passed Grade 6-10	2.8	4.4	13.2	16.8	15.5	47.3	100.0	2,370	58.1
Passed G.C.E.(O/L) or equivalent	3.5	4.7	13.6	20.1	18.2	39.9	100.0	1,081	53.3
Passed G.C.E.(A/L) or equivalent	4.2	8.2	16.4	21.0	17.6	32.6	100.0	1,039	48.1
Degree and above	6.7	8.7	22.0	25.2	14.0	23.3	100.0	212	41.8
Wealth quintile									
Lowest	2.8	6.1	15.7	16.9	16.4	42.0	100.0	1,091	54.2
Second	3.4	4.9	13.0	17.2	14.4	47.2	100.0	1,032	58.0
Middle	2.2	4.9	10.2	19.3	19.9	43.4	100.0	976	55.5
Fourth	3.6	5.1	16.5	19.1	15.3	40.4	100.0	1,037	52.5
Highest	5.1	6.6	16.6	21.5	15.1	35.1	100.0	843	48.2
Total	3.4	5.5	14.4	18.7	16.2	41.9	100.0	4,979	53.7

Note: First-order births are excluded. The interval for multiple births is the number of months since the preceding pregnancy that ended in a live birth.

Figure 4.7 Birth intervals by level of education



4.6 AGE AT FIRST BIRTH

Median age at first birth

Age by which half of women have had their first child.

sample : Women age 20-49 and 25-49

The age at which childbearing starts has important consequences for the overall level of fertility as well as the health and welfare of the mother and the child. Early age at initiation of childbearing lengthens the reproductive period. Table 4.6 shows the percentage of women age 15-49 who gave birth by exact ages, the percentage who have never given birth, and the median age at first birth, according to current age. Medians for women age 15-24 are not presented because less than 50 percent had given birth before age 15.

Table 4.6 Age at first birth

Percentage of women age 15-49 who gave birth by exact ages, percentage who have never given birth, and median age at first birth, according to current age, Sri Lanka 2016

Current age	Percentage who gave birth by exact age					Percentage who have never given birth	Number of women	Median age at first birth
	15	18	20	22	25			
Age								
15-19	0.0	na	na	na	na	98.0	3,744	a
20-24	0.2	3.4	12.5	na	na	72.7	3,563	a
25-29	0.3	4.5	14.3	27.3	45.7	38.6	3,510	a
30-34	0.2	5.4	14.2	26.4	46.3	15.4	3,946	25.6
35-39	0.3	5.3	13.9	26.7	47.1	8.3	4,103	25.5
40-44	0.3	5.9	14.8	26.7	44.9	8.8	3,420	25.8
45-49	0.2	5.1	15.0	28.1	45.2	10.1	3,371	25.8
20-49	0.2	5.0	14.1	na	na	25.3	21,912	a
25-49	0.3	5.3	14.4	27.0	45.9	16.0	18,349	a

na = Not applicable due to censoring

a = Omitted because less than 50 percent of women had a birth before reaching the beginning of the age group



Table 4.7 Median age at first birth

Median age at first birth among women age 25-49 (30-49) years, according to background characteristics, Sri Lanka 2016

Background characteristic	Women age	Women age
	25-49	30-49
Residence		
Urban	a	26.5
Rural	a	25.5
Estate	24.9	24.6
District		
Colombo	a	27.0
Gampaha	a	26.8
Kalutara	a	26.3
Kandy	a	27.0
Matale	24.9	24.9
Nuwara Eliya	24.9	25.0
Galle	a	26.8
Matara	a	26.6
Hambantota	a	26.3
Jaffna	a	26.4
Mannar	24.9	24.5
Vavuniya	24.7	24.9
Mullaitivu	23.1	23.6
Kilinochchi	23.9	24.1
Batticaloa	23.6	23.7
Ampara	24.2	24.5
Trincomalee	23.4	23.2
Kurunegala	a	25.5
Puttalam	24.0	23.6
Anuradhapura	23.9	23.8
Polonnaruwa	23.9	23.9
Badulla	24.5	24.6
Moneragala	24.1	24.2
Ratnapura	a	25.4
Kegalle	a	26.3
Education		
No education	22.9	22.7
Passed Grade 1-5	22.0	22.1
Passed Grade 6-10	23.6	23.8
Passed G.C.E.(O/L) or equivalent	a	25.6
Passed G.C.E.(A/L) or equivalent	a	28.2
Wealth quintile		
Lowest	23.4	23.6
Second	24.7	24.7
Middle	a	25.2
Fourth	a	26.2
Highest	a	27.5
Total	a	25.6

a = Omitted because less than 50 percent of the women had a birth before reaching the beginning of the age group

Table 4.6 shows that 46 percent of ever-married women age 25-49 in Sri Lanka have initiated childbearing by the time they reach their 25th birthday. The median age at first birth in the country is 26 a slight increase compared to the 2006-07 SLDHS which showed 25 years. Note also that only 0.3 percent of ever-married women have given birth by age 15 compared to 5 percent by age 18.

Table 4.6 also reveals that 27 percent of the women of age 25-49 gave their first birth before their 22nd birthday. The percentage of women of age 25-29 who have never given birth is 39 percent, compared to the previous age group (20-24) which has 73 percent who have never given birth. This fact confirms the prevalence of a late fertility behavior among ever-married women in Sri Lanka.

The median age at first birth by background characteristics is presented in Table 4.7. Among ever-married women age 30-49, we can observe some variation in the median age at first birth by place of residence, education and household wealth. Thus, the median value for the urban sector is two years higher (27 years) than the one observed in the estate sector. Similar differences are observed by education (28 for the highest levels of education compared to just 22 for those without education or some primary education) and wealth (24 among the poorest compared to 28 years for the richest quintile).

4.7 TEENAGE PREGNANCY AND MOTHERHOOD

Teenage childbearing

Percentage of women age 15-19 who have given birth or are pregnant with their first child.

sample : Women age 15-19

Table 4.8 Teenage pregnancy and motherhood

Percentage of women age 15-19 who have had a live birth or who are pregnant with their first child, and percentage who have begun childbearing, by background characteristics, Sri Lanka 2016

Background characteristic	Percentage of women age 15-19 who:			Number of women
	Have had a live birth	Are pregnant with first child	Percentage who have begun childbearing	
Age				
15	0.0	0.2	0.2	721
16	0.3	0.5	0.7	724
17	0.4	0.8	1.1	809
18	2.8	0.9	3.7	726
19	6.5	2.5	9.1	764
Residence				
Urban	*	*	*	450
Rural	2.3	1.2	3.6	2,538
Estate	*	*	*	266
District				
Colombo	*	*	*	2,272
Gampaha	*	*	*	182
Kalutara	*	*	*	464
Kandy	*	*	*	69
Matale	*	*	*	616
Nuwara Eliya	*	*	*	47
Galle	*	*	*	90
Matara	*	*	*	126
Hambantota	*	*	*	531
Jaffna	*	*	*	209
Mannar	*	*	*	4
Vavuniya	*	*	*	54
Mullaitivu	*	*	*	9
Kilinochchi	*	*	*	41
Batticaloa	*	*	*	89
Ampara	*	*	*	231
Trincomalee	*	*	*	192
Kurunegala	*	*	*	318
Puttalam	*	*	*	88
Anuradhapura	*	*	*	365
Polonnaruwa	*	*	*	81
Badulla	*	*	*	106
Moneragala	*	*	*	110
Ratnapura	*	*	*	399
Kegalle	*	*	*	91
Education				
Passed Grade 1-5	*	*	*	25
Passed Grade 6-10	3.0	1.3	4.3	1,919
Passed G.C.E.(O/L) or equivalent	0.9	0.9	1.8	1,441
Passed G.C.E.(A/L) or equivalent	*	*	*	188
Wealth quintile				
Lowest	1.9	1.5	3.5	992
Second	2.8	0.5	3.2	1,121
Middle	1.3	1.0	2.3	1,013
Fourth	(0.4)	(0.2)	(0.5)	2,532
Highest	*	*	*	90
Total	2.0	1.0	3.0	3,744

Teenage pregnancy and motherhood has remained a major health and social concern because it is associated with social and health issues of the mother and the child. The compulsory and free education in the country aims to develop the education standards of each citizen of the country. The women who become mothers in their teenage years are more likely to curtail their education. Teenage mothers are also more likely to suffer from severe complications during pregnancy and childbirth, which can be detrimental to the health and survival of both mother and child.

Table 4.8 depicts that most of the child bearing in teen ages occurs in the rural sector and in the poorest groups of the wealth quintile. In Sri Lanka, only 30 out of 1000 ever-married women begun child bearing in their teen ages.



Key Findings

- **Knowledge of contraceptive methods:** Almost all ever married women in reproductive age have heard about family planning methods in Sri Lanka. Both ever married and currently married women between 15-49 years have heard about nine or more contraceptive methods.
- **Contraceptive prevalence rate (CPR):** National level CPR is 65 percent. In the district of Mannar have the lowest at only 18 percent
- **Modern contraceptive use:** Female sterilization is the most commonly used contraceptive method, used by 14 percent of currently married women. IUD is the most popular non-permanent contraceptive method, which is used by 11 percent of currently married women.
- **Source of contraception:** More than 90 percent of current users of female sterilization, IUD, and implants obtain their services from government sector institutions.
- **Informed choice:** Only 53 percent of ever-married women currently using modern contraceptive methods were informed about the potential side effects or other problems associated with the method prior to use and just over half (51 percent) were informed about what to do if they experienced such side effects. Merely 42 percent of them were informed on the available other methods that can be used.
- **Contraceptive discontinuation:** At the time of the 2016 SLDHS, 35 percent of currently married women indicated no use of contraceptive methods in the 5 years before the survey and another 29 percent of those women who began using a contraceptive method, discontinued the method in less than 12 months. The leading reasons for discontinuation is reported as their “desire to become pregnant” (42 percent).
- **Percentage of demand and unmet need for family planning:** Total demand for family planning is 72 percent. Ninety percent of demand is satisfied (74 percent by modern methods.) Unmet need is reported as 7.5 percent.

During last few decades family planning assisted many couples to plan their reproductive lives. In Sri Lanka, the first state run family planning clinic was opened in 1937, but it was not continued. In 1965, family planning was combined with maternal and child health programmes and three years later the Family Health Bureau (FHB) was established to coordinate family planning under the Ministry of Health.

In the developing world, woman’s reproductive health mostly depends on government policies and programmes providing access to contraceptive methods. Direct support entails the provision of family planning services through government-run facilities, such as hospitals, clinics, health posts, health centers and through government fieldworkers. In Sri Lanka, free family planning services are given by primary care facilities and hospitals. Public health nurses and midwives provide maternal and child health as well as family planning services at the grass root level. Oral contraceptive methods and condoms are available without prescription from pharmacies and government and private sector facilities are available island-wide for other contraceptive methods.

Under the family planning components of the survey, 2016 SLDHS, as with all the previous DHS studies, mainly inquired about knowledge of contraceptive methods, use of different methods during the



five years period preceding the survey, institutions where individuals are able to obtain services, reasons for discontinuations, knowledge of the fertile period and plans for future use, informed choice, and modes of receiving family planning messages.

5.1 KNOWLEDGE OF CONTRACEPTIVE METHODS

One key determinant of increasing use of contraceptive methods is knowledge of various methods available in the country. Programmes conducted for introducing various methods at the community level play a vital role in improving knowledge of contraceptive methods. In the 2016 SLDHS, 18,302 ever married women age 15- 49 were interviewed and each respondent was asked whether they have heard about any contraceptive method. A list of 12 methods including 10 modern methods and 2 traditional methods were asked about and provision was made in the questionnaire to record any other method which was spontaneously mentioned by the respondent.

Knowledge of contraceptive methods among ever married and currently married women is shown in Table 5.1. Knowledge of any method or any modern method is universal in Sri Lanka. Almost all ever married and currently married women knew at least one method and on average nine methods were known by the respondents. Knowledge of a wide range of methods helps women to choose their most suitable or preferred method and ultimately make their own method choice. Among the currently married women in reproductive age, only 4 percent of women did not know of female sterilization as a family planning method and 33 percent were not familiar with male sterilization. As per Table 5.1, the most widely known modern methods are injectable and pills. Only half of currently married women have heard of emergency contraceptive pills. Knowledge of female condom is the least known method of contraception by women among the 12 methods inquired.

Method	Ever-married women	Currently married women
Any method	99.6	99.7
Any modern method	99.6	99.7
Female sterilization	95.9	96.0
Male sterilization	66.9	67.2
Pill	97.1	97.3
IUD	95.2	95.5
Injectable	97.2	97.3
Implants	89.0	89.5
Male condom	90.9	91.4
Female condom	19.2	19.4
Emergency contraception	53.1	53.7
Lactational amenorrhea (LAM)	41.6	42.1
Any traditional method	85.6	86.3
Rhythm	78.9	79.7
Withdrawal	69.7	70.5
Other	5.1	5.2
Mean number of methods known by respondents 15-49	9.0	9.0
Number of respondents	18,302	17,257

Table 5.2 presents knowledge of contraceptive methods by background characteristics. Knowledge of both any or modern methods of family planning is as nearly as high as 100 percent in all districts, with no variations between education levels and wealth quintiles. This indicates success of knowledge awareness programmes conducted by public health nurses and midwives.

Table 5.2 Knowledge of contraceptive methods by background characteristics

Percentage of currently married women age 15-49 who have heard of at least one contraceptive method and who have heard of at least one modern method by background characteristics, Sri Lanka 2016

Background characteristic	Heard of any method	Heard of any modern method ¹	Number of currently married women
Age			
15-19	96.4	96.4	225
20-24	99.3	99.3	1,373
25-29	99.7	99.7	2,559
30-34	99.7	99.7	3,481
35-39	99.9	99.9	3,735
40-44	99.7	99.6	3,033
45-49	99.7	99.7	2,851
Residence			
Urban	99.7	99.7	2,682
Rural	99.8	99.8	13,906
Estate	96.8	96.8	669
District			
Colombo	99.7	99.7	1,625
Gampaha	99.8	99.8	1,755
Kalutara	99.9	99.9	1,040
Kandy	99.6	99.5	1,174
Matale	100.0	100.0	456
Nuwara Eliya	97.1	97.1	552
Galle	99.8	99.8	896
Matara	99.4	99.4	685
Hambantota	100.0	100.0	532
Jaffna	99.5	99.5	409
Mannar	99.3	99.3	76
Vavuniya	99.3	99.3	125
Mullaitivu	99.5	99.5	67
Kilinochchi	99.7	99.7	81
Batticaloa	99.6	99.6	491
Ampara	99.9	99.9	692
Trincomalee	99.7	99.7	331
Kurunegala	99.8	99.8	1,501
Puttalam	100.0	100.0	635
Anuradhapura	99.4	99.4	919
Polonnaruwa	99.8	99.8	381
Badulla	99.6	99.6	697
Moneragala	100.0	100.0	452
Ratnapura	100.0	100.0	1,025
Kegalle	100.0	100.0	658
Education			
No education	96.4	96.4	235
Passed Grade 1-5	99.3	99.3	1,099
Passed Grade 6-10	99.7	99.7	7,629
Passed G.C.E.(O/L) or equivalent	99.8	99.8	3,842
Passed G.C.E.(A/L) or equivalent	99.9	99.9	3,611
Degree and above	99.9	99.9	841
Wealth quintile			
Lowest	99.0	99.0	3,065
Second	99.8	99.8	3,459
Middle	99.8	99.8	3,621
Fourth	99.9	99.9	3,658
Highest	99.8	99.8	3,454
Total 15-49	99.7	99.7	17,257

¹ Female sterilization, male sterilization, pill, IUD, injectable, implants, male condom, female condom, emergency contraception, lactational amenorrhea method (LAM), and other modern methods



5.2 CURRENT USE OF CONTRACEPTION

Contraceptive prevalence rate

Percentage of women who use any contraceptive method.

sample : Currently married women age 15-49.

Modern methods

Include male and female sterilization, injectables, intrauterine devices (IUDs), contraceptive pills, implants, female and male condoms, lactational amenorrhoea, and emergency contraception.

Current use of contraceptive methods indicate the impact of family planning services provided by health sector. In the 2016 SLDHS, ever married women age 15-49 years were asked if they were currently doing something or using any method to delay or avoid getting pregnant at the time of survey. Women using any contraceptive method were reported as current users.

Table 5.3 summarizes current use of contraceptive methods among ever-married and currently married women. Currently married women, with the highest exposure to pregnancy are the most suitable group to assess current use of family planning.

The contraceptive prevalence rate is the percentage of currently married women age 15-49 who are currently using any method. It is 65 percent. As in previous surveys, female sterilization is the most used among the 12 methods (see Figure 5.1). Probably due to recent interventions through government health posts, the IUD is used by 11 percent of currently married women, the highest percentage among non-permanent methods. Even though the distribution methods for pills and injectable are not the same, an equal percentage of currently married women indicated to be using pills or injectable (9 percent respectively). Use of implants is less popular among currently married women with only 5 percent of them using it. Also from Tables 5.1 and 5.3, we can observe that although more than two-thirds of currently married women (67 percent) have heard about male sterilization but only a very small percentage are currently using this method (0.1 and 0.2 percent among currently married women age 40-44 and 45-49 respectively). Use of traditional methods in Sri Lanka, was reported by over 10 percent of currently married women (7 percent using Rhythm and 4 percent using Withdrawal).

Current use of contraception by age is also presented in Table 5.3. Use of any method increases with age up to age 40-44 and then declines among those aged 45-49. The majority of adolescents age 15-19 favored the use of implant (14 percent of a total prevalence of 44 percent for this group). Among young adult currently married women age 20-24 the preferred method is the injectable with 13 percent (of a total prevalence of 56 percent). The use of traditional methods on the other hand increases with age and is highest among women age 35-49 at values greater than 10 percent.

Table 5.3 Current use of contraception by age

Percent distribution of ever-married women and currently married women age 15-49 by contraceptive method currently used, according to age, Sri Lanka 2016

	Any method	Modern methods											Traditional methods			Total	Number of women		
		Any modern method	Female sterilization	Male sterilization	Pill	IUD	Injectable	Implants	Male condom	Female condom	Emergency contraception	LAM	Any traditional method	Rhythm	Withdrawal			Not currently using	
EVER-MARRIED WOMEN																			
Age																			
15-19	43.4	37.4	0	0	9	3.8	8.1	13.9	2.7	0	0	0	5.9	3.6	2.4	56.6	100	229	
20-24	54.7	46.7	0.2	0	9.1	10.1	12.6	9.3	4.9	0.1	0.3	0.1	8	4.2	3.8	45.3	100	1,410	
25-29	57.3	50.3	1.3	0	9.9	10.7	12.5	7.1	8.7	0	0	0.1	7.1	4	3.1	42.7	100	2,620	
30-34	61.5	52.2	6.9	0	10.2	10.8	10.5	5.7	8.1	0	0	0	9.3	5.6	3.7	38.5	100	3,615	
35-39	67.9	57.6	15.9	0	9	12.7	8.7	4	7.1	0	0.1	0	10.3	7.2	3.1	32.1	100	3,945	
40-44	68	54.5	23.8	0.1	6.9	9.8	5.7	2.1	6	0	0.1	0	13.5	9.7	3.9	32	100	3,269	
45-49	55.9	43.1	26	0.2	3.9	6.3	1.8	0.7	4.3	0	0	0	12.8	8.8	4	44.1	100	3,214	
Total	61.7	51.3	13.8	0	8.1	10.1	8.1	4.4	6.6	0	0.1	0	10.4	6.9	3.6	38.3	100	18,302	
CURRENTLY MARRIED WOMEN																			
Age																			
15-19	43.5	37.5	0	0	9.2	3.4	8.2	14	2.7	0	0	0	6	3.6	2.4	56.5	100	225	
20-24	56	47.8	0.2	0	9.3	10.4	12.9	9.4	5	0.1	0.4	0.1	8.2	4.3	3.9	44	100	1,373	
25-29	58.6	51.3	1.3	0	10.1	10.9	12.8	7.2	8.9	0	0	0.1	7.2	4.1	3.2	41.4	100	2,559	
30-34	63.6	54	7	0	10.6	11.2	10.9	5.9	8.4	0	0	0	9.7	5.8	3.8	36.4	100	3,481	
35-39	71.1	60.2	16.5	0	9.5	13.3	9.2	4.1	7.5	0	0.1	0	10.9	7.6	3.3	28.9	100	3,735	
40-44	72	57.4	24.6	0.1	7.4	10.4	6.1	2.2	6.5	0	0.2	0	14.6	10.4	4.2	28	100	3,033	
45-49	60.6	46.3	27.2	0.2	4.4	6.9	2	0.7	4.9	0	0	0	14.3	9.8	4.5	39.4	100	2,851	
Total	64.6	53.6	14	0	8.6	10.6	8.6	4.6	7	0	0.1	0	11	7.3	3.8	35.4	100	17,257	

Note: If more than one method is used, only the most effective method is considered in this tabulation.
LAM = Lactational amenorrhea method

Table 5.4 presents the percent distribution of currently married women age 15-49 by contraceptive method currently used, according to background characteristics. The number of living children reported seems to have a clear influence on the use of female sterilization (small percentages among those with 2 or less children use this method, but almost half (48 percent) of the women with 5 or more children use it. The median age of female sterilization is reported as 32 years (Table 5.5). Use of sterilization is greater among currently married women living in the estate sector (27 percent) than their counterparts of the urban (11 percent) and rural (14 percent) sectors.

As expected, there are considerable variations in CPR across district. Currently married women in the districts of Mannar (18 percent), Vavuniya (33 percent) and Batticaloa (32 percent) reported the lowest levels of contraceptive use, while Kalutara, Matale, Galle, Polonnaruwa, Badulla, Moneragala and Ratnapura, all registered CPRs of 70 percent or higher (see Table 5.4). Contraceptive use is very similar across wealth quintiles (values around 64 percent.) However: the higher the level of education, the lower the use of modern methods. At the same time there is a higher preference for traditional method use among more educated women specially Rhythm (12 percent, see Figures 5.2, 5.3, 5.4 and 5.5).



Table 5.4 Current use of contraception by background characteristics

Percent distribution of currently married women age 15-49 by contraceptive method currently used, according to background characteristics, Sri Lanka 2016

Background characteristic	Modern method											Traditional method				Total	Number of women	
	Any method	Any modern method	Female sterilization	Male sterilization	Pill	IUD	Injectable	Implants	Male condom	Female condom	Emergency contraception	LAM	Any traditional method	Rhythm	Withdrawal			Not currently using
Number of living children																		
0	15.7	9.2	0.1	0.0	4.1	0.0	0.2	1.2	3.2	0.0	0.2	0.0	6.5	3.7	2.8	84.3	100.0	1,760
1-2	66.2	52.8	4.3	0.0	10.6	13.5	10.5	5.0	8.8	0.0	0.1	0.0	13.4	9.1	4.3	33.8	100.0	10,821
3-4	79.9	72.4	41.1	0.2	5.8	8.4	7.5	5.0	4.4	0.0	0.1	0.0	7.5	4.6	3.0	20.1	100.0	4,351
5+	71.3	66.3	47.5	0.0	3.8	2.5	5.1	4.1	3.2	0.0	0.0	0.0	5.0	3.0	2.0	28.7	100.0	325
Residence																		
Urban	56.8	45.5	11.2	0.1	7.0	8.6	5.0	3.8	9.6	0.0	0.1	0.0	11.4	6.8	4.5	43.2	100.0	2,682
Rural	66.4	55.1	13.9	0.0	9.0	11.2	9.4	4.6	6.7	0.0	0.1	0.0	11.3	7.6	3.7	33.6	100.0	13,906
Estate	58.9	54.8	27.4	0.2	5.6	5.3	7.0	6.3	2.9	0.0	0.0	0.0	4.2	1.8	2.4	41.1	100.0	669
District																		
Colombo	60.5	47.4	9.9	0.1	6.5	12.1	3.9	4.5	10.2	0.0	0.2	0.0	13.2	8.2	5.0	39.5	100.0	1,625
Gampaha	67.3	52.0	13.1	0.1	8.5	9.7	5.3	4.2	10.8	0.0	0.2	0.0	15.3	10.9	4.5	32.7	100.0	1,755
Kalutara	73.8	55.4	13.5	0.0	8.8	12.5	7.7	3.5	9.4	0.0	0.0	0.0	18.4	12.5	5.9	26.2	100.0	1,040
Kandy	61.8	52.3	14.0	0.0	9.8	7.6	7.2	4.6	8.7	0.1	0.2	0.1	9.5	6.6	2.9	38.2	100.0	1,174
Matale	71.4	61.7	17.2	0.0	10.2	12.2	10.6	4.7	6.9	0.0	0.0	0.0	9.6	6.5	3.1	28.6	100.0	456
Nuwara Eliya	66.6	62.7	28.8	0.0	8.3	7.7	7.2	7.2	3.5	0.0	0.1	0.0	3.9	2.8	1.2	33.4	100.0	552
Galle	70.6	53.8	13.8	0.2	10.2	11.8	4.7	3.9	8.9	0.0	0.3	0.0	16.8	11.6	5.1	29.4	100.0	896
Matara	65.0	52.9	9.1	0.3	11.0	13.2	6.6	3.4	9.2	0.0	0.0	0.1	12.0	10.6	1.4	35.0	100.0	685
Hambantota	64.5	54.0	13.4	0.0	10.0	15.3	4.6	5.4	5.2	0.0	0.0	0.0	10.5	4.7	5.8	35.5	100.0	532
Jaffna	46.6	42.7	19.8	0.0	4.7	4.5	6.1	3.0	4.6	0.0	0.0	0.0	3.8	2.0	1.8	53.4	100.0	409
Mannar	18.4	18.4	8.1	0.0	1.5	0.8	4.1	2.7	1.2	0.0	0.0	0.0	0.0	0.0	0.0	81.6	100.0	76
Vavuniya	33.0	30.7	10.0	0.0	5.1	1.7	7.7	2.7	3.6	0.0	0.0	0.0	2.2	1.2	1.0	67.0	100.0	125
Mullaitivu	67.2	63.9	16.1	0.3	10.3	8.9	14.7	10.2	3.2	0.0	0.0	0.0	3.4	1.9	1.5	32.8	100.0	67
Kilinochchi	58.4	56.3	20.7	0.0	4.5	12.0	6.9	8.5	3.8	0.0	0.0	0.0	2.2	1.5	0.6	41.6	100.0	81
Batticaloa	31.5	28.5	7.2	0.0	3.0	2.3	11.8	1.9	2.1	0.0	0.0	0.1	3.0	1.6	1.4	68.5	100.0	491
Ampara	45.7	40.6	9.2	0.0	3.7	5.8	12.0	6.4	3.5	0.0	0.0	0.0	5.1	2.3	2.8	54.3	100.0	692
Trincomalee	48.6	45.4	9.9	0.3	4.9	2.9	17.1	5.8	4.3	0.0	0.3	0.0	3.2	2.3	0.8	51.4	100.0	331
Kurunegala	69.5	55.8	11.8	0.0	9.1	15.2	8.4	3.1	8.2	0.0	0.1	0.0	13.7	10.4	3.4	30.5	100.0	1,501
Puttalam	69.3	55.6	14.9	0.0	10.3	8.7	9.6	6.6	5.5	0.0	0.0	0.0	13.7	9.9	3.8	30.7	100.0	635
Anuradhapura	67.2	62.5	14.2	0.0	10.2	12.8	18.7	3.4	3.1	0.0	0.2	0.0	4.7	3.1	1.6	32.8	100.0	919
Polonnaruwa	72.3	67.0	16.4	0.0	8.9	10.5	19.3	6.0	6.0	0.0	0.0	0.0	5.3	4.2	1.1	27.7	100.0	381
Badulla	71.3	64.7	24.9	0.0	9.2	12.8	8.4	6.8	2.6	0.0	0.0	0.0	6.6	5.3	1.3	28.7	100.0	697
Moneragala	72.7	63.7	17.3	0.2	10.0	13.2	12.2	5.6	4.9	0.0	0.2	0.0	9.0	8.3	0.7	27.3	100.0	452
Ratnapura	74.4	55.8	14.4	0.0	10.7	10.7	9.1	4.9	6.0	0.0	0.0	0.0	18.5	4.9	13.6	25.6	100.0	1,025
Kegalle	66.9	59.3	15.1	0.0	9.5	10.6	11.5	5.2	6.9	0.0	0.2	0.3	7.6	7.0	0.6	33.1	100.0	658
Education																		
No education	70.7	66.7	43.6	0.7	3.7	7.3	6.5	4.2	0.7	0.0	0.0	0.0	4.0	3.6	0.4	29.3	100.0	235
Passed Grade 1-5	63.8	56.6	30.7	0.1	4.2	7.4	7.6	4.6	2.0	0.0	0.0	0.0	7.2	4.1	3.1	36.2	100.0	1,099
Passed Grade 6-10	67.9	58.1	15.8	0.1	10.2	10.6	10.6	5.9	4.9	0.0	0.1	0.0	9.8	5.4	4.4	32.1	100.0	7,629
Passed G.C.E.(O/L) or equivalent	62.0	51.9	10.8	0.0	9.1	11.0	8.9	4.5	7.2	0.0	0.2	0.1	10.1	7.1	3.0	38.0	100.0	3,842
Passed G.C.E.(A/L) or equivalent	61.4	46.7	8.3	0.0	7.1	11.6	5.6	2.6	11.3	0.0	0.1	0.1	14.7	11.0	3.7	38.6	100.0	3,611
Degree and above	59.9	41.8	6.7	0.0	4.7	9.9	3.5	1.7	15.2	0.0	0.0	0.1	18.1	14.7	3.4	40.1	100.0	841
Wealth quintile																		
Lowest	64.5	59.0	18.7	0.1	9.0	9.7	11.0	7.6	2.9	0.0	0.0	0.0	5.5	2.6	2.9	35.5	100.0	3,065
Second	66.6	56.3	15.0	0.0	9.5	11.0	10.3	5.9	4.7	0.0	0.0	0.0	10.3	6.2	4.1	33.4	100.0	3,459
Middle	65.1	55.0	12.5	0.0	9.8	11.7	10.3	4.5	5.9	0.0	0.2	0.0	10.2	6.7	3.5	34.9	100.0	3,621
Fourth	63.8	51.3	12.4	0.1	8.3	10.3	7.7	3.6	8.8	0.0	0.1	0.1	12.4	8.4	4.0	36.2	100.0	3,658
Highest	63.0	46.8	12.0	0.0	6.4	10.2	3.9	1.7	12.3	0.0	0.2	0.0	16.2	12.0	4.2	37.0	100.0	3,454
Total	64.6	53.6	14.0	0.0	8.6	10.6	8.6	4.6	7.0	0.0	0.1	0.0	11.0	7.3	3.8	35.4	100.0	17,257

Note: If more than one method is used, only the most effective method is considered in this tabulation.

LAM = Lactational amenorrhea method.

Figure 5.1 Trends in current use by contraceptive methods

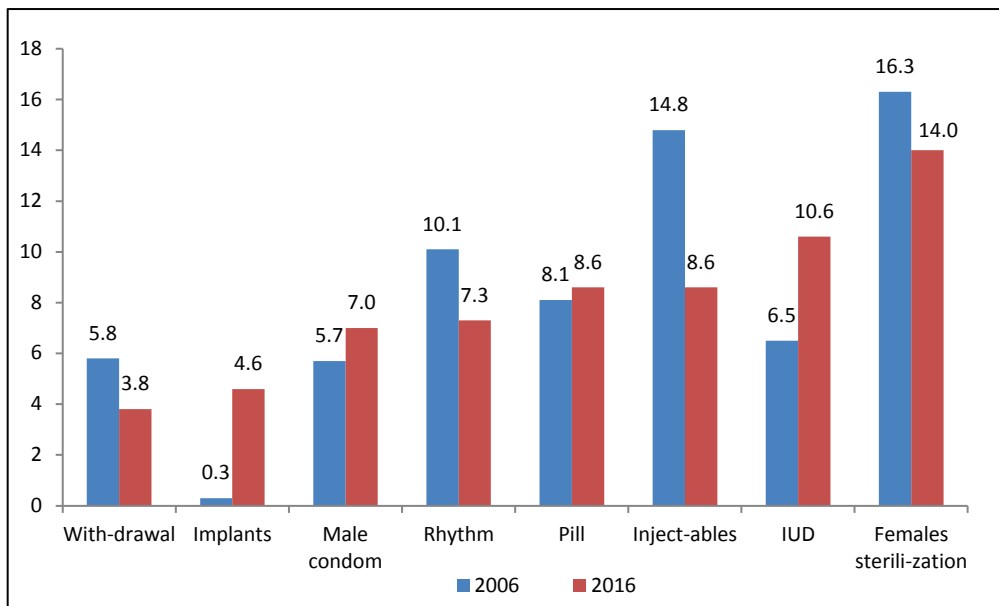


Figure 5.2 Current use of contraception by level of education

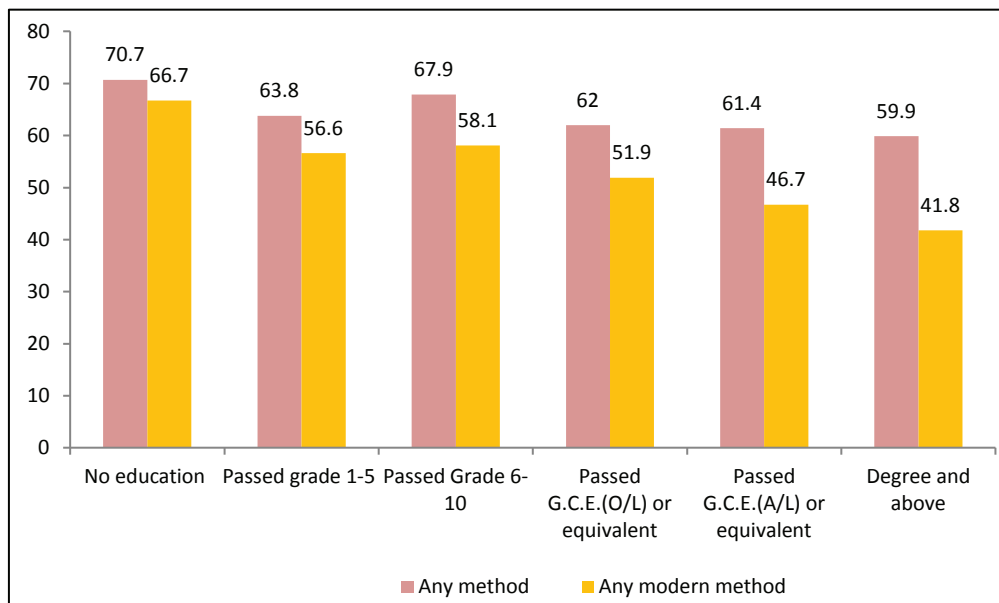


Figure 5.3 Current uses of IUD, Implant and Injectables by level of education

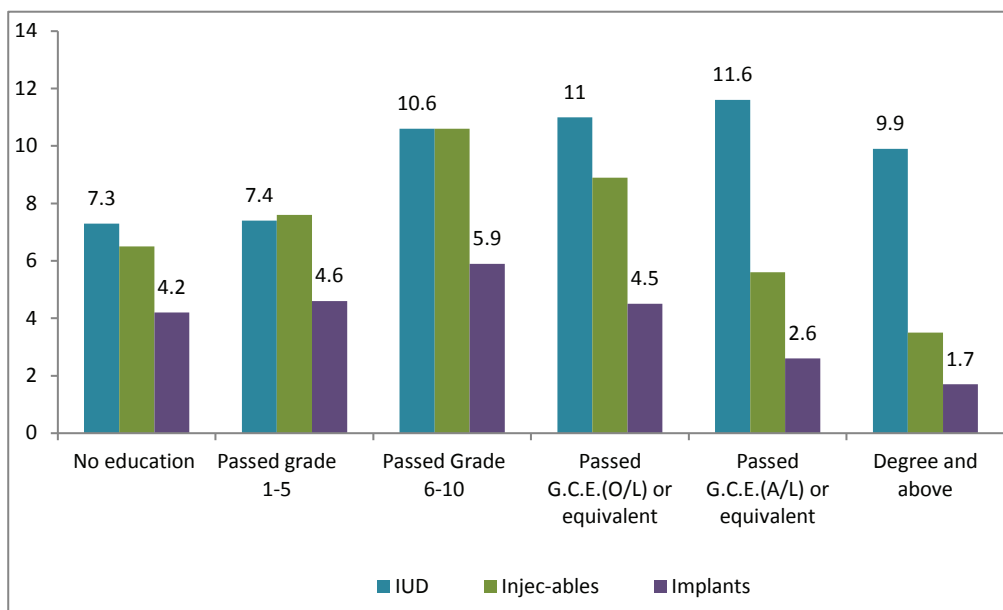


Figure 5.4 Current uses of Pill and Condom by level of education

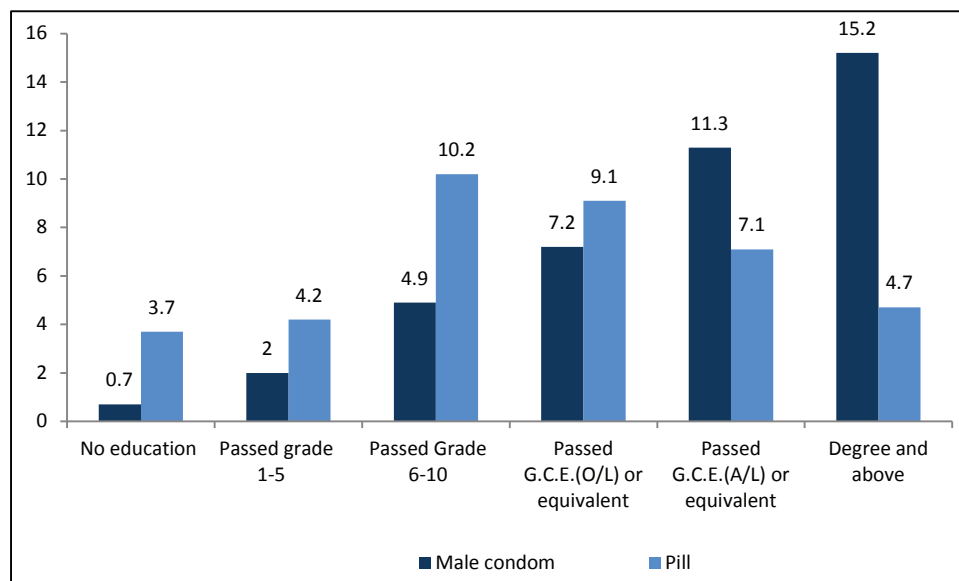
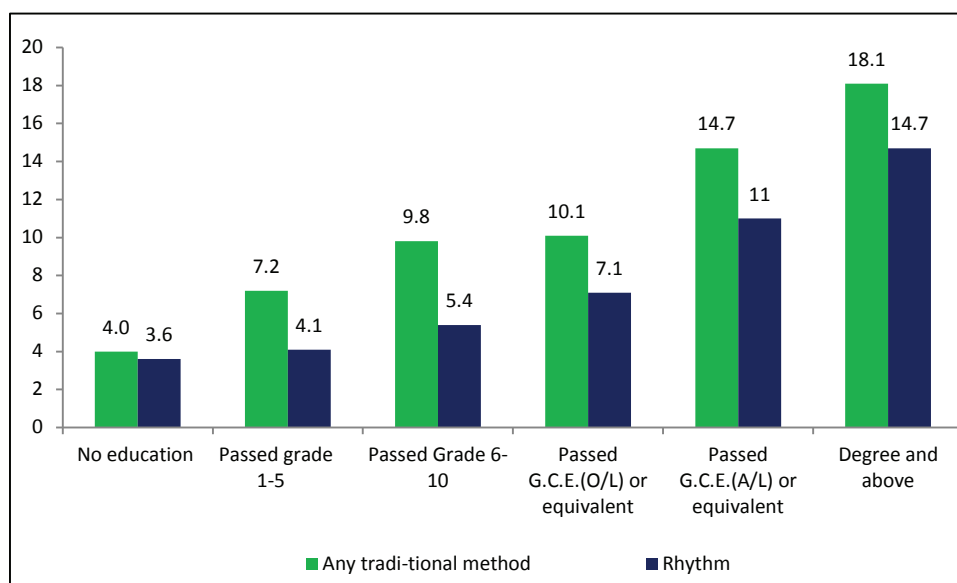


Figure 5.5 Current uses of Traditional Methods by level of education



5.3 TIMING OF THE STERILIZATION

As mentioned before, female sterilization is the preferred method of 14 percent of currently married women, particularly older women (25 percent or more among women age 40+). It was also noted that female sterilization is used mostly by women with more than two living children, women in the estate sector and currently married women with lower levels of education and of the poorest households. The information about the timing of female sterilization can be found in table 5.5.

The median age of sterilization among all users of the method is 32.2. Only 7 percent of users had the operation before age 25 years. Most operations took place 10 or more years ago. Twenty three percent of current users of female sterilization had the operation at age group 25-29. The remaining 70 percent of users got the operation at age 30 years or older.

Table 5.5 Timing of sterilization

Percent distribution of sterilized ever-married women age 15-49 by age at the time of sterilization and median age at sterilization, according to the number of years since the operation, Sri Lanka 2016

Years since operation	Age at time of sterilization						Total	Number of women	Median age ¹
	<25	25-29	30-34	35-39	40-44	45-49			
<2	0.6	10.2	31.4	41.8	13.1	2.8	100.0	278	35.0
2-3	1.3	11.0	40.3	32.9	11.6	2.9	100.0	328	33.8
4-5	0.6	11.3	41.1	33.8	12.8	0.4	100.0	365	33.8
6-7	1.6	17.0	34.8	38.2	8.4	0.0	100.0	308	33.7
8-9	3.1	15.0	40.2	37.9	3.9	0.0	100.0	269	33.6
10+	17.0	38.3	34.7	10.0	0.0	0.0	100.0	975	a
Total	7.4	22.7	36.6	26.3	6.2	0.7	100.0	2,523	32.2

a = Not calculated due to censoring

¹ Median age at sterilization is calculated only for women sterilized before age 40 to avoid problems of censoring



5.4 SOURCE OF MODERN CONTRACEPTIVE METHODS

The distribution of family planning services by government network is organized through hospital clinics, field clinics and more widely through midwives and all possible modern methods provided by the government sector are provided free of charge. Seventy-two percent of current users have obtained family planning service from government sector institutions while the private sector supplied only a little more than one-fourth of demand at 28 percent (Table 5.6).

Table 5.6 Source of modern contraception methods
Percent distribution of users of modern contraceptive methods age 15-49 by most recent source of method, according to method, Sri Lanka 2016

Source	Female sterilization	Male sterilization	Pill	IUD	Injectable	Implants	Male condom	Female condom	Emergency contraception	Total
PUBLIC SECTOR	94.1	*	56.7	96.6	31.5	99.1	36.7	*	*	71.6
Govt. specialized hospital	53.1	*	1.7	25.4	8.8	30.0	1.2	*	*	23.7
Govt. general hospital	38.2	*	15.5	42.3	14.5	38.3	10.3	*	*	28.0
Family health bureau	2.2	*	4.0	17.4	5.1	21.1	2.6	*	*	7.6
Mobile clinic	0.6	*	0.9	1.8	0.3	2.1	0.2	*	*	0.9
Public health midwife	0.0	*	34.5	9.6	2.8	7.7	22.1	*	*	11.3
Volunteer officers	0.0	*	0.2	0.0	0.0	0.0	0.1	*	*	0.0
Other public sector	0.0	*	0.0	0.0	0.0	0.0	0.1	*	*	0.0
PRIVATE SECTOR	5.7	*	43.0	3.3	68.4	0.9	61.1	*	*	28.0
Private hospital	4.3	*	0.5	1.6	7.6	0.3	0.8	*	*	2.9
Private doctor's clinic	0.3	*	1.2	1.6	58.8	0.5	0.4	*	*	10.0
NGO	0.2	*	41.4	0.1	1.3	0.0	59.9	*	*	14.7
Estate hospital	0.8	*	0.0	0.0	0.1	0.2	0.0	*	*	0.2
Other private sector	0.0	*	0.1	0.1	0.6	0.0	0.0	*	*	0.1
OTHER SOURCE	0.0	*	0.2	0.0	0.1	0.0	2.1	*	*	0.3
Grocery	0.0	*	0.1	0.0	0.1	0.0	2.1	*	*	0.3
Friend/relative	0.0	*	0.1	0.0	0.0	0.0	0.0	*	*	0.0
Other	0.1	*	0.1	0.1	0.0	0.0	0.2	*	*	0.1
Don't know	0.1	*	0.0	0.0	0.0	0.0	0.0	*	*	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	2,523	8	1,481	1,847	1,488	803	1,212	1	17	9,381

Note: Total includes other modern methods but excludes lactational amenorrhea method (LAM).

As shown in Table 5.6 more than 90 percent of current users of female sterilization, IUD, and implant obtained their method through the family planning services provided by the government sector institutions while the injectable and male condoms users are obtained in facilities from the private sector. According to the 2016 SLDHS, 43 percent of current Pill users obtain them from the private sector. The remaining 57 percent, obtained them from the government sector, with 35 percent was provided by the public health midwife.

5.5 INFORMED CHOICE

Informed choice

Informed choice is women being informed at the time they started the current episode of method use about the method's side effects, what to do if they experience side effects, and other methods they could use.

sample : Women age 15-49 who are currently using selected modern contraceptive methods and who started the last episode of use within the 5 years before the survey.

Informed choice on contraception is an important indicator to assess quality of family planning programmes conducted in a country. Currently in Sri Lanka, the state-run health posts provide seven modern contraceptive methods. Part of the job of family planning service providers is to deliver broader knowledge of different contraceptive methods. Whenever they introduce any method, it is desirable to inform clients about all available methods and methods suitable for couples well before a couple starts using any method. More specifically, family planning service providers need to inform clients about the side effects of each methods, what to do when they experience any side effect and, other methods available that can be used. Based on knowing all these facts the user can then choose which method is the most suitable for her needs.

Table 5.7 Informed choice

Among current users of modern methods age 15-49 who started the last episode of use within the five years preceding the survey, the percentage who were informed about possible side effects or problems of that method, the percentage who were informed about what to do if they experienced side effects, and the percentage who were informed about other methods they could use, by method and initial source, Sri Lanka 2016

Method/source	Among women who started last episode of modern contraceptive method within five years preceding the survey:			Number of women
	Percentage who were informed about side effects or problems of method used	Percentage who were informed about what to do if experienced side effects	Percentage who were informed by a health or family planning worker of other methods that could be used	
Method				
Pill	49.4	43.3	43.0	1,043
IUD	58.1	61.9	46.7	1,117
Injectables	50.7	45.6	40.1	1,112
Implants	54.1	52.0	39.3	758
Emergency contraception	*	*	*	13
Initial source of method¹				
Public sector	55.0	54.6	44.2	2,845
Government hospital	54.2	55.4	39.7	638
Government clinic	56.1	57.3	46.1	1,106
Family health bureau	55.2	53.1	42.4	466
Mobile clinic	66.3	54.4	51.4	58
Public health midwife	52.2	49.5	46.3	576
Volunteer officers	*	*	*	2
Private medical sector	48.1	41.4	38.1	1,193
Private hospital	47.2	34.7	27.9	112
Private doctor's clinic	52.6	46.6	41.1	652
NGO	41.7	35.2	36.6	419
Estate hospital	*	*	*	1
Other private sector	*	*	*	9
Other sector	*	*	*	3
Grocery	*	*	*	2
Friend/relative	*	*	*	1
Other	*	*	*	1
Total	53.0	50.7	42.4	4,042

Note: Table includes users of only the modern methods listed individually.

¹Source at start of current episode of use



Table 5.7 shows that only 53 percent of ever-married women currently using modern contraceptive methods were informed about the potential side effects or other problems associated with the method prior to use and just over half (51 percent) were informed about what to do if they experienced such side effects. Only 42 percent of them were informed of the availability of other methods that can be used. Among the four most widely used methods, pill, IUD, injectable and implant, informed choice is much higher among the IUD users than among other methods (see Table 5.7).

5.6 KNOWLEDGE OF THE FERTILITY PERIOD

All ever married women in reproductive age were asked about whether they can correctly describe the most fertile period during the ovulatory cycle. More than half (58 percent) of ever-married women reported that the most fertile period is halfway between two periods (Table 5.8). This figure is higher (82 percent) among users of the rhythm method than among users of other methods (56 percent). Of the eighteen percent of rhythm users who could not correctly identify the most fertile period in the menstrual cycle, nearly 2 percent had no idea of the fertile period and 16 percent could not correctly specify the fertile period. Table 5.8 also shows that one fifth of ever married women (22 percent) who do not use the rhythm method have no idea about the fertile period.

It is clear that many women of reproductive age have doubts about or no clear knowledge of their fertile period. Therefore, irrespective of the contraceptive method used by current users, awareness programmes need to be developed to improve knowledge of the fertile period among all women of reproductive age.

Perceived fertile period	Users of rhythm method	Nonusers of rhythm method	Ever married women
Just before her menstrual period begins	2.1	2.3	2.2
During her menstrual period	0.1	1.1	1.0
Right after her menstrual period has ended	12.2	17.9	17.5
Halfway between two menstrual periods	82.1	55.9	57.7
Other	1.1	1.0	1.0
Don't know	2.3	21.9	20.5
Total	100.0	100.0	100.0
Number of women	1,257	17,045	18,302

Contraceptive discontinuation rate

Percentage of contraceptive use episodes discontinued within 12 months.

sample : Episodes of contraceptive use in the 5 years before the survey for women who are currently age 15-49.

5.7 DISCONTINUATION OF CONTRACEPTIVE METHODS

All non-permanent contraceptive method users reported discontinuations due to many reasons. The contraceptive discontinuation rate is the percentage of contraceptive use episodes that are discontinued within 12 months after start of using the method. One-year contraceptive discontinuation rates calculated using calendar data are presented in Table 5.9. Twenty nine percent of the contraceptive use episodes observed during the five years before the survey was discontinued within 12 months after starting use. This rate is slightly lower than the one reported from the 2006-07 SLDHS (32 percent). Ten percent stop in order to become pregnant, and another 5 percent cease using the method due to “health concerns or side effects”. Less than 2 percent experienced method failure. Discontinuation rates are highest for pill (40 percent), withdrawal (40 percent), and injectable (39 percent), and lowest for implants (6 percent).

Table 5.9 Twelve-month contraceptive discontinuation rates

Among ever married women age 15-49 who started an episode of contraceptive use within the five years preceding the survey, the percentage of episodes discontinued within 12 months, by reason for discontinuation and specific method, Sri Lanka, 2016

Method	Method failure	Desire to become pregnant	Other fertility related reasons ²	Side effects/health concerns	Wanted more effective method	Other method related reasons ³	Other reasons	Any reason ⁴	Switched to another method ⁵	Number of episodes of use ⁶
Female sterilization	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	856
Pill	2.8	16.5	4.0	6.2	2.1	5.6	2.9	40.0	8.5	2,388
IUD	0.6	2.5	0.3	4.7	1.1	2.6	1.1	12.9	4.9	1,543
Injectable	1.1	8.4	2.4	11.2	3.3	9.4	3.0	38.7	16.0	2,417
Implants	0.2	1.3	0.6	1.0	0.7	1.6	0.6	6.0	1.5	861
Male condom	2.4	14.0	2.2	1.4	4.6	1.7	5.9	32.2	7.0	1,517
Rhythm	3.5	12.3	2.1	1.6	7.4	0.5	2.8	30.1	8.4	1,128
Withdrawal	3.8	15.2	4.2	1.2	9.9	0.9	5.2	40.3	12.0	816
All methods ¹	1.8	9.7	2.2	4.8	3.7	4.0	2.9	29.1	9.0	11,636

Note: Figures are based on life table calculations using information on episodes of use that began 3-62 months preceding the survey.

¹ Includes LAM and other methods not listed separately

² Includes infrequent sex/husband away, difficult to get pregnant/menopausal, and marital dissolution/separation

³ Includes lack of access/too far, costs too much, and inconvenient to use

⁴ Reasons for discontinuation are mutually exclusive and add to the total given in this column

⁵ The episodes of use included in this column are a subset of the discontinued episodes included in the discontinuation rate. A woman is considered to have switched to another method if she used a different method in the month following discontinuation or if she gave "wanted a more effective method" as the reason for discontinuation and started another method within two months of discontinuation.

⁶ Number of episodes of use includes both episodes of use that were discontinued during the period of observation and episodes of use that were not discontinued during the period of observation

Table 5.10, presents the percent distribution of discontinuations of contraceptive methods in the five years preceding the survey by main reason stated for discontinuation. The main reason stated is "wanted to become pregnant" with 42 percent of the discontinuations. This percentage is similar across methods. Among the method related reasons, "side effects/health concerns" was cited in 15 percent of the discontinuations. Side effects or health concerns were mostly reported as a reason to discontinue the use of the IUD or the injectable (23 percent each). One in ten of the discontinuations reported either "lack of access/too far" or "wanted a more effective method" as a reason to discontinue the use of the method (see Figure 5.6).

The discontinuation due to lack of access is much higher among those users of implant (19 percent), injectable (17 percent), IUD (13 percent) and pill (12 percent). The highest percentage of method failure (pregnancy) was reported by users of withdrawal (14 percent) and rhythm method users (12 percent)



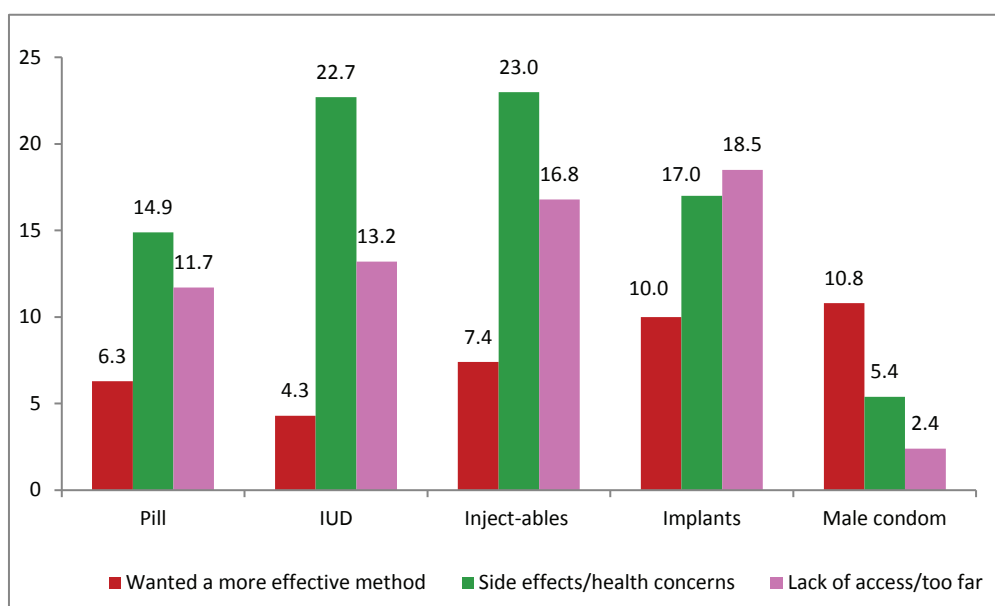
Table 5.10 Reasons for discontinuation

Percent distribution of discontinuations of contraceptive methods in the five years preceding the survey by main reason stated for discontinuation, according to specific method, Sri Lanka 2016

Reason	Pill	IUD	Injectable	Implants	Male condom	Emergency contraception	Rhythm	Withdrawal	Other	All methods
Became pregnant while using	8.0	4.8	3.2	2.0	8.8	(4.7)	12.1	14.4	0.6	7.1
Wanted to become pregnant	44.7	42.5	35.2	35.7	50.2	(24.1)	48.4	42.4	5.3	42.0
Husband disapproved	1.3	1.2	1.6	3.1	5.8	(12.0)	3.0	3.9	5.2	2.5
Wanted a more effective method	6.3	4.3	7.4	10.0	10.8	(12.4)	18.0	18.1	71.5	9.7
Side effects/health concerns	14.9	22.7	23.0	17.0	5.4	(18.4)	3.7	3.3	6.0	14.8
Lack of access/too far	11.7	13.2	16.8	18.5	2.4	(12.3)	0.9	1.0	3.5	10.3
Cost too much	0.2	0.5	1.1	0.0	0.4	(0.0)	0.3	0.1	0.0	0.5
Inconvenient to use	0.3	0.0	1.2	0.0	0.6	(2.4)	0.5	0.0	2.4	0.6
Up to God/fatalistic	0.1	0.3	0.1	0.0	0.0	(0.0)	0.1	0.0	0.0	0.1
Difficult to get pregnant/menopausal	0.5	0.7	0.5	0.6	0.4	(0.0)	1.5	0.9	2.9	0.7
Infrequent sex/husband away	6.1	1.9	3.9	5.6	5.6	(6.1)	5.4	7.6	0.0	5.0
Marital dissolution/separation	0.5	0.4	0.5	0.9	0.2	(0.0)	0.3	0.5	0.0	0.4
Other	3.6	4.3	4.0	5.3	6.0	(0.0)	3.3	4.3	2.5	4.1
Don't know	0.2	0.1	0.3	0.0	1.2	(3.0)	1.2	1.2	0.0	0.5
Missing	1.8	3.0	1.3	1.4	2.3	(4.7)	1.1	2.3	0.0	1.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of discontinuations	2,019	782	2,279	184	960	44	819	631	52	7,772

LAM = Lactational amenorrhoea method

Figure 5.6 Some reasons for discontinuations by contraceptive methods



5.8 NEED AND DEMAND OF FAMILY PLANNING

unmet need for family planning

Proportion of women who (1) are not pregnant and not postpartum amenorrhoeic, are considered fecund, and want to postpone their next birth for 2 more years or stop childbearing altogether but are not using a contraceptive method. or (2) have a mistimed or unwanted current pregnancy, or (3) are postpartum amenorrhoeic and their last birth in the last 2 years was mistimed or unwanted.

sample : Currently married women age 15-49.

Demand for family planning:

unmet need for family planning
+ current contraceptive use (any method)

Proportion of demand satisfied:

$$\frac{\text{current contraceptive use (any method)}}{\text{unmet need} + \text{current contraceptive use (any method)}}$$

Proportion of demand satisfied by modern methods:

$$\frac{\text{current contraceptive use (any modern method)}}{\text{unmet need} + \text{current contraceptive use (any method)}}$$

Total demand for family planning is reported as 72 percent (52 percent for limiting and 20 percent for spacing). Of the total demand, 65 percent (or 90 percent of the total demand) corresponds to the satisfied demand expressed in the contraceptive prevalence rate (CPR). The remaining part of the total demand, 7.5 percent is the unmet need for contraception (4.4 percent for limiting purposes and 3.1 percent for spacing). It is also interesting to note that 74 percent of the satisfied demand corresponds to modern methods alone (Table 5.11).

As expected, the total demand for contraception increases with age up to age 35-39 but declines among older women. However, the total demand satisfied, as reported before, increases with age from the lowest value of 67 percent for currently married adolescents age 15-19 to a highest value of 94 percent among women age 45-49. Age is also a good predictor of total demand and for contraception for limiting or spacing purposes. Thus, the highest level of satisfied demand among adolescents are observed for spacing purposes (42 percent) compared to 60 percent or more of demand satisfied for limiting purposes among currently married women age 35-49. The unmet need for contraception follows a similar pattern as the one described before in terms of needs for limiting or spacing children. However, among adolescents (and to a lesser extent among young adults age 20-24) the unmet need for contraception is not only the highest (21 percent) but mostly for spacing purposes. This finding in itself calls for the development of policies and programs that respond to the needs of these particular groups of women.

Place of residence is also an important variable associated with the demand for contraception. Currently married women from the rural sector account for the highest use of contraception (66 percent) followed by the estate sector (59 percent) and the urban sector (57 percent). However, the unmet need for contraception reverses this trend with the urban sector presenting the highest unmet need (11 percent), compared to just 6.8 percent for the rural sector. In all sectors, a greater need was declared for limiting purposes as documented before. Modern methods appear to be satisfying the highest percentage of the total demand of currently women in the estate sector (80 percent compared to 75 percent and only 67 percent of the demand in the rural and urban sectors respectively).

There are a set of districts with relatively low levels of demand satisfied, including Jaffna (47 percent), Mannar (18 percent), Vavuniya (33 percent), Batticaloa (32 percent), Ampara (46 percent), Trincomalee (49 percent). Of these districts, Batticaloa has the lowest proportion of demand satisfied (58 percent) and



therefore the highest unmet need for contraception (23 percent). Also of interest is the district of Mannar with the lowest met need (CPR of 18 percent only) but also with relatively low unmet need for contraception (6 percent) producing in this way the district with the lowest total demand for contraception (24 percent).

Total demand for limiting decreases with increased level of education. (See Figure 5.7). The total demand seems to be similar across wealth quintiles (around 72 percent) with higher demand for limiting purposes around 52 percent. Similarly, the unmet need does not change much across quintiles.

The analysis presented before for currently married women is identical to the one corresponding to ever-married women

Figure 5.7 Percentages of total demand for limiting by level of education, Sri Lanka 2016

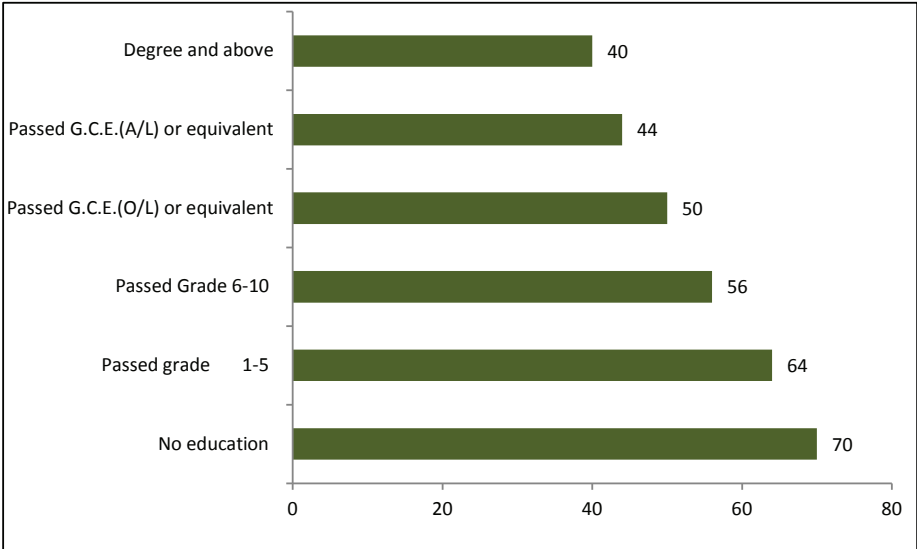


Table 5.11 Need and demand for family planning among currently married women

Percentage of currently married women age 15-49 with unmet need for family planning, percentage with met need for family planning, the total demand for family planning, and the percentage of the demand for contraception that is satisfied, by background characteristics, Sri Lanka 2016

Background characteristic	Unmet need for family planning			Met need for family planning (currently using)			Total demand for family planning ¹			Percentage of demand satisfied ²	Percentage of demand satisfied by modern methods ³	Number of women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total			
Age												
15-19	19.3	2.1	21.4	42.0	1.6	43.5	61.3	3.7	65.0	67.0	57.7	225
20-24	9.6	1.5	11.2	44.2	11.8	56.0	53.9	13.3	67.2	83.4	71.1	1,373
25-29	6.7	3.3	9.9	37.5	21.1	58.6	44.2	24.3	68.5	85.5	74.9	2,559
30-34	3.4	5.3	8.7	22.7	40.9	63.6	26.1	46.2	72.4	87.9	74.6	3,481
35-39	1.4	5.6	7.1	9.7	61.4	71.1	11.1	67.0	78.2	91.0	77.0	3,735
40-44	0.5	4.9	5.4	2.2	69.8	72.0	2.7	74.7	77.4	93.0	74.2	3,033
45-49	0.2	3.7	3.9	1.1	59.5	60.6	1.2	63.3	64.5	94.0	71.8	2,851
Residence												
Urban	4.9	6.1	10.9	15.8	41.0	56.8	20.7	47.1	67.8	83.9	67.1	2,682
Rural	2.7	4.1	6.8	17.4	48.9	66.4	20.2	53.0	73.2	90.7	75.3	13,906
Estate	4.4	4.9	9.3	9.4	49.5	58.9	13.8	54.4	68.2	86.4	80.3	669
District												
Colombo	4.2	5.5	9.7	16.7	43.8	60.5	20.9	49.3	70.2	86.2	67.4	1,625
Gampaha	2.1	5.5	7.6	15.9	51.4	67.3	18.0	56.9	74.9	89.9	69.4	1,755
Kalutara	2.4	3.5	5.8	21.1	52.8	73.8	23.4	56.2	79.7	92.7	69.5	1,040
Kandy	2.7	5.0	7.6	15.0	46.8	61.8	17.7	51.8	69.4	89.0	75.3	1,174
Matale	1.5	3.5	4.9	19.3	52.0	71.4	20.8	55.5	76.3	93.6	81.0	456
Nuwara Eliya	3.1	5.0	8.1	12.1	54.5	66.6	15.2	59.5	74.7	89.2	83.9	552
Galle	2.4	3.6	6.0	19.5	51.1	70.6	21.9	54.7	76.6	92.2	70.3	896
Matara	3.4	5.0	8.4	16.6	48.4	65.0	20.1	53.4	73.4	88.5	72.1	685
Hambantota	4.1	3.6	7.8	17.5	47.0	64.5	21.6	50.6	72.2	89.3	74.8	532
Jaffna	4.1	4.3	8.4	9.8	36.8	46.6	13.9	41.1	55.0	84.7	77.8	409
Mannar	3.2	2.8	6.1	5.7	12.6	18.4	9.0	15.5	24.4	75.2	75.2	76
Vavuniya	6.2	9.3	15.5	10.2	22.8	33.0	16.4	32.1	48.5	68.0	63.4	125
Mullaitivu	1.7	4.6	6.3	18.0	49.2	67.2	19.7	53.8	73.5	91.5	86.9	67
Kilinochchi	4.3	5.1	9.3	13.1	45.3	58.4	17.4	50.4	67.8	86.2	83.1	81
Batticaloa	9.9	12.9	22.8	8.2	23.3	31.5	18.1	36.2	54.3	58.0	52.5	491
Ampara	6.8	3.4	10.2	15.0	30.8	45.7	21.8	34.1	55.9	81.8	72.7	692
Trincomalee	8.4	6.0	14.4	16.9	31.6	48.6	25.4	37.7	63.0	77.1	72.1	331
Kurunegala	2.3	3.6	5.9	17.8	51.7	69.5	20.1	55.3	75.4	92.2	74.0	1,501
Puttalam	2.2	2.3	4.5	18.1	51.2	69.3	20.3	53.5	73.8	93.9	75.4	635
Anuradhapura	2.3	1.9	4.2	18.8	48.4	67.2	21.1	50.4	71.4	94.1	87.5	919
Polonnaruwa	2.4	3.6	6.0	17.3	55.0	72.3	19.7	58.6	78.3	92.3	85.6	381
Badulla	2.2	4.1	6.3	18.7	52.6	71.3	20.9	56.8	77.6	91.9	83.4	697
Moneragala	2.5	2.8	5.3	20.8	51.8	72.7	23.4	54.6	77.9	93.2	81.7	452
Ratnapura	1.5	2.4	3.9	20.7	53.6	74.4	22.2	56.0	78.2	95.0	71.3	1,025
Kegalle	2.0	5.9	8.0	13.6	53.3	66.9	15.6	59.2	74.8	89.4	79.2	658
Education												
No education	0.7	1.6	2.3	1.9	68.8	70.7	2.6	70.4	73.0	96.9	91.3	235
Passed Grade 1-5	1.6	5.2	6.8	5.2	58.7	63.8	6.7	63.9	70.6	90.4	80.2	1,099
Passed Grade 6-10	2.6	4.2	6.8	15.9	52.0	67.9	18.5	56.2	74.7	90.9	77.7	7,629
Passed G.C.E.(O/L) or equivalent	3.6	4.7	8.2	16.8	45.1	62.0	20.4	49.8	70.2	88.3	73.9	3,842
Passed G.C.E.(A/L) or equivalent	4.0	4.9	8.9	22.1	39.3	61.4	26.1	44.1	70.2	87.4	66.5	3,611
Degree and above	4.7	2.5	7.3	22.5	37.4	59.9	27.2	39.9	67.1	89.2	62.2	841
Wealth quintile												
Lowest	3.1	5.0	8.0	15.4	49.1	64.5	18.4	54.1	72.5	89.0	81.4	3,065
Second	2.8	3.5	6.2	17.4	49.2	66.6	20.2	52.7	72.8	91.4	77.3	3,459
Middle	3.1	4.2	7.3	17.6	47.6	65.1	20.6	51.8	72.4	90.0	75.9	3,621
Fourth	3.5	4.1	7.7	17.7	46.1	63.8	21.2	50.2	71.4	89.3	71.9	3,658
Highest	3.2	5.4	8.5	16.1	46.9	63.0	19.2	52.3	71.5	88.1	65.4	3,454
Total	3.1	4.4	7.5	16.9	47.7	64.6	20.0	52.1	72.1	89.6	74.2	17,257

Note: Numbers in this table correspond to the revised definition of unmet need described in Bradley et al., 2012.

¹ Total demand is the sum of unmet need and met need

² Percentage of demand satisfied is met need divided by total demand

³ Modern methods include female sterilization, male sterilization, pill, IUD, injectable, implants, male condom, female condom, emergency contraception, standard days method (SDM), lactational amenorrhea method (LAM), and other modern methods



5.9 FUTURE USE OF CONTRACEPTION

Family planning managers need to understand future use of different methods for planning purposes. It is possible that currently married women, who were not using contraception at the time of the survey, will start using a method in the near future. Those non-users were asked about their intention to use family planning methods in future. According to the results presented in Table 5.12, 38 percent of nonusers said they intend to use family planning methods in the future (5 percent declared to be unsure) and 57 percent said that they have no intention to use contraception at all. The number of living children appears to influence the decision on future use contraception. The percentage of nonusers who intend to use family planning in the future is highest among those women with 1 living child (44 percent versus 35 percent among those without children) and declines with the number of children to just 18 percent among those with 4 or more living children.

Intention	Number of living children ¹					Total
	0	1	2	3	4+	
Intends to use	34.6	43.7	39.4	34.3	17.9	38.1
Unsure	13.1	5.8	2.6	1.1	0.6	5.3
Does not intend to use	52.3	50.5	58.1	64.6	81.4	56.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	1,161	1,917	1,925	793	313	6,109

¹ Includes current pregnancy

5.10 EXPOSURE TO FAMILY PLANNING MESSAGES IN THE MEDIA

Family planning clinics provide key information for women visiting them. Media plays a key role in communicating more effectively messages about family planning to all. In assessing the reach of family planning messages, the 2016 SLDHS asked ever-married women whether they had heard or seen a message about family planning on the radio, on television, in a newspaper or magazine, or on the internet in the last few months before the survey. Table 5.13 presents the percentage of ever married women who had heard or seen such a message from one of the media sources, by background characteristics.

In the last few months before the survey, 42 percent of women reported seeing family planning messages on television. Media exposure to family planning messages is positively associated with the level of education and wealth of the household in which the ever-married women live. In other words, the higher the level of education and the higher the wealth quintile, the higher the exposure to media. By place of residence, and compared to urban and rural sector ever married women, the estate sector ever-married women have less exposure to these four media messages outlets.

5.11 CONTACT OF NONUSERS WITH FAMILY PLANNING PROVIDERS

Contact of nonusers with family planning providers

Respondent discussed family planning in the 12 month before the survey with a fieldworker or during a visit to a health facility.

sample : women age 15-49 who are not currently using any contraceptive methods.

Family planning managers are interested in knowing how they could provide information to non-users of contraception. The results from the 2016 SLDHS indicate that a large majority of the non-users of contraception (86 percent) have not discussed family planning matters with a fieldworker or during a visit to a health facility. According to table 5.14 this percentage is even higher (90 percent) among those ever-married women with lower levels of education.

Table 5.13: Exposure to family planning messages

Percentage of ever married women age 15-49 who heard or saw a family planning message on radio, on television or in a newspaper or magazine in the past few months, according to background characteristics, Sri Lanka 2016

Background characteristic	Family planning messages on:					Number of ever-married women
	Radio	Television	News- paper/ magazine	Internet	None of these four media sources	
Age						
15-19	16.4	25.6	26.6	5.2	58.9	229
20-24	21.3	40.9	35.6	6.7	45.7	1,410
25-29	24.2	45.9	40.6	11.2	41.4	2,620
30-34	25.3	45.5	39.8	9.6	43.1	3,615
35-39	24.1	43.1	37.8	5.6	45.9	3,945
40-44	24.0	41.0	35.5	4.6	49.2	3,269
45-49	21.6	37.5	32.0	2.7	53.9	3,214
Residence						
Urban	23.1	45.2	42.1	15.7	41.1	2,855
Rural	24.1	42.6	36.8	5.1	46.9	14,737
Estate	15.4	22.9	16.3	1.2	69.5	710
District						
Colombo	24.1	47.5	48.9	18.7	35.9	1,731
Gampaha	27.0	43.6	45.4	8.6	42.8	1,845
Kalutara	22.5	37.6	35.7	7.7	52.6	1,104
Kandy	28.3	53.3	49.0	9.1	35.4	1,223
Matale	14.4	31.4	30.2	3.2	54.9	490
Nuwara Eliya	13.7	27.2	19.3	1.8	66.6	572
Galle	24.4	43.6	40.2	7.0	43.2	935
Matara	26.3	53.3	46.6	6.1	36.7	718
Hambantota	27.5	46.4	30.7	3.2	45.6	556
Jaffna	20.2	34.3	31.8	9.5	55.5	471
Mannar	38.3	54.9	31.3	7.8	42.5	81
Vavuniya	22.4	28.9	34.3	7.2	56.9	136
Mullaitivu	8.4	15.1	11.8	1.8	76.9	81
Kilinochchi	8.0	14.0	12.8	0.6	77.7	94
Batticaloa	15.9	45.0	19.9	8.2	50.8	531
Ampara	26.3	42.1	27.2	4.0	52.9	731
Trincomalee	23.5	39.6	29.7	7.8	51.3	362
Kurunegala	13.0	27.2	24.9	2.9	62.8	1,592
Puttalam	42.6	49.7	42.0	5.1	39.3	664
Anuradhapura	18.0	35.2	28.8	3.8	59.7	984
Polonnaruwa	34.4	57.8	34.9	2.9	35.0	399
Badulla	18.8	37.2	24.5	2.2	57.3	735
Moneragala	39.0	72.5	42.4	1.7	18.6	485
Ratnapura	20.5	44.0	40.9	2.9	42.6	1,084
Kegalle	28.6	39.5	49.7	3.9	38.5	698
Education						
No education	8.5	13.8	0.6	0.0	83.5	285
Passed Grade 1-5	11.3	21.6	7.0	0.2	74.7	1,257
Passed Grade 6-10	21.5	39.9	29.5	1.4	51.5	8,130
Passed G.C.E.(O/L) or equivalent	26.1	45.5	43.0	5.2	42.6	4,044
Passed G.C.E.(A/L) or equivalent	28.4	50.9	53.9	15.4	33.1	3,731
Degree and above	32.6	51.4	58.9	35.6	29.6	856
Wealth quintile						
Lowest	15.2	26.9	19.0	0.8	64.7	3,390
Second	21.1	40.8	30.8	2.0	49.8	3,695
Middle	24.6	43.9	36.9	2.6	45.9	3,838
Fourth	26.7	48.1	43.7	6.0	41.4	3,816
Highest	29.6	50.3	52.8	21.8	33.7	3,562
Total 15-49	23.6	42.2	36.9	6.6	46.8	18,302



Table 5.14 Contact of nonusers with family planning providers

Among ever-married women age 15-49 who are not using contraception, the percentage who during the past 12 months were visited by a fieldworker who discussed family planning, the percentage who visited a health facility and discussed family planning, the percentage who visited a health facility but did not discuss family planning, and the percentage who did not discuss family planning either with a fieldworker or at a health facility, by background characteristics, Sri Lanka 2016

Background characteristic	Percentage of women who visited a health facility in the past 12 months and who:			Number of ever-married women
	Discussed family planning	Did not discuss family planning	Percentage of women who did not discuss family planning either with fieldworker or at a health facility	
Age				
15-19	17.9	34.4	82.1	130
20-24	21.6	42.3	78.4	638
25-29	23.2	48.0	76.8	1,118
30-34	20.4	48.1	79.6	1,393
35-39	13.9	49.8	86.1	1,265
40-44	6.8	48.6	93.2	1,045
45-49	3.2	47.4	96.8	1,419
Residence				
Urban	14.8	47.9	85.2	1,309
Rural	14.0	47.9	86.0	5,390
Estate	15.3	39.5	84.7	309
District				
Colombo	15.2	52.7	84.8	733
Gampaha	13.1	53.9	86.9	648
Kalutara	15.7	58.0	84.3	327
Kandy	13.9	46.4	86.1	494
Matale	11.9	73.0	88.1	159
Nuwara Eliya	11.8	40.8	88.2	197
Galle	13.1	67.1	86.9	300
Matara	8.6	63.0	91.4	272
Hambantota	9.9	67.0	90.1	211
Jaffna	11.2	34.4	88.8	271
Mannar	22.0	15.7	78.0	67
Vavuniya	14.6	36.6	85.4	95
Mullaitivu	5.6	44.6	94.4	33
Kilinochchi	13.1	45.8	86.9	44
Batticaloa	8.0	41.6	92.0	374
Ampara	27.4	24.5	72.6	406
Trincomalee	18.3	30.1	81.7	199
Kurunegala	11.2	49.3	88.8	539
Puttalam	13.3	44.1	86.7	216
Anuradhapura	7.0	55.4	93.0	362
Polonnaruwa	17.1	38.6	82.9	119
Badulla	17.8	37.9	82.2	226
Moneragala	28.0	21.7	72.0	151
Ratnapura	11.4	50.3	88.6	315
Kegalle	23.0	38.1	77.0	252
Education				
No education	4.5	42.0	95.5	105
Passed Grade 1-5	6.8	41.6	93.2	525
Passed Grade 6-10	14.7	45.6	85.3	2,881
Passed G.C.E.(O/L) or equivalent	14.4	48.9	85.6	1,636
Passed G.C.E.(A/L) or equivalent	15.9	51.5	84.1	1,511
Degree and above	16.7	50.9	83.3	350
Wealth quintile				
Lowest	14.0	41.2	86.0	1,363
Second	13.0	46.5	87.0	1,358
Middle	15.0	47.5	85.0	1,453
Fourth	16.0	47.5	84.0	1,457
Highest	13.1	54.9	86.9	1,376
Total	14.2	47.5	85.8	7,008

Key Findings

- **Marriage:** The median age at first marriage among women age 25-49 is 23.7 years.
- **Age at first marriage:** Median age at first marriage among women has increased slightly since 2012, from 23.4 years to 23.7 years
- **Marriage differentials:** Ever-married women in the poorest wealth quintiles and those with less education have lower median ages at first marriage than those with higher education and those belonging to households in higher wealth quintiles.
- **Age at first sexual intercourse:** The median age at first sexual intercourse for women ages 25-49 at 23.7 years, equal to the age at first marriage.
- **Amenorrhea, Abstinence and Insusceptibility:** The median duration of postpartum amenorrhea, abstinence and insusceptibility among ever-married women who gave birth in the three years preceding the survey are 3.4, 3.2 and 5.1 months respectively.
- **Menopause:** Eleven percent of women age 30-49 are menopausal. Menopause increases with age, from 5.2 percent among women age 30-34 to 35 percent among women age 45-49.

This chapter presents findings related to some key factors that affect a woman's risk of becoming pregnant such as marriage and sexual activity. Marriage signals the regular exposure of women to the risk of becoming pregnant. In societies where age at first marriage is low, childbearing typically also starts early which results in higher fertility. Specifically, this chapter explores age at first marriage and age at first sexual intercourse among Sri Lankan ever-married women. Finally, measures of several other proximate determinants of fertility which, influence exposures to the risk of pregnancy are presented: durations of postpartum amenorrhea, postpartum abstinence insusceptibility, and menopause. Marriage is a primary indication of the exposure of women to the risk of pregnancy and, therefore, is important for the understanding of fertility. Populations in which age at marriage is low tend to be populations with early childbearing and high fertility. For this reason, there is an interest in trends in age at marriage. Marriage, divorce, separation, and widowhood are demographic events that influence exposure to pregnancy and thereby affect fertility. The definition of marriage is not universal for all countries and religions in the world. In Sri Lanka, marriage is very regulated by customs and laws that vary widely among ethnic groups. Although polygamy is illegal in Sri Lanka but is permitted among Muslims, its practice is not very common among them.

6.1 CURRENT MARITAL STATUS

Table 6.1 shows the current marital status of women age 15-49 according to age. In this table, the term "married" is intended to mean legal, traditional, or formal marriage, while "living together" describes couples who live together in an informal union as husband and wife. In later tables that do not list 'living together' as a separate category, these women are included in the 'currently married' group. Respondents who are currently married, widowed, divorced, or separated are referred to as 'ever-married women'.



Table 6.1 Current marital status

Percent distribution of women age 15-49 by current marital status, according to age, Sri Lanka 2016

Age	Marital status				Total	Percentage of respondents currently in union	Number of respondents
	Never married	Married	Living together	Widowed/divorced/separated			
15-19	93.9	5.4	0.6	0.1	100.0	6.0	3,744
20-24	60.4	37.0	1.5	1.0	100.0	38.5	3,563
25-29	25.3	70.2	2.7	1.8	100.0	72.9	3,510
30-34	8.4	85.4	2.8	3.4	100.0	88.2	3,946
35-39	3.8	86.8	4.2	5.1	100.0	91.0	4,103
40-44	4.4	84.8	3.8	6.9	100.0	88.7	3,420
45-49	4.6	80.9	3.7	10.8	100.0	84.6	3,371
Total 15-49	28.7	64.5	2.8	4.1	100.0	67.3	25,656

The proportion of never married women age 15-49 is 29 percent. This proportion, as expected, falls sharply with increasing age. It declines from 94 percent for women age 15-19 to less than 5 percent among women age 35 or older. The opposite distribution is observed among married women, with its smallest percentage at age 15-19 (5 percent), growing to 70 percent at age 25-29 and stabilizing at 80 percent or higher for ages 30-49. The high proportion of married women age for ages 30 and above indicates that marriage is almost universal in Sri Lanka. Overall 65 percent of all women 15-49 years of age are currently married and only four percent of women are widowed, divorced, and separated. The proportion of women who are widowed, divorced or separated increases sharply with age, 7 percent of women age 40-44 and 11 percent of women age 45-49 are widowed, divorced or separated. As expected all the proportions of currently married, divorced, widowed and separated increase with age.

Table 6.2 and figure 6.1 show the trend in the percentage of women who have never married by age group for the 1963-2016 periods using different data sources. The proportion of women who have never married affects fertility levels in a population. The singulate mean age at marriage (SMAM) is the average length of single life expressed in years among those who marry before age 50. The SMAM in Sri Lanka has been fluctuating around 22-25 years and is reported at 23.7 years in 2016. By age groups, the percentage of ever-married adolescents (15-19) declined from 11 percent in year 2012 to 6 percent in year 2016. Among 20-24, the percentage of ever-married women decreased from 43 percent in 2012 to 40 percent in 2016 (see Figure 6.1 included below). Some caution is advised in interpreting trends since some of the data sources reflect the entire country, while most of the surveys omit the Eastern Northern districts. To be comparable to the 2006-07 SLDHS, data from the 2016 SLDHS were re-tabulated to omit the Northern districts of Jaffna, Mannar, Vavuniya, Mullaitivu and Kilinochchi.

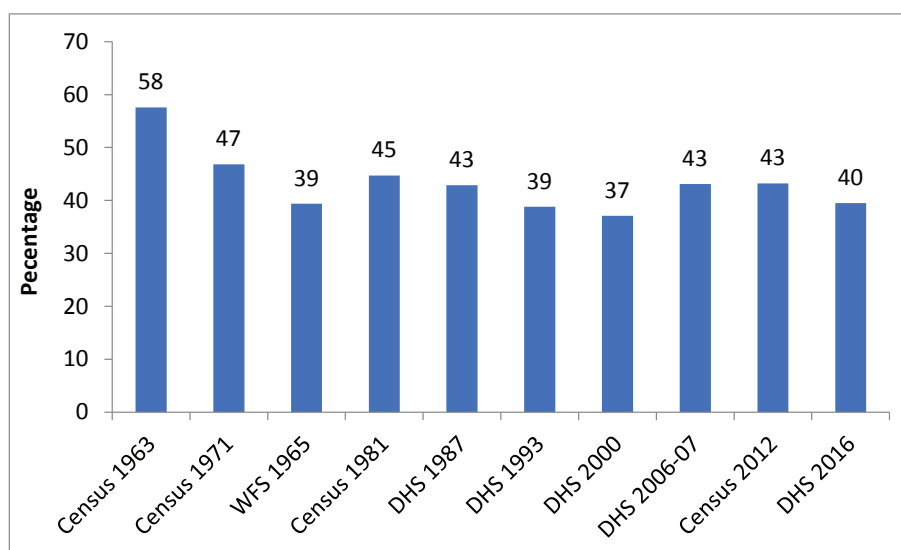
Table 6.2 Proportion of ever- married women

Percentage of all women who have ever married according to age and singulate mean age at marriage (SMAM) from various sources, 1963 to 2016

Current age	Census 1963	Census 1971	WFS 1965	Census 1981	DHS 1987 ¹	DHS 1993 ¹	DHS 2000 ¹	DHS 2006-07 ¹	Census 2012	DHS 2016
15-19	14.8	10.6	6.8	9.9	7.3	7.1	8.6	9.6	10.6	6.1
20-24	57.6	46.8	39.4	44.7	42.9	38.8	37.1	43.1	43.2	39.6
25-29	81	75.4	68.1	69.6	70	66.3	66.7	74.1	75.6	74.7
30-34	88.6	89.1	86.3	84.2	85.8	82.3	84.2	89.2	89.8	91.6
35-39	89.8	94.2	94.2	91.1	90.9	88.9	89.3	93.6	93.3	96.1
40-44	86.1	95.3	95.4	94.1	93.8	90.8	94.2	93.8	94.3	95.5
45-49	81.6	95.9	97.9	95.5	96.5	94.8	93.5	94.3	94.6	95.4
SMAM	22.1	23.5	25.1	24.4	24.8	25.5	24.6	23.5	23.4	23.7

WFS = World Fertility Survey; SMAM = Singulate mean age at marriage Sources: DCS, 1978 Table 4.1 ; DCS, 2002, Table 6.3; special tabulation for 2006-07, ¹ Excluding Northern and Eastern Provinces

Figure 6.1 Trends in proportion of women age 20-24 who were ever-married



6.2 AGE AT FIRST MARRIAGE

Median age at first marriage

Age by which half of respondents have been married

The start of marriage is an important social and demographic indicator and, in most societies, represents the point in a person's life when childbearing first becomes acceptable. Thus, trends in age at first marriage can help in understanding the levels and trends in fertility for Sri Lanka. The duration of exposure to pregnancy depends primarily on the age at which women first marry. Women who marry early will, on average, have longer exposure to pregnancy and a greater number of lifetime births. Information on age at first marriage was obtained by asking all ever-married women the month and year at which they married or started living together with their first husband.

Table 6.3 shows the percentage of women age 15-49 who were first married by specific exact ages and median age at first marriage, according to current age. The results show no important differences in the ages at first marriage among age cohorts. Overall, twelve percent of ever-married women 25-49 are already married exact age at 18 and almost one fourth of them married by the time they were 20 years. The median age at first marriage is 23.7. Age at first marriage has been fluctuating around 23 years among ever-married women in Sri Lanka. The median age at first marriage has remained constant during the recent past: 23.4 according to the 2012 Population census and 23.7 years in the 2016 SLDHS. The proportions of women already married exact ages 15 and 18 have declined further over time, as shown by comparing women in the youngest (20-24) and oldest (45-49) cohorts.

Table 6.3 Age at first marriage

Percentage of women age 15-49 who were first married by specific exact ages and median age at first marriage, according to current age, Sri Lanka 2016

Current age	Percentage first married by exact age:					Percentage never married	Number of respondents	Median age at first marriage
	15	18	20	22	25			
Age								
15-19	0.3	na	na	na	na	93.9	3,744	a
20-24	0.9	9.8	24.6	na	na	60.4	3,563	a
25-29	1.2	11.2	25.9	39.2	59.0	25.3	3,510	23.5
30-34	1.0	12.5	25.6	39.5	60.1	8.4	3,946	23.5
35-39	1.3	11.7	25.4	38.9	60.4	3.8	4,103	23.5
40-44	1.4	12.0	24.4	36.9	57.5	4.4	3,420	24.0
45-49	1.8	12.5	25.7	39.4	57.3	4.6	3,371	23.8
20-49	1.3	11.6	25.3	na	na	17.5	21,912	a
25-49	1.3	12.0	25.4	38.8	59.0	9.2	18,349	23.7

Note: The age at first marriage is defined as the age at which the respondent began living with her/his first spouse/partner

na = Not applicable due to censoring

a = Omitted because less than 50 percent of the women or men began living with their spouse or partner for the first time before reaching the beginning of the age group

Table 6.4 presents differentials in the median age at first marriage among women age 25-49 by selected background characteristics. As expected, rural women tend to marry at a younger age (23.5) than urban women. The median age at first marriage among urban women (24.4 years), is over one year higher than the median age at first marriage among estate women (23.3 years). There are marked differentials in the age of first marriage by district of residence. Colombo, has the highest median at marriage with 24.9 years. This is about three years later than women from the Batticaloa, Mullaitivu, Trincomalee, Anuradhapura, Polonnaruwa, Moneragala and Puttalam districts. The median age at first marriage for the age group 30-49, increases with education levels. The median age at first marriage among women with thirteen years of education is 26.2 years, more than five and half years higher than the median age among women who have no education (20.7 years) or primary (20.4 years) and about 3 years higher than among women who had "Passed G.C.E.(O/L) or equivalent education" (23.6 years). Also, women from the highest wealth quintile marry more than four years later than those from the lowest quintile (25.5 vs 21.7 respectively, see Table 6.4).

Table 6.4 Median age at first marriage by background characteristics

Median age at first marriage among women age 25-49 and age 30-49, according to background characteristics, Sri Lanka 2016

Background characteristic	Women age	
	25-49	30-49
Residence		
Urban	24.4	24.5
Rural	23.5	23.6
Estate	23.3	23.0
District		
Colombo	24.9	24.9
Gampaha	24.9	24.9
Kalutara	24.4	24.4
Kandy	24.6	24.9
Matale	22.8	22.9
Nuwara-Eliya	23.0	23.0
Galle	24.5	24.7
Matara	24.5	24.7
Hambantota	24.3	24.2
Jaffna	25.0	24.5
Mannar	23.0	22.7
Vavuniya	23.0	23.0
Mullaitivu	21.7	22.2
Kilinochchi	22.5	22.5
Batticaloa	21.6	21.8
Ampara	22.2	22.6
Trincomalee	21.7	21.4
Kurunegala	23.5	23.3
Puttalam	21.9	21.6
Anuradhapura	21.7	21.7
Polonnaruwa	21.7	21.8
Badulla	22.8	23.0
Moneragala	21.8	21.9
Ratnapura	23.4	23.3
Kegalle	24.1	24.3
Education		
No education	20.8	20.7
Passed Grade 1-5	20.3	20.4
Passed Grade 6-10	21.7	22.0
Passed G.C.E.(O/L) or equivalent	23.4	23.6
Passed G.C.E.(A/L) or equivalent	a	26.2
Degree and above	a	28.7
Wealth quintile		
Lowest	21.6	21.7
Second	22.7	22.8
Middle	23.3	23.2
Fourth	24.6	24.2
Highest	a	25.5
Total	23.7	23.7

Note: The age at first marriage is defined as the age at which the respondent began living with her/his first spouse/partner

a = Omitted because less than 50 percent of the women or men began living with their spouse or partner for the first time before reaching the beginning of the age group



6.3 AGE AT FIRST SEXUAL INTERCOURSE

Median age at sexual intercourse

Age by which half of respondents have had sexual intercourse.

Age at first marriage can be used as a proxy for the beginning of exposure to the risk of pregnancy. However, age at first sexual intercourse and age at first marriage may not necessarily occur at the same time, because some women are sexually active before marriage, or sometimes it could be at a later date than the actual recorded date of marriage. The age at which women initiate sexual intercourse more precisely marks the beginning of their exposure to reproductive risks.

Table 6.5 shows the percentage of women age 15-49, who had first sexual intercourse by specific ages, the percentage who never had sexual intercourse, and the median age of first sexual intercourse. The table was generated using the information on the age at first sex from the ever-married women interviewed in the 2016 SDHS and assuming that never-married women have not had intercourse. Given the conservative nature of the Sri Lanka society, that assumption is likely correct for many never-married women.

Table 6.5 includes the median age at first sexual intercourse for women ages 25-49 at 23.7 years. Compared with the median age at first marriage shown same age (23.7 years), these two figures indicate that first sexual intercourse and first marriage occurs same time of the women life. Table 6.5 also shows that among women ages 25-49, the percentage having their first sexual intercourse increases from 1 percent by age 15 to 12 percent by age 18. In fact, the percentage who had their first sexual intercourse by age 20 (25.4%) reaches almost the double percentage found at age 18. This pattern persists across all current age groups. However, the proportions of women having their first sexual intercourse by exact ages 15 has declined further over time, as shown by comparing women in the youngest (15-19) and the oldest (45-49) cohorts; 0.3 percent to 1.9 percent, respectively.

Table 6.5 Age at first sexual intercourse

Percentage of women 15-49 who had first sexual intercourse by specific exact ages, percentage who never had sexual intercourse, and median age at first sexual intercourse, according to current age, Sri Lanka 2016

Current age	Percentage who had first sexual intercourse by exact age:					Percentage who never had intercourse	Number	Median age at first intercourse
	15	18	20	22	25			
Age								
15-19	0.3	na	na	na	na	94.0	3,744	a
20-24	1.0	10.1	24.5	na	na	60.8	3,563	a
25-29	1.3	11.5	25.8	38.7	58.4	26.0	3,510	23.6
30-34	1.2	12.7	25.7	39.3	59.8	8.6	3,946	23.5
35-39	1.4	11.9	25.4	39.0	60.2	4.0	4,103	23.5
40-44	1.5	12.3	24.5	36.9	57.0	4.6	3,420	24.1
45-49	1.9	12.8	25.7	39.4	57.4	4.9	3,371	23.8
20-49	1.4	11.9	25.3	na	na	17.8	21,912	a
25-49	1.4	12.3	25.4	38.7	58.7	9.5	18,349	23.7
15-24	0.7	na	na	na	na	77.8	7,307	a

na = Not applicable due to censoring
a = Omitted because less than 50 percent of the respondents had sexual intercourse for the first time before reaching the beginning of the age group

Table 6.6 examines the median age at first sexual intercourse among women age 25-49 and 30-49 by background characteristics. Women living in rural and estate areas tend to initiate sexual intercourse earlier than their urban counterparts. The patterns are almost similar to median age at marriage: women in urban areas, those with higher education and women from the richest households had their first sexual experience at

later ages than rural and estate, less educated, and poorer counterparts. The differences are as marked as those found in median age at first marriage. For example, median age at first sexual intercourse between urban and rural areas differs by one year; very similar to the one year observed in age at first marriage between the two areas is approximately.

Table 6.6 Median age at first sexual intercourse by background characteristics

Median age at first sexual intercourse among women age 25-49 and age 30-49, according to background characteristics, Sri Lanka 2016

	Women age	
	25-49	30-49
Residence		
Urban	24.4	24.5
Rural	23.5	23.6
Estate	23.7	23.3
District		
Colombo	24.9	24.9
Gampaha	24.9	24.9
Kalutara	24.4	24.4
Kandy	24.5	24.8
Matale	22.8	22.9
Nuwara-Eliya	23.4	23.5
Galle	24.5	24.7
Matara	24.5	24.7
Hambantota	24.4	24.4
Jaffna	25.0	24.4
Mannar	22.9	22.6
Vavuniya	23.4	23.6
Mullaitivu	21.6	22.1
Kilinochchi	22.5	22.5
Batticaloa	21.6	21.8
Ampara	22.3	22.6
Trincomalee	21.8	21.3
Kurunegala	23.5	23.4
Puttalam	22.0	21.6
Anuradhapura	21.7	21.6
Polonnaruwa	21.7	21.6
Badulla	22.8	23.0
Moneragala	21.9	22.0
Ratnapura	23.5	23.4
Kegalle	24.1	24.3
Education		
No education	20.8	20.7
Passed Grade 1-5	20.3	20.4
Passed Grade 6-10	21.8	22.0
Passed G.C.E.(O/L) or equivalent	23.4	23.6
Passed G.C.E.(A/L) or equivalent	a	26.2
Degree and above	a	28.7
Wealth quintile		
Lowest	21.6	21.7
Second	22.7	22.8
Middle	23.3	23.2
Fourth	24.6	24.2
Highest	a	25.5
Total	23.7	23.7

a = Omitted because less than 50 percent of the respondents had intercourse for the first time before reaching the beginning of the age group

6.4 POSTPARTUM AMENORRHOEA, ABSTINENCE AND INSUSCEPTIBILITY

Median duration of postpartum amenorrhoea

Number of months after childbirth by which time half of women have begun menstruating

sample : women who gave birth in the 3 years before the survey

Median duration of postpartum insusceptibility

Number of months after childbirth by which time half of women are no longer protected against pregnancy either by postpartum amenorrhoea or abstinence from sex.

sample : women who gave birth in the 3 years before the survey

Postpartum amenorrhea refers to the interval between childbirth and the return of menstruation. During this period, the risk of pregnancy is greatly reduced. The duration of this protection from conception after childbirth depends on the duration and intensity of breastfeeding and the length of time before the resumption of sexual intercourse. Postpartum abstinence refers to the period between child birth and the time when a woman resumes sexual activity. Women who gave child birth during the three years prior to the survey were asked about the duration of amenorrhea, and their sexual abstinence. Women are considered insusceptible if they abstain from intercourse following childbirth and/or are amenorrheic. The duration of amenorrhea and sexual abstinence following birth jointly determine the length of insusceptibility.

Table 6.7 and figure 6.2 show the percentage of births in the three years preceding the survey for which mothers are postpartum amenorrheic, abstaining, and insusceptible by the number of months since birth. The results are grouped in two-month intervals to minimize fluctuations in the estimates.

The median duration of amenorrhoea among women who gave birth in the three years preceding the survey is 3.4 months and the median duration of postpartum abstinence is 3.2 months. The two factors, postpartum amenorrhoea and abstinence, taken together indicate that the median duration of postpartum insusceptibility to pregnancy is 5.1 months. The median duration of amenorrhea went down from 3.8 to 3.4 months from year 2006 to 2016 year. Women who gave child birth during the three years prior to the survey were insusceptible to pregnancy (74 percent) after the first two months following childbirth. The majority of women (59percent) are still abstaining in the first two months following birth. The contribution of abstinence is greatly reduced after the third month. At 8-9 months, 22 percent of women are still amenorrheic, but only 13 percent are still abstaining. At 22-23 months after birth, insusceptibility drops to 13 percent or less.

Table 6.7 Postpartum amenorrhea, abstinence and insusceptibility

Percentage of births in the three years preceding the survey for which mothers are postpartum amenorrheic, abstaining, and insusceptible, by number of months since birth, and median and mean durations, Sri Lanka 2016

Months since birth	Percentage of births for which the mother is:			Number of births
	Amenorrheic	Abstaining	Insusceptible ¹	
< 2	84.0	94.9	98.7	288
2-3	49.7	58.9	73.5	228
4-5	37.8	21.5	50.3	245
6-7	31.8	17.6	41.5	277
8-9	21.7	13.3	30.7	254
10-11	14.3	12.3	23.0	257
12-13	11.7	7.4	17.1	235
14-15	10.3	9.3	18.1	252
16-17	7.9	6.9	14.2	292
18-19	7.5	8.9	15.3	245
20-21	8.7	9.5	17.4	253
22-23	7.0	6.3	13.0	283
24-25	6.3	6.8	12.2	261
26-27	4.0	7.0	10.5	294
28-29	5.7	4.7	10.3	265
30-31	4.7	5.2	9.1	241
32-33	4.7	8.1	12.8	317
34-35	4.7	4.6	9.3	307
Total	17.7	16.7	26.2	4,795
Median	3.4	3.2	5.1	na
Mean	6.8	6.3	9.8	na

Note: Estimates are based on status at the time of the survey.

na = Not applicable

¹ Includes births for which mothers are either still amenorrheic or still abstaining (or both) following birth

Figure 6.2 Percentage of births for which mothers are postpartum amenorrheic, abstaining and insusceptible to pregnancy

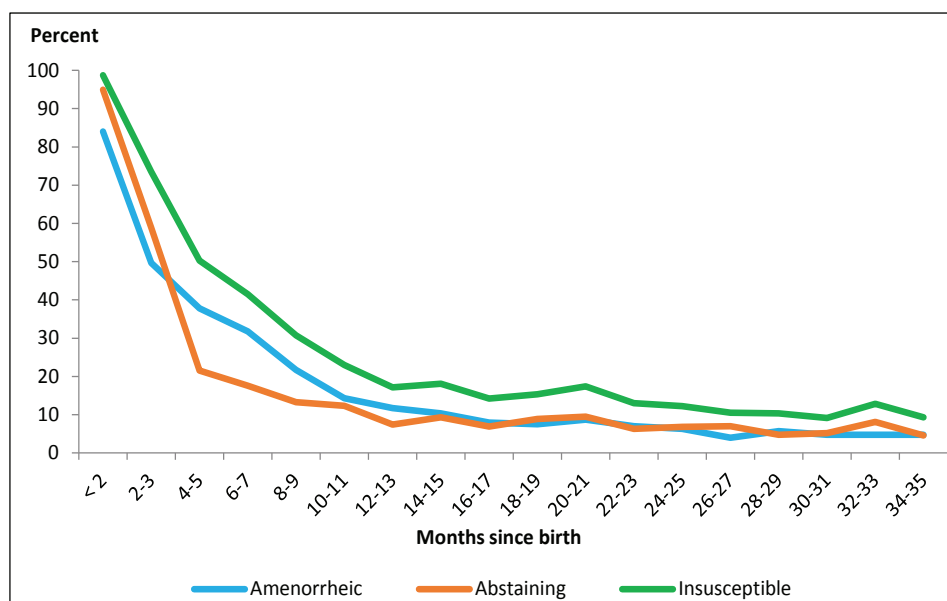


Table 6.8 shows differences in the median duration of postpartum amenorrhea, abstinence and insusceptibility according to background characteristics. In general, the differences in the median duration of postpartum insusceptibility are small. Although the median duration of postpartum amenorrhea among women age 30-49 is higher than among women age 15-29 (4.2 months and 2.7 months respectively), the median duration of postpartum abstinence is nearly the same among these two groups (3.0 and 3.4 months for amenorrhea and abstinence respectively, resulting in over 1-month difference in the median duration of postpartum insusceptibility between younger women (4.4) and older women (5.6). Women in estate areas have a longer median duration of amenorrhea than women in rural and urban areas. (4.1 Versus 3.5, and 2.7 months respectively), and they differ from women in urban and rural areas in median duration of postpartum abstinence (3.3, 3.1 and 5.6 months respectively). Median duration of postpartum insusceptibility is substantially longer among women in estate areas (8.2 months) than women in urban and rural areas (4.7, 5.0 months respectively). The median duration of postpartum insusceptibility among women in the poorest households is one month higher than the one observed among women in the richest households.

Table 6.8 Median duration of amenorrhea, postpartum abstinence and postpartum insusceptibility			
Median number of months of postpartum amenorrhea, postpartum abstinence, and postpartum insusceptibility following births in the three years preceding the survey, by background characteristics, Sri Lanka 2016			
Background characteristic	Percentage of births for which the mother is:		
	Postpartum amenorrhea	Postpartum abstinence	Postpartum insusceptibility ¹
Mother's age			
15-29	2.7	3.0	4.4
30-49	4.2	3.4	5.6
Residence			
Urban	2.7	3.3	4.7
Rural	3.5	3.1	5.0
Estate	4.1	5.6	8.2
Education			
Passed Grade 1-5	(2.9)	(3.4)	(4.6)
Passed Grade 6-10	3.1	3.4	5.8
Passed G.C.E.(O/L) or equivalent	3.4	3.4	4.4
Passed G.C.E.(A/L) or equivalent	3.5	3.1	5.1
Degree and above	(4.2)	*	(4.9)
Wealth quintile			
Lowest	2.7	3.8	5.8
Second	2.8	3.2	4.4
Middle	3.7	3.2	5.4
Fourth	3.7	3.2	4.9
Highest	3.7	3.0	4.8
Total	3.4	3.2	5.1
Note: Medians are based on the status at the time of the survey (current status)			
¹ Includes births for which mothers are either still amenorrheic or still abstaining (or both) following birth			

6.5 MENOPAUSE

Menopause

Women are considered to have reached menopause if they are neither pregnant nor postpartum amenorrheic and have not had a menstrual period in the 6 months before the survey, or if they report being menopausal.

sample : women age 30-49

The risk of pregnancy declines with age as increasing proportions of women become infecund. The term infecundity denotes a process rather than a well-defined event. Although the onset of infecundity is difficult to determine for an individual woman, one indicator of infecundity is menopause.

Menopause is the culmination of a gradual decline in fecundity with increasing age. Women were considered menopausal if they were neither pregnant nor postpartum amenorrheic at the time of the survey and had not had a menstrual period for at least six months prior to the survey. Women who report that they have had a hysterectomy are also defined as menopausal. Table 6.9 presents data on menopause for women age 30 and older. Eleven percent of women age 30-49 are estimated to be menopausal. As expected, the proportion of women who are menopausal increases with age, from 5.2 percent among women age 30-34 to 35 percent among women age 45-49.

Table 6.9 Menopause

Percentage of women age 30-49 who are menopausal, by age, Sri Lanka 2016

Women Age	Percentage menopausal ¹	Number of women
Age		
30-34	5.2	3,615
35-39	6.5	3,945
40-41	8.8	1,350
42-43	8.0	1,272
44-45	14.0	1,281
46-47	19.4	1,348
48-49	35.0	1,232
Total	11.0	14,043

¹Percentage of all women who are not pregnant and not postpartum amenorrheic whose last menstrual period occurred six or more months preceding the survey



Key Findings

- **Desire for another child:** Sixteen percent of currently married women age 15-49 want to have another child soon and 12 percent want to wait at least 2 years before having another child.
- **Limiting child bearing:** Sixty-one percent of currently married women in Sri Lanka want to limit child bearing: 47 percent want no more children and 14 percent have been sterilized.
- **Ideal Family:** Women currently want 2.5 on average children. as their ideal family size In the 2016 DHS.
- **Wanted Fertility:** The total wanted fertility rate (1.9) is lower than the current total fertility rate (2.2)

Information on fertility preferences can improve understanding of future fertility patterns, future demands for contraception, and provides information related to attitudes on fertility intentions and preferences. This chapter presents information on whether and when married women want more children or not, ideal family size, whether the last birth was wanted at the time, and a theoretical fertility rate if all unwanted births were prevented.

To analyze the attitudes regarding the desired number of children, ever-married women age 15-49 who were either not pregnant or unsure about their status were asked to set of questions to ascertain their fertility preferences: Would you like to have (a/ another) child or would you prefer not to have any (More) children? Women who were pregnant at the time of the survey were asked: After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children? Women who indicated that they wanted another child were asked how long they would like to wait before the birth of the next child. Finally, women were asked about the total number of children they would like to have, if they were to start childbearing afresh.

7.1 DESIRE FOR MORE CHILDREN**Desire for another child**

Women were asked whether they wanted more children and, if so, how long they would prefer to wait before the next child. Women who are sterilized are assumed not to want any more children

Currently married women were asked whether they wanted more children and, if so, how long they would prefer to wait before the next child. Women who are sterilized are assumed not to want any more children. Table 7.1 presents the percent distribution of currently married women age 15-49 by the desire for children, according to the number of living children. At the national level, thirty percent of the currently married women want to have another child, 16 percent wanted soon and 12 percent later on. However, the majority of currently married women (47 percent) indicated that they do not want to have more children than the ones they already have. If we add to this percentage, the 14 percent of women who are sterilized, over 61 percent of currently married women do not want more children at all (see Figure 7.1 below) are to respond to the needs expressed by these two numbers.

Table 7.1 Fertility preferences by number of living children

Percent distribution of currently married women age 15-49 by desire for children, according to number of living children, Sri Lanka 2016

Desire for children	Number of living Children							Total 15-49
	0	1	2	3	4	5	6+	
Have another soon ²	67.4	31.0	7.2	1.0	0.9	0.1	1.0	16.3
Have another later ³	8.4	32.5	7.6	2.0	0.8	0.7	0.0	12.2
Have another, undecided when	3.0	4.1	1.5	0.3	0.1	0.0	0.0	1.9
Undecided	10.8	4.1	4.5	2.1	1.3	0.3	2.7	4.2
Want no more	3.2	24.0	69.5	51.1	43.5	40.5	53.2	47.1
Sterilized ⁴	0.2	0.9	6.4	39.3	43.3	49.1	40.6	14.0
Declared infecund	5.1	1.4	0.8	0.8	1.2	0.5	0.2	1.3
Missing	1.9	2.1	2.5	3.5	8.8	8.8	2.3	3.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	1,437	4,259	6,746	3,688	799	251	76	17,257

¹ The number of living children includes the current pregnancy

² Wants next birth within 2 years

³ Wants to delay next birth for 2 or more years

⁴ Includes both female and male sterilization

⁵ The number of living children includes one additional child if respondent's wife is pregnant (or if any wife is pregnant for men with more than one current wife).

As with many statistics, the values presented above vary substantially according to the number of living children the woman had at the time of the survey. From Table 7.1 we can conclude that the desire to have another child (soon, later on or undecided when) is greater among the currently married women without children or with one child (79 percent and 68 respectively), compared to 16 percent or less among those with 2 or more children already. Similarly, among those who indicated that they do not want to have more children, the highest percentages are observed among those currently married women who already have two or more children or are already sterilized (76 percent among those with 2 or more children and 90 percent or more among those with 5 or more children, see Table 7.1 and Figure 7.2).

Figure 7.1 Desire for more children among currently married women

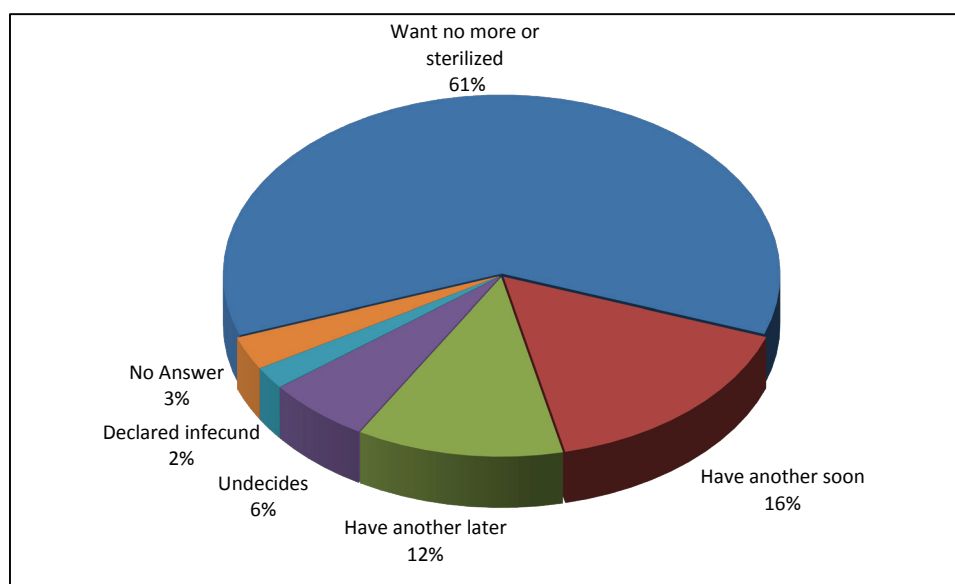
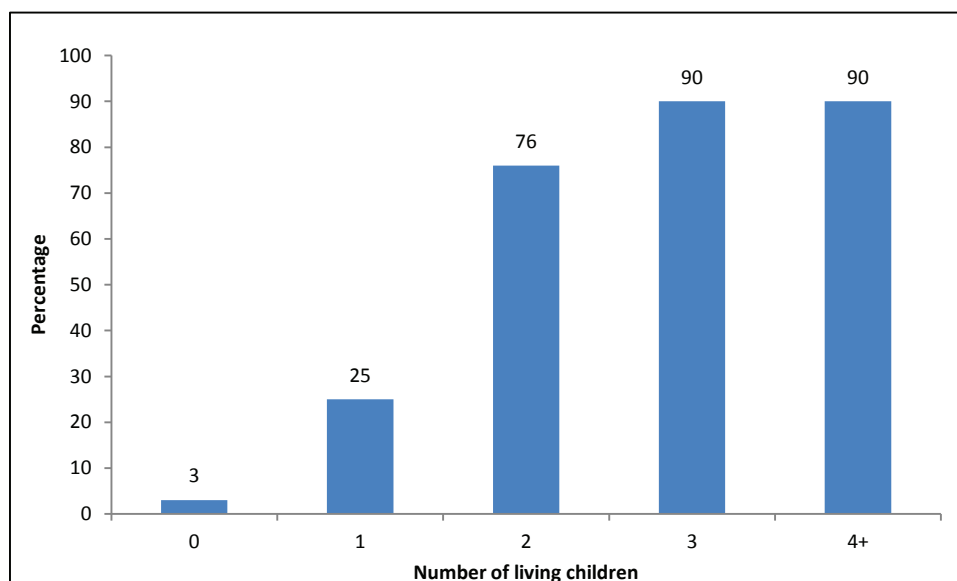


Figure 7.2 Percentage of currently married women who want no more children by number of living children



Note : women who have been sterilized are considered do want no more children.

Table 7.2 presents the percentage of currently married women who want no more children (including those who have already been sterilized) by the number of living children and according to background characteristics. In general, the differences in the percentage currently married women who do not want more children by background characteristics are relatively small, with a few exceptions. Women living in the estate areas are most likely not to want to have any more children (66 percent). By district, the percentage who do not want more children varies substantially, from just 34 percent in the district of Mannar to twice as many (69 percent) in Kagalle. The desire for no more children fluctuates between 59 percent and 64 percent across household wealth quintiles. By education the percentage of wanting no more children is highest (84 percent) among those with no education and lowest (47 percent) among currently married women with degree and above. This pattern is particularly found among currently married women with just one child. Similar differences are not observed among currently married women with three or more children.

The decisions of women with two or more children about not having any more children are pivotal to the achievement of the near-replacement fertility in Sri Lanka as documented in previous chapters. Almost 61 percent of the currently married women express their desire to have no more children, this number varies little across places of residence, education or wealth quintile. As figure 7.3 shows, in 8 districts, close to 80 percent of the currently married women with two children do not want to have more children.

Table 7.2 Desire to limit childbearing

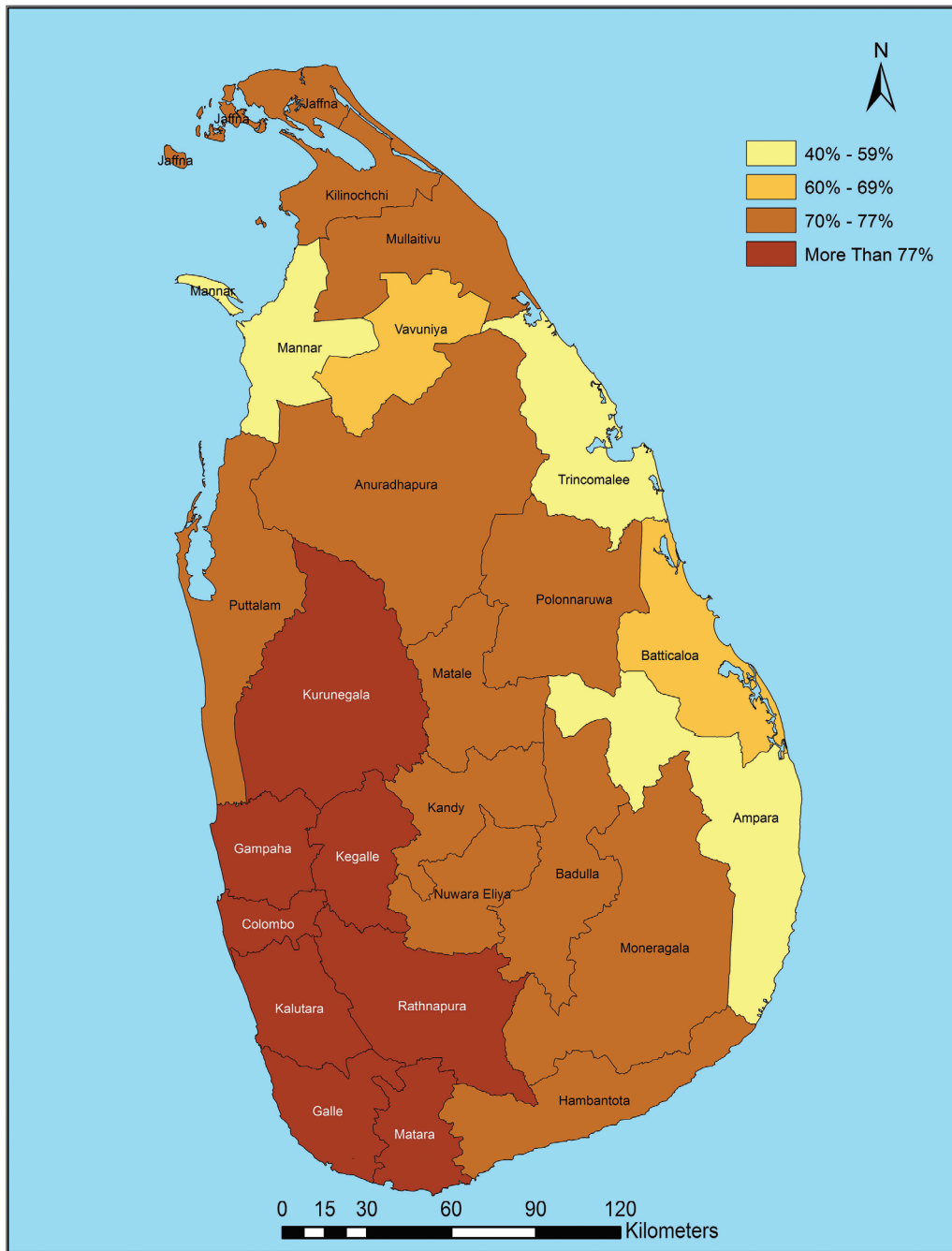
Percentage of currently married women age 15-49 who want no more children, by number of living children, according to background characteristics, Sri Lanka 2016

	Number of living children							Total
	0	1	2	3	4	5	6+	
Residence								
Urban	2.9	24.8	73.8	87.0	86.2	(90.2)	*	58.1
Rural	3.5	24.8	76.3	91.3	87.1	89.9	93.8	61.5
Estate	1.0	26.6	75.8	84.5	85.0	*	*	65.7
District								
Colombo	5.0	29.7	79.4	91.1	(93.7)	*	*	60.0
Gampaha	4.3	36.9	80.8	95.5	(91.8)	*	*	64.7
Kalutara	1.8	27.0	80.1	90.5	*	*	*	62.3
Kandy	3.1	27.9	73.4	91.4	94.0	*	*	61.2
Matale	(2.1)	18.0	75.7	95.6	*	*	*	62.0
Nuwaar Eliya	(19.7)	25.2	77.0	87.2	(81.1)	*	*	67.2
Galle	3.8	18.0	78.5	94.4	(93.6)	*	*	62.6
Matara	5.4	24.2	77.6	96.0	(90.4)	*	*	65.3
Hambantota	(0.0)	16.2	75.7	93.2	(76.3)	*	*	60.0
Jaffna	(0.0)	6.9	69.4	77.7	(62.1)	(86.7)	*	53.0
Mannar	*	5.9	40.3	47.0	28.0	(62.8)	*	33.6
Vavuniya	(0.0)	16.5	62.6	64.6	(54.4)	*	*	47.6
Mullaitivu	*	21.6	73.5	93.0	(90.9)	*	*	64.6
Kilinochchi	*	13.8	71.6	91.5	(88.3)	*	*	64.2
Batticaloa	(2.5)	21.6	66.6	80.1	82.6	(81.0)	*	55.9
Ampara	2.8	14.0	55.3	78.5	78.7	*	*	49.6
Trincomalee	(0.0)	9.8	51.8	76.8	(76.3)	*	*	50.0
Kurunegala	3.3	22.2	82.2	94.7	(96.9)	*	*	63.6
Puttlam	5.3	30.1	72.4	93.3	(90.5)	*	*	62.7
Anuradhapura	1.8	24.6	69.4	90.8	(90.8)	*	*	57.4
Polonnaruwa	(3.8)	32.0	72.1	90.7	*	*	*	64.0
Badulla	1.5	17.0	72.2	90.5	(87.1)	*	*	61.9
Moneragala	(0.0)	16.7	74.5	84.4	(97.4)	*	*	62.1
Ratnapura	3.1	22.2	78.7	94.8	(98.4)	*	*	60.7
Kegalle	0.0	32.5	88.2	93.3	*	*	*	68.9
Education								
No education	*	*	92.1	89.8	(90.3)	*	*	83.9
Passed Grade 1-5	(16.6)	54.9	84.9	90.2	82.8	91.7	(96.6)	81.2
Passed Grade 6-10	2.5	24.3	75.3	90.5	87.7	89.1	(91.9)	64.5
Passed G.C.E.(O/L) or equivalent	2.3	25.6	77.2	90.5	84.8	(84.8)	*	59.4
Passed G.C.E.(A/L) or equivalent	3.5	22.2	73.0	89.8	94.4	*	*	51.6
Degree and above	3.8	19.8	77.2	88.4	*	*	*	46.7
Wealth quintile								
Lowest	3.0	25.4	73.4	88.5	86.0	89.8	92.4	64.3
Second	4.2	23.9	75.2	91.6	85.8	90.5	*	61.8
Middle	4.8	24.0	75.8	90.1	90.2	(84.9)	*	59.8
Fourth	1.4	23.0	75.4	89.4	85.8	*	*	58.7
Highest	3.2	28.2	79.0	92.3	87.8	*	*	61.6
Total	3.3	24.9	75.9	90.3	86.8	89.6	93.7	61.1

Note: Women who have been sterilized are considered to want no more children.

¹ The number of living children includes the current pregnancy

Figure 7.3 Percentage of currently married women with two children who want no more children, by district Sri Lanka, 2016



7.2 IDEAL NUMBER OF CHILDREN

Ideal family size

Respondents with no children were asked, “ if you could choose exactly the number of children to have in your whole life, how many would that be?”

Respondants who had children were asked: “ if you could go back to the time when you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be ?”

This section focuses on the respondents' ideal number of children, implicitly taking into account the number of children that the respondent already has. Ever-married women were asked about the number of children they would choose to have if they could start afresh, with no reference to any particular change in marital status. Respondents who had no children were asked "if you could choose exactly the number of children to have in your whole life, how many would that be?" Responses to these questions are summarized in Tables 7.3 and 7.4.

Table 7.3 Ideal number of children by number of living children

Percent distribution of ever-married women 15-49 by ideal number of children, and mean ideal number of children for all respondents and for currently married respondents, according to the number of living children, Sri Lanka 2016

Ideal number of children	Number of living children							Total
	0	1	2	3	4	5	6+	
0	3.7	3.9	4.0	5.4	8.2	7.6	15.3	4.5
1	8.4	9.1	3.5	1.9	1.7	1.6	0.8	4.9
2	55.9	58.9	51.6	20.5	13.7	8.4	4.5	44.6
3	22.9	21.8	28.6	50.8	19.2	26.5	11.9	30.5
4	6.4	4.0	9.6	14.5	45.0	13.8	15.3	10.7
5	1.2	1.2	1.9	5.4	6.7	31.5	12.7	3.1
6+	0.5	0.3	0.5	1.1	4.2	9.5	34.8	1.0
Non-numeric responses	0.9	0.9	0.3	0.4	1.3	1.0	4.8	0.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	1,551	4,634	7,039	3,847	873	271	87	18,302
Mean ideal number of children for: ²								
Ever-married	2.3	2.2	2.4	2.9	3.3	3.8	4.4	2.5
Number ever-married women	1,537	4,594	7,016	3,832	861	268	83	18,191
Currently married	2.3	2.2	2.5	2.9	3.3	3.8	4.4	2.5
Number of currently married	1,429	4,231	6,726	3,673	788	249	73	17,169

¹ The number of living children includes current pregnancy for women

² Means are calculated excluding respondents who gave non-numeric responses.

³ The number of living children includes one additional child if respondent's wife is pregnant (or if any wife is pregnant for men with more than one current wife).

According to the data given in Table 7.3, the mean ideal number of children for currently married women is 2.5. This mean value varies by the number of children a woman already has. It is lower among those couples without children or with just one living child (2.3 and 2.2 respectively) and much higher among those with greater number of living children (3.3 or greater for couples with 3 or more living children). Almost 45 percent women prefer to have two children and 31 percent prefer three children. The more children the respondents already have, the more children they consider ideal.

Table 7.4 Mean ideal number of children

Mean ideal number of children for ever-married women age 15-49 by background characteristics, Sri Lanka 2016

Background characteristic	Mean	Number of ever-married women ¹
Age		
15-19	2.2	225
20-24	2.3	1,407
25-29	2.4	2,609
30-34	2.5	3,598
35-39	2.6	3,922
40-44	2.6	3,243
45-49	2.7	3,189
Residence		
Urban	2.6	2,818
Rural	2.5	14,665
Estate	2.5	709
District		
Colombo	2.5	1,700
Gampaha	2.4	1,826
Kalutara	2.5	1,102
Kandy	2.6	1,218
Matale	2.8	488
Nuwara Eliya	2.5	572
Galle	2.5	911
Matara	2.4	715
Hambantota	2.7	553
Jaffna	2.5	461
Mannar	2.8	81
Vavuniya	2.5	136
Mullaitivu	2.2	80
Kilinochchi	2.8	94
Batticaloa	2.9	530
Ampara	2.8	731
Trincomalee	2.6	362
Kurunegala	2.4	1,591
Puttlam	2.4	664
Anuradhapura	2.7	984
Polonnaruwa	2.7	397
Badulla	2.6	733
Moneragala	2.3	485
Ratnapura	2.6	1,083
Kegalle	2.1	697
Education		
No education	2.7	280
Passed Grade 1-5	2.8	1,248
Passed Grade 6-10	2.5	8,074
Passed G.C.E.(O/L) or equivalent	2.5	4,025
Passed G.C.E.(A/L) or equivalent	2.4	3,714
Degree and above	2.4	849
Wealth quintile		
Lowest	2.6	3,367
Second	2.5	3,677
Middle	2.5	3,819
Fourth	2.5	3,798
Highest	2.5	3,530
Total	2.5	18,191

¹ Number of ever-married women who gave a numeric response

Table 7.4 shows the mean ideal number of children for all ever-married women by background characteristics. Overall, the mean ideal number of children increases gradually with the age of the woman, from 2.2 children among women age 15-19 to 2.7 children among women age 45-49. There appears to be an association between the mean ideal number and the educational level of the woman; the higher the educational level, the lower the mean ideal children. For women with no education the mean ideal number is 2.7 children, compared to just 2.4 children among women with degree and above. Greater variation is observed in the mean ideal number of children by district. The range in this number goes from 2.1 in Kegalle to 2.9 in Batticaloa.

7.3 WANTED FERTILITY RATES

Wanted fertility rate

The number of children the average woman would have over the course of her lifetime if she bore children at current age-specific fertility rates, excluding unwanted births. A birth is considered wanted if the number of living children at the time of conception is lower than the ideal number of children currently reported by the respondent.

sample : British to women age 15-49 during the 3 years before the survey

The wanted fertility rate measures the potential demographic impact of avoiding unwanted births. The wanted fertility rate is calculated in the same manner as the conventional total fertility rate, except that unwanted births are excluded. A birth is considered wanted if the number of living children at the time of conception was less than the ideal number of children reported. The gap between wanted and actual fertility shows how successful women are in achieving their reproductive intentions. A comparison of the total wanted fertility rates and total fertility rates for the three years preceding the survey by background characteristics is presented in Table 7.5.

Table 7.5 Wanted fertility rates

Total wanted fertility rates and total fertility rates for the three years preceding the survey, by background characteristics, Sri Lanka 2016

Background characteristic	Total wanted fertility rates	Total fertility rate
District		
Colombo	1.6	1.8
Gampaha	1.6	1.8
Kalutara	2.1	2.2
Kandy	2.2	2.6
Matale	1.7	1.9
Nuwara Eliya	2.0	2.2
Galle	1.9	2.1
Matara	2.0	2.3
Hambantota	1.6	1.9
Jaffna	1.8	2.1
Mannar	1.8	2.0
Vavuniya	1.5	2.0
Mullaitivu	1.5	2.0
Kilinochchi	1.8	2.1
Batticaloa	2.2	2.4
Ampara	2.1	2.4
Trincomalee	1.7	2.3
Kurunegala	2.0	2.2
Puttlam	1.8	2.1
Anuradhapura	2.1	2.4
Polonnaruwa	2.3	2.5
Badulla	2.0	2.3
Moneragala	1.6	2.4
Ratnapura	1.7	1.8
Kegalle	2.2	2.6
Education		
No education	1.4	1.6
Passed Grade 1-5	1.8	2.3
Passed Grade 6-10	2.1	2.4
Passed G.C.E.(O/L) or equivalent	1.9	2.1
Passed G.C.E.(A/L) or equivalent	1.9	2.1
Degree and above	1.9	2.0
Wealth quintile		
Lowest	1.8	2.2
Second	1.8	2.1
Middle	1.7	2.0
Fourth	1.6	1.9
Highest	2.1	2.3
Total	1.9	2.2

Note: Rates are calculated based on births to women age 15-49 in the period 1-36 months preceding the survey. The total fertility rates are the same as those presented in Table 5.2

Figure 7.4 Total wanted fertility rates and total fertility rates for the three years preceding the survey by district Sri Lanka 2016

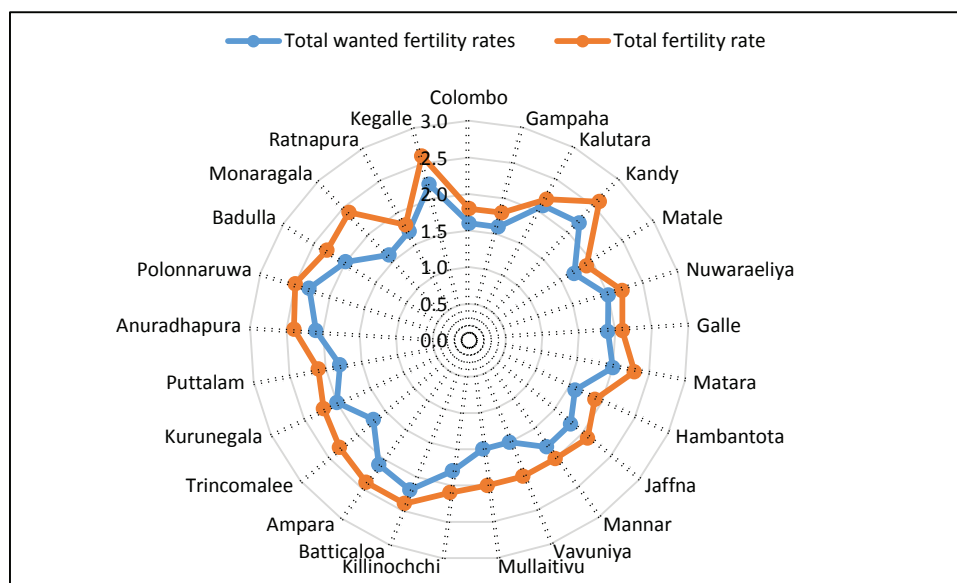


Figure 7.4 provides a comparison of the total fertility rates (observed and wanted) indicating a wanted fertility corresponding to replacement or below replacement level. The lowest level of the total wanted fertility rate is observed in the districts of Vavuniya and Mullaitivu (1.5). There are no consistent variations in the total wanted fertility rate by levels of education or wealth quintile, besides the fact that the highest values are observed among the richest quintile (2.1) and among those women with primary education (1.8 children per woman). However, these differences should be seen with care since they can be within the confidence intervals of the sampling errors around the estimates

Key Findings

- **Current levels:** Early childhood mortality is declining over time. One in every 100 children dies before completing one year of life. Around 68 percent of infant mortality is attributed to deaths of children before completing 1 month.
- **Trends:** All measures of childhood mortality show a marked decline over the past 10 years.
- **Differentials:** Differentials by background characteristics in early childhood mortality rates during the past decade are small. However, neonatal mortality and infant mortality rates are lower to the extent that the mother's level of education is higher.
- **High risk births:** Of the total number of births in the five years preceding the survey, 23 percent are in at least one avoidable high risk category.

Early childhood mortality is an important measure of a country's socioeconomic development as well as the quality of life. Sri Lanka has experienced a significant decline in the probability of dying in the early childhood period during last decades. This chapter presents the levels, trends and differentials in early childhood mortality rates in Sri Lanka during the 14 years prior to the 2016 SLDHS study. The mortality rates can be considered as indices that provide a baseline for the country's initiatives on the 2030 agenda for sustainable development. These data can also be used for monitoring and evaluating existing programmes in the health sector.

The data for mortality estimation were collected in the birth history section of the women's questionnaire of the 2016 SLDHS 2016. The birth history is preceded by a short section including questions about the respondent's experience with child bearing (number of sons and daughters living with the mother, the number who live elsewhere, and the number who died). These questions were followed by a retrospective birth history in which each respondent was asked to list each of her births, starting with the first birth. For each birth, data were obtained on sex, month, and year of birth, survivorship status, and current age, or if the child was dead, age at death. This information is used to directly estimate mortality levels, differentials and trends. Age-specific mortality rates are categorized and defined as follows:

Neonatal mortality (NNM): the probability of dying within the first month of life

Post-neonatal mortality (PNNM): the probability of dying between the first month and first birthday (the difference between infant and neonatal mortality)

Infant mortality (1q0): the probability of dying before the first birthday, or IMR

Child mortality (4q1): the probability of dying between the first and fifth birthday, or CMR

Under-five mortality (5q0): the probability of dying between birth and the fifth birthday, or U5MR

All rates are expressed per 1,000 live births, except for child mortality, which is expressed per 1,000 children surviving to 12 months of age. Under-five mortality consists of deaths among children from birth until exact age five.



8.1 DATA QUALITY

The quality of mortality estimates calculated from retrospective birth histories depends upon the completeness with which births and deaths are reported and recorded. Retrospective birth history data are known to be susceptible to several possible types of errors. One source of error relates to the facts that only surviving women age 15-49 were interviewed, eliminating data on children of women who were not represented in the sample because they have already died. Resulting mortality estimates will be biased if the fertility of surviving and non-surviving women would differ substantially.

A second factor that affects childhood mortality estimates is the quality of reporting of age at death, which may distort the age pattern of mortality. If age at death is misreported, it will bias the estimates, especially if the net effect of the age misreporting results in transference from one age bracket to another. For example, a net transfer of deaths from under one month to a higher age will affect the estimates of neonatal and post-neonatal mortality. To minimize errors in reporting of age at death, interviewers were instructed to record age at death in days if the death took place in the month following the birth, in months if the child died before age two, and in years if the child was at least two years of age.

Another possible error is under-reporting of events; respondents are more likely to forget distant events than recent events. Thus, deaths that occurred in the more distant past are less likely to be reported than recent deaths, resulting in under-reporting of deaths. If selective omission of childhood deaths occurs, it is usually most severe with deaths early in infancy. Generally, if deaths are substantially under-reported, the result is a low ratio of early neonatal deaths (within the first week of life) to all neonatal deaths and a low ratio of neonatal deaths to infant deaths.

8.2 LEVELS AND TRENDS IN INFANT AND CHILD MORTALITY

Early childhood mortality in Sri Lanka has declined to a low rate. Sri Lanka was able to achieve MDG targets on infant and under-five mortality, as expected. Table 8.1 presents the levels and changes in childhood mortality rates during the past fifteen years. Under five mortality (U5MR) was estimated as 11 deaths before age 5 per 1,000 live births for the 0-4 years period before the survey. This value compares to 13 and 17 for the 5-9 and 10-14 years before the survey respectively, indicating a reduction of about 30 percent during the last 15 years.

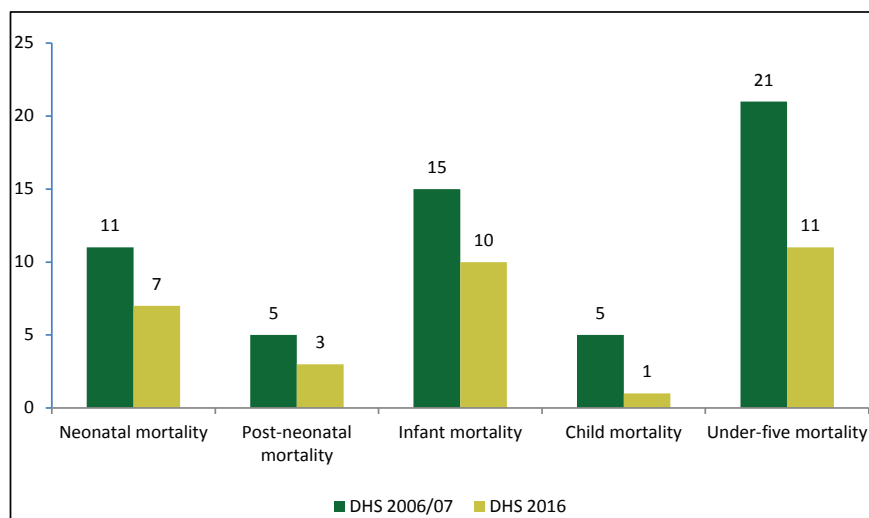
Most of the U5MR in Sri Lanka occurs within the first year of life, particularly during the first month after birth, also called the neonatal period. The infant mortality rate (IMR) was estimated at 10 per 1,000 live births during the 0-4 years before the survey, of which 7 per 1,000 correspond to the neonatal mortality rate (NNM, see Table 8.1). Data in Table 8.1 also show that post-neonatal, infant and child mortality rates have declined during the last 15 years

Neonatal, post-neonatal, infant, child, and under-five mortality rates for five-year periods preceding the survey, Sri Lanka 2016					
Years preceding the survey	Neonatal mortality (NN)	Post-neonatal mortality (PNN) ¹	Infant mortality (1q0)	Child mortality (4q1)	Under-five mortality (5q0)
0-4	7	3	10	1	11
5-9	8	3	11	2	13
10-14	10	4	14	3	17

¹ Computed as the difference between the infant and neonatal mortality rates .

Figure 8.1 presents a comparison on childhood mortality rates for 0-4 years preceding the surveys conducted in 2006-07 and 2016. The results confirm the declining trend in all indicators of infant and child mortality. Notice also the expected similarity between the rates for the 0-4 period before the 2006-07 SLDHS and the ones for the period 10-14 from the 2016 SLDHS.

Figure 8.1 Estimates of NNM, PNNM, IMR, 4q1 and U5MR for the 0-4 years before the survey, obtained from the 2006-07 SLDHS and 2016 SLDHS



8.3 SOCIOECONOMIC DIFFERENTIALS IN INFANT AND CHILD MORTALITY

Differentials in early childhood mortality with socioeconomic characteristics including residence, mother’s education level and wealth quintile are shown in table 8.2. The data refer to the 10-year period preceding the survey.

Children born in the estate sector have a slightly higher probability of dying before reaching year 1 of their life when compared to children in the urban and rural sectors. Neonatal and post neonatal mortality show declines with the increase of mother’s education level. Wealth quintile has only a slight relationship with deaths of children of under 1 year. Neither residence nor mother’s education nor wealth quintile shows significant differences in child mortality.

The highest rate in under-five mortality is reported in Kilinochchi district, with 44 per 1,000 live births, while the lowest is reported in Polonnaruwa district . Mortality estimates for most of the districts were hindered by the low number of cases.

By sector of residence, the Estates has a higher U5MR (15 per thousand live births during the 10 years period before the survey), than the urban and rural sectors (11 and 12 respectively). These differences are due to the differential NNM, with a much higher NNM levels among live births of mothers in the estate sector (see Table 8.2 below).

Sector differential in under-five mortality rate between DHS survey conducted in 2006-07 and 2016 presents in the figure 8.3. Under-five mortality rate has fallen in urban sector from 19 to 11 deaths per 1,000 live births while in estate sector from 33 to 15 deaths per 1,000 live births when compared DHS 2006-07 and DHS 2016 reporting comparatively high decline in the estate sector.

The level of education of the mother and household wealth present the expected differentials in infant and child mortality. U5MR is much higher among mothers of children with no education (14 per 1,000 live births during the 10 year period before the 2016 SLDHS) than those with degree and above (just 6 per 1,000 live births). Similarly, children of the poorest households are also experiencing higher levels of U5MR than those of the richest quintile (17 vs 9 respectively, see Table 8.2).

Please note that this rate has been calculated using less than 299 exposure cases.



Table 8.2 Early childhood mortality rates by socioeconomic characteristics

Neonatal, post-neonatal, infant, child, and under-five mortality rates for the 10-year period preceding the survey, by background characteristics, Sri Lanka 2016

Background characteristic	Neonatal mortality (NN)	Post-neonatal mortality (PNN) ¹	Infant mortality (1q0)	Child mortality (4q1)	Under-five mortality (5q0)
Residence					
Urban	7	3	10	2	11
Rural	7	3	10	1	12
Estate	8	5	13	2	15
District					
Colombo	5	4	9	0	9
Gampaha	2	3	5	2	7
Kalutara	9	7	16	0	16
Kandy	7	2	9	3	12
Matale	(10)	(4)	(14)	(1)	(14)
Nuwara Eliya	7	2	9	0	9
Galle	4	3	8	2	10
Matara	7	0	7	0	7
Hambantota	6	2	8	0	8
Jaffna	(7)	(2)	(10)	(5)	(15)
Mannar	(0)	(3)	(3)	(2)	(4)
Vavuniya	(15)	(0)	(15)	(0)	(15)
Mullaitivu	(13)	(9)	(22)	(0)	(22)
Kilinochchi	(21)	(8)	(28)	(16)	(44)
Batticaloa	8	2	10	0	10
Ampara	13	4	17	0	17
Trincomalee	25	(0)	(25)	(1)	(26)
Kurunegala	7	3	10	2	12
Puttalam	14	5	19	4	22
Anuradhapura	7	3	10	1	12
Polonnaruwa	(0)	(0)	(0)	(3)	(3)
Badulla	8	3	10	3	13
Monaragala	6	0	6	(0)	(6)
Ratnapura	9	7	17	0	17
Kegalle	3	3	6	1	7
Mother's education					
Passed Grade 1-5	9	5	13	1	14
Passed Grade 6-10	7	4	11	2	12
Passed G.C.E.(O/L) or equivalent	8	3	11	1	12
Passed G.C.E.(A/L) or equivalent	8	2	10	1	11
Degree and above	3	0	4	2	6
Wealth quintile					
Lowest	10	5	15	2	17
Second	7	2	9	0	10
Middle	6	2	8	2	10
Fourth	8	4	11	2	14
Highest	6	2	8	1	9

¹ Computed as the difference between the infant and neonatal mortality rates

Figure 8.2 Under Five Mortality Rates in Sri Lanka, 2016

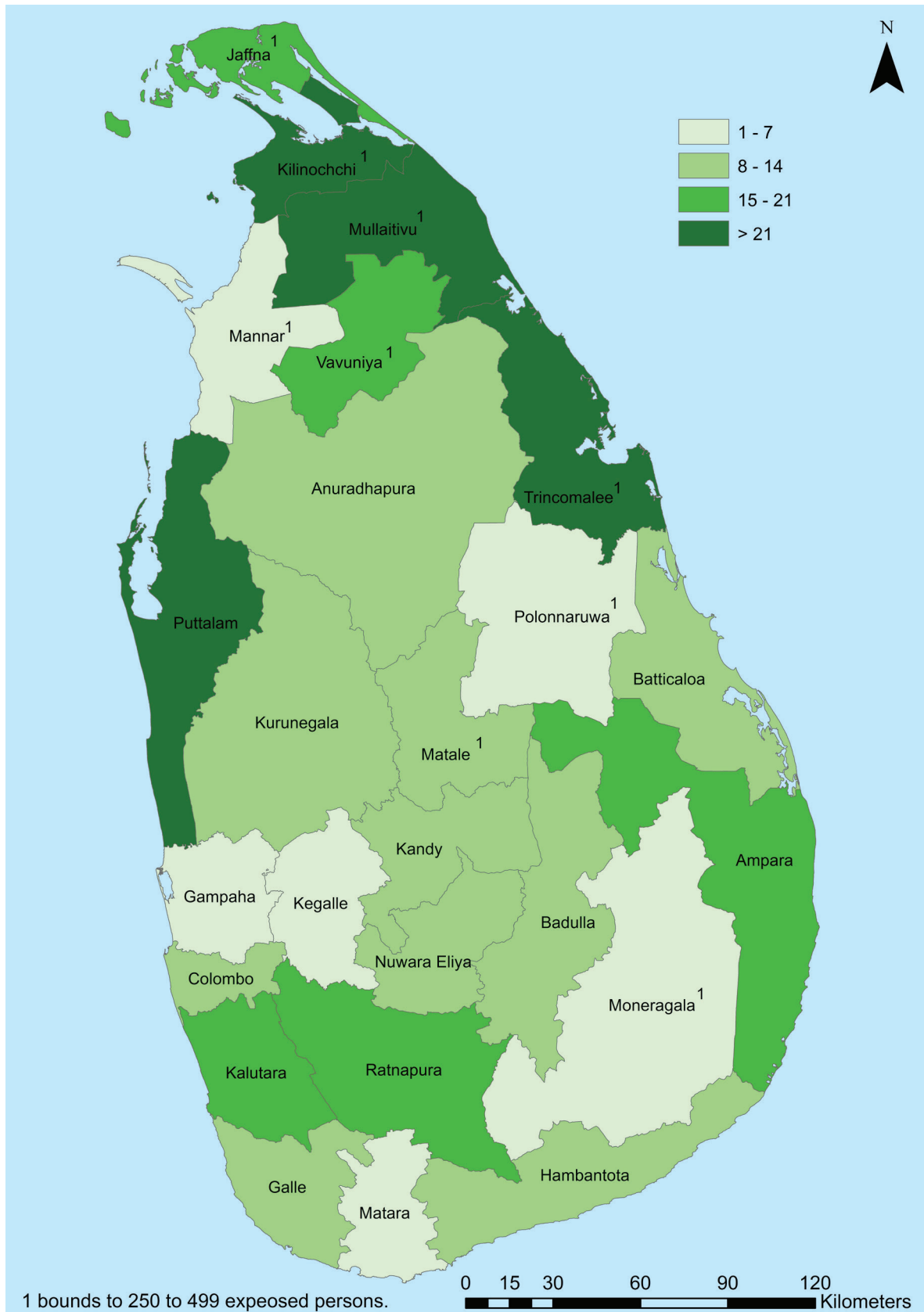
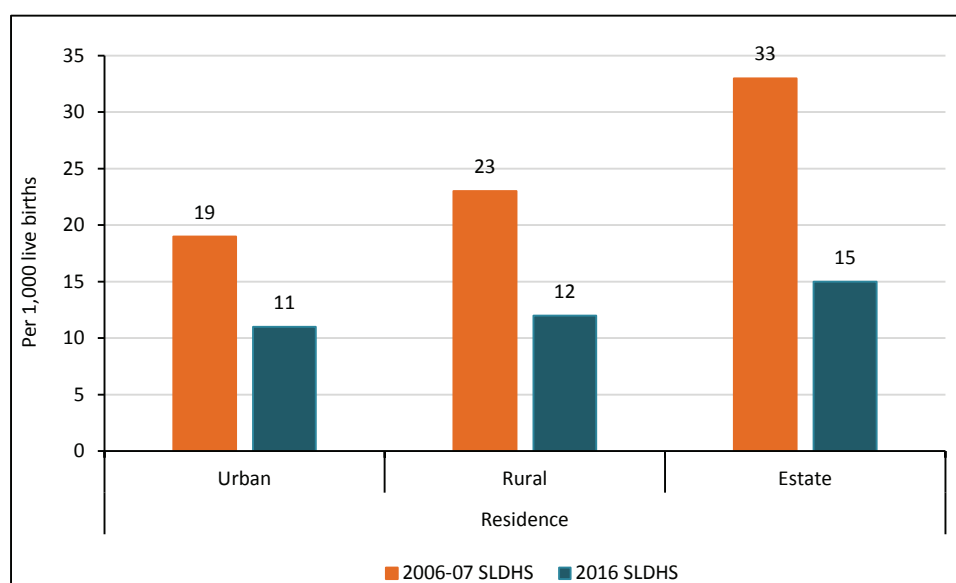


Figure 8.3 Under-five Mortality Rates in the 2006-07 SLDHS and the 2016 SLDHS



8.4 DEMOGRAPHIC DIFFERENTIALS IN INFANT AND CHILD MORTALITY

Demographic characteristics like sex of the child, mother's age at birth, birth interval and birth order are highly related to the death of a child. Table 8.3 presents the levels of early childhood mortality by demographic characteristics as observed during the 10 years period before the survey. The results included here confirm the traditional pattern of early childhood mortality by sex of the child in which males are more likely to die before age five when compared to females. The pattern is also present for the NNM, and IMR.

The data included on IMR by age of the mother at birth confirm the U-shaped pattern of higher levels of IMR at early and late ages of birth (15-19 and 40-49 respectively). The trend in NNM resembles a J-shape, high when the mother's age at birth is less than 20 and greater than 40. As expected, neonatal mortality is substantially higher in cases where birth order is 4-6, than in cases where birth order is lower. The association of the length of the previous birth interval to the neonatal mortality is marginal.

Table 8.3 Early childhood mortality rates by demographic characteristics

Neonatal, post-neonatal, infant, child, and under-five mortality rates for the 10-year period preceding the survey, by demographic characteristics, Sri Lanka 2016

Demographic characteristic	Neonatal mortality (NN)	Post-neonatal mortality (PNN) ¹	Infant mortality (1q0)	Child mortality (4q1)	Under-five mortality (5q0)
Child's sex					
Male	9	3	12	2	14
Female	6	3	9	1	10
Mother's age at birth					
<20	10	3	12	3	16
20-29	7	3	11	2	12
30-39	7	3	10	1	11
40-49	(17)	(1)	(17)	*	*
Birth order					
1	8	2	11	2	12
2-3	6	4	10	1	11
4-6	14	5	19	1	21
Previous birth interval²					
<2 years	8	5	13	3	16
2 years	10	2	12	na	na
3 years	5	5	10	na	na
4+ years	6	3	10	na	na

¹ Computed as the difference between the infant and neonatal mortality rates

² Excludes first-order births

8.5 PERINATAL MORTALITY

Perinatal mortality – comprising pregnancy losses occurring after seven completed months of gestation (still births) and deaths to live births within the first seven days of life (early neonatal mortality), provides a measurement of the quality of a country's health delivery services.

Table 8.4 presents the number of stillbirths, number of early-neonatal deaths, the perinatal mortality rate, and the number of pregnancies of 7+ months duration for the five-year period preceding the survey by background characteristics. The perinatal mortality rate, which is reported as 11 deaths per 1,000 live births, is comparatively high when compared to neonatal mortality in Sri Lanka (7). Babies born to mothers age 30 years or older and less than 20 years, experience considerably higher perinatal mortality, that those of mothers between 20-29 years of age. Slightly higher perinatal mortality was reported in the urban sector (12 deaths per 1,000 live births), compared to the perinatal mortality in the estate sector (7 deaths per 1,000 live births). For the first pregnancy as well as pregnancies occurring within less than 15 months and greater than 39 months of a previous pregnancy, higher perinatal mortality rates are observed. There is no clear relationship between perinatal mortality and mother's education level or wealth index, indicating perhaps a lower effect of the social and economic levels of the households and families in the chance for early childhood survival. Childhood mortality shows a U-shaped pattern in relation to mother's age at birth and birth interval.



Table 8.4 Perinatal mortality				
Number of stillbirths and early neonatal deaths, and the perinatal mortality rate for the five-year period preceding the survey, by background characteristics, Sri Lanka 2016				
Background characteristic	Number of stillbirths ¹	Number of early neonatal deaths ²	Perinatal mortality rate ³	Number of pregnancies of 7+ months duration
Mother's age at birth				
<20	1	3	10	415
20-29	14	15	7	4,209
30-39	30	20	15	3,371
40-49	5	2	35	203
Previous pregnancy interval in months⁴				
First pregnancy	14	14	10	2,940
<15	4	4	11	713
15-26	1	3	6	641
27-38	1	5	9	734
39+	29	13	13	3,171
Residence				
Urban	9	6	12	1,299
Rural	39	33	11	6,539
Estate	2	1	7	359
District				
Colombo	6	3	13	722
Gampaha	2	0	3	764
Kalutara	5	4	17	521
Kandy	1	2	6	577
Matale	3	2	22	220
NuwaraEliya	0	0	0	278
Galle	3	2	11	425
Matara	4	1	15	340
Hambantota	2	1	10	267
Jaffna	2	1	16	206
Mannar	0	0	0	41
Vavuniya	1	0	13	61
Mullaitivu	0	0	9	37
Kilinochchi	0	1	17	46
Batticaloa	0	1	3	245
Ampara	1	5	16	360
Trincomalee	1	2	15	195
Kurunegala	2	1	6	684
Puttalam	0	5	18	295
Anuradhapura	4	1	13	415
Polonnaruwa	1	0	7	188
Badulla	4	1	16	304
Monaragala	3	1	16	240
Ratnapura	3	4	17	452
Kegalle	1	1	7	313
Mother's education				
No education	0	0	0	55
Passed Grade 1-5	0	0	0	291
Passed Grade 6-10	20	17	10	3,539
Passed G.C.E.(O/L) or equivalent	17	10	14	1,838
Passed G.C.E.(A/L) or equivalent	12	11	12	1,996
Degree and above	1	2	6	480
Wealth quintile				
Lowest	9	8	10	1,638
Second	14	9	14	1,669
Middle	9	9	11	1,636
Fourth	16	4	11	1,771
Highest	2	10	8	1,483
Total	50	40	11	8,198
¹ Stillbirths are fetal deaths in pregnancies lasting seven or more months.				
² Early neonatal deaths are deaths at age 0-6 days among live-born children.				
³ The sum of the number of stillbirths and early neonatal deaths divided by the number of pregnancies of seven or more months' duration, expressed per 1,000.				
⁴ Categories correspond to birth intervals of <24 months, 24-35 months, 36-47 months, and 48+ months.				

8.6 HIGH-RISK FERTILITY BEHAVIOUR

Survival of a new born child depends, to some extent, on his/her mother's demographic and biological characteristics. In general, children under 5 years have a higher risk of dying when their mother is very young or old, born within a short birth interval or to mothers experiencing high parity. In this analysis, children are classified at risk, if the mother is younger than 18 years or older than 34 at the time of child birth. Birth intervals shorter than 24 months and birth order greater than 3 are also defined as risk factors. A child may be at elevated risk of dying due to a combination of these factors. Since each birth has a risk, lowest risk categories have been classified into two – not in any high risk category and in any unavoidable high risk category.

Table 8.5 presents the percent distribution of children born in the five years preceding the survey by category of elevated risk of mortality. Of the total births in the 5 years preceding the survey, 40 percent occurred without any of the risk factors. Twenty-three percent of the births occurred in the 5 years preceding the survey is in any avoidable high-risk category.

Single high risk ratios, the proportion dead among births in a specific high-risk category to the proportion dead among births not in any high-risk category, are 3.3 for births to mothers whose age is less than 18, followed by mothers having a birth of order greater than 3 (1.9 higher risk than those not in any high-risk category).

The last column of Table 8.5 presents the percentage of currently married women in different risk categories. A birth to a currently married woman would fall into this category if she was pregnant at the time of survey. Currently married women in single risk category (around 42 percent) and multiple risk category (16 percent) should be provided with special health care during their pregnancy period. Around 36 percent of currently married women are in “not in any high risk” category while 7 percent of women are in unavoidable risk category (first order births between ages 18-34 years). Finally, note that 57 percent of the currently married women are recognized as “in any avoidable high-risk category”.



Table 8.5 High-risk fertility behavior

Percent distribution of children born in the five years preceding the survey by category of elevated risk of mortality and the risk ratio, and percent distribution of currently married women by category of risk if they were to conceive a child at the time of the survey, Sri Lanka 2016

Risk category	Births in the 5 years preceding the survey		
	Percentage of births	Risk ratio	Percentage of currently married women ¹
Not in any high-risk category	40.4	1.00	35.7
Unavoidable risk category			
First order births between ages 18 and 34 years	36.6	0.93	7.2
Single high-risk category			
Mother's age <18	1.0	3.30	0.1
Mother's age >34	11.8	0.70	31.8
Birth interval <24 months	4.1	1.43	7.1
Birth order >3	2.6	1.85	2.5
Subtotal	19.5	1.14	41.5
Multiple high-risk category			
Age <18 and birth interval <24 months ²	0.0	*	0.0
Age >34 and birth interval <24 months	0.6	0.00	1.2
Age >34 and birth order >3	2.3	0.71	12.5
Age >34 and birth interval <24 months and birth order >3	0.1	*	0.7
Birth interval <24 months and birth order >3	0.4	(0.00)	1.2
Subtotal	3.5	0.74	15.6
In any avoidable high-risk category	23.0	1.08	57.0
Total	100.0	na	100.0
Number of births/women	8,230	na	17,257

Note: Risk ratio is the ratio of the proportion dead among births in a specific high-risk category to the proportion dead among births not in any high-risk category.

na = Not applicable

¹ Women are assigned to risk categories according to the status they would have at the birth of a child if they were to conceive at the time of the survey: current age less than 17 years and 3 months or older than 34 years and 2 months, latest birth less than 15 months ago, or latest birth being of order 3 or higher.

² Includes the category age <18 and birth order >3

a Includes sterilized women

Key Findings

- **Antenatal care:** Ninety-nine percent of mothers received antenatal care from a skilled provider. The median duration of pregnancy at the first antenatal care visit is 7 weeks.
- **Components of antenatal care:** Almost all ever-married women with a live birth during the five years before the survey received iron pills or capsules (98 percent) and intestinal parasite drugs (97 percent). Similarly, among those who received ANC, almost all had checked blood pressure and urine.
- **Protection against tetanus:** Ninety-seven percent of mothers with a birth in the five years preceding the survey were protected against neonatal tetanus.
- **Delivery:** Nearly 100 percent (99.5%) of births were delivered in a health facility and a skilled provider assisted during the delivery.
- **Postnatal care:** Ninety-nine percent of women received postnatal care for their last birth in the first two days after delivery.
- **Well-Women Clinics (W-WC):** Eighty percent of the ever-married women age 35-39 knew about W-WC. Fifty-six percent of them have attended a W-WC and 42 percent have had a PAP test.
- **Well-Women Clinics Services:** Majority of ever married women (35-39) (84 percent) knew tests for cancers (breast & cervical)were provided at the W-WC, however 28 percent knew that family planning services offered in W-WC.

The health care received by a woman during pregnancy, child birth and postpartum period decide the survival health and well-being of both the mother and the child. A well designed and implemented maternal care program facilitates the early identification and management of complications and empowers the women, families and communities to manage women and newborns at home. In the 2016 SLDHS, ever-married women who had given birth in the five years preceding the survey were asked many questions on antenatal care, delivery care and postnatal care.

9.1 ANTENATAL CARE

Antenatal Care aims to monitor the status of health of the mother and her baby to diagnose early any pregnancy-related problems. Regular antenatal Care throughout pregnancy contributes to positive outcomes at delivery. Table 9.1 shows the percent distribution of ever-married women who had a birth in the five years preceding the survey by the source of antenatal clinic care received during pregnancy. However in the analysis for ever-married women with two or more live births during the five-year period, data on antenatal care refer to the most recent birth only.



Table 9.1 Antenatal care

Percent distribution of ever married women age 15-49 who had a live birth in the five years preceding the survey by antenatal care (ANC) provider during pregnancy for the most recent birth and the percentage receiving antenatal care from a skilled provider for the most recent birth, according to background characteristics, Sri Lanka 2016

Background characteristic	Antenatal care provider						Total	Percentage receiving antenatal care from a skilled provider ¹	Number of ever-married women
	Obstetrician	Medical officer of health (MOH)	Other doctor	Public health midwife	Other	No ANC			
Mother's age at birth									
<20	57.0	30.3	6.9	4.9	0.3	0.5	100.0	99.2	349
20-34	65.2	25.8	4.9	2.9	0.3	0.9	100.0	98.8	5,638
35-49	68.8	23.9	3.1	2.8	0.3	1.0	100.0	98.6	1,151
Birth order									
1	69.2	22.2	4.5	2.7	0.4	0.9	100.0	98.6	2,612
2-3	64.5	27.0	4.5	3.1	0.3	0.7	100.0	99.0	4,125
4-5	50.9	35.8	6.8	4.9	0.4	1.3	100.0	98.3	372
6+	(37.2)	(35.2)	(21.5)	(0.3)	(0.0)	(5.8)	(100.0)	(94.2)	29
Residence									
Urban	68.5	21.4	5.8	2.8	0.3	1.2	100.0	98.5	1,114
Rural	65.5	25.9	4.5	3.0	0.3	0.7	100.0	98.9	5,728
Estate	51.1	37.3	3.8	5.4	0.2	2.2	100.0	97.6	296
District									
Colombo	80.8	11.6	4.8	2.2	0.0	0.6	100.0	99.4	631
Gampaha	68.1	23.8	4.5	1.6	0.2	1.8	100.0	98.0	666
Kalutara	84.0	9.8	4.5	1.1	0.0	0.6	100.0	99.4	443
Kandy	61.2	32.6	0.9	2.8	0.1	2.5	100.0	97.5	489
Matale	89.5	5.7	3.7	1.1	0.0	0.0	100.0	100.0	192
Nuwara Eliya	55.2	36.0	2.1	4.8	0.3	1.6	100.0	98.1	232
Galle	81.3	14.1	1.7	1.9	0.3	0.7	100.0	99.1	380
Matara	80.5	9.7	4.4	2.5	2.6	0.4	100.0	97.1	291
Hambantota	83.1	15.1	0.0	1.3	0.0	0.5	100.0	99.5	233
Jaffna	39.4	37.7	12.3	8.3	0.0	2.2	100.0	97.8	170
Mannar	23.6	25.9	12.2	36.9	0.0	1.4	100.0	98.6	35
Vavuniya	18.5	56.2	17.9	5.0	0.0	2.3	100.0	97.7	53
Mullaitivu	44.6	44.6	10.2	0.0	0.6	0.0	100.0	99.4	32
Kilinochchi	54.1	42.7	0.9	0.0	0.8	1.5	100.0	97.6	40
Batticaloa	44.4	44.3	6.4	4.9	0.0	0.0	100.0	100.0	217
Ampara	48.1	48.3	1.6	1.0	0.6	0.3	100.0	99.1	305
Trincomalee	20.6	35.2	33.1	9.0	0.0	2.1	100.0	97.9	168
Kurunegala	73.4	16.6	6.1	2.9	0.6	0.5	100.0	99.0	613
Puttlam	68.6	20.9	8.0	0.8	1.0	0.7	100.0	98.3	262
Anuradhapura	21.5	75.6	2.6	0.0	0.0	0.3	100.0	99.7	369
Polonnaruwa	80.7	17.5	1.1	0.6	0.0	0.0	100.0	100.0	167
Badulla	52.2	39.6	5.0	1.1	0.8	1.2	100.0	98.0	271
Moneragala	46.4	27.6	0.7	24.1	0.0	1.2	100.0	98.8	208
Ratnapura	74.7	18.5	4.4	2.0	0.3	0.0	100.0	99.7	393
Kegalle	80.0	17.7	1.7	0.6	0.0	0.0	100.0	100.0	275
Education									
No education	44.9	36.2	11.9	3.3	0.0	3.7	100.0	96.3	51
Passed Grade 1-5	45.1	38.3	8.5	5.8	0.3	2.0	100.0	97.7	257
Passed Grade 6-10	61.4	27.8	5.9	3.9	0.2	0.8	100.0	98.9	3,104
Passed G.C.E.(O/L) or equivalent	61.3	30.7	4.3	2.6	0.4	0.7	100.0	98.9	1,608
Passed G.C.E.(A/L) or equivalent	75.8	18.1	2.9	2.1	0.3	0.7	100.0	99.0	1,706
Degree and above	83.7	12.9	0.8	0.5	0.7	1.3	100.0	97.9	413
Wealth quintile									
Lowest	50.3	35.5	7.3	5.2	0.2	1.5	100.0	98.3	1,413
Second	59.6	30.3	5.8	3.5	0.2	0.6	100.0	99.2	1,457
Middle	66.8	25.8	3.9	2.2	0.5	0.7	100.0	98.8	1,463
Fourth	70.2	21.9	4.4	2.7	0.2	0.6	100.0	99.2	1,524
Highest	81.2	14.0	1.9	1.4	0.6	0.9	100.0	98.5	1,280
Total	65.4	25.7	4.7	3.0	0.3	0.9	100.0	98.8	7,138

Note: If more than one source of ANC was mentioned, only the provider with the highest qualifications is considered in this tabulation.

Figures in parentheses are based on 25-49 unweighted cases.

¹ Skilled provider includes doctor, nurse, midwife

Ninety-nine percent of ever-married women received antenatal care from a skilled healthcare provider (doctors, nurses and midwives) for their most recent birth. Only one percent of ever-married women did not receive antenatal care for a birth in the preceding five years. Of those who received antenatal care from a health provider, 65 percent received it from an obstetrician, 26 percent from a medical officer of health (MOH), 5 percent from another doctor and 3 percent from a public health midwife.

The proportion receiving antenatal care from a skilled health care provider is remarkably uniform across all background categories for mother's age at birth, residence, district, woman's education and household wealth quintile. However, there are some differences by the provider of the ANC services across the background characteristics. In the estate sector, half of the ever-married women with a birth in the last five years received ANC (51 percent) from an obstetrician compared to 65 or more for those in the urban or rural sector. Given the high ANC coverage, the differences in access is more in terms of quality of service via the different providers described before. Access to obstetrician as the providers of ANC is much higher among older mothers, for first births, for women residing in the urban sector, women with the highest levels of education and women belonging to the richest households. The ANC services provided by the medical officer of health (MOH) counterbalances the unequal access to obstetrician services for women with lower access to obstetrician (i.e. young mothers, second or higher birth order, estate sector, lower levels of education and within the poorest sixty percent of the households).

At the district level, significant differences are not observed in the global coverage of ANC services. However, important differences can be observed at the district level on the provider of the services. For example, in the districts of Mannar and Matale the provision of ANC services is almost universal (99 and 100 percent respectively). However, in Mannar, 37 percent of these services were provided by a public health midwife (PHM) compared to only 1 percent in Matale. In Matale, on the other hand, 90 percent of the ANC services were provided by an obstetrician compared to only 24 percent in Mannar. These findings deserve a more detailed analysis to not only understand the differentials but also provide feedback to the current system of services.

9.2 TIMING OF FIRST VISIT

As complications can occur anytime during pregnancy, regular antenatal care is needed to be received from a skilled healthcare provider. Antenatal care needs to start as soon as a pregnancy is suspected preferably before 12 weeks of pregnancy. In Sri Lanka antenatal care consists of two modalities of service delivery: Domiciliary care provided by PHM and clinic care provided by medical officers. As soon as the woman suspects a pregnancy, she needs to register with PHM and obtain pregnancy record. PHM refers them for antenatal clinic care. According to Sri Lankan antenatal care guidelines a woman with uncomplicated pregnancy, need to have at least 8 antenatal clinic visits with skilled healthcare provider and three or more home visit by PHM. A pregnant woman with complication needs more visits both clinic and domiciliary. The spacing of the visits is described in the maternal care guidelines of Sri Lanka.



Table 9.2 Timing of first visit
Percent distribution of ever married women age 15-49 who had a live birth in the five years preceding the survey by the timing of the first visit, and among women with ANC, mean, and median weeks pregnant at first visit, according to residence, Sri Lanka 2016

Timing of ANC visits	Residence			Total
	Urban	Rural	Estate	
Number of weeks pregnant at the time of first ANC visit				
No antenatal care	1.2	0.7	2.2	0.9
<8	57.8	54.9	42.1	54.9
8-12	33.2	37.8	39.9	37.1
13-16	4.0	2.9	4.1	3.1
17+	2.5	2.6	5.7	2.7
Don't know/missing	1.3	1.1	6.0	1.3
Total	100.0	100.0	100.0	100.0
Number of women				
Median weeks pregnant at first visit (for those with ANC)	7.0	7.0	8.0	7.0
Mean weeks pregnant at first visit (for those with ANC)				
Number of women with ANC	1,101	5,686	289	7,076

Table 9.2 presents information on antenatal care visit for the most recent birth, including the timing of the first visit, mean and median duration of pregnancy at the first visit by residential sector. Fifty-five percent of ever-married women with a birth during the five years preceding the survey made their first antenatal care visit, before the eighth weeks of pregnancy. Ninety-two percent of women having their first ANC visit before the 12 weeks of pregnancy as recommended.

The median duration of pregnancy at the first antenatal care visit was 7 weeks and mean duration of was 8.8 weeks. This indicates that, overall ever-married woman in Sri Lanka start antenatal care during the first trimester of their pregnancy. Estate women tend to start ANC later in pregnancy than urban and rural women where the median and mean duration of pregnancy are 8 weeks and 14.1 weeks respectively.

9.3 COMPONENTS OF ANTENATAL CARE

Antenatal care consists of package of interventions which need to implement at various stages of the pregnancy to ensure the health and wellbeing of the mother and newborn. The package of intervention consists of screening early identification and management of diseases such as anemia, diabetes, hypertension, syphilis, HIV, monitoring of growth and well-being of the baby micronutrient supplementation and health education. To assess the ANC services they received, women in the 2016 SLDHS were asked a series of questions.

Table 9.3 presents information on the percentage of ever-married women who received these routine antenatal care services during the pregnancy for their most recent live birth in the five years before the survey. Nearly all ever-married women (98%) with a live birth during the five years before the survey took iron pills or capsules during pregnancy and 97 percent took intestinal parasite drugs. Three basic services provided by ANC are measuring blood pressure, testing urine sample for sugar and testing blood sample for HIV, and hemoglobin level. Data prove that all three services were provided for majority (90 percent or more). At these high levels of access and use of ANC services, it is not surprising to find only small variations by background characteristics, particularly by place of residence, level of education and wealth quintile. This is a good example of equity in the provision of ANC services across Sri Lanka.

Table 9.3 Components of antenatal care

Among ever-married women age 15-49 with a live birth in the five years preceding the survey, the percentage who took iron pills or capsules and drugs for intestinal parasites during the pregnancy of the most recent birth, and among women receiving antenatal care (ANC) for the most recent live birth in the five years preceding the survey, the percentage receiving specific antenatal services, according to background characteristics, Sri Lanka 2016

Background characteristic	Among women with a live birth in the past five years, the percentage who during the pregnancy of their last birth:			Among women who received antenatal care for their most recent live birth in the past five years, the percentage with selected services			
	Took iron pills or capsules	Took intestinal parasite drugs	Number of women with a live birth in the past five years	Blood pressure measured	Urine sample taken	Blood sample taken	Number of women with ANC for their most recent birth
Mother's age at birth							
<20	98.6	97.2	349	98.7	98.4	97.1	347
20-34	97.9	96.9	5,638	98.8	98.9	91.7	5,590
35-49	97.3	96.7	1,151	97.4	97.0	86.6	1,139
Birth order							
1	97.9	96.8	2,612	98.9	98.9	98.3	2,587
2-3	97.7	96.9	4,125	98.7	98.6	87.4	4,095
4-5	98.5	97.7	372	96.5	96.4	83.7	367
6+	(94.2)	(94.2)	29	(87.3)	(94.7)	(78.0)	27
Residence							
Urban	98.2	95.4	1,114	98.7	98.4	91.9	1,101
Rural	97.9	97.3	5,728	98.8	98.8	91.0	5,686
Estate	95.8	95.9	296	94.0	95.6	90.3	289
District							
Colombo	98.9	94.0	631	98.9	98.7	93.3	627
Gampaha	96.7	95.9	666	100.0	99.9	88.3	654
Kalutara	98.8	98.1	443	98.8	99.0	90.2	440
Kandy	96.4	93.9	489	99.9	99.6	90.5	477
Matale	98.7	98.8	192	100.0	100.0	66.1	192
Nuwara Eliya	98.4	97.0	232	98.2	97.3	90.5	229
Galle	99.3	98.5	380	96.3	93.4	93.7	378
Matara	99.6	98.7	291	98.4	96.9	62.2	290
Hambantota	98.9	99.5	233	99.5	100.0	99.7	232
Jaffna	97.8	96.2	170	98.5	98.1	97.5	166
Mannar	98.6	98.0	35	100.0	100.0	100.0	35
Vavuniya	95.2	96.6	53	97.3	99.3	96.2	52
Mullaitivu	100.0	99.8	32	99.7	99.0	96.6	32
Kilinochchi	97.6	97.0	40	99.5	99.5	98.2	39
Batticaloa	100.0	98.9	217	95.3	95.2	94.1	217
Ampara	99.4	99.4	305	99.3	99.3	96.1	304
Trincomalee	96.5	97.8	168	95.0	96.2	91.2	165
Kurunegala	99.3	98.7	613	98.9	99.3	94.3	610
Puttlam	97.0	97.8	262	99.0	99.6	99.0	261
Anuradhapura	98.5	99.3	369	99.1	100.0	88.0	368
Polonnaruwa	100.0	100.0	167	97.9	98.2	92.0	167
Badulla	98.2	98.3	271	93.4	95.3	92.3	267
Moneragala	98.4	98.3	208	99.7	99.7	96.4	206
Ratnapura	100.0	99.5	393	99.4	99.8	93.5	393
Kegalle	81.6	80.9	275	99.3	100.0	98.8	275
Education							
No education	96.3	93.9	51	97.0	97.0	86.5	49
Passed Grade 1-5	96.4	97.4	257	95.2	96.1	89.6	252
Passed Grade 6-10	98.3	97.9	3,104	98.5	98.4	91.2	3,077
Passed G.C.E.(O/L) or equivalent	97.5	96.6	1,608	98.8	99.3	91.0	1,596
Passed G.C.E.(A/L) or equivalent	97.6	96.4	1,706	99.4	98.8	91.5	1,695
Degree and above	97.3	92.6	413	97.7	98.1	91.7	407
Wealth quintile							
Lowest	96.9	96.5	1,413	97.4	97.8	90.7	1,393
Second	98.0	97.4	1,457	98.8	98.7	92.9	1,449
Middle	98.2	98.0	1,463	98.8	98.4	91.3	1,452
Fourth	97.9	97.6	1,524	99.1	99.5	90.7	1,515
Highest	98.0	94.7	1,280	98.8	98.4	89.9	1,268
Total	97.8	96.9	7,138	98.6	98.6	91.1	7,076



Table 9.4 Tetanus toxoid injections

Among mothers age 15-49 with a live birth in the five years preceding the survey, the percentage receiving tetanus toxoid injections during the pregnancy for the last live birth, according to background characteristics, Sri Lanka 2016

Background characteristic	Percentage receiving tetanus toxoid injections during last pregnancy ¹	Number of mothers
Mother's age at birth		
<20	94.9	347
20-34	96.8	5,545
35-49	96.1	1,061
Birth order		
1	96.7	2,557
2	97.0	2,726
3	96.1	1,387
4	94.1	283
Residence		
Urban	94.7	1,077
Rural	97.2	5,592
Estate	92.5	284
District		
Colombo	93.8	618
Gampaha	96.4	647
Kalutara	95.8	436
Kandy	98.0	473
Matale	95.9	192
Nuwara Eliya	91.9	228
Galle	98.1	369
Matara	97.8	285
Hambantota	97.8	226
Jaffna	98.5	161
Mannar	92.0	33
Vavuniya	92.6	49
Mullaitivu	96.9	31
Kilinochchi	98.1	37
Batticaloa	96.0	211
Ampara	93.9	293
Trincomalee	95.3	154
Kurunegala	97.0	602
Puttalam	95.7	253
Anuradhapura	98.7	360
Polonnaruwa	96.9	167
Badulla	96.7	262
Moneragala	98.1	204
Ratnapura	98.8	388
Kegalle	99.2	274
Education		
No education	97.0	37
Passed Grade 1-5	96.2	230
Passed Grade 6-10	96.5	3,014
Passed G.C.E.(O/L) or equivalent	96.7	1,581
Passed G.C.E.(A/L) or equivalent	97.0	1,684
Degree and above	95.4	407
Wealth quintile		
Lowest	96.4	1,340
Second	96.5	1,418
Middle	97.5	1,435
Fourth	96.9	1,505
Highest	95.6	1,256
Total	96.6	6,953

¹ Includes mothers who have tetanus injection during the pregnancy of her last live birth and excludes mothers who have 5 or more live births.

9.4 TETANUS TOXOID INJECTIONS

Neonatal tetanus is a leading cause of death among infants in developing countries where a considerable proportion of deliveries take place at home or at locations where hygienic conditions may be poor. Tetanus toxoid (TT) vaccine is given to women during pregnancy to prevent infant deaths caused by neonatal tetanus, which can occur when sterile procedures are not followed during delivery. In Sri Lanka Tetanus Toxoid immunization for pregnant women is carried out based on the national immunization guidelines. In 2016, Sri Lanka is declared as a country which eliminated neonatal tetanus after in depth evaluation.

According to Table 9.4, Ninety-seven percent of mothers reported receiving TT injections during the pregnancy for her last live birth and that excludes mothers who have 5 or more births. The proportion of receiving TT injection is remarkably uniform across all categories for mother's age at birth, birth order, residence, district, mother's education and wealth quintile. The lowest percentage of protection about ninety-two percent occurs in two districts (Nuwara-Eliya and Mannar).

9.5 PLACE OF DELIVERY

Skilled attendance at birth save thousands of lives and ensure the health and wellbeing of the mother and the baby. Proper medical attention and hygienic conditions during delivery can reduce the risks of complications and infections leading to morbidity and mortality of either the mother or the baby.

Table 9.5 Place of delivery							
Percent distribution of live births in the five years preceding the survey by place of delivery and percentage delivered in a health facility, according to background characteristics, Sri Lanka 2016							
Background characteristic	Health facility				Total	Percentage delivered in a health facility	Number of births
	Public sector	Private sector	Home	Other			
Mother's age at birth							
<20	99.1	0.7	0.2	0.0	100.0	99.8	423
20-34	94.0	5.5	0.1	0.3	100.0	99.5	6,587
35-49	92.5	6.8	0.2	0.4	100.0	99.4	1,220
Birth order							
1	93.0	6.7	0.1	0.2	100.0	99.8	3,251
2-3	94.6	4.8	0.2	0.5	100.0	99.3	4,532
4-5	96.3	3.6	0.2	0.0	100.0	99.8	411
6+	(100.0)	(0.0)	(0.0)	(0.0)	(100.0)	(100.0)	36
Residence							
Urban	84.1	14.9	0.2	0.9	100.0	99.0	1,298
Rural	95.8	3.9	0.1	0.3	100.0	99.6	6,568
Estate	98.9	0.4	0.7	0.0	100.0	99.3	363
District							
Colombo	78.6	20.0	0.0	1.3	100.0	98.7	721
Gampaha	86.6	11.9	0.5	1.0	100.0	98.5	769
Kalutara	88.3	11.7	0.0	0.0	100.0	100.0	520
Kandy	95.0	4.3	0.1	0.6	100.0	99.3	583
Matale	97.4	1.5	0.0	1.1	100.0	98.9	218
Nuwara Eliya	99.2	0.5	0.3	0.0	100.0	99.7	281
Galle	97.9	2.1	0.0	0.0	100.0	100.0	429
Matara	92.4	7.6	0.0	0.0	100.0	100.0	338
Hambantota	99.5	0.1	0.0	0.4	100.0	99.6	267
Jaffna	95.3	4.7	0.0	0.0	100.0	100.0	210
Mannar	99.6	0.4	0.0	0.0	100.0	100.0	42
Vavuniya	96.4	3.1	0.6	0.0	100.0	99.4	62
Mullaitivu	100.0	0.0	0.0	0.0	100.0	100.0	37
Kilinochchi	98.4	1.2	0.4	0.0	100.0	99.6	47
Batticaloa	95.9	4.1	0.0	0.0	100.0	100.0	249
Ampara	97.0	3.0	0.0	0.0	100.0	100.0	360
Trincomalee	98.3	0.8	0.4	0.5	100.0	99.1	195
Kurunegala	97.0	2.8	0.2	0.0	100.0	99.8	684
Puttlam	95.5	3.6	0.0	0.9	100.0	99.1	296
Anuradhapura	99.5	0.5	0.0	0.0	100.0	100.0	418
Polonnaruwa	99.0	1.0	0.0	0.0	100.0	100.0	188
Badulla	98.8	0.7	0.5	0.0	100.0	99.5	307
Moneragala	99.4	0.6	0.0	0.0	100.0	100.0	243
Ratnapura	98.0	1.7	0.3	0.0	100.0	99.7	452
Kegalle	98.0	1.8	0.3	0.0	100.0	99.7	315
Mother's education							
No education	97.6	0.0	2.4	0.0	100.0	97.6	55
Passed Grade 1-5	99.1	0.4	0.5	0.0	100.0	99.5	295
Passed Grade 6-10	98.7	1.0	0.1	0.2	100.0	99.7	3,558
Passed G.C.E.(O/L) or equivalent	96.3	3.3	0.1	0.4	100.0	99.5	1,838
Passed G.C.E.(A/L) or equivalent	87.8	11.7	0.1	0.5	100.0	99.4	2,003
Degree and above	74.3	24.6	0.3	0.8	100.0	98.9	481
Wealth quintile							
Lowest	99.3	0.3	0.4	0.1	100.0	99.5	1,653
Second	99.1	0.6	0.1	0.2	100.0	99.7	1,672
Middle	99.1	0.8	0.0	0.1	100.0	99.9	1,642
Fourth	96.0	3.5	0.1	0.4	100.0	99.6	1,771
Highest	74.8	24.0	0.1	1.1	100.0	98.8	1,491
Total	94.1	5.4	0.1	0.3	100.0	99.5	8,230
Note :Includes only the most recent birth in the five years preceding the survey							
Figures in parentheses are based on 25-49 unweighted cases.							



Table 9.5 reveals the percent distribution of live births in the five years preceding the survey by place of delivery, according to background characteristics. Nearly hundred percent of births take place in a health facility: ninety-four percent were delivered in public-sector health facilities, five percent in private health facilities and only 0.5% at home or some other place. In estate sector nearly one percent (0.7 percent) of deliveries was outside the health facilities.

There is little variation in the proportion of births occurring in health facilities by background characteristics. However, the Colombo district shows the highest proportion of births delivered in a private health facility (20 percent), while in the Mullaitivu district, 100 percent of the babies were delivered in public health facilities. In two other districts, Gampaha and Kalutara, the percentage of births delivered at private health facilities is also substantial (12 percent in each). All three of the afore-mentioned districts belongs to the Western Province.

Background characteristics of the mothers also show considerable variations in the place of delivery. The highest percentages of births delivered in a private health facility are observed in the urban sector (15 percent), among the richest households (24 percent), and for mothers with the highest educational level (25 percent).

The delivery of births in private health facilities is higher for older mothers (7 percent vs 1 percent for younger counterparts) and those mothers of first births (7 percent vs 4 percent among those with a birth of order 4-5).

9.6 ASSISTANCE DURING DELIVERY

Obstetric care by a trained provider during delivery is recognized as critical for the reduction of maternal and neonatal mortality. Table 9.6 shows the percentage distribution of live births in the five years before the survey by person providing assistance during birth delivery. Nearly hundred percent of births are delivered with the assistance of a trained health professional (i.e., specialist doctor, doctor, nurse, public health midwife). The majority (84 percent) of the birth deliveries were assisted by doctors (27 percent by a specialist doctor and 57 percent by another doctor), followed by a nurse (13 percent) and with a smaller percentage, by a public health midwife (only 2 percent). This composition is very much consistent with the fact that, as described before, the majority of the birth deliveries take place in health institutions. However, some differentials are observed in the person providing the services at the delivery of the birth according to place of residence and social and economic conditions of the mother.

The presence of a specialist doctor at the time of birth delivery follows a distribution similar to the one described for delivery at private health facilities. Specialist doctors assisted in greater percentages the delivery of births among older mothers, of first order births, among women with urban residence, and women in the higher wealth quintiles (see Table 9.6 below). Doctors and nurses are those more often providing the services for younger mothers, those with higher order births and the lower wealth quintiles. It is worth mentioning that in Killinochchi and Batticaloa, one out of every four birth delivery was assisted by a nurse and in the Badulla district, 11 percent of the birth deliveries were assisted by a public health midwife.

Table 9.6 Assistance during delivery

Percent distribution of live births in the five years preceding the survey by person providing assistance during delivery, percentage of birth assisted by a skilled provider, according to background characteristics, Sri Lanka 2016

Background characteristic	Person providing assistance during delivery							Total	Percentage delivered by a skilled provider ¹	Number of births
	Specialist doctor	Doctor	Nurse	Public health midwife	Traditional birth attendant	Other	No one			
Mother's age at birth										
<20	20.9	59.8	15.6	3.0	0.3	0.1	0.2	100.0	99.3	422
20-34	26.7	57.2	13.3	2.3	0.1	0.1	0.3	100.0	99.5	6,557
35-49	31.0	55.7	11.9	1.0	0.0	0.3	0.1	100.0	99.6	1,212
Birth order										
1	29.3	56.3	11.9	2.1	0.1	0.0	0.3	100.0	99.6	3,243
2-3	25.8	57.9	13.5	2.2	0.1	0.2	0.2	100.0	99.4	4,501
4-5	23.7	54.5	19.3	2.3	0.0	0.3	0.0	100.0	99.7	410
6+	(17.0)	(61.3)	(21.7)	(0.0)	(0.0)	(0.0)	(0.0)	(100.0)	(100.0)	36
Place of delivery										
Health facility	27.0	57.1	13.2	2.2	0.1	0.2	0.2	100.0	99.5	8,191
Residence										
Urban	31.8	55.8	10.2	1.7	0.1	0.1	0.2	100.0	99.6	1,285
Rural	26.5	57.3	13.5	2.2	0.1	0.1	0.3	100.0	99.5	6,545
Estate	19.4	58.6	17.8	3.1	0.0	1.1	0.0	100.0	98.9	361
District										
Colombo	36.9	53.2	8.6	1.0	0.0	0.0	0.3	100.0	99.7	712
Gampaha	32.6	58.1	8.2	1.0	0.2	0.0	0.0	100.0	99.8	758
Kalutara	32.1	58.0	8.5	1.2	0.3	0.0	0.0	100.0	99.7	520
Kandy	27.6	51.2	17.5	3.4	0.0	0.0	0.3	100.0	99.7	578
Matale	28.8	54.7	15.9	0.6	0.0	0.0	0.0	100.0	100.0	216
Nuwara Eliya	21.7	59.3	16.3	1.3	0.0	1.4	0.0	100.0	98.6	280
Galle	19.3	62.6	12.9	4.1	0.5	0.3	0.3	100.0	98.9	429
Matara	33.0	59.2	7.8	0.0	0.0	0.0	0.0	100.0	100.0	338
Hambantota	23.4	63.7	9.1	3.4	0.0	0.4	0.0	100.0	99.6	266
Jaffna	40.9	42.6	10.1	0.7	0.9	0.7	4.1	100.0	94.3	210
Mannar	38.3	51.5	8.1	1.6	0.0	0.0	0.5	100.0	99.5	42
Vavuniya	17.8	63.2	15.1	2.9	0.0	0.0	1.0	100.0	99.0	62
Mullaitivu	18.5	62.2	18.2	0.0	0.0	1.1	0.0	100.0	98.9	37
Kilinochchi	41.1	31.9	25.2	1.8	0.0	0.0	0.0	100.0	100.0	47
Batticaloa	19.4	53.5	24.7	2.2	0.0	0.2	0.0	100.0	99.8	249
Ampara	36.2	46.7	16.0	1.1	0.0	0.0	0.0	100.0	100.0	360
Trincomalee	22.6	61.2	11.8	4.4	0.0	0.0	0.0	100.0	100.0	194
Kurunegala	33.5	48.0	17.8	0.8	0.0	0.0	0.0	100.0	100.0	683
Puttlam	23.2	61.1	14.7	0.6	0.0	0.0	0.4	100.0	99.6	294
Anuradhapura	12.2	66.9	16.0	5.0	0.0	0.0	0.0	100.0	100.0	418
Polonnaruwa	23.9	60.6	12.6	2.8	0.0	0.0	0.0	100.0	100.0	188
Badulla	10.7	55.7	21.0	10.8	0.4	1.3	0.0	100.0	98.2	305
Moneragala	18.6	66.3	11.2	3.9	0.0	0.0	0.0	100.0	100.0	243
Ratnapura	22.3	58.5	17.5	0.9	0.0	0.0	0.8	100.0	99.2	451
Kegalle	21.6	74.9	2.6	0.9	0.0	0.0	0.0	100.0	100.0	314
Mother's education										
No education	19.7	60.9	18.7	0.7	0.0	0.0	0.0	100.0	100.0	54
Passed Grade 1-5	19.0	59.7	18.3	2.7	0.0	0.3	0.0	100.0	99.7	293
Passed Grade 6-10	23.3	58.3	15.3	2.6	0.1	0.2	0.2	100.0	99.5	3,548
Passed G.C.E.(O/L) or equivalent	24.0	61.2	12.1	2.0	0.1	0.2	0.4	100.0	99.3	1,829
Passed G.C.E.(A/L) or equivalent	33.7	53.2	11.0	1.6	0.0	0.1	0.3	100.0	99.6	1,991
Degree and above	44.8	46.7	6.9	1.4	0.2	0.0	0.0	100.0	99.8	476
Wealth quintile										
Lowest	21.0	57.4	18.1	2.7	0.0	0.3	0.4	100.0	99.2	1,646
Second	22.4	60.0	14.9	2.3	0.1	0.1	0.0	100.0	99.7	1,667
Middle	24.0	60.4	12.4	2.8	0.1	0.0	0.3	100.0	99.6	1,641
Fourth	23.3	61.9	11.9	2.4	0.1	0.2	0.2	100.0	99.4	1,764
Highest	46.9	44.0	8.3	0.4	0.1	0.1	0.2	100.0	99.7	1,473
Total	27.0	57.1	13.2	2.2	0.1	0.2	0.2	100.0	99.5	8,191

Note: If the respondent mentioned more than one person attending during delivery, only the most qualified person is considered in this tabulation and includes only the most recent birth in the five years preceding the survey

Figures in parentheses are based on 25-49 unweighted cases.

¹ Skilled provider includes specialist doctor, other doctor, nurse, midwife



9.7 TIMING OF FIRST POSTNATAL CHECKUP FOR THE MOTHER

In Sri Lanka immediate and early postnatal care is provided at the hospital. The mothers need to keep at least two hours in the labour room and before handing over to the ward they need to be examined by a trained health officer (doctor, nurse or midwife). They need to keep at least 24 hours in the hospital after a normal delivery and need to monitor every 4 hourly. Before discharge from the ward they need to be examined by a doctor.

After discharge from the hospital Public health midwife visit home to provide postnatal care according to the following regime.

- Within first 5 days of delivery-one visit
- 6-10 days of delivery – one visit
- 14 – 21 days of delivery – one visit
- Around 42 days one visit
- Other than that at the postnatal clinic both mother and baby examine by a doctor after one month of birth.

Postnatal care is a crucial component of safe motherhood and neonatal health. In postnatal health examinations, mothers should also receive information on how to care for herself and her child as well as counseling on nutrition, micronutrient supplementation and exclusive breastfeeding

Table 9.7 shows the timing of the first postnatal care for mothers giving birth in the two years preceding the survey. Ninety-nine percent of mothers received postnatal care within the crucial first two days of delivery, with 92 percent receiving assistances within the first four hours after delivery (see table 9.7 below).

Table 9.7 Timing of first postnatal checkup for the mother

Among women age 15-49 giving birth in the two years preceding the survey, the percent distribution of the mother's first postnatal check-up for the last live birth by time after delivery, and the percentage of women with a live birth in the two years preceding the survey who received a postnatal checkup in the first two days after giving birth, according to background characteristics, Sri Lanka 2016

Background characteristic	Time after delivery of mother's first postnatal checkup							Total	Percentage of women with a postnatal checkup in the first 2 days after birth ¹	Number of women
	Less than 4 hours	4-23 hours	1-2 days	3-6 days	7-41 days	Don't know/ missing	No postnatal checkup ²			
Mother's age at birth										
<20	87.4	6.8	5.6	0.0	0.0	0.0	0.2	100.0	99.8	152
20-34	91.5	6.2	1.7	0.0	0.1	0.0	0.5	100.0	99.4	2,433
35-49	92.6	3.9	1.5	0.1	0.0	0.5	1.4	100.0	98.0	482
Birth order										
1	91.5	6.2	2.0	0.0	0.0	0.1	0.1	100.0	99.8	1,184
2-3	91.4	5.7	1.8	0.0	0.1	0.1	1.0	100.0	98.8	1,719
4-5	92.5	5.4	1.4	0.3	0.0	0.0	0.5	100.0	99.3	153
6+	*	*	*	*	*	*	*	*	*	11
Place of delivery										
Health facility	91.8	5.9	1.9	0.0	0.1	0.1	0.3	100.0	99.6	3,056
Residence										
Urban	91.4	5.4	2.2	0.0	0.0	0.0	1.0	100.0	99.0	487
Rural	91.4	5.9	1.9	0.0	0.0	0.1	0.6	100.0	99.3	2,443
Estate	92.4	6.0	0.5	0.3	0.3	0.0	0.6	100.0	98.9	138
District										
Colombo	92.0	4.2	2.3	0.0	0.0	0.0	1.4	100.0	98.6	299
Gampaha	93.6	5.0	1.0	0.0	0.0	0.0	0.4	100.0	99.6	257
Kalutara	92.7	4.5	0.9	0.0	0.0	0.7	1.2	100.0	98.2	198
Kandy	94.9	3.0	0.7	0.0	0.0	0.5	1.1	100.0	98.5	211
Matale	68.7	23.9	5.0	0.6	0.0	0.0	1.9	100.0	97.6	69
Nuwara Eliya	93.2	5.5	1.0	0.0	0.3	0.0	0.0	100.0	99.7	107
Galle	90.9	8.3	0.7	0.0	0.0	0.0	0.0	100.0	100.0	157
Matara	91.9	5.8	1.4	0.0	0.0	0.0	0.9	100.0	99.1	129
Hambantota	74.0	8.1	16.8	0.0	1.1	0.0	0.0	100.0	98.9	105
Jaffna	97.4	1.2	1.3	0.0	0.0	0.0	0.0	100.0	100.0	73
Mannar	97.9	0.0	2.1	0.0	0.0	0.0	0.0	100.0	100.0	11
Vavuniya	96.0	4.0	0.0	0.0	0.0	0.0	0.0	100.0	100.0	20
Mullaitivu	97.6	2.4	0.0	0.0	0.0	0.0	0.0	100.0	100.0	13
Kilinochchi	85.9	13.1	1.1	0.0	0.0	0.0	0.0	100.0	100.0	15
Batticaloa	90.0	3.2	5.0	0.0	0.0	0.0	1.8	100.0	98.2	89
Ampara	93.6	5.5	0.0	0.0	0.0	0.0	0.9	100.0	99.1	125
Trincomalee	78.6	9.7	10.5	0.0	0.0	0.0	1.1	100.0	98.9	70
Kurunegala	94.7	4.8	0.0	0.0	0.0	0.0	0.5	100.0	99.5	274
Puttlam	86.8	12.4	0.0	0.0	0.0	0.0	0.8	100.0	99.2	110
Anuradhapura	97.5	2.5	0.0	0.0	0.0	0.0	0.0	100.0	100.0	153
Polonnaruwa	85.6	11.4	3.1	0.0	0.0	0.0	0.0	100.0	100.0	84
Badulla	93.3	3.0	2.7	0.0	0.0	0.0	1.0	100.0	99.0	97
Moneragala	99.1	0.9	0.0	0.0	0.0	0.0	0.0	100.0	100.0	91
Ratnapura	89.3	9.5	0.7	0.0	0.0	0.5	0.0	100.0	99.5	182
Kegalle	95.3	4.4	0.3	0.0	0.0	0.0	0.0	100.0	100.0	128
Education										
No education	*	*	*	*	*	*	*	*	*	19
Passed Grade 1-5	89.8	1.5	6.9	0.0	0.0	0.0	1.8	100.0	98.2	86
Passed Grade 6-10	92.6	5.7	1.3	0.0	0.1	0.1	0.2	100.0	99.6	1,288
Passed G.C.E.(O/L) or equivalent	89.9	7.0	2.1	0.0	0.0	0.0	0.9	100.0	99.1	648
Passed G.C.E.(A/L) or equivalent	90.6	5.7	2.3	0.0	0.0	0.2	1.2	100.0	98.6	819
Degree and above	93.4	5.8	0.8	0.0	0.0	0.0	0.0	100.0	100.0	208
Wealth quintile										
Lowest	92.3	4.5	2.3	0.1	0.2	0.2	0.4	100.0	99.1	563
Second	90.2	7.3	2.1	0.0	0.1	0.1	0.2	100.0	99.6	599
Middle	92.0	5.7	1.7	0.0	0.0	0.2	0.4	100.0	99.4	641
Fourth	91.7	5.9	1.7	0.0	0.0	0.0	0.7	100.0	99.3	664
Highest	91.0	5.8	1.7	0.0	0.0	0.0	1.4	100.0	98.6	602
Total	91.5	5.9	1.9	0.0	0.1	0.1	0.6	100.0	99.2	3,068

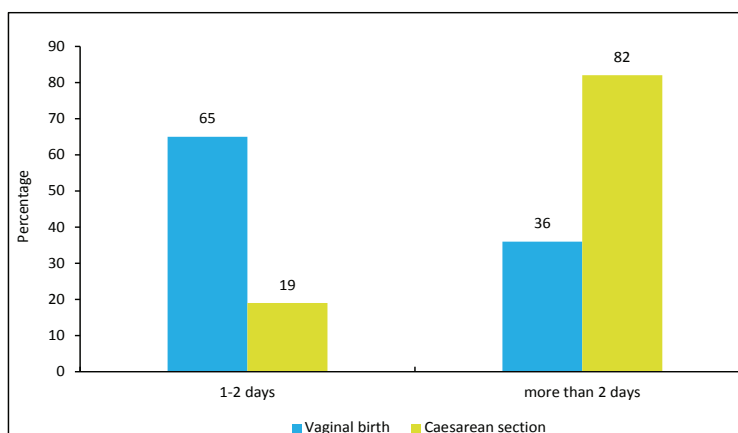
Note : An asterisk indicated that a figure is based on fewer than 25 unweighted cases and has been suppressed

¹ Includes women who received a checkup from a doctor, midwife, nurse, traditional birth attendant

² Includes women who received a checkup after 41 days



Figure 9.1 Percent distribution by duration of stay in the health facility for the last live birth



According to figure 9.1, included 65 percent of mothers with vaginal delivery, stayed up to 2 days in the health facility for the last live birth where delivery took place, compared to 19 percent among those delivering their birth via caesarean section. The majority of women delivering their birth via caesarean section (82 percent) stayed at the health facility for three or more days. Caesarean-section mothers typically have to stay in the health facility for at least 48 hours.

9.8 AWARENESS OF WELL-WOMEN CLINIC

The concept of Well-Women Clinic (W-WC) programme was introduced in 1996, as a result of the Reproductive Health Concept decided at the International Conference on Population Development (ICPD) held in Cairo in 1994. Sri Lanka stands as a pilot country in the whole of South Asia to successfully implement the W-WC programme at primary health care level with the aim of improving the health status of women. Family Health Bureau is the focal point at the national level in the Ministry of health for the W-WC programme. In its implementation, the Family Health Bureau works very closely with the National Cancer Control programme, Sri Lanka College of Pathologists and Sri Lanka College of Obstetricians and Gynaecologists. Over the last two decades the number of W-WCs have significantly risen to cover the whole country. W-WCs are mostly based at MOH offices and maternity hospitals. At the end of the year 2014, 873 Well-women clinics were functioning in Sri Lanka. These clinics provide services for women against common non-communicable diseases, including screening, detection and referral. The conditions screened in the W-WCs are hypertension, diabetes, breast and cervical cancers, under nutrition and obesity. In addition W-WCs provide family planning services and health education. Because of the importance of these clinics, the 2016 SLDHS decided to collect information on the awareness by ever-married women about the W-WCs, service availability, women's participation and awareness and use of the PAP test which is the screening method used to identify cervical cancers.

9.8.1 KNOWLEDGE OF WELL-WOMEN CLINIC

In order to measure the basic knowledge of W-WC, all ever-married women were asked whether they have heard of a clinic called "Well-Women". Seventy-one percent of them responded that they have heard of the W-WCs, and with some variation across background characteristics. In general, ever-married women from the urban and rural sectors have higher awareness about the W-WCs than those of estate sector (61 and 74 percent for urban and rural respectively, compared to only 32 percent for the estate sector).

By districts, 90 percent of the ever-married women in Moneragala have heard about W-WCs. compared to the lowest percentage observed in the Jaffna district (14 percent). In three additional districts (Mannar, Mullaitivu and Kilinochchi), awareness about W-WCs is below 20 percent.

Moreover, there is a positive association between the level of knowledge of the W-WCs and both education level of the woman and the wealth of the households. Only 27 percent of women who have no education have heard of W-WCs, whereas knowledge of W-WCs among women with higher levels of education is around 80 percent.

In Sri Lanka, age 35 is the age that women should attend to a W-WC. From Table 9.8, we can also see that 73 percent of ever-married women age 15-49 correctly indicated age 35 as the age at which women should attend a W-WC. When considering the age groups, percentages increase with the age of the women, is higher among the more educated women and those from the richest quintiles (see Figure 9.2 below). Only 59 percent of the women living in the estate sector recognized 35 as the age women should attend the W-WC, compared to 65 percent of women in the urban and 74 percent in the rural.

Table 9.8: Knowledge of Well-Women Clinic											
Percentage of ever-married women age 15-49 who have heard of the Well-Women Clinic, and among those the percentage who know at what age a woman should attend a Well-Women Clinic by background characteristics, Sri Lanka, 2016											
Background characteristic	Heard of Well-Women clinic	Number of women	Among women who have heard of the Well-Women Clinic: age to attend a Well-Women clinic					Don't know	Total	Age 35	Number of women
			Below 20	20-29	30-39	40-49	50 and above				
Age											
15-19	40.7	229	3.3	5.7	47.1	1.0	0.0	42.9	100.0	41.1	93
20-24	54.2	1,410	2.6	3.0	64.2	3.6	0.6	25.9	100.0	56.3	764
25-29	64.7	2,620	1.9	2.1	73.2	3.5	0.7	18.7	100.0	65.0	1,695
30-34	72.8	3,615	1.6	1.6	82.0	2.5	0.3	12.0	100.0	76.3	2,632
35-39	79.9	3,945	1.3	1.6	86.9	1.6	0.1	8.5	100.0	81.9	3,151
40-44	74.1	3,269	1.4	2.1	78.7	6.3	0.2	11.2	100.0	73.5	2,421
45-49	67.7	3,214	1.6	2.3	72.1	8.4	1.1	14.4	100.0	66.9	2,177
Marital status											
Married	71.2	16,545	1.6	2.0	78.7	4.1	0.4	13.2	100.0	72.8	11,781
Living together	77.1	712	1.4	1.7	81.4	3.4	0.0	12.2	100.0	78.0	549
Widowed/divorced/separated	57.6	1,045	1.5	1.7	71.6	6.3	1.0	17.9	100.0	65.4	602
Residence											
Urban	61.2	2,855	1.9	2.3	70.4	5.8	0.6	19.0	100.0	65.2	1,748
Rural	74.3	14,737	1.6	1.9	80.0	3.9	0.4	12.1	100.0	74.1	10,955
Estate	32.4	710	0.9	2.7	65.8	3.5	0.0	27.1	100.0	58.5	230
District											
Colombo	70.1	1,731	1.8	2.9	67.1	5.6	0.9	21.8	100.0	61.2	1,213
Gampaha	78.9	1,845	1.5	1.8	77.9	5.8	0.0	13.1	100.0	72.5	1,455
Kalutara	84.4	1,104	2.0	2.5	76.8	4.6	0.6	13.5	100.0	67.0	932
Kandy	72.4	1,223	1.5	2.7	78.9	3.7	0.2	13.1	100.0	73.0	885
Matale	84.5	490	0.4	1.5	87.6	1.4	0.6	8.6	100.0	80.3	414
Nuwara Eliya	55.0	572	2.0	2.1	77.9	1.8	0.4	15.7	100.0	72.4	315
Galle	83.8	935	2.7	3.5	74.6	6.0	1.7	11.5	100.0	68.1	783
Matara	78.2	718	1.0	1.4	72.8	3.6	0.7	20.5	100.0	69.9	562
Hambantota	83.3	556	0.6	1.7	82.3	0.9	0.6	13.9	100.0	77.7	463
Jaffna	13.6	471	11.3	12.4	41.5	8.3	0.0	26.6	100.0	40.1	64
Mannar	18.0	81	*	*	*	*	*	*	*	*	15
Vavuniya	28.3	136	(2.1)	(1.6)	(75.6)	(1.1)	(0.0)	(19.5)	(100.0)	(70.9)	39
Mullaitivu	14.3	81	*	*	*	*	*	*	*	*	12
Kilinochchi	19.2	94	*	*	*	*	*	*	*	*	18
Batticaloa	26.9	531	1.0	4.0	85.0	3.4	0.0	6.5	100.0	77.4	143
Ampara	60.7	731	0.4	2.1	86.5	1.0	0.2	9.8	100.0	84.0	443
Trincomalee	35.0	362	4.1	1.1	63.4	4.7	1.5	25.1	100.0	60.8	127
Kurunegala	85.8	1,592	1.2	1.2	80.8	4.2	0.1	12.4	100.0	75.4	1,366
Puttalam	71.9	664	2.2	1.5	83.9	5.1	0.6	6.7	100.0	74.5	477
Anuradhapura	76.2	984	0.4	0.0	85.4	0.2	0.0	14.0	100.0	85.0	750
Polonnaruwa	81.3	399	2.7	1.3	79.5	3.9	0.0	12.6	100.0	73.8	324
Badulla	58.9	735	3.5	3.2	72.3	4.2	0.3	16.6	100.0	64.7	433
Moneragala	89.5	485	0.5	0.5	93.9	1.7	0.0	3.3	100.0	87.1	434
Ratnapura	72.0	1,084	1.8	2.8	77.5	5.7	1.1	11.1	100.0	68.4	780
Kegalle	69.6	698	0.9	0.5	83.7	7.8	0.0	7.1	100.0	80.3	486
Education											
No education	26.5	285	3.5	2.8	63.9	5.0	0.0	24.9	100.0	56.0	76
Passed Grade 1-5	41.2	1,257	1.4	1.8	72.2	5.3	0.3	19.1	100.0	62.9	517
Passed Grade 6-10	68.7	8,130	1.6	1.9	78.5	3.5	0.5	14.0	100.0	72.2	5,588
Passed G.C.E.(O/L) or equivalent	74.4	4,044	1.2	1.7	80.5	3.9	0.7	11.9	100.0	75.0	3,011
Passed G.C.E.(A/L) or equivalent	82.0	3,731	1.9	2.3	78.8	4.8	0.2	12.0	100.0	73.9	3,058
Degree and above	79.7	856	2.3	2.5	73.9	6.9	0.3	14.1	100.0	69.6	682
Wealth quintile											
Lowest	48.7	3,390	1.8	2.8	74.9	3.6	0.4	16.5	100.0	67.3	1,649
Second	68.3	3,695	1.3	1.5	79.7	4.0	0.6	12.9	100.0	74.1	2,523
Middle	76.3	3,838	1.7	1.7	80.5	3.5	0.5	11.9	100.0	74.6	2,930
Fourth	78.7	3,816	1.4	1.7	81.0	3.5	0.3	12.1	100.0	75.7	3,004
Highest	79.3	3,562	1.9	2.5	74.6	6.0	0.4	14.6	100.0	69.2	2,826
Total	70.7	18,302	1.6	2.0	78.5	4.2	0.4	13.3	100.0	72.7	12,932

Note : Figures in parentheses are based on 25 – 49 unweighted cases
An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed



9.8.2 KNOWLEDGE OF WELL-WOMEN CLINICS SERVICES

In order to assess the respondents' knowledge about the standard services provided by the W-WCs, all ever-married women interviewed in 2016 SLDHS were asked about specific services. Almost eight out of ten ever-married women in Sri Lanka (77 percent) know about the test for cervical cancer and the test for breast cancer services provided by the W-WCs. However, from Table 9.9 we can see that only a relatively small percentage of ever married women in Sri Lanka knew about the W-WC services for high blood pressure (33 percent), the test for diabetes (34 percent), family planning (24 percent) and health education (15 percent).

Knowledge for the two tests for cancers (breast and cervical) increases with the age of the woman to a maximum of around 80 percent among women age 40-49. It shows similar increases by level of education and wealth quintile (see Table 9.9 below). The data provides enough evidence to develop interventions that increase the knowledge of family planning services offered by the W-WC, targeting in particular those geographic areas in which knowledge is the lowest (i.e. districts of Matale and Polonnaruwa with only, 8 and 11 percent of women who know that the W-WCs provide family planning services.)

Table 9.9: Knowledge of Services

Percentage of ever-married women age 15-49 among ever heard of well women clinic; who know about the services provided by the Well-Women clinic, by background characteristics, Sri Lanka, 2016

Background characteristic	Percentage who know of specific services								Number of women
	The test for high blood pressure	The test for diabetes	The test for breast cancer	The test for cervical cancer	Family planning services	Health education	Other	Don't know	
Age									
15-19	15.1	19.1	40.7	38.1	10.6	8.3	1.5	50.6	93
20-24	21.0	21.9	59.7	56.4	16.2	10.0	0.2	33.5	764
25-29	23.7	25.4	68.3	67.9	17.9	11.6	0.4	23.2	1,695
30-34	29.8	30.6	76.0	76.5	23.1	13.8	0.3	16.0	2,632
35-39	39.6	41.4	83.9	84.9	28.2	17.1	0.3	9.4	3,151
40-44	35.9	38.1	81.3	83.2	25.7	16.4	0.4	11.6	2,421
45-49	34.4	35.6	77.5	78.9	23.9	15.5	0.4	14.7	2,177
Marital status									
Married	32.6	34.0	76.9	77.6	24.3	15.4	0.4	15.6	11,781
Living together	39.3	42.1	84.5	86.0	16.4	5.0	0.0	10.2	549
Widowed/divorced/separated	28.9	31.3	71.7	71.8	21.0	12.2	0.8	20.6	602
Residence									
Urban	27.0	29.5	72.0	73.6	23.9	15.7	0.5	18.6	1,748
Rural	33.6	34.9	78.0	78.5	23.9	14.7	0.3	14.9	10,955
Estate	33.8	34.0	64.7	65.7	19.1	11.8	0.3	22.9	230
District									
Colombo	20.9	25.2	67.8	73.5	21.4	12.5	0.6	19.8	1,213
Gampaha	37.3	40.6	83.1	83.7	22.3	10.7	0.0	12.8	1,455
Kalutara	37.5	39.2	78.6	79.1	25.2	18.5	0.1	17.8	932
Kandy	36.1	35.7	77.8	80.5	25.6	19.7	0.3	13.5	885
Matale	20.8	19.8	58.5	68.3	7.8	16.7	3.0	19.6	414
Nuwara Eliya	40.5	38.4	72.0	74.7	30.4	26.2	0.2	16.1	315
Galle	39.3	39.1	74.5	80.6	42.1	30.2	0.8	13.5	783
Matara	29.3	27.9	78.6	77.8	12.6	7.7	0.0	14.3	562
Hambantota	46.9	46.2	82.3	79.7	28.2	16.0	0.2	14.7	463
Jaffna	37.3	35.6	29.2	22.4	12.2	10.5	0.0	35.5	64
Mannar	*	*	*	*	*	*	*	*	15
Vavuniya	(20.0)	(33.0)	(65.6)	(62.7)	(21.6)	(9.7)	(0.0)	(25.8)	39
Mullaitivu	*	*	*	*	*	*	*	*	12
Kilinochchi	*	*	*	*	*	*	*	*	18
Batticaloa	17.9	14.7	65.8	59.9	16.7	3.3	0.0	17.1	143
Ampara	47.7	52.4	82.0	76.9	35.0	32.1	0.0	10.9	443
Trincomalee	17.7	15.9	66.3	57.4	19.4	6.1	0.0	24.4	127
Kurunegala	41.9	45.0	78.8	78.4	23.2	11.7	0.7	14.0	1,366
Puttalam	12.2	13.4	77.9	75.6	17.5	8.7	0.0	15.2	477
Anuradhapura	22.4	22.3	77.9	77.9	16.5	13.9	0.0	21.2	750
Polonnaruwa	19.8	22.7	72.7	72.0	11.0	12.7	0.0	19.5	324
Badulla	30.3	30.0	66.8	66.2	18.7	16.6	1.0	26.8	433
Moneragala	34.6	36.3	92.7	87.7	40.3	11.8	0.0	5.8	434
Ratnapura	41.1	41.7	78.6	78.6	17.7	7.4	0.0	15.4	780
Kegalle	19.0	23.0	91.2	89.4	39.1	13.1	0.0	5.5	486
Education									
No education	29.0	29.4	63.3	62.6	22.9	17.4	1.0	29.4	76
Passed Grade 1-5	28.4	27.7	68.1	68.6	22.5	12.7	0.4	21.3	517
Passed Grade 6-10	30.8	32.5	74.0	74.2	20.6	12.4	0.4	18.4	5,588
Passed G.C.E.(O/L) or equivalent	32.7	34.6	77.9	79.5	24.2	15.5	0.3	14.6	3,011
Passed G.C.E.(A/L) or equivalent	36.4	37.0	82.0	82.4	28.2	18.3	0.4	11.1	3,058
Degree and above	35.5	38.7	82.7	84.9	29.0	16.9	0.2	10.9	682
Wealth quintile									
Lowest	27.6	29.3	66.3	65.8	20.1	13.1	0.5	23.9	1,649
Second	31.7	32.5	75.0	74.8	22.1	12.9	0.3	16.7	2,523
Middle	32.8	33.8	77.5	79.2	22.5	14.0	0.4	14.9	2,930
Fourth	33.2	35.0	80.1	81.1	24.2	14.7	0.5	13.3	3,004
Highest	36.0	38.1	80.9	81.8	28.3	18.5	0.2	12.8	2,826
Total	32.7	34.2	77.0	77.6	23.8	14.8	0.4	15.6	12,932

Note : Figures in parentheses are based on 25 – 49 unweighted cases

An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed



Table 9.10: Participation of Well - Women Clinic

Percentage of ever-married women age 15-49 among ever heard of well women clinic; who have attended a Well-Women Clinic by background characteristics, Sri Lanka, 2016

Background characteristic	Ever attended a Well-Women Clinic	Number of women
Age		
15-19	3.2	93
20-24	2.6	764
25-29	3.7	1,695
30-34	9.5	2,632
35-39	56.0	3,151
40-44	47.9	2,421
45-49	46.5	2,177
Marital status		
Married	33.0	11,781
Living together	35.1	549
Widowed/divorced/separated	31.7	602
Residence		
Urban	29.1	1,748
Rural	33.8	10,955
Estate	28.5	230
District		
Colombo	30.0	1,213
Gampaha	37.1	1,455
Kalutara	38.6	932
Kandy	32.1	885
Matale	34.9	414
Nuwara Eliya	38.2	315
Galle	29.5	783
Matara	34.8	562
Hambantota	31.3	463
Jaffna	15.8	64
Mannar	*	15
Vavuniya	(15.4)	39
Mullaitivu	*	12
Kilinochchi	*	18
Batticaloa	21.5	143
Ampara	38.2	443
Trincomalee	18.3	127
Kurunegala	32.6	1,366
Puttalam	34.7	477
Anuradhapura	31.9	750
Polonnaruwa	31.6	324
Badulla	33.0	433
Moneragala	31.5	434
Ratnapura	33.2	780
Kegalle	30.0	486
Education		
No education	42.6	76
Passed Grade 1-5	43.9	517
Passed Grade 6-10	34.6	5,588
Passed G.C.E.(O/L) or equivalent	33.6	3,011
Passed G.C.E.(A/L) or equivalent	29.2	3,058
Degree and above	25.7	682
Wealth quintile		
Lowest	30.3	1,649
Second	33.4	2,523
Middle	33.7	2,930
Fourth	33.8	3,004
Highest	32.7	2,826
Total	33.0	12,932

Note : Figures in parentheses are based on 25 – 49 unweighted cases
An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed

9.8.3 PARTICIPATION

IN WELL-WOMEN CLINICS

W-WCs normally provide their services to women who are 35 years of age and older. Table 9.10 shows that only 33 percent of ever-married women age 15-49 have ever attended to a W-WC. However, as expected, this percentage is considerable higher among women 35 and older (56 percent among 35-39) than among younger ones (less than 10 percent for ever-married age 15-34). By district, the participation in W-WCs is highest in the Kalutara district (39 percent) and the lowest in Jaffna district with only 16 percent.

9.8.4 USE OF PAP TEST

A revised Guideline for Cervical cytology Screening and Reporting in Sri Lanka was formulated in 2010 by a committee comprising of representatives from the College of Pathologists of Sri Lanka, College of Obstetricians and Gynaecologists of Sri Lanka and Family Health Bureau. The guideline recommends once in a life time screening using conventional Pap smear cytology for the women of 35 years of age. The single age cohort was selected considering the logistic convenience of identifying the eligible women of one particular age and feasibility of achieving a high coverage of the limited target population. However, the guideline also permits any woman (specially over 35 years) seeking the screening services voluntarily to have Pap smear through the same programme.

The Public Health Midwives (PHM) identify the women aged 35 years from the registers maintained at the office of the PHM and invite them during the home visits to attend the W-WCs for cervical cancer screening. A letter of invitation from the MOH is also sent to each woman as she attains the age of 35 years, reminding her to undergo screening.

In the 2016 SLDHS, all ever-married women age 15-49 were asked if they have ever had a PAP test. Twenty-one percent of them indicated that they

Table 9.11: Ever had PAP Test

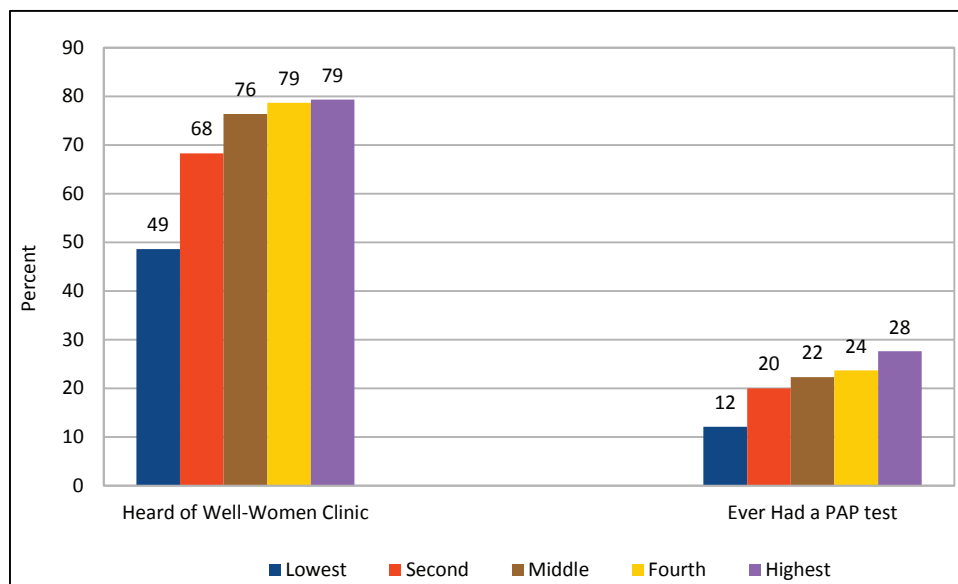
Percentage of ever-married women age 15-49 who ever had a PAP test, by background characteristics, Sri Lanka, 2016

Background characteristic	Ever had a PAP test	Number of women
Age		
15-19	0.0	229
20-24	0.5	1,410
25-29	1.6	2,620
30-34	5.8	3,615
35-39	41.7	3,945
40-44	32.1	3,269
45-49	29.3	3,214
Marital status		
Married	21.4	16,545
Living together	26.9	712
Widowed/divorced/separated	16.4	1,045
Residence		
Urban	18.3	2,855
Rural	22.4	14,737
Estate	9.2	710
District		
Colombo	24.6	1,731
Gampaha	28.1	1,845
Kalutara	31.5	1,104
Kandy	21.3	1,223
Matale	27.2	490
Nuwara Eliya	14.9	572
Galle	21.0	935
Matara	24.6	718
Hambantota	18.8	556
Jaffna	2.8	471
Mannar	3.4	81
Vavuniya	3.0	136
Mullaitivu	2.4	81
Kilinochchi	5.2	94
Batticaloa	4.3	531
Ampara	14.7	731
Trincomalee	7.4	362
Kurunegala	25.8	1,592
Puttalam	22.9	664
Anuradhapura	17.8	984
Polonnaruwa	23.4	399
Badulla	16.5	735
Moneragala	26.2	485
Ratnapura	23.3	1,084
Kegalle	19.0	698
Education		
No education	9.0	285
Passed Grade 1-5	15.4	1,257
Passed Grade 6-10	21.1	8,130
Passed G.C.E.(O/L) or equivalent	22.3	4,044
Passed G.C.E.(A/L) or equivalent	23.3	3,731
Degree and above	21.6	856
Wealth quintile		
Lowest	12.1	3,390
Second	20.0	3,695
Middle	22.3	3,838
Fourth	23.8	3,816
Highest	27.6	3,562
Total	21.3	18,302

have had the test in the past. This percentage is substantially higher among older ever-married women (42 percent among women age 35-39), which indicates the national concentration on the women at age 35 since 2010 for the cervical cancer screening. The prevalence of the use of PAP tests increases with the level of education of the woman and by the wealth quintile of the household in which the woman resides (see Figure 9.2). By place of residence, the prevalence of the use of the PAP test is higher in the rural areas (22 percent) than in the urban areas (18 percent) and in the estate sector (9 percent). Ever use of the PAP test presents a wide range variation by district of residence, from just 2 percent in the Mullaitivu district to 32 percent in Kalutara.



Figure 9.2 Knowledge of W-WC and PAP test by Wealth Quintile



Key Findings

- **Low Birth Weight:** 16 percent of newborn children in the five years before the survey that have a reported weight, have low birth weight (below 2.5kg).
- **Vaccinations:** In 2016, among children age 24-35 months, only one percent were not received any vaccination.
- **Diarrhoea:** Three percent of children under age 5 years had diarrhoea in the two weeks preceding the survey.
- **Diarrhoea treatment:** Of these children with diarrhoea, 91 percent were taken for treatment to a health facility or health provider. Similarly, 54 percent received fluid from ORS packets or prepackaged ORS liquid and 63 percent continued feeding and were given oral re-hydration therapy (ORT)
- **Symptoms of acute respiratory infections:** Two percent of children under age 5 years had symptoms of acute respiratory infection (ARI) in the two weeks preceding the survey and of those children affected 52 percent were taken to a health facility or provider, for advice or treatment.
- **Fever:** Fourteen percent of children under age 5 years had a fever in the two weeks preceding the survey and of these children, 92 percent were taken to a facility or health provider for treatment. Among those who received treatment, 48 percent received antibiotic drugs.
- **Disability:** Twenty-three percent of children age 2-5 years, had at least one development difficulty.
- **Early Childhood Development:** The Child Development booklets section of Child Health Development Record were read by 79 percent of mothers in Sri Lanka.

This chapter presents findings on aspects of child health that contribute to their survival and development, such as birth weight, immunization, and prevalence and treatment of major childhood illnesses (IRA, diarrhoea and fever). Information given in this chapter is very useful to assist in reducing neonatal, infant and child morbidity and mortality.

One of the most important indicators of a child's vulnerability to the risk of childhood illnesses and chance of survival is birth weight. Likewise, many deaths in early childhood can be prevented by immunizing children against preventable diseases, with emphasis on children age 12-23 months. Universal immunization of children against the six-preventable diseases (tuberculosis, diphtheria, whooping cough, tetanus, polio and measles) is crucial to reducing infant and child mortality.

Examining treatment practices and contacts with health services for children affected by the three most important childhood illnesses (diarrhoea, acute respiratory infection (ARI) and fever) helps in the assessment of national programs aimed at reducing the mortality impact of these illnesses. Information is provided on the prevalence and treatment of acute respiratory infection (ARI) and treatments taken for it within the same day or the next day, prevalence of fever and its treatment with antibiotics, and the treatment of diarrhoeal disease with oral re-hydration therapy (including increased fluids) for the assessment of programs that recommended such treatment. In addition, information on the disposal of child's stools is important in



preventing the spread of disease. The data collected in the 2016 SLDHS provides a basis for the monitoring and assessment of existing programs and the development of new interventions and policies.

10.1 CHILD'S WEIGHT AT BIRTH.

Low birth weight

Percentage of births with a reported birth weight <2.5 kilogrammes regardless of gestational age.

sample : Live births in the 5 years before the survey that have a reported birth weight, either from a written record or mother's report

In the 2016 SLDHS, interviewers were trained in the procedures to obtain birth weight from the Child Health Development Record (CHDR) for all children who were born since January 2011 up to the date of the interview in 2016. Birth weight is an important determinant of newborn survival and an indicator of a child's vulnerability to the risk of childhood illnesses. In the 2016 SLDHS, interviewers were able to obtain the birth weight from the CHDR for 97 percent of these children. This high percentage is a good indicator of the quality of the registration in the CHDR, one that is very uniform across background characteristics.

Children whose birth weight is less than 2.5 kilograms are considered as of low birth weight, and therefore have a higher than average risk of early childhood death. Globally, 16 percent of newborn children in the five years before the survey that have a reported weight, have low birth weight (below 2.5kg). There are important variations in the percentage of children of low birth weight by background characteristics.

Children born to younger mothers, of first birth order mothers, mothers who did not complete primary school, and mothers in the lowest wealth quintile are more likely to have children of low birth weight at birth (i.e. less than 2.5kg) than their counterparts. Higher prevalence of low birth weight is observed among children of younger mothers (22 percent), first birth order mothers (18 percent), children of mothers residing in the estate sector (25 percent), and children of women with no education (32 percent). The prevalence of low birth weight is negatively associated with the level of education of the mother (see Figure 10.1 below) and the household wealth. Twenty-one percent of the children born to mothers in the poorest households were registered as of low birth weight, compared to 9 percent among the richest quintile.

There are also important variations in the low birth percentages across districts. The highest values are observed in Ratnapura, Nuwara Eliya and Matara, where more than one in five children are born with low birth weight. At the same time, districts such as Jaffna, Mullaitivu and Kilinochchi, are the least affected by the burden of low birth weight among newborns (less than 10 percent).

During the last ten years, this indicator has remained relatively constant¹ at the same levels observed in the 2006-07 SLDHS (16 percent). However, the percentage of low birth weight babies in the estate sector declined from 31 in 2006-07 percent to 25 percent in 2016.

¹The 2016 SLDHS found 16 percent with low birth weight, excluding Northern Province to make the data comparable

Table 10.1 Child's weight at birth

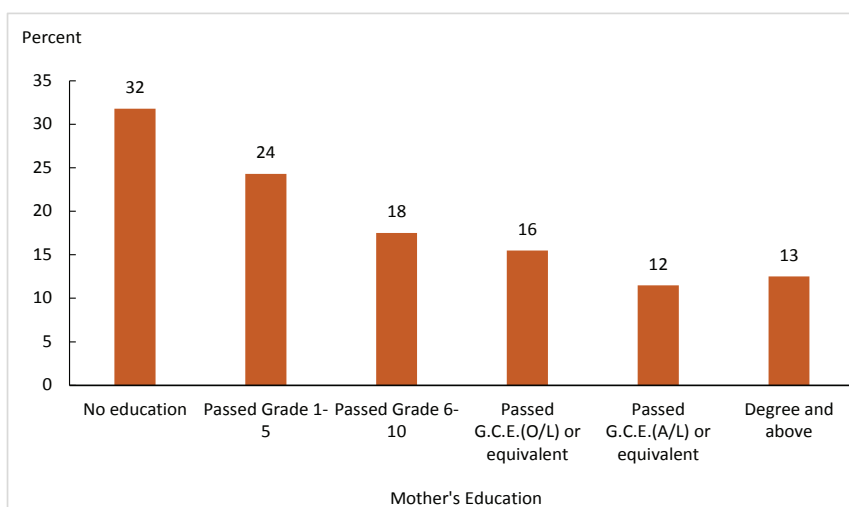
percentage of live births in the five years preceding the survey that have a reported birth weight, and among live births in the five years preceding the survey with a reported birth weight, percentage less than 2.5 kg, according to background characteristics, Sri Lanka 2016

Background characteristic	Percentage of births that have a reported birth weight ¹	Among births with a reported birth weight ¹		
		Number of births	Percentage less than 2.5 kg	Number of births
Mother's age at birth				
<20	95.0	420	21.7	399
20-34	96.7	6,558	15.2	6,345
35-49	97.1	1,215	16.4	1,179
Birth order				
1	96.7	3,238	17.8	3,130
2-3	96.8	4,512	14.2	4,366
4-5	97.5	407	14.3	396
6+	(84.2)	36	(18.8)	30
Residence				
Urban	96.2	1,295	12.7	1,246
Rural	97.0	6,537	15.7	6,339
Estate	93.7	360	25.4	338
District				
Colombo	96.8	717	12.4	694
Gampaha	95.8	766	15.2	734
Kalutara	97.5	519	15.3	506
Kandy	96.8	581	14.3	562
Matale	97.2	216	13.5	210
Nuwara Eliya	96.1	281	20.7	270
Galle	97.1	428	12.6	415
Matara	97.0	337	20.5	327
Hambantota	97.3	265	10.0	258
Jaffna	95.0	209	6.2	198
Mannar	(92.1)	42	(14.7)	38
Vavuniya	94.9	62	19.4	59
Mullaitivu	(92.1)	37	(9.4)	34
Kilinochchi	(95.8)	47	(9.50)	45
Batticaloa	95.7	248	18.9	237
Ampara	97.9	357	16.0	350
Trincomalee	94.6	194	15.0	183
Kurunegala	97.3	683	15.1	665
Puttalam	96.6	291	18.7	281
Anuradhapura	98.5	418	14.3	412
Polonnaruwa	97.6	188	17.3	183
Badulla	95.4	305	17.0	291
Moneragala	99.3	242	18.8	240
Ratnapura	97.9	448	22.4	439
Kegalle	92.9	314	18.8	292
Mother's education				
No education	97.2	55	31.8	54
Passed Grade 1-5	95.7	294	24.3	281
Passed Grade 6-10	97.0	3,542	17.5	3,435
Passed G.C.E.(O/L) or equivalent	96.6	1,827	15.5	1,765
Passed G.C.E.(A/L) or equivalent	96.5	1,994	11.5	1,925
Degree and above	96.3	480	12.5	462
Wealth quintile				
Lowest	95.2	1,648	21.3	1,569
Second	97.0	1,664	17.4	1,613
Middle	97.1	1,639	15.6	1,592
Fourth	97.8	1,759	14.5	1,720
Highest	96.3	1,483	9.1	1,429
Total	96.7	8,193	15.7	7,923

¹ Based on a written record from health card



Figure 10.1 Percentage of low birth weight children by mother's education level



10.2 VACCINATION COVERAGE

All basic vaccinations coverage

Percentage of children age 12-23 months who received specific vaccines at any time before the survey (according to a vaccination card or the mother's report). To have received all basic vaccinations, a child must receive at least:

- One dose of BCG vaccine, which protects against tuberculosis
- Three doses of DPT, which protects against diphtheria, pertussis (whooping cough), and tetanus
- Three doses of polio vaccine
- One dose of measles vaccine

sample : Living children age 12-23 months

In 1961 the government of Sri Lanka initiated the National Immunization Programme and expanded it after 1978 (DCS, 1995). The Sri Lankan National Immunization programme follows the international guidelines recommended by the WHO. Vaccinations given, should be recorded in the CHDR given to the child's parents. The government of Sri Lanka provides all childhood vaccines free of charge.

The 2016 SLDHS collected data on child's vaccinations for all living children born during the five years prior to the survey. Normally, immunizations are recorded on the child's vaccination card. During this survey, if the mother was able to show the vaccination card, dates of vaccinations were copied from the CHDR to the questionnaire. If the mother was unable to show the CHDR, she was asked to recall whether the child received each vaccine. Table 10.2 represent the vaccination coverage among children aged 12-23 months and children aged 24-35 months according to the source of information.

In 2016, only one percent of the children ages 24-35 months were not received any vaccination. The level of coverage for BCG, three doses of DPT/Pentavalent, Polio and Measles containing vaccines is 96 percent or higher.

Coverage for the Pentavalent/DPT and Polio vaccines by appropriate age are 98 percent and 99 percent for the first dose, while declining with subsequent doses to 95 percent for third dose for DPT/ Penta and Polio.

Table 10.2 Vaccinations by source of information								
Percentage of children age 12-23 months and children age 24-35 months who received specific vaccines at any time before the survey, by source of information (vaccination card or mother's report), and percentage who received specific vaccines by the appropriate age, Sri Lanka 2016								
Source of information	Vaccination card ¹	Mother's report	Children age 12-23 months			Children age 24-35 months		
			Either source	Vaccinated by appropriate age ^{2,3,4}	Vaccination card ¹	Mother's report	Either source	Vaccinated by appropriate age ^{2,3,4}
BCG	92.7	6.5	99.2	98.8	91.5	7.1	98.6	98.2
DPT-HepB-Hib								
1	92.0	6.5	98.6	98.4	91.3	7.0	98.3	98.1
2	91.6	6.4	98.0	97.9	91.2	6.9	98.1	97.9
3	89.8	6.2	96.0	95.3	89.7	6.6	96.3	95.2
Polio								
1	92.5	6.4	98.9	98.7	91.7	7.1	98.8	98.7
2	92.2	6.4	98.5	98.5	91.2	7.0	98.2	98.0
3	89.9	6.2	96.0	95.4	89.1	6.8	95.8	94.4
Measles containing vaccine								
1	na	na	na	na	90.4	6.8	97.1	96.5
2	na	na	na	na	11.6	4.7	16.3	16.1
All basic vaccinations⁵	0.0	0.0	0.0	-	86.4	6.2	92.6	90.3
No vaccinations	0.1	0.7	0.8	na	0.2	0.8	1.0	na
Number of children	1,443	113	1,556	1,556	1,553	133	1,686	1,686

na = Not applicable
 BCG = Bacille Calmette-Guérin
 DPT = Diphtheria-pertussis-tetanus
 HepB = Hepatitis B
 Hib = Haemophilus influenzae type b
¹ Vaccination card, booklet or other home-based record
² Received by age 12 months
³ For children whose vaccination information is based on the mother's report, date of vaccination is not collected. The proportions of vaccinations given during the first and second years of life are assumed to be the same as for children with a written record of vaccination.
⁴ Received by age 12 months for all vaccines except [MEASLES CONTAINING VACCINE] 2, which should be received by age 24 months
⁵ BCG, three doses of [DPT-HepB-Hib], three doses of oral polio vaccine (excluding polio vaccine given at birth), and one dose of [MEASLES CONTAINING VACCINE]

10.2.1 DIFFERENTIALS IN VACCINATION COVERAGE

Table 10.3 represents the differences in vaccination coverage for the children aged 12-23 months and children aged 24-35 months by background characteristics of the mother and children. Vaccination coverage does not vary by the sex of the child and as birth order increases vaccination coverage declines. Vaccination coverage appears to be higher among children residing in the rural sector than those of the urban or estate sector important variations in the level of vaccinations among children aged 12-23 and children aged 24-35 months are observed across districts. The analysis at the district level could benefit from additional comparison with data from administrative records.

Social and economic characteristics are usually associated with the levels of vaccination coverage. In the 2016 SLDHS, the relationship between the level of education and the wealth of the households and the levels of vaccination does not seem to show traditional patterns of positive associations. Rather, in 2016, vaccination is higher among children of mothers with primary education “pass grade 1-5”, and lower the richest quintile.



Table 10.3 Vaccinations by background characteristics

Percentage of children age 12-23 months and children age 24-35 months who received specific vaccines at any time before the survey (according to a vaccination card or the mother's report), percentage with all basic vaccinations, and percentage with all age appropriate vaccinations, by background characteristics, Sri Lanka 2016

Background characteristic	DPT-HepB-Hib			Polio			No vaccinations	Number of children	Children age 24-35 months:			
	BCG	1	2	3	1	2			3	[MCV] 1	[MCV] 2	Number of children
Sex												
Male	99.2	98.2	97.7	96.5	99.0	98.6	95.2	0.8	791	97.5	16.4	868
Female	99.2	98.9	98.3	95.4	98.8	98.5	96.9	0.8	765	96.7	16.2	818
Birth order												
1	99.1	98.6	97.9	95.8	99.1	98.8	95.8	0.9	595	98.0	16.3	629
2-3	99.4	98.6	98.2	96.2	98.9	98.5	96.3	0.6	880	96.8	16.9	961
4-5	97.7	97.7	97.0	94.7	97.4	97.0	94.7	2.3	77	94.2	8.8	89
6+	*	*	*	*	*	*	*	*	3	*	*	6
Residence												
Urban	98.7	95.9	94.9	91.9	97.4	96.7	93.2	1.3	228	94.0	10.0	256
Rural	99.3	99.1	98.5	96.9	99.2	98.9	96.6	0.7	1,253	97.7	17.4	1,366
Estate	98.3	98.3	98.3	93.6	98.3	98.3	95.9	1.7	75	98.3	17.6	63
District												
Colombo	99.0	95.4	95.4	91.6	96.1	95.4	89.8	1.0	145	94.3	10.9	128
Gampaha	99.2	97.3	95.3	94.4	99.2	98.0	91.2	0.8	145	95.3	15.3	149
Kalutara	100.0	98.7	98.7	98.7	100.0	100.0	98.2	0.0	101	98.7	7.3	107
Kandy	97.7	97.7	97.7	97.7	97.7	97.7	95.0	2.3	108	97.6	18.7	136
Matale	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(0.0)	35	(100.0)	(9.6)	50
Nuwara Eliya	98.5	98.5	98.5	96.1	98.5	98.5	98.5	1.5	56	100.0	18.1	47
Galle	100.0	99.0	98.3	95.1	100.0	100.0	98.3	0.0	75	97.0	7.7	87
Matara	97.6	97.6	96.5	96.5	97.6	96.5	95.8	2.4	73	98.6	5.1	63
Hambantota	(97.8)	(97.8)	(97.8)	(97.8)	(97.8)	(97.8)	(97.8)	(2.2)	41	93.7	2.3	51
Jaffna	(98.1)	(98.1)	(98.1)	(98.1)	(98.1)	(98.1)	(95.3)	(1.9)	36	96.3	4.0	56
Mannar	(92.9)	(92.9)	(81.0)	(81.0)	(88.9)	(88.9)	(81.0)	(7.1)	6	(90.8)	(11.7)	10
Vavuniya	(96.7)	(96.7)	(93.9)	(93.9)	(96.7)	(93.9)	(93.9)	(3.3)	10	(95.9)	(32.4)	12
Mullaitivu	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(0.0)	8	(95.6)	(17.7)	9
Kilinochchi	*	*	*	*	*	*	*	*	6	(97.5)	(11.9)	7
Batticaloa	100.0	100.0	100.0	98.2	100.0	100.0	100.0	0.0	47	93.3	2.7	56
Ampara	100.0	100.0	98.5	98.5	100.0	98.5	96.9	0.0	63	97.3	26.9	84
Trincomalee	(97.4)	(97.4)	(97.4)	(96.8)	(97.4)	(97.4)	(96.8)	(2.6)	29	93.1	14.5	40
Kurunegala	99.1	99.1	99.1	96.4	99.1	99.1	95.7	0.9	143	98.0	36.0	126
Puttalam	100.0	100.0	97.4	88.7	100.0	100.0	96.7	0.0	55	95.2	18.3	52
Anuradhapura	100.0	100.0	100.0	98.1	100.0	98.8	97.1	0.0	86	100.0	28.6	111
Polonnaruwa	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(0.0)	35	(97.2)	(5.1)	36
Badulla	99.1	99.1	99.1	91.0	99.1	99.1	94.0	0.9	52	98.2	10.6	78
Moneragala	100.0	100.0	98.1	90.4	100.0	100.0	98.1	0.0	51	96.9	38.2	55
Ratnapura	100.0	100.0	100.0	98.7	100.0	100.0	100.0	0.0	84	99.2	8.9	80
Kegalle	100.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	67	99.2	27.4	58
Mother's education												
No education	*	*	*	*	*	*	*	*	10	*	*	15
Passed Grade 1-5	100.0	100.0	99.4	99.4	100.0	100.0	99.4	0.0	40	98.9	7.8	63
Passed Grade 6-10	99.3	99.0	98.8	97.0	99.3	99.3	96.9	0.7	682	96.9	15.9	736
Passed G.C.E.(O/L) or equivalent	99.6	99.2	98.6	96.1	98.7	98.3	95.5	0.4	313	97.3	21.6	385
Passed G.C.E.(A/L) or equivalent	99.2	97.8	97.0	94.8	98.9	98.2	95.5	0.8	395	96.5	14.4	384
Degree and above	97.4	96.8	95.0	93.1	97.4	96.0	93.8	2.6	117	98.9	14.2	102
Wealth quintile												
Lowest	98.8	98.8	98.4	96.0	98.8	98.7	97.1	1.2	303	96.6	16.2	336
Second	99.7	99.7	99.2	97.5	99.6	99.6	97.7	0.3	295	96.8	18.0	350
Middle	99.5	99.5	99.0	97.0	99.5	99.0	97.8	0.5	326	99.0	15.8	312
Fourth	99.2	98.8	98.8	97.6	99.2	98.9	94.5	0.8	320	98.4	15.8	378
Highest	98.7	95.9	94.6	91.7	97.3	96.5	93.1	1.3	313	94.6	15.6	310
Total	99.2	98.6	98.0	96.0	98.9	98.5	96.0	0.8	1,556	97.1	16.3	1,686

Note: Children are considered to have received the vaccine if it was either written on the child's vaccination card or reported by the mother. For children whose vaccination information is based on the mother's report, date of vaccination is not collected. The proportions of vaccinations given during the first and second years of life are assumed to be the same as for children with a written record of vaccination.

10.3 CHILDHOOD ILLNESS AND TREATMENT

The 2016 SLDHS collected data on three illnesses which mainly affect childhood morbidity and mortality (diarrhoea, acute respiratory infection (ARI) and fever). Estimates of the prevalence of these illnesses and feeding practices during diarrhoea are presented in this section.

Treatment of ARI symptoms

Children with ARI symptoms for whom advice or treatment was sought. ARI symptoms include cough accompanied by

- (1) short, rapid breathing that is chest-related, and/or
- (2) difficult breathing that is chest-related.

sample : Children under age 5 with symptoms of ARI in the 2 weeks before the survey

10.4 ACUTE RESPIRATORY INFECTIONS AND TREATMENT

Respiratory infections are common among children under the age of five years and sometimes they lead to pneumonia or asthma. Fever and coughing are common initial symptoms of ARI, and early diagnosis and treatment with antibiotics can prevent a large proportion of ARI and pneumonia deaths. In the 2016 SLDHS, questions were asked to separate children with symptoms associated with ARI from children suffering from a cold or a cough during the two-weeks preceding the survey.

Data collected in the 2016 SLDHS shows that only 2 percent of the children under five had symptoms of acute respiratory infection (ARI) in the two weeks preceding the survey (Table 10.4). This was estimated by asking mothers whether their children under age 5 had been ill with a cough accompanied by short, rapid breathing as a result of a problem in the chest in the two weeks preceding the survey. These symptoms are compatible with ARI. It should be noted that data collected are subjective in the sense that they are based on the mother's perception of illness without validation by medical personnel.

No differences are observed between boys and girls. Considering the child's age, the highest prevalence of ARI was reported for children 3 and 4 years of age (3 percent respectively), which are also the usual ages when children attend pre-school education. High levels of ARI can also be observed among children of mothers with no education and those residing in the poorest of households (6 percent and 3 percent respectively) relative to the other children.

Place of residence also seems to show some differentials, with high prevalence among children residing in the estates sector (3 percent). In two districts, Hambantota and Polonnaruwa the prevalence of ARI among children under five reached the highest values (8 percent and 7 percent respectively, see Table 10.4 below), compared with Matara, Jaffna, Mullaitivu, Batticaloa and Ampara, where less than one percent prevalence of ARI among under five children was reported.

Among those children under age five with symptoms of ARI in the two weeks before the survey, more than half of them (52 percent) were taken to a health provider for treatment of their acute respiratory illness (Table 10.4). Out of the children with respiratory illness, for one out of three children (32 percent) treatment was sought the same day or the next day of the illness. There are no apparent differentials by background characteristics in the behaviors related to seeking advice or treatment from health facilities or the promptness with which the advice was pursued. This is in part due to the relatively low prevalence of ARI in Sri Lanka.



Table 10.4 Prevalence and treatment of symptoms of ARI

Among children under age five, the percentage who had symptoms of acute respiratory infection (ARI) in the two weeks preceding the survey and among children with symptoms of ARI, the percentage for whom advice or treatment was sought from a health facility or provider and the percentage who received antibiotics as treatment, according to background characteristics, Sri Lanka 2016

Among children under age five with symptoms of ARI:					
Background characteristic	Percentage with symptoms of ARI ¹	Number of children	Percentage for whom advice or treatment was sought from a health facility or provider ²	Percentage for whom treatment was sought same or next day	Number of children
Age in months					
<6	1.0	757	*	*	7
6-11	2.3	790	*	*	18
12-23	2.2	1,556	(46.3)	(22.9)	34
24-35	2.3	1,686	(50.6)	(36.9)	39
36-47	3.0	1,665	(56.3)	(33.8)	50
48-59	3.0	1,691	53.2	35.8	50
Sex					
Male	2.7	4,216	52.2	29.3	113
Female	2.2	3,930	52.4	36.1	87
Cooking fuel					
Electricity or gas	2.3	2,781	51.6	35.5	64
Wood/straw ³	2.5	5,348	52.6	30.8	135
Residence					
Urban	1.8	1,286	*	*	23
Rural	2.6	6,500	56.7	34.0	167
Estate	2.6	359	*	*	9
District					
Colombo	3.3	716	*	*	23
Gampaha	1.8	762	*	*	14
Kalutara	1.9	512	*	*	10
Kandy	3.7	579	*	*	22
Matale	1.6	214	*	*	4
Nuwara Eliya	3.6	279	*	*	10
Galle	2.0	425	*	*	9
Matara	0.6	337	*	*	2
Hambantota	7.5	264	*	*	20
Jaffna	0.9	207	*	*	2
Mannar	1.7	42	*	*	1
Vavuniya	5.0	62	*	*	3
Mullaitivu	0.5	37	*	*	0
Kilinochchi	1.5	46	*	*	1
Batticaloa	0.0	247	*	*	0
Ampara	0.9	353	*	*	3
Trincomalee	4.5	190	*	*	9
Kurunegala	1.9	680	*	*	13
Puttalam	4.4	290	*	*	13
Anuradhapura	1.2	416	*	*	5
Polonnaruwa	6.8	188	*	*	13
Badulla	1.8	302	*	*	5
Moneragala	1.5	241	*	*	4
Ratnapura	2.9	445	*	*	13
Kegalle	1.2	314	*	*	4
Mother's education					
No education	6.3	55	*	*	3
Passed Grade 1-5	2.6	292	*	*	8
Passed Grade 6-10	2.7	3,524	53.1	30.8	93
Passed G.C.E.(O/L) or equivalent	3.0	1,816	51.4	33.6	54
Passed G.C.E.(A/L) or equivalent	1.7	1,980	(43.3)	(31.1)	33
Degree and above	1.6	478	*	*	7
Wealth quintile					
Lowest	2.8	1,633	50.0	30.6	45
Second	2.2	1,660	(63.1)	(34.6)	36
Middle	2.5	1,628	(52.0)	(25.1)	41
Fourth	2.7	1,752	(60.3)	(43.6)	48
Highest	2.0	1,474	(29.7)	(23.7)	29
Total	2.4	8,146	52.3	32.3	199

¹ Symptoms of ARI is defined as rapid breathing which was chest-related and/or difficult breathing which was chest-related

² Excludes pharmacy, shop, market, traditional practitioner, and itinerant drug peddler

10.5 FEVER

Treatment of fever

Children with fever for whom advice or treatment was sought.

sample : Children under age 5 with fever in the 2 weeks before the survey

Fever is a common health problem among children. It is a symptom of many acute infections, including ARI, malaria, and diarrhea. Illnesses associated with fever contribute to malnutrition and child mortality. Table 10.5 shows the percentage of children under 5 years of age who had fever in the two weeks preceding the survey, according to the background characteristics. One out of six children (14 percent) under age 5 were reported by their mothers as having fever in the two weeks before the survey. Higher prevalence of fever was observed among children of mothers with no education. For about 92 percent of those children affected by fever, their caretakers sought advice or treatment from a health facility or provider. Sixty-seven percent did that within the same or the next day, and 48 percent took antibiotic drugs to treat the fever (Table 10.5).

The prevalence of fever among children under five varies with the age of the child. Children 6–59 months are more prone to have fever (14–16 percent) than children less than 6 months (only 6 percent prevalence). Place of residence also presents noticeable variations in the prevalence of fever among children under five, with children residing in the urban and rural sectors being more affected by fever (15 percent each) compared to their counterparts in the estates sector (only 8 percent). Four districts reported to have more than twenty percent of their under five children affected by fever: Polonnaruwa (28 percent), Galle (25 percent), Batticaloa (22 percent) and Hambantota (21 percent). At the same time, in two districts the prevalence of fever among under five children is five percent or less: Mullaitivu (5 percent) and Mannar (3 percent). In spite of the differentials presented before, there are no important variations in the treatment seeking behaviors according to background characteristics (Table 10.5 below).



Table 10.5 Prevalence and treatment of fever

Among children under age five, the percentage who had a fever in the two weeks preceding the survey; and among children with fever, the percentage for whom advice or treatment was sought from a health facility or provider, the percentage who took antimalarial drugs, and the percentage who received antibiotics as treatment, by background characteristics, Sri Lanka 2016

Background characteristic	Among children under age five:			Among children under age 5 with fever:		
	Percentage with fever	Number of children	Percentage for whom advice or treatment was sought from a health facility or provider ¹	Percentage for whom treatment was sought same or next day	Percentage who took antibiotic drugs	Number of children with fever
Age in months						
<6	6.1	757	(94.5)	(73.0)	(36.1)	46
6-11	14.9	790	93.3	65.6	56.9	118
12-23	15.7	1,556	90.0	64.9	47.1	245
24-35	15.1	1,686	93.1	70.2	47.8	254
36-47	14.4	1,665	91.8	63.6	45.3	240
48-59	15.5	1,691	92.7	66.3	50.7	262
Sex						
Male	14.7	4,216	92.8	65.5	47.5	619
Female	13.9	3,930	91.4	67.7	49.1	546
Residence						
Urban	15.2	1,286	86.8	62.7	40.9	195
Rural	14.5	6,500	93.2	67.0	49.7	941
Estate	7.8	359	(94.8)	(75.4)	(50.0)	28
District						
Colombo	18.1	716	87.0	59.1	42.5	130
Gampaha	13.5	762	91.3	70.3	54.2	103
Kalutara	16.1	512	94.6	79.1	40.5	82
Kandy	8.3	579	(93.9)	(70.3)	(46.2)	48
Matale	14.2	214	(95.9)	(73.4)	(78.5)	30
Nuwara Eliya	7.0	279	*	*	*	20
Galle	24.9	425	96.9	77.1	71.3	106
Matara	12.5	337	(92.9)	(64.0)	(72.3)	42
Hambantota	21.3	264	96.7	61.9	28.6	56
Jaffna	15.0	207	(84.9)	(48.4)	(34.4)	31
Mannar	2.8	42	*	*	*	1
Vavuniya	11.5	62	*	*	*	7
Mullaitivu	5.0	37	*	*	*	2
Kilinochchi	14.3	46	(91.4)	(39.7)	(40.6)	7
Batticaloa	21.7	247	96.4	57.9	25.7	54
Ampara	11.7	353	(86.5)	(43.7)	(31.4)	41
Trincomalee	19.3	190	(90.0)	(61.6)	(27.3)	37
Kurunegala	12.2	680	96.4	70.1	63.1	83
Puttalam	15.9	290	(86.5)	(57.1)	(69.9)	46
Anuradhapura	8.7	416	(87.6)	(83.6)	(69.0)	36
Polonnaruwa	28.1	188	84.2	68.3	30.7	53
Badulla	15.5	302	98.0	70.6	19.8	47
Moneragala	7.3	241	*	*	*	18
Ratnapura	14.2	445	98.0	80.9	59.1	63
Kegalle	7.1	314	*	*	*	22
Mother's education						
No education	21.3	55	*	*	*	12
Passed Grade 1-5	13.9	292	(91.2)	(42.3)	(44.6)	41
Passed Grade 6-10	15.4	3,524	93.2	66.0	46.5	542
Passed G.C.E.(O/L) or equivalent	13.5	1,816	89.6	65.6	44.1	244
Passed G.C.E.(A/L) or equivalent	13.3	1,980	92.7	74.0	53.5	263
Degree and above	13.2	478	91.3	61.6	59.6	63
Wealth quintile						
Lowest	15.3	1,633	93.2	57.2	36.2	250
Second	14.5	1,660	90.8	65.0	43.8	241
Middle	14.8	1,628	95.4	75.2	51.7	241
Fourth	15.6	1,752	91.4	68.3	53.2	274
Highest	10.8	1,474	88.9	67.3	60.3	159
Total	14.3	8,146	92.2	66.5	48.3	1,165

¹ Excludes pharmacy, shop, market, traditional practitioner, and itinerant drug peddler

10.6 DIARRHOEAL DISEASE

Diarrhoea remains a leading cause of childhood morbidity and mortality in developing countries. Diarrhoea causes a rapid loss of body fluid and leaves children at risk of dehydration. Dehydration caused by severe diarrhoea is a major cause of morbidity among young children. This condition can be treated with oral re-hydration therapy, a simple solution prepared by mixing a desired amount of water with a commercially prepared packet of oral re-hydration salts (ORS), which are available through health care facilities and pharmacies.

Background characteristic	Percentage with diarrhea	Number of children
Age in months		
<6	1.5	757
6-11	4.8	790
12-23	3.7	1,556
24-35	3.0	1,686
36-47	1.9	1,665
48-59	1.6	1,691
Sex		
Male	3.1	4,216
Female	2.2	3,930
Source of drinking water¹		
Improved	2.8	7,360
Not improved	1.7	786
Toilet facility²		
Improved, not shared	2.5	7,265
Shared ³	4.5	718
Non-improved	4.2	163
Residence		
Urban	3.0	1,286
Rural	2.6	6,500
Estate	2.8	359
District		
Colombo	3.3	716
Gampaha	3.0	762
Kalutara	4.3	512
Kandy	0.9	579
Matale	2.2	214
Nuwara Eliya	1.6	279
Galle	4.9	425
Matara	3.8	337
Hambantota	6.0	264
Jaffna	1.3	207
Mannar	2.6	42
Vavuniya	1.9	62
Mullaitivu	1.3	37
Kilinochchi	0.5	46
Batticaloa	6.2	247
Ampara	2.6	353
Trincomalee	2.8	190
Kurunegala	1.1	680
Puttalam	1.3	290
Anuradhapura	1.7	416
Polonnaruwa	4.2	188
Badulla	4.0	302
Moneragala	1.0	241
Ratnapura	1.7	445
Kegalle	0.4	314
Mother's education		
No education	4.9	55
Passed Grade 1-5	3.6	292
Passed Grade 6-10	2.7	3,524
Passed G.C.E.(O/L) or equivalent	2.9	1,816
Passed G.C.E.(A/L) or equivalent	2.4	1,980
Degree and above	1.6	478
Wealth quintile		
Lowest	3.1	1,633
Second	2.7	1,660
Middle	2.5	1,628
Fourth	2.6	1,752
Highest	2.4	1,474
Total	2.7	8,146

¹ See Table 2.1 for definition of categories
² See Table 2.2 for definition of categories
³ Facilities that would be considered improved if they were not shared by two or more households



According to Table 10.6, only 3 percent of the children under five were reported by their mothers as having diarrhoea during the two weeks preceding the survey. This figure is slightly lower than the percentage reported from the 2006-07 SLDHS (3 percent) (DCS, 2009).²

The prevalence of diarrhoea has declined slightly even in the estate sector-from 5 percent to 3 percent.³

The prevalence of diarrhoea is higher among children aged 6 – 11 months (5 percent), ages at which babies are usually introduced to solid and semi solid food. Children who have non-improved and shared toilet facilities are more likely to suffer from diarrhoea than children living in households with improved toilet facilities. A decreasing pattern on the prevalence of diarrhoea can be observed according to the level of education of the mother. Although the pattern by wealth quintile is not that clear, we can see that the prevalence of diarrhoea is much higher among the children of the poorest households than in the other four quintiles.

Table 10.7 shows that 91 percent of children under 5 with diarrhoea in the two weeks before the survey have sought advice or treatment from a health facility or a provider. More than half of the children with diarrhoea were treated with ORS. In addition, no difference in the patterns of treatment are observed by sex of the child, or any other background variables (e.g., due to the lower prevalence of diarrhea and resulting smaller sample sizes). In terms of treatment seeking behaviors, 67 percent of the children under five who had diarrhea during the two weeks before the survey, were treated with recommended home fluids (RHF, see Table 10.7). Another 86 percent of the children suffering from diarrhoea were given some form of oral rehydration therapy (either ORS or RHF) or increased fluids, and almost half (47 percent) of the children with diarrhoea received antibiotics.

²The percentage for the 2016 SLDHS without Northern Province is 2.7 percent.

³For residence the percentages in the 2016 SLDHS without Northern Province are: Urban, 3.1; rural, 2.7; and estate, 2.8

Table 10.7 Diarrhoea treatment

Among children under age 5 who had diarrhoea in the 2 weeks preceding the survey, percentage for whom advice or treatment was sought from a health facility or provider; percentage given fluid from an ORS packet or pre-packaged ORS fluid, recommended homemade fluids (RHF), ORS or RHF, zinc, ORS and zinc, ORS or increased fluids, oral rehydration therapy (ORT), continued feeding and ORT, and other treatments; and percentage given no treatment, according to background characteristics, Sri Lanka 2016

Background characteristic	Percentage of children with diarrhoea who were given:															Number of children with diarrhoea
	Percentage for whom advice or treatment was sought from a health facility or provider ¹	Fluid from ORS packets or pre-packaged ORS liquid	Recommended home fluids (RHF)	Either ORS or RHF	Zinc	ORS and zinc	ORS or increased fluids	ORT (ORS, RHF, or increased fluids) and ORT ²	Continued feeding	Anti-biotic drugs	Anti-motility drugs	Intra-venous solution	Home remedy / other	Missing	No treatment	
Age in months																
<6	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	11
6-11	(94.2)	(42.7)	(56.1)	(64.8)	(0.0)	(0.0)	(59.4)	(72.7)	(51.9)	(46.7)	(0.0)	(0.0)	(15.5)	(0.0)	(11.3)	38
12-23	93.0	53.1	72.5	86.8	0.0	0.0	64.4	86.8	59.1	35.5	0.0	0.0	17.3	0.0	7.6	58
24-35	(87.2)	(59.4)	(69.9)	(83.5)	(0.0)	(0.0)	(78.0)	(94.6)	(70.0)	(54.8)	(0.0)	(0.0)	(13.3)	(0.0)	(3.2)	51
36-47	(94.7)	(62.6)	(75.4)	(90.1)	(0.0)	(0.0)	(77.0)	(94.5)	(78.0)	(51.9)	(0.0)	(0.0)	(12.4)	(0.0)	(0.0)	32
48-59	(93.9)	(63.5)	(75.1)	(84.0)	(0.0)	(0.0)	(84.2)	(94.3)	(71.6)	(46.5)	(0.0)	(0.0)	(8.1)	(0.0)	(2.1)	27
Sex																
Male	89.5	56.8	69.3	81.6	0.0	0.0	71.0	87.7	67.0	45.5	0.0	0.0	15.5	0.0	3.3	130
Female	91.9	49.8	64.6	77.4	0.0	0.0	67.6	84.5	57.3	48.7	0.0	0.0	13.6	0.0	8.7	88
Residence																
Urban	(86.9)	(47.3)	(60.5)	(73.4)	(0.0)	(0.0)	(63.8)	(81.0)	(62.6)	(39.7)	(0.0)	(0.0)	(23.9)	(0.0)	(7.1)	38
Rural	92.0	55.3	70.0	81.5	0.0	0.0	71.3	88.2	63.0	49.0	0.0	0.0	13.1	0.0	4.5	169
Estate	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	10
Mother's education																
No education	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	3
Passed Grade 1-5	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	11
Passed Grade 6-10	90.7	47.4	68.2	80.7	0.0	0.0	64.5	88.5	65.1	52.9	0.0	0.0	10.3	0.0	4.5	97
Passed G.C.E.(O/L) or equivalent	88.0	60.5	68.9	83.1	0.0	0.0	71.2	88.0	63.8	34.4	0.0	0.0	23.9	0.0	5.0	53
Passed G.C.E.(A/L) or equivalent	(99.5)	(60.0)	(70.4)	(78.4)	(0.0)	(0.0)	(77.1)	(84.1)	(60.9)	(56.6)	(0.0)	(0.0)	(4.6)	(0.0)	(5.8)	47
Degree and above	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	8
Wealth quintile																
Lowest	86.0	52.1	49.4	74.9	0.0	0.0	68.3	80.8	62.6	49.1	0.0	0.0	14.3	0.0	9.7	51
Second	(88.8)	(52.9)	(69.0)	(75.5)	(0.0)	(0.0)	(57.7)	(80.0)	(54.4)	(47.8)	(0.0)	(0.0)	(10.2)	(0.0)	(7.6)	45
Middle	(90.1)	(51.5)	(79.7)	(88.6)	(0.0)	(0.0)	(61.2)	(93.6)	(62.3)	(44.8)	(0.0)	(0.0)	(17.1)	(0.0)	(0.0)	41
Fourth	(93.1)	(51.3)	(69.9)	(82.2)	(0.0)	(0.0)	(74.4)	(89.8)	(65.2)	(53.5)	(0.0)	(0.0)	(15.8)	(0.0)	(2.1)	45
Highest	(96.1)	(64.2)	(73.7)	(79.5)	(0.0)	(0.0)	(90.1)	(90.1)	(72.7)	(36.0)	(0.0)	(0.0)	(16.8)	(0.0)	(7.5)	36
Total	90.5	54.0	67.4	79.9	0.0	0.0	69.6	86.4	63.1	46.8	0.0	0.0	14.7	0.0	5.5	217

ORS = Oral rehydration salts

¹ Excludes pharmacy, shop, market, traditional practitioner, and itinerant drug peddler

² Continued feeding includes children who were given more, same as usual, or somewhat less food during the diarrhea episode



10.7 FEEDING PRACTICES DURING DIARRHOEA

Appropriate feeding practices

Children with diarrhoea are given more liquids than usual, and as much food or more than usual.

sample : Children under age 5 with diarrhoea in the 2 weeks before the survey

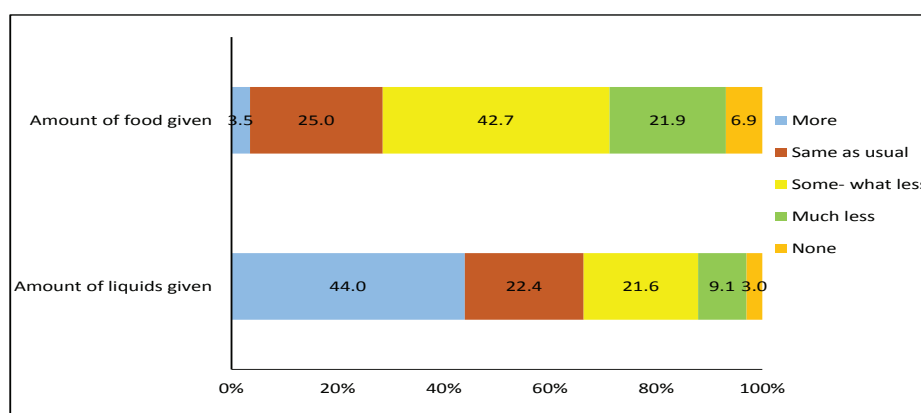
Mothers are encouraged to continue feeding their children when affected by diarrhoea and are generally advised to increase the amount of fluids given to them. In the 2016 SLDHS, mothers who had a child under age 5 with a recent episode of diarrhea were asked how much they gave the child to drink and eat during the diarrhoeal episode compared with their usual practice. Table 10.8 shows that only 44 percent of children with diarrhea were given more fluids than usual, while 22 percent were considered to receive the same amount of fluids as usual. Similarly, 34 percent of children with diarrhoea received a lesser amount of liquid than usual or no liquids at all. During their diarrhoeal period, only 4 percent of children received more food than usual and 25 percent received the same amount of food as usual. The percentage of children with diarrhoea receiving more liquids than usual has increased from 29 percent in 2006-077 (DCS, 2009, Table. 10.9) to 45 percent in 2016. (The 2016 SLDHS found 45 percent with diarrhoea receiving more liquids than usual, excluding Northern Province to make the data comparable)

Table 10.8 Feeding practices during diarrhea
Percent distribution of children under age 5 who had diarrhea in the 2 weeks preceding the survey by amount of liquids and food offered compared with normal practice, by background characteristics, Sri Lanka 2016

Background characteristic	Amount of liquids given					Don't know/missing	Total	Amount of food given					Never gave food	Don't know/missing	Total	Number of children with diarrhea
	More	Same as usual	Some - what less	Much less	None			More	Same as usual	Some - what less	Much less	None				
Sex																
Male	44.9	22.6	19.3	9.7	3.5	0.0	100.0	4.8	22.5	47.7	17.5	7.6	0.0	0.0	100.0	130
Female	42.7	22.1	24.9	8.1	2.2	0.0	100.0	1.5	28.7	35.3	28.4	6.0	0.0	0.0	100.0	88
Breastfeeding status																
Breastfeeding	41.1	21.9	22.0	11.0	4.0	0.0	100.0	1.5	24.9	41.0	23.4	9.3	0.0	0.0	100.0	155
Not breastfeeding	51.4	23.7	20.4	4.2	0.4	0.0	100.0	8.4	25.4	47.0	18.1	1.2	0.0	0.0	100.0	62
Total	44.0	22.4	21.6	9.1	3.0	0.0	100.0	3.5	25.0	42.7	21.9	6.9	0.0	0.0	100.0	217

Note: It is recommended that children should be given more liquids to drink during diarrhea and food should not be reduced.

FIGURE 10.2 FEEDING PRACTICES DURING DIARRHOEA



Percentage distribution of children under age 5 who had diarrhoea in the 2 weeks preceding the survey by amount of liquids and food offered compared with usual/normal practices. Sri Lanka, 2016

10.8 KNOWLEDGE OF ORS PACKETS

Oral rehydration therapy

Children with diarrhoea are given a fluid made from a special packet of oral rehydration salt (ORS), government-recommended homemade fluids (RHF), or increased fluids.

sample : Children under age 5 with diarrhoea in the 2 weeks before the survey

A simple and effective response to dehydration caused by diarrhoea is a prompt increase in the child's fluid intake through some form of oral rehydration therapy, which may include the use of a solution prepared from packets of oral rehydration salts (ORS). To ascertain how prevalent, the knowledge of ORS is in Sri Lanka, ever-married women with living children under five years of age were asked whether they knew about ORS packets. Almost all ever-married women with a live birth in the five years before the survey (97 percent, Table 10.9) indicated that they know about oral rehydration salts (ORS). This type of knowledge is lower among mothers with no education (87 percent) and those residing in the estates sector (88 percent). The same level of knowledge was observed in 2006-07.

Table 10.9 Knowledge of ORS packets or pre-packaged liquids

Percentage of women age 15-49 with a live birth in the five years preceding the survey who know about ORS packets or ORS pre-packaged liquids for treatment of diarrhea by background characteristics, Sri Lanka 2016

Background characteristic	Percentage of women who know about ORS packets or ORS pre-packaged liquids	Number of women
Age		
15-19	96.1	75
20-24	95.7	925
25-34	96.7	4,047
35-49	97.4	2,091
Residence		
Urban	97.1	1,114
Rural	97.2	5,728
Estate	88.0	296
District		
Colombo	98.2	631
Gampaha	98.6	666
Kalutara	97.7	443
Kandy	93.6	489
Matale	98.4	192
Nuwara Eliya	93.9	232
Galle	98.2	380
Matara	99.2	291
Hambantota	93.8	233
Jaffna	82.1	170
Mannar	96.8	35
Vavuniya	97.5	53
Mullaitivu	88.8	32
Kilinochchi	99.5	40
Batticaloa	98.2	217
Ampara	98.4	305
Trincomalee	97.3	168
Kurunegala	98.0	613
Puttalam	96.6	262
Anuradhapura	99.1	369
Polonnaruwa	95.6	167
Badulla	94.9	271
Moneragala	97.7	208
Ratnapura	95.3	393
Kegalle	96.9	275
Education		
No education	87.3	51
Passed Grade 1-5	93.1	257
Passed Grade 6-10	96.2	3,104
Passed G.C.E.(O/L) or equivalent	96.8	1,608
Passed G.C.E.(A/L) or equivalent	98.3	1,706
Degree and above	98.0	413
Wealth quintile		
Lowest	93.5	1,413
Second	96.9	1,457
Middle	97.1	1,463
Fourth	97.9	1,524
Highest	98.4	1,280
Total	96.8	7,138

ORS = Oral rehydration salts



10.9 DISPOSAL OF CHILD'S STOOLS

Safe disposal of children's stools

The child's last stools were put or rinsed into a toilet or latrine, buried, or the child used a toilet or latrine.

sample : Youngest child under age 2 living with the mother

The proper disposal of child's stools is important in preventing the spread of diseases. Mothers were asked in the survey about the procedures used to dispose of child's stool and 91 percent of them indicated the correct procedures for disposing of them safely: either children use a toilet/latrine, stools are rinsed into the toilet/latrine, or they are buried. The majority of them are just rinsing the stools into the toilet/latrine (74 percent), while in 9 percent of the cases, the child is using the toilet/latrine and another 7 percent are just burying the stools.

According to background characteristics of the mother, the child's stools are more likely to be safely disposed in the urban sector (93 percent) than in estates sector (83 percent). Likewise, children's stools are more likely to be disposed of safely in households with an improved toilet facility (91 percent) than those with a non-improved facility (77 percent). Disposal of child's stool varies substantially by the level of education of the mother and by household wealth. In households of the richest quintiles, 95 percent of the mothers indicated disposing the stools of their children safely. For their counterparts of the lowest wealth quintile, only 85 percent report disposing of stools safely. Although there are some differences across districts in the practices of disposing of the children's stool safely, it is also important to mention the differences in the safety practices used. Thus, in the Batticaloa, Matara and Trincomalee districts, ninety percent or more of the mothers indicated a safe way of disposing of the children's stools, but with different emphasis in the way they dispose it. In Batticaloa, the majority (55 percent) of the mothers buried the stools, while in Matara, they are mostly rinsing the stools into the toilet/latrine (89 percent), and in Trincomalee, in 38 percent of the cases the children use the toilet/latrine as the most frequently used practice (Table 10.10).

Table 10.10 Disposal of children's stools										
Percent distribution of youngest children under age 2 living with the mother by the manner of disposal of the child's last fecal matter, and percentage of children whose stools are disposed of safely, according to background characteristics, Sri Lanka 2016										
Manner of disposal of children's stools										
Background characteristic	Child used toilet or latrine	Put/rinsed into toilet or latrine	Buried	Put/rinsed into drain or ditch	Thrown into garbage	Left in the open	Other	Total	Percentage of children whose stools are disposed of safely ¹	Number of children
Age of child in in months										
0-5	8.6	60.9	6.6	15.1	4.3	0.2	4.2	100.0	76.2	752
6-11	8.3	76.2	7.3	4.9	2.1	0.2	1.1	100.0	91.8	785
12-23	9.6	79.8	7.8	0.8	1.7	0.3	0.0	100.0	97.2	1504
6-23	9.2	78.6	7.6	2.2	1.8	0.2	0.4	100.0	95.3	2,289
Toilet facility²										
Improved, not shared	9.1	75.6	6.5	5.1	2.2	0.2	1.3	100.0	91.2	2,743
Shared ³	8.6	67.3	11.6	8.1	3.2	0.0	1.3	100.0	87.5	238
Non-improved or shared	5.4	39.0	32.4	8.5	11.3	0.0	3.4	100.0	76.8	59
Residence										
Urban	12.5	75.4	5.3	2.5	3.4	0.2	0.7	100.0	93.2	486
Rural	8.2	74.3	8.1	5.7	2.2	0.2	1.4	100.0	90.5	2,418
Estate	11.7	68.7	2.6	10.2	4.3	0.5	2.0	100.0	83.0	136
District										
Colombo	13.1	79.7	1.0	2.5	2.5	0.2	0.9	100.0	93.9	298
Gampaha	4.8	88.0	1.8	3.0	2.2	0.0	0.1	100.0	94.7	254
Kalutara	8.9	84.8	0.5	4.4	1.4	0.0	0.0	100.0	94.2	195
Kandy	15.4	71.0	3.1	7.3	1.0	0.0	2.2	100.0	89.5	208
Matale	5.4	66.3	8.0	5.6	2.8	0.0	11.8	100.0	79.7	69
Nuwara Eliya	13.5	74.7	0.5	8.0	2.0	0.0	1.3	100.0	88.7	107
Galle	5.5	75.6	2.5	14.0	1.5	0.0	0.7	100.0	83.7	156
Matara	7.9	89.0	1.0	0.8	1.3	0.0	0.0	100.0	97.9	129
Hambantota	5.2	79.6	7.3	5.8	1.2	0.0	0.8	100.0	92.1	104
Jaffna	0.0	57.1	28.3	2.7	10.4	0.0	1.5	100.0	85.4	72
Mannar	7.6	42.8	46.6	1.3	1.6	0.0	0.0	100.0	97.0	11
Vavuniya	7.0	71.4	18.8	0.8	2.0	0.0	0.0	100.0	97.2	20
Mullaitivu	8.3	50.1	38.1	0.0	3.1	0.0	0.4	100.0	96.6	13
Kilinochchi	5.6	48.2	33.7	8.8	3.6	0.0	0.0	100.0	87.6	15
Batticaloa	7.6	33.1	54.6	0.0	3.5	1.2	0.0	100.0	95.3	88
Ampara	7.5	72.4	11.9	3.6	4.6	0.0	0.0	100.0	91.8	125
Trincomalee	38.2	26.1	26.4	5.1	1.1	1.7	1.4	100.0	90.7	69
Kurunegala	6.6	76.0	8.3	5.5	3.1	0.0	0.5	100.0	90.9	272
Puttalam	12.5	65.3	9.7	6.4	6.2	0.0	0.0	100.0	87.4	108
Anuradhapura	10.1	78.7	8.5	1.6	1.0	0.0	0.0	100.0	97.4	153
Polonnaruwa	5.2	66.1	14.8	8.0	5.5	0.5	0.0	100.0	86.0	84
Badulla	7.1	74.8	4.4	9.8	1.9	1.9	0.0	100.0	86.3	95
Moneragala	10.7	79.6	1.1	6.5	1.2	0.0	0.9	100.0	91.5	90
Ratnapura	1.9	73.0	2.5	12.8	0.2	0.7	8.9	100.0	77.4	179
Kegalle	10.6	80.7	1.6	3.2	3.2	0.0	0.6	100.0	93.0	127
Mother's education										
No education	*	*	*	*	*	*	*	100.0	*	18
Passed Grade 1-5	8.6	59.7	14.6	10.4	5.2	1.4	0.0	100.0	83.0	85
Passed Grade 6-10	8.6	69.3	10.6	6.4	3.0	0.2	1.9	100.0	88.5	1,277
Passed G.C.E.(O/L) or equivalent	11.2	72.9	7.0	4.9	2.8	0.2	1.0	100.0	91.1	644
Passed G.C.E.(A/L) or equivalent	8.3	82.3	2.8	4.2	1.0	0.1	1.2	100.0	93.4	810
Degree and above	8.1	84.8	2.2	2.7	2.2	0.0	0.0	100.0	95.1	207
Wealth quintile										
Lowest	8.5	58.1	18.3	8.4	5.2	0.2	1.4	100.0	84.9	557
Second	9.0	69.6	9.8	7.2	1.8	0.7	1.9	100.0	88.5	597
Middle	9.9	74.4	5.9	5.6	2.7	0.2	1.3	100.0	90.2	634
Fourth	10.7	79.9	3.4	3.6	1.2	0.0	1.1	100.0	94.1	657
Highest	6.8	87.3	0.6	2.8	1.6	0.0	1.0	100.0	94.7	597
Total	9.0	74.2	7.4	5.4	2.4	0.2	1.3	100.0	90.6	3,041

1 Children's stools are considered to be disposed of safely if the child used a toilet or latrine, if the fecal matter was put/rinsed into a toilet or latrine or if it was buried.

2 See Table 2.3 for definition of categories

3 Facilities that would be considered improved if they were not shared by two or more households



10.10 CHILD DISABILITY

Child disabilities limit mental and/or physical functions of children relative to their age specific norms. These may be reflected in one or more developmental domains: physical actions, communication, social and emotional relations, consciousness, language, speech, hearing, thinking processes and behaviors. The 2016 SLDHS used child disability questions from the Multiple Indicator Cluster Survey (MICS) disability module. These questions are designed to identify children who have a higher risk of some form of clinical disability. However, they are not considered to be specific enough to use as diagnostic measures.

In the 2016 SLDHS, the mothers of children aged 2-5 years were asked whether the child has a developmental difficulty in areas such as:

- Seeing
- Hearing
- Understanding
- Can't understand the worlds spoken by the child
- Speech is not clear
- Is late in standing up and walking compared to other children
- Has difficulty in walking/moving hands or legs
- Suffers from fits or convulsions
- Has difficulty in doing activities like other children of the same age, or
- Shows any signs of slowness in mental development.

The tables included below give the percentages of children who are having various functional disabilities according to background characteristics.

10.10.1 PREVALENCE OF FUNCTIONAL IMPAIRMENTS DUE TO DISABILITY

According to the 2016 SLDHS, 23% of children age 2-5 had at least one of the 10 functional disabilities listed before. Previous surveys conducted in other countries using similar set of questions reported values in the range 14-35 percent (Monitoring Child disability in Developing Countries, Unicef). The most prevalent functional disabilities among children aged 2-5 are “difficulty in standing up and walking” (9 percent), followed by “show any signs of slowness in mental development”, and “difficulty in understanding” (6 percent each). Over 3 percent of children indicated being unable to perform as their peers, suggesting developmental delays. Children having unclear speech, identified in 2 percent of the children, is of importance as some of them may have autism spectrum disorders.

The districts with the highest prevalence of functional disabilities among children aged 2-5 are Batticaloa (55 percent), and Kilinochchi and Trincomalee (45 percent each), compared with Anuradhapura, Mullaitivu, Ampara, Kegalle and Kalutara in which less than 15 percent of the children aged 2-5 were identified by their mothers with a functional disability. Being late in standing up and walking is the main component of the high level of disabilities in the high prevalence districts. Cultural and child rearing practices in these districts should be reviewed to see if they had an effect on these very high levels of functional disability, as reported.

Table 10.11 Children Age 2-5 years by disability status

Percentage of children age 2-5 years by whether they have developmental difficulty, according to background characteristics, Sri Lanka 2016

Background characteristic	Has at least one developmental difficulty	Difficulty in seeing	Difficulty in hearing	Difficulty in understanding	Can't understand the words the child speaks	Child's speech not clear	Late in standing up and walking compared to other children	Difficulty in walking/moving hands/legs	Suffers from Fits or Convulsions	Difficulty in doing any activities like other children of same age	Show signs of slowness in mental development	Number of Children
Age												
2	25.3	0.6	1.5	6.2	2.6	2.8	10.4	2.2	2.0	3.7	5.8	1,684
3	22.9	0.5	1.5	6.0	1.7	1.8	8.8	2.1	1.7	3.4	5.4	1,665
4	23.0	0.7	2.1	5.8	1.4	1.6	8.5	1.2	2.8	3.0	6.5	1,691
5	19.6	0.7	2.1	5.5	1.6	1.4	6.9	1.7	2.4	3.0	4.6	1,541
Sex												
Male	23.4	0.5	1.8	5.8	2.0	2.3	8.5	1.7	2.6	3.3	5.8	3,410
Female	22.1	0.7	1.8	6.1	1.6	1.4	9.0	1.9	1.9	3.3	5.4	3,172
Birth order												
1	19.9	0.6	1.5	4.9	1.4	2.1	7.8	1.6	2.1	2.9	4.9	2,687
2-3	24.5	0.7	1.9	6.7	2.0	1.8	8.9	2.0	2.4	3.5	6.3	3,523
4-5	28.3	0.3	2.9	6.2	3.6	1.9	13.4	1.5	2.5	4.7	4.6	335
6+	(15.1)	(0.0)	(0.0)	(1.6)	(0.8)	(0.8)	(10.5)	(0.0)	(0.0)	(0.0)	(3.9)	37
Residence												
Urban	26.6	1.1	2.5	6.8	1.9	1.6	10.2	2.2	2.6	3.7	7.4	1,024
Rural	22.0	0.5	1.6	5.7	1.8	2.0	8.4	1.7	2.1	3.1	5.3	5,267
Estate	22.9	0.6	3.4	6.9	2.2	1.1	8.9	2.0	2.6	5.0	4.7	291
District												
Colombo	26.7	1.7	0.8	7.2	1.0	0.4	7.9	2.3	2.1	2.8	10.7	537
Gampaha	27.7	0.1	0.3	10.2	2.5	0.9	10.4	1.8	4.0	3.9	7.0	650
Kalutara	13.7	0.3	0.8	3.7	2.1	0.8	5.2	0.6	2.3	2.1	1.3	401
Kandy	25.9	1.5	2.5	6.7	3.0	2.2	7.8	0.9	2.7	4.5	8.7	465
Matale	25.0	0.0	1.7	4.1	0.7	3.6	7.1	0.2	5.9	2.6	10.4	191
Nuwara Eliya	27.6	0.7	5.0	9.0	2.8	2.5	7.2	2.2	3.7	5.7	6.2	220
Galle	14.9	0.6	0.7	5.0	1.6	4.1	5.5	1.3	2.0	2.1	5.4	346
Matara	19.3	0.7	1.0	4.9	0.5	1.5	6.0	1.2	0.7	1.6	5.2	276
Hambantota	16.1	0.0	1.4	3.4	2.5	1.2	7.8	1.9	0.0	4.3	1.3	208
Jaffna	33.0	0.5	3.5	10.0	3.5	1.5	17.7	2.7	2.3	4.9	6.5	178
Mannar	29.8	1.6	3.2	3.2	3.4	1.7	21.1	4.9	2.9	8.1	12.5	36
Vavuniya	20.6	2.4	3.2	9.5	1.1	3.7	4.5	0.6	2.9	2.8	1.1	57
Mullaitivu	13.0	0.5	2.0	5.4	3.1	1.7	4.3	1.2	0.6	1.1	0.0	34
Kilinochchi	45.4	1.7	3.4	9.3	1.2	0.8	33.0	4.5	1.6	1.9	3.4	39
Batticaloa	55.0	0.5	12.4	3.5	0.2	2.3	45.3	2.4	2.6	2.2	3.8	198
Ampara	14.4	0.2	1.3	5.1	1.9	1.3	3.7	0.0	0.5	4.0	2.3	305
Trincomalee	45.1	1.7	5.3	7.5	3.6	3.6	28.8	1.6	2.3	8.1	9.7	156
Kurunegala	24.3	0.5	1.0	7.3	1.9	2.5	7.8	6.9	2.2	3.3	5.3	507
Puttalam	26.7	0.9	1.0	6.8	0.7	1.9	5.0	1.8	1.7	5.5	9.5	231
Anuradhapura	9.0	0.0	1.5	1.1	0.4	0.7	2.8	1.5	0.8	0.6	3.2	340
Polonnaruwa	19.2	0.7	0.0	5.9	3.1	4.2	5.3	0.0	1.3	3.1	5.9	146
Badulla	24.8	0.4	1.8	4.7	2.4	3.1	6.8	1.2	2.2	4.3	5.8	257
Moneragala	16.1	0.4	2.3	2.9	0.0	1.9	6.1	0.9	0.0	2.5	2.3	196
Ratnapura	16.8	0.4	0.6	3.9	2.3	2.7	5.0	1.3	4.9	2.8	2.7	360
Kegalle	11.1	0.0	1.0	4.7	1.0	1.5	2.6	0.4	0.0	1.4	2.7	248
Wealth quintile												
Lowest	24.5	0.4	2.2	5.8	1.8	1.8	11.0	1.6	2.7	4.0	5.6	1,383
Second	24.6	0.7	1.6	6.7	2.1	2.3	9.1	1.9	2.2	3.4	5.4	1,337
Middle	21.4	0.8	1.6	5.4	1.7	2.2	7.6	1.9	1.6	3.3	6.0	1,303
Fourth	23.0	0.6	1.8	6.2	1.9	1.7	8.6	2.1	2.3	2.8	5.1	1,422
Highest	19.8	0.6	1.8	5.3	1.5	1.4	6.9	1.5	2.4	2.8	6.1	1,137
Total	22.8	0.6	1.8	5.9	1.8	1.9	8.7	1.8	2.2	3.3	5.6	6,582

10.10.2 VISION IMPAIRMENTS

Further to the question regarding difficulty with the child's vision, mothers with a positive response were asked to indicate if the difficulty was observed during the daytime or during the night time. From Table 10.11, we can see that less than one percent of the children aged 2-5 were identified as having difficulty in seeing (0.6 percent). Unfortunately, for one out of three of these children, the mother was unable to indicate when the child experienced the difficulty. The remaining number of cases are equally divided between day and night vision difficulties. The small number of cases makes the comparison by background characteristics impossible.



Table 10.12 Children age 2-5 by difficulty in seeing						
Percentage of children age 2-5 with difficulty seeing and percentage by difficulties in seeing day time or night time, according to background characteristics, Sri Lanka 2016						
Background characteristic	Difficulty seeing	Day Time		Night Time		Total number of Children
		Yes	Don't know	Yes	Don't know	
Age						
2	0.6	0.2	0.1	0.2	0.1	1,684
3	0.5	0.2	0.0	0.3	0.0	1,665
4	0.7	0.0	0.2	0.1	0.2	1,691
5	0.7	0.3	0.2	0.1	0.2	1,541
Sex						
Male	0.5	0.3	0.0	0.2	0.0	3,410
Female	0.7	0.1	0.2	0.2	0.2	3,172
Birth order						
1	0.6	0.2	0.2	0.3	0.2	2,687
2-3	0.7	0.2	0.1	0.1	0.1	3,523
4-5	0.3	0.0	0.3	0.0	0.3	335
6+	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	37
Residence						
Urban	1.1	0.3	0.2	0.3	0.2	1,024
Rural	0.5	0.2	0.1	0.2	0.1	5,267
Estate	0.6	0.0	0.5	0.0	0.5	291
District						
Colombo	1.7	0.5	0.3	0.3	0.3	537
Gampaha	0.1	0.1	0.0	0.1	0.0	650
Kalutara	0.3	0.0	0.3	0.0	0.3	401
Kandy	1.5	0.5	0.0	0.6	0.0	465
Matale	0.0	0.0	0.0	0.0	0.0	191
Nuwara Eliya	0.7	0.0	0.7	0.0	0.7	220
Galle	0.6	0.2	0.0	0.6	0.0	346
Matara	0.7	0.3	0.0	0.3	0.0	276
Hambantota	0.0	0.0	0.0	0.0	0.0	208
Jaffna	0.5	0.5	0.0	0.5	0.0	178
Mannar	1.6	0.0	0.0	0.5	0.0	36
Vavuniya	2.4	0.6	0.0	0.6	0.0	57
Mullaitivu	0.5	0.5	0.0	0.5	0.0	34
Kilinochchi	1.7	0.9	0.0	0.9	0.0	39
Batticaloa	0.5	0.0	0.0	0.5	0.0	198
Ampara	0.2	0.0	0.2	0.0	0.2	305
Trincomalee	1.7	0.5	0.0	0.5	0.0	156
Kurunegala	0.5	0.0	0.2	0.0	0.2	507
Puttalam	0.9	0.4	0.0	0.0	0.0	231
Anuradhapura	0.0	0.0	0.0	0.0	0.0	340
Polonnaruwa	0.7	0.0	0.0	0.0	0.0	146
Badulla	0.4	0.0	0.4	0.0	0.4	257
Moneragala	0.4	0.4	0.0	0.0	0.0	196
Ratnapura	0.4	0.0	0.4	0.0	0.4	360
Kegalle	0.0	0.0	0.0	0.0	0.0	248
Wealth quintile						
Lowest	0.4	0.2	0.2	0.1	0.2	1,383
Second	0.7	0.1	0.0	0.2	0.0	1,337
Middle	0.8	0.2	0.2	0.3	0.2	1,303
Fourth	0.6	0.1	0.1	0.1	0.1	1,422
Highest	0.6	0.2	0.1	0.1	0.1	1,137
Total	0.6	0.2	0.1	0.2	0.1	6,582

10.10.3 CONVULSIONS

Similarly, for those children aged 2-5 identified by their mother as having convulsions, the interviewers further asked if the convulsions occurred when the child was having fever. Convulsions or fit is a condition where body muscles contract and relax rapidly and repeatedly, resulting in an uncontrolled shaking of the body. Among children it is mostly due to high fever and rarely due to a medical condition known as Epilepsy. From Table 10.11, we observe that over 2 percent of children aged 2-5 had a history of having convulsions at least once in their life, the majority of them reporting the convulsions/fits when the child had fever (Table 10.13). Here again, the low prevalence of convulsions accompanied by the resulting small number of cases makes it impossible to produce any additional data analysis according to background characteristics.

Table 10.13 Children age 2-5 with fits or convulsions				
Percentage of children age 2-5 who suffer from fits or convulsions and percentage of those by whether they had fits or convulsion when they had fever or not, according to background characteristics, Sri Lanka - 2016				
Background characteristic	Suffers from fits or convulsion	Had fits or convulsions when did have a fever	Had fits or convulsions when did not have a fever	Total number of Children
Age				
2	2.0	1.8	0.3	1,684
3	1.7	1.5	0.2	1,665
4	2.8	1.8	0.9	1,691
5	2.4	1.7	0.5	1,541
Sex				
Male	2.6	2.1	0.5	3,410
Female	1.9	1.3	0.5	3,172
Birth order				
1	2.1	1.7	0.4	2,687
2-3	2.4	1.7	0.6	3,523
4-5	2.5	2.1	0.5	335
6+	(0.0)	(0.0)	(0.0)	37
Residence				
Urban	2.6	2.0	0.6	1,024
Rural	2.1	1.6	0.5	5,267
Estate	2.6	2.4	0.0	291
District				
Colombo	2.1	1.5	0.6	537
Gampaha	4.0	3.2	0.9	650
Kalutara	2.3	2.3	0.0	401
Kandy	2.7	1.9	0.4	465
Matale	5.9	5.4	0.6	191
Nuwara Eliya	3.7	1.7	1.9	220
Galle	2.0	1.0	1.1	346
Matara	0.7	0.4	0.3	276
Hambantota	0.0	0.0	0.0	208
Jaffna	2.3	1.9	0.0	178
Mannar	2.9	0.6	0.5	36
Vavuniya	2.9	1.2	1.6	57
Mullaitivu	0.6	0.6	0.0	34
Kilinochchi	1.6	1.6	0.0	39
Batticaloa	2.6	1.7	1.0	198
Ampara	0.5	0.5	0.0	305
Trincomalee	2.3	2.3	0.6	156
Kurunegala	2.2	1.7	0.5	507
Puttalam	1.7	1.4	0.0	231
Anuradhapura	0.8	0.3	0.2	340
Polonnaruwa	1.3	1.3	0.0	146
Badulla	2.2	1.3	1.3	257
Moneragala	0.0	0.0	0.0	196
Ratnapura	4.9	4.3	0.3	360
Kegalle	0.0	0.0	0.0	248
Wealth quintile				
Lowest	2.7	1.8	0.7	1,383
Second	2.2	1.7	0.6	1,337
Middle	1.6	1.3	0.3	1,303
Fourth	2.3	1.6	0.5	1,422
Highest	2.4	2.1	0.3	1,137
Total	2.2	1.7	0.5	6,582

10.11 EARLY CHILD DEVELOPMENT

Being able to carry out more and more complex physical activities, gradual improvement of thinking and feeling patterns and increasing socio emotional skills are common characteristics of early child hood. These improvements are collectively identified as early childhood development. Optimal early childhood development is said to be crucial in influencing a range of health and social outcomes across the life course. The outcome of child development is dependent on the child's genetic inheritance and it is heavily modulated by environmental factors. Therefore, it is very important that children have developmentally conducive environment to live in. Having loving and caring adults who actively engage in their psychosocial stimulation by telling stories, singing songs, reading books, and going in to places is one of the most important characteristic of a developmentally conducive environment. Availability of child centered books,



play materials and playmates are also crucial for child development.

This survey tried to verify the presence of some of positive environments attributes in during early childhood among Sri Lankan Children. They included access to child centered booklets and play materials, opportunities to play with peers, active participation of adults in psychosocial stimulation.

10.11.1 PARENTAL ACCESS TO INFORMATION OF EARLY CHILD DEVELOPMENT (BOOKS AND INFORMATION THROUGH CHILD HEALTH DEVELOPMENT RECORD)

Awareness and knowledge of parents on the importance and best practices related to child development is crucial to ensure that they effectively engaged in development stimulation and monitor the development of their children. The survey inquired whether development related IEC materials that are supposed to be given to parents by primary health care workers. There are 2 specific child development materials are used in Sri Lankan child health programme.

- 1) Booklets on Early Child Development & Care
- 2) Child Health Development Record.

Table 10.14 shows the percentage of mothers who received access to these items by background characteristics.

Table 10.14 : Mothers who read books given by the family health officer				
Percentage of mothers with children age (0 - 4) who read books given by the public health midwives family health officer before or after the birth of their last child, according to background characteristics, Sri Lanka 2016				
Background characteristic	Books on early Childhood Development	Child development section of the child health development record(CHDR)	Read both books on early Childhood Development & CHDR	Number of mothers who have children age 0-5 year
Residence				
Urban	63.8	74.7	60.1	1,111
Rural	71.7	80.4	68.0	5,699
Estate	55.8	62.5	51.2	293
District				
Colombo	64.4	71.8	60.1	627
Gampaha	63.3	79.1	60.8	664
Kalutara	75.5	90.5	73.2	442
Kandy	74.4	76.8	67.2	487
Matale	69.9	85.3	66.7	190
Nuwara Eliya	71.1	71.3	64.6	232
Galle	56.5	72.9	53.3	379
Matara	75.1	90.5	73.0	290
Hambantota	89.6	80.8	79.4	233
Jaffna	73.9	80.4	71.1	169
Mannar	81.8	79.1	78.0	35
Vavuniya	81.3	84.1	80.6	53
Mullaitivu	63.7	71.9	63.3	32
Kilinochchi	84.7	92.6	83.6	40
Batticaloa	77.8	89.9	76.0	216
Ampara	71.8	79.0	69.2	302
Trincomalee	62.0	76.3	61.5	166
Kurunegala	74.8	81.8	72.5	612
Puttalam	54.8	67.5	50.0	257
Anuradhapura	70.3	84.4	69.6	369
Polonnaruwa	73.0	80.8	66.8	167
Badulla	68.1	64.8	63.0	269
Moneragala	84.8	78.9	75.6	207
Ratnapura	67.3	83.9	66.7	390
Kegalle	57.7	64.9	51.5	274
Wealth quintile				
Lowest	60.4	68.3	56.3	1,408
Second	69.5	77.2	65.3	1,449
Middle	71.9	81.4	67.9	1,460
Fourth	74.7	83.7	71.5	1,513
Highest	72.3	83.2	69.3	1,273
Total	69.8	78.8	66.1	7,103

The child development booklets and child development section of the CHDR were read by nearly 70 percent to 80 percent of mothers. A wide district variation was seen in access to these child development IEC materials. This finding indicate the importance and feasibility of using reading materials as a strategy for making awareness among mothers in Sri Lanka.

10.11.2 CHILDREN'S ACCESS TO MATERIALS HELPFUL IN DEVELOPMENT STIMULATION (BOOKS & TOYS)

Table 10.15 presents the percentage of children 2- 4 years by the number of books they have, according to background characteristics, Sri Lanka 2016. Nearly 20 percent of children in the country seemed to have no access to child centered books during early years. The access to books seemed to vary by residence sector and wealth where those who are in urban settings and highest wealth quintiles have better access.

Table 10.15: Children age 2-4 years by the number of books					
Percentage of children age 2-4 years by the number of books they have, according to background characteristics, Sri Lanka 2016					
Background characteristic	Percentage of children by number of books				Number of children age less than 5 years
	No books	1 - 5	6 - 9	10 or more	
Residence					
Urban	20.4	34.9	7.0	37.7	791
Rural	18.7	41.4	7.2	32.8	4,032
Estate	29.2	51.6	6.1	13.1	220
District					
Colombo	12.5	35.3	3.7	48.5	410
Gampaha	16.8	44.3	7.3	31.6	502
Kalutara	12.4	26.0	8.1	53.5	312
Kandy	18.6	29.5	6.3	45.5	367
Matale	13.7	38.7	8.4	39.2	145
Nuwara Eliya	20.4	56.5	10.8	12.3	172
Galle	15.2	29.3	3.6	51.9	267
Matara	24.2	31.9	11.1	32.8	206
Hambantota	10.8	37.9	13.2	38.2	160
Jaffna	32.9	44.1	7.3	15.7	131
Mannar	20.1	52.0	1.6	26.3	30
Vavuniya	18.6	66.6	2.5	12.4	42
Mullaitivu	38.8	49.8	2.3	9.1	23
Kilinochchi	19.9	70.0	4.4	5.7	30
Batticaloa	31.7	46.8	16.7	4.8	156
Ampara	34.3	49.5	6.1	10.2	228
Trincomalee	28.9	47.3	3.8	19.9	121
Kurunegala	20.6	34.6	7.9	36.9	403
Puttalam	16.1	66.1	4.3	13.6	180
Anuradhapura	18.5	38.9	1.9	40.7	260
Polonnaruwa	26.6	36.8	5.7	31.0	104
Badulla	29.3	35.7	1.9	33.1	201
Moneragala	16.0	59.7	8.8	15.5	146
Ratnapura	15.9	41.4	9.4	33.2	261
Kegalle	14.5	54.8	13.7	17.0	186
Wealth quintile					
Lowest	31.8	49.8	4.5	13.9	1,061
Second	20.9	45.8	9.8	23.5	1,054
Middle	17.1	39.6	7.4	36.0	983
Fourth	14.9	37.1	7.8	40.1	1,080
Highest	10.7	29.6	5.9	53.8	864
Total	19.4	40.8	7.1	32.7	5,042



Most children seemed to have access to play items. A relatively higher preference was seemed on manufactured toys compared to homemade ones. Improvising of household objects as play items also seemed to be quite frequent. A fair degree of equity was seen in the distribution of different types of play materials across the children from different residential sectors, districts and wealth classes (Table 10.16).

Table 10.16: Children age less than 5 years and toys to play with				
Percentage of children age less than 5 years by types of toys they play with when at home, according to background characteristics, Sri Lanka 2016				
Background characteristic	Types of toys			Number of children age less than 5 years
	Homemade toys	Manufactured toys	Household objects	
Residence				
Urban	65.9	90.7	78.4	1,286
Rural	69.9	89.6	80.3	6,500
Estate	71.4	88.1	79.8	359
District				
Colombo	66.0	88.1	76.3	716
Gampaha	67.9	91.2	81.4	762
Kalutara	63.1	88.7	77.7	512
Kandy	78.0	88.8	80.6	579
Matale	67.0	93.9	83.4	214
Nuwara Eliya	73.6	91.2	79.6	279
Galle	69.9	90.8	80.9	425
Matara	74.6	86.0	77.9	337
Hambantota	67.9	90.7	79.1	264
Jaffna	71.2	87.9	81.1	207
Mannar	90.5	91.4	91.2	42
Vavuniya	70.4	92.2	83.5	62
Mullaitivu	58.6	89.0	83.2	37
Kilinochchi	86.7	88.7	76.9	46
Batticaloa	73.1	94.1	83.6	247
Ampara	75.1	89.5	84.4	353
Trincomalee	72.1	91.8	76.2	190
Kurunegala	76.8	89.5	81.7	680
Puttalam	74.2	86.1	79.6	290
Anuradhapura	43.7	91.3	77.8	416
Polonnaruwa	64.3	88.2	75.0	188
Badulla	66.8	89.0	80.7	302
Moneragala	85.5	93.6	87.9	241
Ratnapura	52.8	89.5	78.4	445
Kegalle	81.1	87.8	77.7	314
Wealth quintile				
Lowest	69.4	89.2	82.0	1,633
Second	72.0	89.8	80.0	1,660
Middle	68.8	89.5	80.1	1,628
Fourth	68.6	90.1	80.1	1,752
Highest	67.8	90.1	77.6	1,474
Total	69.4	89.7	80.0	8,146

10.11.3 ACCESS TO PLAY OPPORTUNITIES

Table 10.17 presents the percentage of children age 2- 4 years by days they played during last 3 days, according to background characteristics. Majority of children had opportunities to play in daily basis. However nearly 8 percent of children had no opportunities play with other children.

Table 10.17: Children age less than 5 years and play during the last 3 days					
Percentage of children age less than 5 years by days they played during last 3 days, according to background characteristics, Sri Lanka 2016					
Background characteristic	Played during last 3 days				Number of children age less than 5 years
	All three days	Two days	One day	Did not play	
Residence					
Urban	85.8	2.9	2.1	8.5	1,286
Rural	87.6	2.3	1.4	7.6	6,500
Estate	83.0	3.2	4.5	6.5	359
District					
Colombo	85.7	2.5	1.4	9.7	716
Gampaha	88.6	1.5	0.4	8.6	762
Kalutara	88.3	1.3	1.1	9.0	512
Kandy	90.3	2.2	0.7	5.4	579
Matale	94.6	0.5	0.5	4.2	214
Nuwara Eliya	87.7	2.0	4.7	4.9	279
Galle	90.1	0.9	0.8	6.8	425
Matara	85.9	2.5	1.2	9.7	337
Hambantota	90.1	1.7	0.4	7.3	264
Jaffna	74.8	8.4	7.5	7.0	207
Mannar	81.2	11.7	3.1	2.7	42
Vavuniya	84.3	7.8	3.7	1.6	62
Mullaitivu	79.9	7.1	8.1	3.7	37
Kilinochchi	78.2	7.7	5.7	5.5	46
Batticaloa	86.9	5.2	4.7	1.9	247
Ampara	85.1	2.9	1.5	9.3	353
Trincomalee	67.1	4.8	13.6	13.5	190
Kurunegala	89.6	1.5	0.3	8.2	680
Puttalam	80.3	6.3	2.4	10.5	290
Anuradhapura	89.7	2.1	2.0	4.3	416
Polonnaruwa	89.2	0.4	0.2	9.8	188
Badulla	86.4	1.2	1.9	7.0	302
Moneragala	91.1	3.8	0.0	4.1	241
Ratnapura	88.5	1.0	0.0	9.7	445
Kegalle	86.6	1.5	0.2	9.0	314
Wealth quintile					
Lowest	84.7	3.8	3.0	6.8	1,633
Second	87.0	2.4	2.3	7.1	1,660
Middle	87.7	2.5	1.1	8.1	1,628
Fourth	88.4	1.9	1.2	7.6	1,752
Highest	87.9	1.5	0.7	9.0	1,474
Total	87.1	2.4	1.7	7.7	8,146

10.11.4 ACCESS TO EARLY LEARNING CENTERS

Having exposed to early learning environment is crucial for optimal child development during pre-school years. This ensures further improvements in socio emotional skills outside home environment and impart pre literacy and pre math skills that ready children for formal schooling. The following table (Table 10.18) shows the important variations in the percentage of children age 3-4 years who attend a pre-school or an early childhood development center, by background characteristics.



Table 10.18: Children age 3-4 years by education		
Percentage of children age 3-4 years who attend a pre-school or an early childhood development center, according to background characteristics, Sri Lanka 2016		
Background characteristic	Attending pre-school or an early childhood development center	Number of children age 3-4 years
Residence		
Urban	72.5	535
Rural	58.3	2,666
Estate	47.6	157
District		
Colombo	76.9	282
Gampaha	75.2	353
Kalutara	67.0	206
Kandy	49.7	231
Matale	37.1	95
Nuwara Eliya	49.0	124
Galle	66.1	180
Matara	58.4	143
Hambantota	52.4	109
Jaffna	80.6	76
Mannar	84.8	20
Vavuniya	75.9	30
Mullaitivu	80.8	15
Kilinochchi	87.8	23
Batticaloa	79.1	100
Ampara	65.3	144
Trincomalee	58.6	80
Kurunegala	51.7	277
Puttalam	59.3	128
Anuradhapura	56.6	150
Polonnaruwa	59.3	69
Badulla	47.3	123
Moneragala	59.6	91
Ratnapura	33.8	181
Kegalle	42.5	128
Wealth quintile		
Lowest	52.3	724
Second	55.6	706
Middle	59.5	672
Fourth	63.2	702
Highest	72.6	554
Total	60.1	3,357

10.11.5 ACCESS TO PSYCHOSOCIAL STIMULATION BY ADULTS

Table 10.19 shows the level of engagement of under 5 children by adults with psychosocial stimulation activities such as having read books, told stories, sang songs, taken outside home, played with, named and counted things. Singing songs and taking outside homes were the most frequent activities adults engage children with. Drawing things and reading books were relatively less frequent. Wider residence, district and wealth based variations were also seen in these two indicators.

Table10.19: Children age less than 5 years by engagement in different activities

Percentage of children age less than 5 years by engagement in activities, according to background characteristics, Sri Lanka 2016

Background characteristic	Engagement in activities					Named/ counted/ drew things with some one	Number of children age less than 5 years
	Read books/ picture books	Told stories	Sang songs	Took outside the home	Played with some one		
Residence							
Urban	74.4	73.6	92.9	88.9	87.9	65.6	1,286
Rural	69.3	71.7	93.1	89.0	87.7	55.6	6,500
Estate	64.2	68.2	89.8	86.2	85.3	52.0	359
District							
Colombo	77.5	71.0	93.8	88.2	86.4	65.1	716
Gampaha	80.5	79.8	95.7	91.6	91.2	69.8	762
Kalutara	68.3	66.9	94.0	82.4	87.1	54.5	512
Kandy	70.4	78.9	93.1	87.3	91.5	58.2	579
Matale	59.9	58.5	82.3	78.6	79.2	36.2	214
Nuwaraeliya	68.3	75.5	95.1	93.5	90.5	57.1	279
Galle	59.5	62.1	91.6	84.6	86.7	48.1	425
Matara	57.9	66.7	94.2	86.4	84.4	41.6	337
Hambantota	67.7	69.5	96.5	96.5	87.4	49.1	264
Jaffna	73.8	80.4	91.5	88.3	90.1	69.8	207
Mannar	90.0	89.8	96.5	96.5	96.5	92.7	42
Vavuniya	75.0	84.6	96.3	93.0	95.1	81.3	62
Mullaitivu	63.4	84.0	95.4	93.7	89.2	61.6	37
Killinochchi	75.9	81.1	95.2	91.6	90.4	72.6	46
Batticaloa	76.3	83.3	89.5	95.6	96.3	76.8	247
Ampara	84.4	82.5	93.9	95.8	91.7	80.8	353
Trincomalee	76.5	62.7	92.9	91.0	84.7	71.0	190
Kurunegala	66.1	69.3	89.9	86.3	82.8	48.8	680
Puttalam	71.6	68.2	89.1	91.7	87.0	58.7	290
Anuradhapura	64.9	81.2	96.3	87.9	85.9	42.9	416
Polonnaruwa	58.3	60.2	92.0	89.1	85.7	46.5	188
Badulla	63.9	68.5	91.4	80.7	83.3	45.0	302
Monaragala	75.8	70.3	92.7	94.1	94.5	63.5	241
Ratnapura	58.1	56.2	93.2	92.5	84.4	42.3	445
Kegalle	72.2	76.5	93.0	88.8	86.3	56.6	314
Wealth quintile							
Lowest	64.5	70.7	90.7	87.9	87.9	54.1	1,633
Second	68.4	73.0	92.0	89.7	87.6	57.3	1,660
Middle	69.9	70.2	91.8	89.4	86.3	55.0	1,628
Fourth	72.1	73.3	94.6	89.5	88.3	57.6	1,752
Highest	74.9	71.8	95.5	87.6	87.8	61.5	1,474
Total	69.9	71.8	92.9	88.9	87.6	57.0	8,146



Key Findings

- **Nutritional status of children:** Seventeen percent of children under age 5 are stunted (short for their age); 15 percent are wasted (thin for their height); and 21 percent are underweight (thin for their age).
- **Early initiation of Breastfeeding:** Ninety percent of children were breastfed within one hour of birth
- **Exclusive breastfeeding:** Eighty-two percent of children, less than age 6 months, are exclusively breastfed and the median duration is 5.2 months.
- **Breastfeeding:** Ninety-nine percent of children have ever been breastfed and the median duration of breastfeeding among children born in the three years before the survey is 30.2 months.
- **Complementary foods:** Generally complementary foods are introduced at the recommended age; 89 percent of breastfed children aged 6-8 months received complementary foods in addition to being breastfed within the 24 hours preceding the survey.

Nutritional status is the result of complex interactions between food consumption and the overall status of health and care practices. Nutritional intake from birth to two years of age is a key determinant of the future growth, health, and development of the child. However, faltering growth, micronutrient deficiencies, and common childhood illnesses often mark this period. Proper breastfeeding practices, including exclusive breastfeeding during the first six months of life, are crucial to the health and well-being of a child. Continued breastfeeding for a longer period improves health and nutritional status of the child. Complementary foods introduced initially around six months of age contribute to the nutritional needs of the child.

A woman's nutritional status has important implications on her health as well as the health of her children. Malnutrition in women results in reducing productivity, increasing susceptibility to infections, slow recovery from illness, and heightened risk of adverse pregnancy outcomes. For example, a woman who has poor nutritional status, short stature, anaemia, or other micronutrient deficiencies has a greater risk of obstructed labour, dying due to postpartum hemorrhage, and morbidity from various conditions. If the mother's nutritional status is unsatisfactory, her baby is at a higher risk of low weight at birth and morbidities.

This chapter focuses on the nutritional status of children and woman. It also includes information about feeding practices of infant and young children, diversity of food consumed, frequency of feeding, and micronutrient intake children and mothers. The section on nutritional status covers anthropometric assessment of the nutritional status of children aged 0-5 and of women aged 15 -49.



11.1 NUTRITIONAL STATUS OF CHILDREN

Stunting or height-for-age

Height-for-age is a measure of linear growth retardation and cumulative growth deficits. Children whose height-for-age Z-score is below minus two standard deviations (-2SD) from the median of the reference population are considered short for their age (stunted), or chronically undernourished. Children who are below minus three standard deviations (-3 SD) are considered severely stunted.

sample : children under age 5

Wasting or weight-for-height

The weight-for-height index measures body mass in relation to body height or length and describes current nutritional status. Children whose Z-score is below minus two standard deviations (-2sd) from the median of the reference population are considered thin (wasted), or acutely undernourished. Children whose weight-for-age Z-score is below minus three standard deviations (-3 SD) from the median of the reference population are considered severely wasted.

sample : children under age 5

Underweight or weight-for-age

Weight-for-age is a composite index of height-for-age and weight-for-height that accounts for both acute and chronic undernutrition. Children whose Weight-for-age Z-score is below minus two standard deviations (-2SD) from the median of the reference population are classified as underweight. Children whose weight-for-age Z-score is below minus three standard deviations (-3SD) from the median are considered severely underweight.

sample : children under age 5

Overweight in children

Children whose weight-for-height Z-score is more than two standard deviations (+2 SD) above the median of the reference population are considered overweight.

sample : children under age 5

The anthropometric data on height and weight collected in the 2016 SLDHS permit the measurement and evaluation of the nutritional status of children under the age of 5 years in Sri Lanka.

11.1.1 MEASUREMENT OF NUTRITIONAL STATUS AMONG CHILDREN UNDER THE AGE OF 5 YEARS

The 2016 SLDHS collected data on the nutritional status of children by measuring the height and weight of all children less than five years of age. Data were collected with the aim of calculating three indices: namely, weight-for-age, height-for-age and weight-for-height. Weight was measured using lightweight SECA bathroom-type scale with digital screens designed and manufactured under the authority of the United Nations Children's Fund (UNICEF). The measuring board was specially designed by SECA productions for use in survey settings. Children younger than 24 months were measured lying down on the board. Older ones were measured standing up.

The nutritional status of children in the survey population is compared with the World Health Organization (WHO) child growth standards, which are based on an international sample of ethnically, culturally and genetically diverse, healthy children living under optimum conditions that are conducive to achieving a child's full genetic growth potential (WHO, 2006).

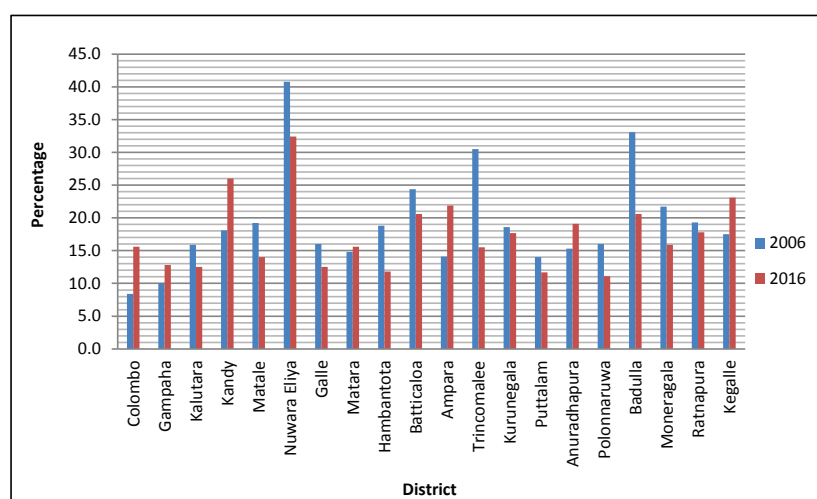
The analysis presented in this chapter uses measurements of length/height and weight obtained for

all children under age 5 living in the households selected for the 2016 SLDHS sample. The following analysis focuses on the 8,459 children for whom complete and plausible anthropometric and age data measurements were collected.

11.1.2 STUNTING

Assessment of child nutrition using the measurement of height-for-age is of crucial importance to understand the health of children in the country. Data from the 2016 SLDHS revealed that 17 percent of the children under age 5 in Sri Lanka are stunted, and 4 percent are severely stunted (Table 11.1). The levels of stunting according to age of the child follow the traditional pattern of increasing with age, peaking at ages 24-35 months (22 percent), and then slowly declining to 14 percent among older children ages 48-59 months. There is a negative association between stunting and the level of education of the mother and wealth of the households. Place of residence also seems to impact the levels of stunting in Sri Lanka, with higher levels of stunting in children in the estate sector (32 percent) than in those of the urban and rural sectors (15 percent). The highest levels of stunting were observed in Nuwara Eliya (32 percent), followed by Kandy (26 percent), Kegalle (23 percent), Batticaloa (22 percent), Ampara (22 percent), Mannar, Killinochchi, and Badulla (21 percent). The lowest prevalence of stunting is observed in Polonnaruwa (11 percent), followed by Puttalam and Hambantota (12 percent each, Table 11.1).

Figure 11.1 Trends in stunting of children under age 5 by district, 2006-2016



Note : Excluding Northern Province

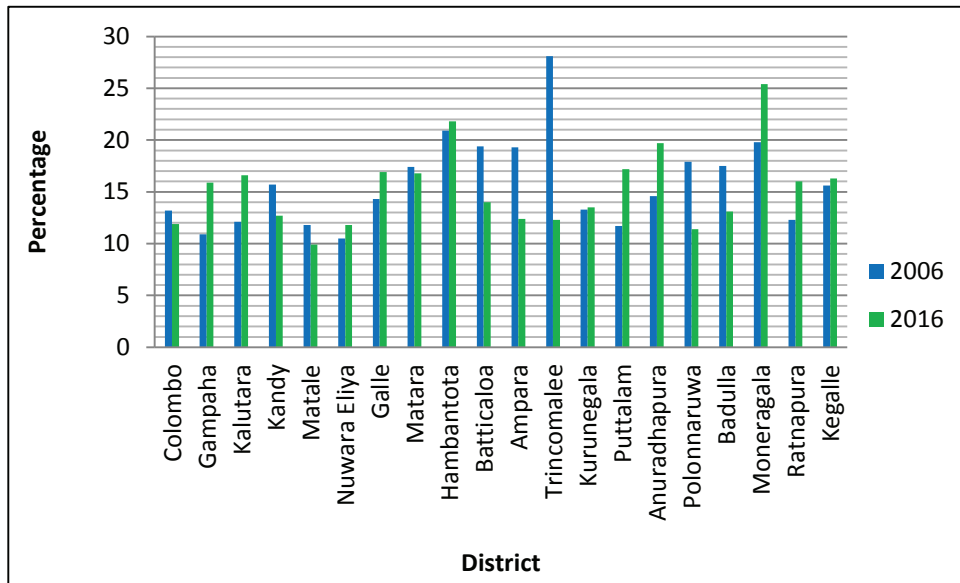
11.1.3 WASTING

Table 11.1 also contains information about weight-for-height to identify levels of wasting for children under five years of age. The overall prevalence of wasting is 15 percent, with 3 percent identified as severely wasted. Wasting is highest among children aged 0-5 months (19 percent), while the lowest prevalence is observed among those children aged 18-23 months (13 percent). The level of education of the mother is negatively associated with wasting. The birth interval of the child does not present a clear pattern in relation to wasting.

Measures of wasting by sector of residence does not show any important differences, but higher variations are observed across districts. The higher levels of wasting are observed in Moneragala (25 percent), Mullaitivu, and Hambantota (22 percent each), compared with Matale (10 percent) and Polonnaruwa (11 percent) where lower values are observed.

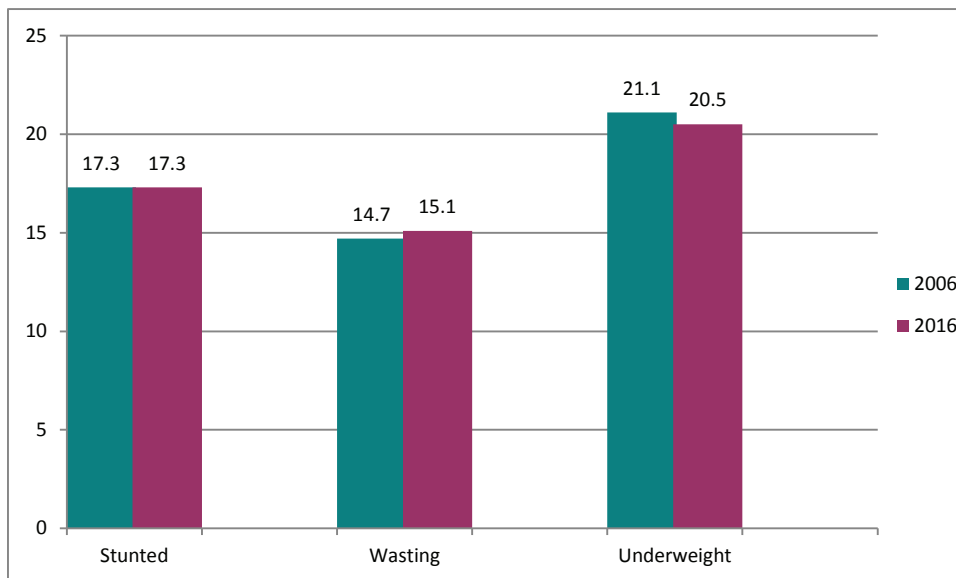


Figure 11.2 Trends in Wasting of children under age 5 by district , 2006-2016.



Note : Excluding Northern Province

Figure 11.3 Trends in nutritional status of children under age 5



Note : Excluding Northern Province

Table 11.1 Nutritional status of children

Percentage of children under five years classified as malnourished according to three anthropometric indices of nutritional status: height-for-age, weight-for-height, and weight-for-age, by background characteristics, Sri Lanka 2016

Background characteristic	Height-for-age				Weight-for-height				Weight-for-age					
	Percentage below -3 SD	Percentage below -2 SD ²	Mean Z-score (SD)	Number of children	Percentage below -3 SD	Percentage below -2 SD ²	Percentage above +2 SD	Mean Z-score (SD)	Number of children	Percentage below -3 SD	Percentage below -2 SD ²	Percentage above +2 SD	Mean Z-score (SD)	Number of children
Age in months														
<6	3.1	11.6	-0.3	613	6.6	19.4	5.3	-0.6	584	4.7	14.8	1.2	-0.8	614
6-8	4.1	16.7	-0.6	396	4.0	15.8	4.1	-0.6	394	2.6	15.9	1.9	-0.8	400
9-11	5.8	15.4	-0.7	370	4.5	15.4	2.2	-0.8	372	3.9	16.3	0.8	-1.0	375
12-17	4.0	18.8	-1.0	747	4.1	14.4	1.5	-0.7	745	3.9	18.4	0.8	-1.0	752
18-23	5.6	21.2	-1.1	771	2.6	13.0	1.3	-0.8	767	5.2	19.8	1.0	-1.2	777
24-35	4.8	21.5	-1.1	1,652	2.2	14.0	0.9	-0.9	1,644	4.3	23.1	0.8	-1.3	1,660
36-47	4.5	16.8	-1.1	1,650	2.7	15.3	1.7	-0.9	1,643	4.1	23.2	0.7	-1.2	1,652
48-59	2.6	13.6	-1.0	1,670	1.9	15.4	2.2	-0.9	1,667	3.2	20.5	1.2	-1.2	1,677
Sex														
Male	4.7	17.9	-1.0	4,066	3.3	15.4	2.2	-0.9	4,042	3.9	20.5	1.1	-1.1	4,088
Female	3.6	16.6	-0.9	3,804	2.7	14.7	1.7	-0.8	3,775	4.1	20.5	0.9	-1.1	3,821
Birth interval in months³														
First birth ⁴	3.5	15.5	-0.9	3,027	3.2	13.9	2.2	-0.8	3,007	3.6	19.9	1.2	-1.1	3,041
<24	5.8	17.7	-0.9	380	3.0	17.0	1.7	-0.9	377	4.2	21.2	0.4	-1.2	380
24-47	4.6	19.2	-1.1	1,511	2.9	17.0	1.7	-0.9	1,502	4.5	21.6	1.2	-1.2	1,525
48+	4.3	18.0	-1.0	2,746	3.0	15.1	2.0	-0.9	2,724	4.2	20.3	0.6	-1.2	2,756
Mother's interview status														
Interviewed	4.1	17.2	-1.0	7,663	3.0	15.1	2.0	-0.8	7,610	4.0	20.4	1.0	-1.1	7,701
Not interviewed but in household	8.6	23.6	-1.0	56	0.5	20.1	0.0	-1.0	57	6.8	29.8	0.0	-1.4	57
Not interviewed and not in the household ⁵	4.4	16.2	-0.9	150	2.6	12.0	1.8	-0.8	150	1.6	19.8	1.8	-1.1	150
Mother's nutritional status⁶														
Thin (BMI<18.5)	6.6	22.6	-1.2	814	4.9	24.5	0.8	-1.3	804	7.9	31.5	0.6	-1.5	816
Normal (BMI 18.5-24.9)	4.3	18.1	-1.0	3,415	3.2	15.7	1.7	-0.9	3,409	4.1	22.0	0.6	-1.2	3,440
Overweight/ obese (BMI >= 25)	3.3	15.5	-0.9	2,751	1.9	10.8	2.6	-0.6	2,737	2.9	15.5	1.3	-1.0	2,764
Residence														
Urban	3.6	14.7	-0.8	1,214	1.6	12.9	2.9	-0.7	1,205	1.9	16.4	1.5	-0.9	1,220
Rural	4.0	17.0	-1.0	6,325	3.2	15.6	1.9	-0.9	6,286	4.2	20.8	0.9	-1.2	6,355
Estate	8.8	31.7	-1.4	332	3.7	13.4	1.3	-0.9	326	7.6	29.7	0.4	-1.5	334
District														
Colombo	4.3	15.6	-0.7	669	1.7	11.9	2.8	-0.7	667	1.6	14.6	1.9	-0.9	674
Gampaha	2.9	12.8	-0.8	756	2.6	15.9	2.2	-0.8	749	4.1	19.6	1.4	-1.0	756
Kalutara	1.7	12.5	-0.7	497	2.9	16.6	2.1	-0.9	494	2.8	20.1	1.1	-1.0	496
Kandy	5.2	26.0	-1.2	549	2.3	12.7	3.4	-0.7	552	4.9	20.6	2.1	-1.1	559
Matale	2.8	14.0	-1.0	216	1.9	9.9	1.6	-0.8	215	3.1	17.8	0.0	-1.2	216
Nuwara Eliya	10.0	32.4	-1.5	250	3.2	11.8	1.5	-0.7	248	7.8	29.6	0.6	-1.4	250
Galle	3.7	12.5	-0.8	408	2.9	16.9	1.8	-1.0	401	4.7	17.8	0.5	-1.1	410
Matara	3.8	15.6	-0.9	336	2.2	16.8	1.3	-1.0	332	3.9	22.3	0.7	-1.2	337
Hambantota	2.6	11.8	-0.9	216	3.2	21.8	0.5	-1.1	214	5.1	22.4	1.2	-1.2	217
Jaffna	1.5	13.7	-0.8	197	2.2	11.7	0.8	-0.7	196	2.5	13.7	0.2	-1.0	197
Mannar	4.6	20.8	-1.1	41	2.4	13.1	3.5	-0.6	40	5.2	18.2	2.6	-1.1	41
Vavuniya	6.1	18.7	-0.9	64	3.5	16.0	0.6	-0.9	61	4.9	20.3	1.0	-1.2	64
Mullaitivu	6.0	16.7	-0.9	36	3.8	21.6	2.1	-1.0	36	8.5	25.5	1.5	-1.2	37
Killinochchi	6.6	20.9	-1.1	46	3.9	16.8	2.9	-0.8	45	3.1	16.6	0.0	-1.2	46
Batticaloa	3.6	20.6	-1.1	249	2.8	14.0	2.6	-0.9	248	2.8	21.4	1.5	-1.2	250
Ampara	7.2	21.9	-1.1	345	2.3	12.4	2.6	-0.7	342	3.3	18.1	0.7	-1.2	346
Trincomalee	3.5	15.5	-1.0	188	2.4	12.3	1.0	-1.0	184	5.8	22.7	0.4	-1.3	188
Kurunegala	2.0	17.7	-1.0	685	2.3	13.5	1.0	-0.9	683	3.3	21.9	0.4	-1.2	686
Puttalam	2.9	11.7	-0.7	276	6.5	17.2	2.5	-0.9	275	2.9	20.1	1.9	-1.0	276
Anuradhapura	5.9	19.1	-1.1	409	6.0	19.7	3.7	-0.8	404	6.1	24.7	0.8	-1.2	411
Polonnaruwa	3.0	11.1	-0.8	185	2.1	11.4	2.7	-0.9	184	2.3	18.7	1.0	-1.1	185
Badulla	6.5	20.6	-1.2	293	2.6	13.1	1.4	-0.9	294	5.2	22.6	0.0	-1.3	297
Moneragala	3.5	15.9	-0.7	244	5.3	25.4	0.4	-1.2	240	4.9	24.2	0.0	-1.3	244
Ratnapura	4.0	17.8	-1.1	440	3.7	16.0	1.0	-0.9	436	4.5	22.9	0.4	-1.2	446
Kegalle	8.4	23.1	-1.2	275	4.2	16.3	2.2	-0.8	275	4.5	19.9	0.8	-1.2	280
Mother's education														
No education	17.5	37.6	-1.6	58	1.6	17.9	0.0	-1.0	58	6.9	33.9	0.0	-1.6	58
Passed Grade 1-5	8.4	27.2	-1.4	277	4.1	17.6	1.4	-0.9	275	8.5	30.2	0.9	-1.5	278
Passed Grade 6-10	5.0	20.3	-1.1	3,368	3.7	17.5	1.7	-0.9	3,349	5.2	24.6	0.5	-1.3	3,387
Passed G.C.E.(O/L) or equivalent	3.4	15.9	-0.9	1,705	2.5	14.9	2.6	-0.8	1,690	3.6	18.6	1.4	-1.1	1,713
Passed G.C.E.(A/L) or equivalent	2.8	12.2	-0.7	1,868	2.4	12.2	1.9	-0.8	1,853	2.1	15.4	1.2	-0.9	1,878
Degree and above	1.3	12.1	-0.6	444	2.0	8.7	2.8	-0.6	442	2.2	10.0	1.8	-0.7	445
Wealth quintile														
Lowest	6.2	25.2	-1.3	1,595	3.6	17.3	1.5	-1.0	1,584	6.9	27.6	0.5	-1.4	1,599
Second	5.4	18.9	-1.1	1,620	4.3	18.3	1.6	-1.0	1,601	5.4	24.5	0.7	-1.3	1,625
Middle	3.3	15.9	-0.9	1,578	3.3	15.0	1.8	-0.9	1,572	3.4	20.9	0.5	-1.1	1,590
Fourth	3.4	14.0	-0.8	1,679	2.2	14.1	2.2	-0.8	1,669	2.1	16.1	1.4	-1.0	1,690
Highest	2.3	11.7	-0.6	1,397	1.5	10.0	3.2	-0.6	1,390	2.1	12.5	1.8	-0.7	1,404
Total	4.1	17.3	-1.0	7,870	3.0	15.1	2.0	-0.8	7,817	4.0	20.5	1.0	-1.1	7,908

Note: Table is based on children who stayed in the household on the night before the interview. Each of the indices is expressed in standard deviation units (SD) from the median of the WHO Child Growth Standards adopted in 2006. The indices in this table are NOT comparable to those based on the previously used NCHS/CDC/WHO reference.

Table is based on children with valid dates of birth (month and year) and valid measurement of both height and weight.

1 Recumbent length is measured for children under age 2, or in the few cases when the age of the child is unknown and the child is less than 85 cm; standing height is measured for all other children.

2 Includes children who are below -3 standard deviations (SD) from the WHO Child Growth standards population median

3 Excludes children whose mothers were not interviewed

4 First-born twins (triplets, etc.) are counted as first births because they do not have a previous birth interval

5 Includes children whose mothers are deceased

6 Excludes children whose mothers were not weighed and measured, children whose mothers were not interviewed, and children whose mothers are pregnant or gave birth within the preceding 2 months. Mother's nutritional status in terms of BMI (Body Mass Index) is presented in Table 11.10.

7 For women who are not interviewed, information is taken from the Household Questionnaire. Excludes children whose mothers are not listed in the Household Questionnaire

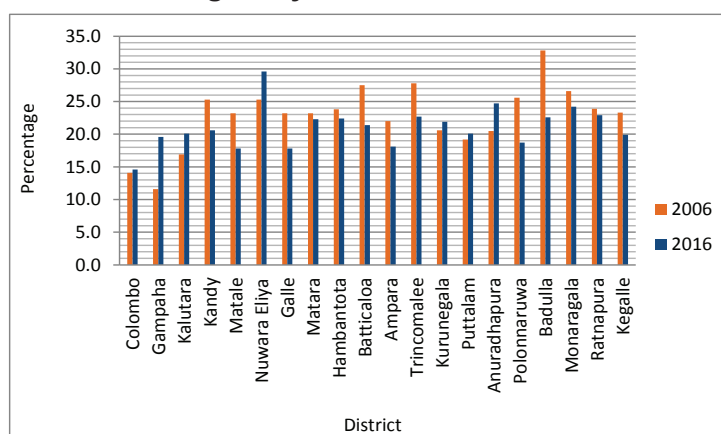


11.1.4 UNDERWEIGHT

The 2016 SLDHS includes a third indicator for assessing malnutrition among children under five years of age which identified 21 percent of children as of low weight or underweight for their age, and 4 percent as severely underweight. (Table 11.1) Similar to the measurements for stunting and wasting, underweight percentages increase with the age of the child, the highest level at 36-47 months of age (23 percent). Differences in the percentage of underweight children by sex, birth interval of the child, level of education, nutritional status of the mother and wealth quintiles are similar to those previously observed and described for stunting and wasting.

Place of residence again shows some interesting differences as with stunting, children living in the estate sector (30 percent) having a much higher prevalence of underweight than their counterparts in the urban and rural sectors (21 percent, 16 percent, respectively). Table 11.1, also reveals some differences in underweight across administrative districts. Children in Nuwara Eliya have the highest level of underweight (30 percent), followed by Mullaitivu (26 percent), Anuradhapura (25 percent) and Moneragala (24 percent). The lower levels of underweight children are observed in Jaffna (14 percent) and in Colombo (15 percent).

Figure 11.4 Comparison of underweight of children under age 5 by District, 2006 and 2016



Note : Excluding Northern Province

11.2 INITIATION OF BREASTFEEDING

Early breastfeeding

Initiation of breastfeeding within 1 hour of birth.

sample : Last born children who were born in the 2 years before the survey

Feeding practices play a pivotal role in determining the optimal growth and development of infants. Poor breastfeeding and undesirable complementary feeding practices have adverse consequences for the health and nutritional status of children which could affect their mental and physical development. Exclusive breastfeeding also affects mothers by physiologically suppressing the return of fertility, thereby contributing to lengthening the interval between pregnancies. The pattern of feeding a child has an important influence on both the child and the mother and is one of the key determinants of a child's nutritional status.

Early breastfeeding practices determine the successful establishment and duration of breastfeeding. Moreover, during the first three days after delivery, colostrum, an important source of nutrition and protection for the newborn, is produced and should be given to the newborn while awaiting the let-down of regular/mature breast milk. Thus, it is recommended that children be put to the breast immediately or within one hour after birth, while discouraging pre-lacteal feeding (i.e. feeding newborns anything other than breast milk before early breastfeeding is initiated).

In 2016, almost all of the last-born children under age two (99 percent) had been breastfed at some time (ever breastfed). About 90 percent of the children were breastfed within one hour of birth (98 percent within one day of birth). The percentage of children breastfed within one hour has increased during the last ten years from 80 percent to 90 percent. The percentage of children breastfed within one day has remained stable at 98 percent (compared to 97 percent in 2006-07). Disparities on breastfeeding initiation across districts are notable. The percentage of infants put to the breast soon after birth ranges from only 77 percent in Mannar to 100 percent in Anuradhapura.

The proportion of children who have ever been breastfed does not show a clear relationship with wealth quintile, but a higher percentage of last-born children of households in the fourth wealth quintile are breastfed within one hour than in any of the other quintiles. The percentage of children who were breastfed within one hour of birth are also higher among children born to mothers who have Passed G.C.E.(A/L) or equivalent education than to mothers of other educational groups.

Table 11.2 shows that thirteen percent of newborns in Sri Lanka received pre-lacteal feeds. The percentage is higher among infants born in the urban sector, mothers whose education is “degree and above”, or living in the richer wealth quintiles. This practice is discouraged because pre-lacteal feeds are less nutritious than breast milk, more susceptible to contamination, and may reduce milk flow.



Table 11.2 Initial breastfeeding

Among last-born children who were born in the two years preceding the survey, the percentage who were ever breastfed and the percentages who started breastfeeding within one hour and within one day of birth; and among last-born children born in the two years preceding the survey who were ever breastfed, the percentage who received a prelacteal feed, by background characteristics, Sri Lanka 2016

Background characteristic	Among last-born children born in the past two years:			Number of last-born children	Among last-born children born in the past two years who were ever breastfed:	
	Percentage ever breastfed	Percentage who started breastfeeding within 1 hour of birth	Percentage who started breastfeeding within 1 day of birth ¹		Percentage who received a prelacteal feed ²	Number of last-born children ever breastfed
Sex						
Male	99.4	90.2	97.4	1,544	14.3	1,535
Female	99.4	90.4	98.4	1,524	11.1	1,515
Residence						
Urban	99.4	87.0	97.4	487	18.4	484
Rural	99.5	91.2	98.0	2,443	11.6	2,430
Estate	98.9	86.3	98.1	138	11.4	136
District						
Colombo	99.6	88.7	98.2	299	23.5	298
Gampaha	100.0	94.4	99.5	257	16.2	257
Kalutara	98.8	87.5	95.9	198	21.8	195
Kandy	98.8	79.8	97.0	211	10.3	208
Matale	100.0	91.1	99.5	69	15.6	69
Nuwara Eliya	100.0	90.3	100.0	107	8.9	107
Galle	99.1	86.7	98.3	157	15.8	156
Matara	100.0	93.0	93.0	129	10.2	129
Hambantota	100.0	92.1	98.2	105	5.5	105
Jaffna	100.0	90.8	98.1	73	22.8	73
Mannar	100.0	77.1	100.0	11	12.9	11
Vavuniya	100.0	91.7	98.5	20	21.2	20
Mullaitivu	100.0	97.6	100.0	13	14.1	13
Kilinochchi	100.0	83.9	96.5	15	9.7	15
Batticaloa	98.9	92.4	97.6	89	12.9	88
Ampara	98.8	94.5	97.7	125	13.7	124
Trincomalee	96.8	78.2	96.8	70	13.5	68
Kurunegala	100.0	92.1	99.2	274	8.9	274
Puttalam	98.5	87.5	98.5	110	5.6	108
Anuradhapura	100.0	100.0	100.0	153	0.2	153
Polonnaruwa	100.0	84.9	94.7	84	16.0	84
Badulla	99.1	90.5	99.1	97	2.9	96
Moneragala	100.0	95.0	100.0	91	9.9	91
Ratnapura	98.9	91.7	95.8	182	10.1	180
Kegalle	99.3	94.5	97.6	128	8.0	127
Mother's education						
No education	*	*	*	19	*	17
Passed Grade 1-5	100.0	89.5	97.8	86	14.8	86
Passed Grade 6-10	99.4	88.3	98.0	1,288	8.8	1,281
Passed G.C.E.(O/L) or equivalent	99.6	90.6	97.8	648	10.6	646
Passed G.C.E.(A/L) or equivalent	99.4	93.2	98.2	819	16.8	814
Degree and above	99.6	91.5	97.6	208	26.1	207
Wealth quintile						
Lowest	99.2	89.5	98.2	563	10.6	558
Second	99.5	90.3	98.4	599	8.8	596
Middle	99.5	89.1	96.5	641	9.8	637
Fourth	99.5	92.0	98.6	664	13.5	660
Highest	99.5	90.6	97.8	602	20.8	599
Total	99.4	90.3	97.9	3,068	12.7	3,050

Note: Table is based on last-born children born in the 2 years preceding the survey regardless of whether the children are living or dead at the time of interview.

¹ Includes children who started breastfeeding within one hour of birth

² Children given something other than breast milk during the first three days of life

³ Doctor, nurse/midwife, or auxiliary midwife

Colostrum, which has also been called the “first milk”, is thick milk that is produced by mothers of newborns. Colostrum provides a host of benefits for infants. The ministry of health in Sri Lanka encourages all mothers to breastfeed their babies with colostrum. The majority of children born during the five years before the survey (98 percent) were given colostrum. This percentage has increased in the past ten years from 92 in 2006-07 to 98 in 2016. There are hardly any differences among background variable categories. A slightly higher percentage of women in the richest wealth quintiles and those with higher education have given colostrum than those women with lower education and belonging to households in lower wealth quintiles.

Another notable improvement has occurred in the estates sector, where the percentage of children receiving colostrum increased from 70 percent in 2006-07 to 97 percent in 2016.

Table 11.3 Colostrum feeding

Among children born in the five years before the survey who were ever breastfed, percentage of the most recent births who were not given colostrum and among those, the percentage whose mothers were advised by a health provider not to give colostrum, according to background characteristics, Sri Lanka 2016

Background characteristic	Percentage not given colostrum	Number of lastborn children born in past five years who were ever breastfed	Percentage advised by a health provider not to use colostrum	Number of children who were not given colostrum
Sex				
Male	2.2	3,697	24.4	83
Female	1.6	3,441	17.8	54
Residence				
Urban	1.6	1,114	*	18
Rural	1.9	5,728	25.6	110
Estate	2.7	296	*	8
Mother's education				
No education	7.9	51	*	4
Passed Grade 1-5	1.9	257	*	5
Passed Grade 6-10	2.0	3,104	25.7	64
Passed G.C.E.(O/L) or equivalent	1.8	1,608	(8.1)	29
Passed G.C.E.(A/L) or equivalent	1.4	1,706	*	23
Degree and above	3.0	413	*	12
Wealth quintile				
Lowest	2.7	1,413	13.0	38
Second	1.8	1,457	(24.5)	27
Middle	1.6	1,463	*	23
Fourth	1.8	1,524	(24.6)	27
Highest	1.7	1,280	*	22
Total	1.9	7,138	21.8	137

11.3 BREASTFEEDING STATUS BY AGE

UNICEF and WHO recommend that children be exclusively breastfed during the first six months of life and that they be given age-appropriate solid or semisolid complementary food in addition to continued breastfeeding from age 6 months to at least age 24 months. Exclusive breastfeeding during the first six months is recommended because breast milk contains all of the nutrients necessary for children in the first few months of life. In addition, the mother's antibodies in breast milk provide immunity to diseases or infections. Early supplementation is discouraged for several reasons. First, it exposes infants to pathogens and increases their risk of infection. Second, it decreases infants' intake of breast milk and therefore suckling, which reduces breast milk production and the infant is deprived of all the benefits of breast milk. Third, in



low-resource settings, complementary food is often nutritionally inferior.

After six completed months, a child requires adequate complementary foods for normal growth. Lack of appropriate complementary feeding may lead to malnutrition and frequent illnesses, which in turn may even lead to death. However, even with complementary feeding, the child should continue to be breastfed for two years or more. Interviewers obtained information on complementary feeding by asking mothers about the current breastfeeding status of all children under age 5 and, for the youngest child born in the two-year period before the survey and living with the mother, foods and liquids given to the child the day and night before the survey.

Table 11.4 shows the percent distribution by breastfeeding status of youngest children under age 2 living with their mother and the percentage of children under age 2 using a bottle with a nipple, according to age in months. Exclusive breastfeeding for the first six months in Sri Lanka is 82 percent for children under age 6 months (Table 11.4 and Figure 11.5). Among age subgroups, the percentage of children exclusively breastfed decreases sharply from 93 percent of infants aged 0-1 month to 87 percent of infants' age 2-3 months and, further to 64 percent of infants aged 4-5 months.

In addition to receiving breast milk, 6 percent of children under age 6 months receive plain water, 5 percent receive other milk, and 6 percent are given complementary foods. After the age of 5 months, a majority of children (88 percent or more) receive complementary foods in addition to breast milk, as recommended; however, 12 percent of children aged 6-8 months did not receive complementary foods the day or night preceding the survey.

Only two percent of children below 6 months and 11 percent of children aged 6-8 months used a bottle with a nipple the day or night preceding the survey. Bottle feeding is a concern because of possible contamination due to unsafe water and lack of hygiene in its preparation; it also may reduce the child's interest in breastfeeding, with a consequential decline in the mother's milk production.

Continued breastfeeding is recommended until a child is 2 years of age or beyond. In Sri Lanka breastfeeding is widely accepted and of long duration. The proportion of children who are currently breastfeeding decreases with the age of the child, from 94 percent among children aged 12-17 months to 88 percent among children aged 18-23 months.

Although it is recommended that breastfeeding be continued throughout the second year of life, 9 percent of children 12-23 months old are not receiving any breast milk. Figure 11.5 illustrates the patterns of child feeding by the age of the child.

Table 11.4 Breastfeeding status by age

Percent distribution of youngest children under two years who are living with their mother by breastfeeding status and the percentage currently breastfeeding; and the percentage of all children under two years using a bottle with a nipple, according to age in months, Sri Lanka 2016

Age in months	Breastfeeding status							Total	Percentage currently breastfeeding	Number of youngest children under age 2 living with their mother	Percentage using a bottle with a nipple	Number of all children under two years
	Not breastfeeding	Exclusively breastfed	Breast-feeding and consuming plain water only	Breast-feeding and consuming non-milk liquids ¹	Breast-feeding and consuming other milk	Breast-feeding and consuming complementary foods						
0-1	0.6	93.4	1.1	0.0	1.8	3.1	100.0	99.4	286	0.8	287	
2-3	0.0	87.2	5.3	0.0	6.6	0.8	100.0	100.0	223	0.7	226	
4-5	0.0	63.8	12.5	1.7	7.7	14.3	100.0	100.0	243	5.6	244	
6-8	1.2	2.2	6.8	1.8	0.2	87.9	100.0	98.8	404	10.7	406	
9-11	4.3	0.3	0.4	0.0	0.4	94.6	100.0	95.7	381	10.5	384	
12-17	5.7	0.1	0.3	0.0	0.2	93.8	100.0	94.3	766	9.6	773	
18-23	11.8	0.0	0.0	0.0	0.1	88.1	100.0	88.2	738	10.6	783	
0-3	0.3	90.7	3.0	0.0	3.9	2.1	100.0	99.7	509	0.8	513	
0-5	0.2	82.0	6.0	0.6	5.1	6.0	100.0	99.8	752	2.3	757	
6-9	1.6	1.8	5.2	1.4	0.2	89.9	100.0	98.4	528	10.4	531	
12-15	4.7	0.2	0.4	0.0	0.1	94.6	100.0	95.3	479	10.7	482	
12-23	8.7	0.1	0.1	0.0	0.1	91.0	100.0	91.3	1,504	10.1	1,556	
20-23	13.4	0.0	0.0	0.0	0.1	86.6	100.0	86.6	503	10.7	536	

Note: Breastfeeding status refers to a "24-hour" period (yesterday and last night). Children who are classified as breastfeeding and consuming plain water only consumed no liquid or solid supplements. The categories of not breastfeeding, exclusively breastfed, breastfeeding and consuming plain water, non-milk liquids, other milk, and complementary foods (solids and semi-solids) are hierarchical and mutually exclusive, and their percentages add to 100 percent. Thus, children who receive breast milk and non-milk liquids and who do not receive other milk and who do not receive complementary foods are classified in the non-milk liquid category even though they may also get plain water. Any children who get complementary food are classified in that category as long as they are breastfeeding as well.

¹ Non-milk liquids include juice, juice drinks, clear broth or other liquids

Figure 11.5: Infant feeding practices by age

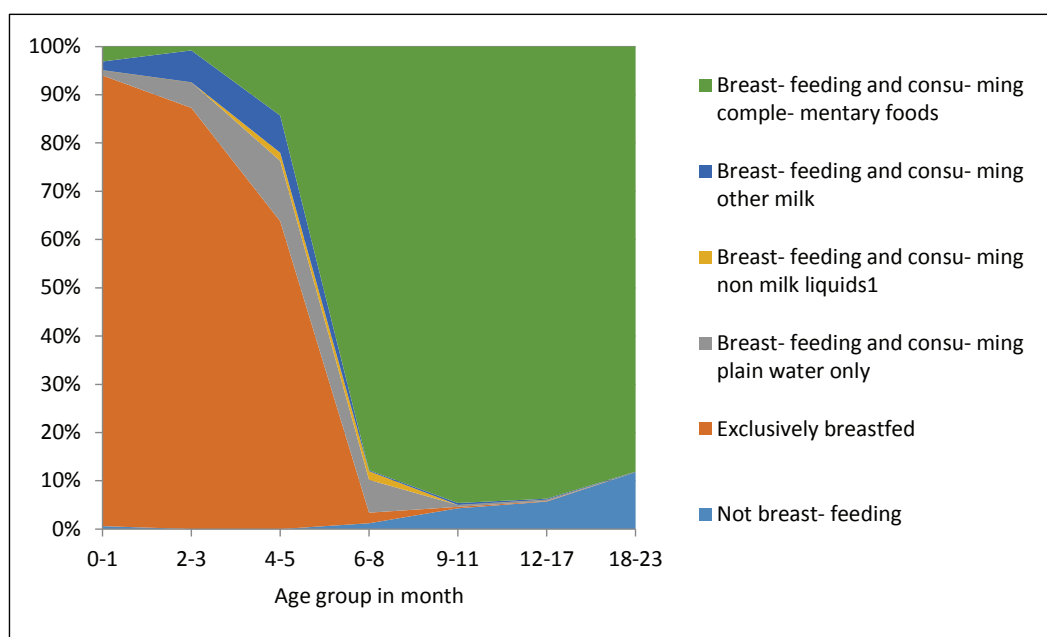
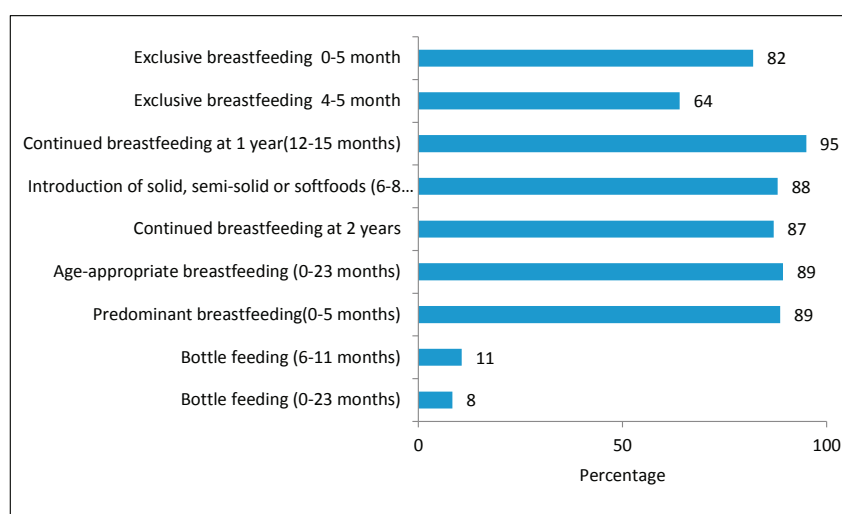


Figure 11.6, included below, shows the 2016 SLDHS results for key infant and young child feeding (IYCF) practices on breastfeeding for children under age 2. Although 82 percent of all children under age 6 months are exclusively breastfed, only 64 percent of those aged 4-5 months are exclusively breastfed. Almost all children (95 percent) continue breastfeeding at age 1, and 87 percent continue to breastfeed until age 2. Eighty-eight percent of children are introduced to complementary foods at an appropriate age. Eighty-nine percent of children aged 0-23 months are breastfed appropriately for their age, i.e., exclusive breastfeeding for children aged 0-5 months and continued breastfeeding along with complementary foods for children aged 6-23 months. Predominant breastfeeding (receiving breast milk and only plain water or non-milk liquids such as juice, clear broth, and other liquids) is prevalent in 89 percent of the children. Eleven percent of infants aged 6-11 and eight percent of children under age 2 are bottle-fed.

Figure 11.6 Infant and young child feeding (IYCF) practices-indicators on breastfeeding status



11.4 DURATION AND FREQUENCY OF BREASTFEEDING

Table 11.5 provides information on the median duration of any breastfeeding, exclusive breastfeeding, and predominant breastfeeding among children born in the three years preceding the survey. The median duration of any breastfeeding in Sri Lanka is 30 months. Differences in the median duration of breastfeeding by background characteristics are small and affected by small sample sizes. Table 11.5 also shows the median duration of predominant breastfeeding, which is defined as exclusive breastfeeding or breastfeeding in combination with plain water and/or non-milk liquids only. The median duration of predominant breastfeeding is 5.8 months.

Table 11.5 Median duration of breastfeeding			
Median duration of any breastfeeding, exclusive breastfeeding, and predominant breastfeeding among children born in the three years preceding the survey, by background characteristics, Sri Lanka 2016			
Background characteristic	Median duration (months) of breastfeeding among children born in the past three years ¹		
	Any breastfeeding	Exclusive breastfeeding	Predominant breastfeeding ²
Sex			
Male	0.0	4.3	5.1
Female	0.0	4.4	5.1
Residence			
Urban	29.0	4.3	5.1
Rural	0.0	4.4	5.1
Estate	(30.6)	4.5	5.2
Mother's education			
Passed Grade 1-5	(33.9)	(3.8)	(4.5)
Passed Grade 6-10	0.0	4.4	5.3
Passed G.C.E.(O/L) or equivalent	0.0	4.7	5.4
Passed G.C.E.(A/L) or equivalent	33.1	4.2	4.7
Degree and above	0.0	(4.0)	(4.3)
Wealth quintile			
Lowest	0.0	4.3	5.6
Second	34.4	4.2	5.0
Middle	0.0	4.8	5.3
Fourth	33.8	4.4	5.0
Highest	31.4	4.2	4.4
Total	0.0	4.4	5.1
Mean for all children	30.2	5.2	5.8
Note: Median and mean durations are based on the distributions at the time of the survey of the proportion of births by months since birth. Includes children living and deceased at the time of the survey.			
¹ It is assumed that non-last-born children and last-born children not currently living with the mother are not currently breastfeeding			
² Either exclusively breastfed or received breast milk and plain water, and/or non-milk liquids only			

11.5 TYPES OF COMPLEMENTARY FOODS

Table 11.6 provides information on the types of food given by mothers to children under 3 years of age on the day or night preceding the interview, according to breastfeeding status. The consumption of infant formula and other milk, among breastfed children, increases with the age of the child. Solid and semi-solid foods are introduced to infants around the age of 6 months in Sri Lanka, following the guidelines and recommendations of UNICEF and WHO. Thus, by the ages of 6-8 months, almost 89 percent of the children are receiving any solid or semi-solid food. This percentage is an increase from 85 percent observed ten years ago from the 2006-07 SLDHS.



Overall, nearly one hundred percent of children (98 percent) aged 6-23 months of age receive any solid or semisolid complementary foods in addition to breast milk. Consumption of foods made from grains (88 percent) and fruits and vegetables rich in vitamin A (86 percent) is high in the children aged 6-23 months. The consumption of food made from legumes and nuts (66%), food made from roots and tubers (58%), meat, fish, poultry and eggs (58%) is relatively low. Moreover consumption of sugary foods (34%) among children under the age of 3 years decreased drastically by 27 percent compared to 2006/07 SLDHS (61%). The consumption of food made with oil, fat and butter increased from 34 percent (2006/07 SLDHS) to 42 percent (2016 SLDHS excluding northern province) in this decade (2006-2016)

Table 11.6 Foods and liquids consumed by children in the day or night preceding the interview

Percentage of youngest children under three years of age who are living with the mother by type of foods consumed in the day or night preceding the interview, according to breastfeeding status and age, Sri Lanka 2016

Age in months	Liquids					Solid or semi-solid foods										Number of children under age 3
	Infant formula	Other milk ¹	Other liquids ²	Fortified baby foods	Food made from grains ³	Fruits and vegetables rich in vitamin A ⁴	Other fruits and vegetables	Food made from roots and tubers	Food made from legumes and nuts	Meat, fish, poultry, eggs	Cheese, yogurt, other milk product	Any solid or semi-solid food	Food made with oil, fat and butter	Sugary foods		
BREASTFEEDING CHILDREN																
0-1	2.3	0.8	4.4	0.5	1.6	1.1	0.0	0.6	1.2	1.0	0.4	3.1	0.7	0.9	284	
2-3	5.6	3.3	8.1	0.1	0.8	0.8	0.0	0.1	0.7	0.1	0.7	0.8	0.8	0.0	223	
4-5	13.2	3.7	13.3	4.1	6.8	8.8	2.7	6.0	8.1	4.4	1.8	14.3	4.8	0.0	243	
6-8	19.4	7.8	45.8	35.1	68.3	75.6	28.6	54.4	58.8	36.9	29.5	88.9	32.7	8.6	399	
9-11	24.3	9.6	52.4	40.0	88.2	88.0	43.3	65.0	68.1	54.3	46.1	98.9	38.7	22.0	364	
12-17	30.6	17.4	64.6	35.3	93.5	89.7	52.5	58.5	67.8	64.9	47.6	99.4	42.6	38.4	722	
18-23	35.2	28.1	76.7	32.5	94.9	87.1	53.5	55.4	66.9	65.1	42.0	99.9	44.1	50.1	651	
24-35	33.4	37.7	84.4	29.1	96.6	86.8	53.9	50.1	70.2	60.7	41.9	99.7	46.5	57.4	1,051	
6-23	28.8	17.5	62.7	35.2	88.3	86.0	46.8	57.9	65.9	57.9	42.2	97.5	40.6	33.6	2,137	
Total	25.9	20.0	58.1	27.2	74.3	70.5	39.9	45.2	55.1	48.0	34.3	80.7	34.8	33.6	3,939	
NONBREASTFEEDING CHILDREN																
0-1	*	*	*	*	*	*	*	*	*	*	*	*	*	*	2	
2-3	*	*	*	*	*	*	*	*	*	*	*	*	*	*	0	
4-5	*	*	*	*	*	*	*	*	*	*	*	*	*	*	0	
6-8	*	*	*	*	*	*	*	*	*	*	*	*	*	*	5	
9-11	*	*	*	*	*	*	*	*	*	*	*	*	*	*	16	
12-17	(83.8)	(47.2)	(79.7)	(61.8)	(88.5)	(84.0)	(58.5)	(72.3)	(69.4)	(83.1)	(63.3)	(100.0)	(62.0)	(36.0)	43	
18-23	72.7	42.9	83.1	39.9	94.8	91.8	50.7	58.7	63.6	74.7	47.0	100.0	47.4	57.4	87	
24-35	53.5	48.6	84.5	41.3	92.4	84.6	51.6	50.5	60.3	69.2	37.8	99.6	47.4	59.8	475	
6-23	77.9	42.5	79.6	48.9	92.4	87.0	51.9	63.8	64.2	76.5	52.6	99.2	52.8	46.5	152	
Total	59.5	47.0	83.1	43.0	92.2	84.9	51.5	53.6	61.1	70.8	41.3	99.2	48.6	56.4	628	

Note: Breastfeeding status and food consumed refer to a 24-hour period (yesterday and last night).
¹ Other milk includes fresh, tinned and powdered cow or other animal milk
² Doesn't include plain water
³ Includes fortified baby food
⁴ Includes [list fruits and vegetables included in the questionnaire such as pumpkin, red or yellow yams or squash, carrots, red sweet potatoes, dark green leafy vegetables, mangoes, papayas, and other locally grown fruits and vegetables that are rich in vitamin A]

11.6 INFANT AND YOUNG CHILD FEEDING (IYCF) PRACTICES

Appropriate IYCF practices include timely initiation of feeding solid and semisolid foods from age 6 months and increasing the amount and variety of foods and frequency of feeding as the child gets older while maintaining breastfeeding (WHO, 2008). The age ranges of various indicators of IYCF practices presented in this chapter have been updated based on the most recent definitions of breastfeeding and complementary feeding indicators (WHO, 2010).

Minimum dietary diversity means feeding the child food from at least four food groups. This cut-off was selected because it is associated with better-quality diets for both breastfed and non-breastfed children. Studies have shown that plant-based complementary foods by themselves are insufficient to meet the needs for certain micronutrients (WHO and UNICEF 1998). Therefore, it is recommended that meat, poultry, fish, or eggs be eaten daily or as often as possible. Vegetarian diets may not meet children's nutrient requirements unless supplements or fortified products are used. Iron rich food as well as Vitamin A-rich fruits and vegetables should be consumed daily.

Table 11.7 presents a summary of IYCF practices along with the background characteristics. The indicators take into account the percentages of children for whom feeding practices meet minimum standards

with respect to food diversity (i.e., the number of food groups consumed), feeding frequency (i.e., the number of times the child is fed), and consumption of breast milk or other types of milk or milk products (accounting for number of milk feeds for non-breastfed children). Breastfed children are considered to be fed within the minimum standards if they consume at least four food groups and receive food other than breast milk two to three times per day in the case of infants aged 6-8 months and three to four times per day in the case of children aged 9-23 months (Arimond and Ruel, 2003). Non-breastfed children are considered to be fed in accordance with the minimum standards if they consume milk or milk products at least twice a day, are fed four food groups each day, and are fed at least four to five times per day (including milk feeds). Meal frequency is considered a proxy for energy intake from foods other than breast milk; therefore, the feeding frequency indicator for non-breastfed children includes both milk and solid and semi-solid foods (WHO, 2008).

According to the results presented in Table 11.7, seventy two percent of breastfed children aged 6-23 months were given foods from four or more food groups in the 24 hours preceding the interview, and 86 percent were fed the minimum number of times in the preceding 24 hours. About 2 in 3 (63 percent) breastfed children fell into both categories; that is, their feeding practices met minimum standards with respect to food diversity as well as feeding frequency.

Among non-breastfed children aged 6-23 months, 69 percent were given milk or milk products, 86 percent were given food from at least four food groups, and 88 percent were fed four or more times per day. Forty-five percent of non breastfed children aged 6-23 were fed in accordance with all three IYCF practices.

Appropriate feeding practices were more common among breastfed children than non-breastfed children. Overall, 62 percent of Sri Lankan children aged 6-23 months met the minimum standard with respect to all three IYCF feeding practices (Table 11.7). Ninety eight percent of all children aged 6-23 months received breast milk or other milk or milk products during the 24-hour period before the interview, and 86 percent were fed the minimum number of times in the preceding 24 hours. The most common problem with feeding practices was an inadequate number of food groups; only 73 percent of children aged 6-23 months received foods from the minimum number of food groups for their age.

The proportion of children aged 6-23 months, meeting all three recommended IYCF practices increases from 45 percent among children aged 6-8 months to 69 percent among those aged 12-17 months and then declines to 65 percent among those aged 18-23 months. The proportions of children who met the criteria did not vary by sex of the child. On the other hand, urban and rural children were more likely to be fed according to all of the IYCF practices than their counterparts in the estate sector (64 and 62 percent versus 50 percent, respectively). There are no large regional differences in feeding practices. The proportions of children fed in accordance with the recommended IYCF practices increases with the levels of education of the mother and with wealth of the households (three fourth among the most educated and richest households compared to less than half of the mothers with primary education or in the poorest of the quintiles, Table 11.7).



Table 11.7 Infant and young child feeding (IYCF) practices

Percentage of youngest children age 6-23 months living with their mother who are fed according to three IYCF feeding practices based on breastfeeding status, number of food groups, and times they are fed during the day or night preceding the survey, by background characteristics, Sri Lanka 2016

Background characteristic	Among breastfed children 6-23 months, percentage fed:					Among non-breastfed children 6-23 months, percentage fed:					Among all children 6-23 months, percentage fed:				
	4+ food groups ¹	Minimum meal frequency ²	Minimum meal frequency	Number of children 6-23 months	Milk or milk products ³	4+ food groups ¹	Minimum meal frequency ⁴	With 3 IYCF practices ⁵	Number of non-breastfed children 6-23 months	Breast-milk, or milk products ⁶	4+ food groups ¹	Minimum meal frequency ⁷	With 3 IYCF practices	Number of all children 6-23 months	
Age in months															
6-8	52.0	82.0	45.1	399	*	*	*	*	5	100.0	52.3	82.2	45.2	404	
9-11	69.9	83.3	59.5	364	*	*	*	*	16	99.1	70.1	83.7	59.5	381	
12-17	77.9	87.9	70.4	722	(63.6)	(92.3)	(87.3)	(49.8)	43	97.9	78.7	87.8	69.2	766	
18-23	77.6	88.0	68.6	651	67.7	86.0	86.1	38.6	87	96.2	78.6	87.8	65.1	738	
Sex															
Male	71.4	86.0	63.1	1,099	73.1	84.7	82.2	46.6	67	98.5	72.2	85.8	62.1	1,165	
Female	71.8	86.1	63.5	1,039	65.4	87.3	91.9	43.1	85	97.4	73.0	86.5	61.9	1,123	
Residence															
Urban	76.8	84.4	66.7	307	(66.8)	(85.8)	(86.6)	(43.0)	43	95.9	77.9	84.7	63.8	350	
Rural	71.0	86.6	63.3	1,732	70.2	88.6	88.3	47.3	103	98.3	72.0	86.7	62.4	1,835	
Estate	65.0	81.4	52.5	98	*	*	*	*	5	98.0	63.7	81.5	50.1	103	
District															
Colombo	85.7	89.2	77.5	180	(71.5)	(87.7)	(96.4)	(51.6)	36	95.2	86.0	90.4	73.2	216	
Gampaha	81.4	83.4	69.7	180	*	*	*	*	20	96.0	82.4	82.8	66.7	200	
Kalutara	83.0	88.5	73.2	142	*	*	*	*	7	100.0	83.7	88.1	73.4	149	
Kandy	58.8	85.0	52.6	141	*	*	*	*	7	99.3	59.8	85.7	53.2	148	
Matale	74.3	97.5	74.3	45	*	*	*	*	1	100.0	74.8	97.6	72.7	46	
Nuwaraeliya	73.0	80.6	61.9	76	*	*	*	*	4	96.7	71.7	79.3	59.0	80	
Galle	74.7	90.6	68.1	120	*	*	*	*	2	100.0	75.2	90.7	68.0	122	
Matara	80.7	91.5	76.2	96	*	*	*	*	5	96.6	81.7	90.8	74.1	101	
Hambantota	78.9	79.9	64.3	71	*	*	*	*	2	97.8	79.3	80.4	62.9	73	
Jaffna	53.6	80.5	42.1	48	*	*	*	*	9	98.3	59.4	81.8	42.6	58	
Mannar	(66.2)	(87.2)	(57.8)	7	*	*	*	*	1	(94.4)	(68.5)	(83.5)	(54.8)	8	
Vavuniya	(41.1)	(33.3)	(14.5)	14	*	*	*	*	2	96.1	45.0	38.6	12.4	16	
Mullaivivu	(53.6)	(91.6)	(47.5)	10	*	*	*	*	1	98.1	53.7	90.4	45.6	11	
Killinochchi	(36.5)	(80.7)	(32.9)	9	*	*	*	*	2	(91.1)	(40.6)	(78.7)	(31.5)	10	
Batticaloa	48.4	74.5	38.6	60	*	*	*	*	10	94.9	49.1	74.5	36.4	70	
Ampara	63.1	74.2	56.2	83	*	*	*	*	11	98.2	67.0	76.6	58.3	94	
Trincomalee	58.8	67.9	46.3	40	*	*	*	*	3	95.7	58.8	67.9	45.1	43	
Kurunegala	65.0	90.5	59.9	207	*	*	*	*	4	98.9	65.7	90.7	59.1	212	
Puttalam	71.6	91.8	63.4	84	*	*	*	*	4	98.1	73.1	90.3	62.2	89	
Anuradhapura	67.6	95.2	66.2	118	*	*	*	*	4	98.6	68.6	95.3	65.9	122	
Polonnaruwa	68.7	88.6	62.9	55	*	*	*	*	2	100.0	69.8	89.1	62.6	57	
Badulla	66.9	87.5	58.1	67	*	*	*	*	2	100.0	65.4	87.9	56.8	70	
Monaragala	69.9	94.2	65.6	63	*	*	*	*	4	95.8	71.5	94.5	61.9	67	
Ratnapura	75.3	95.5	72.5	128	*	*	*	*	3	99.2	75.8	95.6	71.1	131	
Kegalle	74.6	62.3	45.5	91	*	*	*	*	5	99.6	76.0	64.3	48.0	96	
Mother's education															
No education	*	*	*	13	*	*	*	*	2	*	*	*	*	15	
Passed Grade 1-5	63.6	76.8	48.4	58	*	*	*	*	6	96.9	63.6	76.0	46.2	64	
Passed Grade 6-10	64.7	86.9	58.0	935	(75.1)	(79.5)	(83.3)	(36.3)	38	99.0	65.3	86.7	57.1	973	
Passed G.C.E.(O/L) or equivalent	73.0	84.1	63.6	441	(57.8)	(86.9)	(88.2)	(40.2)	27	97.6	73.8	84.3	62.3	468	
Passed G.C.E.(A/L) or equivalent	80.8	85.3	70.8	552	66.0	89.9	89.6	46.9	56	96.9	81.6	85.7	68.6	608	
Degree and above	83.4	92.0	76.0	139	*	*	*	*	21	96.8	85.6	92.2	74.6	160	
Wealth quintile															
Lowest	56.5	84.0	48.6	395	(65.1)	(70.0)	(84.0)	(23.0)	25	97.9	57.3	84.0	47.1	420	
Second	67.5	84.4	60.2	440	(69.9)	(58.6)	(70.2)	(22.6)	17	98.9	67.1	83.9	58.8	457	
Middle	68.9	85.0	60.0	444	*	*	*	*	22	98.3	70.1	84.8	59.3	466	
Fourth	79.1	87.5	70.6	466	(72.3)	(87.8)	(96.7)	(56.2)	28	98.4	79.6	88.0	69.7	494	
Highest	85.7	89.2	76.5	392	70.0	96.7	92.3	54.3	59	96.1	87.1	89.6	73.6	451	
Total	71.6	86.0	63.3	2,137	68.8	86.2	87.6	44.6	152	97.9	72.6	86.1	62.0	2,289	

¹ Food groups: a. infant formula, milk other than breast milk, cheese or yogurt or other milk products; b. foods made from grains, roots, and tubers, including porridge and fortified baby food from grains; c. vitamin A-rich fruits and vegetables (and red palm oil); d. other fruits and vegetables; e. eggs; f. meat, poultry, fish, and shellfish (and organ meats); g. legumes and nuts.

² For breastfed children, minimum meal frequency is receiving solid or semi-solid food at least twice a day for infants 6-8 months and at least three times a day for children 9-23 months

³ Includes two or more feedings of commercial infant formula, fresh, tinned, and powdered animal milk, and yogurt

⁴ For non-breastfed children aged 6-23 months, minimum meal frequency is receiving solid or semi-solid food or milk feeds at least four times a day

⁵ Non-breastfed children aged 6-23 months are considered to be fed with a minimum standard of three Infant and Young Child Feeding Practices if they receive other milk or milk products at least twice a day, receive the minimum meal frequency, and receive solid or semi-solid foods from at least four food groups not including the milk or milk products food group

⁶ Breastfeeding, or not breastfeeding and receiving two or more feedings of commercial infant formula, fresh, tinned and powdered animal milk, and yogurt

⁷ Children are fed the minimum recommended number of times per day according to their age and breastfeeding status as described in footnotes 2 and 4

Table 11.7.1. Infant and young child feeding (IYCF) practices according to DHS-V calculation

Percentage of youngest children aged 6-23 months living with their mother who are fed according to three IYCF practices based on breastfeeding status, number of food groups, and times they are fed during the day or night preceding the survey, by background characteristics, Sri Lanka, 2016

Background characteristic	Among breastfed children 6-23 months, percentage fed:			Among non-breastfed children 6-23 months, percentage fed:				Among all children 6-23 months, percentage fed:						
	3+ food groups ¹	Minimum meal frequency ²	Both 3+ food groups and minimum meal children 6-23 months	Number of breastfed children 6-23 months	Milk or milk products ³	4+ food groups ¹	Minimum meal frequency ⁴	With 3 IYCF practices ⁵	Number of non-breastfed children 6-23 months	Breast milk, milk or milk products ⁶	3+ or 4+ food groups ⁷	Minimum meal frequency ⁸	With all 3 IYCF practices	Number of all children 6-23 months
Total	89.6	86.0	78.6	2,137	89.5	86.9	62.3	52.5	152	99.3	89.4	84.4	76.9	2,289

¹ Food groups: a. infant formula, milk other than breast milk, cheese or yogurt or other milk products; b. foods made from grains, roots, and tubers, including porridge and fortified baby food from grains; c. vitamin A-rich fruits and vegetables (and red palm oil); d. other fruits and vegetables; e. eggs; f. meat, poultry, fish, and shellfish (and organ meats); g. legumes and nuts; h. foods made with oil, fat, or butter.

² For breastfed children, minimum meal frequency is receiving solid or semi-solid food at least twice a day for infants 6-8 months and at least three times a day for children 9-23 months

³ Includes at least one feeding of commercial infant formula, fresh, tinned and powdered animal milk, yogurt, cheese and other milk products

⁴ For non-breastfed children aged 6-23 months, minimum meal frequency is receiving solid or semi-solid food at least four times a day

⁵ Non-breastfed children aged 6-23 months are considered to be fed with a minimum standard of three Infant and Young Child Feeding Practices if they receive other milk or milk products at least once a day, receive solid or semi-solid foods at least four times a day, and receive solid or semi-solid foods from at least four food groups (including the milk or milk products food group)

⁶ Breastfeeding or not breastfeeding and receiving two or more feedings of commercial infant formula, fresh, tinned, and powdered animal milk, and yogurt

⁷ At least 3 food groups for breastfed children and at least 4 food groups for non-breastfed children

⁸ Fed solid or semi-solid food at least twice a day for infants 6-8 months, at least 3 times for other breastfed children, and at least 4 times for non-breastfed children

11.7 PRESENCE OF IODIZED SALT IN HOUSEHOLDS

Iodine is an important micronutrient and dietary iodine deficiencies are a major public health concern worldwide. A lack of sufficient iodine is known to cause goiter, cretinism (a severe form of neurological defect), spontaneous abortion, premature birth, infertility, stillbirth and increased child mortality. Iodine deficiency disorder is the most common cause of preventable mental retardation and brain damage in the world. In the 2016 SLDHS all visited households were requested to provide a sample of the salt used for cooking to test the level of iodine. The iodine testing was successfully completed in 96 percent of the households included in the sample of the 2016 SLDHS. The remaining 4 percent of the households did not have salt in the household at the time of the survey (Table 11.8).

The results of testing the salt indicate that over ninety-five percent of households have salt with some iodine, a percentage that is very similar across sectors of residence. However, at the district level, the testing found that less than ninety percent of households in Batticaloa and Puttalam Districts had adequately iodized salt (only 85 percent each). The percentage with iodized salt is also greater in the richest households than among the poorest 20 percent of the households.



Table 11.8 Presence of iodized salt in household

Among all households, the percentage with salt tested for iodine content and the percentage with no salt in the household; and among households with salt tested, the percentage with iodized salt, according to background characteristics, Sri Lanka 2016

Background characteristic	Among all households, the percentage		Among households with tested salt:		
	With salt tested	With no salt in the household	Number of households	Percentage with iodized salt	Number of households
Residence					
Urban	96.3	3.7	4,309	95.9	4,148
Rural	96.3	3.7	21,778	95.0	20,964
Estate	95.4	4.6	1,122	96.1	1,071
District					
Colombo	96.8	3.2	2,722	97.3	2,635
Gampaha	95.4	4.6	2,815	93.8	2,684
Kalutara	97.2	2.8	1,618	96.3	1,572
Kandy	93.6	6.4	1,872	96.3	1,752
Matale	94.7	5.3	720	98.0	682
Nuwara Eliya	95.2	4.8	895	97.9	852
Galle	94.0	6.0	1,461	94.8	1,373
Matara	97.3	2.7	1,107	94.3	1,077
Hambantota	93.3	6.7	846	99.3	789
Jaffna	98.1	1.9	720	98.4	706
Mannar	99.1	0.9	126	97.9	125
Vavuniya	98.3	1.7	199	94.9	196
Mullaitivu	94.8	5.2	116	96.3	110
Kilinochchi	98.3	1.7	141	95.8	139
Batticaloa	99.2	0.8	699	85.1	693
Ampara	98.9	1.1	909	98.7	898
Trincomalee	97.1	2.9	507	96.1	492
Kurunegala	95.9	4.1	2,416	92.3	2,317
Puttalam	92.9	7.1	1,007	85.0	936
Anuradhapura	98.3	1.7	1,245	94.5	1,224
Polonnaruwa	95.3	4.7	577	98.9	550
Badulla	94.7	5.3	1,114	95.7	1,056
Moneragala	98.4	1.6	678	97.6	668
Ratnapura	98.5	1.5	1,567	98.0	1,543
Kegalle	98.1	1.9	1,134	92.6	1,113
Wealth quintile					
Lowest	92.2	7.8	6,149	93.5	5,670
Second	96.2	3.8	5,504	94.5	5,294
Middle	97.5	2.5	5,301	95.2	5,170
Fourth	97.8	2.2	5,164	95.9	5,050
Highest	98.2	1.8	5,094	97.1	5,000
Total	96.2	3.8	27,210	95.2	26,183

11.8 MICRONUTRIENT INTAKE AMONG CHILDREN

Micronutrient deficiency is a major contributor to childhood morbidity and mortality. Children receive micronutrients from food, food fortification and direct supplementation. The 2016 SLDHS collected information on consumption of foods rich in vitamin A and iron and the coverage status of children receiving vitamin A mega dose capsules, iron supplements (syrup) and a deworming medication.

Vitamin A is an essential micronutrient for the immune system that plays an important role in maintaining the epithelial tissue in the body. Severe vitamin A deficiency (VAD) can cause eye damage. VAD can also increase the severity of infections, such as measles and diarrheal diseases in children and slow recovery from illness. Vitamin A is found in breast milk, other milk, liver, egg yolk, fish, butter, mangoes, papayas, carrots, pumpkins and dark green leafy vegetables. The human liver can store an adequate amount of the vitamin for four to six months.

Table 11.9.1 Micronutrient intake among children

Among all children aged 6-59 months who are living with their mother, the percentages who consumed vitamin A-rich and iron-rich foods in the day or night preceding the survey, by background characteristics, Sri Lanka 2016

Background characteristic	Among youngest children aged 6-23 months living with the mother:			Among all children aged 24-59 months living with the mother:		
	Percentage who consumed foods rich in vitamin A in last 24 hours ¹	Percentage who consumed foods rich in iron in last 24 hours ²	Number of children	Percentage who consumed foods rich in vitamin A in last 24 hours ¹	Percentage who consumed foods rich in iron in last 24 hours ²	Number of children
Sex						
Male	93.0	60.4	1,165	89.2	60.2	2,525
Female	91.6	57.9	1,123	89.6	61.1	2,272
Breastfeeding status						
Breastfeeding	91.9	57.9	2,137	93.5	61.4	1,918
Not breastfeeding	97.7	76.5	152	86.6	60.2	2,879
Mother's age at birth						
15-19	(83.1)	(42.7)	44	*	*	11
20-29	91.1	59.4	1,032	86.2	58.5	1,611
30-39	93.7	59.9	1,116	90.4	61.7	2,728
40-49	93.8	55.1	96	94.6	62.2	446
Residence						
Urban	91.5	69.3	350	89.7	70.4	742
Rural	92.5	58.1	1,835	89.5	59.4	3,852
Estate	91.4	44.5	103	86.7	48.9	203
District						
Colombo	96.4	65.0	216	89.6	66.9	392
Gampaha	94.6	69.8	200	88.6	64.0	466
Kalutara	96.6	67.7	149	91.7	64.4	300
Kandy	83.7	42.1	148	81.3	44.9	354
Matale	93.4	47.6	46	89.1	49.4	141
Nuwara Eliya	94.7	44.5	80	87.2	45.7	166
Galle	92.6	51.7	122	85.0	65.9	259
Matara	90.5	58.7	101	89.5	62.6	192
Hambantota	88.6	55.5	73	87.1	59.5	150
Jaffna	86.8	57.2	58	88.5	53.1	120
Mannar	(98.6)	(94.0)	8	92.4	79.6	28
Vavuniya	79.5	58.2	16	93.4	68.8	39
Mullaitivu	86.7	68.0	11	86.9	63.7	23
Kilinochchi	(80.3)	(54.4)	10	84.6	63.7	29
Batticaloa	78.5	69.7	70	89.3	72.7	148
Ampara	84.3	75.0	94	89.3	78.6	217
Trincomalee	91.6	73.6	43	85.2	76.3	114
Kurunegala	93.4	50.9	212	92.7	56.0	384
Puttalam	93.3	62.7	89	94.0	64.8	171
Anuradhapura	96.5	67.2	122	96.4	70.4	251
Polonnaruwa	93.0	53.5	57	91.4	50.2	101
Badulla	94.4	41.9	70	89.9	48.2	189
Moneragala	97.4	67.3	67	88.2	58.2	138
Ratnapura	90.8	51.1	131	89.7	49.3	247
Kegalle	100.0	61.6	96	94.0	64.2	177
Mother's education						
No education	*	*	15	(89.9)	(45.6)	34
Passed Grade 1-5	92.9	56.7	64	83.2	55.6	192
Passed Grade 6-10	90.0	53.2	973	87.4	56.3	2,115
Passed G.C.E.(O/L) or equivalent	92.4	59.2	468	90.3	62.1	1,118
Passed G.C.E.(A/L) or equivalent	94.5	66.7	608	92.5	67.0	1,089
Degree and above	98.2	69.3	160	93.0	69.3	249
Wealth quintile						
Lowest	87.5	53.5	420	85.2	54.1	1,007
Second	90.6	53.6	457	90.2	55.6	996
Middle	92.6	56.1	466	88.7	56.5	944
Fourth	93.9	64.0	494	91.2	65.4	1,026
Highest	96.4	68.0	451	92.0	73.5	824
Total	92.3	59.2	2,289	89.4	60.7	4,797

Note : An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed and figures in parentheses are based on 25 – 49 unweighted cases

na = Not applicable

¹ Includes meat (and organ meat), fish, poultry, eggs, pumpkin, orange or yellow yams or squash, carrots, yellow sweet potatoes, dark green leafy vegetables, mango, papaya, and other locally grown fruits and vegetables that are rich in vitamin A

² Includes meat (including organ meat), fish, poultry and eggs



According to Table 11.9.1 ninety-two percent of children aged 6-23 months consumed foods rich in vitamin A the day or night preceding the survey. The consumption of foods rich in vitamin A increases with wealth quintile. The consumption of vitamin A rich food the day or night before the survey also varies by district, pointing to the need to target those districts in which children are less protected (Vavuniya and Batticaloa, among others)

Among children aged 24-59 months, eighty-nine percent of children consumed foods rich in vitamin A the day or night preceding the survey. A larger percentage of breastfed children aged 24-59 months consumed foods rich in vitamin A than non-breastfed children in the same age group (94 percent vs 87 percent). Very little variations are observed in the proportion of children who consumed food rich in vitamin A by residence, wealth quintile and districts. Percentage of children aged 24-59 months who consumed foods rich in vitamin A is positively associated with mother’s age at birth and mother’s education.

Iron is essential for cognitive development and low iron intake can contribute to anemia. Iron requirements are greatest at the age of 6-23 months, when growth is extremely rapid. According to Table 11.9.1, three in five children (59 percent) consumed food rich in iron in the 24 hours prior to the survey. A higher percentage of children in urban areas consume food rich in iron than those in the rural or estates sector (69, 58 and 45 percent respectively).

Among children aged 24-59 months, sixty-one percent of children consumed food rich in iron in the previous 24 hours with a higher percentage in urban sector than in the rural or estate sector. (70, 59 and 49 percent respectively). The highest percentages of children aged 24-59 months who consumed food rich in iron are observed among older mothers (62 percent) , the richest household (74 percent) and mothers with the highest educational level (69 percent).

Figure 11 .7 Percentage of consuming foods rich in vitamin A and iron by Age Groups

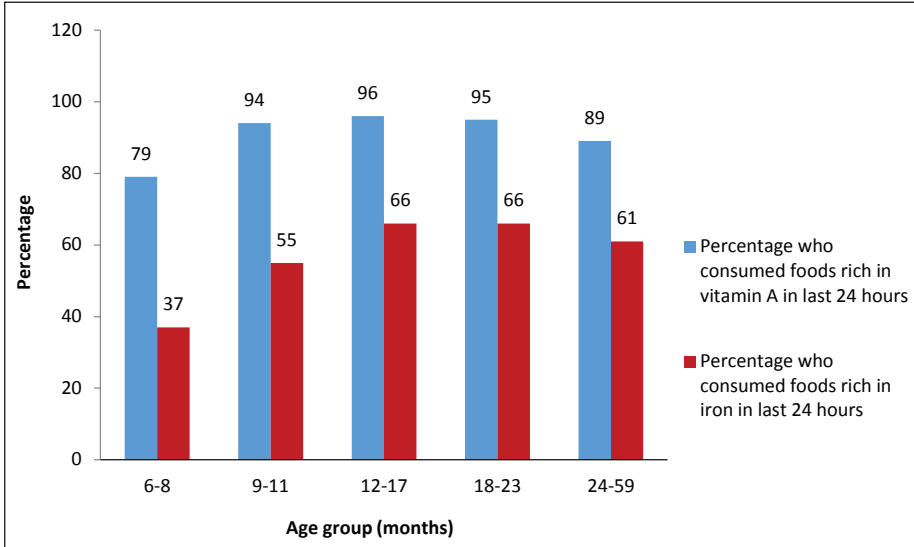


Figure 11.7 - shows the 2016 SLDHS results for infants and young children aged 6-59 months consuming foods rich in vitamin A and iron in the day or night preceding the survey. Trends of both consuming vitamin A rich foods and iron rich foods are positively associated with child age groups from 6 to 23 months. The proportions of children who consumed foods rich in vitamin A in the age group 24-59 months is less than the proportion of children in the age group 18-23 months.

Table 11.9.2 Micronutrient intake among children

Among all children 6-59 months, the percentages who were given vitamin A supplements in the six months preceding the survey, who were given iron syrup in the past fourteen days, and who were given deworming medication in the six months preceding the survey, and among all children aged 6-59 months who live in households that were tested for iodized salt, the percentage who live in households with iodized salt, by background characteristics, Sri Lanka 2016

Background characteristic	Among all children aged 6-59 months:			Number of children	Among children aged 6-59 months living in households tested for iodized salt	
	Percentage given iron syrup in past 14 days ¹	Percentage given vitamin A supplements in past 6 months ²	Percentage given deworming medication in past 6 months ³		Percentage living in households with iodized salt ⁴	Number of children
Sex						
Male	7.3	54.7	65.7	3,844	95.6	3,790
Female	7.8	55.7	64.7	3,545	95.0	3,483
Breastfeeding status						
Breastfeeding	7.7	59.6	58.6	4,107	95.2	4,042
Not breastfeeding	7.3	49.7	73.4	3,282	95.5	3,231
Mother's age at birth						
15-19	12.3	60.2	43.6	56	98.3	54
20-29	7.1	57.0	62.1	2,738	95.1	2,691
30-39	7.7	54.2	67.0	4,034	95.5	3,976
40-49	7.7	53.0	69.6	562	94.4	551
Residence						
Urban	11.6	52.9	62.3	1,149	95.0	1,133
Rural	6.9	55.8	65.7	5,914	95.3	5,819
Estate	4.2	52.0	65.3	326	97.2	321
District						
Colombo	9.0	39.3	60.8	634	96.3	626
Gampaha	5.2	56.9	65.3	707	93.0	700
Kalutara	4.2	34.6	69.6	466	94.6	466
Kandy	4.5	45.7	59.6	519	95.7	503
Matale	5.3	74.6	82.3	191	97.7	187
Nuwara Eliya	4.2	50.0	70.5	253	98.5	247
Galle	5.2	47.8	60.6	392	94.9	382
Matara	5.1	76.1	72.9	309	95.7	308
Hambantota	1.5	66.9	72.0	232	100.0	226
Jaffna	14.4	53.8	60.8	193	99.5	187
Mannar	4.1	40.4	74.8	39	99.6	38
Vavuniya	11.0	39.2	43.5	58	94.8	58
Mullaitivu	1.6	68.7	50.6	35	97.8	34
Kilinochchi	13.3	64.9	62.4	41	95.5	41
Batticaloa	42.9	63.7	66.0	228	89.6	227
Ampara	9.9	70.0	60.2	323	98.9	323
Trincomalee	19.0	43.2	66.1	164	97.2	164
Kurunegala	5.3	37.8	64.1	618	92.7	604
Puttalam	10.0	64.7	51.2	270	82.4	255
Anuradhapura	5.9	53.3	60.2	385	95.5	377
Polonnaruwa	5.4	70.1	75.7	161	98.9	159
Badulla	4.9	61.7	69.7	275	95.9	265
Moneragala	7.8	69.1	69.0	217	97.2	216
Ratnapura	3.7	79.6	75.7	396	98.8	396
Kegalle	6.9	65.3	61.0	283	95.2	283
Mother's education						
No education	6.3	65.6	53.1	53	90.2	52
Passed Grade 1-5	7.9	57.7	58.8	271	94.7	265
Passed Grade 6-10	7.3	55.3	65.9	3,219	94.4	3,173
Passed G.C.E. (O/L) or equivalent	8.4	52.9	65.3	1,640	95.1	1,614
Passed G.C.E. (A/L) or equivalent	6.9	57.2	66.0	1,776	97.0	1,743
Degree and above	8.6	51.9	62.1	431	96.8	426
Wealth quintile						
Lowest	8.1	55.3	63.5	1,495	93.8	1,459
Second	6.8	56.4	65.5	1,520	94.1	1,492
Middle	7.1	55.1	67.4	1,460	95.4	1,440
Fourth	7.4	55.7	65.7	1,587	96.2	1,567
Highest	8.2	53.3	63.7	1,328	97.2	1,314
Total	7.5	55.2	65.2	7,389	95.3	7,273

¹ Based on mother's recall

² Based on both mother's recall and the Child Health Development Record (where available)

³ Deworming for intestinal parasites is commonly done for helminthes and for schistosomiasis.

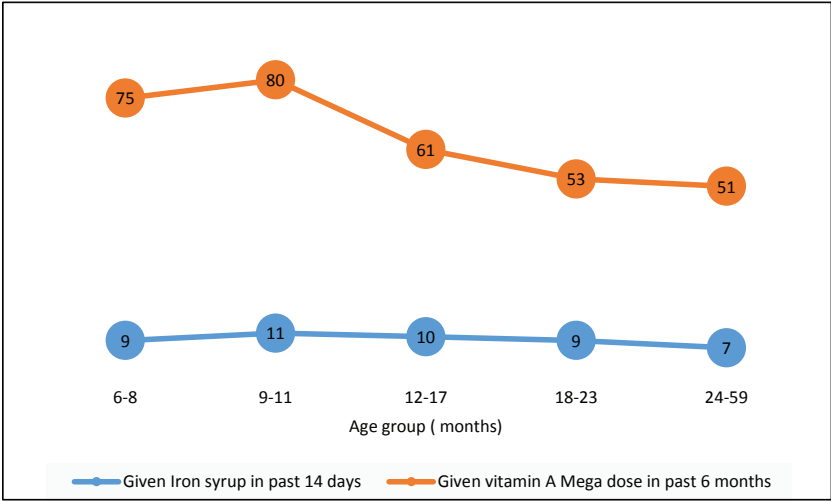
⁴ Excludes children in households in which salt was not tested.



According to Table 11.9.2 eight percent of all children aged 6-59 months were given iron syrup in the fourteen days preceding the survey. Greater variation in the coverage of giving iron syrup in the past 14 days is observed in Batticaloa with the highest coverage of 43 percent compared to percentages in Mullaitivu and Hambantota Districts (2 percent).

Periodic dosing (every six months) of vitamin A is one method of ensuring that children at risk do not develop VAD. Table 11.9.2 also shows that more than half of the children aged 6-59 months were given vitamin A (55 percent) in the past six months. There are only slight differences in the proportion of children receiving vitamin A by background characteristics.

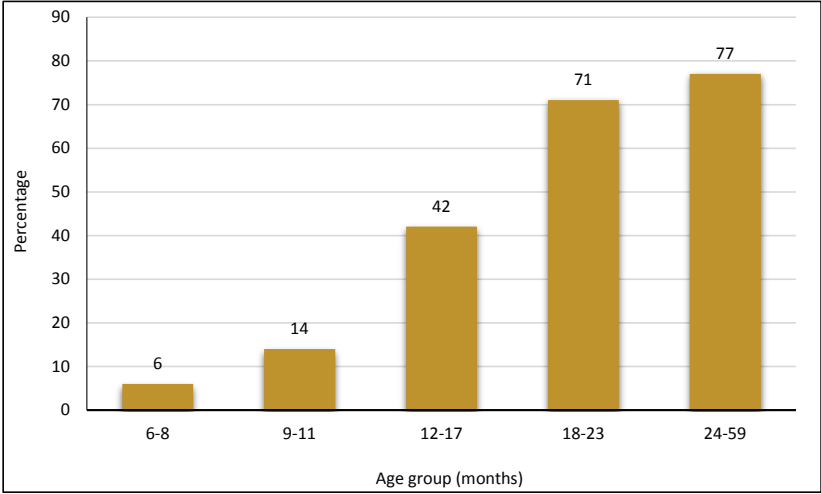
Figure 11.8 Percentage given Iron syrup and Vitamin A by age group



According to figure 11.8, there are no large differences among percentages of children given iron syrup in past 14 days (around 9 percent to 11 percent) up to age group 18-23 months after which it reduces to 7 percent in age group 24-59 months. Over 80 percent of children have been given vitamin A before their first birthday. Fifty-one percent of children aged 24-59 months of age received vitamin A in the past six months.

Periodic deworming for organisms such as helminthes can improve children’s micronutrient status. Sixty-five percent of children received deworming medication in the six months before the survey. The likelihood of receiving deworming medication increases with the child’s age. (see figure 11.9) However it must be noted here that the preventive periodic deworming programme starts from the age of 18 months.

Figure 11.9 Percentage given deworming medication by age groups



As mentioned in the previous section, iodine deficiency, most frequently caused by inadequate iodine intake, has serious effects on physical growth and mental development. Fortification of salt with iodine is the most common method of preventing iodine deficiency. Over ninety-five percent of children aged 6-59 months live in households with adequately iodized salt. There are few differentials in this figure by background characteristics. The percentage of children living in households that use adequately iodized salt is lowest in the Puttalam District (eight-two percent).

11.9 NUTRITIONAL STATUS OF WOMEN

Low pre-pregnancy BMI and short stature of women are risk factors for poor birth outcomes and delivery complications. The height of a woman is associated with past socio-economic status and nutrition during childhood and adolescence. The cut-off point at which mothers can be considered at-risk because of short stature is normally taken as below 145 cm. In developing countries being underweight during pregnancy is the leading risk factor for preventable death and diseases (WHO, 2002).

The BMI is used to measure underweight or obesity. It is expressed as weight in kilograms divided by height in meters squared (kg/m^2). A cut-off point of 18.5 is used to define thinness or acute under-nutrition. A BMI of 25 or above usually indicates being overweight, and 29.9 or above indicates obesity (WHO, 1995). The prevalence of overweight women is a concern because it predisposes them to a wide range of health problems such as diabetes and heart disease, as well as poor birth outcomes. On the other end of the continuum, chronic energy deficiency of women leads to low work productivity and reduced resistance to illness. In the 2016 SLDHS measurements of weight and height was obtained for the majority of the ever-married women included in the sample (92 percent).

Tables 11.10 presents the mean values of the two indicators of nutritional status and the proportion of women falling into high-risk categories according to their background characteristics. Respondents for whom there was no information on height and/or weight, or for whom the values obtained were implausible, are excluded from this analysis. The data analysis on BMI is based on 16,806 ever-married women, while the height analysis is based on 17,888 ever-married women aged 15-49 years (98 percent).

11.9.1 HEIGHT OF WOMEN

In 2016, 7 percent of ever-married women fall below the cut-off of 145 cm. This value is slightly lower than the approximately 11 percent reported in 2006. Small stature is higher among women 40 and older than those under that age. The prevalence of shortness decreases as women's education and household wealth increase (11 percent among the poorest quintile compared to only 4 percent for the richest quintile).

The prevalence of short stature among ever-married women in the estate sector is three times higher than that observed among those residing in the urban sector (15 and 5 percent, respectively). Variations are also observed across districts, with higher percentages of women below 145 cm in Nuwara-Eliya (13 percent) and Ratnapura (15 percent).

11.9.2 BODY MASS INDEX (BMI) OF WOMEN

Body mass index (BMI)

BMI is calculated by dividing weight in kilograms by height in metres squared (kg/m^2). A BMI less than 18.5 indicates that the woman is too thin for her height and has a chronic energy deficiency. At the other end of the scale, women are considered overweight if their BMI falls between 25.0 and 29.9 and are obese if their BMI is greater than or equal to 30.0.

sample : Women age 15-49 who are not pregnant and who have not had a birth in the 2 months before the survey



The mean BMI for ever-married women age 15-49 years is 24.8. This value is an increase from 23.1 as measured in 2006-07. From the BMI distribution, we can see that only 46 percent of the ever-married women have a normal BMI (between 18.5 and 24.9). Of the 54 percent remaining, 9 percent are considered thin (BMI<18.5), 32 percent overweight (BMI between 25.0 and 29.9), and 13 percent obese (BMI of 30 or higher) (Table 11.10).

The prevalence of thinness varies with the place of residence of the woman (22 percent among ever-married women residing in the estates sector, compared to less than seven percent among those of the urban and rural sectors. Women in the districts of Ratnapura (15 percent) and Killinochci (14 percent) have the highest prevalence of thinness.

Most women who are thin are mildly thin (5 percent); however, 4 percent of women are moderately or severely thin (BMI<17), which indicates chronic energy deficiency. Moderate to severe thinness is highest in the youngest age group (11 percent). Women in the estate sector are three times as likely to be in this category as urban and rural woman. As with low stature, the prevalence of severe and moderate thinness decreases with the level of education of the woman and wealth of the household.

Forty-five percent of ever-married women are overweight or obese (BMI>25). The percentage of women who are overweight or obese increases with the age of the woman, their level of education, and the wealth of their households. Compared to 2006-07, the percentage of ever-married women overweight or obese has increased substantially. Thus, in the last ten years, the percentage of overweight women increased by 33 percent (from 24 percent in 2006-07 to 32 percent in 2016), while the percentage of obese ever-married women increased from 7 percent to 13 percent during the same period.

The prevalence of overweight and obesity is much higher among women living in the urban sector (36 percent and 20 percent, respectively) than in the rural or estates sectors. The prevalence of overweight and obesity is positively associated with the level of education of the woman and the wealth of the household in which they reside (Table 11.10). By district, the prevalence of overweight and obesity is at the highest points in Colombo (37 and 19 percent), Gampaha (35 and 16 percent), and in Mannar (39 and 16 percent).

Table 11.10 Nutritional status of women

Among ever married women aged 15-49, the percentage with height under 145 cm, mean Body Mass Index (BMI), and the percentage with specific BMI levels, by background characteristics, Sri Lanka 2016

Background characteristic	Height		Mean Body Mass Index (BMI)	Body Mass Index ¹							
	Percentage below 145 cm	Number of ever-married women		18.5-24.9 (Total normal)	<18.5 (Total thin)	17.0-18.4 (Mildly thin)	<17 (Moderately and severely thin)	>=25.0 (Total overweight or obese)	25.0-29.9 (Overweight)	>=30.0 (Obese)	Number of ever-married women
Age											
15-19	7.2	219	21.9	56.1	22.9	11.5	11.4	20.9	15.8	5.2	170
20-29	5.3	3,930	23.3	51.0	16.3	9.2	7.0	32.8	24.4	8.4	3,383
30-39	6.1	7,406	24.9	46.3	7.8	4.8	3.0	45.9	32.3	13.6	6,943
40-49	9.6	6,332	25.5	41.8	6.2	3.8	2.3	52.0	36.1	15.9	6,310
Residence											
Urban	5.2	2,790	26.1	38.6	5.6	3.0	2.6	55.8	35.8	20.1	2,629
Rural	7.2	14,427	24.6	46.6	9.1	5.5	3.6	44.2	31.9	12.4	13,558
Estate	14.9	671	22.2	54.6	22.0	12.7	9.3	23.4	17.3	6.1	620
District											
Colombo	5.8	1,703	26.1	39.0	4.6	2.7	1.9	56.4	37.1	19.4	1,604
Gampaha	4.8	1,832	25.4	42.2	6.6	3.9	2.7	51.2	35.1	16.1	1,718
Kalutara	7.2	1,095	24.8	45.9	9.0	5.6	3.3	45.1	31.3	13.8	1,043
Kandy	9.9	1,191	24.8	47.6	7.9	5.8	2.1	44.5	30.6	13.9	1,120
Matale	9.2	488	24.9	44.9	8.3	4.8	3.4	46.9	31.7	15.2	454
Nuwara Eliya	12.7	545	23.6	53.4	13.4	7.3	6.1	33.3	22.8	10.5	518
Galle	7.1	902	24.2	46.0	12.3	7.5	4.9	41.7	31.0	10.7	850
Matara	8.3	705	24.1	49.6	12.3	6.6	5.7	38.1	26.0	12.2	665
Hambantota	6.5	478	24.1	47.7	10.7	4.0	6.7	41.5	31.6	9.9	438
Jaffna	3.7	463	25.0	45.0	7.4	4.4	3.0	47.6	34.9	12.7	440
Mannar	3.0	81	25.4	37.8	7.6	4.1	3.5	54.6	38.6	15.9	75
Vavuniya	5.8	135	24.8	46.6	7.9	6.4	1.5	45.5	32.4	13.0	130
Mullaitivu	5.9	80	24.2	52.0	8.9	6.1	2.9	39.1	27.7	11.3	79
Kilinochchi	3.5	93	23.8	50.1	14.0	9.9	4.1	35.9	24.0	11.8	88
Batticaloa	6.1	528	25.0	40.7	10.7	5.4	5.3	48.7	31.8	16.9	496
Ampara	5.6	725	25.0	45.4	8.4	5.2	3.2	46.2	31.6	14.5	669
Trincomalee	8.0	351	25.5	41.0	7.4	4.6	2.9	51.5	33.5	18.0	324
Kurunegala	7.1	1,584	24.4	48.3	9.5	5.2	4.3	42.2	32.1	10.1	1,481
Puttalam	4.5	655	25.5	41.3	7.6	3.6	4.0	51.1	32.8	18.2	617
Anuradhapura	6.0	978	24.8	47.9	7.4	4.7	2.6	44.7	32.7	12.0	917
Polonnaruwa	5.9	392	24.1	49.3	12.0	6.3	5.6	38.7	26.6	12.1	360
Badulla	8.7	708	24.1	50.1	9.7	7.7	2.0	40.2	31.9	8.3	665
Moneragala	6.5	469	24.3	48.1	9.7	6.5	3.2	42.2	31.8	10.5	440
Ratnapura	11.8	1,073	23.7	46.2	15.2	8.9	6.2	38.6	29.7	8.9	1,022
Kegalle	7.7	634	24.5	48.8	8.5	5.3	3.2	42.8	32.1	10.7	594
Education											
No education	23.9	279	23.3	53.1	15.9	10.2	5.7	31.0	21.4	9.6	276
Passed Grade 1-5	14.2	1,229	24.4	44.8	13.3	7.3	6.0	41.9	27.3	14.6	1,202
Passed Grade 6-10	8.2	7,927	24.6	46.7	9.7	5.7	4.0	43.6	30.4	13.2	7,503
Passed G.C.E.(O/L) or equivalent	4.9	3,958	25.0	44.1	7.7	4.8	2.9	48.2	34.5	13.6	3,691
Passed G.C.E.(A/L) or equivalent	4.3	3,654	25.0	45.0	8.0	4.8	3.2	47.0	33.5	13.4	3,387
Degree and above	5.2	841	25.2	44.7	4.8	3.1	1.7	50.4	38.5	11.9	748
Wealth quintile											
Lowest	10.9	3,290	23.2	50.9	16.1	8.9	7.3	33.0	24.5	8.5	3,109
Second	8.8	3,600	24.2	48.5	11.4	6.8	4.6	40.1	28.8	11.3	3,399
Middle	6.8	3,748	24.7	47.1	8.1	5.2	2.9	44.8	32.4	12.4	3,524
Fourth	5.7	3,738	25.3	43.3	6.1	3.8	2.3	50.6	35.3	15.3	3,465
Highest	4.1	3,512	26.2	38.9	4.1	2.5	1.5	57.1	38.2	18.8	3,309
Total	7.2	17,888	24.8	45.7	9.1	5.4	3.7	45.3	31.9	13.3	16,806

Note: The Body Mass Index (BMI) is expressed as the ratio of weight in kilograms to the square of height in meters (kg/m²).

¹ Excludes pregnant women and women with a birth in the preceding 2 months

11.10 FOODS CONSUMED BY MOTHERS

Mother's consumption of a variety of nutritious foods influences the health condition of mothers and their children. Adequate amounts of carbohydrates, protein, fat, vitamins and minerals are required for a well-balanced diet. The 2016 SLDHS includes a set of questions to inquire about the type of foods consumed by mothers of children under 3 years of age, during the day or night preceding the interview. Food consumption was obtained with a 24-hour dietary recall.



Eighty-eight percent of mothers had eaten vitamin A rich food, and 62 percent had eaten animal protein (other than dairy). Sixty-nine percent of women ate legumes or legume –based food in the previous day. The consumption of animal protein (other than dairy) increases with the level of education of the mother and wealth of the household. In the estate sector, the consumption of all protein sources such as milk, meat/fish/poultry/ eggs, legumes and cheese/ yogurt is lower than in urban and rural areas. Sugary foods and foods made with oil/fat/butter are most commonly consumed by the mothers in urban sectors rather than rural or estate sector mothers. Mothers in the lowest wealth quintile have less variety in their diets than those in the highest wealth quintile, a diet that is particularly deficient in the consumption of cheese/yogurt. The consumption of cheese/yogurt in the highest wealth quintile mothers is approximately 3 times of that of the lowest wealth quintile.

Table 11.11 Foods consumed by mothers in the day or night preceding the interview
Among mothers aged 15-49 with a child under age three years living with them, the percentage who consumed specific types of foods in the day or night preceding the interview, by background characteristics, Sri Lanka 2016

Background characteristic	Liquids			Solid or semi-solid foods										Number of women
	Milk	Tea/ coffee	Other liquids	Foods made from grains	Foods made from roots/ tubers	Foods made from legumes	Meat/ fish/ shellfish/ poultry/ eggs	Cheese/ yogurt	Vitamin A - rich fruits/ vegetables	Other fruits/ vegetables	Other solid or semi-solid food	Foods made with oil/ fat/ butter	Sugary foods	
Age														
15-19	17.7	87.3	31.9	96.5	53.9	64.2	55.5	20.3	85.4	43.2	89.0	49.4	25.6	70
20-29	18.0	89.9	26.9	95.6	53.1	68.1	61.7	21.2	87.5	50.3	88.9	45.5	27.3	1,952
30-39	18.6	91.8	23.7	95.9	55.3	68.8	63.4	22.1	89.1	52.6	89.0	47.5	28.0	2,272
40-49	16.8	92.0	24.0	97.5	60.6	73.1	54.9	20.3	86.7	56.7	93.5	56.5	33.4	223
Residence														
Urban	23.2	89.4	34.9	94.1	55.1	64.3	73.7	26.6	85.2	50.8	83.4	49.6	35.5	708
Rural	17.5	91.2	23.5	96.4	54.6	69.5	60.6	21.1	89.2	51.8	90.4	46.7	26.4	3,620
Estate	14.5	92.7	21.5	93.6	52.0	68.0	47.4	12.6	81.1	52.6	86.8	45.6	28.9	189
District														
Colombo	17.3	90.5	39.0	96.7	58.1	68.1	71.1	29.6	88.9	49.2	83.1	53.1	37.5	412
Gampaha	15.1	91.5	25.8	98.7	55.7	72.6	63.8	23.4	85.1	50.8	87.1	56.1	26.2	383
Kalutara	10.4	97.8	15.8	98.9	56.5	86.1	61.7	17.2	92.4	63.9	86.5	44.5	15.0	285
Kandy	36.2	88.9	26.5	99.2	45.4	68.8	46.4	23.9	83.9	55.1	89.5	65.6	34.1	322
Matale	10.9	94.4	28.3	98.5	42.8	75.0	58.4	25.5	95.5	46.9	98.5	84.3	36.0	113
Nuwara Eliya	13.1	92.4	16.5	92.6	57.5	66.7	50.3	16.3	88.4	55.9	89.0	43.2	30.4	146
Galle	6.0	86.3	20.2	98.9	45.9	78.4	57.6	24.7	88.5	63.1	94.8	65.3	33.0	236
Matara	6.2	94.5	16.7	90.5	53.7	83.3	68.9	26.2	91.2	69.5	97.1	62.2	30.7	183
Hambantota	15.8	85.1	31.5	97.9	63.3	83.7	76.8	47.2	92.6	84.8	97.2	68.0	28.4	149
Jaffna	68.7	85.9	38.2	88.7	57.4	43.4	58.0	15.8	73.2	48.1	81.1	39.4	30.7	115
Mannar	48.9	80.0	33.6	94.3	46.9	36.5	87.9	20.8	69.0	30.1	83.4	56.4	25.1	20
Vavuniya	57.7	83.9	24.9	90.3	46.5	19.7	60.8	6.7	75.5	36.7	68.5	13.2	28.5	30
Mullaitivu	65.6	95.6	19.7	99.2	50.3	37.0	68.1	4.0	75.6	40.0	72.9	30.9	9.1	21
Kilinochchi	60.9	82.6	29.7	74.6	39.8	29.9	67.0	8.4	79.8	21.1	61.6	39.8	16.6	21
Batticaloa	35.7	92.6	28.2	94.1	53.5	38.9	80.9	19.1	78.7	44.1	80.8	16.5	41.6	137
Ampara	25.1	85.0	19.4	73.4	56.7	49.4	80.6	22.8	78.4	53.0	84.9	29.7	24.6	197
Trincomalee	20.5	83.4	44.1	95.0	54.4	34.7	86.7	19.4	78.9	58.0	88.5	19.4	24.5	106
Kurunegala	11.5	90.6	19.9	97.5	54.9	68.6	54.1	17.4	89.5	45.8	93.4	32.8	29.1	388
Puttalam	14.7	97.0	26.7	97.4	68.9	65.1	63.1	13.1	97.7	37.3	86.5	30.4	25.8	156
Anuradhapura	14.8	97.2	51.7	98.1	72.0	71.9	75.4	24.4	97.3	53.0	93.3	18.2	27.6	250
Polonnaruwa	30.9	88.2	12.7	97.8	58.0	66.3	58.7	20.3	94.4	40.8	94.0	51.4	30.0	114
Badulla	9.3	89.9	17.6	96.5	35.6	63.4	44.5	12.9	92.3	47.8	86.6	30.6	21.4	168
Moneragala	2.0	93.6	13.8	97.8	40.1	80.5	53.5	6.6	90.7	23.2	82.1	52.8	7.1	140
Ratnapura	20.0	92.4	16.2	100.0	49.3	77.8	50.5	17.5	82.1	61.0	95.2	66.9	33.3	249
Kegalle	4.3	88.9	14.3	95.9	65.7	74.3	53.6	24.4	98.1	28.3	92.9	46.0	12.9	178
Education														
No education	(16.0)	(98.3)	(6.0)	(100.0)	(58.8)	(63.3)	(46.8)	(8.1)	(69.3)	(31.7)	(73.0)	(49.9)	(20.5)	32
Passed Grade 1-5	17.9	90.6	22.6	91.1	39.6	59.9	56.4	11.8	74.6	41.3	78.8	38.3	27.7	143
Passed Grade 6-10	17.1	91.0	19.6	95.3	48.6	64.1	56.3	15.6	85.2	48.3	88.1	42.0	24.8	1,931
Passed G.C.E.(O/L) or equivalent	19.2	91.0	28.8	95.4	56.9	66.5	64.2	23.1	88.5	51.4	90.1	46.7	27.9	979
Passed G.C.E.(A/L) or equivalent	17.9	91.0	29.5	97.3	61.4	76.6	67.6	28.4	93.7	57.5	91.8	54.2	31.5	1,134
Degree and above	24.0	90.1	36.8	97.9	66.4	79.9	76.4	35.9	94.8	59.1	89.6	58.9	35.4	298
Wealth quintile														
Lowest	19.7	91.0	18.3	93.9	45.3	57.7	55.5	12.7	79.3	46.3	85.3	37.6	21.6	859
Second	17.9	89.7	22.3	95.8	50.3	66.7	55.7	14.3	87.0	47.2	89.3	41.2	22.9	903
Middle	17.3	91.6	24.5	95.7	57.5	70.0	58.5	18.4	89.6	52.5	92.0	48.6	30.1	905
Fourth	15.3	90.6	27.7	96.5	58.8	72.1	67.0	27.6	92.3	54.4	90.7	50.4	31.3	990
Highest	21.5	91.9	33.1	97.4	60.4	76.3	73.7	34.6	92.3	57.8	88.1	57.5	33.3	861
Total	18.2	90.9	25.2	95.9	54.6	68.7	62.1	21.6	88.2	51.7	89.2	47.1	27.9	4,518

Note: Foods consumed in the last "24-hour" period (yesterday and last night).
¹ Includes [list fruits and vegetables included in the questionnaire such as pumpkin, or yellow yams or squash, carrots, yellow sweet potatoes, green leafy vegetables, mangoes, papayas, and other locally grown fruits and vegetables that are rich in vitamin A]

11.11 MICRONUTRIENT INTAKE

AMONG MOTHERS

Low nutritional status is one of the most important health and welfare problems in Sri Lanka. Young children and women of reproductive age are especially vulnerable to nutritional deficits and micronutrient deficiencies. Micronutrient intake can improve the nutritional and immune status of pregnant women and consequently, prevent maternal and neonatal deaths. Micronutrient deficiencies during pregnancy may be caused by inadequate intake of meat, fruits and vegetables or by infections (WHO, 2011).

Parasitic infections may cause iron-deficiency anemia. Deworming during pregnancy is an effective preventive measure against this type of anemia and can improve both the health of the woman and her unborn child. In the 2016 SLDHS, all ever married women aged 15-49 with a birth in the five years preceding the survey were asked if they ever took any drug for intestinal worms during the pregnancy of their last birth. Table 11.12 shows that, overall, 97 percent of these women took deworming medication during the pregnancy of their last birth. This high percentage presents small variations by background characteristics of the mother, in particular for younger mothers (less than age 20) who appear to be more likely to take deworming medication during pregnancy than older women. No reasonable variations are observed among mother's residential sector nor in the wealth quintiles from lowest to highest.

Table 11.12 Micronutrient intake among mothers

Among ever-married women age 15-49 with a child born in the 5 years preceding the survey, percentage who took deworming medication during the pregnancy of the last child; and among women age 15-49 with a child born in the 5 years preceding the survey and who live in households that were tested for iodized salt, percentage who live in households with iodized salt, according to background characteristics, Sri Lanka 2016

Background characteristic	Percentage of women who took deworming medication during pregnancy of last birth	Number of women	Among women with a child born in the last five years, who live in households that were tested for iodized salt	
			Percentage living in households with iodized salt ¹	Number of women
Age				
15-19	100.0	75	98.7	74
20-29	97.3	2,727	95.3	2,684
30-39	96.6	3,788	95.6	3,734
40-49	97.0	548	94.2	538
Residence				
Urban	95.4	1,114	95.2	1,098
Rural	97.3	5,728	95.3	5,640
Estate	95.9	296	97.6	291
District				
Colombo	94.0	631	96.5	624
Gampaha	95.9	666	93.8	658
Kalutara	98.1	443	95.4	442
Kandy	93.9	489	96.4	474
Matale	98.8	192	97.5	188
Nuwara Eliya	97.0	232	98.7	229
Galle	98.5	380	94.8	372
Matara	98.7	291	95.1	290
Hambantota	99.5	233	100.0	228
Jaffna	96.2	170	99.5	165
Mannar	98.0	35	99.6	35
Vavuniya	96.6	53	95.6	53
Mullaitivu	99.8	32	97.6	31
Kilinochchi	97.0	40	93.9	39
Batticaloa	98.9	217	88.6	217
Ampara	99.4	305	98.6	304
Trincomalee	97.8	168	96.0	168
Kurunegala	98.7	613	92.4	598
Puttalam	97.8	262	83.7	248
Anuradhapura	99.3	369	96.0	363
Polonnaruwa	100.0	167	99.0	164
Badulla	98.3	271	95.0	263
Moneragala	98.3	208	97.6	208
Ratnapura	99.5	393	98.8	393
Kegalle	80.9	275	94.6	275
Education				
No education	93.9	51	92.2	49
Passed Grade 1-5	97.4	257	94.6	253
Passed Grade 6-10	97.9	3,104	94.6	3,059
Passed G.C.E.(O/L) or equivalent	96.6	1,608	95.2	1,581
Passed G.C.E.(A/L) or equivalent	96.4	1,706	96.9	1,679
Degree and above	92.6	413	97.1	408
Wealth quintile				
Lowest	96.5	1,413	93.6	1,382
Second	97.4	1,457	94.3	1,432
Middle	98.0	1,463	95.7	1,442
Fourth	97.6	1,524	96.3	1,505
Highest	94.7	1,280	97.1	1,268
Total	96.9	7,138	95.4	7,029

¹ Excludes women in households where salt was not tested.



- **Knowledge about HIV transmission and prevention:** Awareness of HIV/AIDS is almost universal in Sri Lanka. Ninety-three percent of ever-married women aged 15-49 have heard about HIV/AIDS.
- **Comprehensive knowledge:** Only 33 percent of ever-married women aged 15-49 have comprehensive knowledge about HIV/AIDS prevention and transmission.
- **HIV among young adults:** Among young (15-24) ever-married women, comprehensive knowledge about HIV/AIDS is very low (24%). Among ever-married women aged 18-24, 32% reported having their first sexual intercourse before age 18.
- **Knowledge of mother-to-child transmission:** Over 70 percent of ever-married women aged 15-49, are aware that HIV can be transmitted through breastfeeding (73 percent) and another 63 percent know that mother-to-child transmission (MTCT) can take place during delivery.
- **Coverage of HIV tests:** Only 10 percent of all ever-married women, were tested for HIV during the last 12 months before the survey and of those tested, only 73 percent received the results from the test.

Acquired immune deficiency syndrome (AIDS) is caused by the human immune deficiency virus (HIV), which weakens the immune system and makes the body susceptible to and unable to recover from other opportunistic diseases that can lead to death. The predominant modes of HIV transmission are through sexual contact; mother-to-child transmission, in which the mother passes the virus to her child during pregnancy, delivery, or breastfeeding; use of contaminated blood supplies for transfusions; and injections using contaminated needles or syringes.

Since the identification of the first HIV infected Sri Lankan in 1987, a cumulative total of 2,308 HIV positive persons have been reported up to the end of 2015. In 2015, 235 HIV cases had been reported to the National STD/AIDS control program (NSACP) which is responsible for coordinating, planning and implementing the HIV National Strategic Plan and the AIDS Policy in the country. However, the reported numbers represent only a fraction of HIV infected people in the country, as many infected persons may perhaps not be aware of their HIV status and in addition, stigma and discrimination towards HIV infected people adversely affect voluntary testing for HIV (2015, Annual Report NSACP).

HIV infection is not a notifiable condition in Sri Lanka. Therefore, HIV case reporting is not a robust method of knowing the HIV situation in the country. However, NSACP is one of the main sources of data available in the country. Since Western-Blot, the confirmatory test for HIV, is available only at the National reference laboratory of the NSACP, all confirmed HIV positive cases get reported. However, it is not uncommon to find incomplete basic epidemiological information about the infected persons. Further, another concern is 'double counting' as some persons get tested more than once after the initial test results reveal that they are HIV positive, in order to recheck their HIV status. However, NSACP has taken all possible efforts to avoid these errors by rechecking laboratory data.

The 2016 SLDHS questionnaire included a series of questions that ask about respondents' knowledge of HIV prevention, misconceptions about HIV transmission, and knowledge of mother to child transmission (MTCT) of HIV and means to prevent it. The survey also included questions relating to HIV testing such as whether the respondent had ever been tested for HIV and received results. Respondents were also asked their experiences with regard to symptoms of sexually transmitted infections (STIs) and their health seeking behaviors relating to STIs. The chapter also highlights HIV/AIDS knowledge and patterns of sexual behav-



ior among young people, since young adults are more likely to be in the process of establishing patterns of sexual behaviors and hence are the primary target of many prevention strategies.

In the survey, information was collected from ever-married women aged 15-49, about knowledge, attitudes and behaviors towards HIV/AIDS; and testing. Data are presented at the national level as well as within different subgroups according to background characteristics. Information provided in this chapter will be useful for service providers in identifying various socio-economic as well as geographic subgroups who are lacking knowledge on HIV/AIDS and hence are at risk of being infected.

12.1 HIV/AIDS KNOWLEDGE, TRANSMISSION, AND PREVENTION METHODS

12.1.1. AWARENESS OF HIV/AIDS

The 2016 SLDHS asked respondents whether they have heard of an illness called AIDS. Table 12.1 shows the percentage of ever-married women aged 15-49 who have heard of AIDS, by background characteristics. In Sri Lanka, knowledge of AIDS is virtually universal. There is no noticeable variation in awareness by respondents' background characteristics. This is consistent with the 2006-07 SLDHS. In the absence of a cure or a vaccine for HIV/AIDS, preventive measures contribute immensely to reducing the spread of the infection. This can be achieved only if individuals have accurate knowledge about the infection.

Although ever-married women from urban and rural areas have a very high awareness about HIV/AIDS (94 percent for both groups), only 60 percent of their counterparts living in the estate areas are aware of HIV/AIDS. Only 72 percent of ever-married women in Nuwaraeliya district—which predominantly consists of estates—have heard of the disease, compared with well over 90 percent of women in all the other districts (except Vavuniya, Killinochchi, and Batticaloa). Among ever-married women age 15-24, 90 percent have heard about HIV/AIDS, a very positive step toward progress in the prevention of HIV/AIDS.

Moreover, there is a positive association between the level of knowledge and both education level and household wealth.

Percentage of ever-married women age 15-49 who have heard of AIDS, by background characteristics, Sri Lanka 2016		
Background characteristic	Women	
	Have heard of AIDS	Number of respondents
Age		
15-24	90.2	1,639
15-19	83.3	229
20-24	91.4	1,410
25-29	93.9	2,620
30-39	93.9	7,560
40-49	91.7	6,483
Marital status		
Married/Living together	93.1	17,257
Divorced/Separated/Widowed	87.7	1,045
Residence		
Urban	95.5	2,855
Rural	93.8	14,737
Estate	60.4	710
District		
Colombo	97.6	1,731
Gampaha	97.3	1,845
Kalutara	94.9	1,104
Kandy	90.6	1,223
Matale	98.0	490
Nuwaraeliya	71.7	572
Galle	94.1	935
Matara	90.2	718
Hambantota	93.9	556
Jaffna	97.4	471
Mannar	93.2	81
Vavuniya	81.3	136
Mullaitivu	93.0	81
Killinochchi	77.2	94
Batticaloa	84.0	531
Ampara	93.2	731
Trincomalee	94.3	362
Kurunegala	93.7	1,592
Puttalam	94.7	664
Anuradhapura	93.0	984
Polonnaruwa	93.4	399
Badulla	80.6	735
Monaragala	93.8	485
Ratnapura	91.9	1,084
Kegalle	98.5	698
Education		
No education	52.9	285
Passed Grade 1-5	71.8	1,257
Passed Grade 6-10	91.7	8,130
Passed G.C.E.(O/L) or equivalent	96.9	4,044
Passed G.C.E.(A/L) or equivalent	99.3	3,731
Degree and above	99.6	856
Wealth quintile		
Lowest	80.4	3,390
Second	91.7	3,694
Middle	95.4	3,840
Fourth	97.1	3,817
Highest	98.4	3,561
Total 15-49	92.8	18,302

Knowledge of HIV/AIDS among women with higher education is almost universal, whereas only 53 percent of women who have no education have heard of HIV/AIDS. Although, this percentage has not changed since the 2006-07 SLDHS, the size of the “no education” category in the sample has substantially declined.

12.1.2 KNOWLEDGE OF HIV PREVENTION

Among adults, HIV is mainly transmitted through sexual contact between an infected partner and an uninfected partner. Most HIV/AIDS programs have been promoting mutual monogamy and using condoms as the primary ways of avoiding HIV infection. Understanding and effectively promoting these behaviors are crucially important in combating the spread of HIV/AIDS. In the 2016 SLDHS, if a respondent reported that she had heard of HIV/AIDS, she was asked questions on whether limiting sexual intercourse to one uninfected partner (being faithful), and correct and consistent use of condoms can reduce the chances of getting HIV/AIDS.

Table 12.2 shows that knowledge about condom use and limiting sexual partners as methods of avoiding HIV transmission is generally high and widespread. Almost 68 percent of ever-married women know that the risk of getting HIV can be reduced by using condoms. Seventy-nine percent of ever-married women know that limiting sexual intercourse to one uninfected partner can reduce the chances of contracting HIV. Sixty-three percent of ever-married women are aware of both of these prevention methods. Young ever-married women aged 15-19 are least likely among all age groups to be aware of both prevention methods (46 percent), an important finding for policy and program development.

Knowledge of HIV prevention is higher among women who are currently married than among those who are divorced, separated, or widowed. Compared with other sectors, knowledge is really low among ever-married women in the estate sector, less than 35 percent of whom know that the risk of getting HIV transmission can be reduced by using condoms, and only 40 percent of whom know it can be reduced by limiting sexual intercourse to one partner. Similarly, the lowest level of knowledge is observed in Trincomalee, Nuwaraeliya, Batticaloa and Badulla districts.



Table 12.2 Knowledge of HIV prevention methods

Percentage of women age 15-49 who, in response to prompted questions, say that people can reduce the risk of getting HIV by using condoms every time they have sexual intercourse, and by having one sex partner who is not infected and has no other partners, by background characteristics, Sri Lanka 2016

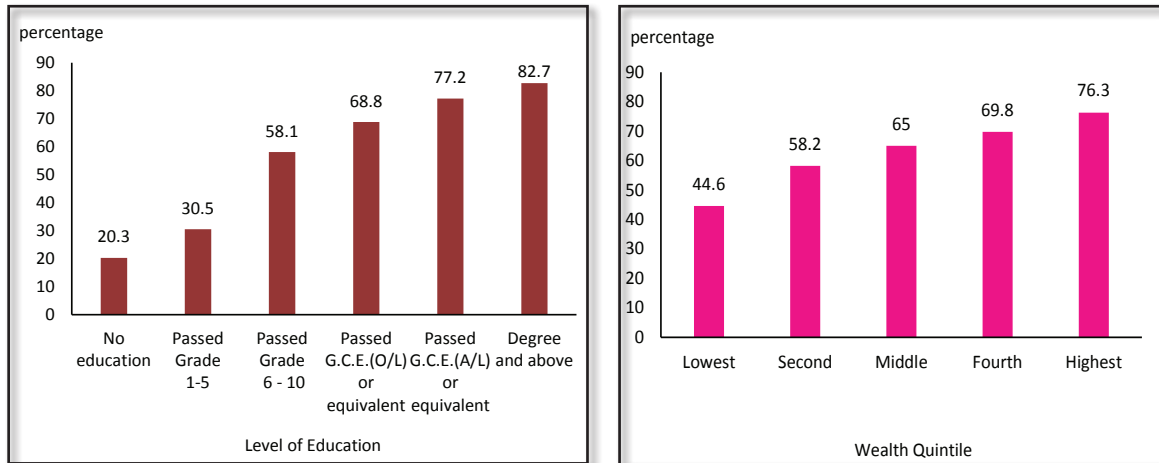
Background characteristic	Women			Number of women
	Using condoms ¹	Limiting sexual intercourse to one uninfected partner ²	Using condoms and limiting sexual intercourse to one uninfected partner ^{1,2}	
Age				
15-24	60.3	73.0	54.7	1,639
15-19	51.4	62.8	45.7	229
20-24	61.7	74.7	56.2	1,410
25-29	68.2	80.2	63.1	2,620
30-39	70.3	80.5	65.6	7,560
40-49	66.4	77.8	62.2	6,483
Marital status				
Married/Living together	68.2	79.4	63.6	17,257
Divorced/Separated/Widowed	60.1	70.3	54.8	1,045
Residence				
Urban	68.2	81.1	64.9	2,855
Rural	69.3	80.1	64.3	14,737
Estate	34.0	43.0	30.0	710
District				
Colombo	71.9	83.8	68.4	1,731
Gampaha	74.3	88.9	70.4	1,845
Kalutara	66.0	83.1	62.3	1,104
Kandy	60.7	73.7	54.7	1,223
Matale	68.7	80.7	62.7	490
Nuwaraeliya	44.5	56.4	41.6	572
Galle	77.5	86.2	73.7	935
Matara	75.7	84.9	74.8	718
Hambantota	65.6	78.0	61.4	556
Jaffna	67.1	77.6	61.7	471
Mannar	63.8	64.0	60.2	81
Vavuniya	61.9	69.3	58.4	136
Mullaitivu	68.0	80.3	62.3	81
Killinochchi	58.6	61.4	51.1	94
Batticaloa	46.0	61.7	42.7	531
Ampara	58.4	67.9	55.8	731
Trincomalee	47.4	62.3	39.6	362
Kurunegala	68.2	81.4	63.9	1,592
Puttalam	69.2	79.1	60.1	664
Anuradhapura	80.0	82.5	75.9	984
Polonnaruwa	67.5	79.3	62.1	399
Badulla	52.7	63.4	46.5	735
Monaragala	73.7	86.6	70.0	485
Ratnapura	70.6	82.5	65.6	1,084
Kegalle	81.0	77.3	70.1	698
Education				
No education	24.0	32.5	20.3	285
Passed Grade 1-5	35.3	46.4	30.5	1,257
Passed Grade 6-10	62.8	76.0	58.1	8,130
Passed G.C.E.(O/L) or equivalent	74.7	83.4	68.8	4,044
Passed G.C.E.(A/L) or equivalent	81.0	91.2	77.2	3,731
Degree and above	85.8	94.0	82.7	856
Wealth quintile				
Lowest	48.8	61.6	44.6	3,390
Second	63.3	74.6	58.2	3,695
Middle	70.4	81.3	65.0	3,838
Fourth	74.4	85.7	69.8	3,816
Highest	80.2	89.8	76.3	3,562
Total 15-49	67.7	78.8	63.1	18,302

¹ Using condoms every time they have sexual intercourse

² Partner who has no other partners

As shown in Figure 12.1, level of education has a strong positive association with the level of knowledge of the two separate HIV prevention methods, ranging from 15-35 percent for uneducated ever-married women up to 80-90 percent for ever-married women with some higher education. Similarly, ever-married women from the richest households have broader knowledge of HIV prevention methods compared with ever-married women in the lower wealth quintiles, although the differences are not as large as for education.

Figure 12.1 Knowledge of HIV/ AIDS among age 15-49 ever-married women by education and wealth quintile



12.1.3 REJECTION OF MISCONCEPTIONS ABOUT HIV/AIDS

Correct knowledge of HIV/AIDS not only requires a person to know about the methods of prevention, but also to know which commonly held beliefs are false. To investigate whether respondents have correct knowledge about methods of prevention of HIV/AIDS, the 2016 SLDHS included questions related to misconceptions about HIV transmission. Respondents were asked whether it is possible for a healthy-looking person to have HIV and whether HIV is transmitted through mosquito bites or sharing food with a person who has HIV/AIDS.

Seventy-one percent the ever-married women aged 15-49 agreed that a healthy-looking person can have HIV. About HIV transmission, 63 percent of women said that HIV cannot be transmitted by mosquito bites; and only 66 percent of women said that a person cannot become infected by sharing food with a person who has AIDS. Altogether, 42 percent indicated that a healthy-looking person can have HIV and rejected the two most common local misconceptions (HIV can be transmitted by mosquito bites and a person can become infected by sharing food with a person who has HIV).

The data collected in the 2016 SLDHS allow for the assessment of comprehensive knowledge about HIV/AIDS among respondents. Comprehensive knowledge is defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of getting HIV, knowing that a healthy-looking person can have HIV, and rejecting the two most common local misconceptions about HIV transmission. According to the SLDHS in 2016, comprehensive knowledge of HIV/AIDS among women aged 15-49 is 33 percent in Sri Lanka.

Table 12.3 Comprehensive knowledge about HIV

Percentage of women age 15-49 who say that a healthy-looking person can have HIV and who, in response to prompted questions, correctly reject local misconceptions about transmission or prevention of HIV, and the percentage with a comprehensive knowledge about HIV, according to age, Sri Lanka 2016

Age	Percentage of respondents who say that:			Percentage who say that a healthy looking person can have HIV and who reject the two most common local misconceptions ¹	Percentage with a comprehensive knowledge about HIV ²	Number of respondents
	A healthy-looking person can have HIV	HIV cannot be transmitted by mosquito bites	A person cannot become infected by sharing food with a person who has HIV			
WOMEN						
Age						
15-24	65.7	59.2	59.5	34.2	24.0	1,639
15-19	57.3	47.3	49.7	25.8	16.4	229
20-24	67.1	61.2	61.0	35.5	25.2	1,410
25-29	73.1	62.1	68.5	42.5	33.0	2,620
30-39	72.7	64.9	69.4	43.9	34.8	7,560
40-49	69.3	61.5	62.5	40.2	32.6	6,483
Residence						
Urban	70.2	64.8	66.4	40.5	32.3	2,855
Rural	72.7	64.1	67.8	43.2	34.2	14,737
Estate	36.6	28.3	26.3	10.6	6.1	710
District						
Colombo	76.4	68.5	69.8	45.7	37.6	1,731
Gampaha	81.8	68.0	77.6	51.7	40.8	1,845
Kalutara	75.4	63.3	68.7	42.6	31.9	1,104
Kandy	68.4	60.1	64.2	37.3	27.2	1,223
Matale	81.7	61.1	64.9	40.5	30.8	490
Nuwaraeliya	51.2	37.1	38.0	20.2	13.9	572
Galle	81.3	63.8	73.3	46.7	40.8	935
Matara	79.1	76.6	78.2	62.3	54.9	718
Hambantota	73.7	61.0	71.5	45.9	33.3	556
Jaffna	45.8	57.2	43.5	13.5	10.9	471
Mannar	25.8	66.3	55.3	12.6	8.6	81
Vavuniya	43.1	59.5	52.8	24.1	17.6	136
Mullaitivu	53.4	57.6	40.3	21.9	17.9	81
Killinochchi	42.7	54.8	42.6	15.7	11.3	94
Batticaloa	24.6	55.1	43.5	6.0	02.6	531
Ampara	71.9	48.5	49.4	33.1	22.9	731
Trincomalee	45.2	60.1	54.1	22.6	15.8	362
Kurunegala	76.0	66.2	69.2	46.4	37.1	1,592
Puttalam	79.4	61.5	62.7	42.6	31.8	664
Anuradhapura	69.0	72.7	83.1	59.5	50.5	984
Polonnaruwa	75.6	59.8	63.1	38.4	29.4	399
Badulla	65.5	45.3	45.4	27.1	19.6	735
Monaragala	68.6	72.8	78.0	47.5	34.4	485
Ratnapura	75.1	54.7	64.7	38.7	31.0	1,084
Kegalle	71.9	80.0	75.1	53.1	45.6	698
Education						
No education	30.8	16.8	19.4	7.5	4.3	285
Passed Grade 1-5	39.1	28.5	28.6	10.4	6.6	1,257
Passed Grade 6-10	66.6	58.0	58.4	33.7	25.4	8,130
Passed G.C.E.(O/L) or equivalent	74.5	67.9	74.1	45.6	35.8	4,044
Passed G.C.E.(A/L) or equivalent	86.3	78.1	84.6	61.7	51.0	3,731
Degree and above	87.4	82.1	88.0	66.2	57.5	856
Wealth quintile						
Lowest	49.5	45.6	43.1	21.1	14.4	3,390
Second	66.6	56.8	59.2	34.0	26.1	3,695
Middle	74.0	64.9	69.6	43.8	34.3	3,838
Fourth	78.1	68.9	74.5	48.4	39.0	3,816
Highest	84.8	76.4	81.7	58.9	49.1	3,562
Total 15-49	70.9	62.8	66.0	41.5	32.8	18,302

¹ Two most common local misconceptions: HIV CAN be transmitted by mosquito bites and a person CAN become infected by sharing food with a person who has HIV

² Comprehensive knowledge means knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of getting HIV, knowing that a healthy-looking person can have HIV, and rejecting the two most common local misconceptions about AIDS transmission or prevention.

12.2 KNOWLEDGE OF PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV

Prevention of mother-to-child transmission (PMTCT) of HIV is a key component to reduce of transmission of HIV infection. Prevention of mother to child transmission of HIV is aided by encouraging pregnant women to know their HIV status. In the survey, to assess PMTCT knowledge, respondents were asked whether HIV can be transmitted from mother to child during child birth and by breast feeding.

Table 12.4 shows that in the 2016 SLDHS, over 70 percent of ever-married women aged 15-49, are aware that HIV can be transmitted through breastfeeding (73 percent). Sixty-three percent know that mother-to-child transmission (MTCT) can happen during delivery.

In Sri Lanka prior to scaling up of the PMTCT program, two premier maternity hospitals have been screening antenatal mothers for HIV since early 2000. Antenatal HIV prevalence is taken as a proxy prevalence of the general population. However, these two hospitals represent urban antenatal women and their HIV prevalence is considered higher than the rural antenatal prevalence (2015, Annual Report NSACP).

Table 12.4 Knowledge of prevention of mother-to-child transmission of HIV

Percentage of women age 15-49 who know that HIV can be transmitted from mother to child during delivery, by breastfeeding, and by all two means, according to age, Sri Lanka 2016

Age	Percentage who know that HIV can be transmitted from mother to child:			Number of respondents
	During delivery	By breastfeeding	By all two means	
Age				
15-24	65.4	59.2	53.9	1,639
..15-19	55.1	53.1	47.8	229
..20-24	67.1	60.3	55.0	1,410
25-29	74.4	63.9	59.0	2,620
30-39	75.0	64.3	60.0	7,560
40-49	72.2	62.6	58.4	6,483
Residence				
Urban	73.3	60.0	55.1	2,855
Rural	74.6	65.0	60.6	14,737
Estate	41.3	37.6	35.0	710
District				
Colombo	72.8	55.8	51.2	1,731
Gampaha	80.9	68.0	63.1	1,845
Kalutara	74.3	61.4	57.1	1,104
Kandy	70.2	57.7	54.2	1,223
Matale	81.8	72.3	66.9	490
Nuwaraeliya	52.5	46.8	43.9	572
Galle	83.8	72.0	68.2	935
Matara	76.3	60.2	56.2	718
Hambantota	69.8	60.1	55.3	556
Jaffna	73.7	68.0	63.0	471
Mannar	75.9	78.6	74.4	81
Vavuniya	66.3	65.7	61.9	136
Mullaitivu	73.3	69.7	66.0	81
Killinochchi	62.8	60.4	55.0	94
Batticaloa	66.9	69.0	62.3	531
Ampara	73.9	70.4	68.5	731
Trincomalee	63.7	66.5	56.3	362
Kurunegala	71.9	66.4	62.2	1,592
Puttalam	77.8	72.1	65.4	664
Anuradhapura	62.1	54.5	52.1	984
Polonnaruwa	78.3	67.2	62.9	399
Badulla	64.2	51.7	47.6	735
Monaragala	73.1	54.8	52.7	485
Ratnapura	77.8	67.1	61.4	1,084
Kegalle	75.2	68.3	63.1	698
Education				
No education	29.9	29.0	26.2	285
Passed Grade 1-5	46.1	45.8	41.4	1,257
Passed Grade 6-10	69.1	63.7	59.0	8,130
Passed G.C.E.(O/L) or equivalent	78.2	68.5	63.4	4,044
Passed G.C.E.(A/L) or equivalent	84.8	64.7	61.0	3,731
Degree and above	89.7	63.7	61.1	856
Wealth quintile				
Lowest	58.7	54.8	50.6	3,390
Second	69.0	63.4	58.5	3,695
Middle	74.8	66.0	61.3	3,838
Fourth	78.6	68.0	63.2	3,816
Highest	83.1	62.8	59.2	3,562
Total 15-49	73.1	63.2	58.7	18,302



12.3 COVERAGE OF HIV TESTING

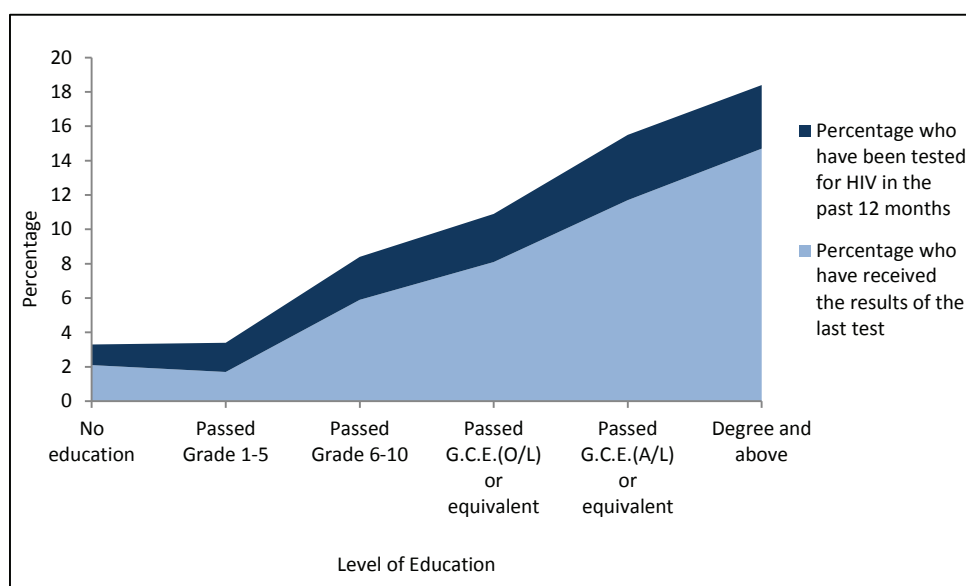
In the case of persons who are HIV negative, knowledge of their HIV status helps in making specific decisions that will reduce the risk of becoming HIV positive and enable them to remain HIV free. For those who are HIV positive, knowledge of their HIV status allows them to live an affirming life, protecting their sexual partners, accessing care and treatment, and planning for the future. To assess awareness and coverage of prior HIV testing behavior, all ever-married women were asked whether they had ever been tested for HIV. If they said they had been tested for HIV, respondents were asked if they had received the results of their last test.

Table 12.5 Coverage of prior HIV testing: Women			
Percentage of women age 15-49 who know where to get an HIV test, and the percentage of women age 15-49 who were tested in the past 12 months and received the results of the last test, according to background characteristics, Sri Lanka 2016			
Background characteristic	Percentage who have been tested for HIV in the past 12 months	Percentage who have received the results of the last test	Number of women
Age			
15-24	15.9	12.5	1,639
15-19	13.2	9.4	229
20-24	16.3	13.0	1,410
25-29	19.5	15.3	2,620
30-39	12.0	8.7	7,560
40-49	3.5	2.1	6,483
Marital status			
Married/Living together	10.8	8.0	17,257
Divorced/Separated/Widowed	4.2	2.5	1,045
Residence			
Urban	12.0	9.9	2,855
Rural	10.3	7.4	14,737
Estate	7.4	4.7	710
District			
Colombo	13.7	12.3	1,731
Gampaha	9.6	8.1	1,845
Kalutara	11.8	8.4	1,104
Kandy	11.5	8.7	1,223
Matale	3.1	2.6	490
Nuwaraeliya	5.1	4.6	572
Galle	11.6	10.1	935
Matara	9.8	7.8	718
Hambantota	9.9	8.6	556
Jaffna	9.9	8.4	471
Mannar	13.5	7.5	81
Vavuniya	6.5	5.4	136
Mullaitivu	6.2	5.2	81
Killinochchi	11.4	9.4	94
Batticaloa	5.4	3.9	531
Ampara	3.9	2.6	731
Trincomalee	7.8	4.2	362
Kurunegala	8.1	5.7	1,592
Puttalam	15.3	6.7	664
Anuradhapura	9.4	7.7	984
Polonnaruwa	10.9	6.5	399
Badulla	9.4	7.7	735
Monaragala	8.5	6.9	485
Ratnapura	18.1	8.0	1,084
Kegalle	15.0	9.5	698
Education			
No education	3.3	2.1	285
Passed Grade 1-5	3.4	1.7	1,257
Passed Grade 6-10	8.4	5.9	8,130
Passed G.C.E.(O/L) or equivalent	10.9	8.1	4,044
Passed G.C.E.(A/L) or equivalent	15.5	11.7	3,731
Degree and above	18.4	14.7	856
Wealth quintile			
Lowest	7.9	5.5	3,390
Second	8.9	6.5	3,694
Middle	10.2	7.2	3,840
Fourth	12.4	9.1	3,817
Highest	12.5	9.8	3,561
Total 15-49	10.4	7.6	18,302

Tables 12.5 and Figure 12.2 present information on HIV testing among ever-married women. One in ten women aged 15-49 in Sri Lanka (10 percent) have ever been tested for HIV and 73 percent of those have received their results. The percentage of ever-tested for HIV and who received the test results increases with the level of education and the wealth quintile.

As expected the more urbanized the place of residence, the higher the percentage of HIV testing and reporting. In the urban areas, 90 percent of the ever-married women tested received their results, compared to 72 percent in those of the rural sector, and only 63 percent for the estates sector residents. Likewise, the residents of Colombo and Gampaha registered higher percentages of HIV/AIDS test takers that received their results (90 percent and 85 percent, respectively) compared to about 44 percent in the districts of Puttalam and Ratnapura (Analyzing Table 12.5).

Figure 12.2 Percentage of HIV Testing and Getting Result by Education Levels



12.4 SELF-REPORTING OF SEXUALLY TRANSMITTED INFECTIONS

Sexually transmitted infections (STIs) are closely linked with HIV because they share similar risk factors for partners. In the 2016 SLDHS, ever-married women were asked whether they ever had a sexually transmitted infection or symptoms of an STI with a bad-smelling, abnormal discharge from the vagina or a genital sore or ulcer in the 12 months preceding the survey.

The results presented in Table 12.6 indicate that less than 2 percent of ever-married women aged 15-49 have had an STI or symptoms of an STI, in the past 12 months. There are no important differences in this percentage by marital status or any other background characteristic of the ever-married women.



Table 12.6 Self-reported prevalence of sexually-transmitted infections (STIs) and STIs symptoms

Among women age 15-49 who ever had sexual intercourse, the percentage reporting having an STI and/or symptoms of an STI in the past 12 months, by background characteristics, Sri Lanka 2016

Background characteristic	Percentage of women who reported having in the past 12 months:				
	STI	Bad smelling/ abnormal genital discharge	Genital sore or ulcer	STI/ genital discharge/ sore or ulcer	Number of women who ever had sexual intercourse
Age					
15-24	0.6	0.5	0.5	1.4	1,621
15-19	0.5	0.6	0.5	1.6	224
20-24	0.7	0.5	0.4	1.3	1,397
25-29	0.8	0.7	0.4	1.4	2,599
30-39	0.8	0.5	0.3	1.4	7,545
40-49	0.7	0.5	0.3	1.3	6,469
Marital status					
Married or living together	0.7	0.5	0.3	1.4	17,195
Divorced/separated/widowed	0.7	0.5	0.5	1.5	1,039
Residence					
Urban	0.6	0.7	0.5	1.6	2,840
Rural	0.8	0.5	0.3	1.3	14,687
Estate	0.7	0.4	0.2	1.1	708
District					
Colombo	0.6	0.7	0.6	1.6	1,719
Gampaha	0.4	0.2	0.3	0.8	1,845
Kalutara	1.7	1.3	0.3	2.9	1,104
Kandy	0.5	0.8	0.1	1.4	1,208
Matale	0.7	0.8	0.5	1.7	490
Nuwaraeliya	1.2	0.1	0.0	1.2	572
Galle	0.6	0.3	0.3	0.6	935
Matara	1.6	0.1	0.0	1.8	718
Hambantota	0.5	0.1	0.0	0.7	555
Jaffna	0.2	0.4	0.2	0.7	470
Mannar	0.2	0.0	0.0	0.2	81
Vavuniya	0.0	0.0	0.0	0.0	136
Mullaitivu	0.0	0.0	0.0	0.0	81
Killinochchi	0.0	0.0	0.0	0.0	94
Batticaloa	0.2	0.4	0.0	0.4	529
Ampara	0.1	0.3	0.1	0.4	731
Trincomalee	0.3	1.3	0.4	1.7	358
Kurunegala	1.1	0.3	0.4	1.6	1,572
Puttalam	2.1	1.1	1.3	3.0	664
Anuradhapura	1.3	0.5	0.4	2.0	983
Polonnaruwa	0.6	0.0	0.0	0.6	399
Badulla	0.0	0.0	0.0	0.0	724
Monaragala	0.5	0.0	0.0	0.5	485
Ratnapura	0.5	2.1	0.8	3.0	1,084
Kegalle	0.3	0.2	0.3	0.8	698
Education					
No education	0.4	1.0	0.3	1.4	285
Passed Grade 1-5	0.2	0.3	0.2	0.5	1,256
Passed Grade 6-10	0.7	0.5	0.4	1.3	8,110
Passed G.C.E. (O/L) or equivalent	0.7	0.5	0.3	1.4	4,034
Passed G.C.E. (A/L) or equivalent	1.0	0.7	0.3	1.8	3,701
Degree and above	1.0	0.7	0.4	1.9	848
Wealth quintile					
Lowest	0.6	0.4	0.3	1.0	3,385
Second	0.9	0.6	0.2	1.4	3,680
Middle	0.6	0.7	0.3	1.4	3,830
Fourth	0.9	0.5	0.4	1.6	3,799
Highest	0.7	0.6	0.3	1.5	3,541
Total 15-49	0.7	0.5	0.3	1.4	18,235

12.5 HIV/AIDS KNOWLEDGE AMONG YOUTH

Younger people are often at a higher risk of contracting STIs, as they are more likely to experiment with sex before marriage. Therefore, condom use among young adults plays an important role in preventing the transmission of HIV and other sexually transmitted infections, as well as unwanted pregnancies. At the same time, they may be using condoms during sexual intercourse and having more partners, expanding the risks of exposure to HIV and other STI infections. These risks can be reduced by increasing, among young

people, the comprehensive knowledge about STIs and of HIV in particular.

In Sri Lanka, over 90 percent of ever-married women aged 15-24 have heard about HIV or AIDS, (Table 12.1) and 24 percent of them indicated having comprehensive knowledge about AIDS, substantially less than the other age groups. Table 12.7 shows the levels of comprehensive knowledge about HIV or AIDS among ever-married women aged 15-24 according to background characteristics. The level of comprehensive knowledge about HIV increases with age and level of education of the woman. It is also higher among those residents of the rural sector (26 percent) compared to those of the estates sector (only 8 percent).

Table 12.7 Comprehensive knowledge about HIV among young people		
Percentage of young women age 15-24 with comprehensive knowledge about HIV, according to background characteristics, Sri Lanka 2016		
Background characteristic	Women	
	Percentage with comprehensive knowledge of AIDS ¹	Number of respondents
Age		
15-19	16.4	229
15-17	(11.4)	39
18-19	17.4	190
20-24	25.2	1,410
20-22	26.5	689
23-24	24.0	721
Marital status		
Ever married	24.0	1,639
Residence		
Urban	19.6	222
Rural	25.6	1,346
Estate	8.3	71
Education		
No education	*	2
Passed Grade 1-5	(4.1)	32
Passed Grade 6-10	18.9	867
Passed G.C.E.(O/L) or equivalent	26.4	477
Passed G.C.E.(A/L) or equivalent	39.2	251
Degree and above	*	9
Total	24.0	1,639
¹ Comprehensive knowledge means knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of getting HIV, knowing that a healthy-looking person can have HIV, and rejecting the two most common local misconceptions about AIDS transmission or prevention of HIV. The components of comprehensive knowledge are presented in Tables 13.1, and 13.2.		

12.6 AGE OF FIRST SEXUAL INTERCOURSE AMONG YOUTH

Marriageable age (or marriage age) is the minimum age at which a person is allowed by law to marry, either as a right or subject to parental or other forms of consent. Although, age and other prerequisites to marriage vary between jurisdictions, marriage age is often set at 18. Data related to age at first sexual intercourse was collected in the 2016 SLDHS by asking about the age of the respondents when they had their first sexual intercourse. Table 12.8 shows that 7 percent of ever-married women aged 15-24 had their first sexual intercourse experience before the age of 15. If the analysis is restricted to ever-married women aged 18-24, 32 percent of them reported having first sexual intercourse before age 18.

Considering sectors in the country, the rural sector has the highest percentage of early sexual intercourse for both age groups 15-24 and 18-24. The level of education seems to have a positive effect on the age at first sexual intercourse. By sector of residence, the higher prevalence of first sexual intercourse before age 18 is observed among those ever-married women aged 18-24 of the rural sector (33 percent) compared to 27 and 25 percent (urban and estate sectors respectively).



Table 12.8 Age at first sexual intercourse among young people

Percentage of young women age 15-24 who had sexual intercourse before age 15 and percentage of young women age 18-24 who had sexual intercourse before age 18, according to background characteristics, Sri Lanka 2016

Background characteristic	Women			
	Percentage who had sexual intercourse before age 15	Number of respondents (15-24)	Percentage who had sexual intercourse before age 18	Number of respondents (18-24)
Age				
15-19	9.5	229	na	na
15-17	(14.8)	39	na	na
18-19	8.4	190	54.5	190
20-24	6.8	1,410	28.8	1,410
20-22	6.9	689	33.2	689
23-24	6.6	721	24.6	721
Residence				
Urban	3.3	222	27.2	217
Rural	8.1	1,346	33.0	1,316
Estate	1.7	71	24.8	67
Education				
No education	*	2	*	2
Passed Grade 1-5	(16.2)	32	(67.0)	31
Passed Grade 6-10	9.6	867	42.1	834
Passed G.C.E.(O/L) or equivalent	4.5	477	26.7	472
Passed G.C.E.(A/L) or equivalent	2.6	251	4.2	251
Degree and above	*	9	*	9
Total	7.1	1,639	31.9	1,600

na = Not available

Key Findings

- **Prevalence of domestic violence:** In Sri Lanka, 17 percent of ever-married women age 15-49 have suffered from domestic violence from their intimate partner.
- **Forms of domestic violence:** Two percent of ever-married women who suffered from domestic violence, experiences in any form of domestic violence daily.
- **Differentials of domestic violence:** Prevalence of domestic violence by an intimate partner increases with the age of the women. Urban residents also reported the highest percentage of domestic violence (20 percent). Kilinochchi and Batticaloa districts have the highest level of domestic violence (50 percent). Ever-married women who belong to the lowest wealth quintile and those with primary education reported the highest percentages in domestic violence (28 and, 30 percent respectively).
- **Support for domestic violence:** Among women who suffered from domestic violence, only just over one fourth of women (28 percent) have sought help, with three fourth of them (75 percent) seeking help from their family members, 27 percent from friends or neighbors and only 18 percent seeking help from the police. Half of the ever-married women age 15-49 (50 percent) indicated to know about the Sri Lanka Women Bureau to combat violence, while 26 percent mentioned the mid-wife and Women Help Line.

There has been an increasing attention to domestic violence against women, in both developed and developing countries, since the 1990s. The United Nations defines domestic violence as “any act of gender based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or in private life” (United Nations 1993). An increasing amount of research has highlighted the health and psychological burdens, intergenerational effects, and consequences of such violence (United Nations, 2006). Violence can take many forms, including physical, sexual, emotional, economic, and psychological abuse. It can have devastating consequences on the short- and long-term health and well-being of the women affected as well as their over-all quality of life (Hutchins and Sinha, 2013).

One third of woman all over the world suffers from domestic violence by intimate partner. This is considered as a hidden problem in most of the women do not reveal about their sufferings due to reasons such as culture, fear of reprisal, and concern over children, shame and internalizing the violence. It is also an ever increasing burden to the health care services, social and economy of the country.

Domestic Violence during pregnancy which is a common occurrence leads to many negative pregnancy outcomes including miscarriages, still births and maternal deaths. Also, Domestic Violence in one generation can influence the behaviour of the next generation by a process of learned behaviour. When children are exposed to violence between their parents, boys learn violence as a means of achieving control and eventually have a greater chance of being a perpetrator. On the other hand girls learn to accept violence as an inevitable helplessness and have a higher chance of being survivors in adult life.

The health sector in Sri Lanka has responded favourably by addressing Domestic Violence in the areas of prevention as well as in the response to the survivors, in an effective manner. Gender and Women’s Health Unit of the Family Health Bureau (FHB) is the nodal agency at National Level responsible for addressing Domestic Violence in the health sector. The programmes which focus mainly on prevention of Domestic Violence, response and care for survivors of Domestic Violence are implemented by Family Health Bureau.



Affirming the important and specific role that the national health system should play in responding to domestic violence, Family Health Bureau has taken a few significant steps forward in various aspects such as setting up of domestic violence care centres called “Mithuru Piyasa” at hospitals, which are dedicated to provide emotional and medical support to survivors of Domestic Violence. They are operated by the hospital staff working in the out patients’ department. The staff at Mithuru Piyasa are given a training conducted by FHB. The location for the centre in the hospital is selected based on several criteria to ensure the privacy and confidentiality of the clients while ensuring the easy access and proper referrals. Family Health Bureau provides the logistic support to hospital administration on selecting the venue and with.

Many programmes are implemented for capacity building of health staff such as ,in basic, in-service and postgraduate courses on domestic violence. Inclusion of a module on domestic violence in the curriculum of Medical Undergraduates on the responsibilities of a Medical Officer in responding to Domestic Violence is one such programme.

Also, an action plan for health sector to response on Domestic Violence has been developed by the Ministry of Health Sri Lanka, in order to streamline its’ response, inclusive of prevention, responding to survivors and addressing perpetrators on domestic violence in an effective and a responsive manner using a survivor centered approach which is institutionalized within the existing structure of the Ministry of Health and it is sustainable. Coincidentally the Ministry of Women’s Affairs developed a national plan to address sexual and domestic violence in Sri Lanka.

To study the level and characteristics of domestic violence or violence perpetrated by an intimate partner, a module with questions on women’s experience of domestic violence in the last 12 months was included in the 2016 SLDHS questionnaire for the first time in Sri Lanka. In accordance with the World Health Organization’s guidelines for the ethical collection of information on domestic violence, only one eligible woman per household was randomly selected for this module; the module was not implemented if privacy could not be obtained; the respondent was read an additional consent statement at the start of the interview using the domestic violence module, informing her that the questions could be personal and reassuring her of the confidentiality of her responses(WHO 2001).

13.1 LEVEL OF DOMESTIC VIOLENCE

The domestic violence set of questions was administered to 91 percent of the eligible ever-married women age 15-49. For seven percent of them the questionnaire was not implemented due to lack of privacy or because security concerns. Two percent of eligible women rejected to answer the questions of the domestic violence module because of privacy concerns or other reasons (Figure 13.1).

The prevalence of domestic violence by an intimate partner increases with the age of the woman, going from 13 percent among ever-married women age 15-19 to 19 percent among the oldest 45-49 women. A similar pattern is observed by age among those rejected to answer the questions on the module.

Description	Age							Total
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
No violence from intimate partner	86.7	83.6	83.5	82.4	82.3	81.5	79.4	82.0
Experienced any violent behaviors	12.7	14.7	15.5	16.5	16.2	17.0	18.9	16.6
Experiencing any type of violence daily	1.3	2.0	1.5	1.5	2.0	2.5	3.2	2.1
Rejected to answer on domestic violence	1.8	2.0	1.5	1.7	2.0	1.9	2.6	2.0
Number of women	169	1,130	2,335	3,364	3,720	3,056	2,856	16,629

Figure 13.1 Level of Domestic Violence

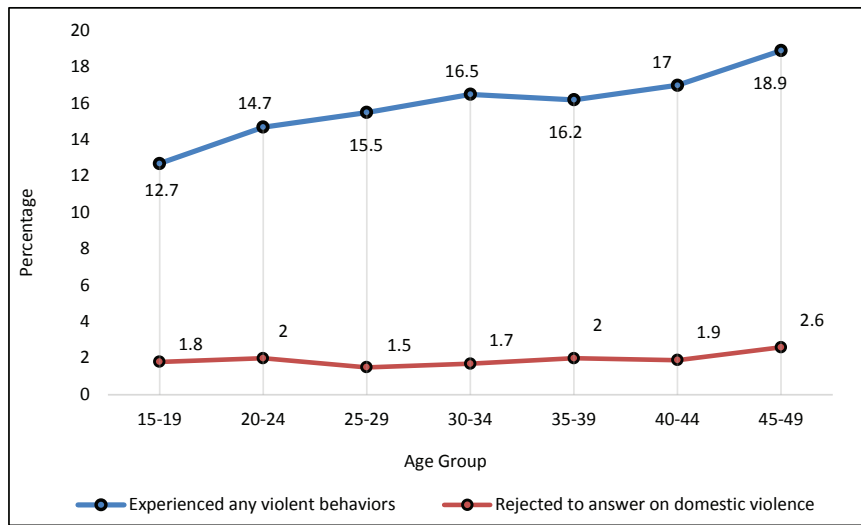
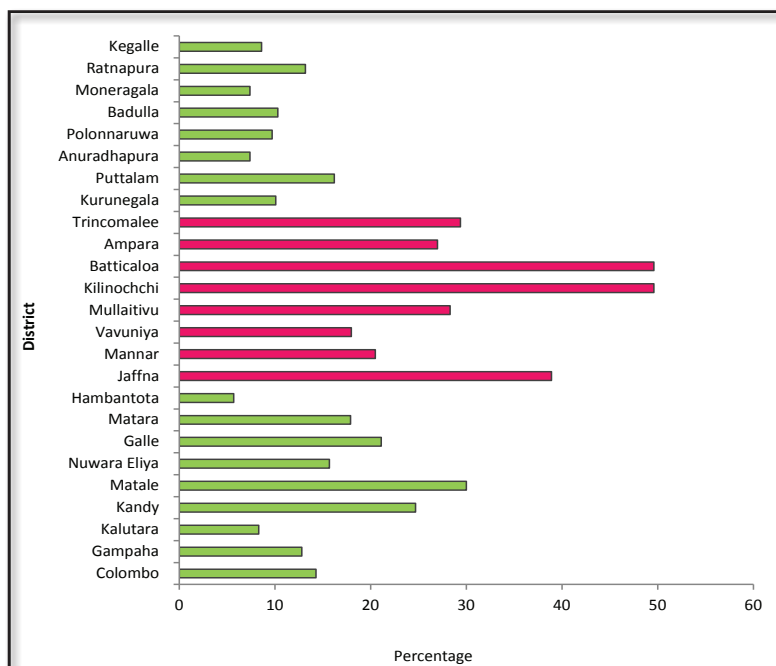


Table 13.2 presents the percentage of ever-married women age 15-49 by experience of domestic violence by their intimate partner, experience of daily domestic violence, and percent who requested help for domestic violence according to background characteristics.

Among the eligible ever-married women, 17 percent indicated to have suffered from domestic violence from their intimate partner during the 12 months preceding the survey. Furthermore, 13 percent of all the women who suffered from violence, declared to have suffered violent behaviors by an intimate partner on a daily basis and violence increases with the age of the women. Among all women who have experienced domestic violence, only twenty eight percent (28%) sought help to escape from violence (Table 13.2).

More women from the urban sector have experienced violence (20 percent) compared to women living in the other sectors (16 percent of the rural and 17 percent of estate counterparts). Experience of violence by the intimate partner among ever-married women varies according to the districts of residence: in Batticaloa and Kilinochchi, the districts with the highest prevalence, half of the women indicated to be affected by violence from their intimate partner. Figure 13.2 shows clearly the highest domestic violence prevails in Northern and Eastern provinces. In contrast, in Hambantota, Anuradhapura and Monaragala, the districts

Figure 13.2 Domestic Violence by District



with the lowest prevalence, less than eight percent indicated to be affected by domestic violence by an intimate partner. Experience of domestic violence declines with the educational level, excluding the educational category “No education”. The survey results suggest that there is a negative relationship between the prevalence of physical violence and household wealth (the lowest wealth quintile has a significantly higher prevalence of domestic violence than women in the other four quintiles).



Table 13.2 Summary on occurring domestic violence by background characteristics

Percentage of women age 15-49 who have not experienced any violence from intimate partner, experienced at least one violence, and percentage of women who have experienced in daily violence among women who suffered, from violence and percentage of women who requested help for domestic violence among women who suffered from violence according to background characteristics

Background characteristic	No any violence from intimate partner	Experienced at least one violence	Number of women	Experienced in domestic violence		
				Experienced any form of violence daily	Requested help for domestic violence	Number of women Who suffered from violence
Age						
15-19	86.7	12.7	169	7.8	*	21
20-24	83.6	14.7	1,130	12.0	30.1	166
25-29	83.5	15.5	2,335	9.0	27	361
30-34	82.4	16.5	3,364	9.0	27.9	553
35-39	82.3	16.2	3,720	12.0	29.1	603
40-44	81.5	17	3,056	15.1	25.4	518
45-49	79.4	18.9	2,856	19.3	28.4	539
Residence						
Urban	79.3	19.8	2,582	8.4	26.8	512
Rural	82.6	16	13,403	13.2	27.8	2,140
Estate	80.5	17	643	18.7	31.3	110
District						
Colombo	85	14.3	1,625	6.0	38	233
Gampaha	86.9	12.8	1,564	7.8	30.3	200
Kalutara	90.9	8.3	968	17.5	38.1	80
Kandy	73.9	24.7	1,117	16.3	20.8	275
Matale	69.7	30	432	27.1	31.8	130
Nuwara Eliya	83.5	15.7	543	22.3	30.8	85
Galle	77.1	21.1	818	10.8	29.3	172
Matara	81.8	17.9	681	13.8	61.6	122
Hambantota	93.5	5.7	519	4.2	-14.9	30
Jaffna	58.9	38.9	443	15.1	11.1	172
Mannar	76.8	20.5	78	6.0	7.9	16
Vavuniya	79.6	18	125	11.4	8.6	23
Mullaitivu	68.3	28.3	76	12.0	6.8	22
Kilinochchi	48.7	49.6	88	28.3	13.5	44
Batticaloa	49.9	49.6	493	25.3	7.3	244
Ampara	72.6	27	669	12.0	12.1	181
Trincomalee	70	29.4	334	34.9	26.3	98
Kurunegala	87.7	10.1	1,481	15.7	31.2	149
Puttalam	82.3	16.2	620	12.0	28.1	101
Anuradhapura	88.2	7.4	907	7.2	82.3	67
Polonnaruwa	90.1	9.7	376	7.2	-32.5	37
Badulla	88.7	10.3	656	10.8	32.2	67
Moneragala	91.3	7.4	436	7.8	-32	32
Ratnapura	84.8	13.2	1,016	9.6	36.8	134
Kegalle	86.7	8.6	564	10.2	30.5	49
Education						
No education	71.4	24.8	248	31.9	33.4	61
Passed Grade 1-5	67.6	29.8	1,121	33.7	24.8	334
Passed Grade 6-10	80.4	18.1	7,351	15.1	26.8	1,334
Passed G.C.E.(O/L) or equivalent	84.1	14.6	3,682	10.2	29	538
Passed G.C.E.(A/L) or equivalent	87.6	11.5	3,438	4.8	30.3	396
Degree and above	86.4	12.5	788	3.0	30.8	99
Wealth quintile						
Lowest	70	28.1	3,062	27.1	24.4	859
Second	80.7	17.8	3,351	16.3	28.9	595
Middle	84.5	13.7	3,501	9.0	30.2	480
Fourth	86.2	12.8	3,473	6.6	22.6	443
Highest	87.3	11.9	3,241	6.0	36.6	385
Total 15-49	82	16.6	16,629	12.6	27.8	2,762

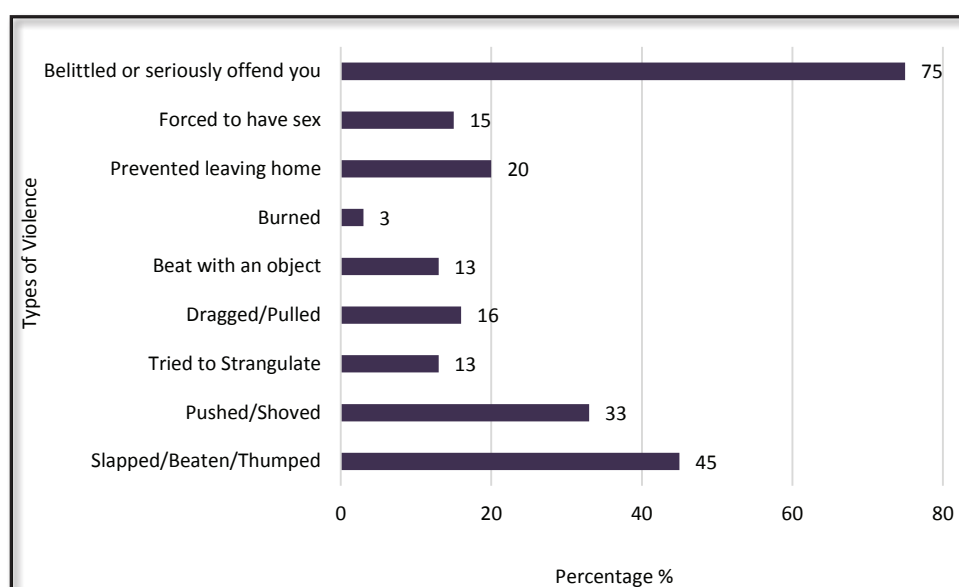
13.2 TYPES OF DOMEESTIC VIOLENCE AND FREQUANCY

Table 13.3 presents the frequency of domestic violence by the types of violence suffered by ever-married women age 15-49 from their intimate partner. The domestic violence module used in the 2016 SLDHS collected detailed information on the types or forms of violence and the frequency with which they occurred during the 12 months before the survey. The most predominant type of violence identified was “belittled or seriously offended you” with three quarter of women who suffered from domestic violence (75 percent), followed by “Slapped, beaten, or thumped you” (45 percent), and “pushed or shoved you” with 33 percent (Fig 13.3). The frequency with which the domestic violence happens varies from 13 percent indicating a daily occurrence to 48 percent among those who indicated “monthly” and to 67% who reported that violence occurred less often.

Table 13.3 Frequency of domestic violence
Percentage of women who suffered from domestic violence according to types and frequency of domestic violence

Type of violence	Daily	Weekly	Monthly	Less often	Total
Slapped/Beaten/Thumped	3.0	4.8	22.3	15.1	45.2
Pushed/Shoved	2.4	4.2	12.7	12.7	32.5
Tried to Strangulate	1.8	1.8	4.8	4.8	13.3
Dragged/Pulled	1.2	2.4	5.4	7.2	16.3
Beat with an object	1.2	2.4	4.2	6.0	13.3
Burned	-	0.6	0.6	1.8	3.0
Prevented leaving home	1.2	2.4	6.6	9.6	19.9
Forced to have sex	3.0	3.0	3.0	6.0	15.1
Belittled/Seriously offend	10.8	6.6	24.1	33.7	75.3
Any type of violence	12.7	15.1	47.6	66.9	100.0

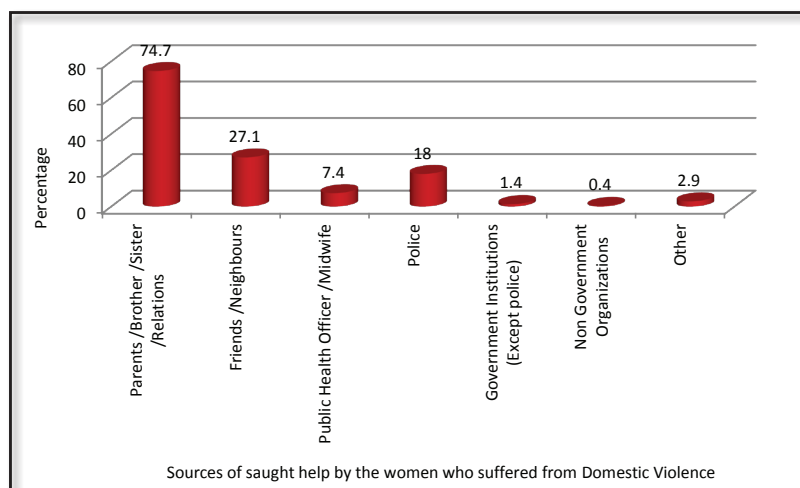
Figure 13.3 Percentage of ever-married women age 15-49 who have experienced various forms of violence in the 12 months preceding the survey, committed by their intimate partner



13.3 HELP SEEKING TO STOP THE VIOLENCE

Ever-married women who responded to be affected by domestic violence from their intimate partner were asked if they asked for help from anybody and if yes, who provided them with the help or advice. Only 28 percent of the women suffering from domestic violence asked for help, and the majority (75 percent) did that from “Parents/brothers/sisters/relatives”. Another 27 percent went to “friends/neighbors”, followed by the “Police” with only 18 percent (Fig 13.4).

Figure 13.4 Women Help Seeking from Institute/ Person



The person/institution from which help was sought appears to be negatively associated with age of the woman. Thus, the percentage of those seeking help from “parents/brothers/sisters/relatives” is higher among younger women. However, among those who went to the “police”, higher percentages are observed among the older women(30-49), rural sector, those with lower levels of education and those from poorer quintiles. These findings are of singular importance to inform the development of policies and programs geared to support women affected by intimate partner violence in the household.

Table 13.4 The person/institute that provided help/advice

Percentage of women age 15-49 who suffered from domestic violence and requested help from a person or an organization according to background characteristics

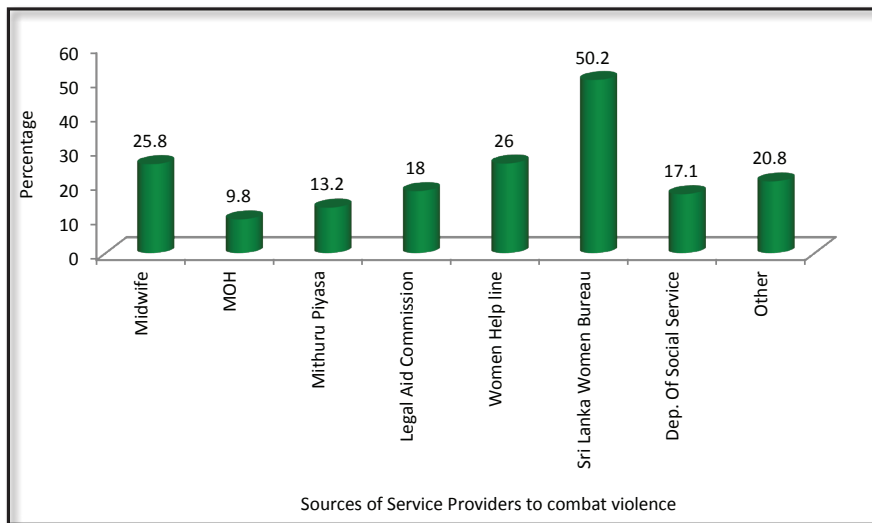
Background characteristic	Person/Institute							Number of women who requested help
	Parents /Brother /Sister /Relations	Friends /Neighbours	Public Health Officer /Midwife	Police	Government Institutions (Except police)	Non Government Organizations	Other	
Age								
15-19	*	*	*	*	*	*	*	5
20-24	91.8	22.0	2.3	9.7	0.0	0.0	0.0	50
25-29	80.4	24.1	9.2	10.6	2.5	0.3	1.4	97
30-34	70.7	24.2	9.0	22.3	0.7	0.6	4.8	154
35-39	72.2	27.0	8.1	19.9	2.3	0.0	2.3	176
40-44	76.6	32.6	6.5	16.9	0.7	1.0	1.9	132
45-49	71.3	28.8	6.8	20.5	1.6	0.6	3.3	153
Residence								
Urban	80.5	16.8	5.1	12.1	2.7	0.0	6.2	137
Rural	74.7	28.8	7.0	19.3	1.2	0.6	2.0	596
Estate	(52.8)	(38.6)	(24.9)	(18.5)	(0.0)	(0.0)	(4.1)	34
District								
Colombo	71.4	13.2	5.5	11.3	0.0	0.0	13.8	88
Gampaha	(75.2)	(27.2)	(9.2)	(24.9)	(0.0)	(0.0)	(0.0)	60
Kalutara	*	*	*	*	*	*	*	31
Kandy	79.8	16.9	4.6	7.4	2.3	0.0	3.6	57
Matale	(85.0)	(15.2)	(10.7)	(15.2)	(7.7)	(0.0)	(2.6)	41
Nuwara Eliya	(49.7)	(20.4)	(34.1)	(30.4)	(0.0)	(0.0)	(6.2)	26
Galle	(80.0)	(37.7)	(10.4)	(2.0)	(0.0)	(0.0)	(5.5)	50
Matara	81.5	27.2	2.0	5.8	0.0	0.0	1.5	75
Hambantota	*	*	*	*	*	*	*	4
Jaffna	*	*	*	*	*	*	*	19
Mannar	*	*	*	*	*	*	*	1
Vavuniya	*	*	*	*	*	*	*	2
Mullaitivu	*	*	*	*	*	*	*	1
Kilinochchi	*	*	*	*	*	*	*	6
Batticaloa	*	*	*	*	*	*	*	18
Ampara	*	*	*	*	*	*	*	22
Trincomalee	(75.2)	(15.2)	(2.6)	(28.6)	(0.0)	(0.0)	(0.0)	26
Kurunegala	(84.6)	(30.1)	(7.8)	(9.3)	(0.0)	(2.1)	(2.5)	46
Puttalam	(80.1)	(21.7)	(13.8)	(35.6)	(0.0)	(0.0)	(0.0)	28
Anuradhapura	(94.8)	(41.2)	(4.0)	(8.0)	(0.0)	(0.0)	(0.0)	55
Polonnaruwa	*	*	*	*	*	*	*	12
Badulla	(71.3)	(24.6)	(5.4)	(15.9)	(1.8)	(0.0)	(0.0)	22
Moneragala	*	*	*	*	*	*	*	10
Ratnapura	(52.2)	(38.2)	(2.5)	(38.3)	(2.3)	(2.5)	(0.0)	50
Kegalle	*	*	*	*	*	*	*	15
Education								
No education	*	*	*	*	*	*	*	20
Passed Grade 1-5	72.8	32.4	12.7	18.8	0.0	0.0	4.0	83
Passed Grade 6-10	74.5	26.9	6.4	22.0	2.4	0.6	1.3	358
Passed G.C.E.(O/L) or equivalent	72.1	26.4	8.0	16.8	1.3	0.8	4.3	156
Passed G.C.E.(A/L) or equivalent	80.4	24.1	7.7	7.0	0.0	0.0	3.0	120
Degree and above	(74.1)	(32.7)	(0.5)	(11.4)	(0.0)	(0.0)	(8.7)	30
Wealth quintile								
Lowest	69.5	32.3	7.6	25.5	1.4	0.4	3.1	210
Second	74.7	21.3	9.4	24.0	2.2	1.5	2.2	172
Middle	80.0	33.7	6.4	12.5	0.0	0.0	0.6	145
Fourth	70.1	20.7	12.3	8.5	2.0	0.0	4.1	100
Highest	80.4	24.1	2.5	11.9	1.5	0.0	4.8	141
Total 15-49	74.7	27.1	7.4	18.0	1.4	0.4	2.9	767

13.4 KNOWLEDGE OF SERVICE PROVIDERS

All ever-married women were asked about the organizations they knew which provide services to combat violence against women. From Table 13.5 and Figure 13.5, shows that the “Sri Lanka Women Bureau” was mentioned by half of the women, followed by the “Women help line” and “Midwife” (26 percent each), the “Legal Aid Commission” (18 percent), and the “Department of Social Services” (17 percent). Also mentioned but with lower percentages were the “Mithuru Piyasa” (13 percent), and the “MOH” (10 percent).



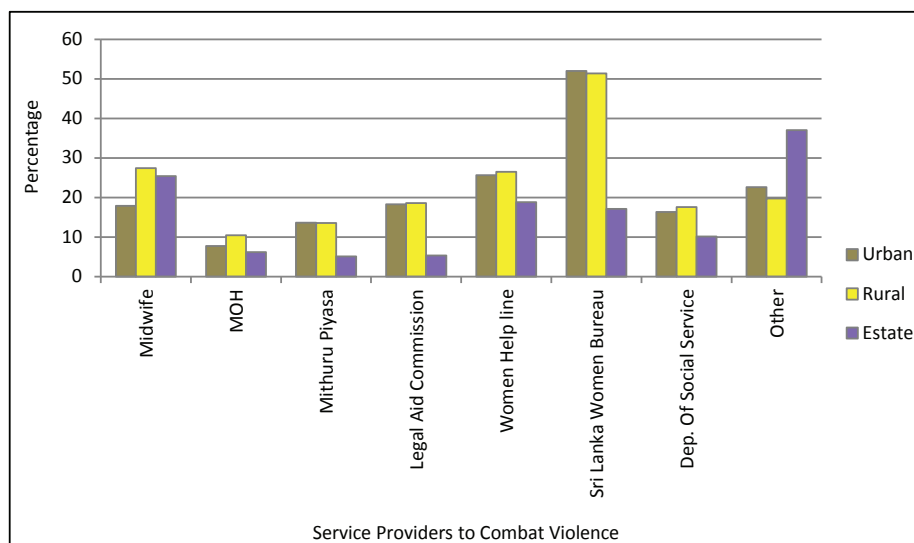
Figure 13.5 Women Knowledge on Service Providers



The “Sri Lanka Women Bureau” was better known by older women, those living in the urban and the rural sector, with higher levels of education and with greater household wealth. The knowledge of the “MOH”, as an institution providing services to combat violence against women, follows a flat pattern by background characteristics. The knowledge by district follows distinct patterns for each one of these available institutions and as such deserve a separate analysis. The district with the highest levels of knowledge by organization is as follows:

- “Sri Lanka Women Bureau” observed in Matara (72 percent),
- “Women help line” observed in Anuradhapura (61 percent),
- “Midwife” observed in Kegalle (50 percent),
- “Legal Aid Commission” observed in Anuradhapura (53 percent),
- “Department of Social Services” observed in Vavuniya (48 percent),
- “Mithuru Piyasa” observed in Galle (25 percent), and
- “MOH” observed in Moneragala (25 percent).

Figure 13.6 Women Knowledge on Service Providers by Residence



The figure 13.6 clearly shows that the estate sector people have less knowledge on formal organizations or specific people to stop violence. The category ‘Other’ has recorded the highest percentage (37%) for estate sector. One fourth of people in the estate sector knows about midwife to stop violence. Half of the people in urban and rural sectors aware about the Sri Lanka Women’s Bureau.

Table 13.5 Knowledge on service providers									
Percentage of women age 15-49 who know specific people/ organizations that combat violence against women according to background characteristics									
Background characteristic	Midwife	MOH	Person/Institute					Other	Number of women
			Mithuru Piyasa	Legal Aid Commission	Women Help line	Sri Lanka Women Bureau	Dep. Of Social Service		
Age									
15-19	29.2	9.7	8.1	12.5	17.3	37.9	12.1	27.8	169
20-24	28.3	9.6	10.8	16.2	26.0	45.1	16.1	22.7	1,130
25-29	27.0	10.1	12.5	17.6	26.3	50.0	17.0	18.8	2,335
30-34	26.4	11.3	13.1	19.1	27.2	51.5	18.1	18.5	3,364
35-39	25.7	9.9	14.4	18.2	27.4	52.6	16.8	20.4	3,720
40-44	24.4	8.6	14.1	17.9	25.4	50.1	17.4	21.0	3,056
45-49	24.7	9.3	12.6	18.1	24.0	48.3	17.0	24.5	2,856
Residence									
Urban	17.9	7.7	13.6	18.3	25.6	52.0	16.3	22.6	2,582
Rural	27.4	10.4	13.5	18.6	26.5	51.4	17.6	19.7	13,403
Estate	25.4	6.2	5.1	5.3	18.8	17.1	10.1	37.0	643
District									
Colombo	15.4	6.4	14.5	13.2	20.8	60.5	8.0	21.2	1,625
Gampaha	23.7	5.3	13.2	10.0	28.8	64.2	7.2	11.7	1,564
Kalutara	36.9	11.1	16.9	12.9	16.4	63.8	23.3	12.1	968
Kandy	25.8	7.7	12.1	10.8	24.2	49.1	13.1	21.4	1,117
Matale	22.1	9.1	3.3	6.3	9.1	50.9	17.9	46.1	432
Nuwara Eliya	17.6	6.6	8.4	14.0	25.1	28.0	12.8	36.1	543
Galle	41.0	17.8	24.7	38.3	42.9	66.3	45.7	23.9	818
Matara	18.4	10.7	17.8	19.7	33.3	71.5	9.9	18.8	681
Hambantota	35.2	13.1	11.6	20.1	23.7	44.4	10.0	25.5	519
Jaffna	19.9	4.6	1.7	35.0	29.3	16.8	16.3	18.7	443
Mannar	41.1	7.7	2.9	27.5	36.8	19.5	10.0	0.9	78
Vavuniya	25.1	10.7	8.1	19.2	31.0	32.7	47.8	1.7	125
Mullaitivu	16.8	6.0	1.7	14.0	23.5	27.1	34.8	39.9	76
Kilinochchi	40.7	13.1	4.3	8.5	18.7	10.1	18.1	19.6	88
Batticaloa	10.1	3.7	11.0	5.9	11.2	22.4	39.9	32.7	493
Ampara	37.3	15.3	6.3	22.6	15.3	32.5	37.3	6.3	669
Trincomalee	5.9	2.7	23.7	23.7	25.8	38.6	13.8	7.1	334
Kurunegala	15.4	9.0	17.4	14.0	26.4	46.8	13.6	29.8	1,481
Puttalam	23.5	13.7	8.1	13.7	23.2	53.5	19.2	5.4	620
Anuradhapura	22.1	14.1	21.8	53.1	60.6	59.8	16.2	4.5	907
Polonnaruwa	38.7	14.1	17.1	13.0	18.3	52.7	16.2	26.9	376
Badulla	24.4	6.9	5.6	4.4	7.7	31.1	8.9	47.1	656
Moneragala	49.4	24.6	13.3	39.3	48.9	60.3	20.6	2.7	436
Ratnapura	28.9	5.7	3.1	5.8	16.8	42.8	16.7	41.8	1,016
Kegalle	50.4	17.5	20.9	28.7	30.8	48.4	13.1	1.1	564
Education									
No education	29.4	6.2	3.7	9.7	9.7	16.2	10.5	39.9	248
Passed Grade 1-5	25.4	6.8	5.4	11.6	14.9	25.5	15.6	33.8	1,121
Passed Grade 6-10	26.2	8.8	9.3	15.2	22.1	44.1	15.4	25.1	7,351
Passed G.C.E.(O/L) or equivalent	26.9	10.4	15.6	21.1	30.2	53.1	16.7	14.7	3,682
Passed G.C.E.(A/L) or equivalent	24.5	11.7	18.8	21.1	32.1	65.8	19.7	15.0	3,438
Degree and above	22.5	14.5	27.7	28.7	37.8	70.6	28.4	10.1	788
Wealth quintile									
Lowest	27.1	8.0	6.9	14.8	17.9	29.7	16.6	27.5	3,062
Second	26.8	9.9	9.8	16.7	23.6	44.1	16.3	25.7	3,351
Middle	27.5	9.5	12.4	18.1	26.5	52.0	16.9	19.5	3,501
Fourth	24.1	10.4	16.4	19.3	30.0	58.9	17.6	16.9	3,473
Highest	23.5	11.2	20.2	20.8	31.5	64.4	18.3	15.2	3,241
Total 15-49	25.8	9.8	13.2	18.0	26.0	50.2	17.1	20.8	16,629



Key Findings

- **Awareness of Malaria:** Sixty three percent of the households in Sri Lanka are aware on the requirement to take malaria preventive medicines before travelling to a malaria endemic countries.
 - **Ownership of bed-nets:** Sixty nine percent of the households in Sri Lanka possess at least one mosquito net (treated or untreated), while all types of insecticide-treated nets (ITNs) are possessed by only 6 percent. On average, each household has 2 mosquito nets of any type.
 - Most of the insecticide-treated nets (91 percent) are donations and none-treated nets are purchased (93 percent).
- Use of ITNs:** Usage of any type of mosquito nets by under five year children (71 percent) shows a growth during this decade (2006-2016).
- Sixty percent of pregnant women slept under any type of mosquito net the night before the interview and shows an increase than 2006/007 SLDHS

Considerable progress has been made against malaria since the beginning of the century with the drastic decreases in cases and no indigenous case of malaria being reported since October 2012. Anti-malaria campaigns have been able to interrupt indigenous transmission of malaria during the years 2013-2016. Sri Lanka obtained the malaria-free certificate from WHO in 2016.

Currently, the biggest threat to the elimination efforts is the risk of resurgence due to imported malaria and the continuing receptivity in several parts of the country due to the persistence of malaria vectors. Over the past few years, most of the imported malaria cases were reported by foreign travelers or by Sri Lankan nationals returning from malaria endemic countries. With enhanced parasitological surveillance, 36 cases were reported in 2015 and 41 cases in 2016. The implications of the imported cases are discussed in the context of the challenges faced by the Anti-Malaria Campaign (AMC) and measures taken to prevent the reintroduction of malaria.

14.1 AWARENESS OF MALARIA

All households were interviewed in the 2016 SLDHS and quizzed whether the respondent have ever heard of malaria and essentialness to obtain malaria prevention treatment before traveling to countries that have a high prevalence of malaria. A responsible person in the household had answered for these questions. Table 14.1 presents that the ninety seven percent (97%) of households aware about the malaria and only three percent (3%) have never heard. Only 63 percent of households knew about the requirement to obtain malaria prevention treatment before traveling to countries that have a high prevalence of malaria. More attention should be given to educate people on the requirement to take preventive medicine before traveling to malaria endemic countries since that knowledge seems to be inadequate (37 percent of house holds were not aware).



Awareness of malaria	YES (%)	NO (%)	DON'T KNOW (%)
Ever heard of malaria	97.1	2.9	-
Essential to obtain malaria treatment before traveling in high prevalence countries	62.9	11.1	26.0

14.2 HOUSEHOLD OWNERSHIP OF MOSQUITO NETS

Ownership of insecticide-treated nets

Household with at least one insecticide-treated net (ITN). An ITN is defined as: (1) a factory- treated net that does not require any further treatment (long- lasting insecticidal net (LLIN) or (2) a net that has been soaked with insecticide within the past 12 months.

sample : Households

Full household ITN coverage

Percentage of households with at least one ITN for every two people.

sample : Households

All eligible households were visited during the 2016 SLDHS and information was obtained on the ownership of mosquito nets and, if so, how many. Respondents were also asked to show the mosquito nets they owned to the interviewer so that the interviewer could identify the type. There are two types of insecticide treated nets i.e. long lasting insecticide treated nets (LLIN) and temporary insecticide treated nets (Temporary ITN). The long lasting net is a factory-treated net that does not require any further treatment while the temporary insecticide treated net is a net that has been soaked with insecticide and will need to be re-soaked over time. Hence, all together these two types of nets are named as ITNs in this chapter. Table 14.2 presents the percentage of households with at least one mosquito net (normal net or ITN), the average number of nets per household, and the percentage of households with at least one net for every two people who slept in the household the previous night by background characteristics.

At the time of the 2016 SLDHS, 69 percent of the households had at least one mosquito net (normal net or ITNs). On average, each household has nearly 2 mosquito nets of any type (Table 14.2). In addition, almost half of the households (48 percent) had at least one net for every two persons who stayed in the household the night before the survey.

The household ownership of mosquito nets varies with residence. Households in the rural sector recorded the highest percentage of households with at least one type of mosquito net (72 percent compared to only 26 percent in the estates sector and 60 percent in the urban sector.). The use of ITNs is also higher in the rural areas and shows an inverse relationship with wealth. The same pattern can be observed in the previous SLDHS round (2006/07) but the all types of mosquito net usage was somewhat lower, 64 percent. The proportion of households possessing any type of mosquito nets and any ITNs in the estate sector is significantly lower than in other areas, perhaps due in part to the geographical variation (higher elevation and cooler climate) around the country.

The highest ownership of any type of mosquito net by district was reported for the Polonnaruwa district (97 percent), followed by Kurunegala (92 percent), Hambantota (88 percent), Kilinochchi (84 percent), Trincomalee (83 percent) and Anuradhapura (83 percent). Similarly, the lowest values were reported for Nuwara Eliya district (30 percent) due in part to the low prevalence of mosquitos and the high altitude of the district.

In terms of the household ownership of ITNs, the Trincomalee district has the highest proportion of households that possess ITNs (38 percent). Matale district shows a rapid growth in possession of ITNs compared to the SLDHS 2006/07 (up from just over 2 percent in 2006/07 to 21 percent in 2016), benefiting substantially from the donation of mosquito nets (see Table 14.2 below).

Table 14.2 Household possession of mosquito nets

Percentage of households with at least one mosquito net (treated or untreated), insecticide-treated net (ITN), and long-lasting insecticidal net (LLIN); average number of nets, ITNs, and LLINs per household; and percentage of households with at least one net, ITN, and LLIN per two persons who stayed in the household last night, by background characteristics, Sri Lanka 2016

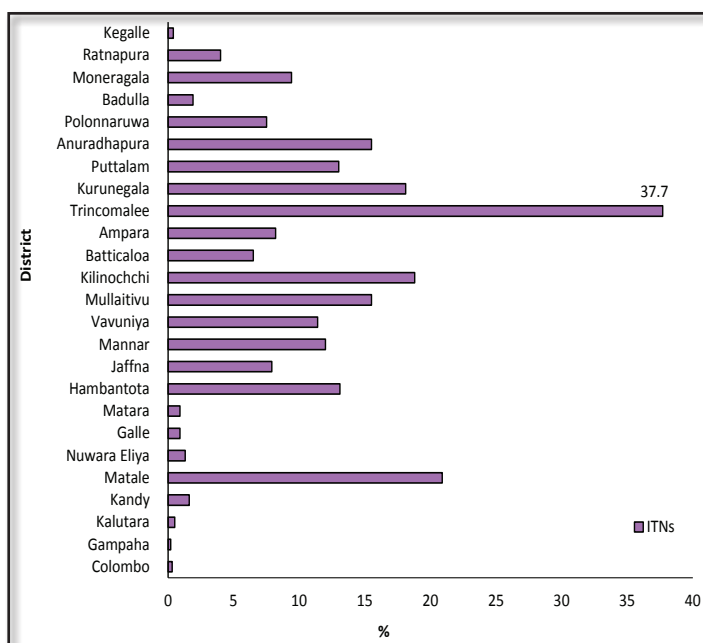
Background Characteristic	Percentage of households with at least one mosquito net			Average number of nets per household			Number of households	Percentage of households with at least one net for every two persons who stayed in the household last night			Number of households with at least one person who stayed in the household last night
	Any mosquito net	Insecticide-treated mosquito net (ITN) ¹	Long-lasting insecticidal net (LLIN)	Any mosquito net	Insecticide-treated mosquito net (ITN) ¹	Long-lasting insecticidal net (LLIN)		Any mosquito net	Insecticide-treated mosquito net (ITN) ¹	Long-lasting insecticidal net (LLIN)	
Residence											
Urban	59.5	2.6	2.5	1.3	0.0	0.0	4,309	38.8	0.5	0.4	4,299
Rural	72.4	7.5	7.2	1.7	0.1	0.1	21,778	52.3	2.4	2.3	21,645
Estate	26.2	0.2	0.2	0.4	0.0	0.0	1,122	9.4	0.1	0.1	1,119
District											
Colombo	57.5	0.3	0.2	1.3	0.0	0.0	2,722	40.1	0.0	0.0	2,715
Gampaha	71.1	0.2	0.2	1.6	0.0	0.0	2,815	49.7	0.0	0.0	2,806
Kalutara	69.3	0.5	0.5	1.6	0.0	0.0	1,618	47.2	0.1	0.1	1,607
Kandy	49.7	1.6	1.5	1.0	0.0	0.0	1,872	30.4	0.3	0.3	1,868
Matale	75.8	20.9	20.6	1.8	0.3	0.3	720	59.1	7.2	7.0	699
Nuwara Eliya	30.2	1.3	1.3	0.6	0.0	0.0	895	16.1	0.4	0.4	887
Galle	72.4	0.9	0.9	1.6	0.0	0.0	1,461	51.4	0.5	0.5	1,448
Matara	76.5	0.9	0.9	1.9	0.0	0.0	1,107	56.6	0.0	0.0	1,101
Hambantota	87.8	13.1	12.7	2.1	0.2	0.2	846	67.4	3.4	3.4	842
Jaffna	45.8	7.9	7.1	0.9	0.1	0.1	720	20.8	2.7	2.4	719
Mannar	62.0	12.0	11.9	1.1	0.2	0.2	126	25.8	4.9	4.9	126
Vavuniya	63.8	11.4	9.8	1.2	0.2	0.2	199	36.4	4.8	4.6	199
Mullaitivu	69.2	15.5	14.9	1.3	0.2	0.2	116	42.1	5.8	5.5	115
Kilinochchi	84.1	18.8	8.1	1.6	0.3	0.2	141	52.7	8.9	4.9	139
Batticaloa	57.8	6.5	6.4	0.9	0.1	0.1	699	22.8	2.0	1.8	696
Ampara	72.4	8.2	6.8	1.5	0.1	0.1	909	43.3	3.0	2.4	905
Trincomalee	83.3	37.7	37.1	1.8	0.6	0.6	507	55.2	13.6	13.6	504
Kurunegala	92.3	18.1	17.9	2.4	0.2	0.2	2,416	77.5	5.7	5.6	2,399
Puttlam	74.3	13.0	13.0	1.7	0.2	0.2	1,007	56.1	4.7	4.7	998
Anuradhapura	82.6	15.5	14.9	2.0	0.2	0.2	1,245	65.0	4.0	3.9	1,242
Polonnaruwa	96.5	7.5	6.5	2.6	0.1	0.1	577	85.2	2.6	2.2	576
Badulla	45.6	1.9	1.9	1.0	0.0	0.0	1,114	29.9	0.7	0.7	1,108
Moneragala	78.6	9.4	8.6	1.8	0.1	0.1	678	55.9	3.4	3.2	673
Ratnapura	64.7	4.0	4.0	1.4	0.0	0.0	1,567	42.5	0.5	0.5	1,556
Kegalle	62.8	0.4	0.2	1.5	0.0	0.0	1,134	44.8	0.2	0.1	1,133
Wealth quintile											
Lowest	54.7	7.9	7.4	0.9	0.1	0.1	6,149	32.8	3.3	3.1	6,084
Second	69.3	7.6	7.3	1.4	0.1	0.1	5,504	45.9	2.3	2.2	5,481
Middle	74.7	7.6	7.4	1.8	0.1	0.1	5,301	54.8	1.8	1.8	5,279
Fourth	75.5	5.8	5.6	1.9	0.1	0.1	5,164	56.7	1.7	1.7	5,143
Highest	70.6	2.8	2.7	1.9	0.0	0.0	5,094	54.6	0.8	0.7	5,077
Total	68.5	6.4	6.2	1.6	0.1	0.1	27,210	48.4	2.0	1.9	27,063

¹ An insecticide-treated net (ITN) is (1) a factory-treated net that does not require any further treatment (LLIN) or (2) a net that has been soaked with insecticide within the past 12 months

Figure 14.1 presents the possession of ITNs (LLINs and temporary ITNs) by district. The highest prevalence of these nets is observed in the districts of Trincomalee, Matale, Anuradhapura, Kurunegala, Kilinochchi, Mullaitivu and Hambantota.



Figure 14.1 Household ownership of ITNs (LLINs and Temporary ITNs) by district



By wealth quintile, household ownership of at least one mosquito net increases up to the fourth wealth quintile from 55 percent to 76 percent, although it is lower in the highest wealth quintile (71 percent). Households in the highest wealth quintile can afford to use other methods of mosquito control such as air-conditioning. The percentage of households owning either an ever-treated net or a temporary ITN declines with wealth quintile increasing and is highest among the poorest households. Although the absolute difference between lowest and highest figures is not that large because of the overall low percentage having these types of nets. This result reflects the government’s program of targeted distribution of ITNs, in communities at risk for malaria.

14.3 SOURCE OF MOSQUITO NETS

The population in general have access to buy normal mosquito nets from the market. Insecticide-treated mosquito nets (ITNs) are distributed by anti-malarial campaigns and by NGOs free of charge. In the 2016 SLDHS, respondents at the household level were asked about the source from which they obtained the mosquito net.

According to Table 14.3, the most common source of acquiring mosquito nets is purchasing. The majority of the untreated mosquito nets were obtained via direct purchase (93 percent).

Donation as a source of nets is highest in households of the rural sector (11 percent) compared with urban (6 percent) and estate (3 percent) households. By district, the percentage of households acquiring free nets is notably higher in the districts in the northern and eastern provinces.

The results presented in Figure 14.2 also indicate that most of the ITNs were acquired for free as a donation (91 percent) while only 9 were purchased or home made ITNs.

Figure 14.2 Sources of mosquito nets

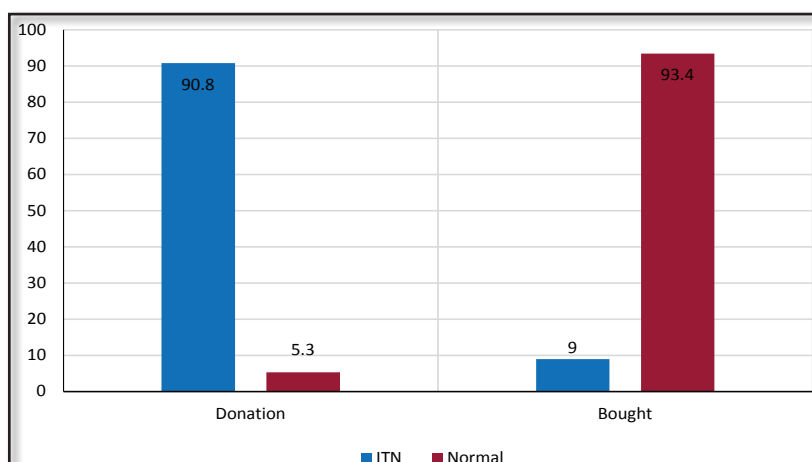


Table 14.3 Source of mosquito nets

Percent distribution of mosquito nets by source of net, according to background characteristics, Sri Lanka 2016

Background Characteristic	Donation	Bought	Home made	Other	Total	Number of mosquito nets
Type of net						
ITN ¹	90.8	9.0	0.1	0.0	100.0	2,274
Normal ²	5.3	93.4	1.1	0.2	100.0	40,082
Residence						
Urban	5.6	92.7	1.5	0.2	100.0	5,645
Rural	10.6	88.2	1.0	0.2	100.0	36,250
Estate	2.7	96.6	0.2	0.6	100.0	461
District						
Colombo	2.4	96.4	1.1	0.1	100.0	3,439
Gampaha	0.9	98.3	0.7	0.1	100.0	4,452
Kalutara	2.5	96.5	0.9	0.1	100.0	2,552
Kandy	5.9	93.2	0.4	0.5	100.0	1,920
Matale	20.7	79.1	0.1	0.1	100.0	1,325
Nuwara Eliya	5.6	93.6	0.4	0.3	100.0	498
Galle	3.3	94.3	1.8	0.6	100.0	2,377
Matara	2.4	95.7	1.3	0.6	100.0	2,156
Hambantota	11.6	87.2	0.9	0.3	100.0	1,745
Jaffna	30.6	63.0	6.3	0.0	100.0	630
Mannar	36.5	52.7	10.8	0.0	100.0	133
Vavuniya	41.7	57.4	1.0	0.0	100.0	246
Mullaitivu	42.3	55.5	2.1	0.0	100.0	153
Kilinochchi	58.6	38.3	3.1	0.0	100.0	225
Batticaloa	32.5	67.5	0.0	0.0	100.0	614
Ampara	19.0	80.5	0.5	0.0	100.0	1,356
Trincomalee	33.2	66.4	0.4	0.0	100.0	910
Kurunegala	11.3	87.5	0.9	0.3	100.0	5,684
Puttalam	16.2	81.8	2.0	0.0	100.0	1,678
Anuradhapura	16.0	82.9	1.1	0.0	100.0	2,550
Polonnaruwa	7.1	91.0	1.8	0.1	100.0	1,474
Badulla	9.4	89.9	0.6	0.2	100.0	1,151
Moneragala	22.2	77.5	0.2	0.1	100.0	1,238
Ratnapura	5.5	93.1	0.5	0.9	100.0	2,178
Kegalle	0.7	98.9	0.3	0.2	100.0	1,668
Wealth quintile						
Lowest	24.3	74.0	1.1	0.7	100.0	5,601
Second	12.6	86.2	1.0	0.3	100.0	7,978
Middle	9.0	89.8	1.0	0.2	100.0	9,340
Fourth	6.8	91.9	1.1	0.2	100.0	9,724
Highest	3.2	95.8	0.9	0.0	100.0	9,712
Total	9.9	88.9	1.0	0.2	100.0	42,356

¹ An insecticide-treated net (ITN) is (1) a factory-treated net that does not require any further treatment (LLIN) or (2) a net that has been soaked with insecticide within the past 12 months.

² Any net that is not an ITN



14.4 USE OF MOSQUITO NETS BY CHILDREN UNDER AGE 5

Young children are especially vulnerable to malaria and other mosquito borne diseases therefore it is important to protect them with mosquito nets at night. Table 14.4 shows that 71 percent of children under 5 years of age, slept under a mosquito net (treated or untreated) the night before the survey. This value is an increase over the 64 percent reported in 2006-07. Excluding northern province the figure for 2016 is 73 percent.

The data represents that the age of children and the use of mosquito nets are negatively related. (The lowest age group <12 months has the highest percentage (80%) of use of mosquito nets and highest age group 36-47 months has the lowest percentage (66%) of use of mosquito nets). Children in rural areas are more likely to sleep under a treated or untreated mosquito net (76 percent) than those in the urban (58 percent) and the estate (35 percent) sectors. Children from the Polonnaruwa district have the highest percentage who slept under a mosquito net (treated or untreated) the night before the surveys (95 percent), followed by those in Kurunegala (93 percent), and Hambantota (90 percent). The lowest percentages are observed in Jaffna (22 percent), and Nuwaraeliya (40 percent). The percentages of children who slept under an ITNs are very low (4 percent). The percentage of children who slept under a mosquito net (treated or untreated) during the night before the survey increases with household wealth up to the middle wealth quintile and declines afterwards (see Table 14.4).

Table 14.4 Use of mosquito nets by children						
Percentage of children under five years of age who, the night before the survey, slept under a mosquito net (treated or untreated), under an insecticide-treated net (ITN), under a long-lasting insecticidal net (LLIN); and among children under five years of age in households with at least one ITN, the percentage who slept under an ITN the night before the survey, by background characteristics, Sri Lanka 2016						
Background Characteristic	Children under age 5 in all households			Number of children	Children under age 5 in households with at least one ITN ¹	
	Percentage who slept under any mosquito net last night	Percentage who slept under an ITN ¹ last night	Percentage who slept under an LLIN last night		Percentage who slept under an ITN ¹ last night	Number of children
Age in months						
<12	79.6	3.6	3.3	1,496	44.7	119
12-23	73.7	3.3	3.1	1,596	47.9	109
24-35	71.4	4.3	4.3	1,739	55.0	136
36-47	66.2	3.4	3.4	1,710	55.9	105
48-59	65.6	3.0	2.7	1,734	49.7	104
Sex						
Male	71.4	3.5	3.3	4,278	51.5	287
Female	70.6	3.6	3.4	3,997	49.9	286
Residence						
Urban	58.2	1.5	1.5	1,307	44.8	44
Rural	75.6	4.1	3.9	6,598	51.2	529
Estate	35.4	0.0	0.0	369	*	0
District						
Colombo	59.7	0.4	0.4	720	*	5
Gampaha	75.0	0.2	0.2	776	*	1
Kalutara	75.1	0.3	0.3	517	*	4
Kandy	61.4	2.1	2.1	589	*	19
Matale	78.0	11.8	11.8	220	(49.9)	52
Nuwara Eliya	39.5	1.0	1.0	281	*	3
Galle	76.0	0.2	0.2	439	*	6
Matara	78.5	0.4	0.4	345	*	1
Hambantota	90.1	5.1	5.1	269	(53.1)	26
Jaffna	21.6	2.4	2.4	208	*	19
Mannar	46.1	2.4	2.4	42	*	4
Vavuniya	60.1	11.1	10.1	64	(82.5)	9
Mullaitivu	63.4	9.4	8.9	38	(57.3)	6
Kilinochchi	66.9	11.0	5.6	46	(55.7)	9
Batticaloa	44.3	2.4	2.4	248	*	14
Ampara	68.5	4.4	4.0	363	(55.0)	29
Trincomalee	64.0	21.7	20.7	191	52.9	79
Kurunegala	93.2	7.6	7.6	690	45.0	117
Puttalam	77.5	4.4	4.4	296	(44.1)	30
Anuradhapura	85.1	8.2	7.9	422	51.0	68
Polonnaruwa	94.9	5.6	4.5	188	*	13
Badulla	55.1	2.4	2.4	306	*	13
Moneragala	81.9	5.9	5.6	244	(59.9)	24
Ratnapura	69.3	1.6	1.6	450	*	20
Kegalle	79.5	0.7	0.4	320	*	2
Wealth quintile						
Lowest	56.9	4.8	4.5	1,662	55.7	143
Second	70.8	4.4	4.2	1,693	56.0	133
Middle	78.2	4.4	4.3	1,655	50.0	145
Fourth	76.6	2.9	2.8	1,769	45.8	113
Highest	72.3	0.8	0.8	1,495	(30.9)	40
Total	71.0	3.5	3.4	8,275	50.7	573

Note: Table is based on children who stayed in the household the night before the interview.

¹ An insecticide-treated net (ITN) is (1) a factory-treated net that does not require any further treatment (LLIN) or (2) a net that has been soaked with insecticide within the past 12 months

² Indoor residual spraying (IRS) is limited to spraying conducted by a government, private or non-governmental organization

14.5 USE OF MOSQUITO NETS BY PREGNANT WOMEN

In order to prevent complications from malaria during pregnancy, such as anemia, low birth weight, and trans-placental parasitemia, all pregnant women are encouraged to sleep under mosquito nets. However, and as mentioned before, since October 2012, Sri Lanka has eliminated malaria and no native transmitted malaria patients are found. During the 2016 SLDHS, all ever-married women age 15-49 who were pregnant at the time of the survey were asked if they had slept under a mosquito net the night before the survey.

In national level 60 percent of the pregnant women age 15 to 49 slept under any net the night before the interview; in 2016 SLDHS, this figure is 62 percent excluding Northern Province. Use of any type of mosquito net is higher among pregnant women residing in the rural sector (64 percent) than urban (51 percent) and estate (16 percent) sectors. Pregnant women with higher educational level are more likely to have slept under any type of mosquito net the night before the interview (68 percent among those with degree and above) than those with lower educational levels. The percentage of pregnant women who slept under a mosquito net (treated or untreated) during the night before the survey increases with household wealth up to the middle wealth quintile and it declines at the highest quintile. (See Table 14.5)

Table 14.5 Use of mosquito nets by pregnant women

Percentages of pregnant ever married women age 15-49 who, the night before the survey, slept under a mosquito net (treated or untreated), under an insecticide-treated net (ITN), under a long-lasting insecticidal net (LLIN); and among pregnant women age 15-49 in households with at least one ITN, the percentage who slept under an ITN the night before the survey, by background characteristics, Sri Lanka 2016

Background Characteristic	Among pregnant women age 15-49 in all households				Number of women	Among pregnant women age 15-49 in households with at least one ITN ¹	
	Percentage who slept under any mosquito net last night	Percentage who slept under an ITN ¹ last night	Percentage who slept under an LLIN last night	Percentage who slept under an ITN ¹ last night or in a dwelling sprayed with IRS ² in the past 12 months		Percentage who slept under an ITN ¹ last night	Number of women
Residence							
Urban	51.0	0.0	0.0	0.0	120	*	5
Rural	64.1	4.1	3.9	4.1	682	39.7	70
Estate	16.4	1.8	1.8	1.8	39	*	1
District							
Colombo	55.5	0.0	0.0	0.0	65	*	0
Gampaha	53.4	0.0	0.0	0.0	91	*	0
Kalutara	(32.0)	(0.0)	(0.0)	(0.0)	34	*	0
Kandy	52.1	5.9	5.9	5.9	49	*	3
Matale	(59.1)	(3.6)	(3.6)	(3.6)	29	*	5
Nuwara Eliya	*	*	*	*	20	*	0
Galle	(52.9)	(0.0)	(0.0)	(0.0)	42	*	0
Matara	(64.2)	(1.9)	(1.9)	(1.9)	38	*	1
Hambantota	(83.8)	(0.0)	(0.0)	(0.0)	29	*	1
Jaffna	*	*	*	*	20	*	2
Mannar	*	*	*	*	4	*	1
Vavuniya	*	*	*	*	5	*	1
Mullaitivu	*	*	*	*	2	*	0
Kilinochchi	*	*	*	*	4	*	0
Batticaloa	(37.3)	(0.0)	(0.0)	(0.0)	27	*	1
Ampara	(56.1)	(0.0)	(0.0)	(0.0)	44	*	5
Trincomalee	(46.8)	(15.8)	(15.8)	(15.8)	22	*	9
Kurunegala	90.0	6.9	6.9	6.9	80	*	16
Puttalam	(75.2)	(18.9)	(18.9)	(18.9)	29	*	8
Anuradhapura	(85.6)	(6.8)	(4.1)	(6.8)	55	*	9
Polonnaruwa	*	*	*	*	21	*	4
Badulla	(48.4)	(0.0)	(0.0)	(0.0)	30	*	0
Moneragala	(68.1)	(0.0)	(0.0)	(0.0)	27	*	3
Ratnapura	(60.7)	(4.3)	(4.3)	(4.3)	39	*	6
Kegalle	(56.6)	(0.0)	(0.0)	(0.0)	35	*	1
Education							
No education	*	*	*	*	3	*	1
Passed Grade 1-5	*	*	*	*	17	*	1
Passed Grade 6-10	61.6	4.1	4.1	4.1	330	(36.9)	37
Passed G.C.E.(O/L) or equivalent	55.1	3.3	3.3	3.3	206	*	15
Passed G.C.E.(A/L) or equivalent	61.9	1.6	0.9	1.6	212	*	13
Degree and above	68.0	6.5	6.5	6.5	73	*	10
Wealth quintile							
Lowest	46.0	2.4	2.4	2.4	142	*	14
Second	58.8	5.2	5.2	5.2	159	*	15
Middle	64.0	3.5	2.7	3.5	182	*	19
Fourth	66.7	4.0	4.0	4.0	209	*	21
Highest	60.2	1.4	1.4	1.4	150	*	7
Total	60.0	3.4	3.2	3.4	841	37.4	76

Note: Table is based on women who stayed in the household the night before the interview.

¹ An insecticide-treated net (ITN) is (1) a factory-treated net that does not require any further treatment (LLIN) or (2) a net that has been soaked with insecticide within the past 12 months

² Indoor residual spraying (IRS) is limited to spraying conducted by a government, private or non-governmental organization



Key Findings

- **Ownership of bank accounts and mobile phone:** Eighty-three percent of women use an account in a bank or other financial institution and 78 percent own a mobile phone.
- **Participation in decision-making:** Overall, 77 percent of the currently married women participated in the three key household decisions identified and only 6 percent participated in none of the three decisions
- **Women's empowerment:** Forty-five percent of the women not involved in the decision process in the household ("0" decisions) are not using contraception, compared to only 35 percent among those involved in one or more of the three decisions.
- **Women's empowerment and unmet need for contraception:** women who participate in the three main decisions in their household reported lower percentages of unmet need for contraception (7 percent) compared to 10 percent among those without participation. The percentages are similar for both types of unmet need for contraception (for spacing and for limiting).

The 2016 Sri Lanka Demographic and Health Survey (SLDHS) collected data from eligible respondents on general background characteristics of female respondents and their households, including: age, place of residence, level of education, household wealth, and employment status. In addition, data was collected on issues related to women's empowerment, such as the ownership and use of bank accounts and mobile phones and woman's participation in household decision-making. For this report, an index of empowerment was developed based on the number of household decisions in which the respondent participates. The ranking of women on this index is then related to selected demographic and health outcomes including contraceptive use, ideal number of children, unmet need for contraception, and reproductive health care (antenatal, delivery and postnatal care).

15.1 OWNERSHIP OF BANK ACCOUNTS AND MOBILE PHONES

Ever-married women age 15-49 included in the sample of the 2016 SLDHS were asked about their ownership and use of accounts in a bank or other financial institution, and the ownership of a mobile phone and its use to conduct financial transactions. Overall, use of bank accounts and ownership of mobile phones among ever-married women is high. Thus, 83 percent of them use an account in a bank or other financial institution, and 78 percent own a mobile phone. However, only 4 percent of them use the mobile phone to complete financial transactions (Table 15.1).

Ever-married women from the rural and urban sectors are more likely to use a bank account, own a mobile phone, For example, more than eighty percent of the women from the rural and urban sector use a bank account, compared with 69 percent of those in the estates sector; more than three out of four women in the rural and urban sectors own a mobile phone, compared with just 55 percent in the estates sector. The use of the mobile phone for transactions according to sector of residence shows a different pattern in which the urban and estates sector women make greater use (7 percent and 8 percent) than those in the rural sector (3 percent, Table 15.1).



Use of a bank account, mobile phone ownership, and mobile phone use for financial transactions increases with education of the woman and household wealth. For example, while only 39 percent of ever-married women with no education own a mobile phone, this percentage is at the highest value (99 percent) among ever-married women with degree and above. Similarly, 57 percent of ever-married women in the poorest 20 percent of the households own a mobile phone compared with 93 percent of those in the richest 20 percent.

Table 15.1 Ownership and use of bank accounts and mobile phones					
Percentage of ever-married women age 15-49 who use an account in a bank or other financial institution and percentage who own a mobile phone; among women who own a mobile phone, percentage who use it for financial transactions, according to background characteristics, Sri Lanka 2016					
Background characteristic	Use a bank account	Own a mobile phone	Number of women	Use mobile phone for financial transactions	Number of women who own a mobile phone
Age					
15-19	67.7	64.5	229	1.6	148
20-24	79.4	77.0	1,410	5.1	1,085
25-29	85.0	84.2	2,620	5.1	2,206
30-34	85.5	83.3	3,615	3.8	3,011
35-39	84.6	79.8	3,945	4.2	3,148
40-44	83.7	74.8	3,269	3.2	2,446
45-49	78.1	67.6	3,214	2.4	2,174
Residence					
Urban	81.0	84.6	2,855	6.8	2,414
Rural	83.9	77.4	14,737	3.1	11,414
Estate	69.1	55.1	710	8.3	391
District					
Colombo	83.9	87.0	1,731	5.3	1,506
Gampaha	84.6	81.1	1,845	3.6	1,497
Kalutara	79.9	77.0	1,104	2.5	851
Kandy	80.6	81.2	1,223	3.9	993
Matale	80.5	73.4	490	1.2	360
Nuwaraeliya	78.3	68.6	572	7.8	392
Galle	85.1	79.6	935	5.2	744
Matara	89.2	85.0	718	4.4	611
Hambantota	85.3	74.4	556	2.0	414
Jaffna	85.1	79.4	471	5.2	374
Mannar	85.7	89.3	81	3.0	73
Vavuniya	74.9	84.0	136	7.6	115
Mullaitivu	85.7	78.4	81	1.0	64
Killinochchi	76.7	75.0	94	3.1	70
Batticaloa	75.3	73.3	531	24.0	389
Ampara	74.9	69.0	731	1.5	504
Trincomalee	71.6	65.7	362	13.9	238
Kurunegala	86.1	78.9	1,592	1.5	1,257
Puttalam	82.6	79.6	664	2.6	528
Anuradhapura	85.7	76.0	984	1.4	748
Polonnaruwa	87.0	72.0	399	2.1	287
Badulla	84.1	67.6	735	2.6	497
Monaragala	84.1	75.8	485	0.8	367
Ratnapura	82.7	70.0	1,084	1.3	758
Kegalle	84.6	83.5	698	0.7	583
Education					
No education	49.1	39.4	285	6.1	112
Passed Grade 1-5	63.3	50.3	1,257	4.2	632
Passed Grade 6-10	79.1	71.9	8,130	2.4	5,841
Passed G.C.E.(O/L) or equivalent	86.5	83.8	4,044	3.7	3,388
Passed G.C.E.(A/L) or equivalent	93.1	91.0	3,731	5.2	3,394
Degree and above	98.4	99.3	856	8.7	850
Wealth quintile					
Lowest	70.7	56.8	3,390	4.2	1,925
Second	78.9	71.7	3,695	2.7	2,649
Middle	84.7	79.3	3,838	2.5	3,045
Fourth	87.6	85.8	3,816	3.6	3,273
Highest	91.9	93.4	3,562	6.2	3,326
Total	82.9	77.7	18,302	3.9	14,218

15.2 PARTICIPATION IN DECISION MAKING

Currently married women were asked in the 2016 SLDHS about the person (respondent, her husband or partner, together, or someone else) who makes the decisions about a) the health care for herself, b) major household purchases, and c) visits to her family or relatives.

Participation in major household decisions

Women are considered to participate in household decision if they make decisions alone or jointly with their husband in all three of the following areas: (1) the woman's health care, (2) major household purchases, and (3) visits to the woman's family or relatives.

sample : Currently married women age 15-49

The majority of the currently married women in Sri Lanka (85 percent or more) participate in each of three common household decisions. However, a smaller percentage indicated that they were the main decision-maker: 35 percent on her own health care, 20 percent on major household purchases, and just 16 percent on visits to her family or relatives. Overall, 77 percent of the currently married women indicated that they participate in all three decisions and only 6 percent participate in none of the three decisions (Table 15.2, Table 15.3, Figure 15.1).

Table 15.2 Participation in decision making
Percent distribution of currently married women age 15-49 by person who usually makes decisions about various issues, Sri Lanka 2016

Decision	Mainly wife	Wife and husband jointly	Mainly husband	Someone else	Total	Number of women
Own health care	34.5	51.5	13.5	0.5	100.0	17,257
Major household purchases	20.2	64.7	13.7	1.5	100.0	17,257
Visits to her family or relatives	15.9	72.6	10.7	0.8	100.0	17,257

Since 2006-07, there is an increase in the number of women who report participation in these three common household decisions. Women involved in decisions about their health care increased from 78 percent to 86 percent in 2016. Women's involvement in decisions about major household purchases increased from 83 percent to 85 percent, and participation in decisions about visits to family increased from 80 percent to 89 percent.

The before mentioned changes are primarily due to increases in joint decision making as opposed to increases in women's exclusive decision making in these three situations. Changes in exclusive decision making is negligible for decisions related to the woman's health care, while women's sole decision for major household purchases actually decreased from 25 percent in 2006-07 to 20 percent in 2016. Similarly, exclusive decision making for visits to family also declined from 22 percent to 16 percent in 2016. Yet, the "mainly husband" decision category, declined for "own health care" from 21 percent in 2006-07 to 14 percent in 2016.

By background characteristics, currently married women's involvement in all three decisions increases with age from 66 percent among women age 15-19 to a peak 78 percent among women age 30-34. Consequently, 10 percent of the 15-19 currently married women do not participate in any of these three decisions (Table 15.3). There appears to be no differences in the decision-making participation by sector of residence, since the majority of the currently married women participate in all three decisions (71 percent for the estates sector, 74 for urban sector and 78 percent for the rural sector). However, a greater percentage of currently married women in the estate sector (10 percent) do not participate in any of the three decisions.

By district of residence, the percentage of women with no-voice in any of these three decisions varies substantially, with the highest percentages observed among currently married women of Mullaitivu (20 percent), Batticaloa (18 percent) and Jaffna (18 percent).



Figure 15.1 Women's participation in decision making

The lowest percentages were reported by currently married women in Hambantota, Polonnaruwa, Ratnapura, Matara and Kalutara (all with 2 percent or less).

The participation in all three decisions by currently married women increases with the level of education and the household wealth. Currently married women in the highest wealth quintile are more likely to participate in decision-making compared with women in lower wealth quintiles (80 percent compared with 73 percent).

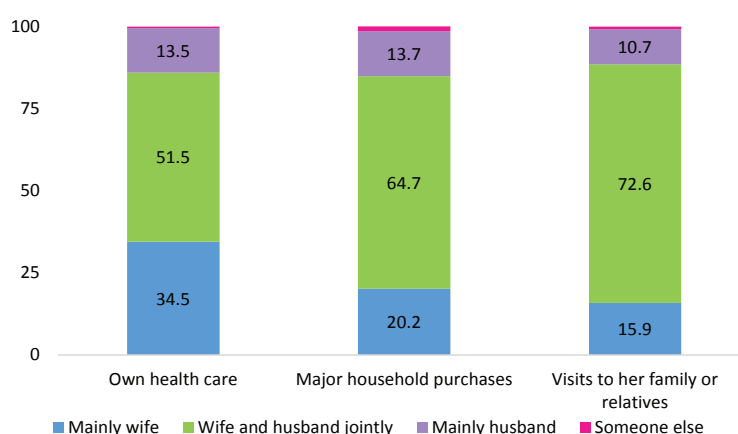


Table 15.3 Women's participation in decision making by background characteristics

Percentage of currently married women age 15-49 who usually make specific decisions either by themselves or jointly with their husband, by background characteristics, Sri Lanka 2016

Background characteristic	Specific decisions				None of the three decisions	Number of women
	Woman's own health care	making major household purchases	Visits to her family or relatives	All three decisions		
Age						
15-19	80.1	76.2	81.9	65.9	10.2	225
20-24	83.8	80.2	84.3	71.4	8.0	1,373
25-29	85.2	83.8	87.2	75.1	6.5	2,559
30-34	87.5	85.7	89.3	78.1	5.3	3,481
35-39	85.8	85.9	88.7	77.8	6.0	3,735
40-44	86.5	85.2	90.3	78.4	5.6	3,033
45-49	86.4	85.8	89.1	78.1	6.3	2,851
Number of living children						
0	82.8	81.6	86.0	72.4	7.8	1,760
1-2	87.0	85.7	89.1	77.9	5.5	10,821
3-4	85.4	84.5	88.4	76.9	6.5	4,351
5+	78.3	78.5	83.7	69.2	11.6	325
Residence						
Urban	83.7	83.5	87.1	73.7	6.8	2,682
Rural	86.7	85.3	89.0	77.8	5.8	13,906
Estate	80.8	80.6	83.3	71.0	9.5	669
District						
Colombo	87.2	86.9	89.4	77.8	4.9	1,625
Gampaha	82.1	86.0	88.8	74.1	5.4	1,755
Kalutara	86.6	87.8	94.0	80.2	2.4	1,040
Kandy	89.6	85.2	87.6	79.7	5.8	1,174
Matale	85.9	78.9	79.5	62.7	4.0	456
Nuwaraeliya	81.8	85.3	86.3	76.9	9.8	552
Galle	82.4	83.2	88.7	70.1	4.8	896
Matara	92.3	86.4	95.1	80.6	2.2	685
Hambantota	94.4	92.2	95.2	86.8	1.6	532
Jaffna	66.8	69.7	78.4	58.6	17.9	409
Mannar	90.0	90.4	90.6	89.2	8.7	76
Vavuniya	77.5	84.8	89.5	72.8	5.6	125
Mullaitivu	73.8	74.6	78.5	69.0	19.9	67
Killinochchi	79.1	69.2	81.7	57.1	8.7	81
Batticaloa	76.7	70.9	75.8	66.7	18.3	491
Ampara	89.1	92.3	94.1	85.3	3.3	692
Trincomalee	83.8	85.1	92.6	75.6	3.6	331
Kurunegala	86.3	83.4	86.6	78.7	9.6	1,501
Puttalam	85.1	86.3	86.5	78.0	8.2	635
Anuradhapura	88.6	86.8	88.5	81.8	5.5	919
Polonnaruwa	94.3	89.0	90.4	82.5	1.7	381
Badulla	85.4	80.6	85.8	72.3	5.9	697
Monaragala	83.5	81.8	83.3	78.8	14.5	452
Ratnapura	90.0	85.1	92.4	76.5	1.7	1,025
Kegalle	89.9	86.7	89.1	82.4	6.6	658
Education						
No education	82.8	78.1	81.0	70.3	9.4	235
Passed Grade 1-5	83.0	82.5	85.6	74.3	9.4	1,099
Passed Grade 6-10	85.1	84.0	88.0	76.0	6.6	7,629
Passed G.C.E.(O/L) or equivalent	85.2	83.9	88.5	75.4	6.2	3,842
Passed G.C.E.(A/L) or equivalent	89.5	87.7	90.7	80.5	4.2	3,611
Degree and above	88.4	89.2	90.0	82.0	5.0	841
Wealth quintile						
Lowest	83.3	81.4	85.6	73.1	8.3	3,065
Second	84.8	83.3	87.5	75.3	6.8	3,459
Middle	86.9	85.4	89.0	78.2	6.3	3,621
Fourth	86.9	86.0	89.2	77.9	5.4	3,658
Highest	87.8	87.6	90.9	79.7	4.3	3,454
Total	86.0	84.8	88.5	76.9	6.1	17,257

15.3 WOMEN'S EMPOWERMENT INDICATOR

One indicator is included here to represent the empowerment of currently married women and is based on women's participation in making household decisions. This indicator asks the number of decisions in which women participate either alone or jointly with their husband or partner. This index ranges from 0 to 3 and reflects the degree of decision-making control that women are able to exercise in areas that affect their lives and the level of women's empowerment in a society.

15.3.1 CURRENT USE OF CONTRACEPTION BY WOMAN'S EMPOWERMENT STATUS

A woman's desire and ability to control her fertility and her choice of contraceptive methods are affected by her status in the household and her own sense of empowerment. A woman who is unable to control other aspects of her life may be less able to make decisions about her fertility. She may also need to choose contraceptive methods that are less obvious or do not require the approval or knowledge of her husband.

Participation in household decisions is positively associated with contraceptive use (both modern and traditional methods). As the number of decisions in which a woman participates increases, so does the use of any contraception, including any modern contraception. The data show that participation in one to two household decisions indicates a noticeable increase in the likelihood the woman will use contraception (Table 15.4). The distribution of currently married women not using contraception is associated with the level of decision-making in which women are involved. Almost half of the women not involved in the decision-making process in the household ("0" decisions in Table 15.4) are not using contraception (45 percent), compared to only 35 percent among those involved in one or more of the three decisions.

Table 15.4 Current use of contraception by women's empowerment

Percent distribution of currently married women age 15-49 by current contraceptive method, according to number of decisions in which women participate, Sri Lanka 2016

Empowerment indicator	Any method	Any modern method	Female sterilization	Male sterilization	Temporary modern female methods ²	Male condom	Any traditional method	Not currently using	Total	Number of women
Number of decisions in which women participate¹										
0	55.4	48.1	14.1	0.1	28.0	5.8	7.3	44.6	100.0	1,058
1-2	64.9	53.6	13.7	0.0	32.4	7.4	11.4	35.1	100.0	2,923
3	65.3	54.0	14.0	0.1	32.9	7.0	11.3	34.7	100.0	13,276
Total	64.6	53.6	14.0	0.0	32.5	7.0	11.0	35.4	100.0	17,257

Note: If more than one method is used, only the most effective method is considered in this tabulation.
¹ Women's own health care; specific decisions making major household purchases and; visits to her family or relatives.
² Pill, IUD, injectable, implants, female condom, emergency contraception, standard days method, lactational amenorrhea method, and other modern methods

15.3.2 WOMEN'S EMPOWERMENT AND IDEAL NUMBER OF CHILDREN AND UNMET NEED FOR CONTRACEPTION

A woman who becomes more empowered is more likely to have a say in the number of children (ideal number of children) she desires and the time at which she has her children. She has more control over her ability to access and use contraceptives and to space and limit her family size.

Women who participate in household decision making have similar ideal numbers of children than those without participation, a fact that is associated with the already relatively low fertility discussed in previous chapters of this report. However, women who participate in the three main decisions in their household reported lower percentages of unmet need for contraception (7 percent) compared to 10 percent among those without participation (Table 15.5). The percentages are similar for both types of unmet need for contraception (for spacing and for limiting).



Table 15.5 Ideal number of children and unmet need for family planning by women's empowerment						
Mean ideal number of children for currently married women age 15-49 and percentage of currently married women age 15-49 with an unmet need for family planning, by number of decisions in which women participate, Sri Lanka 2016						
Empowerment indicator	Mean ideal number of children ¹	Number of women	Percentage of currently married women with an unmet need for family planning ²			Number of women
			For spacing	For limiting	Total	
Number of decisions in which women participate¹						
0	2.6	1,045	4.6	5.4	9.9	1,058
1-2	2.6	2,900	3.7	3.8	7.6	2,923
3	2.5	13,224	2.9	4.5	7.3	13,276
Total	2.5	18,191	3.1	4.4	7.5	17,257
¹ Mean excludes respondents who gave non-numeric responses.						
² Figures for unmet need correspond to the revised definition described in Bradley et al., 2012.						
³ Restricted to currently married women. See Table 15.2 for the list of decisions.						

15.3.3 EARLY CHILDHOOD MORTALITY RATES BY WOMEN'S EMPOWERMENT STATUS

The ability of women to access information, make decisions, and act effectively in their own interests or in the interests of those who depend on them is essential to their empowerment. If women, the primary caretakers of children, are empowered, the health and survival of their children will also be enhanced.

According to the data present in table 15.6 no clear pattern can be observed between early childhood mortality rates and woman's empowerment status.

Table 15.6 Early childhood mortality rates by women's status			
Infant, child, and under-five mortality rates for the 10-year period preceding the survey, by indicators of women's empowerment, Sri Lanka 2016			
Empowerment indicator	Infant mortality (1q0)		Under-five mortality (5q0)
	Child mortality (4q1)		
Number of decisions in which women participate¹			
0	9	2	12
1-2	9	2	11
3	11	1	12
¹ Restricted to currently married women. See Table 15.2 for the list of decisions.			

Key Findings

- **Non-Communicable Diseases:** Overall, heart disease, high blood pressure diabetes and high blood cholesterol are mostly prevalent among older population(40 or more years of age). Wheezing and asthma, and chronic kidney disease seem to affect all age groups, although with slightly higher percentages among older population.
- **Heart Disease:** Two percent of the population.
- **High Blood Pressure:** Eight percent of the population.
- **Wheezing/Asthma:** Four percent of the population.
- **Diabetes:** Six percent of the population.
- **High Blood Cholesterol:** Five percent of the population.
- **Chronic Kidney Diseases:** One percent of the population.
- **Accidents:** Road accidents, Serious Fall and Animal Bites have the highest prevalence at only 1 percent.
- **Mental Illnesses:** Globally, less than one percent (0.7 percent) of household members were undergoing treatment for any kind of mental illness.
- **Suicides:** Less than one percent of the households in which at least one person has tried to commit suicide during the year before the survey.
- **Tobacco Use:** In 34 percent of households, at least one member smoke tobacco and another 29 percent use smokeless tobacco.
- **Alcohol and Drugs :** In 37 percent of households at least one member currently consumes alcohol and less than one percent have used either ganja (0.4 percent) or heroin (0.1 percent).

This chapter presents information about non-communicable diseases, mental health and suicides and the tobacco use. It also includes the 2016 SLDHS for people suffering from the following non-communicable diseases during the 12 months before the survey: heart diseases, high blood pressure, wheezing/asthma, paralysis, diabetes, cancer, high blood cholesterol, chronic kidney disease and cirrhosis. The questions were asked for all household members at the time of the survey.

16.1 NON-COMMUNICABLE DISEASES

Each year nearly 38 million people die from Non-Communicable Diseases (NCD) in the world. The majority of these deaths are due to four common non-communicable diseases: cardiovascular diseases (heart attack and stroke), diabetes, cancer and chronic respiratory diseases. Around 70 percent of the disease burden in Sri Lanka is due to non-communicable diseases.

For all household members, interviewers of the 2016 SLDHS asked if, during the 12 months before the survey, any had suffered from each one of the diseases listed previously. For those household members affected by a specified disease, interviewers asked if they were under treatment. Table 16.1, included below, presents the percentage of people suffering from diseases during the last 12 months, by background characteristics. Overall, heart disease, high blood pressure diabetes and high blood cholesterol are mostly prevalent among older population (40 or more years of age). Wheezing and asthma and chronic kidney disease seem to affect all age groups, although with slightly higher percentages among older populations (Table 16.1 and Figure 16.1).



The results by sector of residence confirm the expected higher prevalence of diseases associated with the pace of life of the urban inhabitants: high blood pressure, diabetes, high blood cholesterol, heart disease, wheezing and asthma, compared to the prevalence observed in the rural and estates sector residents. The distribution by wealth quintile for these NCDs show different but expected patterns, with high blood pressure and diabetes increasing with household wealth, while wheezing and asthma seem to affect more the population of the poorest quintiles than the richest ones. Heart disease appears to be similarly prevalent across all wealth quintiles.

Some variations are also observed for these NCDs across districts. The highest rates are observed as follows:

- High blood pressure in Colombo with 12 percent of the population,
- Diabetes and high blood cholesterol in Colombo with 9 percent of the population,
- Wheezing and asthma in Polonnaruwa and Batticaloa with 7 percent of the population,
- Heart disease in Matale with 3 percent of the population.

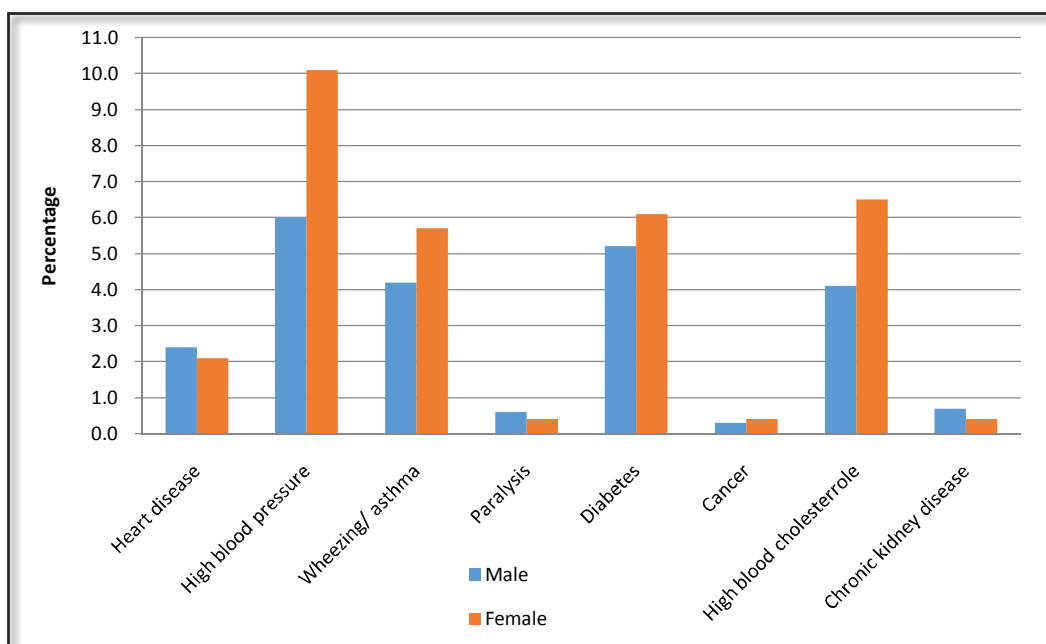
Table 16.1: People suffering from non communicable diseases during last 12 months

Percentage of people suffering from diseases during the last 12 months, by background characteristics, Sri Lanka 2016										
Background characteristic	Heart disease	High blood pressure	Wheezing/ asthma	Paralysis	Diabetes	Cancer	High blood cholesterol	Chronic kidney disease	Cirrhosis	Number of household members
Sex										
Male	2.4	6.0	4.2	0.6	5.2	0.3	4.1	0.7	0.1	50,273
Female	2.1	10.1	5.7	0.4	6.1	0.4	6.5	0.4	0.0	55,674
Age										
<5	0.3	0.0	2.6	0.0	0.0	0.0	0.0	0.0	0.0	8,373
5-9	0.5	0.0	4.3	0.0	0.1	0.0	0.0	0.1	0.0	9,152
10-14	0.5	0.1	4.3	0.0	0.0	0.1	0.0	0.1	0.0	8,928
15-19	0.3	0.1	3.2	0.1	0.1	0.1	0.1	0.2	0.0	8,046
20-24	0.2	0.2	2.6	0.0	0.1	0.1	0.2	0.1	0.0	7,037
25-29	0.3	0.5	2.6	0.1	0.4	0.1	0.4	0.1	0.0	6,675
30-34	0.5	1.6	2.9	0.1	1.6	0.1	1.8	0.2	0.0	7,644
35-39	1.1	3.2	4.6	0.2	3.6	0.2	3.3	0.3	0.0	7,879
40-44	1.7	5.8	4.7	0.2	5.9	0.2	6.0	0.4	0.0	6,681
45-49	2.3	10.3	6.3	0.3	8.7	0.4	9.0	0.7	0.1	6,534
50-54	4.1	14.8	6.0	0.5	12.6	0.5	11.2	1.1	0.1	6,789
55-59	4.9	19.7	6.7	1.0	15.4	0.8	14.4	1.3	0.1	6,092
60 +	7.7	30.7	9.7	2.2	17.3	1.2	16.1	1.7	0.1	16,117
Religion										
Buddhist	2.3	8.3	5.2	0.5	5.7	0.4	5.5	0.6	0.0	75,022
Hindu	1.8	6.2	4.3	0.5	3.6	0.3	3.2	0.6	0.1	12,758
Islam	1.9	8.6	3.7	0.4	7.3	0.2	6.3	0.4	0.0	9,811
Roman Catholic	2.3	9.6	6.1	0.6	7.1	0.5	6.1	0.4	0.1	6,908
Other christian	2.5	9.5	6.5	0.4	6.9	0.5	6.2	0.4	0.1	1,413
Other	(2.3)	(2.3)	(5.0)	(0.0)	(5.4)	(8.4)	(8.2)	(0.0)	(0.0)	35
Ethnicity										
Sinhala	2.4	8.5	5.3	0.5	5.9	0.4	5.6	0.6	0.0	80,264
Sri Lanka Tamil	1.6	6.2	4.6	0.5	3.9	0.2	3.8	0.6	0.1	13,654
Indian Tamil	2.4	6.0	3.2	0.5	2.2	0.3	1.4	0.3	0.0	2,439
Sri Lanka moor /Muslim	1.9	8.6	3.8	0.4	7.5	0.2	6.4	0.4	0.0	9,213
Malay	1.5	18.7	7.1	0.6	7.4	0.9	5.1	3.3	0.0	157
Burger	2.0	6.8	8.2	0.0	8.9	0.0	5.4	0.0	0.0	180
Other	(0.0)	(0.0)	(5.9)	(0.0)	(11.1)	(0.0)	(0.0)	(0.0)	(0.0)	41
Residence										
Urban	2.6	10.3	5.2	0.4	8.2	0.3	7.5	0.4	0.1	17,491
Rural	2.2	7.9	5.0	0.5	5.3	0.4	5.1	0.6	0.0	83,923
Estate	2.4	5.6	3.9	0.5	2.0	0.2	1.6	0.2	0.0	4,534
District										
Colombo	2.9	11.7	5.6	0.3	9.2	0.4	8.5	0.3	0.1	10,663
Gampaha	2.5	9.3	4.9	0.6	7.5	0.5	5.9	0.4	0.0	10,892
Kalutara	2.5	9.5	5.6	0.4	7.0	0.2	7.0	0.3	0.0	6,506
Kandy	2.7	9.1	5.3	0.5	6.2	0.2	6.0	0.4	0.0	7,333
Matale	3.4	8.9	6.4	0.4	5.1	0.3	5.9	1.1	0.1	2,759
Nuwaraeliya	2.8	6.2	4.4	0.5	3.0	0.3	2.3	0.4	0.0	3,450
Galle	2.6	8.0	5.8	0.4	5.3	0.5	6.4	0.5	0.0	5,709
Matara	2.6	8.0	5.6	0.5	5.7	0.3	6.1	0.3	0.1	4,407
Hambantota	1.4	6.3	6.4	0.4	4.3	0.5	4.9	0.6	0.0	3,240
Jaffna	1.1	4.5	2.1	0.3	4.2	0.3	4.1	0.7	0.0	3,054
Mannar	0.5	5.6	2.1	0.5	4.3	0.2	4.2	0.2	0.0	508
Vavuniya	1.4	6.8	3.6	0.7	3.6	0.2	5.7	1.8	0.0	828
Mullaitivu	0.9	3.0	2.6	0.2	1.6	0.3	1.2	0.5	0.1	449
Kilinochchi	1.3	5.1	3.8	0.3	2.8	0.3	1.9	0.4	0.0	562
Batticaloa	1.1	6.5	6.6	0.6	4.6	0.1	4.2	0.4	0.1	2,841
Ampara	1.6	7.4	4.6	0.9	4.8	0.2	5.0	0.8	0.1	3,815
Trincomalee	1.6	7.2	5.9	0.5	5.0	0.1	4.3	0.9	0.2	2,045
Kurunegala	1.9	8.3	4.3	0.6	4.8	0.5	4.2	0.6	0.0	8,849
Puttalam	1.7	8.0	5.5	0.6	5.8	0.5	4.1	0.5	0.0	3,691
Anuradhapura	1.1	5.5	3.3	0.7	4.4	0.2	3.2	1.3	0.0	4,847
Polonnaruwa	2.0	8.4	7.3	0.4	5.4	0.3	6.1	1.6	0.0	2,170
Badulla	2.8	8.8	5.1	0.5	4.4	0.3	3.6	0.7	0.0	4,242
Monaragala	1.6	6.1	4.4	0.4	3.4	0.4	4.3	0.5	0.0	2,604
Ratnapura	2.5	7.7	5.3	0.4	4.6	0.3	5.0	0.6	0.1	6,076
Kegalle	2.4	6.5	2.9	0.4	4.8	0.2	4.9	0.2	0.0	4,408
Wealth quintile										
Lowest	2.4	6.6	6.2	0.7	3.2	0.4	3.3	0.5	0.1	21,113
Second	2.3	7.1	5.2	0.6	4.4	0.3	4.3	0.7	0.0	21,193
Middle	1.9	7.9	4.5	0.4	5.0	0.3	5.0	0.6	0.0	21,204
Fourth	2.2	8.5	4.6	0.4	6.6	0.4	5.9	0.6	0.0	21,181
Highest	2.4	10.7	4.5	0.4	9.1	0.3	8.3	0.4	0.1	21,256
Total	2.2	8.2	5.0	0.5	5.7	0.3	5.4	0.6	0.0	105,947

Note: Figures in parentheses are based on 25 - 49 unweighted cases.



Figure 16.1 People suffering from type of NCDs during last 12 months



16.1.1 HEART DISEASE

As mentioned before, 2 percent of the Sri Lankan population was identified as having heart disease (Table 16.1). The disease increases with age and is slightly more prevalent among males, and residents of the urban sector, and among the richest 20 percent and the poorest 20 percent of the households. By districts, Matale (3.4 percent) Colombo (2.9 percent) and Nuwara Eliya & Badulla (2.8 percent) have the highest prevalence of heart disease than other districts.

Table 16.2 shows the percentage distribution of people suffering from heart disease by age group and background characteristics. Out of the total heart disease, one percent correspond to children under 5 years. This percentage of heart disease of children aged under 5 is higher for children living in the estate sector than that of other sectors (2.3 percent versus 1.3 percent in the rural sector). Similar percentages are included by district with the highest values observed in Nuwara Eliya (3.0 percent), Puttalam (2.6 percent) and Ampara (2.5 percent).

Table 16.2: Suffering from Heart diseases

Percentage distribution of people suffering from Heart diseases by age group and background characteristics, Sri Lanka 2016

Background characteristic	Age													Don't know/missing	Total	Number of members
	<5	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60 +			
Sex																
Male	1.4	1.9	2.5	1.1	0.4	1.1	1.0	3.3	5.0	5.1	10.9	13.6	52.8	0.0	100.0	1,197
Female	1.0	1.7	1.1	0.8	0.9	0.8	2.0	3.7	4.4	7.6	12.3	11.6	52.1	0.0	100.0	1,177
Residence																
Urban	0.8	0.6	1.5	0.4	1.3	0.1	1.2	1.9	5.0	6.9	8.6	16.8	54.9	0.0	100.0	452
Rural	1.3	2.1	1.8	1.0	0.4	1.0	1.3	3.8	4.6	6.1	12.0	11.7	52.9	0.0	100.0	1,812
Estate	2.3	1.9	2.7	2.5	1.3	3.1	4.8	5.7	4.5	8.9	16.4	10.7	35.1	0.0	100.0	111
District																
Colombo	0.0	0.4	1.6	0.0	1.0	0.0	0.4	1.8	6.1	7.2	9.0	13.6	58.7	0.0	100.0	306
Gampaha	0.8	0.5	0.0	0.4	0.5	0.5	1.0	3.0	2.1	6.2	8.1	12.5	64.5	0.0	100.0	268
Kalutara	0.9	0.0	0.0	0.0	0.0	0.0	1.9	3.1	5.0	3.4	7.4	13.3	65.1	0.0	100.0	163
Kandy	0.7	3.2	3.8	2.6	1.4	0.2	3.4	2.9	3.6	5.9	11.3	9.0	52.1	0.0	100.0	202
Matale	1.0	6.1	1.5	1.3	1.5	2.5	0.0	4.0	3.8	6.1	21.0	11.5	39.8	0.0	100.0	95
Nuwaraeliya	3.0	4.9	3.3	2.1	1.2	0.5	1.8	4.8	1.2	15.3	17.6	11.0	33.4	0.0	100.0	95
Galle	1.5	1.6	0.0	2.2	1.4	0.3	2.4	3.9	5.1	3.2	9.6	13.1	55.9	0.0	100.0	151
Matara	1.2	2.4	0.0	0.9	2.1	2.0	0.0	4.8	8.5	2.8	13.0	6.9	55.4	0.0	100.0	115
Hambantota	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(10.4)	(6.8)	(6.8)	(7.1)	(17.6)	(51.3)	(0.0)	(100.0)	45
Jaffna	(4.4)	(0.0)	(2.5)	(3.4)	(0.0)	(6.3)	(3.0)	(7.5)	(7.8)	(0.0)	(16.7)	(10.8)	(37.7)	(0.0)	(100.0)	33
Mannar	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	2
Vavuniya	(0.0)	(4.6)	(3.0)	(7.0)	(1.9)	(0.0)	(0.0)	(9.6)	(4.2)	(5.9)	(8.0)	(11.2)	(44.4)	(0.0)	(100.0)	11
Mullaitivu	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	4
Killinochchi	(0.0)	(4.4)	(7.9)	(2.8)	(5.0)	(4.7)	(0.0)	(0.0)	(15.5)	(9.8)	(7.6)	(13.7)	(28.6)	(0.0)	(100.0)	8
Batticaloa	(0.0)	(4.8)	(3.0)	(3.1)	(0.0)	(1.3)	(3.8)	(4.5)	(12.8)	(3.3)	(15.3)	(12.2)	(36.1)	(0.0)	(100.0)	30
Ampara	2.5	3.4	4.9	1.9	0.0	1.5	3.1	3.2	7.8	8.0	12.6	15.5	35.6	0.0	100.0	61
Trincomalee	(4.9)	(0.5)	(0.5)	(2.5)	(0.0)	(3.2)	(1.5)	(6.8)	(5.9)	(6.2)	(8.3)	(16.9)	(42.8)	(0.0)	(100.0)	32
Kurunegala	1.5	3.5	5.0	0.8	0.0	0.6	0.0	4.6	3.0	5.0	11.5	9.9	54.5	0.0	100.0	172
Puttalam	2.6	3.8	1.8	0.0	0.0	1.3	0.0	2.0	6.4	11.4	9.6	19.0	42.2	0.0	100.0	63
Anuradhapura	(0.0)	(0.0)	(3.9)	(0.0)	(0.0)	(0.0)	(5.0)	(5.1)	(4.4)	(4.1)	(15.2)	(16.1)	(46.1)	(0.0)	(100.0)	54
Polonnaruwa	(4.7)	(0.0)	(5.0)	(0.0)	(0.0)	(0.0)	(0.0)	(4.1)	(0.0)	(1.6)	(12.0)	(24.2)	(48.4)	(0.0)	(100.0)	43
Badulla	0.9	0.0	0.9	1.0	0.5	0.0	0.0	3.2	7.1	9.5	15.9	18.0	42.9	0.0	100.0	118
Monaragala	(0.0)	(3.1)	(4.8)	(0.0)	(0.0)	(0.0)	(3.7)	(1.8)	(1.8)	(3.8)	(10.7)	(8.8)	(61.6)	(0.0)	(100.0)	43
Ratnapura	2.6	1.4	1.1	0.5	0.0	4.8	3.8	3.0	2.1	11.8	13.6	11.0	44.2	0.0	100.0	153
Kegalle	0.5	0.8	0.0	0.0	0.0	1.1	1.1	2.2	6.1	3.6	14.0	11.4	59.2	0.0	100.0	107
Wealth quintile																
Lowest	1.3	3.1	3.3	2.1	0.9	2.4	2.5	4.0	5.7	5.6	15.4	9.5	44.3	0.0	100.0	510
Second	2.0	2.3	2.2	1.5	0.8	0.7	1.0	3.7	4.2	7.2	12.2	11.3	50.8	0.0	100.0	480
Middle	1.3	0.0	1.3	0.8	1.1	0.6	2.1	7.3	5.2	9.0	11.3	12.7	47.5	0.0	100.0	400
Fourth	1.0	2.8	1.0	0.1	0.6	0.8	0.7	1.4	4.6	6.7	10.3	14.0	56.1	0.0	100.0	473
Highest	0.5	0.4	1.0	0.2	0.0	0.2	1.2	1.9	3.8	4.0	8.6	15.4	62.8	0.0	100.0	510
Total	1.2	1.8	1.8	0.9	0.7	1.0	1.5	3.5	4.7	6.3	11.6	12.6	52.5	0.0	100.0	2,374

Note: Figures in parentheses are based on 25 - 49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.



16.1.2 HIGH BLOOD PRESURE

Table 16.1 shows that 8 percent of the total population are affected by high blood pressure. Among the sexes, females are more likely to be affected (10 percent) than males (6 percent). Among the sectors, 10 percent of urban household members are suffering from high blood pressure compared to 8 percent of their rural counterparts. According to the wealth quintile, people living in households from the richest 20 percent have the highest prevalence at 11 percent. For the districts of the Western Province, the percentages are the highest among all districts: Colombo (12 percent), Kalutara (10 percent) and, Gampaha (9 percent). The lowest prevalence of high blood pressure was reported in Mullaitivu district (3 percent). The distribution of the percentage of the population affected by high blood pressure by age is presented in Table 16.3. Starting with the age group 30-34, high blood pressure starts to increase with the percentage thereafter reaching up to 58 percent among people of the age group 60 and above.

Table 16.3: Suffering from High blood pressure																
Percentage distribution of people suffering from High blood pressure by age group and background characteristics, Sri Lanka 2016																
Background characteristic	Age														Total	Number of members
	<5	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60 +			
Sex																
Male	0.0	0.0	0.1	0.2	0.2	0.3	1.1	2.8	5.6	7.8	11.9	14.7	55.3	100.0	3,023	
Female	0.0	0.0	0.1	0.0	0.2	0.4	1.6	3.0	3.9	7.8	11.4	13.4	58.2	100.0	5,643	
Residence																
Urban	0.1	0.0	0.0	0.0	0.2	0.5	1.2	3.6	4.0	8.4	12.1	14.9	55.0	100.0	1,806	
Rural	0.0	0.0	0.1	0.1	0.1	0.3	1.4	2.8	4.6	7.6	11.4	13.5	58.0	100.0	6,608	
Estate	0.0	0.4	0.2	0.0	0.3	0.6	3.7	2.1	5.2	8.7	14.2	13.9	50.8	100.0	252	
District																
Colombo	0.1	0.1	0.1	0.2	0.2	0.8	1.5	3.5	3.7	7.9	11.9	15.2	54.7	100.0	1,249	
Gampaha	0.0	0.0	0.0	0.1	0.2	0.0	1.8	2.9	4.9	7.7	10.7	13.0	58.8	100.0	1,016	
Kalutara	0.0	0.0	0.2	0.0	0.0	0.2	0.7	2.8	5.2	8.5	9.9	13.2	59.2	100.0	616	
Kandy	0.0	0.0	0.0	0.0	0.0	0.5	0.8	1.8	3.5	6.1	11.8	11.8	63.5	100.0	664	
Matale	0.0	0.0	0.0	0.0	0.0	0.6	2.0	2.4	2.4	9.9	13.2	14.4	55.1	100.0	247	
Nuwaraeliya	0.0	0.4	0.0	0.0	0.4	0.0	2.5	1.8	4.0	11.4	14.2	13.0	52.3	100.0	214	
Galle	0.2	0.0	0.0	0.0	0.0	0.0	0.8	2.6	4.6	7.3	9.8	9.3	65.5	100.0	458	
Matara	0.0	0.0	0.0	0.0	0.0	0.2	0.9	2.8	3.4	7.1	12.3	12.7	60.5	100.0	351	
Hambantota	0.0	0.0	0.5	0.0	0.5	0.0	0.6	2.5	3.5	4.8	8.8	12.5	66.4	100.0	204	
Jaffna	0.0	0.0	0.8	0.9	0.0	0.0	2.9	3.7	4.8	4.4	7.0	11.0	64.5	100.0	138	
Mannar	0.8	0.0	0.0	0.0	0.0	0.0	0.0	0.8	6.2	13.1	18.7	13.0	47.4	100.0	29	
Vavuniya	0.0	0.0	0.0	0.0	0.0	0.6	1.2	4.1	8.2	13.0	12.4	16.1	44.4	100.0	57	
Mullaitivu	0.0	0.8	0.0	1.8	0.0	2.7	9.1	4.3	5.3	13.5	6.9	15.1	40.5	100.0	13	
Kilinochchi	0.0	0.0	0.0	0.0	0.7	0.0	5.5	6.1	8.2	7.9	10.6	17.7	43.4	100.0	29	
Batticaloa	0.0	0.0	0.0	0.0	0.6	0.7	2.3	6.8	5.4	8.9	20.0	13.1	42.1	100.0	185	
Ampara	0.0	0.0	0.0	0.0	0.5	1.9	2.8	4.1	6.0	10.2	12.8	17.3	44.2	100.0	283	
Trincomalee	0.0	0.0	0.0	0.0	0.0	0.3	3.9	5.1	7.2	12.6	17.0	11.6	42.3	100.0	147	
Kurunegala	0.0	0.0	0.3	0.0	0.4	0.3	0.9	2.8	4.0	6.3	9.2	14.9	60.8	100.0	737	
Puttalam	0.0	0.0	0.3	0.0	0.0	0.0	0.7	2.0	5.5	9.5	10.2	13.8	58.0	100.0	294	
Anuradhapura	0.0	0.0	0.0	0.0	0.0	0.5	1.1	2.2	5.8	8.4	17.2	20.5	44.2	100.0	268	
Polonnaruwa	0.0	0.0	0.0	0.3	0.0	0.6	3.6	3.3	4.9	9.0	11.5	17.8	49.0	100.0	182	
Badulla	0.0	0.0	0.1	0.0	0.0	0.3	1.6	1.9	7.6	6.1	13.5	13.4	55.3	100.0	375	
Monaragala	0.0	0.0	0.0	0.0	0.5	0.0	1.2	4.6	5.3	9.9	11.5	10.7	56.2	100.0	160	
Ratnapura	0.0	0.0	0.0	0.0	0.0	0.2	1.4	3.5	2.3	7.2	12.2	13.4	59.8	100.0	466	
Kegalle	0.0	0.3	0.0	0.0	0.0	0.3	0.4	1.6	3.4	6.3	8.4	16.6	62.8	100.0	285	
Wealth quintile																
Lowest	0.0	0.1	0.1	0.1	0.3	0.8	1.8	2.6	4.4	6.8	10.1	11.9	61.0	100.0	1,404	
Second	0.0	0.1	0.2	0.1	0.0	0.3	2.2	3.2	4.8	7.5	11.7	12.7	57.3	100.0	1,512	
Middle	0.0	0.1	0.1	0.0	0.2	0.3	1.4	3.3	4.0	7.5	12.5	15.6	55.1	100.0	1,665	
Fourth	0.1	0.0	0.1	0.0	0.2	0.5	1.0	2.7	4.4	8.4	10.9	14.0	57.8	100.0	1,805	
Highest	0.0	0.0	0.1	0.1	0.1	0.2	1.1	2.9	4.7	8.3	12.3	14.3	55.8	100.0	2,280	
Total	0.0	0.0	0.1	0.1	0.2	0.4	1.4	2.9	4.5	7.8	11.6	13.8	57.2	100.0	8,666	

16.1.3 WHEEZING/ASTHMA

Table 16.1 shows that 5 percent of household members suffer from wheezing/asthma. This percentage is slightly higher among the female population (6 percent) than the male counterparts (4 percent). The percentage of the population affected by wheezing/asthma increases with age, from the age <5 (2.6 percent) to 9.7 percent among 60 and older population. The population of the Polonnaruwa and Batticaloa districts has the highest prevalence of wheezing or asthma (7 percent). People living in the poorest households have higher percentage of wheezing/asthma than the ones living in the richest households.

Table 16.4: Suffering from Wheezing / Asthma															
Percentage distribution of people suffering from Wheezing / Asthma by age group and background characteristics, Sri Lanka 2016															
Background characteristic	Age													Total	Number of members
	<5	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60 +		
Sex															
Male	6.2	11.2	10.5	6.1	3.3	2.2	2.9	5.1	4.3	5.3	6.4	6.7	29.8	100.0	2,130
Female	2.6	4.9	5.2	4.1	3.6	4.1	5.0	8.1	6.9	9.4	8.6	8.4	29.1	100.0	3,166
Residence															
Urban	3.9	7.0	8.7	5.5	4.7	2.8	4.6	6.6	6.7	8.4	7.4	8.7	25.1	100.0	918
Rural	4.0	7.5	7.3	4.9	3.3	3.4	4.1	7.0	5.8	7.5	7.5	7.5	30.2	100.0	4,199
Estate	5.6	7.1	0.9	2.4	2.8	4.5	3.0	5.8	3.8	10.1	13.5	9.0	31.5	100.0	179
District															
Colombo	4.0	7.0	10.1	6.6	4.8	3.9	5.6	5.9	5.7	8.7	7.1	7.8	22.9	100.0	592
Gampaha	5.3	7.5	7.7	6.1	2.6	2.0	3.1	7.9	6.7	7.8	7.5	7.1	28.7	100.0	535
Kalutara	5.8	7.4	7.6	5.6	3.9	1.4	3.8	8.2	6.2	6.9	5.9	9.3	28.1	100.0	366
Kandy	3.7	4.0	3.2	3.6	4.1	3.8	1.5	6.6	5.2	6.9	10.0	7.1	40.2	100.0	387
Matale	2.5	7.5	7.2	2.8	2.9	7.5	5.4	4.0	1.7	9.1	8.6	5.2	35.6	100.0	177
Nuwaraeliya	3.1	2.7	3.9	3.6	1.9	3.1	2.7	4.0	3.1	11.3	12.4	9.0	39.2	100.0	152
Galle	5.3	13.3	5.8	4.5	2.3	1.8	2.5	6.8	5.4	8.0	4.5	6.6	33.3	100.0	330
Matara	4.5	8.4	6.9	4.4	3.7	4.0	5.5	8.0	4.9	8.2	5.5	6.3	29.6	100.0	245
Hambantota	4.8	8.7	15.8	5.2	2.6	3.1	2.8	5.1	7.5	8.6	4.9	6.7	24.3	100.0	209
Jaffna	4.5	2.5	5.1	1.7	1.5	6.8	3.3	6.6	6.6	6.0	11.9	5.9	37.6	100.0	64
Mannar	1.0	7.4	4.9	4.4	1.7	3.2	0.0	3.0	2.1	5.6	7.3	11.9	47.5	100.0	11
Vavuniya	3.6	8.1	4.2	4.0	3.4	2.5	8.4	6.9	15.3	9.0	12.4	5.4	16.7	100.0	30
Mullaitivu	0.0	6.7	10.8	9.3	4.3	3.8	9.8	5.1	3.0	8.8	10.0	6.7	21.6	100.0	12
Kilinochchi	4.7	3.8	5.8	5.6	0.9	2.9	11.2	13.0	8.3	1.4	3.9	7.1	31.4	100.0	21
Batticaloa	6.1	9.9	7.2	4.1	4.3	4.1	7.0	8.0	10.8	7.1	6.7	8.0	16.7	100.0	188
Ampara	1.3	8.5	7.0	1.5	3.1	6.8	6.1	7.5	7.7	8.8	5.3	8.7	27.9	100.0	175
Trincomalee	4.5	7.7	7.8	5.0	4.0	5.3	7.0	7.7	9.3	4.8	8.2	6.7	22.0	100.0	120
Kurunegala	1.3	8.0	6.1	5.2	2.7	3.0	2.7	6.3	4.1	6.7	8.8	9.0	36.0	100.0	379
Puttalam	5.4	6.4	9.2	4.9	7.1	2.4	3.9	11.6	8.0	4.3	5.5	6.7	24.6	100.0	204
Anuradhapura	2.3	5.2	5.0	2.0	5.7	3.2	3.2	6.4	6.7	12.2	12.6	12.2	23.4	100.0	162
Polonnaruwa	2.9	6.8	7.5	6.7	4.1	5.0	9.9	5.9	4.8	10.3	11.1	7.6	17.4	100.0	159
Badulla	2.2	3.6	9.6	7.2	2.1	2.6	2.4	6.0	6.4	8.1	7.8	10.4	31.8	100.0	216
Monaragala	3.3	8.9	7.1	5.6	0.7	2.9	3.7	8.9	6.1	8.1	9.1	5.3	30.4	100.0	114
Ratnapura	5.1	9.6	5.8	4.7	4.1	3.2	4.6	7.8	3.8	8.1	6.6	6.5	30.1	100.0	323
Kegalle	4.2	5.7	5.8	3.9	2.8	1.4	3.5	1.8	4.9	1.6	12.6	10.9	40.9	100.0	127
Wealth quintile															
Lowest	4.3	6.3	6.9	3.5	3.1	3.4	4.1	5.1	6.0	7.0	7.3	8.6	34.4	100.0	1,299
Second	4.4	8.0	7.9	4.6	3.7	3.5	4.5	6.4	5.2	8.7	8.6	7.0	27.6	100.0	1,107
Middle	3.6	5.7	6.4	3.9	2.8	4.0	3.8	8.7	6.3	7.6	8.4	8.6	30.2	100.0	961
Fourth	4.5	8.1	6.6	6.0	4.0	2.7	4.3	6.2	6.4	7.9	6.9	7.7	28.8	100.0	967
Highest	3.4	9.2	8.9	7.1	4.1	3.0	3.8	8.7	5.7	7.6	7.3	6.6	24.6	100.0	961
Total	4.0	7.4	7.3	4.9	3.5	3.3	4.1	6.9	5.9	7.8	7.7	7.7	29.4	100.0	5,295

16.1.4 DIABETES

From table 16.1 we indicated before that 6 percent of the members of household were affected by diabetes. We could also see that the female population tends to suffer from diabetes at a slightly higher rate than males. From table 16.5 the prevalence of diabetes increases with the age of the person, particularly from ages 30-34 and above (up to 47 percent among the population 60 years old and above). From table 16.1 diabetes is also higher in the urban sector (8 percent, compared to 5 percent in rural sector) and among populations living in the richest households (9 percent for the highest wealth quintile). Diabetes appears to be higher in the districts of Colombo (9 percent), Gampaha (8 percent), Kalutara (7 percent). The prevalence of diabetes is shown below (Table 16.5).



Table 16.5: Suffering from Diabetes
Percentage distribution of people suffering from Diabetes by age group and background characteristics, Sri Lanka 2016

Background characteristic	Age													Don't know /missing	Total	Number of members
	<5	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60 +			
Sex																
Male	0.0	0.1	0.1	0.1	0.1	0.3	2.2	5.0	7.7	10.3	15.7	14.7	43.8	0.0	100.0	2,604
Female	0.0	0.2	0.1	0.1	0.2	0.5	1.9	4.6	5.6	8.7	13.1	16.3	48.6	0.0	100.0	3,403
Residence																
Urban	0.1	0.1	0.1	0.1	0.0	0.3	1.4	5.3	5.4	9.0	14.4	15.8	48.1	0.0	100.0	1,442
Rural	0.0	0.1	0.1	0.1	0.2	0.5	2.3	4.7	6.9	9.6	14.1	15.6	46.0	0.0	100.0	4,472
Estate	0.0	0.0	0.0	0.0	0.0	0.6	1.9	1.7	6.7	10.9	18.6	13.9	45.6	0.0	100.0	92
District																
Colombo	0.0	0.0	0.1	0.0	0.0	0.3	1.6	5.9	4.4	9.2	13.8	16.4	48.3	0.0	100.0	979
Gampaha	0.0	0.2	0.2	0.0	0.0	0.2	2.7	5.9	7.3	9.5	11.1	15.9	47.1	0.0	100.0	821
Kalutara	0.0	0.0	0.3	0.2	0.0	0.0	3.3	3.2	5.3	12.7	14.0	12.8	48.3	0.0	100.0	453
Kandy	0.0	0.0	0.0	0.0	0.0	0.5	0.7	3.5	5.7	5.2	17.2	14.0	53.2	0.0	100.0	454
Matale	0.0	0.0	0.0	0.0	0.0	1.6	0.9	5.6	2.4	8.2	14.2	15.6	51.6	0.0	100.0	142
Nuwaraeliya	0.0	0.0	0.0	0.0	0.0	0.0	2.5	6.4	5.3	8.7	16.1	15.1	45.9	0.0	100.0	104
Galle	0.3	0.0	0.0	0.0	0.8	0.4	2.0	4.4	7.2	8.9	12.0	13.3	50.7	0.0	100.0	303
Matara	0.0	0.0	0.0	0.0	0.0	0.0	0.8	2.8	7.5	7.8	13.7	17.1	50.4	0.0	100.0	250
Hambantota	0.0	0.0	0.0	0.0	0.0	0.0	1.5	5.9	11.3	8.6	12.3	16.1	44.2	0.0	100.0	140
Jaffna	0.0	0.0	0.0	0.7	0.0	1.2	2.1	3.9	6.5	8.9	11.7	15.2	49.8	0.0	100.0	127
Mannar	0.0	0.0	0.0	0.0	0.0	1.5	1.0	2.6	11.4	9.4	20.6	16.6	36.9	0.0	100.0	22
Vavuniya	0.0	0.0	0.0	0.0	0.0	1.2	1.4	4.0	7.6	9.1	11.6	15.2	49.8	0.0	100.0	30
Mullaitivu	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(3.2)	(0.0)	(0.0)	(10.7)	(9.5)	(11.7)	(29.2)	(35.8)	(0.0)	(100.0)	7
Kilinochchi	0.0	0.0	2.1	0.0	0.0	0.0	1.9	5.7	8.2	12.5	6.3	12.5	50.8	0.0	100.0	16
Batticaloa	0.0	0.7	0.0	0.0	0.0	0.6	3.9	5.5	6.7	15.5	14.9	10.4	41.8	0.0	100.0	130
Ampara	0.0	0.0	0.0	0.5	1.1	0.6	0.9	6.9	9.0	9.1	16.7	19.3	35.9	0.0	100.0	182
Trincomalee	0.7	0.0	0.0	0.0	0.7	0.0	1.6	7.6	10.9	14.6	18.9	15.2	29.7	0.0	100.0	103
Kurunegala	0.0	0.0	0.0	0.0	0.0	0.6	2.4	4.3	7.7	8.0	13.7	16.3	46.8	0.0	100.0	428
Puttalam	0.0	1.0	0.0	0.0	0.0	0.6	1.5	4.9	6.1	10.6	17.7	14.1	43.6	0.0	100.0	213
Anuradhapura	0.0	0.0	0.0	0.0	0.5	2.3	5.2	3.5	6.6	13.9	16.5	14.1	37.5	0.0	100.0	215
Polonnaruwa	0.0	0.0	0.0	0.5	0.0	1.5	3.7	4.4	5.4	9.7	15.7	23.3	35.9	0.0	100.0	118
Badulla	0.0	0.5	0.0	0.0	0.6	0.0	1.8	2.4	12.1	9.1	18.7	19.6	35.3	0.0	100.0	188
Monaragala	0.0	2.3	0.0	0.0	0.0	1.1	1.0	5.8	3.9	10.2	19.5	12.3	44.0	0.0	100.0	89
Ratnapura	0.0	0.0	0.0	0.4	0.1	0.4	2.0	4.5	6.3	9.9	15.2	15.3	45.9	0.0	100.0	281
Kegalle	0.0	0.0	0.0	0.0	0.0	0.4	0.7	4.3	6.1	7.1	10.4	17.7	53.5	0.0	100.0	212
Wealth quintile																
Lowest	0.0	0.1	0.0	0.1	0.3	0.8	1.5	4.1	6.0	6.3	14.3	13.9	52.5	0.0	100.0	681
Second	0.1	0.1	0.0	0.2	0.2	0.7	3.2	4.4	7.5	11.1	14.1	13.5	45.0	0.0	100.0	935
Middle	0.0	0.2	0.0	0.2	0.2	0.6	2.2	5.5	6.5	10.9	14.3	16.3	43.1	0.0	100.0	1,070
Fourth	0.0	0.2	0.1	0.0	0.1	0.6	1.8	5.1	6.3	9.0	13.8	18.2	44.8	0.0	100.0	1,397
Highest	0.0	0.0	0.1	0.0	0.0	0.0	1.8	4.5	6.4	9.2	14.5	15.0	48.3	0.0	100.0	1,924
Total	0.0	0.1	0.1	0.1	0.1	0.5	2.0	4.8	6.5	9.4	14.2	15.6	46.5	0.0	100.0	6,006

Note: Figures in parentheses are based on 25 - 49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

16.1.5 HIGH BLOOD CHOLESTEROL

Table 16.1 shows that 5 percent of the total populations are affected by high blood cholesterol. Among the sexes, females are more likely to be affected (7 percent) than males (4 percent). Among the sectors, 8 percent of urban household members are suffering from high blood cholesterol compared to 5 percent of their rural counterparts. According to the wealth quintile, people living in households from the richest 20 percent have the highest prevalence at 8 percent. For the districts of the Western Province, the percentages are the highest among all districts: Colombo (9 percent), Kalutara (7 percent) and, Galle, Matara, Polonnaruwa (6 percent). The lowest prevalence of high blood cholesterol was reported in Mullaitivu district (1 percent). The distribution of the percentage of the population affected by high blood cholesterol by age is presented in Table 16.6. Starting with the age group 30-34, high blood cholesterol starts to increase with the percentage thereafter reaching up to 46 percent among people of the age group 60 and above.

Table 16.6: Suffering from High blood cholesterol

Percentage of people suffering from High blood cholesterol by age group and background characteristics, Sri Lanka 2016

Background characteristic	Age													Don't know /missing	Total	Number of members	
	<5	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60 +				
Sex																	
Male	0.1	0.0	0.1	0.1	0.3	0.9	3.5	7.0	10.1	10.9	13.3	14.5	39.2	0.0	100.0	2,059	
Female	0.0	0.0	0.0	0.2	0.2	0.3	1.7	3.3	5.3	10.0	13.5	16.0	49.6	0.0	100.0	3,622	
Residence																	
Urban	0.1	0.0	0.0	0.2	0.2	0.4	1.7	4.6	5.5	10.0	14.1	16.1	47.1	0.0	100.0	1,311	
Rural	0.1	0.0	0.0	0.1	0.2	0.5	2.5	4.6	7.5	10.4	13.3	15.2	45.6	0.0	100.0	4,296	
Estate	0.0	0.0	0.0	0.0	0.0	0.0	5.9	6.5	8.9	14.5	10.7	15.6	38.0	0.0	100.0	74	
District																	
Colombo	0.0	0.0	0.0	0.0	0.4	0.4	2.7	4.7	4.6	8.9	14.8	14.8	48.7	0.0	100.0	907	
Gampaha	0.0	0.0	0.1	0.0	0.0	0.7	2.0	4.4	7.0	12.5	12.2	13.8	47.4	0.0	100.0	645	
Kalutara	0.0	0.0	0.0	0.0	0.0	0.6	2.6	2.4	8.3	9.9	11.6	15.1	49.6	0.0	100.0	457	
Kandy	0.4	0.0	0.0	0.0	0.0	0.3	1.2	2.6	5.7	8.2	16.0	14.5	51.3	0.0	100.0	437	
Matale	0.0	0.0	0.0	0.0	0.0	0.8	2.8	3.9	3.2	16.5	11.6	17.0	44.2	0.0	100.0	163	
Nuwaraeliya	0.0	0.0	0.0	0.0	0.0	1.2	3.2	4.5	8.0	11.7	19.2	18.3	33.9	0.0	100.0	79	
Galle	0.2	0.0	0.4	0.0	0.3	0.4	1.8	4.3	7.4	9.0	10.2	14.1	51.9	0.0	100.0	367	
Matara	0.0	0.0	0.0	0.3	0.0	0.0	3.5	3.6	5.7	7.2	11.4	18.7	49.6	0.0	100.0	269	
Hambantota	0.0	0.0	0.0	0.8	0.0	0.6	2.1	3.7	6.3	7.2	10.3	16.5	52.5	0.0	100.0	160	
Jaffna	0.0	0.0	0.0	0.7	0.0	0.0	2.2	5.6	8.0	9.4	6.2	10.3	57.6	0.0	100.0	125	
Mannar	0.0	0.0	0.0	0.0	0.0	0.8	1.3	5.2	3.9	10.0	23.4	12.9	42.5	0.0	100.0	21	
Vavuniya	0.0	0.0	0.0	0.0	0.0	1.7	3.9	7.9	6.0	15.9	8.1	15.1	41.4	0.0	100.0	47	
Mullaitivu	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(2.4)	(9.5)	(22.0)	(4.3)	(14.0)	(22.0)	(25.8)	(0.0)	(100.0)	6	
Kilinochchi	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(1.4)	(0.0)	(8.7)	(12.4)	(10.2)	(10.5)	(16.8)	(40.1)	(0.0)	(100.0)	11	
Batticaloa	0.0	0.0	0.0	0.0	0.0	2.5	4.7	11.3	9.8	19.4	13.6	14.0	24.6	0.0	100.0	118	
Ampara	0.0	0.0	0.0	0.5	0.7	1.3	1.4	7.1	8.7	9.8	19.3	19.7	31.4	0.0	100.0	191	
Trincomalee	0.0	0.0	0.0	0.0	0.0	0.8	2.8	9.2	11.0	11.9	16.5	13.9	33.9	0.0	100.0	88	
Kurunegala	0.0	0.0	0.0	0.3	0.0	0.6	1.9	6.1	5.5	9.0	13.6	16.8	46.2	0.0	100.0	367	
Puttalam	0.0	0.0	0.0	0.0	1.9	0.7	3.0	6.0	6.3	9.5	10.8	11.9	49.8	0.0	100.0	151	
Anuradhapura	0.0	0.0	0.0	0.0	0.8	0.0	4.3	2.5	10.0	20.2	18.5	14.0	29.7	0.0	100.0	157	
Polonnaruwa	0.0	0.0	0.0	0.0	0.7	0.0	5.8	3.5	9.9	12.3	16.1	19.3	32.3	0.0	100.0	133	
Badulla	0.0	0.0	0.0	1.6	0.0	0.0	0.8	6.1	14.7	8.3	17.5	18.7	32.3	0.0	100.0	152	
Monaragala	0.0	0.0	0.0	0.0	0.0	0.0	1.2	6.4	8.0	12.2	14.9	11.9	45.3	0.0	100.0	111	
Ratnapura	0.0	0.0	0.0	0.0	0.0	0.4	2.0	4.9	8.4	10.0	14.8	17.0	42.5	0.0	100.0	304	
Kegalle	0.3	0.4	0.0	0.0	0.6	0.0	1.8	3.9	7.6	8.4	8.5	17.8	50.8	0.0	100.0	216	
Wealth quintile																	
Lowest	0.0	0.0	0.0	0.3	0.3	0.1	2.0	5.2	5.5	7.5	14.3	12.2	52.6	0.0	100.0	688	
Second	0.0	0.1	0.1	0.1	0.5	0.7	2.8	4.6	5.7	10.4	13.5	15.5	46.2	0.0	100.0	917	
Middle	0.0	0.0	0.0	0.1	0.2	0.8	2.9	6.1	7.9	10.5	12.9	16.5	42.1	0.0	100.0	1,050	
Fourth	0.0	0.0	0.0	0.2	0.3	0.6	2.7	4.6	8.1	9.6	13.2	16.3	44.3	0.0	100.0	1,252	
Highest	0.2	0.0	0.0	0.1	0.0	0.3	1.8	3.5	7.0	11.8	13.5	15.4	46.3	0.0	100.0	1,773	
Total	0.1	0.0	0.0	0.1	0.2	0.5	2.4	4.6	7.0	10.3	13.4	15.4	45.8	0.0	100.0	5,681	

Note: Figures in parentheses are based on 25 - 49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

16.1.6 TREATMENT OF NON-COMMUNICABLE DISEASES

Table 16.7 presents the percentage of people suffering from specific NCDs that are being treated during the last 12 months by background characteristics. Almost all persons affected by NCDs at the time of the survey were receiving treatment. No variations are observed in the treatment coverage of NCDs by background characteristics.



Table 16.7: Treatment of people suffering from non-communicable diseases during last 12 months
Percentage of people suffering from non-communicable diseases that are being treated during the last 12 months, by background characteristics, Sri Lanka 2016

Back ground characteristic	Heart disease		High blood pressure		Wheezing asthma		Paralysis		Diabetes		Cancer		High blood cholesterol		Chronic kidney disease		Cirrhosis		
	Percent being treated	Number of people suffering	Percent being treated	Number of people suffering	Percent being treated	Number of people suffering	Percent being treated	Number of people suffering	Percent being treated	Number of people suffering	Percent being treated	Number of people suffering	Percent being treated	Number of people suffering	Percent being treated	Number of people suffering	Percent being treated	Number of people suffering	
Sex																			
Male	91.1 (73.8)	1,197	92.9	3,023	83.3	2,130	82.6	292	92.5	2,604	87.9	128	86.4	2,059	90.6	366	(81.4)	34	
Female	91.8	1,177	93.2	5,643	86.2	3,166	88.3	232	95.0	3,403	86.3	235	89.9	3,622	86.5	224	*	13	
Age																			
<5		29	*	2	81.9	214	*	0	*	1	*	3	*	3	*	4	*	0	
5-9		42	*	4	83.7	392	*	4	*	7	*	2	*	1	*	10	*	0	
10-14		42	*	9	74.6	388	*	3	*	4	*	7	*	2	*	11	*	0	
15-19		22	*	6	75.0	260	*	6	*	4	*	5	*	7	*	13	*	0	
20-24		15	*	14	75.4	186	*	2	*	7	*	7	*	12	*	6	*	0	
25-29		23		33	79.3	177	*	4	(75.5)	27	*	3	(66.5)	29	*	7	*	3	
30-34		35		125	59.9	218	*	6	83.4	123	*	6	65.3	135	*	14	*	0	
35-39		83		254	79.5	364	*	15	87.7	287	*	18	75.1	262	(94.0)	27	*	2	
40-44		111		387	80.7	311	*	11	91.5	393	*	15	80.4	399	(85.3)	29	*	2	
45-49		151		675	87.5	411	*	20	91.2	567	(82.9)	27	82.1	587	(93.0)	46	*	5	
50-54		275		1,005	86.5	408	(87.7)	33	92.8	854	(87.2)	34	89.6	763	88.8	74	*	9	
55-59		299		1,199	89.7	409	87.0	63	95.3	937	79.9	48	89.7	879	91.1	82	*	7	
60 +		1,246		4,955	91.3	1,556	87.7	356	96.1	2,794	85.9	186	93.8	2,603	88.7	268	*	18	
Residence																			
Urban	93.1	452	93.7	1,806	82.6	918	87.5	69	94.2	1,442	80.9	57	88.9	1,311	90.7	63	*	10	
Rural	91.1	1,812	93.0	6,608	85.3	4,199	84.1	433	93.8	4,472	88.0	298	88.6	4,296	88.8	515	(88.4)	37	
Estate	89.0	111	91.0	252	90.2	179	(96.5)	24	92.2	92	*	8	88.3	74	*	11	*	0	
District																			
Colombo	92.9	306	93.2	1,249	80.9	592	(89.0)	35	93.3	979	(86.0)	44	86.3	907	(91.5)	37	*	8	
Gampaha	94.4	268	94.6	1,016	85.4	535	86.2	64	93.9	821	(77.8)	53	88.0	457	(96.5)	42	*	5	
Kalutara	94.0	163	95.6	616	90.5	366	*	27	94.0	453	*	14	91.3	457	*	17	*	0	
Kandy	94.6	202	96.2	664	90.0	387	(88.8)	34	97.2	454	*	17	96.3	437	*	28	*	3	
Matale	85.4	95	91.0	247	84.8	177	*	11	90.3	142	*	9	85.0	163	(95.4)	32	*	2	
Nuwaraeliya	93.6	95	94.7	214	88.5	152	*	17	96.4	104	*	12	96.4	79	(95.4)	14	*	0	
Galle	87.6	151	92.8	458	80.9	330	*	27	93.3	303	*	27	83.2	367	(80.2)	29	*	4	
Matara	84.5	115	91.9	351	83.8	245	*	24	92.7	250	*	11	86.4	269	*	14	*	2	
Hambantota	(93.2)	45	91.7	204	84.5	209	*	12	94.6	140	*	16	83.1	160	*	21	*	2	
Jaffna	(88.2)	33	98.4	138	81.2	64	*	8	96.4	127	*	1	97.4	125	*	22	*	0	
Mannar	*	2	98.4	29	98.5	11	*	3	95.8	22	*	1	96.1	21	*	1	*	0	
Vavuniya	(72.2)	11	89.0	57	79.2	30	*	6	94.8	30	*	2	92.6	47	(92.9)	15	*	0	
Mullaitivu	*	4	95.9	13	93.6	12	*	1	(97.6)	7	*	1	(84.9)	6	*	2	*	0	
Kilinochchi	(88.9)	8	89.1	29	76.2	21	*	2	92.9	16	*	2	92.0	11	*	2	*	0	
Batticaloa	(90.3)	30	91.1	185	86.9	188	*	17	93.5	130	*	3	92.0	118	*	10	*	3	
Ampara	90.8	61	89.1	283	86.8	175	(74.8)	32	91.2	182	*	8	89.7	191	(72.3)	32	*	4	
Trincomalee	(88.4)	32	86.0	147	80.7	120	*	10	94.6	103	*	3	85.1	88	*	18	*	3	
Kurunegala	90.3	172	94.1	737	86.7	379	(88.7)	55	91.7	428	(78.2)	47	89.3	367	(88.0)	50	*	3	
Puttalam	89.9	63	92.7	294	84.5	204	*	21	94.0	213	*	18	85.7	191	*	19	*	0	
Anuradhapura	(97.4)	54	91.8	268	91.3	162	(86.9)	34	95.3	215	*	11	95.4	157	(100.0)	61	*	1	
Polonnaruwa	(79.8)	43	83.9	182	81.5	159	*	9	92.0	118	*	7	79.0	133	(92.1)	35	*	1	
Badulla	93.0	118	94.0	375	81.7	216	(94.1)	22	96.2	188	*	14	92.6	152	(89.3)	29	*	0	
Monaragala	(96.9)	43	93.6	160	94.9	114	*	9	97.6	89	*	9	94.7	111	*	13	*	0	
Ratnapura	88.1	153	89.5	466	77.2	323	(95.6)	27	92.2	281	*	18	82.7	301	(83.5)	36	*	6	
Kegalle	95.2	107	97.2	285	92.2	127	*	20	95.6	212	*	8	91.5	216	*	10	*	0	
Wealth quintile																			
Lowest	88.8	510	91.0	1,404	84.9	1,299	79.1	147	93.9	881	87.9	83	90.2	688	91.7	113	*	11	
Second	90.7	480	93.0	1,512	84.2	1,107	87.1	122	93.4	935	88.8	62	89.4	89.4	91.5	152	*	5	
Middle	89.5	400	92.8	1,665	86.0	961	88.3	95	92.7	1,070	83.3	66	87.8	1,050	92.9	125	*	10	
Fourth	93.3	473	93.9	1,805	86.3	967	88.7	82	93.9	1,397	88.1	81	87.9	1,252	85.1	120	*	8	
Highest	94.4	510	94.1	2,280	83.7	94.8	85.8	78	94.8	1,924	85.9	71	88.7	1,773	84.0	80	*	13	
Total	91.4	2,374	93.1	8,666	85.0	5,295	85.1	525	93.9	6,006	86.9	363	88.6	5,661	89.0	590	(81.6)	48	

Note: Figures in parentheses are based on 25 - 49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

16.2 ACCIDENTS

In the 2016 SLDHS, interviewers inquired about accidents among members of the household during the 12 months before the survey, and if the person affected by the accident received treatment in a hospital or clinic at the time of the accident. Table 16.8 presents the percentage of people having an accident during the last 12 months by type of accidents and background characteristics. The types of accidents referenced are road accidents, serious burns, serious falls, fall into water, suffering any kind of poisoning, animal bites, snake bites, serious cut, electric shock or natural disaster. At the level of the total population, accidents appear to have very low prevalence (1 percent or less, Table 16.8). According to the survey findings, road accidents, serious falls and animal bites have the highest prevalence at only 1 percent. Results also indicate that the male population is more prone to accidents than the female population, particularly in the case of road accidents and serious falls. Road accidents tend to be concentrated among the population age 20-39, while serious falls mostly affect the population 50 years or older. No clear pattern seems to appear from the data by the other background characteristics (religion, ethnicity, place of residence, or household wealth)



Table 16.8 : People having an accident during the last 12 months

Percentage of people having an accident during the last 12 months by type of accident and background characteristics, Sri Lanka 2016

Background characteristic	Road accident	Serious Burns	Serious Fall	Fall in to the water	Suffer of any kind of poisoning	Animal bites	Bitten by a snake	Serious cut	Electric shock	Natural disaster	Number of household members
Sex											
Male	1.7	0.1	1.1	0.0	0.1	1.1	0.4	0.5	0.1	0.6	50,273
Female	0.4	0.1	0.8	0.0	0.2	1.0	0.3	0.2	0.1	0.5	55,674
Age											
<5	0.1	0.3	0.3	0.0	0.1	0.7	0.0	0.1	0.0	0.4	8,373
5-9	0.3	0.1	1.0	0.0	0.1	1.4	0.2	0.3	0.1	0.5	9,152
10-14	0.6	0.1	0.8	0.0	0.1	1.6	0.2	0.2	0.0	0.5	8,928
15-19	1.0	0.0	0.6	0.0	0.1	1.0	0.3	0.3	0.0	0.6	8,046
20-24	1.8	0.1	0.7	0.0	0.2	0.6	0.3	0.2	0.1	0.7	7,037
25-29	1.3	0.1	0.4	0.0	0.1	0.7	0.1	0.4	0.1	0.6	6,675
30-34	1.5	0.1	0.6	0.0	0.1	0.8	0.4	0.4	0.1	0.6	7,644
35-39	1.7	0.1	0.8	0.0	0.1	0.8	0.4	0.6	0.1	0.6	7,879
40-44	1.4	0.1	0.8	0.0	0.1	1.0	0.6	0.5	0.1	0.7	6,681
45-49	1.3	0.2	0.9	0.0	0.3	1.4	0.5	0.5	0.1	0.7	6,534
50-54	1.1	0.1	1.4	0.0	0.2	1.0	0.6	0.5	0.0	0.6	6,789
55-59	1.0	0.1	1.3	0.0	0.2	1.1	0.4	0.4	0.0	0.6	6,092
60 +	0.7	0.1	1.7	0.0	0.2	1.2	0.5	0.3	0.1	0.4	16,117
Religion											
Buddhist	1.0	0.1	1.0	0.0	0.2	1.1	0.4	0.3	0.1	0.4	75,022
Hindu	0.9	0.1	1.0	0.0	0.1	0.9	0.3	0.3	0.1	0.5	12,758
Islam	0.8	0.1	0.7	0.0	0.1	0.5	0.1	0.3	0.0	1.1	9,811
Roman Catholic	1.2	0.1	0.8	0.1	0.1	1.1	0.2	0.5	0.1	1.0	6,908
Other Christian	0.7	0.0	1.2	0.0	0.3	1.2	0.2	0.3	0.1	0.4	1,413
Other	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	35
Ethnicity											
Sinhala	1.0	0.1	1.0	0.0	0.2	1.1	0.4	0.4	0.1	0.5	80,264
Sri Lanka Tamil	1.0	0.1	0.9	0.0	0.1	1.0	0.4	0.3	0.1	0.5	13,654
Indian Tamil	0.7	0.0	1.2	0.0	0.1	0.6	0.2	0.3	0.1	0.4	2,439
Sri Lanka moor											
/Muslim	0.8	0.1	0.8	0.0	0.1	0.5	0.1	0.2	0.0	1.0	9,213
Malay	0.9	0.0	0.8	0.0	0.0	0.7	0.0	0.0	0.0	10.0	157
Burger	1.1	0.0	0.0	0.0	0.0	1.9	0.0	0.0	0.0	0.0	180
Other	(0.0)	(0.0)	(1.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	41
Residence											
Urban	1.1	0.1	0.9	0.0	0.2	1.0	0.1	0.3	0.0	1.0	17,491
Rural	1.0	0.1	0.9	0.0	0.2	1.1	0.4	0.3	0.1	0.5	83,923
Estate	0.4	0.1	1.2	0.0	0.1	0.6	0.5	0.4	0.1	0.0	4,534
District											
Colombo	1.4	0.2	1.0	0.0	0.3	0.8	0.1	0.3	0.1	3.6	10,663
Gampaha	1.0	0.1	0.8	0.0	0.1	0.5	0.2	0.3	0.0	0.6	10,892
Kalutara	1.4	0.1	1.2	0.0	0.1	0.8	0.3	0.4	0.0	0.1	6,506
Kandy	0.7	0.2	1.4	0.0	0.2	1.1	0.2	0.3	0.1	0.1	7,333
Matale	0.5	0.1	1.1	0.1	0.4	1.1	0.7	0.6	0.1	0.0	2,759
Nuwara Eliya	0.4	0.1	1.0	0.0	0.1	1.1	0.3	0.3	0.1	0.0	3,450
Galle	1.3	0.1	1.2	0.0	0.1	1.3	0.5	0.4	0.1	0.4	5,709
Matara	1.2	0.1	0.8	0.0	0.2	0.9	0.3	0.1	0.0	0.1	4,407
Hambantota	1.3	0.1	0.8	0.1	0.2	1.2	0.4	0.2	0.1	0.0	3,240
Jaffna	1.2	0.0	0.7	0.0	0.0	1.0	0.4	0.2	0.1	0.0	3,054
Mannar	0.5	0.1	0.3	0.0	0.1	0.1	0.4	0.1	0.1	0.0	508
Vavuniya	1.1	0.0	0.9	0.0	0.1	0.8	0.1	0.4	0.0	0.0	828
Mullaitivu	1.4	0.2	1.0	0.0	0.0	1.0	0.5	0.3	0.0	0.0	449
Kilinochchi	0.9	0.1	1.2	0.0	0.0	1.9	0.6	0.3	0.0	0.0	562
Batticaloa	1.0	0.0	0.8	0.0	0.1	1.6	0.3	0.3	0.1	0.0	2,841
Ampara	1.0	0.1	0.9	0.0	0.0	0.6	0.4	0.4	0.1	0.0	3,815
Trincomalee	1.7	0.1	0.8	0.1	0.1	0.9	0.3	0.1	0.1	0.2	2,045
Kurunegala	0.7	0.1	0.7	0.0	0.3	1.3	0.4	0.4	0.0	0.2	8,849
Puttalam	1.5	0.1	0.7	0.1	0.1	1.1	0.4	0.7	0.2	0.8	3,691
Anuradhapura	0.4	0.0	0.3	0.0	0.1	0.8	0.3	0.2	0.0	0.0	4,847
Polonnaruwa	1.1	0.2	0.8	0.0	0.1	1.5	0.4	0.4	0.0	0.0	2,170
Badulla	1.0	0.1	1.2	0.0	0.1	1.2	0.2	0.3	0.1	0.1	4,242
Moneragala	0.3	0.3	0.6	0.0	0.1	0.8	0.4	0.3	0.0	0.0	2,604
Ratnapura	1.1	0.2	1.1	0.0	0.2	2.0	1.1	0.6	0.1	0.1	6,076
Kegalle	0.4	0.0	0.9	0.0	0.0	0.8	0.2	0.1	0.0	0.3	4,408
Wealth quintile											
Lowest	0.9	0.1	1.3	0.0	0.1	1.3	0.6	0.5	0.1	0.5	21,113
Second	0.9	0.1	0.9	0.0	0.1	1.2	0.5	0.4	0.1	0.5	21,193
Middle	1.1	0.1	0.9	0.0	0.1	1.1	0.3	0.3	0.0	0.5	21,204
Fourth	1.1	0.1	0.8	0.0	0.2	0.9	0.3	0.3	0.1	0.6	21,181
Highest	1.0	0.1	0.8	0.0	0.2	0.7	0.1	0.1	0.0	0.6	21,256
Total	1.0	0.1	0.9	0.0	0.2	1.0	0.4	0.3	0.1	0.5	105,947

Note: Figures in parentheses are based on 25 - 49 unweighted cases.

An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

16.3 MENTAL HEALTH

For the first time in the history of the SLDHS, data on mental illnesses and suicides were collected. These data were gathered because a population with good mental health is important for the country's development. Information on mental illnesses was gathered on whether a family member is currently undergoing any kind of treatment for mental illness and, if so, what kind of mental illness.

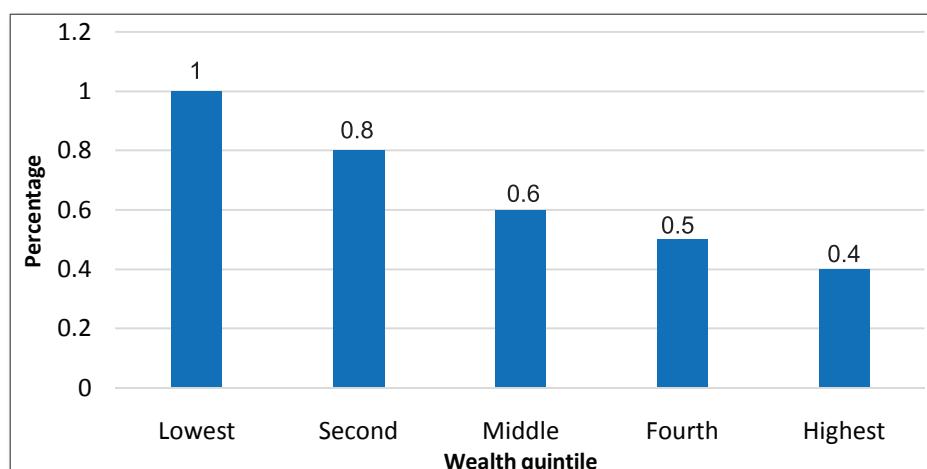
Table 16.9 includes the percentage of household members currently under treatment for any kind of mental illness. Globally, less than one percent (0.7 percent) of household members were undergoing treatment for any kind of mental illness. When considering the age of the member of the household, the higher percentages tend to be concentrated among the adult population (20 years and older) rather than in the younger population groups. Considering residence, there are no important differences between urban and rural sector residents (0.8% and 0.7% respectively), but the percentage is lower in the estates sector (0.3 percent only).

When considering districts, the lowest percentage is observed in Nuwara Eliya district (0.3%), and the highest in the Kilinochchi district (1.1%). By wealth quintile, the highest rate is reported from the poorest households (1 percent) whereas the lowest rate is reported from the richest 20 percent of the households (only 0.4%). It can be hypothesized that as the social and economic status decreases, the intensity and pressure of social, cultural and economic problems due to poverty increase, and thus people in the lowest wealth quintile could be more affected from mental illnesses.

Percentage of household members currently under treatments for, any kind of mental illness by background characteristics, Sri Lanka, 2016		
Background characteristic	Currently under treatment	Total number of household members
Sex		
Male	0.7	50,273
Female	0.7	55,674
Age		
<5	0.0	8,373
5-9	0.2	9,152
10-14	0.3	8,928
15-19	0.3	8,046
20-24	0.6	7,037
25-29	0.6	6,675
30-34	0.7	7,644
35-39	0.7	7,879
40-44	1.1	6,681
45-49	1.2	6,534
50-54	0.9	6,789
55-59	1.2	6,092
60-64	1.4	5,353
65-69	0.7	4,381
70-74	1.1	2,963
75-79	1.3	1,696
80 +	1.1	1,724
Residence		
Urban	0.8	17,491
Rural	0.7	83,923
Estate	0.3	4,534
District		
Colombo	0.8	10,663
Gampaha	0.8	10,892
Kalutara	0.6	6,506
Kandy	1.0	7,333
Matale	0.8	2,759
Nuwara Eliya	0.3	3,450
Galle	0.7	5,709
Matara	0.7	4,407
Hambantota	0.5	3,240
Jaffna	0.8	3,054
Mannar	0.5	508
Vavuniya	0.6	828
Mullaitivu	0.7	449
Kilinochchi	1.1	562
Batticaloa	0.5	2,841
Ampara	0.5	3,815
Trincomalee	0.5	2,045
Kurunegala	0.6	8,849
Puttalam	0.4	3,691
Anuradhapura	0.4	4,847
Polonnaruwa	1.0	2,170
Badulla	0.6	4,242
Moneragala	0.4	2,604
Ratnapura	0.7	6,076
Kegalle	1.0	4,408
Wealth quintile		
Lowest	1.0	21,117
Second	0.8	21,189
Middle	0.6	21,200
Fourth	0.5	21,186
Highest	0.4	21,255
Total	0.7	105,947



Figure 16.2 Percentage of household members currently undergoing treatment for any kind of mental illness by wealth quintile



According to Table 16.10, among people being treated for mental illnesses, the most common mental illness is depressive conditions, reported for 37 percent of the cases, followed by psychosis (17 percent). At the other extreme of the distribution, substance dependence appears with less than one percent. Compared to the male population, females tend to have higher percentages for depressive conditions, anxiety disorders and psychosis. For the remaining four categories of mental illnesses, higher rates are reported for male members of the household. When considering age groups, depressive conditions are higher among adult populations (20–74 years). The percentage of mental illnesses being treated by type of illness does not appear to be associated with the wealth of the household, since in the majority of the illnesses, the percentages are very similar across wealth quintile.

Table 16.10: Mental illnesses being treated

Among household members currently under treatments percentage with specific mental illnesses which are being treated by background characteristics, Sri Lanka, 2016

Background characteristic	Mental illness being treated										Total number of household members being treated	
	Depressive	Anxiety Disorder	Obsessive Compulsive Disorder	Alcohol Dependence /Abuse	Substance Dependence	Psychosis	Bipolar Disorder	Others	Don't Know			
Sex												
Male	32.5	3.8	2.6	2.2	1.5	15.1	4.6	7.4	23.2	346		
Female	40.2	9.7	0.7	0.0	0.0	18.0	4.1	9.9	16.1	375		
Age												
<5	*	*	*	*	*	*	*	*	*	1		
5-9	*	*	*	*	*	*	*	*	*	21		
10-14	*	*	*	*	*	*	*	*	*	24		
15-19	(25.2)	(4.7)	(9.3)	(0.0)	(0.0)	(4.5)	(0.0)	(0.0)	(13.7)	27		
20-24	(30.8)	(3.6)	(3.1)	(3.6)	(5.5)	(12.2)	(5.9)	(6.2)	(21.6)	39		
25-29	(41.6)	(4.3)	(0.0)	(0.0)	(0.0)	(20.7)	(1.6)	(14.2)	(4.3)	42		
30-34	46.7	4.6	2.7	0.0	2.7	14.4	1.1	6.1	8.1	51		
35-39	31.9	5.1	0.0	0.0	0.0	19.0	0.0	5.2	24.1	57		
40-44	40.0	3.7	1.0	1.6	0.0	17.9	3.6	10.1	26.0	71		
45-49	42.5	6.0	0.0	1.6	0.0	26.9	9.2	11.1	13.0	78		
50-54	29.8	5.2	0.0	0.0	0.0	29.6	8.1	20.5	23.2	58		
55-59	36.5	8.6	5.4	0.0	0.0	10.1	9.6	4.4	26.0	70		
60-64	39.5	7.3	2.7	3.1	2.2	19.1	5.6	7.2	17.9	77		
65-69	(44.1)	(15.3)	(0.0)	(5.1)	(0.0)	(6.7)	(3.8)	(0.0)	(20.8)	30		
70-74	(32.5)	(23.0)	(0.0)	(0.0)	(0.0)	(16.7)	(0.0)	(15.7)	(21.9)	34		
75-79	*	*	*	*	*	*	*	*	*	23		
80+	*	*	*	*	*	*	*	*	*	19		
Residence												
Urban	39.1	3.3	1.0	1.1	0.0	24.5	3.3	16.3	18.5	131		
Rural	35.4	7.8	1.8	1.1	0.9	14.9	4.3	7.0	19.6	575		
Estate	(54.3)	(2.6)	(0.0)	(0.0)	(0.0)	(12.3)	(13.2)	(6.5)	(23.7)	15		
Wealth quintile												
Lowest	39.1	5.2	2.6	0.6	1.2	16.3	4.6	6.7	19.6	221		
Second	30.2	7.4	0.0	1.4	1.6	14.8	7.8	8.2	26.2	163		
Middle	34.8	8.4	1.6	0.9	0.0	18.4	2.4	5.4	14.7	133		
Fourth	38.9	11.4	1.2	1.1	0.0	16.6	2.2	13.7	14.2	112		
Highest	40.8	2.1	2.8	1.6	0.0	17.8	2.7	13.0	20.8	93		
Total	36.5	6.9	1.6	1.1	0.7	16.6	4.3	8.7	19.5	721		

Note: Figures in parentheses are based on 25 - 49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Information on Dementia, Development Delays/Disorder, Attention Deficit Disorder and Autism were excluded from the above table due to inconsistent errors.

16.3.1 SUICIDES

According to World Health Organization “suicide is the act of deliberately killing oneself”. Why do people deliberately end their lives before their natural death? This may happen due to mental or physical illness, inability to cope with the break-ups of human relationships, inability to bear day-to-day stress, and financial problems. In addition, experiencing conflict, disaster, violence, abuse or loss and a sense of isolation are strongly associated with suicidal behavior.

Although every person has to face such problems in their day-to-day lives, their mental status and their personality determines how they react to the situation. Every suicide is a tragedy that affects families, communities and the entire country and has long lasting effects on the people left behind. Because it is a serious social problem, it is useful to conduct a survey to determine its prevalence, and find out methods to minimize the suicide rate.

The 2016 SLDHS collected information at the household level to learn if at least one person has tried to commit suicide or if there are households in which anyone has actually committed suicide during the 12 months preceding the survey. According to Table 16.11, the survey found less than one percent of households in which at least one person has tried to commit suicide during the year before the survey (0.5 percent).

When considering residence, the rural sector has the maximum percentage of 0.6 percent of households in which at least one person has tried to commit suicide, compared to only 0.3 percent among those residents of the urban and estates sectors. However, the estate sector is the only sector in which anyone actually committed suicide (0.2 percent).

Considering districts of residence, the lowest value of households in which at least one person has tried to commit suicide is reported in Nuwara Eliya (0.1 percent) and the maximum is reported in Mullaitivu district (1.1 percent). When considering households in which anyone has actually committed suicide, Puttalam district has the highest rate of 0.3%.

According to the wealth quintile, the highest percentage of households in which at least one person has tried to commit suicide and in which anyone has actually committed suicide is reported in the lowest wealth quintile, with 0.8 percent and 0.1 percent respectively.

Background characteristic	Tried to commit suicide	Committed Suicide	Total number of households
Residence			
Urban	0.3	0.0	4,309
Rural	0.6	0.0	21,778
Estate	0.3	0.2	1,122
District			
Colombo	0.4	0.0	2,722
Gampaha	0.4	0.1	2,815
Kalutara	0.2	0.0	1,618
Kandy	0.8	0.1	1,872
Matale	0.8	0.0	720
Nuwara Eliya	0.1	0.0	895
Galle	0.4	0.0	1,461
Matara	0.3	0.1	1,107
Hambantota	0.7	0.0	846
Jaffna	0.5	0.1	720
Mannar	0.9	0.2	126
Vavuniya	0.5	0.0	199
Mullaitivu	1.1	0.0	116
Kilinochchi	1.0	0.0	141
Batticaloa	0.9	0.0	699
Ampara	0.6	0.0	909
Trincomalee	0.3	0.0	507
Kurunegala	0.6	0.1	2,416
Puttalam	1.0	0.3	1,007
Anuradhapura	0.3	0.0	1,245
Polonnaruwa	0.3	0.0	577
Badulla	0.4	0.1	1,114
Moneragala	0.2	0.0	678
Ratnapura	0.7	0.1	1,567
Kegalle	0.3	0.0	1,134
Wealth quintile			
Lowest	0.8	0.1	6,147
Second	0.7	0.0	5,502
Middle	0.3	0.0	5,305
Fourth	0.5	0.0	5,163
Highest	0.2	0.0	5,094
Total	0.5	0.0	27,210

16.4 TOBACCO USE

Smoking has a powerful, negative impact on a population's health. Smoking is a known risk factor for cardiovascular diseases. It causes lung cancer and other forms of cancer, and it contributes to the severity of pneumonia, emphysema, and chronic bronchitis. It may also have an impact on individuals who are exposed to secondhand smoke. For example, inhaling secondhand smoke may adversely affect children's growth and cause childhood illnesses, especially respiratory diseases. Because smoking is an acquired behavior, all morbidity and mortality caused by smoking is preventable.

As shown in Table 16.12 below, in 34 percent of households included in the 2016 SLDHS, at least one member smokes tobacco and another 29 percent use smokeless tobacco. The percentage of 'ever use smoke tobacco' of tobacco by sector of residence is higher among rural residents. By district the higher percentages are observed in Matale, Hambantota, Polonnaruwa and Galle (all higher than 40 percent) and the lowest (less than 25 percent) in Mannar, Jaffna, Vavuniya and Batticaloa districts.

Smoke tobacco consumption declines with the wealth of the household. The percentage is highest among the poorest households (40 percent compared to 24 among the richest ones).

Background characteristic	Ever used		Total number of households
	Smoke tobacco	Smokeless tobacco	
Residence			
Urban	31.6	14.4	4,309
Rural	34.5	30.5	21,778
Estate	31.6	53.0	1,122
District			
Colombo	36.1	18.8	2,722
Gampaha	32.9	26.3	2,815
Kalutara	37.7	34.0	1,618
Kandy	35.6	19.4	1,872
Matale	45.8	25.2	720
Nuwara Eliya	31.6	43.1	895
Galle	40.5	31.3	1,461
Matara	33.6	31.6	1,107
Hambantota	44.0	34.0	846
Jaffna	22.0	12.6	720
Mannar	19.7	10.9	126
Vavuniya	23.8	14.4	199
Mullaitivu	29.4	25.2	116
Kilinochchi	25.4	24.8	141
Batticaloa	22.1	24.0	699
Ampara	26.9	22.7	909
Trincomalee	25.8	18.8	507
Kurunegala	32.0	34.4	2,416
Puttalam	25.8	26.2	1,007
Anuradhapura	38.9	21.1	1,245
Polonnaruwa	42.5	42.3	577
Badulla	34.8	35.1	1,114
Moneragala	38.3	34.9	678
Ratnapura	36.6	53.9	1,567
Kegalle	25.4	26.4	1,134
Wealth quintile			
Lowest	39.7	39.9	6,149
Second	37.7	36.3	5,504
Middle	35.6	30.3	5,301
Fourth	31.6	22.9	5,164
Highest	23.6	12.2	5,094
Total	33.9	28.9	27,210



16.5 INDOOR SMOKING POLICY

Women surveyed were questioned regarding the policy on smoking tobacco in their workplaces. Eighty-six percent of the workplaces did not allow smoking anywhere in the workplace, 9 percent allowed smoking either anywhere (3 percent) or in some areas (6 percent), and the remaining five percent either did not have a policy (4 percent) or did not know (1 percent).

Greater restrictions for indoor smoking in the workplace is observed among respondents from both the urban and rural sectors (86 percent) and among respondents from the following districts: Kegalle, Anuradhapura, Polonnaruwa, Matale, Matara, and Mullaitivu, in which 91 percent or more do not allow smoking anywhere. By social and economic status, the restrictions for indoor smoking is greater among respondents with higher levels of education and greater household wealth (Table 16.13).

Background characteristic	Smoking allowed anywhere	Smoking allowed in some area	Not allowed anywhere	No policy	Don't know	Total	Total number of Women working inside
Residence							
Urban	2.1	6.5	86.4	3.6	1.4	100.0	893
Rural	2.6	6.0	86.4	4.1	0.9	100.0	3,453
Estate	6.4	5.2	80.1	3.9	4.4	100.0	81
District							
Colombo	2.5	5.4	87.5	3.1	1.5	100.0	633
Gampaha	2.1	5.0	88.7	3.3	0.9	100.0	635
Kalutara	1.8	7.4	82.3	6.6	1.9	100.0	386
Kandy	3.6	7.7	84.0	2.8	1.8	100.0	315
Matale	0.0	3.6	94.3	2.1	0.0	100.0	111
Nuwara Eliya	9.5	3.8	82.8	3.4	0.6	100.0	58
Galle	3.4	6.5	85.0	3.5	1.6	100.0	256
Matara	0.3	6.3	91.3	1.5	0.6	100.0	190
Hambantota	0.5	6.4	89.4	2.8	0.9	100.0	112
Jaffna	0.0	10.7	84.0	2.3	3.1	100.0	111
Mannar	7.2	9.5	78.1	3.4	1.8	100.0	12
Vavuniya	(0.0)	(0.0)	(81.6)	(18.4)	(0.0)	100.0	14
Mullaitivu	0.0	2.5	93.0	4.6	0.0	100.0	16
Kilinochchi	0.0	2.7	77.7	18.4	1.2	100.0	16
Batticaloa	3.6	2.1	85.5	4.3	4.6	100.0	84
Ampara	0.7	6.0	81.2	12.0	0.0	100.0	105
Trincomalee	8.8	6.9	75.9	8.4	0.0	100.0	55
Kurunegala	3.9	6.4	83.8	5.4	0.4	100.0	397
Puttalam	8.3	6.4	82.7	2.6	0.0	100.0	127
Anuradhapura	0.0	5.1	93.1	0.8	1.0	100.0	140
Polonnaruwa	1.2	4.3	94.5	0.0	0.0	100.0	78
Badulla	1.2	10.1	83.8	4.9	0.0	100.0	118
Moneragala	2.9	11.0	83.0	1.8	1.4	100.0	68
Ratnapura	5.1	6.5	80.9	7.6	0.0	100.0	224
Kegalle	0.6	2.6	95.0	0.8	1.0	100.0	165
Education							
No education	10.6	6.3	68.7	3.8	10.7	100.0	60
Passed Grade 1-5	7.8	8.4	72.4	6.7	4.7	100.0	174
Passed Grade 6-10	3.6	7.5	83.1	4.7	1.1	100.0	1,344
Passed G.C.E.(O/L) or equivalent	2.4	6.0	85.0	4.7	2.0	100.0	813
Passed G.C.E.(A/L) or equivalent	1.5	5.2	90.3	2.9	0.1	100.0	1,348
Degree and above	1.1	4.5	91.3	3.0	0.2	100.0	688
Wealth quintile							
Lowest	5.7	9.1	75.9	5.6	3.6	100.0	445
Second	3.6	8.0	81.7	5.8	1.0	100.0	686
Middle	2.7	4.8	87.0	4.2	1.4	100.0	825
Fourth	2.4	4.7	89.0	3.1	0.8	100.0	1,020
Highest	1.3	5.9	89.3	3.0	0.3	100.0	1,451
Total	2.6	6.1	86.3	4.0	1.1	100.0	4,427

16.6 ALCOHOL AND OTHER DRUG USE AND CONSUMPTION

In the 2016 SLDHS, respondents were asked if any of the household members currently drink alcohol, use ganja, or use heroin. Table 16.14 shows that in 37 percent of households at least one member currently consumes alcohol and less than one percent have used either ganja (0.4 percent) or heroin (0.1 percent).

According to the place of residence, households from the estate sector recorded a higher consumption of alcohol (45 percent) than those of the urban or rural sectors (35 and 37 percent, respectively). As with the analysis of many other indicators, the percentage of alcohol use by members of the household has greater variation across districts: Ratnapura, Kalutara and Galle districts with 47 percent each, and Jaffna, Trincomalee and Ampara with less than half of this percentage (22 percent). Household wealth does not differentiate the percentage of alcohol use by members of the household.

Background characteristic	Percentage of households in which at least one member currently			Total number of households
	Drink alcohol	Use ganja	Use heroin	
Residence				
Urban	34.6	0.3	0.3	4,309
Rural	37.4	0.4	0.0	21,778
Estate	44.9	0.4	0.0	1,122
District				
Colombo	39.8	0.5	0.4	2,722
Gampaha	42.9	0.2	0.1	2,815
Kalutara	46.7	0.5	0.0	1,618
Kandy	33.9	0.1	0.0	1,872
Matale	41.7	0.4	0.0	720
Nuwara Eliya	35.6	0.4	0.0	895
Galle	47.3	0.4	0.0	1,461
Matara	38.0	0.1	0.0	1,107
Hambantota	35.0	1.0	0.1	846
Jaffna	21.6	0.0	0.0	720
Mannar	24.8	0.1	0.0	126
Vavuniya	28.4	0.2	0.0	199
Mullaitivu	31.0	0.0	0.0	116
Kilinochchi	26.5	0.0	0.0	141
Batticaloa	23.2	0.5	0.0	699
Ampara	22.3	0.4	0.0	909
Trincomalee	21.9	0.3	0.2	507
Kurunegala	29.8	0.1	0.0	2,416
Puttalam	35.2	1.2	0.0	1,007
Anuradhapura	36.5	0.3	0.0	1,245
Polonnaruwa	42.5	0.3	0.0	577
Badulla	41.2	0.5	0.1	1,114
Moneragala	45.7	1.5	0.1	678
Ratnapura	47.8	0.5	0.0	1,567
Kegalle	31.5	0.1	0.0	1,134
Wealth quintile				
Lowest	38.5	0.7	0.1	6,149
Second	37.2	0.5	0.0	5,504
Middle	37.5	0.4	0.1	5,301
Fourth	37.3	0.2	0.0	5,164
Highest	35.7	0.1	0.0	5,094
Total	37.3	0.4	0.1	27,210



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Table A.1: Primary Sampling Unit (PSU) Allocation by District and Sector ,Sri Lanka 2016

District	Total	Sector		
		Urban	Rural	Estate
Colombo	230	177	51	2
Gampaha	235	39	196	0
Kalutara	124	9	109	6
Kandy	150	20	105	25
Matale	65	7	49	9
Nuwara Eliya	100	5	35	60
Galle	115	20	92	3
Matara	92	12	77	3
Hambantota	75	6	69	0
Jaffna	70	14	56	0
Mannar	60	13	47	0
Vaunia	60	12	48	0
Mullativu	50	0	50	0
Kilinochchi	50	0	50	0
Batticaloa	70	20	50	0
Ampara	85	21	64	0
Trincomalee	60	13	47	0
Kurunegala	179	4	173	2
Puttalam	90	10	80	0
Anuradhapura	90	7	83	0
Polonnaruwa	55	0	55	0
Badulla	105	8	70	27
Monaragala	65	0	63	2
Ratnapura	125	11	100	14
Kegalle	100	5	85	10
Total	2500	433	1904	163

Note: From each selected PSUs 12 housing units were selected as secondary sampling units (SSUs) except from the PSUs in Colombo, Gampaha and Kalutara districts from where 10 SSUs were selected.

Table A.2 Sample Implementation

Result	Residence										Districts										Total									
	Urban	Rural	Estate	Colo mbo	Gamp aha	Kaluta ra	Kandy ra	Matal e	Nuwa Eliya	Matar a	Hamb a	Jaffna a	Mann ar	Vavun iya	Mullai tivu	Kilino dchi	Batticaloa	Ampara malee	Kurun egala	Puttalam		Anura dhapu	Polonnaruwa	Badulla a	Mone ragala	Ratna pura	Kegalle			
Percent distribution of household and eligible women by results of the household and individual interviews, and household, eligible women and overall response rates, according to urban - rural residence and district, Sri Lanka 2006-07																														
Selected households	93.0	95.5	90.0	93.4	95.2	96.2	94.0	92.0	88.9	96.4	96.3	94.8	94.9	92.8	93.9	93.3	96.2	94.7	96.3	91.9	96.5	93.9	95.0	96.4	93.5	99.3	95.9	95.8	94.7	
C	0.8	0.3	0.6	1.3	0.7	0.3	0.1	0.4	1.0	0.2	-	-	-	0.1	2.3	0.2	-	0.4	0.4	0.7	0.2	0.3	-	0.3	0.6	0.3	0.1	0.4	0.4	
NHM	0.7	0.8	1.5	0.7	1.0	0.4	0.2	1.0	2.1	0.6	0.3	1.0	0.4	0.3	0.9	-	0.5	2.4	0.4	2.8	0.9	0.1	1.6	0.5	1.2	-	1.0	0.8	0.8	
EHA	0.1	0.1	0.2	0.1	-	-	0.2	-	0.1	-	-	-	-	-	-	-	0.2	-	-	0.2	0.4	-	-	0.2	0.2	-	-	-	0.1	
P	0.5	0.2	0.3	1.0	0.3	0.1	0.4	-	0.3	0.4	0.1	-	-	-	0.3	0.2	0.2	0.5	0.2	0.4	0.3	0.1	-	0.2	0.7	-	-	0.3	0.3	
R	4.2	2.6	6.9	2.9	3.0	2.6	4.5	5.7	6.9	1.9	3.3	3.8	4.0	6.5	1.4	6.0	2.2	1.4	2.4	3.7	1.2	5	3.0	2.1	3.0	0.3	2.7	2.5	3.2	
DV	0.3	0.3	0.1	0.3	0.3	0.3	0.3	0.4	0.4	0.2	-	0.2	0.6	0.3	0.2	0.8	0.2	0.8	0.5	0.2	0.3	0.2	0.2	0.3	0.5	0.1	0.3	0.1	0.3	
DD	-	0.1	0.3	0.1	0.1	-	0.2	-	0.1	0.1	-	0.1	-	-	0.9	0.2	-	0.2	-	0.2	-	0.2	-	0.3	-	0.2	-	0.1	0.1	
DNF	0.2	0.1	0.2	0.3	0.1	0.1	0.1	0.5	0.2	0.3	-	0.1	0.1	-	0.1	-	-	-	-	0.1	0.2	0.1	-	0.2	0.1	-	-	0.1	0.1	
O	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Total	4,743	22,072	1,905	2,306	2,336	1,245	1,801	778	1,210	1,373	1,105	898	842	694	703	586	601	842	1,021	708	2,164	1,061	1,077	662	1,255	755	1,497	1,200	28,720	
Household response rate (HRR)	97.8	98.6	97.2	96.8	98.7	99.2	99.1	98.5	96.2	98.8	99.6	99.0	99.6	99.6	96.4	99.6	99.1	96.6	98.9	95.9	98.4	99.1	98.3	98.8	97.2	99.7	98.9	98.5	98.3	
Eligible women																														
EWC	98.2	99.2	95.9	97.3	99.4	99.4	98.8	99.0	92.4	95.0	99.6	99.1	99.6	99.8	99.8	98.7	99.2	99.2	99.8	97.9	99.4	99.0	100	99.3	98.7	99.5	99.4	99.4	98.9	
EWNH	0.4	0.1	1.0	0.9	-	0.1	-	-	1.2	0.1	0.1	0.2	-	-	-	-	-	-	-	0.1	0.2	-	-	0.2	0.4	0.2	0.2	0.1	0.2	
EWP	0.1	0.1	1.1	0.2	-	-	-	0.2	2.9	0.1	-	0.2	-	-	-	0.3	-	-	-	-	-	0.1	-	-	0.1	0.2	-	-	0.2	
EWV	0.7	0.3	1.5	0.8	0.5	0.1	0.8	0.2	2.2	0.7	-	0.2	-	-	1.0	0.8	0.8	-	-	1.1	0.3	-	-	0.2	0.4	-	-	0.4	0.4	
EWPC	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
EWI	0.2	0.1	0.2	0.4	0.1	0.2	-	-	-	-	-	-	-	-	-	-	-	-	-	0.2	0.2	0.1	-	0.2	0.1	-	0.2	0.2	0.2	
EWI	0.4	0.2	0.4	0.4	-	-	0.1	0.4	0.6	1.2	0.1	0.3	0.5	0.2	0.2	0.2	-	-	-	0.6	0.1	0.6	-	0.2	0.1	-	0.2	0.1	0.1	
EWO	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	
Total	2,963	14,454	1,093	1,370	1,485	820	1,106	489	685	866	701	568	522	417	452	383	387	606	801	470	1,391	668	816	450	777	546	1,017	717	18,510	
Number of women	98.2	99.2	95.8	97.3	99.4	99.5	98.8	99.0	92.4	95.0	99.6	99.1	99.6	99.8	99.8	98.7	99.2	99.2	99.8	97.9	99.4	99.1	100	99.4	98.7	99.4	99.4	99.5	98.9	
Eligible women response rate (EWRR)	96.0	97.8	93.1	94.2	98.1	98.7	97.9	97.5	88.9	97.8	99.2	98.1	99.2	99.4	96.2	98.3	98.3	95.9	98.7	93.9	97.8	98.2	98.3	98.2	98.2	95.9	99.1	98.3	98.0	
Overall response rate (ORR)																														

¹ Using the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

$$\frac{100 \times C}{C + NHM + EHA + P + R}$$

² Using the number of eligible women falling into specific response categories, the eligible woman response rate (EWRR) is calculated as:

$$\frac{100 \times EWC}{EWC + EWNH + EWP + EWR + EWPC + EWI + EWO}$$

³ The overall response rate (ORR) is calculated as:

$$ORR = HRR \times EWRR / 100$$

Selected Households	Eligible women
C - Completed	EWC - Completed
NHM - No household member or no eligible respondent	EWNH - Not at home
EHA - Entire household absent for extended period of time	EWP - Postponed
P - Postponed	EWR - Refused
R - Refused	EWPC - Partly completed
DV - Dwelling vacant/address not a dwelling	EWI - Incapacitated
DD - Dwelling destroyed	EWO - Other
DNF - Dwelling not found	
O - Other	

The estimates from a sample survey are affected by two types of errors: non-sampling errors and sampling errors. Non-sampling errors are the results of mistakes made in implementing data collection and data processing, such as failure to locate and interview the correct household, misunderstanding of the questions on the part of either the interviewer or the respondent, and data entry errors. Although numerous efforts were made during the implementation of the 2016 Sri Lanka Demographic and Health Survey (LKDHS) to minimize this type of error, non-sampling errors are impossible to avoid and difficult to evaluate statistically.

Sampling errors, on the other hand, can be evaluated statistically. The sample of respondents selected in the 2016 LKDHS is only one of many samples that could have been selected from the same population, using the same design and expected size. Each of these samples would yield results that differ somewhat from the results of the actual sample selected. Sampling errors are a measure of the variability between all possible samples. Although the degree of variability is not known exactly, it can be estimated from the survey results.

A sampling error is usually measured in terms of the standard error for a particular statistic (mean, percentage, etc.), which is the square root of the variance. The standard error can be used to calculate confidence intervals within which the true value for the population can reasonably be assumed to fall. For example, for any given statistic calculated from a sample survey, the value of that statistic will fall within a range of plus or minus two times the standard error of that statistic in 95 percent of all possible samples of identical size and design.

If the sample of respondents had been selected as a simple random sample, it would have been possible to use straightforward formulas for calculating sampling errors. However, the 2016 LKDHS sample is the result of a multi-stage stratified design, and, consequently, it was necessary to use more complex formulae. The computer software used to calculate sampling errors for the 2016 LKDHS is a SAS based procedure. This procedure uses the Taylor linearization method of variance estimation for survey estimates that are means or proportions. The Jackknife repeated replication method is used for variance estimation of more complex statistics such as fertility and mortality rates.

The Taylor linearization method treats any percentage or average as a ratio estimate, $r = y/x$, where y represents the total sample value for variable y , and x represents the total number of cases in the group or subgroup under consideration. The variance of r is computed using the formula given below, with the standard error being the square root of the variance:

$$SE^2(r) = var(r) = \frac{1-f}{x^2} \sum_{h=1}^H \left[\frac{m_h}{m_h - 1} \left(\sum_{i=1}^{m_h} z_{hi}^2 - \frac{z_h^2}{m_h} \right) \right]$$

in which

$$z_{hi} = y_{hi} - rx_{hi}, \text{ and } z_h = y_h - rx_h$$

where h represents the stratum which varies from 1 to H ,

m_h is the total number of clusters selected in the h^{th} stratum,

y_{hi} is the sum of the weighted values of variable y in the i^{th} cluster in the h^{th} stratum,

x_{hi} is the sum of the weighted number of cases in the i^{th} cluster in the h^{th} stratum, and

f is the overall sampling fraction, which is so small that it is ignored.



The Jackknife repeated replication method derives estimates of complex rates from each of several replications of the parent sample, and calculates standard errors for these estimates using simple formulae. Each replication considers all but one cluster in the calculation of the estimates. Pseudo-independent replications are thus created. In the 2016 LKDHS, there were 2106 non-empty clusters. Hence, 2106 replications were created. The variance of a rate r is calculated as follows:

$$SE^2(r) = var(r) = \frac{1}{k(k-1)} \sum_{i=1}^k (r_i - r)^2$$

in which

$$r_i = kr - (k-1)r_{(i)}$$

where r is the estimate computed from the full sample of 2487 clusters,

$r_{(i)}$ is the estimate computed from the reduced sample of 2486 clusters (i^{th} cluster excluded),
and

k is the total number of clusters.

In addition to the standard error, the procedure computes the design effect (DEFT) for each estimate, which is defined as the ratio between the standard error using the given sample design and the standard error that would result if a simple random sample had been used. A DEFT value of 1.0 indicates that the sample design is as efficient as a simple random sample, while a value greater than 1.0 indicates the increase in the sampling error due to the use of a more complex and less statistically efficient design. The procedure also computes the relative error and confidence limits for the estimates.

Sampling errors for the 2016 LKDHS are calculated for selected variables considered to be of primary interest for the women's survey and for the men's surveys, respectively. The results are presented in this appendix for the country as a whole, for urban, rural and estate areas, and for each of the 25 districts of the country. For each variable, the type of statistic (mean, proportion, or rate) and the base population are given in Table B.1. Tables B.2 to B.30 present the value of the statistic (R), its standard error (SE), the number of unweighted (N-UNWE) and weighted (N-WEIG) cases, the design effect (DEFT), the relative standard error (SE/R), and the 95 percent confidence limits ($R \pm 2SE$), for each variable. The DEFT is considered undefined when the standard error considering simple random sample is zero (when the estimate is close to 0 or 1). In the case of the total fertility rate, the number of unweighted cases is not relevant, as there is no known unweighted value for woman-years of exposure to child-bearing.

The confidence interval (e.g., as calculated for children ever born) can be interpreted as follows: the overall average from the national sample is 1.384 and its standard error is 0.027. Therefore, to obtain the 95 percent confidence limits, one adds and subtracts twice the standard error to the sample estimate, i.e., $1.384 \pm 2 \times 0.027$. There is a high probability (95 percent) that the true average number of children ever born to all women is between 1.330 and 1.439.

For the total sample, the value of the DEFT, averaged over all variables, is 1.107. This means that, due to multi-stage clustering of the sample, the average standard error is increased by a factor of 1.107 over that in an equivalent simple random sample.

Table B.1 List of selected variables for sampling errors, Sri Lanka, 2016

VARIABLE	ESTIMATE	BASE POPULATION
Urban	Proportion	Ever-married women
No education	Proportion	Ever-married women
Secondary or higher	Proportion	Ever-married women
Currently married	Proportion	All women
Married before age 20	Proportion	All women age 20-49
Currently pregnant	Proportion	All women
Children ever born	Mean	All women
Children surviving	Mean	All women
Children ever born to women age 40-49	Mean	All women age 40-49
Knows any contraceptive method	Proportion	Currently married women
Knows a modern method	Proportion	Currently married women
Currently using any contraceptive method	Proportion	Currently married women
Currently using modern method	Proportion	Currently married women
Currently use a traditional method	Proportion	Currently married women
Currently using pill	Proportion	Currently married women
Currently using IUD	Proportion	Currently married women
Currently using injectables	Proportion	Currently married women
Currently using condoms	Proportion	Currently married women
Currently using female sterilization	Proportion	Currently married women
Currently using rhythm method	Proportion	Currently married women
Currently using withdrawal	Proportion	Current users of modern methods
Used public sector source	Proportion	Currently married women
Want no more children or sterilized	Proportion	Currently married women
Want to delay birth at least 2 years	Mean	Ever-married women
Ideal family size	Proportion	Women with at least one live birth in five years before survey
Mothers received antenatal care for last birth	Proportion	Women with at least one live birth in five years before survey
Mothers protected against tetanus for last birth	Proportion	Women with at least one live birth in five years before survey
Assistance by a skilled provider at delivery	Proportion	Births in a health facility occurring 1-59 months before interview
Having diarrhoea in two weeks before survey	Proportion	Children age 0-59 months
Treated with oral rehydration salts (ORS)	Proportion	Children with diarrhoea in two weeks before interview
Taken to a health provider	Proportion	Children age 12-23 months
Vaccination card seen	Proportion	Children with diarrhoea in two weeks before interview
Received BCG	Proportion	Children age 12-23 months
Received DPT-HepB-Hib (3 doses)	Proportion	Children age 12-23 months
Received Polio (the third dose)	Proportion	Children age 12-23 months
Received easles containing vaccination	Proportion	Children age 12-23 months
Fully vaccinated	Proportion	Children age 12-23 months
Height-for-age (-2SD)	Proportion	Children age 12-23 months
Weight-for-height (-2SD)	Proportion	Children age 12-23 months
Weight-for-age (-2SD)	Proportion	Children age 0-59 months who were measured
BMI<18.5	Proportion	Children age 0-59 months who were measured
Prevalence of anemia (children)	Proportion	Children age 0-59 months who were measured
Prevalence of anemia (women)	Rate	Ever-married women who were measured
Total fertility rate (3 years)	Rate	All children 6-59 months who were tested
Neonatal mortality (0-4 years) ¹	Rate	Ever-married women who were tested
Post-neonatal mortality (0-4 years) ¹	Rate	All women 15-49
Infant mortality (0-4 years) ¹	Rate	Children exposed to the risk of mortality
Child mortality (0-4 years) ¹	Rate	Children exposed to the risk of mortality
Under-five mortality (0-4 years) ¹	Rate	Children exposed to the risk of mortality

¹ 0-4 years for national only; 0-9 years for background characteristics



Table B.2 Sampling errors: Total sample, Sri Lanka DHS 2016

VARIABLE	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			(R-2SE)	(R+2SE)
Urban	0.156	0.003	18302	18302	1.198	0.021	0.150	0.162
No education	0.016	0.001	18302	18302	1.124	0.066	0.014	0.018
Secondary education or higher	0.916	0.002	18302	18302	1.189	0.003	0.911	0.921
Currently married	0.673	0.013	25599	25656	1.084	0.019	0.647	0.698
Married before age 20	0.253	0.003	21981	21912	1.194	0.013	0.246	0.259
Currently pregnant	0.033	0.001	25599	25656	1.048	0.039	0.030	0.035
Children ever born	1.384	0.027	25599	25656	1.080	0.020	1.330	1.439
Children surviving	1.357	0.027	25599	25656	1.080	0.020	1.303	1.411
Children ever born to women age 40-49	2.291	0.016	6757	6790	1.118	0.007	2.259	2.323
Knows any contraceptive method	0.997	0.000	17170	17257	1.091	0.000	0.996	0.998
Knows a modern method	0.997	0.000	17170	17257	1.089	0.000	0.996	0.998
Currently using any method	0.646	0.004	17170	17257	1.160	0.007	0.638	0.654
Currently using a modern method	0.536	0.004	17170	17257	1.154	0.008	0.527	0.544
Currently using a traditional method	0.110	0.003	17170	17257	1.162	0.025	0.105	0.116
Currently using pill	0.086	0.002	17170	17257	1.119	0.028	0.081	0.091
Currently using IUD	0.106	0.003	17170	17257	1.175	0.026	0.100	0.112
Currently using condoms	0.070	0.002	17170	17257	1.127	0.031	0.066	0.075
Currently use injectables	0.086	0.003	17170	17257	1.185	0.029	0.081	0.091
Currently using female sterilization	0.140	0.003	17170	17257	1.108	0.021	0.134	0.146
Currently using withdrawal	0.038	0.002	17170	17257	1.102	0.042	0.035	0.041
Currently using periodic abstinence	0.073	0.002	17170	17257	1.158	0.032	0.068	0.077
Used public sector source	0.716	0.005	9125	9381	1.125	0.007	0.705	0.726
Want no more children	0.611	0.004	17170	17257	1.112	0.007	0.603	0.620
Want to delay birth at least 2 years	0.122	0.003	17170	17257	1.093	0.022	0.116	0.127
Ideal family size	2.529	0.011	18199	18191	1.293	0.004	2.507	2.551
Mothers received antenatal care for last birth	0.988	0.001	7187	7138	1.061	0.001	0.985	0.991
Assistance by a skilled provider at delivery	0.994	0.001	8276	8191	1.092	0.001	0.992	0.996
Having diarrhea in the last 2 weeks	0.027	0.002	8132	8064	1.099	0.075	0.023	0.031
Treated with oral rehydration salts (ORS)	0.540	0.037	221	217	1.086	0.069	0.466	0.614
Taken to a health provider	0.905	0.019	221	217	0.970	0.021	0.866	0.943
Vaccination card seen	0.928	0.007	1551	1556	1.088	0.008	0.913	0.942
Received BCG	0.992	0.002	1551	1556	1.016	0.002	0.987	0.997
Received DPT-HepB-Hib (3 doses)	0.960	0.005	1551	1556	1.074	0.006	0.949	0.970
Received polio (third dose)	0.971	0.005	1551	1556	1.161	0.005	0.962	0.981
Received measles containing vaccination	0.953	0.006	1551	1556	1.051	0.006	0.942	0.965
Fully immunized	0.914	0.008	1551	1556	1.100	0.009	0.898	0.929
Height-for-age (-2SD)	0.173	0.005	7954	7870	1.107	0.028	0.163	0.182
Weight-for-height (-2SD)	0.151	0.005	7885	7817	1.099	0.031	0.142	0.160
Weight-for-age (-2SD)	0.205	0.005	7987	7908	1.104	0.025	0.194	0.215
Prevalence of anemia (children)	0.472	0.007	6795	6729	1.169	0.015	0.457	0.486
Prevalence of anemia (women)	0.493	0.005	17265	17261	1.208	0.009	0.484	0.502
BMI < 18.5	0.091	0.002	16788	16806	1.114	0.027	0.086	0.095
Total fertility rate (last 3 years)	2.153	0.028	73984	73883	1.067	0.013	2.096	2.210
Neonatal mortality (last 0-4 years)	6.841	0.978	8333	8245	1.027	0.143	4.885	8.798
Post-neonatal mortality (last 0-4 years)	3.012	0.610	8355	8256	1.017	0.203	1.792	4.233
Infant mortality (last 0-4 years)	9.854	1.153	8334	8246	1.026	0.117	7.548	12.159
Child mortality (last 0-4 years)	0.969	0.333	8445	8324	1.004	0.344	0.303	1.634
Under-five mortality (last 0-4 years)	10.813	1.195	8338	8249	1.023	0.110	8.424	13.202

Table B.3 Sampling errors: Urban sample, Sri Lanka DHS 2016

VARIABLE	Number of cases								
	Value (R)	Standard error (SE)	Unweighted (N)	Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits		
							(R-2SE)	(R+2SE)	
Urban		1.000	0.000	2910	2855	na	0.000	1.000	1.000
No education		0.010	0.002	2910	2855	1.160	0.215	0.006	0.014
Secondary education or higher		0.935	0.006	2910	2855	1.324	0.006	0.923	0.947
Currently married		0.709	0.034	3848	3785	1.055	0.048	0.640	0.777
Married before age 20		0.206	0.009	3389	3335	1.304	0.042	0.189	0.223
Currently pregnant		0.032	0.003	3848	3785	1.028	0.101	0.026	0.038
Children ever born		1.444	0.074	3848	3785	1.062	0.051	1.297	1.592
Children surviving		1.414	0.072	3848	3785	1.064	0.051	1.269	1.558
Children ever born to women age 40-49		2.271	0.044	1111	1079	1.215	0.020	2.183	2.360
Knows any contraceptive method		0.997	0.001	2745	2682	1.083	0.001	0.995	0.999
Knows amodern method		0.997	0.001	2745	2682	1.083	0.001	0.995	0.999
Currently using any method		0.568	0.011	2745	2682	1.179	0.020	0.546	0.591
Currently using a modern method		0.455	0.011	2745	2682	1.176	0.025	0.432	0.477
Currently using a traditional method		0.114	0.007	2745	2682	1.167	0.062	0.100	0.128
Currently using pill		0.070	0.005	2745	2682	1.084	0.075	0.059	0.081
Currently using IUD		0.086	0.006	2745	2682	1.192	0.074	0.073	0.099
Currently using condoms		0.096	0.006	2745	2682	1.142	0.067	0.083	0.108
Currently use injectables		0.050	0.005	2745	2682	1.218	0.101	0.040	0.060
Currently using female sterilization		0.112	0.007	2745	2682	1.108	0.060	0.099	0.125
Currently using withdrawal		0.045	0.004	2745	2682	1.061	0.093	0.037	0.054
Currently using periodic abstinence		0.068	0.006	2745	2682	1.209	0.085	0.057	0.080
Used public sector source		0.638	0.016	1220	1239	1.145	0.025	0.606	0.669
Want no more children		0.581	0.011	2745	2682	1.120	0.018	0.559	0.602
Want to delay birth at least 2 years		0.123	0.007	2745	2682	1.193	0.061	0.108	0.138
Ideal family size		2.574	0.028	2877	2818	1.256	0.011	2.519	2.630
Mothers received antenatal care for last birth		0.985	0.004	1145	1114	1.109	0.004	0.977	0.993
Assistance by a skilled provider at delivery		0.995	0.002	1322	1285	1.050	0.002	0.991	0.999
Having diarrhea in the last 2 weeks		0.030	0.005	1313	1278	1.050	0.169	0.020	0.040
Treated with oral rehydration salts (ORS)		0.473	0.084	41	38	1.027	0.177	0.305	0.641
Taken to a health provider		0.869	0.055	41	38	1.017	0.064	0.758	0.979
Vaccination card seen		0.925	0.019	233	228	1.097	0.021	0.887	0.963
Received BCG		0.987	0.008	233	228	1.053	0.008	0.971	1.003
Received DPT-HepB-Hib (3 doses)		0.919	0.021	233	228	1.180	0.023	0.876	0.961
Received polio (third dose)		0.957	0.015	233	228	1.120	0.016	0.927	0.987
Received measles containing vaccination		0.937	0.016	233	228	1.021	0.017	0.904	0.970
Fully immunized		0.877	0.024	233	228	1.110	0.027	0.829	0.925
Height-for-age (-2SD)		0.147	0.012	1252	1214	1.119	0.079	0.124	0.171
Weight-for-height (-2SD)		0.129	0.010	1238	1205	1.045	0.079	0.109	0.150
Weight-for-age (-2SD)		0.164	0.012	1257	1220	1.093	0.072	0.141	0.188
Prevalence of anemia (children)		0.469	0.019	1031	1014	1.199	0.040	0.431	0.506
Prevalence of anemia (women)		0.472	0.011	2671	2639	1.172	0.024	0.449	0.494
BMI < 18,5		0.056	0.005	2669	2629	1.016	0.081	0.047	0.065
Total fertility rate (last 3 years)		2.190	0.079	11085	10910	1.096	0.036	2.033	2.348
Neonatal mortality (last 0-9 years)		7.014	1.652	2673	2587	0.990	0.236	3.710	10.319
Post-neonatal mortality (last 0-9 years)		2.657	1.030	2683	2596	1.065	0.388	0.597	4.716
Infant mortality (last 0-9 years)		9.671	1.911	2673	2587	0.995	0.198	5.849	13.494
Child mortality (last 0-9 years)		1.541	0.839	2699	2621	1.089	0.545	0.000	3.220
Under-five mortality (last 0-9 years)		11.197	2.067	2675	2589	1.003	0.185	7.064	15.331



Table B.4 Sampling errors: Rural sample, Sri Lanka DHS 2016

VARIABLE	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits		
			Unweighted (N)	Weighted (WN)			(R-2SE)	(R+2SE)	
Urban		0.000	0.000	14344	14737	na	na	0.000	0.000
No education		0.013	0.001	14344	14737	1.146	0.082	0.011	0.016
Secondary education or higher		0.924	0.003	14344	14737	1.198	0.003	0.919	0.929
Currently married		0.698	0.008	19428	19936	1.074	0.011	0.682	0.714
Married before age 20		0.265	0.004	16985	17397	1.176	0.014	0.257	0.272
Currently pregnant		0.034	0.001	19428	19936	1.053	0.040	0.031	0.037
Children ever born		1.428	0.019	19428	19936	1.044	0.013	1.391	1.466
Children surviving		1.401	0.018	19428	19936	1.045	0.013	1.364	1.438
Children ever born to women age 40-49		2.306	0.018	5261	5427	1.092	0.008	2.271	2.342
Knows any contraceptive method		0.998	0.000	13445	13906	1.144	0.000	0.997	0.999
Knows a modern method		0.998	0.000	13445	13906	1.137	0.000	0.997	0.999
Currently using any method		0.664	0.005	13445	13906	1.159	0.007	0.654	0.673
Currently using a modern method		0.551	0.005	13445	13906	1.153	0.009	0.541	0.560
Currently using a traditional method		0.113	0.003	13445	13906	1.153	0.028	0.107	0.119
Currently using pill		0.090	0.003	13445	13906	1.114	0.030	0.085	0.096
Currently using IUD		0.112	0.003	13445	13906	1.162	0.028	0.106	0.119
Currently using condoms		0.067	0.002	13445	13906	1.113	0.036	0.062	0.072
Currently use injectables		0.094	0.003	13445	13906	1.170	0.031	0.088	0.100
Currently using female sterilization		0.139	0.003	13445	13906	1.104	0.024	0.132	0.145
Currently using withdrawal		0.037	0.002	13445	13906	1.098	0.048	0.033	0.040
Currently using periodic abstinence		0.076	0.003	13445	13906	1.138	0.034	0.071	0.082
Used public sector source		0.720	0.006	7348	7769	1.119	0.008	0.708	0.732
Want no more children		0.615	0.005	13445	13906	1.106	0.008	0.606	0.624
Want to delay birth at least 2 years		0.122	0.003	13445	13906	1.066	0.025	0.116	0.128
Ideal family size		2.523	0.012	14276	14665	1.293	0.005	2.499	2.548
Mothers received antenatal care for last birth		0.989	0.001	5596	5728	1.058	0.001	0.987	0.992
Assistance by a skilled provider at delivery		0.994	0.001	6408	6545	1.102	0.001	0.992	0.996
Having diarrhea in the last 2 weeks		0.026	0.002	6287	6433	1.107	0.087	0.022	0.031
Treated with oral rehydration salts (ORS)		0.553	0.042	165	169	1.091	0.077	0.468	0.638
Taken to a health provider		0.920	0.020	165	169	0.953	0.022	0.880	0.960
Vaccination card seen		0.930	0.008	1203	1253	1.088	0.009	0.914	0.946
Received BCG		0.993	0.002	1203	1253	1.017	0.002	0.989	0.998
Received DPT-HepB-Hib (3 doses)		0.969	0.005	1203	1253	1.031	0.005	0.958	0.979
Received polio (third dose)		0.975	0.005	1203	1253	1.187	0.005	0.964	0.985
Received measles containing vaccination		0.957	0.006	1203	1253	1.056	0.006	0.944	0.969
Fully immunized		0.921	0.008	1203	1253	1.100	0.009	0.904	0.938
Height-for-age (-2SD)		0.170	0.006	6178	6325	1.110	0.032	0.159	0.181
Weight-for-height (-2SD)		0.156	0.005	6134	6286	1.100	0.034	0.145	0.166
Weight-for-age (-2SD)		0.208	0.006	6204	6355	1.107	0.028	0.196	0.219
Prevalence of anemia (children)		0.474	0.008	5306	5426	1.160	0.017	0.458	0.490
Prevalence of anemia (women)		0.498	0.005	13647	13993	1.207	0.010	0.487	0.508
BMI < 18,5		0.091	0.003	13196	13558	1.130	0.031	0.086	0.097
Total fertility rate (last 3 years)		2.175	0.032	57381	58841	1.066	0.015	2.111	2.239
Neonatal mortality (last 0-9 years)		7.351	0.809	13294	13456	1.008	0.110	5.732	8.969
Post-neonatal mortality (last 0-9 years)		3.136	0.552	13294	13449	1.056	0.176	2.032	4.240
Infant mortality (last 0-9 years)		10.487	0.975	13294	13456	1.011	0.093	8.536	12.438
Child mortality (last 0-9 years)		1.390	0.322	13423	13590	0.991	0.231	0.747	2.033
Under-five mortality (last 0-9 years)		11.862	1.015	13302	13462	1.002	0.086	9.832	13.892

Table B.5 Sampling errors: Estate sample, Sri Lanka DHS 2016

VARIABLE	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits		
			Unweighted (N)	Weighted (WN)			(R-2SE)	(R+2SE)	
Urban		0.000	0.000	1048	710	na	na	0.000	0.000
No education		0.084	0.011	1048	710	1.225	0.125	0.063	0.105
Secondary education or higher		0.663	0.018	1048	710	1.213	0.027	0.627	0.698
Currently married		0.512	0.041	1860	1306	1.266	0.080	0.431	0.594
Married before age 20		0.234	0.015	1570	1040	1.349	0.063	0.205	0.264
Currently pregnant		0.031	0.004	1860	1306	1.023	0.134	0.023	0.039
Children ever born		1.208	0.103	1860	1306	1.233	0.085	1.003	1.414
Children surviving		1.175	0.099	1860	1306	1.224	0.084	0.977	1.373
Children ever born to women age 40-49		2.488	0.077	344	238	1.206	0.031	2.335	2.641
Knows any contraceptive method		0.968	0.007	980	669	1.208	0.007	0.954	0.982
Knows a modern method		0.968	0.007	980	669	1.208	0.007	0.954	0.982
Currently using any method		0.589	0.016	980	669	1.048	0.028	0.556	0.622
Currently using a modern method		0.548	0.018	980	669	1.104	0.032	0.512	0.583
Currently using a traditional method		0.042	0.006	980	669	0.998	0.153	0.029	0.055
Currently using pill		0.056	0.009	980	669	1.257	0.166	0.037	0.074
Currently using IUD		0.053	0.009	980	669	1.204	0.162	0.036	0.071
Currently using condoms		0.029	0.008	980	669	1.462	0.271	0.013	0.045
Currently use injectables		0.070	0.011	980	669	1.336	0.155	0.048	0.092
Currently using female sterilization		0.274	0.017	980	669	1.191	0.062	0.240	0.308
Currently using withdrawal		0.024	0.005	980	669	1.125	0.230	0.013	0.035
Currently using periodic abstinence		0.018	0.004	980	669	0.953	0.225	0.010	0.026
Used public sector source		0.885	0.013	557	373	0.998	0.015	0.858	0.912
Want no more children		0.657	0.017	980	669	1.151	0.027	0.622	0.692
Want to delay birth at least 2 years		0.103	0.011	980	669	1.120	0.105	0.082	0.125
Ideal family size		2.461	0.041	1046	709	1.304	0.017	2.379	2.544
Mothers received antenatal care for last birth		0.976	0.008	446	296	1.029	0.008	0.960	0.991
Assistance by a skilled provider at delivery		0.987	0.006	546	361	1.140	0.006	0.975	0.999
Having diarrhea in the last 2 weeks		0.028	0.008	532	354	1.073	0.276	0.013	0.044
Treated with oral rehydration salts (ORS)		0.568	0.153	15	10	1.187	0.269	0.263	0.874
Taken to a health provider		0.788	0.110	15	10	1.041	0.140	0.567	1.009
Vaccination card seen		0.900	0.031	115	75	1.086	0.034	0.839	0.962
Received BCG		0.983	0.013	115	75	1.031	0.013	0.957	1.008
Received DPT-HepB-Hib (3 doses)		0.936	0.024	115	75	1.020	0.025	0.888	0.983
Received polio (third dose)		0.959	0.019	115	75	1.002	0.020	0.921	0.997
Received measles containing vaccination		0.947	0.025	115	75	1.069	0.026	0.897	0.997
Fully immunized		0.895	0.031	115	75	1.028	0.035	0.832	0.958
Height-for-age (-2SD)		0.317	0.022	524	332	1.003	0.068	0.274	0.360
Weight-for-height (-2SD)		0.134	0.019	513	326	1.112	0.143	0.096	0.173
Weight-for-age (-2SD)		0.297	0.023	526	334	1.062	0.078	0.251	0.343
Prevalence of anemia (children)		0.444	0.028	458	288	1.129	0.063	0.387	0.500
Prevalence of anemia (women)		0.477	0.020	947	629	1.223	0.042	0.437	0.518
BMI < 18,5		0.220	0.015	923	620	1.076	0.067	0.191	0.250
Total fertility rate (last 3 years)		1.857	0.104	5479	3802	1.212	0.056	1.648	2.066
Neonatal mortality (last 0-9 years)		7.886	2.994	1103	755	1.025	0.380	1.898	13.874
Post-neonatal mortality (last 0-9 years)		5.424	2.076	1100	751	0.918	0.383	1.272	9.576
Infant mortality (last 0-9 years)		13.310	3.797	1103	755	0.968	0.285	5.716	20.904
Child mortality (last 0-9 years)		1.643	1.307	1091	754	1.053	0.795	0.000	4.257
Under-five mortality (last 0-9 years)		14.931	3.983	1103	755	0.972	0.267	6.965	22.898



Table B.6 Sampling errors: Colombo sample, Sri Lanka DHS 2016

VARIABLE	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits		
			Unweighted (N)	Weighted (WN)			(R-2SE)	(R+2SE)	
Urban		0.734	0.011	1333	1731	0.935	0.015	0.712	0.757
No education		0.011	0.003	1333	1731	1.051	0.268	0.005	0.017
Secondary education or higher		0.944	0.008	1333	1731	1.302	0.009	0.928	0.960
Currently married		0.367	0.083	3329	4426	1.044	0.226	0.201	0.533
Married before age 20		0.173	0.010	1658	2154	1.178	0.060	0.152	0.193
Currently pregnant		0.015	0.004	3329	4426	1.031	0.262	0.007	0.023
Children ever born		0.688	0.159	3329	4426	1.058	0.231	0.370	1.006
Children surviving		0.677	0.156	3329	4426	1.057	0.231	0.365	0.990
Children ever born to women age 40-49		2.042	0.057	506	650	1.183	0.028	1.928	2.155
Knows any contraceptive method		0.997	0.002	1254	1625	1.068	0.002	0.994	1.000
Knows a modern method		0.997	0.002	1254	1625	1.068	0.002	0.994	1.000
Currently using any method		0.605	0.016	1254	1625	1.124	0.026	0.574	0.636
Currently using a modern method		0.474	0.015	1254	1625	1.069	0.032	0.443	0.504
Currently using a traditional method		0.132	0.011	1254	1625	1.139	0.083	0.110	0.154
Currently using pill		0.065	0.007	1254	1625	0.944	0.101	0.052	0.078
Currently using IUD		0.121	0.010	1254	1625	1.115	0.085	0.100	0.142
Currently using condoms		0.102	0.009	1254	1625	1.056	0.089	0.083	0.120
Currently use injectables		0.039	0.007	1254	1625	1.200	0.169	0.026	0.052
Currently using female sterilization		0.099	0.009	1254	1625	1.086	0.092	0.081	0.118
Currently using withdrawal		0.050	0.006	1254	1625	0.993	0.122	0.038	0.062
Currently using periodic abstinence		0.082	0.009	1254	1625	1.119	0.106	0.064	0.099
Used public sector source		0.635	0.021	604	784	1.086	0.034	0.593	0.678
Want no more children		0.600	0.014	1254	1625	1.027	0.024	0.571	0.628
Want to delay birth at least 2 years		0.116	0.011	1254	1625	1.171	0.092	0.095	0.137
Ideal family size		2.461	0.035	1310	1700	1.058	0.014	2.391	2.531
Mothers received antenatal care for last birth		0.994	0.004	477	631	1.010	0.004	0.986	1.001
Assistance by a skilled provider at delivery		0.997	0.002	539	712	0.931	0.002	0.993	1.001
Having diarrhea in the last 2 weeks		0.034	0.009	538	711	1.149	0.277	0.015	0.052
Treated with oral rehydration salts (ORS)		0.634	0.099	20	24	0.927	0.156	0.437	0.831
Taken to a health provider		0.850	0.073	20	24	0.869	0.086	0.704	0.997
Vaccination card seen		0.890	0.034	106	145	1.147	0.038	0.822	0.958
Received BCG		0.990	0.010	106	145	1.052	0.010	0.970	1.010
Received DPT-HepB-Hib (3 doses)		0.916	0.029	106	145	1.118	0.032	0.858	0.975
Received polio (third dose)		0.908	0.030	106	145	1.107	0.033	0.847	0.969
Received measles containing vaccination		0.916	0.026	106	145	0.977	0.028	0.864	0.967
Fully immunized		0.832	0.039	106	145	1.091	0.046	0.755	0.910
Height-for-age (-2SD)		0.156	0.021	513	669	1.251	0.135	0.113	0.198
Weight-for-height (-2SD)		0.119	0.013	511	667	0.925	0.107	0.093	0.145
Weight-for-age (-2SD)		0.146	0.017	517	674	1.091	0.120	0.111	0.180
Prevalence of anemia (children)		0.520	0.026	437	573	1.113	0.051	0.467	0.573
Prevalence of anemia (women)		0.460	0.016	1249	1630	1.134	0.035	0.428	0.492
BMI < 18,5		0.046	0.006	1232	1604	0.980	0.127	0.034	0.058
Total fertility rate (last 3 years)		1.770	0.097	9905	13158	1.050	0.055	1.577	1.964
Neonatal mortality (last 0-9 years)		4.894	2.039	1114	1457	1.005	0.417	0.816	8.972
Post-neonatal mortality (last 0-9 years)		4.005	1.879	1110	1452	1.017	0.469	0.247	7.763
Infant mortality (last 0-9 years)		8.899	2.739	1114	1457	1.003	0.308	3.421	14.377
Child mortality (last 0-9 years)		0.258	0.258	1118	1468	0.538	1.001	0.000	0.774
Under-five mortality (last 0-9 years)		9.154	2.750	1115	1457	0.993	0.300	3.654	14.655

Table B.7 Sampling errors: Gampaha sample, Sri Lanka DHS 2016

VARIABLE	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits		
			Unweighted (N)	Weighted (WN)			(R-2SE)	(R+2SE)	
Urban		0.142	0.010	1476	1845	1.135	0.073	0.121	0.163
No education		0.006	0.002	1476	1845	1.011	0.350	0.002	0.010
Secondary education or higher		0.965	0.005	1476	1845	1.006	0.005	0.956	0.975
Currently married		0.727	0.031	1937	2414	1.084	0.043	0.665	0.789
Married before age 20		0.190	0.010	1788	2232	1.134	0.053	0.170	0.210
Currently pregnant		0.038	0.004	1937	2414	1.026	0.119	0.029	0.047
Children ever born		1.360	0.062	1937	2414	1.059	0.046	1.236	1.485
Children surviving		1.337	0.061	1937	2414	1.061	0.046	1.214	1.459
Children ever born to women age 40-49		1.992	0.041	586	731	1.026	0.021	1.909	2.074
Knows any contraceptive method		0.998	0.002	1404	1755	1.386	0.002	0.994	1.001
Knows amodern method		0.998	0.002	1404	1755	1.386	0.002	0.994	1.001
Currently using any method		0.673	0.013	1404	1755	1.063	0.020	0.647	0.700
Currently using a modern method		0.520	0.015	1404	1755	1.106	0.028	0.491	0.550
Currently using a traditional method		0.153	0.010	1404	1755	1.031	0.065	0.134	0.173
Currently using pill		0.085	0.008	1404	1755	1.096	0.096	0.069	0.102
Currently using IUD		0.097	0.008	1404	1755	1.026	0.084	0.081	0.113
Currently using condoms		0.108	0.008	1404	1755	0.970	0.074	0.092	0.125
Currently use injectables		0.053	0.007	1404	1755	1.124	0.127	0.039	0.066
Currently using female sterilization		0.131	0.010	1404	1755	1.109	0.076	0.111	0.151
Currently using withdrawal		0.045	0.005	1404	1755	0.986	0.122	0.034	0.055
Currently using periodic abstinence		0.109	0.009	1404	1755	1.121	0.086	0.090	0.127
Used public sector source		0.628	0.019	729	928	1.055	0.030	0.590	0.666
Want no more children		0.647	0.013	1404	1755	0.998	0.020	0.622	0.673
Want to delay birth at least 2 years		0.085	0.008	1404	1755	1.113	0.098	0.068	0.101
Ideal family size		2.367	0.037	1460	1826	1.219	0.015	2.293	2.440
Mothers received antenatal care for last birth		0.980	0.006	534	666	0.966	0.006	0.968	0.992
Assistance by a skilled provider at delivery		0.998	0.002	607	758	0.994	0.002	0.995	1.002
Having diarrhea in the last 2 weeks		0.030	0.007	604	755	1.016	0.245	0.015	0.045
Treated with oral rehydration salts (ORS)		0.595	0.114	20	23	0.964	0.192	0.366	0.824
Taken to a health provider		1.000	0.000	20	23	na	0.000	1.000	1.000
Vaccination card seen		0.963	0.018	117	145	1.048	0.019	0.926	1.000
Received BCG		0.992	0.008	117	145	0.983	0.008	0.975	1.008
Received DPT-HepB-Hib (3 doses)		0.944	0.022	117	145	1.022	0.023	0.900	0.988
Received polio (third dose)		0.951	0.026	117	145	1.312	0.028	0.898	1.004
Received measles containing vaccination		0.971	0.016	117	145	1.038	0.017	0.939	1.004
Fully immunized		0.892	0.033	117	145	1.153	0.037	0.825	0.958
Height-for-age (-2SD)		0.128	0.015	599	756	1.019	0.114	0.099	0.157
Weight-for-height (-2SD)		0.159	0.015	595	749	0.952	0.096	0.128	0.189
Weight-for-age (-2SD)		0.196	0.019	600	756	1.101	0.096	0.158	0.233
Prevalence of anemia (children)		0.457	0.025	514	647	1.094	0.054	0.408	0.506
Prevalence of anemia (women)		0.467	0.015	1428	1787	1.171	0.033	0.436	0.498
BMI < 18,5		0.066	0.007	1373	1718	1.097	0.111	0.051	0.081
Total fertility rate (last 3 years)		1.807	0.097	5682	7066	1.059	0.054	1.613	2.002
Neonatal mortality (last 0-9 years)		2.200	1.297	1241	1553	0.976	0.590	0.000	4.794
Post-neonatal mortality (last 0-9 years)		2.829	1.485	1243	1556	0.995	0.525	0.000	5.800
Infant mortality (last 0-9 years)		5.029	1.953	1241	1553	0.982	0.388	1.122	8.935
Child mortality (last 0-9 years)		1.748	1.237	1280	1612	1.047	0.708	0.000	4.223
Under-five mortality (last 0-9 years)		6.768	2.293	1242	1555	0.996	0.339	2.181	11.354



Table B.8 Sampling errors: Kalutara sample, Sri Lanka DHS 2016

VARIABLE	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits		
			Unweighted (N)	Weighted (WN)			(R-2SE)	(R+2SE)	
Urban		0.078	0.015	815	1104	1.583	0.191	0.048	0.108
No education		0.011	0.003	815	1104	0.824	0.279	0.005	0.017
Secondary education or higher		0.941	0.010	815	1104	1.153	0.010	0.922	0.960
Currently married		0.553	0.065	1391	1880	0.994	0.117	0.424	0.683
Married before age 20		0.227	0.015	1045	1416	1.246	0.068	0.196	0.257
Currently pregnant		0.018	0.004	1391	1880	1.007	0.231	0.010	0.026
Children ever born		1.109	0.132	1391	1880	0.974	0.119	0.846	1.373
Children surviving		1.087	0.129	1391	1880	0.971	0.118	0.830	1.345
Children ever born to women age 40-49		2.120	0.073	295	398	1.114	0.034	1.975	2.266
Knows any contraceptive method		0.999	0.001	767	1040	1.044	0.001	0.996	1.001
Knows amodern method		0.999	0.001	767	1040	1.044	0.001	0.996	1.001
Currently using any method		0.738	0.016	767	1040	1.022	0.022	0.706	0.771
Currently using a modern method		0.554	0.019	767	1040	1.032	0.033	0.517	0.591
Currently using a traditional method		0.184	0.015	767	1040	1.059	0.080	0.155	0.214
Currently using pill		0.088	0.010	767	1040	0.974	0.113	0.068	0.108
Currently using IUD		0.125	0.014	767	1040	1.138	0.109	0.098	0.152
Currently using condoms		0.094	0.011	767	1040	1.045	0.117	0.072	0.116
Currently use injectables		0.077	0.011	767	1040	1.166	0.146	0.054	0.099
Currently using female sterilization		0.135	0.013	767	1040	1.043	0.095	0.109	0.161
Currently using withdrawal		0.059	0.008	767	1040	0.947	0.137	0.043	0.075
Currently using periodic abstinence		0.125	0.012	767	1040	1.021	0.097	0.101	0.150
Used public sector source		0.699	0.023	426	586	1.033	0.033	0.653	0.745
Want no more children		0.623	0.017	767	1040	0.973	0.027	0.588	0.657
Want to delay birth at least 2 years		0.107	0.011	767	1040	0.969	0.101	0.086	0.129
Ideal family size		2.515	0.045	812	1102	1.327	0.018	2.425	2.605
Mothers received antenatal care for last birth		0.994	0.004	328	443	0.995	0.004	0.985	1.002
Assistance by a skilled provider at delivery		0.992	0.006	383	520	1.245	0.006	0.981	1.003
Having diarrhea in the last 2 weeks		0.043	0.012	375	508	1.025	0.268	0.020	0.066
Treated with oral rehydration salts (ORS)		0.473	0.145	17	22	1.079	0.307	0.183	0.763
Taken to a health provider		0.936	0.063	17	22	1.031	0.068	0.809	1.062
Vaccination card seen		0.968	0.023	74	101	1.115	0.023	0.923	1.014
Received BCG		1.000	0.000	74	101	na	0.000	1.000	1.000
Received DPT-HepB-Hib (3 doses)		0.987	0.013	74	101	0.984	0.013	0.962	1.013
Received polio (third dose)		1.000	0.000	74	101	na	0.000	1.000	1.000
Received measles containing vaccination		1.000	0.000	74	101	na	0.000	1.000	1.000
Fully immunized		0.987	0.013	74	101	0.984	0.013	0.962	1.013
Height-for-age (-2SD)		0.125	0.019	364	497	1.097	0.154	0.086	0.163
Weight-for-height (-2SD)		0.166	0.020	362	494	0.951	0.122	0.125	0.207
Weight-for-age (-2SD)		0.201	0.022	363	496	0.985	0.107	0.158	0.244
Prevalence of anemia (children)		0.568	0.034	290	394	1.177	0.060	0.500	0.637
Prevalence of anemia (women)		0.564	0.021	775	1054	1.182	0.037	0.521	0.606
BMI < 18,5		0.090	0.011	767	1043	1.025	0.118	0.069	0.111
Total fertility rate (last 3 years)		2.220	0.123	4119	5560	0.991	0.056	1.974	2.467
Neonatal mortality (last 0-9 years)		8.935	3.658	754	1024	1.060	0.409	1.618	16.251
Post-neonatal mortality (last 0-9 years)		6.584	3.415	758	1028	0.999	0.519	0.000	13.414
Infant mortality (last 0-9 years)		15.519	4.824	754	1024	1.006	0.311	5.871	25.167
Child mortality (last 0-9 years)		0.000	0.000	763	1038	na	na	0.000	0.000
Under-five mortality (last 0-9 years)		15.519	4.824	754	1024	1.006	0.311	5.871	25.167

Table B.9 Sampling errors: Kandy sample, Sri Lanka DHS 2016

VARIABLE	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits		
			Unweighted (N)	Weighted (WN)			(R-2SE)	(R+2SE)	
Urban		0.099	0.008	1093	1223	0.847	0.077	0.084	0.115
No education		0.017	0.004	1093	1223	1.024	0.236	0.009	0.025
Secondary education or higher		0.925	0.010	1093	1223	1.236	0.011	0.905	0.945
Currently married		0.788	0.016	1369	1491	1.032	0.020	0.756	0.819
Married before age 20		0.189	0.013	1306	1422	1.166	0.067	0.164	0.215
Currently pregnant		0.033	0.005	1369	1491	0.990	0.147	0.023	0.042
Children ever born		1.552	0.045	1369	1491	1.018	0.029	1.461	1.643
Children surviving		1.522	0.044	1369	1491	1.007	0.029	1.434	1.610
Children ever born to women age 40-49		2.075	0.050	410	477	0.926	0.024	1.975	2.176
Knows any contraceptive method		0.996	0.002	1045	1174	0.885	0.002	0.992	0.999
Knows a modern method		0.995	0.002	1045	1174	0.889	0.002	0.991	0.999
Currently using any method		0.618	0.016	1045	1174	1.033	0.025	0.587	0.649
Currently using a modern method		0.523	0.016	1045	1174	1.031	0.030	0.491	0.555
Currently using a traditional method		0.095	0.013	1045	1174	1.381	0.132	0.070	0.120
Currently using pill		0.098	0.011	1045	1174	1.182	0.111	0.076	0.119
Currently using IUD		0.076	0.010	1045	1174	1.165	0.126	0.057	0.095
Currently using condoms		0.087	0.009	1045	1174	1.076	0.108	0.069	0.106
Currently use injectables		0.072	0.009	1045	1174	1.162	0.129	0.054	0.091
Currently using female sterilization		0.140	0.012	1045	1174	1.093	0.084	0.116	0.163
Currently using withdrawal		0.029	0.006	1045	1174	1.112	0.199	0.017	0.040
Currently using periodic abstinence		0.066	0.010	1045	1174	1.272	0.148	0.046	0.086
Used public sector source		0.726	0.024	546	616	1.238	0.033	0.678	0.773
Want no more children		0.612	0.018	1045	1174	1.189	0.029	0.576	0.648
Want to delay birth at least 2 years		0.099	0.010	1045	1174	1.130	0.106	0.078	0.120
Ideal family size		2.624	0.046	1088	1218	1.234	0.017	2.532	2.716
Mothers received antenatal care for last birth		0.975	0.008	446	489	1.055	0.008	0.959	0.991
Assistance by a skilled provider at delivery		0.997	0.003	524	578	1.249	0.003	0.991	1.003
Having diarrhea in the last 2 weeks		0.009	0.005	517	572	1.130	0.528	0.000	0.018
Treated with oral rehydration salts (ORS)		0.328	0.228	4	5	1.031	0.695	0.000	0.783
Taken to a health provider		0.886	0.117	4	5	0.783	0.132	0.653	1.120
Vaccination card seen		0.909	0.032	102	108	1.089	0.035	0.845	0.973
Received BCG		0.977	0.016	102	108	1.068	0.017	0.944	1.010
Received DPT-HepB-Hib (3 doses)		0.977	0.016	102	108	1.068	0.017	0.944	1.010
Received polio (third dose)		0.950	0.023	102	108	1.026	0.024	0.904	0.996
Received measles containing vaccination		0.954	0.023	102	108	0.975	0.024	0.908	0.999
Fully immunized		0.927	0.027	102	108	0.977	0.030	0.872	0.981
Height-for-age (-2SD)		0.260	0.023	503	549	1.079	0.087	0.215	0.305
Weight-for-height (-2SD)		0.127	0.018	504	552	1.176	0.142	0.091	0.163
Weight-for-age (-2SD)		0.206	0.020	510	559	1.128	0.098	0.165	0.246
Prevalence of anemia (children)		0.398	0.030	434	476	1.250	0.074	0.339	0.457
Prevalence of anemia (women)		0.409	0.019	1047	1167	1.227	0.046	0.372	0.446
BMI < 18,5		0.079	0.009	996	1120	1.060	0.114	0.061	0.097
Total fertility rate (last 3 years)		2.576	0.109	4108	4473	0.928	0.042	2.358	2.793
Neonatal mortality (last 0-9 years)		6.734	2.602	1041	1166	1.053	0.386	1.530	11.938
Post-neonatal mortality (last 0-9 years)		2.153	1.880	1045	1169	0.958	0.873	0.000	5.914
Infant mortality (last 0-9 years)		8.888	3.148	1041	1166	1.001	0.354	2.593	15.183
Child mortality (last 0-9 years)		2.809	1.651	1053	1188	1.054	0.588	0.000	6.111
Under-five mortality (last 0-9 years)		11.672	3.462	1041	1166	0.997	0.297	4.747	18.597



Table B.10 Sampling errors: Matale sample, Sri Lanka DHS 2016

VARIABLE	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits		
			Unweighted (N)	Weighted (WN)			(R-2SE)	(R+2SE)	
Urban		0.102	0.020	484	490	1.459	0.197	0.062	0.142
No education		0.018	0.007	484	490	1.125	0.380	0.004	0.031
Secondary education or higher		0.926	0.015	484	490	1.250	0.016	0.896	0.955
Currently married		0.383	0.106	1072	1192	1.068	0.276	0.171	0.594
Married before age 20		0.297	0.018	574	576	1.007	0.061	0.261	0.333
Currently pregnant		0.024	0.008	1072	1192	0.990	0.316	0.009	0.039
Children ever born		0.788	0.222	1072	1192	1.065	0.281	0.345	1.232
Children surviving		0.776	0.219	1072	1192	1.066	0.282	0.338	1.213
Children ever born to women age 40-49		2.388	0.107	168	169	1.243	0.045	2.173	2.602
Knows any contraceptive method		1.000	0.000	447	456	na	0.000	1.000	1.000
Knows a modern method		1.000	0.000	447	456	na	0.000	1.000	1.000
Currently using any method		0.714	0.025	447	456	1.177	0.035	0.663	0.764
Currently using a modern method		0.617	0.028	447	456	1.218	0.045	0.561	0.674
Currently using a traditional method		0.096	0.018	447	456	1.257	0.183	0.061	0.131
Currently using pill		0.102	0.017	447	456	1.170	0.165	0.068	0.135
Currently using IUD		0.122	0.015	447	456	0.944	0.120	0.093	0.151
Currently using condoms		0.069	0.011	447	456	0.919	0.159	0.047	0.092
Currently use injectables		0.106	0.020	447	456	1.400	0.193	0.065	0.147
Currently using female sterilization		0.172	0.017	447	456	0.929	0.097	0.139	0.205
Currently using withdrawal		0.031	0.009	447	456	1.059	0.279	0.014	0.049
Currently using periodic abstinence		0.065	0.015	447	456	1.268	0.228	0.035	0.094
Used public sector source		0.701	0.035	285	287	1.270	0.049	0.632	0.770
Want no more children		0.620	0.022	447	456	0.942	0.035	0.577	0.664
Want to delay birth at least 2 years		0.129	0.015	447	456	0.971	0.120	0.098	0.160
Ideal family size		2.824	0.062	483	488	1.360	0.022	2.699	2.948
Mothers received antenatal care for last birth		1.000	0.000	184	192	na	0.000	1.000	1.000
Assistance by a skilled provider at delivery		1.000	0.000	210	216	na	0.000	1.000	1.000
Having diarrhea in the last 2 weeks		0.022	0.013	205	213	1.239	0.568	0.000	0.048
Treated with oral rehydration salts (ORS)		0.858	0.127	6	5	0.786	0.148	0.604	1.111
Taken to a health provider		1.000	0.000	6	5	na	0.000	1.000	1.000
Vaccination card seen		0.971	0.029	38	35	1.018	0.030	0.912	1.029
Received BCG		1.000	0.000	38	35	na	0.000	1.000	1.000
Received DPT-HepB-Hib (3 doses)		1.000	0.000	38	35	na	0.000	1.000	1.000
Received polio (third dose)		1.000	0.000	38	35	na	0.000	1.000	1.000
Received measles containing vaccination		0.933	0.044	38	35	1.046	0.048	0.844	1.022
Fully immunized		0.933	0.044	38	35	1.046	0.048	0.844	1.022
Height-for-age (-2SD)		0.140	0.027	213	216	1.092	0.194	0.085	0.194
Weight-for-height (-2SD)		0.099	0.023	210	215	1.132	0.234	0.053	0.146
Weight-for-age (-2SD)		0.178	0.027	213	216	1.053	0.154	0.123	0.233
Prevalence of anemia (children)		0.423	0.048	191	193	1.303	0.112	0.328	0.519
Prevalence of anemia (women)		0.505	0.032	480	486	1.411	0.064	0.441	0.570
BMI < 18,5		0.083	0.013	449	454	1.001	0.158	0.057	0.109
Total fertility rate (last 3 years)		1.859	0.179	3149	3480	1.034	0.096	1.500	2.217
Neonatal mortality (last 0-9 years)		9.726	4.787	432	445	1.025	0.492	0.152	19.300
Post-neonatal mortality (last 0-9 years)		3.844	2.787	435	446	0.802	0.725	0.000	9.418
Infant mortality (last 0-9 years)		13.570	5.455	432	445	0.944	0.402	2.660	24.481
Child mortality (last 0-9 years)		0.662	0.665	439	454	0.536	1.003	0.000	1.992
Under-five mortality (last 0-9 years)		14.224	5.483	432	445	0.927	0.385	3.258	25.190

Table B.11 Sampling errors: Nuwaraeliya sample, Sri Lanka DHS 2016

VARIABLE	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits		
			Unweighted (N)	Weighted (WN)			(R-2SE)	(R+2SE)	
Urban		0.055	0.019	633	572	2.094	0.347	0.017	0.093
No education		0.039	0.009	633	572	1.122	0.220	0.022	0.057
Secondary education or higher		0.783	0.018	633	572	1.085	0.023	0.747	0.818
Currently married		0.751	0.031	817	734	0.880	0.042	0.689	0.814
Married before age 20		0.289	0.018	764	687	1.131	0.061	0.254	0.324
Currently pregnant		0.028	0.007	817	734	1.230	0.258	0.014	0.043
Children ever born		1.689	0.085	817	734	0.931	0.050	1.520	1.859
Children surviving		1.653	0.082	817	734	0.918	0.049	1.490	1.816
Children ever born to women age 40-49		2.388	0.062	226	211	0.970	0.026	2.264	2.511
Knows any contraceptive method		0.971	0.007	607	552	1.080	0.008	0.956	0.986
Knows amodern method		0.971	0.007	607	552	1.080	0.008	0.956	0.986
Currently using any method		0.666	0.018	607	552	0.961	0.028	0.630	0.703
Currently using a modern method		0.627	0.021	607	552	1.046	0.033	0.586	0.668
Currently using a traditional method		0.039	0.010	607	552	1.251	0.251	0.020	0.059
Currently using pill		0.083	0.012	607	552	1.052	0.142	0.059	0.106
Currently using IUD		0.077	0.014	607	552	1.258	0.177	0.049	0.104
Currently using condoms		0.035	0.008	607	552	1.050	0.223	0.020	0.051
Currently use injectables		0.072	0.013	607	552	1.211	0.177	0.046	0.097
Currently using female sterilization		0.288	0.021	607	552	1.124	0.072	0.247	0.330
Currently using withdrawal		0.012	0.005	607	552	1.127	0.422	0.002	0.021
Currently using periodic abstinence		0.028	0.008	607	552	1.259	0.303	0.011	0.045
Used public sector source		0.897	0.016	379	353	1.021	0.018	0.865	0.929
Want no more children		0.672	0.022	607	552	1.133	0.032	0.629	0.716
Want to delay birth at least 2 years		0.091	0.014	607	552	1.241	0.160	0.062	0.120
Ideal family size		2.517	0.049	633	572	1.258	0.019	2.420	2.615
Mothers received antenatal care for last birth		0.981	0.007	261	232	0.869	0.007	0.966	0.996
Assistance by a skilled provider at delivery		0.986	0.007	320	280	0.997	0.007	0.972	1.000
Having diarrhea in the last 2 weeks		0.016	0.007	316	277	0.957	0.429	0.002	0.030
Treated with oral rehydration salts (ORS)		0.396	0.201	6	4	0.911	0.507	0.000	0.798
Taken to a health provider		0.386	0.198	6	4	0.903	0.513	0.000	0.783
Vaccination card seen		0.924	0.035	60	56	1.033	0.038	0.854	0.994
Received BCG		0.985	0.015	60	56	0.974	0.015	0.955	1.015
Received DPT-HepB-Hib (3 doses)		0.961	0.023	60	56	0.932	0.024	0.915	1.007
Received polio (third dose)		0.985	0.015	60	56	0.974	0.015	0.955	1.015
Received measles containing vaccination		0.963	0.027	60	56	1.123	0.028	0.909	1.017
Fully immunized		0.938	0.032	60	56	1.051	0.034	0.874	1.003
Height-for-age (-2SD)		0.324	0.025	305	250	0.896	0.077	0.274	0.374
Weight-for-height (-2SD)		0.118	0.024	298	248	1.269	0.203	0.070	0.166
Weight-for-age (-2SD)		0.296	0.032	304	250	1.185	0.108	0.232	0.359
Prevalence of anemia (children)		0.343	0.035	261	214	1.203	0.103	0.272	0.413
Prevalence of anemia (women)		0.364	0.021	571	506	1.043	0.058	0.321	0.406
BMI < 18,5		0.134	0.017	571	518	1.173	0.125	0.100	0.167
Total fertility rate (last 3 years)		2.195	0.151	2452	2203	1.006	0.069	1.894	2.496
Neonatal mortality (last 0-9 years)		6.546	3.269	650	576	1.025	0.499	0.008	13.083
Post-neonatal mortality (last 0-9 years)		2.288	1.713	643	572	0.909	0.749	0.000	5.714
Infant mortality (last 0-9 years)		8.833	3.613	650	576	0.981	0.409	1.607	16.060
Child mortality (last 0-9 years)		0.000	0.000	650	584	na	na	0.000	0.000
Under-five mortality (last 0-9 years)		8.833	3.613	650	576	0.981	0.409	1.607	16.060



Table B.12 Sampling errors: Galle sample, Sri Lanka DHS 2016

VARIABLE	Value (R)	Number of cases			Design effect (DEFT)	Relative error (SE/R)	Confidence limits		
		Standard error (SE)	Unweighted (N)	Weighted (WN)			(R-2SE)	(R+2SE)	
Urban		0.116	0.008	857	935	0.718	0.068	0.100	0.131
No education		0.014	0.004	857	935	1.064	0.308	0.005	0.022
Secondary education or higher		0.927	0.011	857	935	1.183	0.011	0.906	0.948
Currently married		0.704	0.018	1169	1274	0.954	0.025	0.668	0.739
Married before age 20		0.238	0.015	1078	1184	1.258	0.063	0.207	0.268
Currently pregnant		0.033	0.006	1169	1274	1.150	0.180	0.021	0.045
Children ever born		1.441	0.049	1169	1274	0.921	0.034	1.342	1.540
Children surviving		1.412	0.049	1169	1274	0.929	0.035	1.315	1.510
Children ever born to women age 40-49		2.345	0.073	333	362	1.101	0.031	2.198	2.492
Knows any contraceptive method		0.998	0.002	823	896	0.948	0.002	0.995	1.001
Knows amodern method		0.998	0.002	823	896	0.948	0.002	0.995	1.001
Currently using any method		0.706	0.020	823	896	1.262	0.028	0.666	0.746
Currently using a modern method		0.538	0.019	823	896	1.097	0.035	0.500	0.576
Currently using a traditional method		0.168	0.016	823	896	1.247	0.097	0.135	0.200
Currently using pill		0.102	0.011	823	896	1.070	0.111	0.080	0.125
Currently using IUD		0.118	0.012	823	896	1.090	0.104	0.093	0.143
Currently using condoms		0.089	0.012	823	896	1.209	0.135	0.065	0.113
Currently use injectables		0.047	0.008	823	896	1.091	0.171	0.031	0.063
Currently using female sterilization		0.138	0.011	823	896	0.949	0.083	0.115	0.161
Currently using withdrawal		0.051	0.009	823	896	1.152	0.173	0.034	0.069
Currently using periodic abstinence		0.116	0.012	823	896	1.105	0.106	0.092	0.141
Used public sector source		0.710	0.024	443	485	1.108	0.034	0.662	0.758
Want no more children		0.626	0.018	823	896	1.059	0.029	0.591	0.662
Want to delay birth at least 2 years		0.136	0.013	823	896	1.103	0.097	0.110	0.163
Ideal family size		2.523	0.043	835	911	1.235	0.017	2.436	2.610
Mothers received antenatal care for last birth		0.991	0.005	343	380	1.050	0.005	0.980	1.001
Assistance by a skilled provider at delivery		0.989	0.007	387	429	1.261	0.007	0.976	1.002
Having diarrhea in the last 2 weeks		0.050	0.011	377	418	1.009	0.224	0.028	0.073
Treated with oral rehydration salts (ORS)		0.666	0.113	20	21	1.052	0.170	0.440	0.892
Taken to a health provider		0.882	0.079	20	21	1.069	0.089	0.725	1.039
Vaccination card seen		0.869	0.042	70	75	1.037	0.048	0.785	0.954
Received BCG		1.000	0.000	70	75	na	0.000	1.000	1.000
Received DPT-HepB-Hib (3 doses)		0.951	0.026	70	75	0.990	0.027	0.899	1.002
Received polio (third dose)		1.000	0.000	70	75	na	0.000	1.000	1.000
Received measles containing vaccination		0.953	0.029	70	75	1.131	0.030	0.896	1.011
Fully immunized		0.911	0.037	70	75	1.085	0.041	0.836	0.985
Height-for-age (-2SD)		0.125	0.019	367	408	1.067	0.154	0.087	0.164
Weight-for-height (-2SD)		0.169	0.020	360	401	0.989	0.118	0.129	0.208
Weight-for-age (-2SD)		0.178	0.022	369	410	1.097	0.123	0.134	0.222
Prevalence of anemia (children)		0.466	0.032	280	305	1.055	0.069	0.402	0.531
Prevalence of anemia (women)		0.514	0.022	741	804	1.218	0.044	0.469	0.558
BMI < 18,5		0.123	0.013	781	850	1.069	0.102	0.098	0.148
Total fertility rate (last 3 years)		2.112	0.133	3508	3821	1.132	0.063	1.846	2.378
Neonatal mortality (last 0-9 years)		4.354	2.458	807	883	0.909	0.565	0.000	9.270
Post-neonatal mortality (last 0-9 years)		3.250	1.940	808	883	0.975	0.597	0.000	7.131
Infant mortality (last 0-9 years)		7.604	3.099	807	883	0.911	0.408	1.405	13.803
Child mortality (last 0-9 years)		2.477	1.833	825	902	1.158	0.740	0.000	6.142
Under-five mortality (last 0-9 years)		10.062	3.559	807	883	0.953	0.354	2.944	17.179

Table B.13 Sampling errors: Matara sample, Sri Lanka DHS 2016

VARIABLE	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits		
			Unweighted (N)	Weighted (WN)			(R-2SE)	(R+2SE)	
Urban		0.125	0.017	698	718	1.331	0.133	0.092	0.158
No education		0.011	0.004	698	718	1.066	0.378	0.003	0.020
Secondary education or higher		0.941	0.010	698	718	1.074	0.010	0.922	0.960
Currently married		0.723	0.044	952	947	0.968	0.060	0.636	0.810
Married before age 20		0.212	0.016	800	821	1.194	0.078	0.179	0.245
Currently pregnant		0.039	0.007	952	947	0.958	0.166	0.026	0.052
Children ever born		1.465	0.099	952	947	0.976	0.067	1.268	1.662
Children surviving		1.449	0.097	952	947	0.974	0.067	1.255	1.644
Children ever born to women age 40-49		2.244	0.062	268	274	0.954	0.028	2.120	2.368
Knows any contraceptive method		0.994	0.003	666	685	0.939	0.003	0.988	1.000
Knows amodern method		0.994	0.003	666	685	0.939	0.003	0.988	1.000
Currently using any method		0.650	0.020	666	685	1.089	0.031	0.610	0.690
Currently using a modern method		0.529	0.020	666	685	1.055	0.039	0.489	0.570
Currently using a traditional method		0.120	0.015	666	685	1.162	0.122	0.091	0.150
Currently using pill		0.110	0.013	666	685	1.040	0.115	0.085	0.135
Currently using IUD		0.132	0.017	666	685	1.266	0.126	0.099	0.165
Currently using condoms		0.092	0.012	666	685	1.026	0.125	0.069	0.115
Currently use injectables		0.066	0.011	666	685	1.113	0.162	0.045	0.088
Currently using female sterilization		0.091	0.012	666	685	1.047	0.128	0.068	0.115
Currently using withdrawal		0.014	0.004	666	685	0.971	0.313	0.005	0.023
Currently using periodic abstinence		0.106	0.014	666	685	1.186	0.134	0.078	0.134
Used public sector source		0.733	0.025	354	363	1.078	0.035	0.682	0.783
Want no more children		0.653	0.018	666	685	1.001	0.028	0.616	0.690
Want to delay birth at least 2 years		0.121	0.011	666	685	0.903	0.094	0.098	0.144
Ideal family size		2.414	0.049	695	715	1.209	0.020	2.316	2.512
Mothers received antenatal care for last birth		0.971	0.011	285	291	1.056	0.011	0.949	0.992
Assistance by a skilled provider at delivery		1.000	0.000	328	338	na	0.000	1.000	1.000
Having diarrhea in the last 2 weeks		0.038	0.013	325	335	1.202	0.338	0.012	0.063
Treated with oral rehydration salts (ORS)		0.608	0.175	12	13	1.254	0.288	0.258	0.958
Taken to a health provider		0.956	0.043	12	13	0.733	0.045	0.869	1.042
Vaccination card seen		0.950	0.025	69	73	0.964	0.026	0.899	1.000
Received BCG		0.976	0.017	69	73	0.916	0.017	0.943	1.009
Received DPT-HepB-Hib (3 doses)		0.965	0.020	69	73	0.915	0.021	0.925	1.005
Received polio (third dose)		0.965	0.020	69	73	0.915	0.021	0.925	1.005
Received measles containing vaccination		0.965	0.020	69	73	0.915	0.021	0.925	1.005
Fully immunized		0.965	0.020	69	73	0.915	0.021	0.925	1.005
Height-for-age (-2SD)		0.156	0.022	324	336	1.093	0.139	0.113	0.200
Weight-for-height (-2SD)		0.168	0.027	321	332	1.115	0.159	0.115	0.222
Weight-for-age (-2SD)		0.223	0.026	325	337	1.077	0.114	0.172	0.274
Prevalence of anemia (children)		0.376	0.026	299	313	0.934	0.068	0.325	0.428
Prevalence of anemia (women)		0.510	0.021	693	712	1.085	0.040	0.469	0.551
BMI < 18,5		0.123	0.014	648	665	1.099	0.116	0.094	0.151
Total fertility rate (last 3 years)		2.284	0.166	2773	2766	1.053	0.073	1.952	2.617
Neonatal mortality (last 0-9 years)		6.506	3.159	685	711	1.028	0.486	0.187	12.825
Post-neonatal mortality (last 0-9 years)		0.000	0.000	685	712	na	15.538	0.000	0.000
Infant mortality (last 0-9 years)		6.506	3.159	685	711	1.028	0.486	0.187	12.825
Child mortality (last 0-9 years)		0.000	0.000	683	711	na	na	0.000	0.000
Under-five mortality (last 0-9 years)		6.506	3.159	685	711	1.028	0.486	0.187	12.825



Table B.14 Sampling errors: Hambantota sample, Sri Lanka DHS 2016

VARIABLE	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits		
			Unweighted (N)	Weighted (WN)			(R-2SE)	(R+2SE)	
Urban		0.048	0.008	563	556	0.891	0.167	0.032	0.065
No education		0.003	0.002	563	556	0.993	0.717	0.000	0.008
Secondary education or higher		0.942	0.010	563	556	0.994	0.010	0.922	0.961
Currently married		0.373	0.040	1404	1426	0.946	0.108	0.293	0.454
Married before age 20		0.207	0.013	896	894	0.980	0.063	0.181	0.233
Currently pregnant		0.020	0.004	1404	1426	0.977	0.199	0.012	0.029
Children ever born		0.780	0.088	1404	1426	0.919	0.113	0.604	0.957
Children surviving		0.770	0.087	1404	1426	0.915	0.113	0.597	0.944
Children ever born to women age 40-49		2.492	0.106	199	191	1.198	0.043	2.280	2.705
Knows any contraceptive method		1.000	0.000	536	532	na	0.000	1.000	1.000
Knows amodern method		1.000	0.000	536	532	na	0.000	1.000	1.000
Currently using any method		0.645	0.020	536	532	0.988	0.032	0.604	0.686
Currently using a modern method		0.540	0.023	536	532	1.079	0.043	0.493	0.587
Currently using a traditional method		0.105	0.013	536	532	0.987	0.125	0.079	0.131
Currently using pill		0.100	0.014	536	532	1.059	0.137	0.073	0.127
Currently using IUD		0.153	0.017	536	532	1.069	0.109	0.120	0.187
Currently using condoms		0.052	0.010	536	532	1.054	0.194	0.032	0.073
Currently use injectables		0.046	0.009	536	532	1.023	0.200	0.028	0.065
Currently using female sterilization		0.134	0.015	536	532	1.028	0.113	0.103	0.164
Currently using withdrawal		0.058	0.011	536	532	1.077	0.188	0.036	0.080
Currently using periodic abstinence		0.047	0.009	536	532	1.025	0.200	0.028	0.066
Used public sector source		0.810	0.024	292	289	1.041	0.030	0.762	0.858
Want no more children		0.600	0.023	536	532	1.069	0.038	0.555	0.646
Want to delay birth at least 2 years		0.129	0.014	536	532	0.988	0.111	0.100	0.157
Ideal family size		2.696	0.050	560	553	1.069	0.018	2.597	2.796
Mothers received antenatal care for last birth		0.995	0.005	234	233	1.120	0.005	0.984	1.005
Assistance by a skilled provider at delivery		0.992	0.005	264	266	1.012	0.005	0.982	1.003
Having diarrhea in the last 2 weeks		0.060	0.014	261	263	0.941	0.229	0.033	0.088
Treated with oral rehydration salts (ORS)		0.363	0.123	16	16	1.029	0.340	0.116	0.610
Taken to a health provider		1.000	0.000	16	16	na	0.000	1.000	1.000
Vaccination card seen		0.978	0.022	39	41	0.945	0.022	0.935	1.021
Received BCG		0.978	0.022	39	41	0.945	0.022	0.935	1.021
Received DPT-HepB-Hib (3 doses)		0.978	0.022	39	41	0.945	0.022	0.935	1.021
Received polio (third dose)		0.978	0.022	39	41	0.945	0.022	0.935	1.021
Received measles containing vaccination		0.857	0.056	39	41	1.032	0.066	0.745	0.970
Fully immunized		0.857	0.056	39	41	1.032	0.066	0.745	0.970
Height-for-age (-2SD)		0.118	0.023	213	216	1.052	0.191	0.073	0.163
Weight-for-height (-2SD)		0.218	0.033	211	214	1.082	0.152	0.152	0.284
Weight-for-age (-2SD)		0.224	0.028	214	217	0.935	0.124	0.169	0.280
Prevalence of anemia (children)		0.447	0.047	162	169	1.186	0.105	0.353	0.541
Prevalence of anemia (women)		0.473	0.028	390	402	1.137	0.060	0.416	0.529
BMI < 18,5		0.107	0.015	441	438	1.038	0.142	0.077	0.138
Total fertility rate (last 3 years)		1.898	0.154	4098	4143	0.994	0.081	1.589	2.206
Neonatal mortality (last 0-9 years)		6.413	3.854	549	549	0.926	0.601	0.000	14.121
Post-neonatal mortality (last 0-9 years)		1.602	1.604	543	543	0.933	1.001	0.000	4.809
Infant mortality (last 0-9 years)		8.015	5.235	549	549	0.926	0.653	0.000	18.484
Child mortality (last 0-9 years)		0.000	0.000	547	544	na	na	0.000	0.000
Under-five mortality (last 0-9 years)		8.015	5.235	549	549	0.926	0.653	0.000	18.484

Table B.15 Sampling errors: Jaffna sample, Sri Lanka DHS 2016

VARIABLE	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits		
			Unweighted (N)	Weighted (WN)			(R-2SE)	(R+2SE)	
Urban		0.203	0.023	520	471	1.290	0.112	0.157	0.248
No education		0.000	0.000	520	471	na	na	0.000	0.000
Secondary education or higher		0.920	0.013	520	471	1.062	0.014	0.895	0.945
Currently married		0.492	0.074	925	832	1.004	0.151	0.344	0.640
Married before age 20		0.234	0.020	683	623	1.200	0.085	0.194	0.273
Currently pregnant		0.024	0.006	925	832	1.070	0.272	0.011	0.037
Children ever born		1.289	0.194	925	832	0.980	0.151	0.901	1.678
Children surviving		1.241	0.186	925	832	0.973	0.150	0.869	1.614
Children ever born to women age 40-49		2.802	0.116	207	187	1.123	0.041	2.570	3.035
Knows any contraceptive method		0.995	0.003	453	409	1.030	0.003	0.989	1.002
Knows a modern method		0.995	0.003	453	409	1.030	0.003	0.989	1.002
Currently using any method		0.466	0.027	453	409	1.131	0.057	0.413	0.519
Currently using a modern method		0.427	0.028	453	409	1.186	0.065	0.372	0.483
Currently using a traditional method		0.038	0.010	453	409	1.137	0.268	0.018	0.059
Currently using pill		0.047	0.010	453	409	0.984	0.209	0.027	0.066
Currently using IUD		0.045	0.009	453	409	0.928	0.200	0.027	0.064
Currently using condoms		0.046	0.011	453	409	1.145	0.246	0.023	0.068
Currently use injectables		0.061	0.012	453	409	1.064	0.196	0.037	0.085
Currently using female sterilization		0.198	0.020	453	409	1.057	0.100	0.158	0.238
Currently using withdrawal		0.018	0.007	453	409	1.069	0.368	0.005	0.032
Currently using periodic abstinence		0.020	0.007	453	409	1.064	0.351	0.006	0.034
Used public sector source		0.817	0.026	198	185	0.955	0.032	0.764	0.869
Want no more children		0.530	0.026	453	409	1.087	0.048	0.479	0.581
Want to delay birth at least 2 years		0.086	0.014	453	409	1.054	0.162	0.058	0.114
Ideal family size		2.468	0.056	509	461	1.193	0.023	2.356	2.580
Mothers received antenatal care for last birth		0.978	0.011	192	170	1.045	0.012	0.955	1.000
Assistance by a skilled provider at delivery		0.943	0.020	237	210	1.081	0.021	0.903	0.983
Having diarrhea in the last 2 weeks		0.013	0.007	228	201	0.981	0.580	0.000	0.028
Treated with oral rehydration salts (ORS)		0.437	0.305	3	3	1.037	0.698	0.000	1.048
Taken to a health provider		0.437	0.305	3	3	1.037	0.698	0.000	1.048
Vaccination card seen		0.927	0.042	41	36	1.011	0.045	0.843	1.012
Received BCG		0.981	0.019	41	36	0.878	0.020	0.942	1.019
Received DPT-HepB-Hib (3 doses)		0.981	0.019	41	36	0.878	0.020	0.942	1.019
Received polio (third dose)		0.953	0.033	41	36	0.960	0.034	0.888	1.018
Received measles containing vaccination		0.953	0.034	41	36	0.992	0.035	0.886	1.020
Fully immunized		0.925	0.042	41	36	0.994	0.045	0.841	1.009
Height-for-age (-2SD)		0.137	0.027	221	197	1.155	0.200	0.083	0.192
Weight-for-height (-2SD)		0.117	0.021	221	196	0.961	0.177	0.076	0.158
Weight-for-age (-2SD)		0.137	0.025	222	197	1.022	0.183	0.087	0.187
Prevalence of anemia (children)		0.631	0.038	203	179	1.080	0.061	0.554	0.707
Prevalence of anemia (women)		0.683	0.025	513	464	1.203	0.036	0.633	0.733
BMI < 18,5		0.074	0.013	487	440	1.070	0.172	0.048	0.099
Total fertility rate (last 3 years)		2.051	0.133	2776	2497	0.906	0.065	1.784	2.318
Neonatal mortality (last 0-9 years)		7.466	3.739	475	428	0.954	0.501	0.000	14.945
Post-neonatal mortality (last 0-9 years)		2.308	2.314	477	431	1.048	1.002	0.000	6.936
Infant mortality (last 0-9 years)		9.774	4.282	475	428	0.958	0.438	1.211	18.337
Child mortality (last 0-9 years)		5.077	3.175	489	441	0.984	0.625	0.000	11.428
Under-five mortality (last 0-9 years)		14.802	5.091	476	428	0.928	0.344	4.620	24.984



Table B.16 Sampling errors: Mannar sample, Sri Lanka DHS 2016

VARIABLE	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits		
			Unweighted (N)	Weighted (WN)			(R-2SE)	(R+2SE)	
Urban		0.176	0.020	416	81	1.061	0.113	0.136	0.215
No education		0.002	0.002	416	81	0.913	1.006	0.000	0.006
Secondary education or higher		0.890	0.019	416	81	1.242	0.021	0.851	0.928
Currently married		0.699	0.029	561	109	0.971	0.041	0.642	0.757
Married before age 20		0.257	0.020	529	104	1.086	0.078	0.217	0.297
Currently pregnant		0.039	0.009	561	109	1.120	0.238	0.021	0.058
Children ever born		1.754	0.110	561	109	1.123	0.063	1.534	1.974
Children surviving		1.740	0.108	561	109	1.119	0.062	1.523	1.957
Children ever born to women age 40-49		2.764	0.107	161	31	1.003	0.039	2.550	2.979
Knows any contraceptive method		0.993	0.004	390	76	0.970	0.004	0.985	1.001
Knows amodern method		0.993	0.004	390	76	0.970	0.004	0.985	1.001
Currently using any method		0.184	0.021	390	76	1.056	0.113	0.142	0.225
Currently using a modern method		0.184	0.021	390	76	1.056	0.113	0.142	0.225
Currently using a traditional method		0.000	0.000	390	76	na	na	0.000	0.000
Currently using pill		0.015	0.007	390	76	1.063	0.436	0.002	0.028
Currently using IUD		0.008	0.005	390	76	1.014	0.569	0.000	0.017
Currently using condoms		0.012	0.006	390	76	1.050	0.485	0.000	0.024
Currently use injectables		0.041	0.012	390	76	1.178	0.290	0.017	0.064
Currently using female sterilization		0.081	0.013	390	76	0.971	0.166	0.054	0.108
Currently using withdrawal		0.000	0.000	390	76	na	na	0.000	0.000
Currently using periodic abstinence		0.000	0.000	390	76	na	na	0.000	0.000
Used public sector source		0.929	0.031	72	15	1.029	0.034	0.866	0.992
Want no more children		0.336	0.028	390	76	1.183	0.084	0.279	0.392
Want to delay birth at least 2 years		0.054	0.014	390	76	1.228	0.260	0.026	0.082
Ideal family size		2.802	0.076	416	81	1.328	0.027	2.650	2.955
Mothers received antenatal care for last birth		0.986	0.010	179	35	1.097	0.010	0.966	1.005
Assistance by a skilled provider at delivery		0.995	0.005	213	42	1.010	0.005	0.986	1.005
Having diarrhea in the last 2 weeks		0.027	0.011	212	41	1.039	0.427	0.004	0.049
Treated with oral rehydration salts (ORS)		0.435	0.232	5	1	1.112	0.535	0.000	0.900
Taken to a health provider		0.099	0.101	5	1	0.800	1.020	0.000	0.300
Vaccination card seen		0.810	0.092	29	6	1.256	0.113	0.627	0.994
Received BCG		0.929	0.046	29	6	0.972	0.050	0.836	1.022
Received DPT-HepB-Hib (3 doses)		0.810	0.092	29	6	1.256	0.113	0.627	0.994
Received polio (third dose)		0.810	0.092	29	6	1.256	0.113	0.627	0.994
Received measles containing vaccination		0.708	0.102	29	6	1.200	0.144	0.505	0.912
Fully immunized		0.708	0.102	29	6	1.200	0.144	0.505	0.912
Height-for-age (-2SD)		0.208	0.033	207	41	1.131	0.160	0.142	0.275
Weight-for-height (-2SD)		0.131	0.019	206	40	0.822	0.147	0.092	0.169
Weight-for-age (-2SD)		0.182	0.025	207	41	0.933	0.140	0.131	0.233
Prevalence of anemia (children)		0.457	0.035	194	38	0.927	0.076	0.388	0.527
Prevalence of anemia (women)		0.497	0.030	413	81	1.228	0.061	0.436	0.557
BMI < 18,5		0.076	0.018	386	75	1.346	0.239	0.040	0.113
Total fertility rate (last 3 years)		1.986	0.181	1682	326	1.052	0.091	1.623	2.348
Neonatal mortality (last 0-9 years)		0.000	0.000	440	85	na	na	0.000	0.000
Post-neonatal mortality (last 0-9 years)		2.573	2.582	439	85	1.066	1.004	0.000	7.738
Infant mortality (last 0-9 years)		2.573	2.582	440	85	1.069	1.004	0.000	7.738
Child mortality (last 0-9 years)		1.604	1.609	455	88	0.856	1.003	0.000	4.822
Under-five mortality (last 0-9 years)		4.173	3.009	440	85	0.986	0.721	0.000	10.191

Table B.17 Sampling errors: Vavuniya sample, Sri Lanka DHS 2016

VARIABLE	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits		
			Unweighted (N)	Weighted (WN)			(R-2SE)	(R+2SE)	
Urban		0.180	0.022	451	136	1.241	0.125	0.135	0.225
No education		0.031	0.010	451	136	1.196	0.313	0.012	0.051
Secondary education or higher		0.873	0.021	451	136	1.325	0.024	0.832	0.915
Currently married		0.585	0.098	711	213	1.087	0.167	0.389	0.780
Married before age 20		0.296	0.022	532	160	1.151	0.074	0.252	0.340
Currently pregnant		0.025	0.006	711	213	1.007	0.249	0.013	0.038
Children ever born		1.458	0.239	711	213	1.022	0.164	0.980	1.936
Children surviving		1.421	0.233	711	213	1.023	0.164	0.955	1.887
Children ever born to women age 40-49		2.823	0.117	161	47	0.996	0.041	2.590	3.057
Knows any contraceptive method		0.993	0.005	414	125	1.319	0.005	0.983	1.004
Knows a modern method		0.993	0.005	414	125	1.319	0.005	0.983	1.004
Currently using any method		0.330	0.025	414	125	1.067	0.075	0.280	0.379
Currently using a modern method		0.307	0.025	414	125	1.084	0.080	0.258	0.357
Currently using a traditional method		0.022	0.008	414	125	1.102	0.361	0.006	0.038
Currently using pill		0.051	0.012	414	125	1.114	0.237	0.027	0.075
Currently using IUD		0.017	0.006	414	125	0.968	0.360	0.005	0.030
Currently using condoms		0.036	0.010	414	125	1.111	0.283	0.016	0.056
Currently use injectables		0.077	0.014	414	125	1.104	0.188	0.048	0.106
Currently using female sterilization		0.100	0.018	414	125	1.212	0.179	0.064	0.135
Currently using withdrawal		0.010	0.006	414	125	1.242	0.600	0.000	0.023
Currently using periodic abstinence		0.012	0.006	414	125	1.049	0.473	0.001	0.023
Used public sector source		0.740	0.046	127	39	1.183	0.063	0.648	0.833
Want no more children		0.476	0.026	414	125	1.055	0.054	0.425	0.528
Want to delay birth at least 2 years		0.063	0.012	414	125	1.027	0.195	0.038	0.087
Ideal family size		2.502	0.065	451	136	1.265	0.026	2.372	2.631
Mothers received antenatal care for last birth		0.977	0.011	172	53	0.990	0.011	0.955	0.999
Assistance by a skilled provider at delivery		0.982	0.012	201	62	1.316	0.012	0.958	1.006
Having diarrhea in the last 2 weeks		0.020	0.010	195	60	1.012	0.506	0.000	0.040
Treated with oral rehydration salts (ORS)		0.132	0.134	4	1	0.785	1.018	0.000	0.400
Taken to a health provider		0.366	0.273	4	1	1.123	0.746	0.000	0.913
Vaccination card seen		0.967	0.033	37	10	1.085	0.034	0.901	1.033
Received BCG		0.967	0.033	37	10	1.085	0.034	0.901	1.033
Received DPT-HepB-Hib (3 doses)		0.939	0.041	37	10	1.001	0.044	0.857	1.021
Received polio (third dose)		0.939	0.041	37	10	1.001	0.044	0.857	1.021
Received measles containing vaccination		0.919	0.045	37	10	0.965	0.049	0.829	1.009
Fully immunized		0.919	0.045	37	10	0.965	0.049	0.829	1.009
Height-for-age (-2SD)		0.187	0.033	208	64	1.179	0.178	0.121	0.254
Weight-for-height (-2SD)		0.160	0.028	199	61	1.076	0.173	0.105	0.216
Weight-for-age (-2SD)		0.203	0.034	206	64	1.128	0.170	0.134	0.272
Prevalence of anemia (children)		0.517	0.040	124	40	0.946	0.077	0.437	0.597
Prevalence of anemia (women)		0.574	0.031	428	130	1.317	0.055	0.512	0.637
BMI < 18.5		0.079	0.015	429	130	1.142	0.188	0.050	0.109
Total fertility rate (last 3 years)		1.967	0.195	2134	640	0.986	0.099	1.576	2.358
Neonatal mortality (last 0-9 years)		14.908	5.574	451	141	1.017	0.374	3.760	26.056
Post-neonatal mortality (last 0-9 years)		0.000	0.000	454	141	na	10.146	0.000	0.000
Infant mortality (last 0-9 years)		14.908	5.574	451	141	1.017	0.374	3.760	26.056
Child mortality (last 0-9 years)		0.000	0.000	466	145	na	na	0.000	0.000
Under-five mortality (last 0-9 years)		14.908	5.574	451	141	1.017	0.374	3.760	26.056

Table B.18 Sampling errors: Mullaitivu sample, Sri Lanka DHS 2016

VARIABLE	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits		
			Unweighted (N)	Weighted (WN)			(R-2SE)	(R+2SE)	
Urban		0.000	0.000	378	81	na	na	0.000	0.000
No education		0.006	0.003	378	81	0.896	0.615	0.000	0.012
Secondary education or higher		0.852	0.025	378	81	1.378	0.030	0.801	0.902
Currently married		0.530	0.063	598	127	1.280	0.119	0.403	0.656
Married before age 20		0.327	0.044	534	118	1.444	0.136	0.238	0.415
Currently pregnant		0.014	0.005	598	127	0.998	0.350	0.004	0.023
Children ever born		1.501	0.196	598	127	1.278	0.131	1.109	1.893
Children surviving		1.427	0.189	598	127	1.301	0.132	1.050	1.804
Children ever born to women age 40-49		2.886	0.173	140	29	1.252	0.060	2.541	3.232
Knows any contraceptive method		0.995	0.004	313	67	0.903	0.004	0.988	1.002
Knows amodern method		0.995	0.004	313	67	0.903	0.004	0.988	1.002
Currently using any method		0.672	0.036	313	67	1.353	0.054	0.600	0.744
Currently using a modern method		0.639	0.037	313	67	1.361	0.058	0.565	0.713
Currently using a traditional method		0.034	0.011	313	67	1.046	0.318	0.012	0.055
Currently using pill		0.103	0.021	313	67	1.225	0.204	0.061	0.146
Currently using IUD		0.089	0.017	313	67	1.070	0.193	0.055	0.124
Currently using condoms		0.032	0.010	313	67	1.029	0.320	0.012	0.053
Currently use injectables		0.147	0.019	313	67	0.972	0.133	0.108	0.186
Currently using female sterilization		0.161	0.021	313	67	1.033	0.133	0.118	0.204
Currently using withdrawal		0.015	0.008	313	67	1.142	0.531	0.000	0.030
Currently using periodic abstinence		0.019	0.008	313	67	0.982	0.400	0.004	0.034
Used public sector source		0.833	0.034	205	46	1.308	0.041	0.765	0.902
Want no more children		0.646	0.026	313	67	0.954	0.040	0.594	0.698
Want to delay birth at least 2 years		0.082	0.017	313	67	1.074	0.204	0.048	0.115
Ideal family size		2.223	0.065	371	80	1.080	0.029	2.092	2.354
Mothers received antenatal care for last birth		0.994	0.006	147	32	0.982	0.006	0.981	1.007
Assistance by a skilled provider at delivery		0.989	0.008	173	37	1.003	0.008	0.972	1.005
Having diarrhea in the last 2 weeks		0.013	0.009	169	36	0.988	0.671	0.000	0.030
Treated with oral rehydration salts (ORS)		0.000	0.000	2	0	na	na	0.000	0.000
Taken to a health provider		1.000	0.000	2	0	na	0.000	1.000	1.000
Vaccination card seen		0.860	0.054	36	8	0.945	0.063	0.752	0.968
Received BCG		1.000	0.000	36	8	na	0.000	1.000	1.000
Received DPT-HepB-Hib (3 doses)		1.000	0.000	36	8	na	0.000	1.000	1.000
Received polio (third dose)		1.000	0.000	36	8	na	0.000	1.000	1.000
Received measles containing vaccination		0.927	0.049	36	8	1.149	0.053	0.829	1.026
Fully immunized		0.927	0.049	36	8	1.149	0.053	0.829	1.026
Height-for-age (-2SD)		0.167	0.033	169	36	1.118	0.199	0.100	0.233
Weight-for-height (-2SD)		0.216	0.036	167	36	1.049	0.164	0.145	0.287
Weight-for-age (-2SD)		0.255	0.035	170	37	1.023	0.136	0.186	0.324
Prevalence of anemia (children)		0.544	0.050	151	32	1.285	0.093	0.443	0.645
Prevalence of anemia (women)		0.632	0.029	365	78	1.129	0.045	0.575	0.689
BMI < 18,5		0.089	0.015	364	79	1.003	0.167	0.060	0.119
Total fertility rate (last 3 years)		1.991	0.264	1795	381	1.426	0.132	1.464	2.519
Neonatal mortality (last 0-9 years)		12.930	5.972	396	87	1.063	0.462	0.986	24.873
Post-neonatal mortality (last 0-9 years)		8.801	5.005	399	88	1.087	0.569	0.000	18.811
Infant mortality (last 0-9 years)		21.731	9.582	396	87	1.334	0.441	2.567	40.894
Child mortality (last 0-9 years)		0.000	0.000	404	88	na	na	0.000	0.000
Under-five mortality (last 0-9 years)		21.731	9.582	396	87	1.334	0.441	2.567	40.894

Table B.19 Sampling errors: Killinochchi sample, Sri Lanka DHS 2016

VARIABLE	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			(R-2SE)	(R+2SE)
			Urban	0.000			0.000	384
No education	0.012	0.008	384	94	1.354	0.620	0.000	0.028
Secondary education or higher	0.891	0.023	384	94	1.452	0.026	0.845	0.937
Currently married	0.557	0.106	565	145	1.155	0.190	0.346	0.769
Married before age 20	0.333	0.026	429	105	1.182	0.077	0.282	0.384
Currently pregnant	0.027	0.008	565	145	1.040	0.305	0.011	0.043
Children ever born	1.647	0.316	565	145	1.132	0.192	1.016	2.279
Children surviving	1.555	0.302	565	145	1.149	0.194	0.950	2.159
Children ever born to women age 40-49	3.365	0.207	122	30	1.272	0.061	2.952	3.779
Knows any contraceptive method	0.997	0.003	332	81	0.968	0.003	0.991	1.003
Knows a modern method	0.997	0.003	332	81	0.968	0.003	0.991	1.003
Currently using any method	0.584	0.026	332	81	0.951	0.044	0.533	0.636
Currently using a modern method	0.563	0.026	332	81	0.961	0.047	0.510	0.615
Currently using a traditional method	0.022	0.009	332	81	1.071	0.397	0.004	0.039
Currently using pill	0.045	0.012	332	81	1.037	0.263	0.021	0.069
Currently using IUD	0.120	0.022	332	81	1.253	0.187	0.075	0.165
Currently using condoms	0.038	0.011	332	81	1.071	0.297	0.015	0.060
Currently use injectables	0.069	0.014	332	81	1.032	0.208	0.040	0.098
Currently using female sterilization	0.207	0.024	332	81	1.077	0.116	0.159	0.255
Currently using withdrawal	0.006	0.004	332	81	1.033	0.715	0.000	0.015
Currently using periodic abstinence	0.015	0.008	332	81	1.117	0.494	0.000	0.030
Used public sector source	0.912	0.021	196	48	1.012	0.023	0.871	0.953
Want no more children	0.642	0.026	332	81	0.996	0.041	0.589	0.694
Want to delay birth at least 2 years	0.135	0.022	332	81	1.174	0.163	0.091	0.179
Ideal family size	2.820	0.054	384	94	0.954	0.019	2.711	2.929
Mothers received antenatal care for last birth	0.976	0.013	157	40	1.047	0.013	0.951	1.001
Assistance by a skilled provider at delivery	0.994	0.005	185	47	0.989	0.005	0.984	1.005
Having diarrhea in the last 2 weeks	0.006	0.006	174	44	1.024	1.023	0.000	0.017
Treated with oral rehydration salts (ORS)	0.000	0.000	1	0	na	na	0.000	0.000
Taken to a health provider	0.000	0.000	1	0	na	na	0.000	0.000
Vaccination card seen	0.942	0.057	23	6	1.169	0.060	0.829	1.055
Received BCG	1.000	0.000	23	6	na	0.000	1.000	1.000
Received DPT-HepB-Hib (3 doses)	0.914	0.060	23	6	1.037	0.066	0.794	1.035
Received polio (third dose)	1.000	0.000	23	6	na	0.000	1.000	1.000
Received measles containing vaccination	0.790	0.099	23	6	1.156	0.125	0.592	0.987
Fully immunized	0.704	0.108	23	6	1.124	0.154	0.488	0.920
Height-for-age (-2SD)	0.209	0.036	179	46	1.142	0.174	0.136	0.282
Weight-for-height (-2SD)	0.168	0.036	177	45	1.323	0.214	0.096	0.239
Weight-for-age (-2SD)	0.166	0.023	180	46	0.820	0.135	0.121	0.211
Prevalence of anemia (children)	0.435	0.039	160	41	1.021	0.091	0.356	0.513
Prevalence of anemia (women)	0.569	0.029	381	93	1.152	0.051	0.511	0.628
BMI < 18,5	0.140	0.017	357	88	0.928	0.121	0.106	0.174
Total fertility rate (last 3 years)	2.055	0.208	1610	412	1.118	0.101	1.640	2.471
Neonatal mortality (last 0-9 years)	20.555	8.020	425	106	1.042	0.390	4.514	36.596
Post-neonatal mortality (last 0-9 years)	7.836	4.509	427	107	1.070	0.575	0.000	16.854
Infant mortality (last 0-9 years)	28.391	10.134	425	106	1.117	0.357	8.123	48.660
Child mortality (last 0-9 years)	15.679	7.598	429	106	1.271	0.485	0.482	30.875
Under-five mortality (last 0-9 years)	43.625	11.603	428	107	1.114	0.266	20.418	66.831



Table B.20 Sampling errors: Batticaloa sample, Sri Lanka DHS 2016

VARIABLE	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			(R-2SE)	(R+2SE)
			Urban	0.310			0.017	601
No education	0.023	0.006	601	531	1.059	0.284	0.010	0.036
Secondary education or higher	0.825	0.018	601	531	1.140	0.021	0.789	0.860
Currently married	0.723	0.040	758	679	1.048	0.055	0.643	0.802
Married before age 20	0.376	0.023	666	590	1.281	0.061	0.330	0.422
Currently pregnant	0.039	0.008	758	679	1.115	0.206	0.023	0.055
Children ever born	1.680	0.109	758	679	1.038	0.065	1.462	1.899
Children surviving	1.640	0.106	758	679	1.036	0.065	1.427	1.852
Children ever born to women age 40-49	2.996	0.133	185	161	1.119	0.044	2.730	3.261
Knows any contraceptive method	0.996	0.003	556	491	1.018	0.003	0.991	1.002
Knows amodern method	0.996	0.003	556	491	1.018	0.003	0.991	1.002
Currently using any method	0.315	0.024	556	491	1.220	0.076	0.267	0.363
Currently using a modern method	0.285	0.024	556	491	1.265	0.085	0.237	0.334
Currently using a traditional method	0.030	0.008	556	491	1.100	0.266	0.014	0.046
Currently using pill	0.030	0.007	556	491	1.016	0.246	0.015	0.045
Currently using IUD	0.023	0.007	556	491	1.158	0.317	0.009	0.038
Currently using condoms	0.021	0.008	556	491	1.343	0.385	0.005	0.038
Currently use injectables	0.118	0.015	556	491	1.091	0.127	0.088	0.147
Currently using female sterilization	0.072	0.013	556	491	1.192	0.181	0.046	0.099
Currently using withdrawal	0.014	0.005	556	491	0.953	0.338	0.005	0.024
Currently using periodic abstinence	0.016	0.006	556	491	1.075	0.359	0.004	0.027
Used public sector source	0.499	0.045	167	141	1.171	0.091	0.408	0.590
Want no more children	0.559	0.024	556	491	1.136	0.043	0.511	0.607
Want to delay birth at least 2 years	0.150	0.016	556	491	1.026	0.104	0.119	0.181
Ideal family size	2.887	0.064	600	530	1.213	0.022	2.758	3.015
Mothers received antenatal care for last birth	1.000	0.000	244	217	na	0.000	1.000	1.000
Assistance by a skilled provider at delivery	0.998	0.002	280	249	0.781	0.002	0.994	1.002
Having diarrhea in the last 2 weeks	0.063	0.016	272	242	1.040	0.252	0.031	0.095
Treated with oral rehydration salts (ORS)	0.464	0.130	18	15	1.031	0.280	0.204	0.725
Taken to a health provider	0.942	0.057	18	15	1.016	0.060	0.829	1.056
Vaccination card seen	0.948	0.029	51	47	0.954	0.031	0.890	1.006
Received BCG	1.000	0.000	51	47	na	0.000	1.000	1.000
Received DPT-HepB-Hib (3 doses)	0.982	0.018	51	47	0.998	0.019	0.945	1.018
Received polio (third dose)	1.000	0.000	51	47	na	0.000	1.000	1.000
Received measles containing vaccination	0.940	0.033	51	47	1.004	0.035	0.874	1.006
Fully immunized	0.922	0.037	51	47	0.995	0.040	0.848	0.995
Height-for-age (-2SD)	0.206	0.030	279	249	1.154	0.144	0.147	0.265
Weight-for-height (-2SD)	0.140	0.025	278	248	1.174	0.176	0.090	0.189
Weight-for-age (-2SD)	0.214	0.027	280	250	1.057	0.127	0.160	0.269
Prevalence of anemia (children)	0.595	0.029	262	232	0.956	0.049	0.537	0.653
Prevalence of anemia (women)	0.482	0.024	596	528	1.179	0.050	0.434	0.530
BMI < 18,5	0.107	0.016	562	496	1.225	0.150	0.075	0.139
Total fertility rate (last 3 years)	2.362	0.169	2203	1965	0.941	0.071	2.025	2.699
Neonatal mortality (last 0-9 years)	8.240	3.597	574	515	0.965	0.436	1.047	15.433
Post-neonatal mortality (last 0-9 years)	1.953	1.957	573	514	1.061	1.002	0.000	5.866
Infant mortality (last 0-9 years)	10.193	4.001	574	515	0.964	0.393	2.191	18.195
Child mortality (last 0-9 years)	0.000	0.000	597	533	na	na	0.000	0.000
Under-five mortality (last 0-9 years)	10.193	4.001	574	515	0.964	0.393	2.191	18.195

Table B.21 Sampling errors: Ampara sample, Sri Lanka DHS 2016

VARIABLE	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits		
			Unweighted (N)	Weighted (WN)			(R-2SE)	(R+2SE)	
Urban		0.224	0.011	799	731	0.741	0.049	0.202	0.246
No education		0.028	0.006	799	731	1.090	0.228	0.015	0.040
Secondary education or higher		0.812	0.020	799	731	1.426	0.024	0.773	0.852
Currently married		0.655	0.035	1144	1058	1.154	0.054	0.584	0.725
Married before age 20		0.335	0.021	910	827	1.410	0.062	0.293	0.376
Currently pregnant		0.041	0.006	1144	1058	1.105	0.157	0.028	0.054
Children ever born		1.484	0.082	1144	1058	0.958	0.055	1.320	1.647
Children surviving		1.423	0.080	1144	1058	0.991	0.056	1.262	1.584
Children ever born to women age 40-49		2.798	0.119	263	240	1.252	0.043	2.559	3.037
Knows any contraceptive method		0.999	0.001	757	692	0.967	0.001	0.996	1.001
Knows amodern method		0.999	0.001	757	692	0.967	0.001	0.996	1.001
Currently using any method		0.457	0.028	757	692	1.534	0.061	0.402	0.513
Currently using a modern method		0.406	0.029	757	692	1.601	0.070	0.349	0.463
Currently using a traditional method		0.051	0.009	757	692	1.068	0.167	0.034	0.068
Currently using pill		0.037	0.007	757	692	1.009	0.186	0.023	0.051
Currently using IUD		0.058	0.010	757	692	1.206	0.176	0.038	0.079
Currently using condoms		0.035	0.010	757	692	1.427	0.273	0.016	0.054
Currently use injectables		0.120	0.018	757	692	1.530	0.151	0.084	0.157
Currently using female sterilization		0.092	0.011	757	692	1.072	0.123	0.069	0.114
Currently using withdrawal		0.028	0.007	757	692	1.089	0.235	0.015	0.041
Currently using periodic abstinence		0.023	0.006	757	692	1.175	0.276	0.011	0.036
Used public sector source		0.773	0.026	312	289	1.101	0.034	0.721	0.825
Want no more children		0.496	0.024	757	692	1.329	0.049	0.448	0.545
Want to delay birth at least 2 years		0.107	0.011	757	692	1.017	0.107	0.084	0.129
Ideal family size		2.845	0.101	799	731	1.892	0.035	2.644	3.047
Mothers received antenatal care for last birth		0.991	0.005	340	305	0.987	0.005	0.981	1.001
Assistance by a skilled provider at delivery		0.998	0.002	401	360	0.977	0.002	0.993	1.002
Having diarrhea in the last 2 weeks		0.026	0.010	392	353	1.200	0.369	0.007	0.046
Treated with oral rehydration salts (ORS)		0.601	0.146	11	9	0.951	0.243	0.309	0.893
Taken to a health provider		0.907	0.071	11	9	0.780	0.078	0.764	1.049
Vaccination card seen		0.892	0.041	73	63	1.097	0.046	0.810	0.974
Received BCG		1.000	0.000	73	63	na	0.000	1.000	1.000
Received DPT-HepB-Hib (3 doses)		0.985	0.015	73	63	0.993	0.015	0.956	1.014
Received polio (third dose)		0.985	0.015	73	63	0.993	0.015	0.956	1.014
Received measles containing vaccination		0.962	0.030	73	63	1.299	0.031	0.902	1.022
Fully immunized		0.962	0.030	73	63	1.299	0.031	0.902	1.022
Height-for-age (-2SD)		0.219	0.021	379	345	0.979	0.095	0.177	0.261
Weight-for-height (-2SD)		0.124	0.018	376	342	1.037	0.146	0.088	0.160
Weight-for-age (-2SD)		0.181	0.021	380	346	1.054	0.119	0.138	0.224
Prevalence of anemia (children)		0.456	0.028	331	302	1.026	0.062	0.400	0.513
Prevalence of anemia (women)		0.478	0.018	769	706	0.976	0.037	0.443	0.513
BMI < 18,5		0.084	0.010	731	669	0.985	0.120	0.064	0.104
Total fertility rate (last 3 years)		2.432	0.146	3356	3078	0.993	0.060	2.141	2.723
Neonatal mortality (last 0-9 years)		13.142	3.606	831	751	0.916	0.274	5.931	20.354
Post-neonatal mortality (last 0-9 years)		4.203	3.243	830	749	1.420	0.772	0.000	10.690
Infant mortality (last 0-9 years)		17.345	4.556	831	751	1.010	0.263	8.234	26.457
Child mortality (last 0-9 years)		0.000	0.000	846	766	na	na	0.000	0.000
Under-five mortality (last 0-9 years)		17.345	4.556	831	751	1.010	0.263	8.234	26.457



Table B.22 Sampling errors: Trincomalee sample, Sri Lanka DHS 2016

VARIABLE	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits		
			Unweighted (N)	Weighted (WN)			(R-2SE)	(R+2SE)	
Urban		0.235	0.026	460	362	1.289	0.109	0.184	0.286
No education		0.023	0.008	460	362	1.181	0.358	0.007	0.040
Secondary education or higher		0.859	0.020	460	362	1.208	0.023	0.820	0.899
Currently married		0.534	0.089	791	621	1.185	0.167	0.356	0.712
Married before age 20		0.351	0.018	548	429	0.963	0.052	0.314	0.388
Currently pregnant		0.036	0.009	791	621	1.262	0.263	0.017	0.055
Children ever born		1.356	0.224	791	621	1.116	0.165	0.908	1.805
Children surviving		1.309	0.217	791	621	1.120	0.166	0.875	1.743
Children ever born to women age 40-49		3.070	0.125	146	117	1.094	0.041	2.820	3.321
Knows any contraceptive method		0.997	0.003	422	331	1.076	0.003	0.992	1.003
Knows a modern method		0.997	0.003	422	331	1.076	0.003	0.992	1.003
Currently using any method		0.486	0.033	422	331	1.345	0.068	0.420	0.551
Currently using a modern method		0.454	0.034	422	331	1.401	0.075	0.386	0.522
Currently using a traditional method		0.032	0.011	422	331	1.244	0.336	0.010	0.053
Currently using pill		0.049	0.010	422	331	0.984	0.211	0.029	0.070
Currently using IUD		0.029	0.008	422	331	0.926	0.260	0.014	0.044
Currently using condoms		0.043	0.010	422	331	0.964	0.222	0.024	0.062
Currently use injectables		0.171	0.020	422	331	1.069	0.115	0.132	0.211
Currently using female sterilization		0.099	0.020	422	331	1.407	0.207	0.058	0.140
Currently using withdrawal		0.008	0.004	422	331	0.947	0.504	0.000	0.017
Currently using periodic abstinence		0.023	0.009	422	331	1.182	0.374	0.006	0.041
Used public sector source		0.656	0.040	190	152	1.146	0.060	0.576	0.735
Want no more children		0.500	0.032	422	331	1.317	0.064	0.436	0.564
Want to delay birth at least 2 years		0.235	0.023	422	331	1.129	0.099	0.188	0.282
Ideal family size		2.636	0.102	460	362	1.346	0.039	2.432	2.841
Mothers received antenatal care for last birth		0.979	0.012	216	168	1.167	0.012	0.956	1.002
Assistance by a skilled provider at delivery		1.000	0.000	247	194	na	0.000	1.000	1.000
Having diarrhea in the last 2 weeks		0.028	0.010	242	189	0.926	0.352	0.008	0.048
Treated with oral rehydration salts (ORS)		0.148	0.137	7	5	1.003	0.926	0.000	0.421
Taken to a health provider		0.809	0.129	7	5	0.854	0.159	0.551	1.067
Vaccination card seen		0.947	0.036	38	29	0.979	0.038	0.874	1.019
Received BCG		0.974	0.026	38	29	0.987	0.027	0.921	1.026
Received DPT-HepB-Hib (3 doses)		0.968	0.027	38	29	0.925	0.028	0.915	1.022
Received polio (third dose)		0.974	0.026	38	29	0.987	0.027	0.921	1.026
Received measles containing vaccination		0.907	0.068	38	29	1.414	0.075	0.772	1.043
Fully immunized		0.902	0.068	38	29	1.380	0.075	0.766	1.038
Height-for-age (-2SD)		0.155	0.028	243	188	1.184	0.179	0.099	0.210
Weight-for-height (-2SD)		0.123	0.021	239	184	0.984	0.167	0.082	0.164
Weight-for-age (-2SD)		0.227	0.029	243	188	1.078	0.130	0.168	0.286
Prevalence of anemia (children)		0.569	0.034	211	162	0.968	0.059	0.502	0.636
Prevalence of anemia (women)		0.533	0.025	443	348	1.064	0.047	0.483	0.584
BMI < 18,5		0.074	0.020	412	324	1.532	0.267	0.034	0.114
Total fertility rate (last 3 years)		2.316	0.170	2203	1726	0.976	0.073	1.976	2.656
Neonatal mortality (last 0-9 years)		25.012	7.630	501	390	0.988	0.305	9.751	40.273
Post-neonatal mortality (last 0-9 years)		0.000	0.000	504	394	na	na	0.000	0.000
Infant mortality (last 0-9 years)		25.012	7.630	501	390	0.988	0.305	9.751	40.273
Child mortality (last 0-9 years)		1.395	1.399	493	388	0.803	1.003	0.000	4.194
Under-five mortality (last 0-9 years)		26.372	7.643	501	390	0.971	0.290	11.085	41.659

Table B.23 Sampling errors: Kurunegala sample, Sri Lanka DHS 2016

VARIABLE	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits		
			Unweighted (N)	Weighted (WN)			(R-2SE)	(R+2SE)	
Urban		0.016	0.001	1383	1592	0.392	0.083	0.013	0.019
No education		0.009	0.002	1383	1592	0.938	0.262	0.004	0.014
Secondary education or higher		0.937	0.008	1383	1592	1.158	0.008	0.922	0.952
Currently married		0.685	0.036	1892	2191	1.002	0.053	0.612	0.758
Married before age 20		0.251	0.010	1626	1873	0.982	0.040	0.231	0.271
Currently pregnant		0.037	0.004	1892	2191	0.959	0.116	0.028	0.045
Children ever born		1.322	0.078	1892	2191	1.030	0.059	1.167	1.478
Children surviving		1.302	0.077	1892	2191	1.029	0.059	1.149	1.455
Children ever born to women age 40-49		2.192	0.045	509	580	1.046	0.020	2.103	2.281
Knows any contraceptive method		0.998	0.001	1302	1501	1.036	0.001	0.996	1.001
Knows a modern method		0.998	0.001	1302	1501	1.036	0.001	0.996	1.001
Currently using any method		0.695	0.014	1302	1501	1.064	0.020	0.668	0.722
Currently using a modern method		0.558	0.014	1302	1501	1.031	0.025	0.530	0.586
Currently using a traditional method		0.137	0.009	1302	1501	0.994	0.069	0.118	0.156
Currently using pill		0.091	0.009	1302	1501	1.095	0.096	0.074	0.109
Currently using IUD		0.152	0.012	1302	1501	1.157	0.076	0.129	0.175
Currently using condoms		0.082	0.008	1302	1501	1.061	0.098	0.066	0.098
Currently use injectables		0.084	0.008	1302	1501	1.058	0.097	0.068	0.100
Currently using female sterilization		0.118	0.010	1302	1501	1.137	0.086	0.097	0.138
Currently using withdrawal		0.034	0.005	1302	1501	0.983	0.146	0.024	0.043
Currently using periodic abstinence		0.104	0.008	1302	1501	0.987	0.080	0.087	0.120
Used public sector source		0.769	0.017	731	848	1.119	0.023	0.734	0.803
Want no more children		0.636	0.016	1302	1501	1.169	0.025	0.605	0.667
Want to delay birth at least 2 years		0.158	0.011	1302	1501	1.062	0.068	0.137	0.180
Ideal family size		2.401	0.033	1381	1591	1.435	0.014	2.336	2.466
Mothers received antenatal care for last birth		0.990	0.005	529	613	1.056	0.005	0.980	0.999
Assistance by a skilled provider at delivery		1.000	0.000	588	683	na	0.000	1.000	1.000
Having diarrhea in the last 2 weeks		0.011	0.004	584	678	0.988	0.385	0.003	0.020
Treated with oral rehydration salts (ORS)		0.538	0.196	7	8	1.004	0.365	0.146	0.929
Taken to a health provider		1.000	0.000	7	8	na	0.000	1.000	1.000
Vaccination card seen		0.914	0.026	125	143	1.017	0.028	0.863	0.965
Received BCG		0.991	0.009	125	143	1.058	0.009	0.973	1.009
Received DPT-HepB-Hib (3 doses)		0.964	0.018	125	143	1.050	0.018	0.929	0.999
Received polio (third dose)		0.966	0.016	125	143	0.993	0.017	0.934	0.998
Received measles containing vaccination		0.951	0.018	125	143	0.925	0.019	0.916	0.987
Fully immunized		0.900	0.026	125	143	0.964	0.029	0.848	0.952
Height-for-age (-2SD)		0.177	0.016	588	685	1.010	0.088	0.146	0.208
Weight-for-height (-2SD)		0.135	0.015	586	683	1.062	0.112	0.105	0.165
Weight-for-age (-2SD)		0.219	0.018	589	686	1.002	0.081	0.183	0.254
Prevalence of anemia (children)		0.474	0.025	507	589	1.116	0.053	0.424	0.525
Prevalence of anemia (women)		0.490	0.016	1324	1524	1.181	0.033	0.457	0.522
BMI < 18,5		0.095	0.008	1288	1481	0.983	0.085	0.079	0.111
Total fertility rate (last 3 years)		2.161	0.101	5464	6346	1.094	0.047	1.959	2.362
Neonatal mortality (last 0-9 years)		7.161	2.447	1220	1412	1.019	0.342	2.267	12.055
Post-neonatal mortality (last 0-9 years)		2.838	1.438	1219	1410	0.946	0.507	0.000	5.715
Infant mortality (last 0-9 years)		9.999	2.779	1220	1412	0.984	0.278	4.440	15.557
Child mortality (last 0-9 years)		2.465	1.420	1224	1411	0.991	0.576	0.000	5.305
Under-five mortality (last 0-9 years)		12.439	3.064	1222	1414	0.973	0.246	6.311	18.568

Table B.24 Sampling errors: Puttalam sample, Sri Lanka DHS 2016

VARIABLE	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits		
			Unweighted (N)	Weighted (WN)			(R-2SE)	(R+2SE)	
Urban		0.084	0.009	661	664	0.810	0.104	0.066	0.101
No education		0.017	0.005	661	664	1.033	0.303	0.007	0.028
Secondary education or higher		0.882	0.015	661	664	1.183	0.017	0.852	0.911
Currently married		0.759	0.037	847	837	0.912	0.049	0.684	0.833
Married before age 20		0.348	0.022	742	748	1.292	0.062	0.305	0.392
Currently pregnant		0.035	0.007	847	837	1.046	0.191	0.022	0.048
Children ever born		1.601	0.093	847	837	0.940	0.058	1.415	1.788
Children surviving		1.564	0.093	847	837	0.953	0.059	1.379	1.749
Children ever born to women age 40-49		2.500	0.101	243	240	1.266	0.040	2.298	2.702
Knows any contraceptive method		1.000	0.000	631	635	na	0.000	1.000	1.000
Knows amodern method		1.000	0.000	631	635	na	0.000	1.000	1.000
Currently using any method		0.693	0.022	631	635	1.221	0.032	0.648	0.738
Currently using a modern method		0.556	0.023	631	635	1.162	0.041	0.510	0.602
Currently using a traditional method		0.137	0.014	631	635	1.037	0.104	0.108	0.165
Currently using pill		0.103	0.012	631	635	1.029	0.121	0.078	0.128
Currently using IUD		0.087	0.012	631	635	1.081	0.140	0.063	0.111
Currently using condoms		0.055	0.011	631	635	1.165	0.193	0.034	0.076
Currently use injectables		0.096	0.014	631	635	1.151	0.140	0.069	0.123
Currently using female sterilization		0.149	0.015	631	635	1.077	0.102	0.119	0.180
Currently using withdrawal		0.038	0.007	631	635	0.933	0.187	0.024	0.052
Currently using periodic abstinence		0.099	0.011	631	635	0.954	0.115	0.076	0.121
Used public sector source		0.694	0.026	353	361	1.065	0.038	0.642	0.746
Want no more children		0.627	0.019	631	635	0.995	0.031	0.588	0.665
Want to delay birth at least 2 years		0.132	0.013	631	635	0.990	0.101	0.105	0.158
Ideal family size		2.403	0.055	661	664	1.248	0.023	2.294	2.512
Mothers received antenatal care for last birth		0.983	0.008	264	262	0.949	0.008	0.968	0.998
Assistance by a skilled provider at delivery		0.988	0.007	295	294	1.060	0.007	0.975	1.002
Having diarrhea in the last 2 weeks		0.013	0.006	291	289	0.973	0.506	0.000	0.026
Treated with oral rehydration salts (ORS)		0.391	0.240	4	4	0.940	0.614	0.000	0.872
Taken to a health provider		1.000	0.000	4	4	na	0.000	1.000	1.000
Vaccination card seen		0.843	0.048	53	55	0.968	0.057	0.747	0.938
Received BCG		1.000	0.000	53	55	na	0.000	1.000	1.000
Received DPT-HepB-Hib (3 doses)		0.887	0.043	53	55	1.009	0.049	0.801	0.974
Received polio (third dose)		1.000	0.000	53	55	na	0.000	1.000	1.000
Received measles containing vaccination		0.940	0.035	53	55	1.077	0.037	0.871	1.009
Fully immunized		0.828	0.053	53	55	1.027	0.063	0.723	0.933
Height-for-age (-2SD)		0.117	0.021	275	276	1.018	0.178	0.075	0.158
Weight-for-height (-2SD)		0.172	0.029	274	275	1.217	0.171	0.113	0.231
Weight-for-age (-2SD)		0.201	0.036	275	276	1.379	0.179	0.129	0.273
Prevalence of anemia (children)		0.689	0.032	231	235	1.048	0.047	0.624	0.753
Prevalence of anemia (women)		0.600	0.021	648	651	1.101	0.035	0.557	0.642
BMI < 18,5		0.076	0.013	613	617	1.217	0.171	0.050	0.102
Total fertility rate (last 3 years)		2.113	0.141	2458	2442	0.953	0.067	1.832	2.394
Neonatal mortality (last 0-9 years)		13.879	5.348	588	583	0.990	0.385	3.183	24.575
Post-neonatal mortality (last 0-9 years)		4.639	3.385	590	585	0.922	0.730	0.000	11.408
Infant mortality (last 0-9 years)		18.518	6.497	588	583	1.000	0.351	5.523	31.512
Child mortality (last 0-9 years)		3.707	2.669	591	589	1.020	0.720	0.000	9.044
Under-five mortality (last 0-9 years)		22.156	6.830	589	584	0.982	0.308	8.495	35.816

Table B.25 Sampling errors: Anuradhapura sample, Sri Lanka DHS 2016

VARIABLE	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits		
			Unweighted (N)	Weighted (WN)			(R-2SE)	(R+2SE)	
Urban		0.040	0.008	816	984	1.164	0.200	0.024	0.056
No education		0.009	0.003	816	984	1.010	0.369	0.002	0.016
Secondary education or higher		0.947	0.009	816	984	1.137	0.009	0.929	0.965
Currently married		0.625	0.049	1204	1471	1.010	0.079	0.527	0.723
Married before age 20		0.340	0.017	915	1106	1.117	0.049	0.307	0.373
Currently pregnant		0.037	0.005	1204	1471	0.888	0.145	0.026	0.048
Children ever born		1.243	0.108	1204	1471	1.033	0.087	1.027	1.459
Children surviving		1.224	0.106	1204	1471	1.030	0.087	1.012	1.437
Children ever born to women age 40-49		2.235	0.073	295	358	1.179	0.033	2.090	2.381
Knows any contraceptive method		0.994	0.003	763	919	1.215	0.003	0.987	1.001
Knows a modern method		0.994	0.003	763	919	1.215	0.003	0.987	1.001
Currently using any method		0.672	0.020	763	919	1.176	0.030	0.632	0.712
Currently using a modern method		0.625	0.020	763	919	1.139	0.032	0.585	0.665
Currently using a traditional method		0.047	0.008	763	919	1.031	0.168	0.031	0.063
Currently using pill		0.102	0.014	763	919	1.236	0.133	0.075	0.129
Currently using IUD		0.128	0.014	763	919	1.188	0.113	0.099	0.156
Currently using condoms		0.031	0.007	763	919	1.055	0.215	0.017	0.044
Currently use injectables		0.187	0.016	763	919	1.160	0.088	0.154	0.220
Currently using female sterilization		0.142	0.011	763	919	0.885	0.079	0.119	0.164
Currently using withdrawal		0.016	0.006	763	919	1.198	0.335	0.005	0.028
Currently using periodic abstinence		0.031	0.006	763	919	0.989	0.202	0.018	0.043
Used public sector source		0.560	0.023	476	579	1.009	0.041	0.514	0.606
Want no more children		0.574	0.020	763	919	1.101	0.034	0.534	0.613
Want to delay birth at least 2 years		0.151	0.013	763	919	1.023	0.088	0.125	0.178
Ideal family size		2.692	0.050	816	984	1.243	0.019	2.592	2.792
Mothers received antenatal care for last birth		0.997	0.003	306	369	0.939	0.003	0.991	1.003
Assistance by a skilled provider at delivery		1.000	0.000	349	418	na	0.000	1.000	1.000
Having diarrhea in the last 2 weeks		0.018	0.008	340	409	1.105	0.447	0.002	0.033
Treated with oral rehydration salts (ORS)		1.000	0.000	5	7	na	0.000	1.000	1.000
Taken to a health provider		1.000	0.000	5	7	na	0.000	1.000	1.000
Vaccination card seen		0.914	0.032	74	86	0.974	0.035	0.850	0.979
Received BCG		1.000	0.000	74	86	na	0.000	1.000	1.000
Received DPT-HepB-Hib (3 doses)		0.981	0.014	74	86	0.858	0.014	0.954	1.009
Received polio (third dose)		0.983	0.016	74	86	1.071	0.017	0.950	1.016
Received measles containing vaccination		0.969	0.022	74	86	1.046	0.022	0.925	1.012
Fully immunized		0.933	0.029	74	86	0.970	0.031	0.875	0.990
Height-for-age (-2SD)		0.191	0.026	335	409	1.193	0.137	0.138	0.243
Weight-for-height (-2SD)		0.197	0.026	331	404	1.179	0.130	0.146	0.249
Weight-for-age (-2SD)		0.247	0.026	337	411	1.100	0.106	0.194	0.299
Prevalence of anemia (children)		0.404	0.035	300	365	1.234	0.087	0.334	0.474
Prevalence of anemia (women)		0.535	0.020	804	969	1.158	0.038	0.494	0.576
BMI < 18,5		0.074	0.010	762	917	1.076	0.138	0.053	0.094
Total fertility rate (last 3 years)		2.397	0.138	3477	4254	0.926	0.058	2.120	2.673
Neonatal mortality (last 0-9 years)		7.491	4.022	706	841	1.040	0.537	0.000	15.534
Post-neonatal mortality (last 0-9 years)		2.683	1.767	708	843	0.939	0.659	0.000	6.218
Infant mortality (last 0-9 years)		10.174	4.347	706	841	1.019	0.427	1.481	18.868
Child mortality (last 0-9 years)		1.393	1.394	713	847	0.969	1.001	0.000	4.180
Under-five mortality (last 0-9 years)		11.553	4.487	706	841	1.002	0.388	2.578	20.528



Table B.26 Sampling errors: Polonnaruwa sample, Sri Lanka DHS 2016

VARIABLE	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits		
			Unweighted (N)	Weighted (WN)			(R-2SE)	(R+2SE)	
Urban		0.000	0.000	447	399	na	na	0.000	0.000
No education		0.015	0.006	447	399	1.077	0.416	0.002	0.027
Secondary education or higher		0.918	0.014	447	399	1.050	0.015	0.891	0.946
Currently married		0.717	0.051	597	531	1.025	0.071	0.616	0.819
Married before age 20		0.341	0.020	504	449	0.993	0.058	0.301	0.381
Currently pregnant		0.040	0.008	597	531	0.958	0.202	0.024	0.056
Children ever born		1.464	0.111	597	531	0.976	0.076	1.241	1.687
Children surviving		1.449	0.109	597	531	0.964	0.075	1.231	1.666
Children ever born to women age 40-49		2.338	0.082	163	143	1.044	0.035	2.174	2.503
Knows any contraceptive method		0.998	0.002	428	381	0.980	0.002	0.993	1.002
Knows amodern method		0.998	0.002	428	381	0.980	0.002	0.993	1.002
Currently using any method		0.723	0.026	428	381	1.206	0.036	0.670	0.775
Currently using a modern method		0.670	0.025	428	381	1.112	0.038	0.619	0.721
Currently using a traditional method		0.053	0.012	428	381	1.139	0.234	0.028	0.077
Currently using pill		0.089	0.014	428	381	1.023	0.158	0.061	0.117
Currently using IUD		0.105	0.016	428	381	1.098	0.155	0.072	0.137
Currently using condoms		0.060	0.011	428	381	0.979	0.188	0.037	0.082
Currently use injectables		0.193	0.017	428	381	0.895	0.088	0.159	0.228
Currently using female sterilization		0.164	0.018	428	381	1.013	0.111	0.127	0.200
Currently using withdrawal		0.011	0.007	428	381	1.317	0.613	0.000	0.024
Currently using periodic abstinence		0.042	0.010	428	381	1.020	0.236	0.022	0.062
Used public sector source		0.672	0.025	293	260	0.916	0.037	0.622	0.723
Want no more children		0.640	0.026	428	381	1.098	0.040	0.589	0.691
Want to delay birth at least 2 years		0.144	0.019	428	381	1.129	0.133	0.106	0.183
Ideal family size		2.726	0.061	445	397	1.178	0.022	2.604	2.847
Mothers received antenatal care for last birth		1.000	0.000	185	167	na	0.000	1.000	1.000
Assistance by a skilled provider at delivery		0.996	0.004	207	188	0.974	0.004	0.987	1.005
Having diarrhea in the last 2 weeks		0.042	0.014	206	187	1.028	0.339	0.014	0.071
Treated with oral rehydration salts (ORS)		0.260	0.161	9	8	1.087	0.617	0.000	0.582
Taken to a health provider		0.795	0.118	9	8	0.864	0.148	0.560	1.030
Vaccination card seen		0.971	0.029	38	35	1.078	0.030	0.914	1.029
Received BCG		1.000	0.000	38	35	na	0.000	1.000	1.000
Received DPT-HepB-Hib (3 doses)		1.000	0.000	38	35	na	0.000	1.000	1.000
Received polio (third dose)		1.000	0.000	38	35	na	0.000	1.000	1.000
Received measles containing vaccination		1.000	0.000	38	35	na	0.000	1.000	1.000
Fully immunized		1.000	0.000	38	35	na	0.000	1.000	1.000
Height-for-age (-2SD)		0.111	0.020	203	185	0.891	0.177	0.072	0.150
Weight-for-height (-2SD)		0.114	0.020	202	184	0.917	0.174	0.074	0.153
Weight-for-age (-2SD)		0.187	0.024	203	185	0.880	0.127	0.140	0.235
Prevalence of anemia (children)		0.504	0.045	168	152	1.145	0.089	0.414	0.593
Prevalence of anemia (women)		0.426	0.028	431	384	1.187	0.066	0.370	0.483
BMI < 18,5		0.120	0.016	404	360	0.960	0.130	0.089	0.151
Total fertility rate (last 3 years)		2.468	0.202	1738	1539	1.189	0.082	2.064	2.873
Neonatal mortality (last 0-9 years)		0.000	0.000	396	355	na	na	0.000	0.000
Post-neonatal mortality (last 0-9 years)		0.000	0.000	391	349	na	na	0.000	0.000
Infant mortality (last 0-9 years)		0.000	0.000	396	355	na	na	0.000	0.000
Child mortality (last 0-9 years)		3.344	3.351	366	328	1.068	1.002	0.000	10.047
Under-five mortality (last 0-9 years)		3.344	3.351	396	355	1.064	1.002	0.000	10.047

Table B.27 Sampling errors: Badulla sample, Sri Lanka DHS 2016

VARIABLE	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits		
			Unweighted (N)	Weighted (WN)			(R-2SE)	(R+2SE)	
Urban		0.066	0.015	767	735	1.667	0.228	0.036	0.095
No education		0.045	0.009	767	735	1.206	0.202	0.027	0.063
Secondary education or higher		0.883	0.013	767	735	1.158	0.015	0.856	0.910
Currently married		0.735	0.025	988	948	1.045	0.034	0.685	0.785
Married before age 20		0.272	0.016	878	842	1.116	0.059	0.240	0.304
Currently pregnant		0.031	0.005	988	948	0.934	0.164	0.021	0.042
Children ever born		1.607	0.067	988	948	0.997	0.042	1.472	1.742
Children surviving		1.576	0.066	988	948	0.998	0.042	1.444	1.708
Children ever born to women age 40-49		2.415	0.064	317	306	1.051	0.026	2.288	2.542
Knows any contraceptive method		0.996	0.002	726	697	0.828	0.002	0.992	1.000
Knows a modern method		0.996	0.002	726	697	0.828	0.002	0.992	1.000
Currently using any method		0.713	0.020	726	697	1.191	0.028	0.673	0.753
Currently using a modern method		0.647	0.021	726	697	1.200	0.033	0.605	0.690
Currently using a traditional method		0.066	0.011	726	697	1.197	0.167	0.044	0.088
Currently using pill		0.092	0.012	726	697	1.122	0.131	0.068	0.117
Currently using IUD		0.128	0.013	726	697	1.040	0.101	0.102	0.154
Currently using condoms		0.026	0.007	726	697	1.181	0.268	0.012	0.040
Currently use injectables		0.084	0.011	726	697	1.088	0.134	0.061	0.106
Currently using female sterilization		0.249	0.018	726	697	1.116	0.072	0.213	0.285
Currently using withdrawal		0.013	0.006	726	697	1.326	0.430	0.002	0.024
Currently using periodic abstinence		0.053	0.010	726	697	1.243	0.195	0.032	0.074
Used public sector source		0.848	0.017	478	463	1.032	0.020	0.814	0.882
Want no more children		0.619	0.020	726	697	1.088	0.032	0.580	0.658
Want to delay birth at least 2 years		0.107	0.010	726	697	0.904	0.097	0.087	0.128
Ideal family size		2.595	0.035	765	733	0.962	0.013	2.526	2.664
Mothers received antenatal care for last birth		0.980	0.010	282	271	1.148	0.010	0.960	0.999
Assistance by a skilled provider at delivery		0.979	0.008	324	305	1.023	0.008	0.963	0.996
Having diarrhea in the last 2 weeks		0.041	0.011	314	296	0.965	0.263	0.020	0.063
Treated with oral rehydration salts (ORS)		0.441	0.144	13	12	1.035	0.327	0.153	0.729
Taken to a health provider		1.000	0.000	13	12	na	0.000	1.000	1.000
Vaccination card seen		0.963	0.022	59	52	0.872	0.023	0.918	1.008
Received BCG		0.991	0.009	59	52	0.710	0.009	0.972	1.009
Received DPT-HepB-Hib (3 doses)		0.910	0.037	59	52	0.940	0.040	0.836	0.983
Received polio (third dose)		0.940	0.029	59	52	0.894	0.031	0.883	0.998
Received measles containing vaccination		0.945	0.029	59	52	0.928	0.030	0.888	1.003
Fully immunized		0.841	0.046	59	52	0.922	0.055	0.749	0.933
Height-for-age (-2SD)		0.206	0.022	308	293	0.954	0.108	0.161	0.250
Weight-for-height (-2SD)		0.131	0.023	308	294	1.151	0.173	0.086	0.176
Weight-for-age (-2SD)		0.226	0.025	311	297	1.079	0.112	0.176	0.277
Prevalence of anemia (children)		0.343	0.034	277	266	1.219	0.099	0.275	0.411
Prevalence of anemia (women)		0.348	0.021	716	695	1.159	0.059	0.307	0.389
BMI < 18,5		0.097	0.013	689	665	1.173	0.136	0.071	0.124
Total fertility rate (last 3 years)		2.308	0.148	2962	2842	1.129	0.064	2.012	2.604
Neonatal mortality (last 0-9 years)		7.613	4.382	678	647	1.094	0.576	0.000	16.378
Post-neonatal mortality (last 0-9 years)		2.757	1.676	678	647	0.840	0.608	0.000	6.109
Infant mortality (last 0-9 years)		10.370	4.646	678	647	1.041	0.448	1.077	19.662
Child mortality (last 0-9 years)		2.813	1.982	693	666	0.979	0.705	0.000	6.777
Under-five mortality (last 0-9 years)		13.154	4.975	678	647	1.022	0.378	3.203	23.104



Table B.28 Sampling errors: Monaragala sample, Sri Lanka DHS 2016

VARIABLE	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits		
			Unweighted (N)	Weighted (WN)			(R-2SE)	(R+2SE)	
Urban		0.000	0.000	543	485	na	na	0.000	0.000
No education		0.019	0.006	543	485	1.079	0.331	0.006	0.032
Secondary education or higher		0.904	0.017	543	485	1.375	0.019	0.869	0.939
Currently married		0.628	0.058	811	720	0.978	0.092	0.512	0.743
Married before age 20		0.309	0.020	685	610	1.209	0.066	0.269	0.350
Currently pregnant		0.038	0.008	811	720	1.044	0.209	0.022	0.053
Children ever born		1.441	0.136	811	720	0.933	0.094	1.169	1.712
Children surviving		1.417	0.135	811	720	0.946	0.095	1.146	1.687
Children ever born to women age 40-49		2.723	0.123	193	169	1.260	0.045	2.477	2.968
Knows any contraceptive method		1.000	0.000	507	452	na	0.000	1.000	1.000
Knows amodern method		1.000	0.000	507	452	na	0.000	1.000	1.000
Currently using any method		0.727	0.024	507	452	1.188	0.032	0.679	0.774
Currently using a modern method		0.637	0.023	507	452	1.090	0.037	0.590	0.683
Currently using a traditional method		0.090	0.013	507	452	1.012	0.143	0.064	0.115
Currently using pill		0.100	0.015	507	452	1.154	0.154	0.070	0.131
Currently using IUD		0.132	0.019	507	452	1.260	0.144	0.094	0.170
Currently using condoms		0.049	0.011	507	452	1.117	0.218	0.028	0.071
Currently use injectables		0.122	0.017	507	452	1.196	0.143	0.087	0.156
Currently using female sterilization		0.173	0.016	507	452	0.932	0.091	0.142	0.204
Currently using withdrawal		0.007	0.006	507	452	1.626	0.884	0.000	0.018
Currently using periodic abstinence		0.083	0.012	507	452	0.971	0.143	0.059	0.107
Used public sector source		0.787	0.029	326	293	1.271	0.037	0.729	0.845
Want no more children		0.621	0.022	507	452	1.015	0.035	0.577	0.665
Want to delay birth at least 2 years		0.114	0.013	507	452	0.885	0.110	0.089	0.139
Ideal family size		2.267	0.074	543	485	1.142	0.033	2.119	2.416
Mothers received antenatal care for last birth		0.988	0.009	229	208	1.200	0.009	0.971	1.005
Assistance by a skilled provider at delivery		1.000	0.000	268	243	na	0.000	1.000	1.000
Having diarrhea in the last 2 weeks		0.011	0.007	261	235	1.179	0.707	0.000	0.025
Treated with oral rehydration salts (ORS)		1.000	0.000	2	2	na	0.000	1.000	1.000
Taken to a health provider		0.379	0.336	2	2	1.149	0.885	0.000	1.051
Vaccination card seen		0.986	0.014	58	51	0.897	0.014	0.959	1.014
Received BCG		1.000	0.000	58	51	na	0.000	1.000	1.000
Received DPT-HepB-Hib (3 doses)		0.904	0.042	58	51	1.080	0.047	0.820	0.989
Received polio (third dose)		1.000	0.000	58	51	na	0.000	1.000	1.000
Received measles containing vaccination		0.981	0.018	58	51	1.027	0.019	0.945	1.018
Fully immunized		0.904	0.042	58	51	1.080	0.047	0.820	0.989
Height-for-age (-2SD)		0.159	0.025	267	244	1.063	0.155	0.109	0.208
Weight-for-height (-2SD)		0.254	0.025	262	240	0.946	0.099	0.204	0.304
Weight-for-age (-2SD)		0.242	0.024	267	244	0.937	0.099	0.194	0.290
Prevalence of anemia (children)		0.397	0.034	235	215	1.049	0.085	0.330	0.464
Prevalence of anemia (women)		0.434	0.022	533	475	1.025	0.051	0.390	0.478
BMI < 18,5		0.097	0.014	494	440	1.075	0.148	0.068	0.125
Total fertility rate (last 3 years)		2.355	0.144	2370	2106	0.858	0.061	2.067	2.643
Neonatal mortality (last 0-9 years)		5.764	3.287	539	488	1.022	0.570	0.000	12.338
Post-neonatal mortality (last 0-9 years)		0.000	0.000	536	486	na	9.465	0.000	0.000
Infant mortality (last 0-9 years)		5.764	3.287	539	488	1.022	0.570	0.000	12.338
Child mortality (last 0-9 years)		0.000	0.000	527	479	na	na	0.000	0.000
Under-five mortality (last 0-9 years)		5.764	3.287	539	488	1.022	0.570	0.000	12.338

Table B.29 Sampling errors: Ratnapura sample, Sri Lanka DHS 2016

VARIABLE	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits		
			Unweighted (N)	Weighted (WN)			(R-2SE)	(R+2SE)	
Urban		0.073	0.010	1011	1084	1.233	0.138	0.053	0.093
No education		0.030	0.007	1011	1084	1.397	0.252	0.015	0.044
Secondary education or higher		0.899	0.011	1011	1084	1.135	0.012	0.877	0.920
Currently married		0.570	0.035	1705	1798	1.022	0.061	0.500	0.640
Married before age 20		0.252	0.013	1314	1399	1.136	0.051	0.226	0.277
Currently pregnant		0.022	0.004	1705	1798	0.995	0.168	0.014	0.029
Children ever born		1.119	0.079	1705	1798	1.055	0.070	0.961	1.276
Children surviving		1.097	0.076	1705	1798	1.045	0.070	0.944	1.250
Children ever born to women age 40-49		2.227	0.062	360	395	1.053	0.028	2.103	2.351
Knows any contraceptive method		1.000	0.000	955	1025	na	0.000	1.000	1.000
Knows amodern method		1.000	0.000	955	1025	na	0.000	1.000	1.000
Currently using any method		0.744	0.015	955	1025	1.069	0.020	0.713	0.774
Currently using a modern method		0.558	0.017	955	1025	1.030	0.030	0.525	0.591
Currently using a traditional method		0.185	0.013	955	1025	1.000	0.068	0.160	0.210
Currently using pill		0.107	0.010	955	1025	1.008	0.094	0.087	0.127
Currently using IUD		0.107	0.011	955	1025	1.099	0.103	0.085	0.129
Currently using condoms		0.060	0.008	955	1025	1.085	0.139	0.043	0.076
Currently use injectables		0.091	0.011	955	1025	1.178	0.120	0.069	0.113
Currently using female sterilization		0.144	0.011	955	1025	1.009	0.080	0.121	0.167
Currently using withdrawal		0.136	0.012	955	1025	1.071	0.087	0.112	0.160
Currently using periodic abstinence		0.049	0.007	955	1025	1.016	0.145	0.035	0.063
Used public sector source		0.706	0.020	543	579	1.029	0.029	0.666	0.746
Want no more children		0.607	0.016	955	1025	1.032	0.027	0.574	0.639
Want to delay birth at least 2 years		0.144	0.012	955	1025	1.030	0.081	0.121	0.168
Ideal family size		2.627	0.034	1010	1083	1.100	0.013	2.559	2.695
Mothers received antenatal care for last birth		0.997	0.003	371	393	1.085	0.003	0.990	1.003
Assistance by a skilled provider at delivery		0.992	0.004	426	451	1.028	0.004	0.983	1.001
Having diarrhea in the last 2 weeks		0.017	0.006	417	441	0.987	0.370	0.004	0.029
Treated with oral rehydration salts (ORS)		0.582	0.191	8	7	1.023	0.328	0.201	0.964
Taken to a health provider		1.000	0.000	8	7	na	0.000	1.000	1.000
Vaccination card seen		0.922	0.031	78	84	1.011	0.033	0.861	0.983
Received BCG		1.000	0.000	78	84	na	0.000	1.000	1.000
Received DPT-HepB-Hib (3 doses)		0.987	0.013	78	84	1.001	0.013	0.962	1.013
Received polio (third dose)		1.000	0.000	78	84	na	0.000	1.000	1.000
Received measles containing vaccination		0.974	0.018	78	84	1.021	0.019	0.938	1.011
Fully immunized		0.962	0.022	78	84	1.020	0.023	0.917	1.006
Height-for-age (-2SD)		0.178	0.021	414	440	1.030	0.117	0.137	0.220
Weight-for-height (-2SD)		0.160	0.020	411	436	1.058	0.124	0.120	0.199
Weight-for-age (-2SD)		0.229	0.021	421	446	0.981	0.093	0.186	0.271
Prevalence of anemia (children)		0.515	0.031	323	341	1.113	0.060	0.453	0.576
Prevalence of anemia (women)		0.568	0.020	912	977	1.233	0.036	0.528	0.609
BMI < 18,5		0.152	0.013	954	1022	1.157	0.089	0.125	0.178
Total fertility rate (last 3 years)		1.846	0.108	5078	5348	1.009	0.058	1.630	2.061
Neonatal mortality (last 0-9 years)		9.210	3.984	905	953	0.968	0.433	1.242	17.178
Post-neonatal mortality (last 0-9 years)		7.337	2.808	907	953	1.001	0.383	1.720	12.954
Infant mortality (last 0-9 years)		16.547	4.837	905	953	0.958	0.292	6.872	26.221
Child mortality (last 0-9 years)		0.000	0.000	892	944	na	na	0.000	0.000
Under-five mortality (last 0-9 years)		16.547	4.837	905	953	0.958	0.292	6.872	26.221



Table B.30 Sampling errors: Kegalle sample, Sri Lanka DHS 2016

VARIABLE	Number of cases									
	Value (R)	Standard error (SE)	Unweighted (N)	Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits			
							(R-2SE)	(R)	(R+2SE)	
Urban		0.019	0.004	713	698	0.694	0.188	0.012	0.026	
No education		0.009	0.003	713	698	0.915	0.358	0.003	0.016	
Secondary education or higher		0.933	0.010	713	698	1.085	0.011	0.913	0.954	
Currently married		0.763	0.035	872	863	1.157	0.046	0.693	0.832	
Married before age 20		0.218	0.015	793	772	1.089	0.071	0.187	0.249	
Currently pregnant		0.041	0.007	872	863	1.092	0.175	0.027	0.055	
Children ever born		1.507	0.076	872	863	1.070	0.050	1.356	1.658	
Children surviving		1.491	0.074	872	863	1.064	0.050	1.342	1.640	
Children ever born to women age 40-49		2.037	0.063	280	278	1.030	0.031	1.912	2.162	
Knows any contraceptive method		1.000	0.000	672	658	na	0.000	1.000	1.000	
Knows a modern method		1.000	0.000	672	658	na	0.000	1.000	1.000	
Currently using any method		0.669	0.019	672	658	1.045	0.028	0.631	0.707	
Currently using a modern method		0.593	0.021	672	658	1.103	0.035	0.551	0.635	
Currently using a traditional method		0.076	0.011	672	658	1.120	0.151	0.053	0.099	
Currently using pill		0.095	0.012	672	658	1.079	0.129	0.071	0.120	
Currently using IUD		0.106	0.013	672	658	1.095	0.123	0.080	0.132	
Currently using condoms		0.069	0.010	672	658	1.006	0.143	0.049	0.088	
Currently use injectables		0.115	0.013	672	658	1.091	0.117	0.088	0.141	
Currently using female sterilization		0.151	0.016	672	658	1.175	0.107	0.119	0.184	
Currently using withdrawal		0.006	0.003	672	658	0.992	0.510	0.000	0.011	
Currently using periodic abstinence		0.070	0.011	672	658	1.133	0.159	0.048	0.093	
Used public sector source		0.796	0.020	400	394	0.985	0.025	0.757	0.836	
Want no more children		0.689	0.019	672	658	1.039	0.027	0.652	0.726	
Want to delay birth at least 2 years		0.111	0.012	672	658	0.977	0.107	0.087	0.135	
Ideal family size		2.148	0.039	712	697	1.166	0.018	2.070	2.227	
Mothers received antenatal care for last birth		1.000	0.000	282	275	na	0.000	1.000	1.000	
Assistance by a skilled provider at delivery		1.000	0.000	320	314	na	0.000	1.000	1.000	
Having diarrhea in the last 2 weeks		0.004	0.004	317	311	1.147	0.992	0.000	0.013	
Treated with oral rehydration salts (ORS)		1.000	0.000	1	1	na	0.000	1.000	1.000	
Taken to a health provider		1.000	0.000	1	1	na	0.000	1.000	1.000	
Vaccination card seen		0.942	0.027	63	67	0.965	0.029	0.888	0.997	
Received BCG		1.000	0.000	63	67	na	0.000	1.000	1.000	
Received DPT-HepB-Hib (3 doses)		1.000	0.000	63	67	na	0.000	1.000	1.000	
Received polio (third dose)		1.000	0.000	63	67	na	0.000	1.000	1.000	
Received measles containing vaccination		0.968	0.022	63	67	1.046	0.023	0.924	1.013	
Fully immunized		0.968	0.022	63	67	1.046	0.023	0.924	1.013	
Height-for-age (-2SD)		0.231	0.026	278	275	1.008	0.113	0.179	0.284	
Weight-for-height (-2SD)		0.163	0.026	276	275	1.164	0.163	0.110	0.215	
Weight-for-age (-2SD)		0.199	0.027	281	280	1.098	0.135	0.146	0.253	
Prevalence of anemia (children)		0.413	0.036	250	255	1.219	0.088	0.340	0.486	
Prevalence of anemia (women)		0.534	0.025	615	610	1.238	0.046	0.485	0.584	
BMI < 18,5		0.085	0.012	598	594	1.046	0.140	0.061	0.108	
Total fertility rate (last 3 years)		2.586	0.151	2582	2544	1.026	0.058	2.284	2.887	
Neonatal mortality (last 0-9 years)		2.805	1.971	672	654	0.959	0.703	0.000	6.747	
Post-neonatal mortality (last 0-9 years)		3.265	2.127	675	655	1.005	0.652	0.000	7.519	
Infant mortality (last 0-9 years)		6.070	2.854	672	654	0.966	0.470	0.362	11.778	
Child mortality (last 0-9 years)		0.928	0.929	670	647	0.769	1.001	0.000	2.787	
Under-five mortality (last 0-9 years)		6.993	2.977	673	654	0.937	0.426	1.039	12.947	

Table C.1 Household age distribution
Single-year age distribution of the de facto household population by sex (weighted), Sri Lanka 2006-07

Age	Female		Male	
	Number	Percent	Number	Percent
0	742	1.5	754	1.4
1	807	1.7	787	4.4
2	896	1.8	847	1.5
3	906	1.9	804	1.5
4	926	1.9	808	1.5
5	821	1.7	859	1.5
6	936	1.9	865	1.6
7	924	2.0	908	1.7
8	966	1.9	960	1.8
9	921	1.9	906	1.7
10	916	1.8	979	1.8
11	852	1.8	822	1.5
12	884	1.8	894	1.6
13	889	1.8	875	1.6
14	859	1.8	852	1.6
15	805	1.7	852	1.6
16	859	1.8	827	1.5
17	728	1.5	802	1.5
18	759	1.6	735	1.3
19	745	1.5	781	1.4
20	643	1.3	768	1.4
21	702	1.4	719	1.3
22	624	1.3	711	1.3
23	596	1.2	666	1.2
24	580	1.2	734	1.3
25	613	1.3	743	1.4
26	578	1.2	667	1.2
27	580	1.2	714	1.3
28	530	1.1	704	1.3
29	592	1.2	708	1.3
30	649	1.3	762	1.4
31	658	1.4	839	1.5
32	711	1.5	759	1.4
33	687	1.4	819	1.5
34	729	1.5	810	1.5
35	741	1.5	870	1.6
36	687	1.4	809	1.5
37	669	1.4	863	1.6
38	716	1.5	790	1.4
39	657	1.4	817	1.5
40	585	1.2	696	1.3
41	612	1.3	741	1.4
42	585	1.2	652	1.2
43	579	1.2	687	1.3
44	673	1.4	676	1.2
45	607	1.2	675	1.2
46	588	1.2	683	1.2
47	618	1.3	738	1.3
48	605	1.2	730	1.3
49	541	1.1	580	1.1
50	612	1.3	739	1.4
51	641	1.3	713	1.3
52	576	1.2	687	1.3
53	582	1.2	719	1.3
54	666	1.4	673	1.2
55	561	1.2	662	1.2
56	557	1.1	675	1.2
57	520	1.1	627	1.1
58	521	1.0	679	1.2
59	506	1.0	611	1.1
60	488	1.0	631	1.2
61	462	0.9	585	1.1
62	449	0.9	596	1.1
63	478	0.1	553	1.0
64	452	0.9	485	0.9
65	416	0.9	528	1.0
66	406	0.8	505	0.9
67	375	0.8	494	0.9
68	398	0.8	465	0.9
69	297	0.6	376	0.7
70 +	2581	5.3	3606	6.6
Total	48626	100.0	54657	100.0

Table C.2 Age distribution of eligible and interviewed women

De facto household population of women age 10-54, interviewed women age 15-49, and percentage of eligible women who were interviewed (weighted), by five-year age groups, Sri Lanka 2016.

Age group	Household population of women age 10-54	Ever-married women age 10-54	Interviewed women age 15-49		Percentage of eligible women interviewed
			Number	Percent	
10-14	4,553	0	na	na	na
15-19	4,111	235	231	1.3	100
20-24	3,713	1,481	1,409	7.7	96.6
25-29	3,585	2,710	2,621	14.3	97.6
30-34	3,975	3,647	3,616	19.8	99.4
35-39	4,125	3,962	3,947	21.6	99.6
40-44	3,449	3,307	3,266	17.8	98.8
45-49	3,371	3,232	3,213	17.6	99.4
50-54	3,505	3,355	na	na	na
15-49	34,387	21,929	18,303	100.0	98.9

Note: The de facto population includes all residents and nonresidents who stayed in the household the night before the interview. Weights for both household population of women and interviewed women are household weights. Age is based on the household schedule.
na= Not applicable

PERSONS INVOLVED IN THE 2016 SRI LANKA DEMOGRAPHIC AND HEALTH SURVEY

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Ms. M.M.H. Susandika	Statistical Officer	Ms. Kanthi Geeganage	Development Officer
Ms. M.S.L. Perera	Statistical Officer	Ms. L.S. Lakmini de Silva	Development Officer
Ms. N.M.A. Nawarathna	Statistical Officer	Ms. M. Inthirani	Development Officer
Ms. N.R. Gunawardana	Statistical Officer	Ms. M. Kavitha	Development Officer
Ms. O.R. Wijegunasinghe	Statistical Officer	Ms. M. Sutharshini	Development Officer
Ms. P. Wickramarathna	Statistical Officer	Ms. M. Suganthi	Development Officer
Ms. P. Y. M. Senevirathna	Statistical Officer	Ms. M. Jamuna	Development Officer
Ms. P.B.G. Swarnamalie	Statistical Officer	Ms. M.K.N.D. Gunarathna	Development Officer
Ms. P.G.Gayani Jayatissa	Statistical Officer	Ms. M.L.T. Dilrukshi	Development Officer
Ms. P.M.N. Somarathna	Statistical Officer	Ms. M.L.U. Indeewari	Development Officer
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Ms. R.A.M.M. Ranaweera	Statistical Officer	Ms. H.P.M. Subashini	Development Officer
Ms. R.M.C.K. Rajapaksha	Statistical Officer	Ms. M. Kajanthini	Development Officer
Ms. S.A.N.I. Samarakoon	Statistical Officer	Ms. N. Harshani Samaraweera	Development Officer
Ms. S.D. Sudarshani Samaraweera	Statistical Officer	Ms. N. Niranjana	Development Officer
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Ms. W.M.S. Lasanthi	Statistical Officer	Ms. W.A.R.L. Samararatne	Development Officer
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Ms. W.M.W.V. Wanigasekara	Statistical Officer	Ms. S. Jayagowry	Development Officer
Ms. W.P.K. Wickramasinghe	Statistical Officer	Ms. S. Parameshwari	Development Officer
Ms. W.S.S.L. Wannisooriya	Statistical Officer	Ms. S. Pirunthayini	Development Officer
Ms. W.W.C.M. Mendis	Statistical Officer	Ms. S. Prabalini	Development Officer
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Ms. D.M.I.V. Mallika	Statistical Assistant	Ms. S.T Veragoda	Development Officer
Ms. D.W.S. Dambadeniya	Statistical Assistant	Ms. T. JeeVatharsini	Development Officer
Ms. G.G.J. Menike	Statistical Assistant	Ms. T. Kokila	Development Officer
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Ms. I.M.S.W. Kumari	Statistical Assistant	Ms. P.G.W.C. Karunanayake	Development Officer
Ms. I.T.P. Devika	Statistical Assistant	Ms. T.H.I.P. Perera	Development Officer
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Ms. L.A.N. Thushari	Statistical Assistant	Ms. Thangaraja Mithila	Development Officer
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Ms. Fathima Hadhiya Rashim	Tamil Medium coding clerk
Ms. A. Priyanka Kroos	Tamil Medium coding clerk

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Mr. J. Thayagaraja	Statistical Officer	Mr. H.M.M. R. K. Herath	ICT Assistant
Mr. J.G.R.K.W. Jayaweera	Statistical Officer	Mr. K.J.Chandana	ICT Assistant
Mr. K.G.T. J. Sumila	Statistical Officer	Mr. M.D.K.W. Weerasinghe	ICT Assistant
Mr. K.M.C.B.Kasthurisinghe	Statistical Officer	Ms. P.A. Telinka	ICT Assistant
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Mr. U.S. Maddumage	Statistical Assistant		

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Ms. I.A.M. Fernando	Additional Director General (ICT)	Mr. Wanigathunga	ICT Assistant
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Ms. A.M. Ariyawathi	Public Health Nursing Sister	Mr. N. Mayooran	Nursing Officer (Male)
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Ms. T. Jayamsabapathi	Public Health Nursing Sister	Ms. U.K.S.P.P.K. Uduwala	Nursing Officer
Ms. U.G. Nayanika	Public Health Nursing Sister	Ms. V. Muththuel	Nursing Officer
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Mr. Buddika Chandimal Nissanka	Nursing Officer (Male)	Ms. Y.T.M.P. Kumari	Nursing Officer



Measurer Assistant

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All information collected at this survey will be treated as strictly confidential. Individual information will not be released.



Demographic and Health Survey Sri Lanka 2016

Conducted by the Department of Census and Statistics
for the Ministry of Health and Indigenous Medicine
with assistance from the World Bank

AGE DETERMINATION TABLE

Current Age	Year of birth		Current Age	Year of birth	
	Has not had birthday in 2016	Has already had birthday in 2016		Has not had birthday in 2016	Has already had birthday in 2016
0	2015		25	1990	1991
1	2014	2015	26	1989	1990
2	2013	2014	27	1988	1989
3	2012	2013	28	1987	1988
4	2011	2012	29	1986	1987
5	2010	2011	30	1985	1986
6	2009	2010	31	1984	1985
7	2008	2009	32	1983	1984
8	2007	2008	33	1982	1983
9	2006	2007	34	1981	1982
10	2005	2006	35	1980	1981
11	2004	2005	36	1979	1980
12	2003	2004	37	1978	1979
13	2002	2003	38	1977	1978
14	2001	2002	39	1976	1977
15	2000	2001	40	1975	1976
16	1999	2000	41	1974	1975
17	1998	1999	42	1973	1974
18	1997	1998	43	1972	1973
19	1996	1997	44	1971	1972
20	1995	1996	45	1970	1971
21	1994	1995	46	1969	1970
22	1993	1994	47	1968	1969
23	1992	1993	48	1967	1968
24	1991	1992	49	1966	1967



AGE DETERMINATION TABLE

Current Age	Year of birth		Current Age	Year of birth	
	Has not had birthday in 2016	Has already had birthday in 2016		Has not had birthday in 2016	Has already had birthday in 2016
50	1965	1966	75	1940	1941
51	1964	1965	76	1939	1940
52	1963	1964	77	1938	1939
53	1962	1963	78	1937	1938
54	1961	1962	79	1936	1937
55	1960	1961	80	1935	1936
56	1959	1960	81	1934	1935
57	1958	1959	82	1933	1934
58	1957	1958	83	1932	1933
59	1956	1957	84	1931	1932
60	1955	1956	85	1930	1931
61	1954	1955	86	1929	1930
62	1953	1954	87	1928	1929
63	1952	1953	88	1927	1928
64	1951	1952	89	1926	1927
65	1950	1951	90	1925	1926
66	1949	1950	91	1924	1925
67	1948	1949	92	1923	1924
68	1947	1948	93	1922	1923
69	1946	1947	94	1921	1922
70	1945	1946	95	1920	1921
71	1944	1945	96	1919	1920
72	1943	1944	97	1918	1919
73	1942	1943	98	1917	1918
74	1941	1942	99	1916	1917

Introduction and Consent

Good morning/Good afternoon

Hello. My name is and I am working in the Department of Census and Statistics. We are conducting a national survey about various health issues. We would very much appreciate your participation for this survey. The survey usually takes about 30 minutes to complete.

As part of the survey we would first like to ask some questions about your household. All of the answers given by you will be confidential. Participation in the survey is completely voluntary. If we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview any time. However, I hope you will participate in the survey since your views are very important.

At this time, do you want to ask me anything about the survey?

May I begin the interview now?

SIGNATURE OF INTERVIEWER: _____

DATE: _____

RESPONDENT AGREED TO THE INTERVIEW 1
 RESPONDENT DID NOT AGREE TO THE INTERVIEW 2



COMPLETE THE RELEVANT INFORMATION ON PAGE 1

HOUSEHOLD QUESTIONNAIRE

LINE NO	PART A - 1 DEMOGRAPHIC CHARACTERISTICS DEMOGRAPHIC CHARACTERISTICS (FOR ALL PERSONS)									ALL PERSONS AGED 10 OR OLDER		
	USUAL RESIDENTS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		RELIGION	ETHNICITY	DATE OF BIRTH & AGE	AGE	MARITAL STATUS	ELIGIBILITY	
	Please give me the names of persons who usually live in your household starting with the head of household. FOLLOWING STEPS SHOULD BE TAKEN TO LIST THE NAMES OF HOUSEHOLD MEMBERS (USUAL RESIDENTS) 1. START FROM THE HEAD OF THE HOUSEHOLD & WRITE THE NAMES OF ALL (USUAL RESIDENTS) MEMBERS IN ORDER 2. AFTER LISTING THE NAMES, COMPLETE COL. 3 - 6 3. THEN ASK QUESTIONS 2A, 2B & 2C (TO BE SURE THAT THE LISTING IS COMPLETE) 4. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 7 - 29 FOR EACH PERSON	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW	Is (NAME) male or female? MALE 1 FEMALE 2	Does (NAME) Usually live here YES 1 NO 2	Did (NAME) Stay here last night? YES 1 NO 2	What is the religion of (NAME) ? SEE CODES BELOW	What is the ethnicity of (NAME) ? SEE CODES BELOW	In what month and year was (NAME) born ? GET AN ANSWER FOR THE YEAR AND RECORD '98' FOR THE MONTH IF RESPONDENT DOES NOT KNOW	How old was he/she in his/her last birth day? IF AGE IS LESS THAN 1 YEAR OLD RECORD '00'	What is (NAME)'s current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPERATED 3 = WIDOWED 4 = NEVER MARRIED/ NEVER LIVED TOGETHER 5 = MARRIED BUT NEVER LIVED TOGETHER	CIRCLE LINE NUMBERS OF ALL ELIGIBLE WOMEN AGED BETWEEN 10 -49 YEARS, CODE 1 IN 4A AND/ OR 4B AND CODE 1,2, 3 IN COLUMN 9.	CIRCLE LINE NUMBER OF ALL CHILDREN BORN IN 2011 OR LATER
(1)	(2)	(3)	(4)	(4 A)	(4 B)	(5)	(6)	(7)	(8)	(9)	(12)	(13)
01		□□	□	1 2	1 2	□	□□	m m y y y y	□□	□	01	01
02		□□	□	1 2	1 2	□	□□	m m y y y y	□□	□	02	02
03		□□	□	1 2	1 2	□	□□	m m y y y y	□□	□	03	03
04		□□	□	1 2	1 2	□	□□	m m y y y y	□□	□	04	04
05		□□	□	1 2	1 2	□	□□	m m y y y y	□□	□	05	05
06		□□	□	1 2	1 2	□	□□	m m y y y y	□□	□	06	06

DEMOGRAPHIC AND HEALTH SURVEY

DEPARTMENT OF CENSUS AND STATISTICS

IDENTIFICATION		INTERVIEWER VISITS				LAST VISIT											
Census Block Number (A0) :	Sector (Urban/Rural/Estate):	PSU :	SSU :	Household Number within the Housing Unit:	Name and Line number of Head of Household :	DATE	INTERVIEWERS NAME	INT. CODE	RESULT*	NEXT VISIT DATE TIME	DAY	MONTH	YEAR	INT. CODE	FINAL RESULT	TOTAL NUMBER OF VISIT(S)	
						1	2	3									
						□□□□	□□□□	□□□□	□□□□	□□□□	□□	□□	□□	□□	□□	□□	□□

* RESULT CODES:
 1 COMPLETED
 2 NO HOUSEHOLD MEMBER OR NO ELIGIBLE RESPONDENT AT HOME
 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME
 4 POSTPONED
 5 REFUSED
 6 DWELLING VACANT OR ADDRESS NOT A DWELLING
 7 DWELLING DESTROYED
 8 DWELLING NOT FOUND
 9 OTHER (SPECIFY) _____

LANGUAGE USED FOR THE INTERVIEW :
 SINHALA - 1, TAMIL - 2, ENGLISH - 3, OTHER LANGUAGE - 4

THE NATIVE LANGUAGE OF RESPONDENT: □□□□
 LANGUAGE OF INTERVIEW : □□□□
 TRANSLATOR USED (YES = 1, NO = 2)

NAME _____
 DATE _____
 SUPERVISOR □□□□

(1)	(2)	(3)	(4)	(4A)	(4B)	(5)	(6)	(7)	(8)	(9)	(12)	(13)
07		<input type="text"/>	<input type="text"/>	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	07	07
08		<input type="text"/>	<input type="text"/>	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	08	08
09		<input type="text"/>	<input type="text"/>	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	09	09
10		<input type="text"/>	<input type="text"/>	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	10	10
11		<input type="text"/>	<input type="text"/>	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	11	11
12		<input type="text"/>	<input type="text"/>	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	12	12
TOTAL PERSONS		<input type="text"/>	TOTAL ELIGIBLE WOMEN IN HOUSEHOLD		<input type="text"/>	LINE NO. OF RESPONDENT		<input type="text"/>				
USE AN ADDITIONAL FORM (FORM A) IF THERE ARE MORE THAN 12 PERSONS. TICK 'A' HERE, IF ADDITIONAL FORM WAS USED. <input type="checkbox"/> (2A) Just to make sure that I have a complete list; Are there any other persons such as small children or infants that we have not listed above? Yes <input type="checkbox"/> No <input type="checkbox"/> ADD TO TABLE				CODES FOR COL.3: RELATIONSHIP TO HEAD OF THE HOUSEHOLD 01= HEAD 02= WIFE OR HUSBAND 03= SON OR DAUGHTER 04= SON-IN-LAW OR DAUGHTER-IN-LAW 05= GRANDCHILD 06= PARENT 07= PARENT-IN-LAW 08= BROTHER OR SISTER 09= NIECE/NEPHEW BY BLOOD 10= OTHER RELATIVE 11= ADOPTED/FOSTER/STEPCHILD 12= BOARDER 13= DOMESTIC SERVANT/DRIVER/WATCHER 98= DONT KNOW				CODES FOR COL.5: RELIGION 1= BUDDHIST 2= HINDU 3= ISLAM 4= ROMAN CATHOLIC 5= OTHER CHRISTIAN 6= OTHER		CODES FOR COL.6: ETHNICITY 01= SINHALA 02= SRI LANKA TAMIL 03= INDIAN TAMIL 04= SRI LANKA MOOR/ MUSLIM 05= MALAY 06= BURGER 96= OTHER		

PART A - 2 EDUCATION

LINE NO	EDUCATION						IF AGE 5 - 17 YEARS			IF AGE 5 - 44 YEARS
	FOR PERSONS AGED 5 - 22 YEARS						BASIC MATERIAL NEEDS			RUBELLA VACCINE (GERMAN MEASLES)
	FOR PERSONS AGED 5 YEARS OR MORE		CURRENT / RECENT SCHOOL ATTENDANCE				Does (NAME) have school books? YES = 1 NO = 2 DONT KNOW = 8	Does (NAME) have at least one pair of shoes? YES = 1 NO = 2 DONT KNOW = 8	Does (NAME) have at least two sets of uniforms? YES = 1 NO = 2 DONT KNOW = 8	Has (NAME) ever received an injection to protect from Rubella or German measles? YES = 1 NO = 2 DONT KNOW = 8
	Has (NAME) ever been to school? YES 1 NO 2	What is the highest level of education(NAME) completed? SEE CODES BELOW.	Did (NAME) attend school in 2015? YES = 1 NO = 2 DONT KNOW= 8	What was the highest grade (NAME) attended in 2015? SEE CODES BELOW	IS (NAME) currently attending school in 2016? YES = 1 NO = 2 DONT KNOW = 8	What grade is (NAME) currently attending in 2016? SEE CODES BELOW				
(14A)	(14 B)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)
01	1 2 ↓ Go to 20	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> ↓ GO TO 17	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> ↓ GO TO 19 ↓ GO TO 20	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
02	1 2 ↓ Go to 20	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> ↓ GO TO 17	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> ↓ GO TO 19 ↓ GO TO 20	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
03	1 2 ↓ Go to 20	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> ↓ GO TO 17	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> ↓ GO TO 19 ↓ GO TO 20	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
04	1 2 ↓ Go to 20	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> ↓ GO TO 17	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> ↓ GO TO 19 ↓ GO TO 20	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
05	1 2 ↓ Go to 20	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> ↓ GO TO 17	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> ↓ GO TO 19 ↓ GO TO 20	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
06	1 2 ↓ Go to 20	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> ↓ GO TO 17	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> ↓ GO TO 19 ↓ GO TO 20	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



	(14A)	(14 B)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)
07	1 2 ↓ Go to 20	<input type="checkbox"/>	1 2 8 ↓ GO TO 17	<input type="checkbox"/>	1 2 8 ↓ GO TO 19 ↓ GO TO 20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	1 2 ↓ Go to 20	<input type="checkbox"/>	1 2 8 ↓ GO TO 17	<input type="checkbox"/>	1 2 8 ↓ GO TO 19 ↓ GO TO 20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	1 2 ↓ Go to 20	<input type="checkbox"/>	1 2 8 ↓ GO TO 17	<input type="checkbox"/>	1 2 8 ↓ GO TO 19 ↓ GO TO 20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	1 2 ↓ Go to 20	<input type="checkbox"/>	1 2 8 ↓ GO TO 17	<input type="checkbox"/>	1 2 8 ↓ GO TO 19 ↓ GO TO 20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	1 2 ↓ Go to 20	<input type="checkbox"/>	1 2 8 ↓ GO TO 17	<input type="checkbox"/>	1 2 8 ↓ GO TO 19 ↓ GO TO 20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	1 2 ↓ Go to 20	<input type="checkbox"/>	1 2 8 ↓ GO TO 17	<input type="checkbox"/>	1 2 8 ↓ GO TO 19 ↓ GO TO 20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CODES FOR COL.14 B: EDUCATION 88 - PRE SCHOOL 00 - STUDYING GRADE 1 01 - PASSED GRADE 1 02 - PASSED GRADE 2 03 - PASSED GRADE 3 04 - PASSED GRADE 4 05 - PASSED GRADE 5 06 - PASSED GRADE 6 07 - PASSED GRADE 7 08 - PASSED GRADE 8 09 - PASSED GRADE 9 10 - PASSED GRADE 10 11 - PASSED G.C.E.(O/L) 12 - PASSED GRADE 12 13 - PASSED G.C.E.(A/L) 14 - DEGREE & ABOVE 98 - DON'T KNOW				CODES FOR COL 16 & COL 18 88 - PRE SCHOOL 01 - GRADE 1 02 - GRADE 2 03 - GRADE 3 04 - GRADE 4 05 - GRADE 5 06 - GRADE 6 07 - GRADE 7 08 - GRADE 8 09 - GRADE 9 10 - GRADE 10 11 - GRADE 11 12 - GRADE 12 13 - GRADE 13 14 - DEGREE & ABOVE 98 - DONT KNOW				CODES FOR COL. 19 01 - ECONOMIC DIFFICULTIES 02 - LONG DISTANCE TO SCHOOL 03 - HELPING DOMESTIC WORK 04 - PHYSICAL DIFFICULTIES/NOT WELL 05 - DUE TO INTERNAL CRISIS 06 - WEAK IN STUDIES/DIDNT PASS THE EXAM 07 - EXPECTING RESULTS 08 - NOT GIVEN A SCHOOL 09 - SCHOOL AGE COMPLETED 96 - OTHER 98 - DON'T KNOW			

PART A - 3 SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS

LINE NO	IF AGE 0 - 17 YEARS					
	Does (NAME)'s natural mother live in this household ?	RECORD HER LINE NUMBER FROM COLUMN 1	Where does (NAME)'s natural mother live ? IN OTHER PLACE = 1 ABROAD = 2 NOT ALIVE = 3 DON'T KNOW = 8	Does (NAME)'s natural father live in this household ?	RECORD HIS LINE NUMBER FROM COLUMN 1	Where does (NAME)'s natural father live ? IN OTHER PLACE = 1 ABROAD = 2 NOT ALIVE = 3 DON'T KNOW = 8
	(24)	(25)	(26)	(27)	(28)	(29)
	YES 1 ↓ NO 2 GO TO 26	<input type="checkbox"/> GO TO 27	<input type="checkbox"/>	YES 1 ↓ NO 2 GO TO 29	<input type="checkbox"/> B 1	<input type="checkbox"/>
	YES 1 ↓ NO 2 GO TO 26	<input type="checkbox"/> GO TO 27	<input type="checkbox"/>	YES 1 ↓ NO 2 GO TO 29	<input type="checkbox"/> B 1	<input type="checkbox"/>
	YES 1 ↓ NO 2 GO TO 26	<input type="checkbox"/> GO TO 27	<input type="checkbox"/>	YES 1 ↓ NO 2 GO TO 29	<input type="checkbox"/> B 1	<input type="checkbox"/>
	YES 1 ↓ NO 2 GO TO 26	<input type="checkbox"/> GO TO 27	<input type="checkbox"/>	YES 1 ↓ NO 2 GO TO 29	<input type="checkbox"/> B 1	<input type="checkbox"/>
	YES 1 ↓ NO 2 GO TO 26	<input type="checkbox"/> GO TO 27	<input type="checkbox"/>	YES 1 ↓ NO 2 GO TO 29	<input type="checkbox"/> B 1	<input type="checkbox"/>
	YES 1 ↓ NO 2 GO TO 26	<input type="checkbox"/> GO TO 27	<input type="checkbox"/>	YES 1 ↓ NO 2 GO TO 29	<input type="checkbox"/> B 1	<input type="checkbox"/>
	YES 1 ↓ NO 2 GO TO 26	<input type="checkbox"/> GO TO 27	<input type="checkbox"/>	YES 1 ↓ NO 2 GO TO 29	<input type="checkbox"/> B 1	<input type="checkbox"/>
	YES 1 ↓ NO 2 GO TO 26	<input type="checkbox"/> GO TO 27	<input type="checkbox"/>	YES 1 ↓ NO 2 GO TO 29	<input type="checkbox"/> B 1	<input type="checkbox"/>

PART B - HOUSEHOLD CHARACTERISTICS

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
B1	What is the main source of drinking water for members of your household ?	<p><u>WELL</u></p> <p>PROTECTED WELL.....01</p> <p>SEMI PROTECTED WELL02</p> <p>UNPROTECTED WELL03</p> <p><u>PIPE BORN WATER (MAIN LINE)</u></p> <p>TAP WITHIN UNIT04 → B6</p> <p>TAP WITHIN PREMISES BUT OUTSIDE UNIT...05 → B6</p> <p>TAP OUTSIDE PREMISES.....06</p> <p><u>OTHER SOURCES</u></p> <p>RURAL WATER SUPPLY PROJECT.....07</p> <p>TUBE WELL.....08</p> <p>BOWSER.....09</p> <p>RIVER/TANK/STREAMS/SPRING.....10</p> <p>RAIN WATER.....11</p> <p>BOTTLE WATER.....12</p> <p>OTHER96</p> <p>(SPECIFY)</p>	
B3	Where is that water source located?	<p>IN OWN DWELLING.....1</p> <p>IN OWN YARD/PLOT.....2 → B6</p> <p>ELSEWHERE.....3</p>	
B4	How long does it take to go there, get water, and come back?	<p>MINUTES <input type="text"/> <input type="text"/></p> <p>ON PREMISES.....996</p> <p>DON'T KNOW998</p>	
B5	Who usually goes to this source to fetch the water for your household?	<p>FEMALE AGED 15 YEARS OR OVER 1</p> <p>MALE AGED 15 YEARS OR OVER2</p> <p>FEMALE CHILD UNDER 15 YEARS3</p> <p>MALE CHILD UNDER 15 YEARS.....4</p>	
B6	Do you do anything to the water to make it safer to drink?	<p>YES1</p> <p>NO2 → B7A</p> <p>DON'T KNOW8 → B7A</p>	

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
B7	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED	<p>BOIL.....A</p> <p>ADD BLEACH/CHLORINEB</p> <p>STRAIN THROUGH A CLOTHC</p> <p>USE WATER FILTER.....D</p> <p>SOLAR DISINFECTION (SODIS).....E</p> <p>LET IT STAND AND SETTLE.....F</p> <p>OTHERX</p> <p>(SPECIFY)</p> <p>DON'T KNOWZ</p>	
B 7A	What is the main source of water for cooking, handwashing etc.?	<p><u>WELL</u></p> <p>PROTECTED WELL.....01</p> <p>SEMI PROTECTED WELL02</p> <p>UNPROTECTED WELL03</p> <p><u>PIPE BORN WATER (MAIN LINE)</u></p> <p>TAP WITHIN UNIT04</p> <p>TAP WITHIN PREMISES BUT OUTSIDE UNIT...05</p> <p>TAP OUTSIDE PREMISES.....06</p> <p><u>OTHER SOURCES</u></p> <p>RURAL WATER SUPPLY PROJECT07</p> <p>TUBE WELL.....08</p> <p>BOWSER.....09</p> <p>RIVER/TANK/STREAMS/SPRING.....10</p> <p>RAIN WATER.....11</p> <p>BOTTLE WATER12</p> <p>OTHER96</p> <p>(SPECIFY)</p>	



NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
B8	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE 14 FLUSH, DON'T KNOW WHERE 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT 23 COMPOSTING TOILET 31 BUCKET TOILET 41 NO FACILITY/BUSH/FIELD 61 → B11A OTHER 96 (SPECIFY)	
B9	Do you share this toilet with other households?	YES 1 NO 2 → B11A	
B10	How many households use this toilet? IF 7 OR MORE THAN 7 RECORD 7	NO. OF HOUSEHOLDS <input type="checkbox"/> DON'T KNOW 8	
B11A	What is the main source of lighting for your household, national grid electricity, rural hydro power electricity, kerosene, solar power or another source?	NATIONAL GRID ELECTRICITY 1 RURAL HYDRO POWER ELECTRICITY 2 KEROSENE 3 SOLAR POWER 4 OTHER 6 (SPECIFY)	
B12	Do you cook in your household?	YES 1 NO 2	

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
B14	What type of pots/ pans do you use to cook food in your household? CIRCLE ALL MENTIONED.	CLAY POTS A ALUMINIUM PANS B NONSTICK PANS C STAINLESS STEEL D OTHER X (SPECIFY)	
B15A	What is the main source of fuel used in your household for cooking?	ELECTRICITY 1 GAS (LP) 2 KEROSENE 3 WOOD 4 SAW DUST/ RICE HUSK/CHARCOAL 5 OTHER 6 (SPECIFY)	
B16	Is the cooking usually done inside the house, in a separate building, temporary hut or outdoors?	INSIDE THE HOUSE 1 IN A SEPARATE BUILDING 2 TEMPORARY HUT 3 OUTDOORS 4 → B19 OTHER 6 (SPECIFY)	
B17A	Is there a chimney or cookerhood to send smoke outside?	YES 1 NO 2 → B18	
B17B	What type of chimney do you have, a traditional one or a modern one?	TRADITIONAL CHIMNEY 1 MODERN CHIMNEY 2	
B18	Does smoke from cooking usually come into the house?	YES 1 NO 2	
B19	OBSERVE MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	CEMENT 01 TERRAZZO/TILE/GRANITE 02 MUD 03 WOOD 04 SAND 05 CONCRETE 06 OTHER 96 (SPECIFY)	
B20	OBSERVE MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	TILES 01 ASBESTOS 02 CONCRETE 03 ZINK ALUMINIUM SHEET 04 METAL SHEET 05 CADIAN/PALMYRAH/STRAW 06 OTHER 96 (SPECIFY)	



NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
B21	OBSERVE MAIN MATERIAL OF THE WALLS. RECORD OBSERVATION.	BRICKS.....01 CEMENT BLOCKS/STONE.....02 CABOOK.....03 PRESSED SOIL BRICKS.....04 MUD.....05 CADJAN/PLAMYRAH.....06 PLANK/METAL SHEET.....07 OTHER.....96 (SPECIFY)	
B22	Does your household have, (a) Electricity ? (b) Solar power ? (c) A clock/watch ? (d) A radio ? (e) A television ? (f) A mobile telephone ? (g) A landline telephone ? (h) A refrigerator ? (i) A computer ? (j) A washing machine ? (k) A rice cooker ?	YES NO ELECTRICITY.....1 2 SOLAR POWER.....1 2 CLOCK/WATCH.....1 2 RADIO.....1 2 TELEVISION.....1 2 TELEPHONE(MOBILE).....1 2 TELEPHONE(LAND LINE).....1 2 REFRIGERATOR.....1 2 COMPUTER.....1 2 WASHING MACHINE.....1 2 RICE COOKER.....1 2	
B23	Does any member of this household own, (a) A bicycle ? (b) A motor cycle/scooter ? (c) A trishow ? (d) A tractor/land master ? (e) A motor car/van/jeep ? (f) A bus/lorry/truck ? (g) A boat with a motor ?	YES NO BICYCLE.....1 2 MOTOR CYCLE/SCOOTER.....1 2 TRISHOW.....1 2 TRACTOR/LAND MASTER.....1 2 MOTOR CAR/VAN/JEEP.....1 2 BUS/LORRY/TRUCK.....1 2 BOAT WITH A MOTOR.....1 2	
B24	Does any member of this household own any agricultural land?	YES.....1 NO.....2 → B26	
B25	How many perches of agricultural land do members of this household own ? IF ANSWER GIVEN IN ACRES CONVERT TO PERCHES (1 ACRE = 160 PERCHES) RECORD 0000 IF LESS THAN 1 PERCH. RECORD 9995 IF 9995 OR MORE	IF LESS THAN ONE PERCH.....0000 [] [] [] IF 9995 OR MORE PERCHES.....9995 DONT KNOW.....9998	
B26	Does this household own any livestock, herds, other farm animals or poultry?	YES.....1 NO.....2 → B28	

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
B27	How many of the following animals does this household own as of today ? a) Cows/ Bulls/ Buffalos ? b) Other cattle? c) Goats ? d) Chickens ? e) Pigs ? IF NONE, RECORD "00" IF 95 OR MORE, RECORD "95" IF UNKNOWN, RECORD "98"	COWS/BULLS/BUFFALOS OTHER CATTLE..... GOATS..... CHICKENS..... PIGS..... [] [] [] [] [] [] [] [] [] []	
B28	Is this house owned by a household member, or is it rented or leased, or is it occupied free of rent or encroached ? PROBE : Is it rented/leased from the government or privately ?	OWNED BY A HOUSEHOLD MEMBER.....1 RENT/LEASE-GVT.OWNED2 RENT/LEASE-PVT.OWNED.....3 OCCUPIED FREE OF RENT.....4 ENCROACHED.....5 OTHERS.....6 (SPECIFY)	

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
B31	How does your household dispose of garbage? CIRCLE ALL MENTIONED.	JUST DUMPING EVERYTHING ON GROUND ON THE PREMISESA BURNING EVERYTHING.....B BURYING EVERYTHING.....C JUST DUMPING EVERYTHING BY THE SIDE OF ROAD.....D HANDING OVER TO THE MC/UC/PSE SEGREGATING AND RECYCLING OF PAPER, BOTTLES AND POLYTHENE ETC..F COMPOSTING OF ORGANIC REFUSEG OTHERX (SPECIFY)	
B32	Have you seen 'sand fly' in your area?	YES.....1 NO.....2 DON'T KNOW.....8	
B33	(A) Have you ever heard of "Leishmaniasis" ? (B) Did any member of your household suffer from "Leishmaniasis" during the last 12 months?	YES.....1 NO.....2 → B34A YES.....1 NO.....2 DON'T KNOW.....8	
B34	(A) Have you ever heard of Japanese Encephalities ? (B) Did any member of your household suffer from Japanese Encephalities during the last 12 months?	YES.....1 NO.....2 → B35 YES.....1 NO.....2 DON'T KNOW.....8	
B35	Have you ever heard of dengue?	YES.....1 NO.....2 → B38	
B36	Did any member of your household suffer from dengue in the last 5 years?	YES.....1 NO.....2 → B38A DON'T KNOW.....8	
B37	How many household members suffered from dengue in the last 5 years?	NUMBER OF PERSONS <input type="text"/>	
B38	(A) Have you ever heard of Filariasis? (B) Did any member of your household suffer from Filariasis during the last 12 months?	YES.....1 NO.....2 → B48A YES.....1 NO.....2 DON'T KNOW.....8	

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
B48	(A) Have you ever heard of malaria? (B) Did any member of your household suffer from malaria during the last 12 months?	YES.....1 NO.....2 → B51 YES.....1 NO.....2 DON'T KNOW.....8	
B49	Do you think that it is essential to obtain malaria prevention treatment before travelling in countries that have a high prevalence of malaria?	YES.....1 NO.....2 DON'T KNOW.....8	
B50	Did any member of your household suffer from malaria after travelling to another country, within last 3 years?	YES.....1 NO.....2 DON'T KNOW.....8	
B51	Have you been using any method to protect you and your household members from mosquitoes?	YES.....1 NO.....2 → B62	
B52	Tell me the main methods you have adopted to protect you and your household members from mosquitoes? CIRCLE ALL MENTIONED.	MOSQUITO NETS.....A LIGHTING COILS/VAPORIZER.....B USE MOSQUITO REPELLENT CREAM.....C WINDOW NET.....D → B62 FAN.....E OTHER.....X (SPECIFY)	
B52A	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS <input type="text"/>	

EFFECT OF SALT ON HEALTH

NO	QUESTIONS AND FILTERS	NET 1	NET 2	NET 3	NET 4	NET 5	NET 6
B53	ASK THE RESPONDENT TO SHOW THE NETS IN THE HOUSEHOLD. IF MORE THAN 6 NETS USE ADDITIONAL QUESTIONNAIRES	OBSERVED.....1 NOT OBSERVED.....2	OBSERVED.....1 NOT OBSERVED.....2	OBSERVED.....1 NOT OBSERVED.....2	OBSERVED.....1 NOT OBSERVED.....2	OBSERVED.....1 NOT OBSERVED.....2	OBSERVED.....1 NOT OBSERVED.....2
B54	How did you get the mosquito net ?	DONATION.....1 BOUGHT.....2 HOME MADE.....3 OTHER.....6 (SPECIFY)	DONATION.....1 BOUGHT.....2 HOME MADE.....3 OTHER.....6 (SPECIFY)	DONATION.....1 BOUGHT.....2 HOME MADE.....3 OTHER.....6 (SPECIFY)	DONATION.....1 BOUGHT.....2 HOME MADE.....3 OTHER.....6 (SPECIFY)	DONATION.....1 BOUGHT.....2 HOME MADE.....3 OTHER.....6 (SPECIFY)	DONATION.....1 BOUGHT.....2 HOME MADE.....3 OTHER.....6 (SPECIFY)
B55	How many months ago did you receive/ buy the net ? IF LESS THAN ONE MONTH RECORD "00"	MONTHS AGO [][] 37 OR MORE MONTHS.....95 DONT KNOW.....98	MONTHS AGO [][] 37 OR MORE MONTHS.....95 DONT KNOW.....98	MONTHS AGO [][] 37 OR MORE MONTHS.....95 DONT KNOW.....98	MONTHS AGO [][] 37 OR MORE MONTHS.....95 DONT KNOW.....98	MONTHS AGO [][] 37 OR MORE MONTHS.....95 DONT KNOW.....98	MONTHS AGO [][] 37 OR MORE MONTHS.....95 DONT KNOW.....98
B56	Is this net permanently treated with mosquito insecticides, treated only temporarily or is it not treated with mosquito insecticides at all ? CHECK ON THE BRAND IF POSSIBLE	PERMANANTLY TREATED WITH MOSQUITO INSECTICIDES.....1 TEMPORARY TREATED WITH MOSQUITO INSECTICIDES.....2 NORMAL NET.....3	PERMANANTLY TREATED WITH MOSQUITO INSECTICIDES.....1 TEMPORARY TREATED WITH MOSQUITO INSECTICIDES.....2 NORMAL NET.....3	PERMANANTLY TREATED WITH MOSQUITO INSECTICIDES.....1 TEMPORARY TREATED WITH MOSQUITO INSECTICIDES.....2 NORMAL NET.....3	PERMANANTLY TREATED WITH MOSQUITO INSECTICIDES.....1 TEMPORARY TREATED WITH MOSQUITO INSECTICIDES.....2 NORMAL NET.....3	PERMANANTLY TREATED WITH MOSQUITO INSECTICIDES.....1 TEMPORARY TREATED WITH MOSQUITO INSECTICIDES.....2 NORMAL NET.....3	PERMANANTLY TREATED WITH MOSQUITO INSECTICIDES.....1 TEMPORARY TREATED WITH MOSQUITO INSECTICIDES.....2 NORMAL NET.....3
B57	Did anyone sleep under this mosquito net last night?	YES.....1 NO.....2 SKIP TO B59 ← DONT KNOW.....8	YES.....1 NO.....2 SKIP TO B59 ← DONT KNOW.....8	YES.....1 NO.....2 SKIP TO B59 ← DONT KNOW.....8	YES.....1 NO.....2 SKIP TO B59 ← DONT KNOW.....8	YES.....1 NO.....2 SKIP TO B59 ← DONT KNOW.....8	YES.....1 NO.....2 SKIP TO B59 ← DONT KNOW.....8
B58	Did anyone slept under this mosquito net last night? RECORD THE RESPECTIVE NAME AND LINE NUMBER FROM THE HOUSEHOLD SECTION A1.	NAME LINE NO [][] NAME LINE NO [][] NAME LINE NO [][] NAME LINE NO [][] NAME LINE NO [][]	NAME LINE NO [][] NAME LINE NO [][] NAME LINE NO [][] NAME LINE NO [][] NAME LINE NO [][]	NAME LINE NO [][] NAME LINE NO [][] NAME LINE NO [][] NAME LINE NO [][] NAME LINE NO [][]	NAME LINE NO [][] NAME LINE NO [][] NAME LINE NO [][] NAME LINE NO [][] NAME LINE NO [][]	NAME LINE NO [][] NAME LINE NO [][] NAME LINE NO [][] NAME LINE NO [][] NAME LINE NO [][]	NAME LINE NO [][] NAME LINE NO [][] NAME LINE NO [][] NAME LINE NO [][] NAME LINE NO [][]
B59		GO BACK TO B53 FOR NEXT NET, OR IF NO MORE NET GO TO B62	GO BACK TO B53 FOR NEXT NET, OR IF NO MORE NET GO TO B62	GO BACK TO B53 FOR NEXT NET, OR IF NO MORE NET GO TO B62	GO BACK TO B53 FOR NEXT NET, OR IF NO MORE NET GO TO B62	GO BACK TO B53 FOR NEXT NET, OR IF NO MORE NET GO TO B62	GO TO COL I IN Q. B53 FOR NEXT NET, OR IF NO MORE NET GO TO B62

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
B62	What type of salt does your household mainly use for cooking, crystals or powdered salt ?	CRYSTALS.....1 POWDERED.....2 → CRYSTALS AND POWDERED.....3	B64
B63	Do you wash the crystal salt before adding it to food?	YES.....1 NO.....2 DONT KNOW.....8	B69A
B64	During the last year, have you received any information or instruction from anyone to reduce salt intake in your household ?	YES.....1 NO.....2 DONT KNOW.....8	B69A
B65	From whom did you get that information/instructions ? CIRCLE ALL MENTIONED	FROM A DOCTOR.....A FROM OTHER HEALTH OFFICER.....B FROM A FAMILY MEMEBER.....C FROM NEWSPAPERS.....D TV/RADIO.....E INTERNET.....F OTHER.....X	
B69 A	What is the weight of salt powder that your household usually purchases at a time ?	POWDER..... GRAMS DOES NOT BUY.....9997 SKIP TO B69C ←	
B69 B	How many days does that salt usually last ? RECORD 95 IF 95 OR MORE	NO.OF DAYS..... DAYS	
B69 C	What is the weight of salt crystal that your household usually purchases at a time ?	CRYSTALS..... GRAMS DOES NOT BUY.....9997 SKIP TO B70A ←	
B69 D	How many days does that salt usually last ? RECORD 95 IF 95 OR MORE	NO.OF DAYS..... DAYS	



PART C - NON COMMUNICABLE DISEASES AND ACCIDENTS

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
B70	OBTAIN A SAMPLE OF EACH OF THE TYPES OF SALT THAT THE HOUSEHOLD USES MOSTLY FOR COOKING		
B70 A	IODINE TEST WAS POWDERED SALT SAMPLE OBTAINED?	YES1 NO2	B 70D
B70 B	RESULT OF IODINE TEST FOR POWDERED SALT:	COLOUR CHANGED1 NO COLOUR CHANGE2	
B70 C	PLEASE RECORD THE SOURCE FROM WHICH THE POWDERED SALT SAMPLE WAS OBTAINED	UNOPENED FRESH PACKET1 CLOSED CONTAINER2 OPEN POT3 OTHER6 (SPECIFY)	
B70 D	WAS CRYSTAL SALT SAMPLE OBTAINED?	YES1 NO2	C 1
B70 E	RESULT OF IODINE TEST FOR CRYSTAL SALT:	COLOUR CHANGED1 NO COLOUR CHANGE2	
B70 F	PLEASE RECORD THE SOURCE FROM WHICH THE CRYSTAL SALT SAMPLE WAS OBTAINED	UNOPENED FRESH PACKET1 CLOSED CONTAINER2 OPEN POT3 OTHER6 (SPECIFY)	

NO	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
C1	(a) Did any member of your household suffer from heart disease during the last 12 months? (b) Please tell me the name(s). LINE NUMBER (FROM COLUMN 1 OF PART A1) (c) Is (NAME) currently being treated for heart disease?	YES1 NO2 DON'T KNOW8 NAME _____ LINE NUMBER _____ _____ YES1 YES1 YES ..1 NO2 NO2 NO ..2 DK8 DK8 DK ..8	C2
C2	(a) Did any member of your household suffer from high blood pressure during the last 12 months? (b) Please tell me the name(s). LINE NUMBER (FROM COLUMN 1 OF PART A1) (c) Is (NAME) currently being treated for high blood pressure?	YES1 NO2 DON'T KNOW8 NAME _____ LINE NUMBER _____ _____ YES1 YES1 YES ..1 NO2 NO2 NO ..2 DK8 DK8 DK ..8	C3
C3	(a) Did any member of your household suffer from wheezing/asthma during the last 12 months? (b) Please tell me the name(s). LINE NUMBER (FROM COLUMN 1 OF PART A1) (c) Is (NAME) currently being treated for wheezing/asthma?	YES1 NO2 DON'T KNOW8 NAME _____ LINE NUMBER _____ _____ YES1 YES1 YES ..1 NO2 NO2 NO ..2 DK8 DK8 DK ..8	C4

NO	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
C11	Did any household member passed away during the year 2015 ?	YES1 NO2	C13
C12	(a) Please tell me the name(s). (b) Was that death registered? (c) Do you have the death certificate ?	NAME _____ _____ _____ YES1 YES... 1 NO2 NO ...2 DK8 DK ...8 YES1 YES..... 1 YES... 1 NO2 NO2 NO ...2	C13
C13	(a) Did any member of your household have a road accident during the last 12 months ? (b) Please tell me the name(s). LINE NUMBER (FROM COLUMN 1 OF PART A1) (c) Did (NAME) receive treatment in a hospital or clinic at that time ?	YES1 NO2 DON'T KNOW8 NAME _____ _____ _____ LINE NUMBER □□ □□ □□ □□ YES1 YES..... 1 YES... 1 YES.. 1 NO2 NO2 NO ...2 NO ..2 DK8 DK 8 DK 8 DK ..8	C14
C14	(a) Did any member of your household have serious burns during the last 12 months ? (b) Please tell me the name(s). LINE NUMBER (FROM COLUMN 1 OF PART A1) (c) Did (NAME) receive treatment in a hospital or clinic at that time ?	YES1 NO2 DON'T KNOW8 NAME _____ _____ _____ LINE NUMBER □□ □□ □□ □□ YES1 YES..... 1 YES... 1 YES.. 1 NO2 NO2 NO ...2 NO ..2 DK8 DK 8 DK 8 DK ..8	C15

NO	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
C15	(a) Did any member of your household have a serious fall during the last 12 months ? (b) Please tell me the name(s). LINE NUMBER (FROM COLUMN 1 OF PART A1) (c) Did (NAME) receive treatment in a hospital or clinic at that time ?	YES1 NO2 DON'T KNOW8 NAME _____ _____ _____ LINE NUMBER □□ □□ □□ □□ YES1 YES..... 1 YES... 1 YES.. 1 NO2 NO2 NO ...2 NO ..2 DK8 DK 8 DK 8 DK ..8	C16
C16	(a) Did any member of your household fall into the water in the last 12 months ? (b) Please tell me the name(s). LINE NUMBER (FROM COLUMN 1 OF PART A1) (c) Did (NAME) receive treatment in a hospital or clinic at that time ?	YES1 NO2 DON'T KNOW8 NAME _____ _____ _____ LINE NUMBER □□ □□ □□ □□ YES1 YES..... 1 YES... 1 YES.. 1 NO2 NO2 NO ...2 NO ..2 DK8 DK 8 DK 8 DK ..8	C17
C17	(a) Did any member of your household suffer from any kind of poisoning during the last 12 months ? (b) Please tell me the name(s). LINE NUMBER (FROM COLUMN 1 OF PART A1) (c) Did (NAME) receive treatment in a hospital or clinic at that time ?	YES1 NO2 DON'T KNOW8 NAME _____ _____ _____ LINE NUMBER □□ □□ □□ □□ YES1 YES..... 1 YES... 1 YES.. 1 NO2 NO2 NO ...2 NO ..2 DK8 DK 8 DK 8 DK ..8	C18



NO	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
C18	(a) Did any member of your household have serious injuries from animal bites in the last 12 months? (b) Please tell me the name(s). LINE NUMBER (FROM COLUMN 1 OF PART A1) (c) Did (NAME) receive treatment in a hospital or clinic at that time?	YES1 NO2 DON'T KNOW8 NAME _____ LINE NUMBER □ □ □ □ YES1 YES1 YES ..1 NO2 NO2 NO ..2 DK8 DK8 DK ..8	C19
C19	(a) Was any member of your household bitten by a snake in the last 12 months? (b) Please tell me the name(s). LINE NUMBER (FROM COLUMN 1 OF PART A1) (c) Did (NAME) receive treatment in a hospital or clinic at that time?	YES1 NO2 DON'T KNOW8 NAME _____ LINE NUMBER □ □ □ □ YES1 YES1 YES ..1 NO2 NO2 NO ..2 DK8 DK8 DK ..8	C20
C20	(a) Did any member of your household have a serious cut in the last 12 months? (b) Please tell me the name(s). LINE NUMBER (FROM COLUMN 1 OF PART A1) (c) Did (NAME) receive treatment in a hospital or clinic at that time?	YES1 NO2 DON'T KNOW8 NAME _____ LINE NUMBER □ □ □ □ YES1 YES1 YES ..1 NO2 NO2 NO ..2 DK8 DK8 DK ..8	C21

NO	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
C21	(a) Did any member of your household suffer an electric shock in the last 12 months? (b) Please tell me the name(s). LINE NUMBER (FROM COLUMN 1 OF PART A1) (c) Did (NAME) receive treatment in a hospital or clinic at that time?	YES1 NO2 DON'T KNOW8 NAME _____ LINE NUMBER □ □ □ □ YES1 YES1 YES ..1 NO2 NO2 NO ..2 DK8 DK8 DK ..8	C22
C22	(a) Did any member of your household get hurt in a natural disaster in the last 12 months? (b) Please tell me the name(s). LINE NUMBER (FROM COLUMN 1 OF PART A1) (c) Did (NAME) receive treatment in a hospital or clinic at that time?	YES1 NO2 DON'T KNOW8 NAME _____ LINE NUMBER □ □ □ □ YES1 YES1 YES ..1 NO2 NO2 NO ..2 DK8 DK8 DK ..8	

PART - D MENTAL HEALTH AND OTHER HEALTH ISSUES

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP																
D1	Is any member of your household currently under treatment for any kind of mental illness?	YES1 NO2 DONT KNOW8	D3																
D2	(1) Please tell me the name of anybody undergoing treatment? PROBE Any others? WRITE DOWN THE NAME(S) AND RECORD THE LINE NUMBER FROM A1. (2) For which mental illness is (NAME) being treated?	<table border="1"> <thead> <tr> <th>NAME</th> <th>LINE NUMBER</th> <th>NAME</th> <th>LINE NUMBER</th> </tr> </thead> <tbody> <tr> <td>MENTAL DISEASE</td> <td></td> <td>MENTAL DISEASE</td> <td></td> </tr> <tr> <td>MENTAL DISEASE</td> <td></td> <td>MENTAL DISEASE</td> <td></td> </tr> <tr> <td>MENTAL DISEASE</td> <td></td> <td>MENTAL DISEASE</td> <td></td> </tr> </tbody> </table> <p>CODES FOR MENTAL DISEASES.</p> <p>01 DEPRESSIVE 02 ANXIETY DISORDER 03 OBSSIVE COMPULSIVE DISORDER 04 ALCOHOL DEPENDENCE/ ABUSE 05 SUBSTANCE DEPENDENCE 06 PSYCHOSIS 07 BIPOLAR DISORDER 08 DEMENTIA 09 DEVELOPMENT DELAYS/DISORDER 10 ATTENTION DEFICIT DISORDER 11 AUTISM 96 OTHER 98 DONT KNOW</p>	NAME	LINE NUMBER	NAME	LINE NUMBER	MENTAL DISEASE		MENTAL DISEASE		MENTAL DISEASE		MENTAL DISEASE		MENTAL DISEASE		MENTAL DISEASE		
NAME	LINE NUMBER	NAME	LINE NUMBER																
MENTAL DISEASE		MENTAL DISEASE																	
MENTAL DISEASE		MENTAL DISEASE																	
MENTAL DISEASE		MENTAL DISEASE																	
D3	Did any member of your household try to commit suicide in the last 12 months?	YES1 NO2	D 5																
D4	Did the person die?	YES1 NO2																	
D5	Is smoking allowed inside of your home?	YES1 NO2	D 7																
D6	Is smoking allowed everywhere in your home?	YES1 NO2 REFUSED3 DONT KNOW8																	
D7	Did any member of this household ever smoke tobacco?	YES1 NO2 DONT KNOW8	D 10																

NO.	QUESTIONS AND INSTRUCTIONS	HOUSEHOLD MEMBER 1	HOUSEHOLD MEMBER 2	HOUSEHOLD MEMBER 3	HOUSEHOLD MEMBER 4
D8	Please give me the name(s) of household members who have ever smoked tobacco. LINE NUMBER (FROM COLUMN 1 OF PART A1)	NAME LINE NUMBER	NAME LINE NUMBER	NAME LINE NUMBER	NAME LINE NUMBER
D9	(a) Does (NAME) currently smoke tobacco? (b) Does (NAME) smoke tobacco daily or occasionally? (c)	YES.....1 NO.....2 DK [SKIP TO D 9 (c)] DAILY.....1 OCCASIONALLY.....2 DK8	YES.....1 NO.....2 DK [SKIP TO D 9 (c)] DAILY.....1 OCCASIONALLY.....2 DK8	YES.....1 NO.....2 DK [SKIP TO D 9 (c)] DAILY.....1 OCCASIONALLY.....2 DK8	YES.....1 NO.....2 DK [SKIP TO D 9 (c)] DAILY.....1 OCCASIONALLY.....2 DK8
D10	Did any member of this household ever use smokeless tobacco?	GO BACK TO D8 IN NEXT COLUMN OR IF NO MORE GO TO D10 YES.....1 NO.....2 DONT KNOW8	GO BACK TO D8 IN NEXT COLUMN OR IF NO MORE GO TO D10	GO BACK TO D8 IN NEXT COLUMN OR IF NO MORE GO TO D10	GO BACK TO D8 IN NEXT COLUMN OR IF NO MORE GO TO D10
D11	Please give me the name(s) of household members who have ever used smokeless tobacco. LINE NUMBER (FROM COLUMN 1 OF PART A1)	NAME LINE NUMBER	NAME LINE NUMBER	NAME LINE NUMBER	NAME LINE NUMBER
D12	(a) Does (NAME) currently use smokeless tobacco? (b) Does (NAME) use smokeless tobacco daily or occasionally? (c)	YES.....1 NO.....2 DK [SKIP TO D 12 (c)] DAILY.....1 OCCASIONALLY.....2 DK8	YES.....1 NO.....2 DK [SKIP TO D 12 (c)] DAILY.....1 OCCASIONALLY.....2 DK8	YES.....1 NO.....2 DK [SKIP TO D 12 (c)] DAILY.....1 OCCASIONALLY.....2 DK8	YES.....1 NO.....2 DK [SKIP TO D 12 (c)] DAILY.....1 OCCASIONALLY.....2 DK8
		GO BACK TO D11 IN NEXT COLUMN OR IF NO MORE GO TO D13	GO BACK TO D11 IN NEXT COLUMN OR IF NO MORE GO TO D13	GO BACK TO D11 IN NEXT COLUMN OR IF NO MORE GO TO D13	GO BACK TO D11 IN NEXT COLUMN OR IF NO MORE GO TO D13



DEMOGRAPHIC AND HEALTH SURVEY

DEPARTMENT OF CENSUS AND STATISTICS

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
D13	(a) Does any member of your household currently drink alcohol ? (b) How many household members drink alcohol?	YES 1 NO 2 DONT KNOW 8 <input type="checkbox"/> <input type="checkbox"/>	D 14 (a)
D14	(a) Does any member of your household currently use Ganja ? (b) How many household members use Ganja ?	YES 1 NO 2 DONT KNOW 8 <input type="checkbox"/> <input type="checkbox"/>	D 15 (a)
D15	(a) Does any member of your household currently use Heroin? (b) How many household members use Heroin?	YES 1 NO 2 END DONT KNOW 8 <input type="checkbox"/> <input type="checkbox"/>	END OF THE HOUSE HOLD SECTION

IDENTIFICATION																							
Census Block Number (A0) :	<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>											Sector (Urban/Rural/Estate) :	<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>										
PSU :		SSU :																					
Household Number within the Housing Unit:																							
Name and Line Number of the Eligible woman :																							
INTERVIEWER VISITS																							
DATE	1	2	3																				
INTERVIEWERS NAME	_____	_____	_____																				
INT. CODE	<table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>					<table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>					<table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>												
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NEXT VISIT DATE TIME	_____	_____	_____																				
LAST VISIT DATE TIME	<table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>					<table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>					<table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>												
	DAY	MONTH	YEAR																				
	INT. CODE	INT. CODE	FINAL RESULT																				
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TOTAL NUMBER OF VISIT(S)	_____	_____	_____																				
* RESULT CODES:																							
1 COMPLETED	4 REFUSED	7 OTHER (SPECIFY)																					
2 NOT AT HOME	5 PARTLY COMPLETED																						
3 POSTPONED	6 INCAPACITATED																						
LANGUAGE OF INTERVIEW : <input type="checkbox"/> NATIVE LANGUAGE OF RESPONDENT: <input type="checkbox"/> TRANSLATOR USED: <input type="checkbox"/>																							
LANGUAGE CODES : SINHALA = 1 TAMIL = 2 ENGLISH = 3 OTHER = 4																							
NOW RECORD THE TIME IN 24 HOURS																							
TIME																							
HOURS <input type="checkbox"/> <input type="checkbox"/>																							
MINUTES <input type="checkbox"/> <input type="checkbox"/>																							
SUPERVISOR NAME _____																							
DATE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																							

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working in the Department of Census and Statistics. We are conducting a national survey on the health status of women and children. We would very much appreciate your participation in this survey. This information is very important to the government to plan health services. The survey usually takes 90 minutes to complete. The information you provide will be kept strictly confidential and will not be shared with anyone other than members of survey team.

Participation in this survey is voluntary, and if we should come to any question that you don't want to answer, please let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important to the country.

At this time, do you want to ask me anything about the survey ?

May I begin the interview now ?

SIGNATURE OF INTERVIEWER : _____

DATE : _____

RESPONDENT AGREED TO BE INTERVIEWED 1

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2

SECTION 1. RESPONDENT'S BACKGROUND

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
101	RECORD THE TIME. (IN 24 HOURS)	HOUR..... MINUTES.....	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD "00" YEARS.	YEARS..... SINCE BIRTH.....95 → 105	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						
103	Just before you moved here, did you live in the urban sector, rural sector, estate sector or other country?	URBAN.....1 RURAL.....2 ESTATE.....3 OTHER COUNTRY.....4 → 105							
104	Which was the district you lived in just before you moved here?	COLOMBO.....11 GAMPAHA.....12 KALUTARA.....13 KANDY.....21 MATALE.....22 NUWARAELIYA.....23 GALLE.....31 MATARA.....32 HAMBANTOTA.....33 JAFFNA.....41 MANNAR.....42 VAVUNIYA.....43 MULLAITIVU.....44 KILLINOCHCHI.....45 BATTICALOA.....51 AMPARA.....52 TRINCOMALEE.....53 KURUNEGALA.....61 PUTTALAM.....62 ANURADHAPURA.....71 POLONNARUWA.....72 BADULLA.....81 MONARAGALA.....82 RATNAPURA.....91 KEGALLE.....92							
105	In what month and year were you born?	MONTH..... DON'T KNOW MONTH.....98 YEAR..... DON'T KNOW YEAR.....9998	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						
106	How old were you on your last birthday? (COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.)	AGE IN COMPLETED YEARS.....9998	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	What is your highest educational qualification on ?	NEVER ATTENDED SCHOOL.....77 PRE SCHOOL88 PASSED GRADE 101 PASSED GRADE 202 PASSED GRADE 303 PASSED GRADE 404 PASSED GRADE 505 PASSED GRADE 606 PASSED GRADE 707 PASSED GRADE 808 PASSED GRADE 909 PASSED GRADE 10.....10 PASSED GRADE G.C.E. (O/L).....11 PASSED GRADE 12.....12 PASSED GRADE G.C.E. (A/L)13 DEGREE & ABOVE.....14	
109	CHECK 108 ANY CODE OTHER THAN 13 AND 14 CIRCLED	<input type="checkbox"/> <input type="checkbox"/>	113
111	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE : Can you read any part of the sentence to me?	CANNOT READ AT ALL.....1 ABLE TO READ ONLY PART OF THE SENTENCE.....2 ABLE TO READ WHOLE SENTENCE...3 NO CARD WITH REQUIRED LANGUAGE.....4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED5	114 115
113	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	ATLEAST ONCE A WEEK.....1 LESS THAN ONCE A WEEK2 NOT AT ALL.....3	
114	Do you watch television at least once a week, less than once a week or not at all?	ATLEAST ONCE A WEEK.....1 LESS THAN ONCE A WEEK2 NOT AT ALL.....3	
115	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK.....1 LESS THAN ONCE A WEEK2 NOT AT ALL.....3	

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
116	Do you own a mobile telephone ?	YES.....1 NO.....2	118
117	Do you use your mobile phone for any financial transactions ?	YES.....1 NO.....2	
118	Do you have an account in a bank or other financial institution that you yourself use ?	YES.....1 NO.....2	
119	Have you ever used the internet ?	YES.....1 NO.....2	201
120	In the last 12 months, have you used the internet ?	YES.....1 NO.....2	



214 Birth Table											
Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN 215. RECORD TWINS AND MULTIPLE BIRTHS ON SEPARATE ROWS. (IF THERE ARE MORE THAN 8 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE STARTING WITH THE SECOND ROW.)											
215	216	217	218	219	219A	220	221	222	223 A	223 B	224
						IF ALIVE			IF DEAD		
What name was given to your (first/ next) baby? RECORD NAME. BIRTH HISTORY NUMBER	Is (NAME) a boy or a girl?	Was (NAME) a single or multiple birth?	In what day, month and year was (NAME) born? PROBE : When is his/her birthday?	Is (NAME) still alive?	How many months were you pregnant before the birth of (NAME) ?	How old was (NAME) on his/her last birthday? RECORD AGE IN COMPLETED YEARS. IF LESS THAN 1 YEAR RECORD '00'.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.)	IF DEAD : How old was (NAME) when (he/she) died? IF '12 MONTHS' OR '1 YEAR' ASK : Did (NAME) have (his/her) first birthday? THEN ASK : exactly how many months old was (name) when (he/she) died? RECORD UNITS: DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	CHECK : 218 IF CHILD BORN IN 2011 OR LATER ASK : Was the body of the child examined or investigated by a public health officer? IF BORN BEFORE 2011 MARK CODE 3	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	BOY 1 GIRL 2	SINGLE 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES...1 NO...2 223 A	<input type="text"/>	AGE AT LAST BIRTHDAY <input type="text"/>	YES.....1 NO.....2	HOUSEHOLD LINE NUMBER <input type="text"/> (NEXT BIRTH)	DAYS.....1 MONTHS.....2 YEARS.....3 SPECIAL ANSWER.....9	YES.....1 NO.....2 NOT APPL.....3 DK.....8	
02	BOY 1 GIRL 2	SINGLE 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES...1 NO...2 223 A	<input type="text"/>	AGE AT LAST BIRTHDAY <input type="text"/>	YES.....1 NO.....2	HOUSEHOLD LINE NUMBER <input type="text"/> (GO TO 224)	DAYS.....1 MONTHS.....2 YEARS.....3 SPECIAL ANSWER.....9	YES.....1 NO.....2 NOT APPL.....3 DK.....8	YES.....1 ADD BIRTH NO.....2 NEXT BIRTH
03	BOY 1 GIRL 2	SINGLE 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES...1 NO...2 223 A	<input type="text"/>	AGE AT LAST BIRTHDAY <input type="text"/>	YES.....1 NO.....2	HOUSEHOLD LINE NUMBER <input type="text"/> (GO TO 224)	DAYS.....1 MONTHS.....2 YEARS.....3 SPECIAL ANSWER.....9	YES.....1 NO.....2 NOT APPL.....3 DK.....8	YES.....1 ADD BIRTH NO.....2 NEXT BIRTH

SECTION 2 REPRODUCTION

NO	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
201	Now I would like to ask about all births you have had during your life. Have you ever given birth?	YES.....1 NO.....2	206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES.....1 NO.....2	204
203	a) How many sons live with you? b) And how many daughters live with you? IF NONE, RECORD '00'.	<input type="text"/> <input type="text"/>	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES.....1 NO.....2	206
205	a) How many sons are alive but do not live with you? b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	<input type="text"/> <input type="text"/>	
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life even if for a very short time?	YES.....1 NO.....2	208
207	a) How many boys have died? b) And how many girls have died? IF NONE, RECORD '00'.	<input type="text"/> <input type="text"/>	
208	SUM ANSWERS TO 203, 205 AND 207 AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS..... <input type="text"/>	
209	CHECK 208 : Just to make sure that the number of births are correct : you have had in TOTAL births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> PROBE AND CORRECT 201 - 208 AS NECESSARY		
210	CHECK 208 : ONE OR MORE BIRTHS SKIP TO 214	NO BIRTHS <input type="checkbox"/>	229

225	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.	YES1 GO TO 215 ← NO2
226	COMPARE Q. 208 WITH NUMBER OF BIRTHS IN HISTORY: NUMBER IS SAME → NUMBER IS DIFFERENT → (PROBE AND RECONCILE)	
227	CHECK 218: ENTER THE NUMBER OF BIRTHS IN 2011 - 2016	NUMBER OF BIRTHS NONE0 → 229
228	C FOR EACH BIRTH IN 2011 - 2016, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF COMPLETED MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P'S MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)	
229	Are you pregnant now?	YES1 NO2 DON'T KNOW8 → 237
230	C How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P'S IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS [] []

04	BOY 1 GIRL 2	SINGLE 1 MULT 2	DAY MONTH YEAR	YES...1 NO...2 223 A	[] []	AGE AT LAST BIRTHDAY	YES.....1 NO.....2	HOUSEHOLD LINE NUMBER	DAYS.....1 MONTHS.....2 YEARS.....3 SPECIAL ANSWER9	YES.....1 NO.....2 NOT APPL.....3 DK.....8	YES.....1 ADD BIRTH ← NO.....2 NEXT BIRTH ←
05	BOY 1 GIRL 2	SINGLE 1 MULT 2	DAY MONTH YEAR	YES...1 NO...2 223 A	[] []	AGE AT LAST BIRTHDAY	YES.....1 NO.....2	HOUSEHOLD LINE NUMBER	DAYS.....1 MONTHS.....2 YEARS.....3 SPECIAL ANSWER9	YES.....1 NO.....2 NOT APPL.....3 DK.....8	YES.....1 ADD BIRTH ← NO.....2 NEXT BIRTH ←
06	BOY 1 GIRL 2	SINGLE 1 MULT 2	DAY MONTH YEAR	YES...1 NO...2 223 A	[] []	AGE AT LAST BIRTHDAY	YES.....1 NO.....2	HOUSEHOLD LINE NUMBER	DAYS.....1 MONTHS.....2 YEARS.....3 SPECIAL ANSWER9	YES.....1 NO.....2 NOT APPL.....3 DK.....8	YES.....1 ADD BIRTH ← NO.....2 NEXT BIRTH ←
07	BOY 1 GIRL 2	SINGLE 1 MULT 2	DAY MONTH YEAR	YES...1 NO...2 223 A	[] []	AGE AT LAST BIRTHDAY	YES.....1 NO.....2	HOUSEHOLD LINE NUMBER	DAYS.....1 MONTHS.....2 YEARS.....3 SPECIAL ANSWER9	YES.....1 NO.....2 NOT APPL.....3 DK.....8	YES.....1 ADD BIRTH ← NO.....2 NEXT BIRTH ←
08	BOY 1 GIRL 2	SINGLE 1 MULT 2	DAY MONTH YEAR	YES...1 NO...2 223 A	[] []	AGE AT LAST BIRTHDAY	YES.....1 NO.....2	HOUSEHOLD LINE NUMBER	DAYS.....1 MONTHS.....2 YEARS.....3 SPECIAL ANSWER9	YES.....1 NO.....2 NOT APPL.....3 DK.....8	YES.....1 ADD BIRTH ← NO.....2 NEXT BIRTH ←



NO	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
231	Where do you plan to deliver the baby? CIRCLE THE MOST RELEVANT CODE. PROBE TO IDENTIFY THE TYPE OF PLACE AND RECORD THE NAME	GOVERNMENT HOSPITAL AND SPECIALIST SERVICE TEACHING HOSPITAL..... 01 PROVINCIAL/DISTRICT GENERAL HOSPITAL..... 02 BASE HOSPITAL..... 03 OTHER GOVERNMENT HOSPITAL DISTRICT HOSPITAL..... 04 PERIPHERAL UNIT..... 05 RURAL HOSPITAL..... 06 MATERNITY HOME..... 07 PRIVATE HOSPITAL..... 08 ESTATE LINE ROOM..... 09 HOME..... 10 NOT DECIDED..... 11 → 233 OTHER _____ 96 (SPECIFY)	
231A	What is the name of the hospital where you plan to deliver?	NAME OF THE PLACE	
232	Why do you plan to deliver there? CIRCLE THE MOST RELEVANT CODE.	NO COST..... 01 CLOSER TO THE HOUSE..... 02 FIRST DELIVERY..... 03 FOR SAFE DELIVERY..... 04 SAME PLACE AS BEFORE..... 05 ADVICE FROM MEDICAL OFFICER... 06 OTHER _____ 96 (SPECIFY)	
233	Have you had a tetanus injection since you became pregnant?	YES..... 1 NO..... 2 SAID NOT NECESSARY..... 3 DON'T KNOW..... 8	
234A	When you got pregnant, did you want to get pregnant at that time?	YES..... 1 NO..... 2	→ 237
234B	CHECK 208 : TOTAL NUMBER OF BIRTHS ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/> a) Did you want to have a baby later or you didn't want any more children? b) Did you want to have a baby later or you didn't want any children?	LATER..... 1 NO MORE/NONE..... 2	

NO	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
237	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES..... 1 NO..... 2 → 240 A	
237 A	When did the last such pregnancy end?	MONTH..... <input type="text"/> YEAR..... <input type="text"/>	
237 B	CHECK 237A : LAST PREGNANCY <input type="checkbox"/> ENDED IN 2011 - 2016 LAST PREGNANCY <input type="checkbox"/> ENDED IN 2010 OR EARLIER	238 B How many months pregnant were you when that pregnancy ended? <input type="text"/>	238 B
238 A	In what month and year did the preceding such pregnancy end?	238 C Since January 2011, have you had any other pregnancies that did not result in a live birth? YES..... 1 NO..... 2 → 238 D	240 A
01		NUMBER OF MONTHS <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES..... 1 → NEXT LINE NO..... 2 → 238 D
02		NUMBER OF MONTHS <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES..... 1 → NEXT LINE NO..... 2 → 238 D
03		NUMBER OF MONTHS <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES..... 1 → NEXT LINE NO..... 2 → 238 D
04		NUMBER OF MONTHS <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES..... 1 → 238 D NO..... 2
238 D	FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH IN 2011 - 2016 ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY.		
C	IF THERE ARE MORE THAN FOUR PREGNANCIES THAT DID NOT END IN A LIVE BIRTH, USE AND ADDITIONAL QUESTIONNAIRE STARTING ON THE SECOND LINE.		



NO	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
239	Did you have any miscarriages, abortions or stillbirths that ended before 2011?	YES.....1 NO2 → 240A	
240	When did the last such pregnancy that terminated before 2011 end?	MONTH..... YEAR.....	
240A	When did your last menstrual period start? (DATE, IF GIVEN)	DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 YEARS AGO.....4 IN MENOPAUSE.....993 HAS HAD HYSTERECTOMY.....994 BEFORE LAST BIRTH.....995 NEVER MENSTRUATED.....996 → 245	
241	How old were you when you had your menstrual period for the very first time?	AGE <input type="text"/>	
245	What is the most suitable age for a woman to get pregnant for the first time?	AGE DON'T KNOW.....98	
246	What is the most suitable age for a woman to have the last child?	AGE DON'T KNOW.....98	
247	After the birth of a child, at least how long should a woman wait before having another child? RECORD YEARS	YEARS <input type="text"/>	

SECTION 3 - FAMILY PLANNING

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)?	302	Have you ever used (METHOD)?
01	Female Sterilization PROBE: Women can have an operation to avoid having any more children.	YES.....1 NO.....2 →	Have you ever had an operation to avoid having any more children? YES.....1 NO.....2
02	Male Sterilization : PROBE: Men can have an operation to avoid having any more children.	YES.....1 NO.....2 →	Have you ever had a partner who had an operation to avoid having any more children? YES.....1 NO.....2
03	IUD PROBE: Women can have a loop or coil placed inside the womb by a doctor or a nurse.	YES.....1 NO.....2 →	YES.....1 NO.....2
04	Injectables : DMPA - PROBE : Women can have an injection by a health provider that stops them from becoming pregnant for 3 months.	YES.....1 NO.....2 →	YES.....1 NO.....2
05	Implants: Norplant/Jadel PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES.....1 NO.....2 →	YES.....1 NO.....2
06	Pill : PROBE: Women can take a pill every day to avoid becoming pregnant.	YES.....1 NO.....2 →	YES.....1 NO.....2
07	Condom : PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES.....1 NO.....2 →	YES.....1 NO.....2
08	Female Condom : PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES.....1 NO.....2 →	YES.....1 NO.....2
09	Emergency Contraception: Women can take special pills up to 3 days after sexual intercourse to avoid becoming pregnant.	YES.....1 NO.....2 → (SKIP TO 11)	YES.....1 NO.....2 (SKIP TO 11)
10	How many times did you use this last year?	NOT USED.....0 1 TIME.....1 2 - 3 TIMES.....2 4 - 5 TIMES.....3 MORE THAN 5 TIMES.....4	
11	Lactational Amenorrhea Method (LAM) : PROBE: During the first six months after giving birth, a woman can avoid pregnancy by giving the baby only breastmilk with less than four hours between each feeding, day and night.	YES.....1 NO.....2 →	YES.....1 NO.....2
12	Rhythm Method: PROBE: A woman can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES.....1 NO.....2 →	YES.....1 NO.....2
13	Withdrawal: Men can be careful and pull out before climax.	YES.....1 NO.....2 →	YES.....1 NO.....2
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES.....1 NO.....2 (SPECIFY)	YES.....1 NO.....2

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
303	What is your most preferred family planning method?	FEMALE STERILIZATION.....01 MALE STERILIZATION02 IUD03 INJECTABLES.....04 IMPLANTS: NORPLANT/ADEL.....05 PILL (DAILY USED).....06 CONDOM.....07 FEMALE CONDOM.....08 EMERGENCY CONTRACEPTION.....09 LACTATIONAL AMENORRHEA METHOD(LAM).....10 RHYTHM METHOD.....11 WITHDRAWAL12 NONE.....95 OTHER96 (SPECIFY)	
303A	CHECK 302 : NOT A SINGLE 'YES' (NEVER USED)	AT LEAST ONE 'YES' (EVER USED) <input type="checkbox"/>	306A
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant ?	YES.....1 NO.....2	306
305	ENTER 0 IN COLUMN 1 OF CALENDAR IN EACH BLANK MONTH		310C
306	What have you used or done?		
306A	CORRECT 302 AND 303A (AND 301 IF NECESSARY) At what age did you first use a family planning method ?	AGE <input type="checkbox"/> <input type="checkbox"/> CAN'T REMEMBER.....98	
307	How many living children did you have at that time ? IF NONE, RECORD "00".	NUMBER OF CHILDREN <input type="checkbox"/> <input type="checkbox"/>	
307A	Who took the decision to use a family planning method at that time ?	MY DECISION.....1 MY HUSBAND'S DECISION2 ME AND MY HUSBAND BOTH3 BOY FRIEND/PARTNER'S DECISION ..4 PUBLIC HEALTH MIDWIFE.....5 OTHER6 (SPECIFY)	
309	CHECK 229 NOT PREGNANT OR UNSURE	PREGNANT <input type="checkbox"/>	322
310	Are you or your partner currently doing something or using any method to delay or avoid getting pregnant ?	YES.....1 NO.....2	310C

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
310 A	Which method are you using ? RECORD ALL MENTIONED.	FEMALE STERILIZATION.....A MALE STERILIZATIONB IUDC INJECTABLESD IMPLANTSE PILL (DAILY USED).....F CONDOM.....G FEMALE CONDOM.....H EMERGENCY CONTRACEPTION.....I LACTATIONAL AMENORRHEA METHOD.....J RHYTHM METHODK WITHDRAWALL OTHERX (SPECIFY)	
310 B	Who took the decision to use (METHOD) ?	MY DECISION1 MY HUSBAND'S DECISION2 ME AND MY HUSBAND BOTH3 BOY FRIEND/PARTNER'S DECISION.....4 PUBLIC HEALTH MIDWIFE.....5 OTHER6 (SPECIFY)	313
310C	What is the main reason that you are currently not using a method to avoid pregnancy ?	WANTS TO BECOME PREGNANT.....01 LACK OF KNOWLEDGE OR LACK OF SOURCE.....02 OPPOSED TO FAMILY PLANNING03 HUSBAND DISAPPROVES04 OTHER FAMILY PEOPLE DISAPPROVES.....05 WHO IS ? (SPECIFY) INFREQUENT SEX.....06 POSTPARTUM.....07 MENOPAUSAL/SUBFECUND.....08 HEALTH CONCERNS.....09 PROBLEMS OF ACCESS/ NON AVAILABILITY10 TOO EXPENSIVE.....11 RELIGION.....12 INCONVENIENT TO USE.....13 RUMOURS OF SIDE EFFECTS14 OTHER96 (SPECIFY) DON'T KNOW98	
310D	CHECK 303A & 304 EVER USED A METHOD		322
	NEVER USED A METHOD		331

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
313	CHECK 303 and 310A. ANSWERS ARE DIFFERENT <input type="checkbox"/>	ANSWERS ARE THE SAME <input type="checkbox"/>	313 B
313 A	What are the reasons for not using the method that you most prefer? RECORD ALL MENTIONED.	LACK OF KNOWLEDGE OR LACK OF SOURCE.....A HUSBAND DISAPPROVES.....B OTHER PEOPLE DISAPPROVES.....C WHO IS? _____ (SPECIFY) POSTPARTUM.....D HEALTH CONCERNS.....E EFFECT OF HEALTH OFFICERS.....F RELIGION.....G PROBLEM OF ACCESS/ NON AVAILABILITY.....H TOO EXPENSIVE.....I INCONVENIENT TO USE.....J RUMOURS OF SIDE EFFECTS.....K OTHER.....X	
313B	CHECK 310A NOT USING STERILIZATION <input type="checkbox"/>	USING STERILIZATION <input type="checkbox"/>	316
314	(A) Did you or your husband try to have a sterilization at any time? (B) Were you or your husband able to have it?	YES.....1 NO.....2	319
315	Which is the main reason you could not have it?	YES.....1 NO.....2 NO PLACE TO DO STERILIZATION NEAR BY.....01 EVEN WENT TO HOSPITAL, SEND BACK WITHOUT DOING STERILIZATION.....02 AFTER GOING TO HOSPITAL, AFRAID TO DO STERILIZATION.....03 NO TRANSPORT TO GO TO DO STERILIZATION.....04 FAMILY PROBLEMS.....05 DISCOURAGED BY HEALTH OFFICERS.....06 HUSBAND/WIFE DID NOT AGREE LATER.....07 OTHER.....96 (SPECIFY)	319

316	Where did the sterilization take place? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR WRITE THE NAME OF THE PLACE. _____ NAME OF THE PLACE	PUBLIC SECTOR GOVT. SPECIALIZED HOSPITAL.....11 GOVT. GENERAL HOSPITAL.....12 FAMILY HEALTH BUREAU.....13 MOBILE CLINIC.....14 OTHER PUBLIC SECTOR.....15 _____ (SPECIFY) PRIVATE SECTOR PRIVATE HOSPITAL.....21 PRIVATE DOCTOR'S CLINIC.....22 NGO.....23 ESTATE HOSPITAL.....24 OTHER PRIVATE SECTOR.....25 _____ (SPECIFY) OTHER.....96 DON'T KNOW.....98	
317	CHECK 310A CODE 'A' CIRCLED <input type="checkbox"/> Before the sterilization operation, were you informed that you would not be able to have any(more) children due to the operation? CODE 'B' CIRCLED <input type="checkbox"/> Before the sterilization operation, was your husband/partner informed that he would not be able to have any(more) children due to the operation?	YES.....1 NO.....2 DON'T KNOW.....8	



NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
318	In what month and year was the sterilization performed?	MONTH YEAR	320
319	CHECK 310A CODES C-X CIRCLED Since what month and year have you been using (CURRENT METHOD) without stopping? PROBE : For how long have you been using (CURRENT METHOD) without stopping?	MONTH YEAR	
320	CHECK, 218, 237A, 318 AND 319 ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 318 OR 319 NO <input type="checkbox"/> YES <input type="checkbox"/> GO BACK TO 318 OR 319, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION)		
321	CHECK 318 AND 319 YEAR IS 2011 - 2016 C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING. THEN CONTINUE <input type="checkbox"/>	YEAR IS 2010 OR EARLIER <input type="checkbox"/> C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2011 USING. THEN SKIP TO <input type="checkbox"/>	323

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
322	I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE TIMES YOU OR YOUR PARTNER MAY HAVE USED A METHOD TO AVOID GETTING PREGNANT DURING THE LAST FEW YEARS. C USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2011. USE NAMES OF CHILDREN, DATES OF BIRTH AND PERIODS OF PREGNANCY AS REFERENCE POINTS.		
322 A	MONTH AND YEAR OF START OF INTERVAL OF USE OR NONUSE	COLUMN 1 MONTH YEAR	COLUMN 2 MONTH YEAR
322 B	Between (EVENT) in (MONTH/YEAR), did you or your partner use any method of contraception?	YES1 NO2 (SKIP TO 322 I) <input type="checkbox"/>	YES1 NO2 (SKIP TO 322 I) <input type="checkbox"/>
322 C	Which method was that?	METHOD CODE <input type="checkbox"/>	METHOD CODE <input type="checkbox"/>
322 D	How many months after (EVENT) in (MONTH/YEAR), did you start to use (METHOD)? CIRCLE "95" IF RESPONDENT GIVES THE DATE OF STARTING TO USE THE METHOD.	IMMEDIATELY00 MONTHS (SKIP TO 322 F) DATE GIVEN 95	IMMEDIATELY00 MONTHS (SKIP TO 322 F) DATE GIVEN 95
322 E	RECORD MONTH AND YEAR RESPONDENT STARTED USING METHOD.	MONTH YEAR	MONTH YEAR
322 F	For how many months did you use (METHOD)? CIRCLE "95" IF RESPONDENT GIVES THE DATE OF TERMINATION OF USE.	MONTHS (SKIP TO 322 H) DATE GIVEN 95	MONTHS (SKIP TO 322 H) DATE GIVEN 95
322 G	RECORD MONTH AND YEAR RESPONDENT STOPPED USING METHOD.	MONTH YEAR	MONTH YEAR
322 H	Why did you stop using (METHOD)?	REASON STOPPED..... GO BACK TO 322 A IN NEXT COLUMN; OR, IF NO MORE GAPS, GO TO 323	REASON STOPPED..... GO BACK TO 322 A IN NEXT COLUMN; OR, IF NO MORE GAPS, GO TO 323
322 I			

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
323	CHECK 310A. CIRCLE METHOD CODE. IF MORE THAN ONE METHOD CIRCLED IN QUESTION 310A, CIRCLE CODE FOR HIGHEST METHOD IN THE LIST. IF NO CODE CIRCLE THAT MEANS THEY DO NOT USE FAMILY PLANNING METHOD.	NO CODE CIRCLED 00 → FEMALE STERILIZATION 01 → MALE STERILIZATION 02 → IUD 03 INJECTABLES 04 IMPLANTS 05 PILL (DAILY USED) 06 CONDOM 07 → FEMALE CONDOM 08 EMERGENCY CONTRACEPTION 09 LACTATIONAL AMENORRHEA METHOD 10 RHYTHM METHOD 11 → WITHDRAWAL 12 OTHER 96	331 333
324	When you started using your current method of family planning what advice were you given in the place where you obtained the (METHOD)? RECORD ALL MENTIONED.	SIDE EFFECTS AND PROBLEMS A IF SIDE EFFECT OCCUR WHAT YOU HAVE TO DO B OTHER FAMILY PLANNING METHODS C DIDN'T GIVE ANY INSTRUCTIONS.. D OTHER (SPECIFY)..... X	

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
330	Where did you obtain the (CURRENT METHOD)? PROBE TO IDENTIFY PERSON/PLACE CIRCLE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HOSPITAL HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. NAME OF THE PLACE	PUBLIC SECTOR GOVT. HOSPITAL..... 11 GOVT. CLINIC..... 12 FAMILY HEALTH BUREAU 13 MOBILE CLINIC..... 14 PUBLIC HEALTH MIDWIFE 15 VOLUNTEER OFFICERS..... 16 OTHER PUBLIC SECTOR..... 17 (SPECIFY) PRIVATE SECTOR PRIVATE HOSPITAL..... 21 PRIVATE DOCTOR 22 PHARMACY 23 NGO..... 24 OTHER PRIVATE SECTOR..... 25 (SPECIFY) OTHER GROCERY 31 FRIEND/RELATIVE..... 32 OTHER..... 96 (SPECIFY)	333
331	Do you know a place where you can obtain a method of family planning?	YES..... 1 NO..... 2 →	333



332	Where is it? Any other place? PROBE TO IDENTIFY THE SOURCE AND CIRCLE APPROPRIATE CODE. CIRCLE ALL MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL.....A GOVT. CLINIC.....B FAMILY HEALTH BUREAU.....C MOBILE CLINIC.....D PUBLIC HEALTH MIDWIFE.....E VOLUNTEER OFFICERS.....F OTHER PUBLIC SECTOR.....G _____ (SPECIFY) PRIVATE SECTOR PRIVATE HOSPITAL.....H PRIVATE DOCTOR.....I PHARMACY.....J NGO.....K OTHER PRIVATE SECTOR.....L _____ (SPECIFY) OTHER GROCERY.....M FRIEND/RELATIVE.....N OTHER.....X _____ (SPECIFY)
333	In the last 12 months did you get advice at home from a midwife about family planning?	YES.....1 NO.....2
334	In the last 12 months did you go to a hospital, dispensary or clinic to obtain health services for yourself or any of your children?	YES.....1 NO.....2 → 335 B
335	Did any staff member discuss family planning methods with you at the time(s)?	YES.....1 NO.....2 → 335 B

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
335 A	What did they discuss with you? CIRCLE ALL MENTIONED.	CURRENT METHOD.....A SIDE EFFECTS DUE TO THE CURRENT METHOD.....B OTHER METHODS THAT CAN BE USED.....C ADVANTAGES OF METHODS.....D SIDE EFFECTS OF METHODS.....E OTHER.....X	
335 B	CHECK 229,310A NOT PREGNANT OR UNSURE	PREGNANT OR STERILIZED	338
336	Are you trying to get pregnant?	YES.....1 NO.....2 UNCERTAIN.....3 OTHER.....6 (SPECIFY)	338
337	How long have you been trying to get pregnant? ENTER THE NUMBER OF YEARS OR MONTHS	MONTHS 1 [] [] YEARS 2 [] [] 12 MONTHS OR LONGER LESS THAN 12 MONTHS →	338
337A	What have you done to help you in trying to get pregnant? CIRCLE ALL MENTIONED.	NOTHING.....A TAKING PILLS ACCORDING TO THE MENSTRUAL PERIOD.....B CONSULT A GENERAL DOCTOR.....C CONSULT A SPECIALIZED DOCTOR..D INTRA UTERINE INSEMINATION (IUI).....E X RAY/SCAN TEST.....F HAVING SEX DURING THE MOST FERTILE PERIOD.....G SEMINAL FLUID ANALYSIS.....H TAKING AYURVEDIC TREATMENTS..I OTHER.....X (SPECIFY)	
338	CHECK 208, 229 AND 237 ; EVER PREGNANT.	YES.....1 NO.....2 DON'T KNOW.....8	339
338A	Has it ever been difficult for you to become pregnant?	YES.....1 NO.....2	

SECTION 4 - PREGNANCY AND POSTNATAL CARE

401	CHECK 227	ONE OR MORE BIRTHS IN 2011 - 2016 <input type="checkbox"/>	NO BIRTHS IN 2011 - 2016 <input type="checkbox"/>	549
402	CHECK 218: ENTER LINE NUMBER, NAME AND SURVIVAL STATUS OF EACH BIRTH SINCE 2011. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS, BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE ADDITIONAL FORM NO. 4)			
Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately)				
	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
403	LINE NUMBER AND NAME FROM 215 (FROM BIRTH HISTORY SECTION 2)	BIRTH HISTORY LINE NUMBER <input type="checkbox"/> NAME _____	BIRTH HISTORY LINE NUMBER <input type="checkbox"/> NAME _____	BIRTH HISTORY LINE NUMBER <input type="checkbox"/> NAME _____
404	FROM 219 (FROM BIRTH HISTORY SECTION 2)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
FOR THE LAST BIRTH				
NAME _____				
406	Did you see anyone for antenatal care when you were pregnant with (NAME) ?	YES	NO	1 2 → 435

339	What are the days during a month when a woman has to be most careful to avoid becoming pregnant ?	BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 BETWEEN 9TH AND 21ST DAY FROM THE DATE WHEN HER PERIOD STARTED 3 AT THE END OF HER PERIOD 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8
340	Do you know a place where a person can get condoms ?	YES 1 NO 2 → 401
341	If you want a condom, can you get it by yourself?	YES 1 NO 2 DON'T KNOW/ UNSURE 8



	QUESTION AND INSTRUCTION	NAME _____	LAST BIRTH
414	During (any of) your antenatal care visit(s) were you told about the signs of pregnancy complications, such as : excessive vomiting ? severe headache ? swelling ? vaginal bleeding ? high fever ? abdominal pain ? reduction in foetal movements ? sudden changes in vision ?	YES NO DK 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8	
415	Were you told where to go if you had any complications ?	YES1 NO2 DON'T KNOW8	
416	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth ?	YES1 NO2 DON'T KNOW (SKIP TO 419)8	
417	During this pregnancy, how many times were you given a tetanus injection?	NO OF TIMES <input type="checkbox"/> DON'T KNOW8	
418	CHECK 417 1 OR DON'T KNOW <input type="checkbox"/> 2 OR MORE TIMES <input type="checkbox"/>		423A
419	At any time before this pregnancy, did you receive any tetanus injections?	YES1 NO2 DON'T KNOW (SKIP TO 423A)8	
421	Before this pregnancy, how many times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'	NO OF TIMES <input type="checkbox"/> DON'T KNOW8	
422	In what month and year did you receive the last tetanus injection before this pregnancy?	MONTH <input type="checkbox"/> MONTH NOT KNOWN98 YEAR <input type="checkbox"/> YEAR NOT KNOWN9998	

	QUESTION AND INSTRUCTION	NAME _____	LAST BIRTH
423A	During this pregnancy did you receive/buy iron pills/ capsules?	YES1 NO2	424 A
423B	From where did you get these iron pills/capsules ? CIRCLE ALL MENTIONED.	GOV. HOSPITAL.....A CLINIC (GOV).....B PVT HOSPITALC PVT DOCTOR.....D PHARMACYE OTHERX	
423C	Did you take the iron pills/ capsules as instructed ?	YES1 NO2	424 A
423D	Why did you not follow the instructions ? CIRCLE ALL MENTIONED.	NO SPECIAL REASONA DIARRHOEAB CONSTIPATIONC NAUSEA.....D BAD TASTE/SMELL.....E OTHER.....X	
424A	During this pregnancy did you receive/buy calcium pills/ capsules?	YES1 NO2	425 A
424B	From where did you get these calcium pills/ capsules ? CIRCLE ALL MENTIONED.	GOV. HOSPITAL.....A CLINIC (GOV).....B PVT HOSPITALC PVT DOCTOR.....D PHARMACYE OTHERX	
424C	Did you take the calcium pills/ capsules as instructed ?	YES1 NO2	425 A
424D	Why did you not follow the instructions ? CIRCLE ALL MENTIONED.	NO SPECIAL REASONA DIARRHOEAB CONSTIPATIONC NAUSEA.....D BAD TASTE/SMELL.....E OTHER.....X	
425A	During this pregnancy did you receive/buy folic acid pills ?	YES1 NO2	426 A
425B	From where did you get these folic acid pills ? CIRCLE ALL MENTIONED.	GOV. HOSPITAL.....A CLINIC (GOV).....B PVT HOSPITALC PVT DOCTOR.....D PHARMACYE OTHER.....X	



	QUESTION AND INSTRUCTION	NAME	LAST BIRTH
431	During the pregnancy did you receive Triplosa ?	YES.....1 NO.....2 DON'T KNOW.....8	433
431A	How many times did you get it ?	TIMES	
432	Did you eat the Triplosa by yourself, did you share it with family members or did you not eat it at all ?	BY HERSELF.....1 SHARED.....2 DID NOT EAT.....3	
433	Do you have (NAME)'s pregnancy card ? RECORD DATA FROM CARD FOR EACH ITEM MENTIONED IN Q434 BELOW. IF NOT RECORDED IN CARD OR IF NO CARD AVAILABLE, ASK FOR EACH ITEM LISTED IN Q434 AND RECORD APPROPRIATELY.	YES, CARD SEEN.....01 NO CARD/ CARD NOT SEEN.....02	
434	As part of your antenatal care when you were pregnant with (NAME), How many times, A) were you weighed? (IF NOT WEIGHED RECORD 00) B) was your height measured? (IF NOT MEASURED RECORD 00) C) was your Blood Pressure measured? (IF NOT TESTED RECORD 00) D) was a urine sample tested? (IF NOT TESTED RECORD 00) E) was a blood sample tested to identify blood group? (IF NOT TESTED RECORD 00) F) was your blood tested for VDRL? (Sexually transmitted disease) (IF NOT TESTED RECORD 00) G) was an HIV test done? (IF NOT TESTED RECORD 00) H) was your blood tested for malaria? (IF NOT TESTED RECORD 00) I) was your hemoglobin level tested? (IF NOT TESTED RECORD 00) J) was an ultrasound scan done before 20 weeks to obtain the delivery date? (IF NOT TESTED RECORD 00) K) was your blood sugar level tested? (IF NOT TESTED RECORD 00) L) was your heart beat tested using a sethoscope? (IF NOT TESTED RECORD 00)	WEIGHT NO. OF TIMES DON'T KNOW.....98 HEIGHT NO. OF TIMES DON'T KNOW.....98 PRESSURE NO. OF TIMES DON'T KNOW.....98 URINE NO. OF TIMES DON'T KNOW.....98 BLOOD NO. OF TIMES DON'T KNOW.....98 VDRL NO. OF TIMES DON'T KNOW.....98 HIV NO. OF TIMES DON'T KNOW.....98 MALARIA NO. OF TIMES DON'T KNOW.....98 HEMOGLOBIN NO. OF TIMES DON'T KNOW.....98 SCAN TEST NO. OF TIMES DON'T KNOW.....98 SUGAR NO. OF TIMES DON'T KNOW.....98 HEART BEAT NO. OF TIMES DON'T KNOW.....98	

	QUESTION AND INSTRUCTION	NAME	LAST BIRTH
425C	Did you take the folic acid pills as instructed ?	YES.....1 NO.....2	426 A
425D	Why did you not follow the instructions ? CIRCLE ALL MENTIONED.	NO SPECIAL REASON.....A DIARRHOEA.....B CONSTIPATION.....C NAUSEA.....D BAD TASTE/SMELL.....E OTHER.....X	
426A	During this pregnancy did you receive/buy worm treatment ?	YES.....1 NO.....2	427 A
426B	From where did you get these worm treatment ? CIRCLE ALL MENTIONED.	GOV. HOSPITAL.....A CLINIC (GOV).....B PVT HOSPITAL.....C PVT DOCTOR.....D PHARMACY.....E OTHER.....X	
426C	Did you take the worm treatment as instructed ?	YES.....1 NO.....2	427 A
426D	Why did you not follow the instructions ? CIRCLE ALL MENTIONED.	NO SPECIAL REASON.....A DIARRHOEA.....B CONSTIPATION.....C NAUSEA.....D BAD TASTE/SMELL.....E OTHER.....X	
427A	During this pregnancy did you receive/buy other vitamins ?	YES.....1 NO.....2	429
427B	From where did you get these other vitamins ? CIRCLE ALL MENTIONED.	GOV. HOSPITAL.....A CLINIC (GOV).....B PVT HOSPITAL.....C PVT DOCTOR.....D PHARMACY.....E OTHER.....X	
427C	Did you take the other vitamins as instructed ?	YES.....1 NO.....2	429
427D	Why did you not follow the instructions ? CIRCLE ALL MENTIONED.	NO SPECIAL REASON.....A DIARRHOEA.....B CONSTIPATION.....C NAUSEA.....D BAD TASTE/SMELL.....E OTHER.....X	
429	Did you use folic acid pills before you became pregnant with (NAME) ?	YES.....1 NO.....2 DON'T KNOW.....8	431
430	When you took them, did you take these pills daily or less often ?	DAILY.....1 LESS OFTEN.....2	



QUESTION AND INSTRUCTION	LAST BIRTH	NEXT TO LAST BIRTH	SECOND FROM LAST BIRTH
	NAME	NAME	NAME
435 During this pregnancy did a public health midwife visit you at home?	YES1 NO2 (SKIP TO 437) ←		
435A How many times did she visit your home? RECORD 00 IF NO VISITS	NO OF TIMES [] []		
435B LOOK AT THE PREGNANCY RECORD NO OF PUBLIC HEALTH MIDWIFE'S VISITS. RECORD 00 IF NO VISITS.	NO OF TIMES [] []		
436 After how many weeks or months of your pregnancy, did a public health midwife first visit you at home?	NO CARD99 WEEK(S) 1 [] [] MONTH(S) 2 [] [] OTHER96 (SPECIFY) DONT KNOW98		
437 Where did you give birth to (NAME)? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE RELEVANT CODE.	YOUR HOME11 (SKIP TO 445) OTHER HOME12 GOVT HOSPITALS AND SPECIALIZED SERVICE TEACHING HOSPITAL21 PROVINCIAL GENERAL HOSPITAL22 BASE HOSPITAL23 OTHER GOVT HOSPITAL31 DISTRICT HOSPITAL31 PERIPHERAL HOSPITAL32 RURAL HOSPITAL33 MATERNITY HOME34 PRIVATE HOSPITAL41 ESTATE MATERNITY HOME42 WHILE GOING TO HOSPITAL51 (SKIP TO 445) OTHER96 (SPECIFY)	AT HOME11 (SKIP TO 445) OTHER HOME12 GOVT HOSPITALS AND SPECIALIZED SERVICE TEACHING HOSPITAL21 PROVINCIAL GENERAL HOSPITAL22 BASE HOSPITAL23 OTHER GOVT HOSPITAL31 DISTRICT HOSPITAL31 PERIPHERAL HOSPITAL32 RURAL HOSPITAL33 MATERNITY HOME34 PRIVATE HOSPITAL41 ESTATE MATERNITY HOME42 WHILE GOING TO HOSPITAL51 (SKIP TO 445) OTHER96 (SPECIFY)	AT HOME11 (SKIP TO 445) OTHER HOME12 GOVT HOSPITALS AND SPECIALIZED SERVICE TEACHING HOSPITAL21 PROVINCIAL GENERAL HOSPITAL22 BASE HOSPITAL23 OTHER GOVT HOSPITAL31 DISTRICT HOSPITAL31 PERIPHERAL HOSPITAL32 RURAL HOSPITAL33 MATERNITY HOME34 PRIVATE HOSPITAL41 ESTATE MATERNITY HOME42 WHILE GOING TO HOSPITAL51 (SKIP TO 445) OTHER96 (SPECIFY)
IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER OR CLINIC OR PRIVATE MEDICAL CENTER, WRITE THE NAME OF THE PLACE / HOSPITAL	NAME OF THE PLACE	NAME OF THE PLACE	NAME OF THE PLACE

QUESTION AND INSTRUCTION	LAST BIRTH	NEXT TO LAST BIRTH	SECOND FROM LAST BIRTH
	NAME	NAME	NAME
438 During the delivery, how did the health staff treat you?	TREATED WELL1 DID'T CARE VERY MUCH2 SHOUTED AT ME3 OTHER6 (SPECIFY) DONT KNOW8	TREATED WELL1 DID'T CARE VERY MUCH2 SHOUTED AT ME3 OTHER6 (SPECIFY) DONT KNOW8	TREATED WELL1 DID'T CARE VERY MUCH2 SHOUTED AT ME3 OTHER6 (SPECIFY) DONT KNOW8
439 Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S). CIRCLE ALL MENTIONED.	HEALTH PERSONAL SPECIALIST DOCTORAB DOCTORB NURSEC PUBLIC HEALTH MIDWIFED OTHER PERSON TRADITIONAL BIRTH ATTENDANTE NO ONEF OTHERX (SPECIFY)	HEALTH PERSONAL SPECIALIST DOCTORAB DOCTORB NURSEC PUBLIC HEALTH MIDWIFED OTHER PERSON TRADITIONAL BIRTH ATTENDANTE NO ONEF OTHERX (SPECIFY)	HEALTH PERSONAL SPECIALIST DOCTORAB DOCTORB NURSEC PUBLIC HEALTH MIDWIFED OTHER PERSON TRADITIONAL BIRTH ATTENDANTE NO ONEF OTHERX (SPECIFY)
440 How long did you stay in the hospital after the delivery of (NAME)? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 [] [] DAYS 2 [] [] WEEKS 3 [] [] DONT KNOW 998	HOURS 1 [] [] DAYS 2 [] [] WEEKS 3 [] [] DONT KNOW 998	HOURS 1 [] [] DAYS 2 [] [] WEEKS 3 [] [] DONT KNOW 998
441 Was the delivery of (NAME) a normal delivery?	YES1 (GO TO 442) ← NO2 DONT KNOW8 CEASARIAN1 FORCEPS2 VACCUM3 DONT KNOW8	YES1 (GO TO 444) ← NO2 DONT KNOW8 CEASARIAN1 FORCEPS2 VACCUM3 DONT KNOW8	YES1 (GO TO 444) ← NO2 DONT KNOW8 CEASARIAN1 FORCEPS2 VACCUM3 DONT KNOW8
441 A delivered by caesarian (cutting your belly open) or by using forceps or vacuum aspiration?	CEASARIAN1 FORCEPS2 VACCUM3 DONT KNOW8	CEASARIAN1 FORCEPS2 VACCUM3 DONT KNOW8	CEASARIAN1 FORCEPS2 VACCUM3 DONT KNOW8
442 How long after delivery did your first check-up take place? IF LESS THAN ONE DAY RECORD HOURS. IF LESS THAN ONE HOUR RECORD "00".	HOURS 1 [] [] DAYS 2 [] [] DONT KNOW 998 (GO TO 446) ←	HOURS 1 [] [] DAYS 2 [] [] DONT KNOW 998 (GO TO 446) ←	HOURS 1 [] [] DAYS 2 [] [] DONT KNOW 998 (GO TO 446) ←

	QUESTION AND INSTRUCTION	LAST BIRTH NAME _____ NO. OF VISITS CHILD YOUNGER THAN 6 WEEKS97 DONT KNOW98	NEXT TO LAST BIRTH NAME _____	SECOND FROM LAST BIRTH NAME _____
448	In the first 6 weeks after delivery how many times did a public health midwife visit your home?	YES1 NO2 DONT KNOW8		
449	Did she make you aware of the services provided by the hospital after childbirth and what you should do in any case of emergencies?	YES1 NO2 DONT KNOW8		
450	Please tell me which are some of the complications why a woman should visit a doctor soon after child birth. PROBE : Any others ? CIRCLE ALL MENTIONED.	VAGINAL BLEEDING...A FEVERB PAINING TENDANTS..C DIFFICULTY IN BREATHING.....D VAGINAL DISCHARGE WITH ODOUR.....E SEVER HEADACHE.....F CHEST PAING OTHERX YES1 NO2 DONT KNOW8		
451	After delivery did you take a Vitamin A dose (like this/ any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS	YES1 NO2 DONT KNOW8		
452	Did you attend a public health midwife clinic within one month after the delivery?	YES1 NO2 (SKIP 455) ←		
453	Were you checked by a doctor ?	YES1 NO2		
454	Was your baby checked by a doctor ?	YES1 NO2		
455	Has your menstrual period returned since the birth of (NAME) ?	YES1 (SKIP TO 457) ← NO2 (SKIP TO 458) ←		

	QUESTION AND INSTRUCTION	LAST BIRTH NAME _____ HEALTH PERSON SPECIALIST DOCTOR1 DOCTOR.....2 NURSE.....3 PUBLIC HEALTH MIDWIFE.....4 OTHER PERSON TRADITIONAL BIRTH ATTENDANT5 OTHER6 (SPECIFY) DONT KNOW8	NEXT TO LAST BIRTH NAME _____	SECOND FROM LAST BIRTH NAME _____
443	Who checked on your health at that time? PROBE FOR THE MOST QUALIFIED.	YES1 (SKIP TO 446) ← NO2		
444	Before you were discharged did any doctor check on your health?	YES1 (SKIP TO 446) ← NO2		
445	Why didn't you deliver in a health facility? PROBE : ANY OTHER REASON RECORD ALL MENTIONED	EXPENSIVE.....A FACILITY NOT OPEN ..B TOO FAR/ NO TRANSPORTATION.C DONT TRUST FACILITY/ POOR QUALITY OF SERVICE.....D NO FEMALE PROVIDER FACILITYE HUSBAND/FAMILY DID NOT ALLOWF NOT NECESSARYG NOT CUSTOMARYH OTHERX (SPECIFY) YES1 (SKIP TO 446) ← NO2		
446	After (NAME) was born did a public health midwife visit your home?	YES1 (SKIP TO 450) ← NO2		
447	How many days or weeks after delivery did a public health midwife first visit you ?	DAYS 1 WEEKS 2 DONT KNOW 998		



	QUESTION AND INSTRUCTION	LAST BIRTH NAME _____ YES 1 NO 2 (SKIP TO 459) ↴	NEXT TO LAST BIRTH NAME _____ YES 1 NO 2 (SKIP TO 459) ↴	SECOND FROM LAST BIRTH NAME _____ YES 1 NO 2 (SKIP TO 459) ↴
456	Did your period return between the birth of (NAME) and your next pregnancy?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW.....98 SINCE LAST BIRTH.....77	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW.....98 SINCE LAST BIRTH.....77	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW.....98 SINCE LAST BIRTH.....77
457	For how many months after the birth of (NAME) did you not have a period?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW.....98 SINCE LAST BIRTH.....77	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW.....98 SINCE LAST BIRTH.....77	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW.....98 SINCE LAST BIRTH.....77
457A	CHECK 229	PREGNANT.....1 (SKIP TO 460) ↴ NOT PREGNANT OR UNSURE.....2		
458	Have you had sexual relations since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 460) ↴		
459	For how many months after the birth of (NAME) did you not have sexual relations? IF LESS THAN A MONTH RECORD '00'.	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW98
460	Did you ever breastfeed (NAME)?	YES 1 NO 2 (SKIP TO 478) ↴	YES 1 NO 2 (SKIP TO 478) ↴	YES 1 NO 2 (SKIP TO 478) ↴
461	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY000 (SKIP TO 462) ↴ HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>		
462	Did you feed the first breastmilk to the baby?	YES 1 NO 2 (SKIP TO 465) ↴		
463	Why did you not give the first breastmilk to the baby? RECORD MOST IMPORTANT REASON.	ADVISED BY MY MOTHER.....1 ADVISED BY MOTHER IN LAW.....2 HEALTH PROFESSIONAL.....3 BABY REFUSED.....4 OTHER.....6 (SPECIFY)		

	QUESTION AND INSTRUCTION	LAST BIRTH NAME _____ YES1 NO2 (SKIP TO 469) ↴	NEXT TO LAST BIRTH NAME _____	SECOND FROM LAST BIRTH NAME _____
465	During the first 6 months after (NAME) was born, did you give (him/her) anything to drink other than breast milk?	NO MILK01 INSUFFICIENT MILK.....02 BECAME PREGNANT.....03 NIPPLES INJURED.....04 MOTHER ILL.....05 MOTHER HAS TO RETURN TO WORK.....06 OTHER MILK/FOOD BETTER FOR BABY..07 BABY ILL.....08 BABY REFUSED.....09 ADVISED BY FAMILY MEMBERS.....10 BREAST NOT WELL..11 OTHER.....96 (SPECIFY)		
466	What was the main reason that you gave (NAME) something other than breastmilk to drink?	MILK (OTHER THAN BREAST MILK).....A PLAIN WATER.....B GLUCOSE WATER.....C SUGER-SALT-WATER SOLUTION.....D FRUIT JUICE.....E CORRIANDER WATER.....F VITAMIN.....G IRON SYRUP.....H JEEVANL.....I MEDICINE.....J OTHER.....X (SPECIFY)		
467	What was given to drink? PROBE : Anything else ?	DAYS 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/>		
468	How old was the baby when he/she first drank something other than breastmilk?			

	QUESTION AND INSTRUCTION	LAST BIRTH NAME	NEXT TO LAST BIRTH NAME	SECOND FROM LAST BIRTH NAME
469	CHECK 404: IS CHILD LIVING	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 473)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 473)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 473)
471	Are you currently breastfeeding (NAME)?	YES.....1 (SKIP TO 474) ← NO.....2	YES.....1 (SKIP TO 474) ← NO.....2	YES.....1 (SKIP TO 474) ← NO.....2
472A	What was the main reason for stopping breastfeeding (NAME)?	NO MILK.....01 INSUFFICIENT MILK.....02 BECAME PREGNANT.....03 NIPPLES INJURED.....04 MOTHER ILL.....05 MOTHER HAS TO RETURN TO WORK.....06 OTHER MILK/FOOD BETTER FOR BABY.....07 BABY ILL.....08 BABY REFUSED.....09 ADVISED BY FAMILY MEMBERS.....10 BREAST NOT WELL.....11 WELL.....11 OTHER.....96 (SPECIFY)	NO MILK.....01 INSUFFICIENT MILK.....02 BECAME PREGNANT.....03 NIPPLES INJURED.....04 MOTHER ILL.....05 MOTHER HAS TO RETURN TO WORK.....06 OTHER MILK/FOOD BETTER FOR BABY.....07 BABY ILL.....08 BABY REFUSED.....09 ADVISED BY FAMILY MEMBERS.....10 BREAST NOT WELL.....11 OTHER.....96 (SPECIFY)	NO MILK.....01 INSUFFICIENT MILK.....02 BECAME PREGNANT.....03 NIPPLES INJURED.....04 MOTHER ILL.....05 MOTHER HAS TO RETURN TO WORK.....06 OTHER MILK/FOOD BETTER FOR BABY.....07 BABY ILL.....08 BABY REFUSED.....09 ADVISED BY FAMILY MEMBERS.....10 BREAST NOT WELL.....11 OTHER.....96 (SPECIFY)

	QUESTION AND INSTRUCTION	LAST BIRTH NAME	NEXT TO LAST BIRTH NAME	SECOND FROM LAST BIRTH NAME
473	For how long did you breast feed (NAME)? IF LESS THAN 1 MONTH RECORD '00'.	MONTH(S)..... DON'T KNOW.....98	MONTH(S)..... DON'T KNOW.....98	MONTH(S)..... DON'T KNOW.....98
474	Did you ever give the baby extracted breast milk?	YES.....1 NO.....2 (SKIP TO 476) ←	YES.....1 NO.....2 (SKIP TO 476) ←	YES.....1 NO.....2 (SKIP TO 476) ←
474A	Did you use a bottle with a nipple, a cup or a spoon to give extracted breastmilk?	BOTTLE WITH A NIPPLE.....1 (SKIP TO 479) ← CUP.....2 SPOON.....3 OTHER.....6	BOTTLE WITH A NIPPLE.....1 (SKIP TO 485) ← CUP.....2 SPOON.....3 OTHER.....6	BOTTLE WITH A NIPPLE.....1 (SKIP TO 485) ← CUP.....2 SPOON.....3 OTHER.....6
475	Have you given the baby anything to drink from a bottle with a nipple?	YES.....1 (SKIP TO 479) ← NO.....2	YES.....1 (SKIP TO 485) ← NO.....2	YES.....1 (SKIP TO 485) ← NO.....2
476	Did you have the ability to give the child extracted breast milk using a bottle with a nipple, cup or a spoon?	YES.....1 (SKIP TO 479) ← NO.....2	YES.....1 (SKIP TO 485) ← NO.....2	YES.....1 (SKIP TO 485) ← NO.....2
478	What was the main reason for never breastfeeding (NAME)? (CIRCLE THE RELEVANT CODE)	NO MILK.....01 INSUFFICIENT MILK.....02 BECAME PREGNANT.....03 NIPPLES INJURED.....04 MOTHER ILL.....05 MOTHER HAS TO RETURN TO WORK.....06 OTHER MILK/FOOD BETTER FOR BABY.....07 BABY ILL.....08 BABY REFUSED.....09 ADVISED BY FAMILY MEMBERS.....10 BREAST INJURIES.....11 OTHER.....96 (SPECIFY)	NO MILK.....01 INSUFFICIENT MILK.....02 BECAME PREGNANT.....03 NIPPLES INJURED.....04 MOTHER ILL.....05 MOTHER HAS TO RETURN TO WORK.....06 OTHER MILK/FOOD BETTER FOR BABY.....07 BABY ILL.....08 BABY REFUSED.....09 ADVISED BY FAMILY MEMBERS.....10 BREAST INJURIES.....11 OTHER.....96 (SPECIFY)	NO MILK.....01 INSUFFICIENT MILK.....02 BECAME PREGNANT.....03 NIPPLES INJURED.....04 MOTHER ILL.....05 MOTHER HAS TO RETURN TO WORK.....06 OTHER MILK/FOOD BETTER FOR BABY.....07 BABY ILL.....08 BABY REFUSED.....09 ADVISED BY FAMILY MEMBERS.....10 BREAST INJURIES.....11 OTHER.....96 (SPECIFY)



	QUESTION AND IN-STRUCTION	LAST BIRTH NAME	LAST BIRTH NAME	NEXT TO LAST BIRTH NAME	SECOND FROM LAST BIRTH NAME
479	Did anyone provide you with advice on breastfeeding?	YES.....1 NO.....2 (SKIP TO 481) ←			
480	From whom did you get advice? CIRCLE ALL MENTIONED.	MOTHER/ ELDERLY RELATIVE.....A PUBLIC HEALTH MIDWIFE.....B FAMILY DOCTOR.....C BREAST MILK MANAGEMENT UNIT.....D FRIENDS.....E OTHER.....X			
481	Is the breastmilk management center where you can get advice located in a government hospital or private hospital?	IN GOVERNMENT HOSPITAL.....1 IN PRIVATE HOSPITAL.....2 OTHER.....6 DON'T KNOW.....8			
482	CHECK 465.	DRANK ONLY BREASTMILK.....1 (SKIP TO 488) ← OTHER.....6			
482A	CHECK 467.	GAVE OTHER MILK.....1 (SKIP TO 484) ← OTHER.....6			
483	Have you given other milk to (NAME)?	YES.....1 NO.....2 (SKIP TO 485) ←			
484	How many times did you give other milk yesterday and yesterday night? RECORD 00 IF NOT GIVEN	NO OF TIMES DON'T KNOW.....98			
485	How old was (NAME) when he/she was given solid/ semi solid foods for the first time?	MONTHS NOT GIVEN.....77 (SKIP TO 488)	MONTHS NOT GIVEN.....77 (SKIP TO 488)	MONTHS NOT GIVEN.....77 (SKIP TO 488)	MONTHS NOT GIVEN.....77 (SKIP TO 488)
486	What was the food for (NAME) given first? CIRCLE THE RELEVANT CODE.	GRUEL WATER.....01 RICE(PASTE).....02 BOILED VEGETABLE WATER.....03 FRUIT JUICES.....04 FRUITS(SMASHED).....05 BISCUITS.....06 CEREALS.....06 (COMMERCIAL) PREPARATION).....07 ANY OTHER.....96 DON'T KNOW.....98	GRUEL WATER.....01 RICE(PASTE).....02 BOILED VEGETABLE WATER.....03 FRUIT JUICES.....04 FRUITS(SMASHED).....05 BISCUITS.....06 CEREALS.....06 (COMMERCIAL) PREPARATION).....07 ANY OTHER.....96 DON'T KNOW.....98	GRUEL WATER.....01 RICE(PASTE).....02 BOILED VEGETABLE WATER.....03 FRUIT JUICES.....04 FRUITS(SMASHED).....05 BISCUITS.....06 CEREALS.....06 (COMMERCIAL) PREPARATION).....07 ANY OTHER.....96 DON'T KNOW.....98	GRUEL WATER.....01 RICE(PASTE).....02 BOILED VEGETABLE WATER.....03 FRUIT JUICES.....04 FRUITS(SMASHED).....05 BISCUITS.....06 CEREALS.....06 (COMMERCIAL) PREPARATION).....07 ANY OTHER.....96 DON'T KNOW.....98

	QUESTION AND IN-STRUCTION	LAST BIRTH NAME	NEXT TO LAST BIRTH NAME	SECOND FROM LAST BIRTH NAME
487	Have you given foods such as spratts, fish, chicken liver, dried fish, prawns to (NAME)?	YES - 1 NO - 2	YES - 1 NO - 2	YES - 1 NO - 2
488	Did you work away from home, after you had (NAME)?	YES - 1 NO - 2 → 491	YES - 1 NO - 2 → 491	YES - 1 NO - 2 → 491
488A	CHECK 218 AND 220.	CHILD'S AGE ≥ 6 MONTHS.....1 CHILD'S AGE < 6 MONTHS.....2 GO TO 491 ←	CHILD'S AGE ≥ 6 MONTHS.....1 CHILD'S AGE < 6 MONTHS.....2 GO TO 491 ←	CHILD'S AGE ≥ 6 MONTHS.....1 CHILD'S AGE < 6 MONTHS.....2 GO TO 491 ←
489	Did you work before the baby was 6 months old?	YES - 1 NO - 2 → 491	YES - 1 NO - 2 → 491	YES - 1 NO - 2 → 491
490	While you were at work what foods were given to (NAME) to drink / eat? RECORD ALL MENTIONED	EXTRACTED BREAST MILK.....A GIVEN OTHER MILK.....B SUPPLEMENTARY FOODS.....C OTHER.....X	EXTRACTED BREAST MILK.....A GIVEN OTHER MILK.....B SUPPLEMENTARY FOODS.....C OTHER.....X	EXTRACTED BREAST MILK.....A GIVEN OTHER MILK.....B SUPPLEMENTARY FOODS.....C OTHER.....X
491		GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501	GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501	USE A ADDITIONAL FORM FOR NEXT BIRTH OR IF NO MORE BIRTH GO TO 501

SECTION 5 - CHILD IMMUNIZATION, HEALTH AND NUTRITION

501 ENTER IN THE TABLE LINE NUMBER, NAME AND SURVIVAL STATUS OF EACH BIRTH IN 2011 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE ADDITIONAL SHEET NO. 5).

502	LINE NUMBER AND NAME FROM 215 (BIRTH HISTORY)	LAST BIRTH LINE NUMBER NAME	NEXT TO LAST BIRTH LINE NUMBER NAME	SECOND FROM LAST BIRTH LINE NUMBER NAME
503	FROM 219 (BIRTH HISTORY)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS GO TO 549)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS GO TO 549)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (USE ADDITIONAL FORM NO. 5 OR, IF NO MORE BIRTHS GO TO 549)
504	Do you have a card where (NAME)'s vaccinations are written down? (CHDR) IF YES: May I see it please?	YES, SEEN1 (SKIP TO 506) ↓ YES, NOT SEEN2 (SKIP TO 509) ↓ NOT AVAILABLE3	YES, SEEN1 (SKIP TO 506) ↓ YES, NOT SEEN2 (SKIP TO 509) ↓ NOT AVAILABLE3	YES, SEEN1 (SKIP TO 506) ↓ YES, NOT SEEN2 (SKIP TO 509) ↓ NOT AVAILABLE3
505	Did you ever have a vaccination card for (NAME)?	YES1 (SKIP TO 509) ↓ NO2	YES1 (SKIP TO 509) ↓ NO2	YES1 (SKIP TO 509) ↓ NO2

506 **For children having a vaccination card**
RECORD WHETHER THE VACCINATION WAS GIVEN OR NOT, ACCORDING TO THE VACCINATION CARD. FOR THOSE THAT ARE GIVEN, ACCORDING TO THE CARD, RECORD CODE "1" IN THE COLUMN "GIVEN" AND RECORD THE DATE FROM THE CARD. IF THE IMMUNIZATION WAS GIVEN BUT NO DATES IS RECORDED ON THE CARD, RECORD "44" IN THE "DAY" COLUMN. RECORD CODE FOR THE PLACE OF THE IMMUNIZATION. IF A VACCINATION WAS NOT GIVEN, RECORD CODE "2" IN THE "GIVEN" COLUMN AND GO TO THE NEXT IMMUNIZATION.

AGE	LAST BIRTH NAME				NEXT - TO - LAST BIRTH NAME				SECOND - FROM LAST BIRTH NAME			
	Y1	N1	Y2	N2	Y1	N1	Y2	N2	Y1	N1	Y2	N2
0-4 weeks	Y1	N1	Y2	N2	Y1	N1	Y2	N2	Y1	N1	Y2	N2
Pentavalent I	Y1	N1	Y2	N2	Y1	N1	Y2	N2	Y1	N1	Y2	N2
Hexavalent I	Y1	N1	Y2	N2	Y1	N1	Y2	N2	Y1	N1	Y2	N2
Polio I	Y1	N1	Y2	N2	Y1	N1	Y2	N2	Y1	N1	Y2	N2
Pentavalent II	Y1	N1	Y2	N2	Y1	N1	Y2	N2	Y1	N1	Y2	N2
Hexavalent II	Y1	N1	Y2	N2	Y1	N1	Y2	N2	Y1	N1	Y2	N2
Polio II	Y1	N1	Y2	N2	Y1	N1	Y2	N2	Y1	N1	Y2	N2
IPV	Y1	N1	Y2	N2	Y1	N1	Y2	N2	Y1	N1	Y2	N2
Pentavalent III	Y1	N1	Y2	N2	Y1	N1	Y2	N2	Y1	N1	Y2	N2
Hexavalent III	Y1	N1	Y2	N2	Y1	N1	Y2	N2	Y1	N1	Y2	N2
Polio III	Y1	N1	Y2	N2	Y1	N1	Y2	N2	Y1	N1	Y2	N2
Vitamin A	Y1	N1	Y2	N2	Y1	N1	Y2	N2	Y1	N1	Y2	N2
JE	Y1	N1	Y2	N2	Y1	N1	Y2	N2	Y1	N1	Y2	N2
Vitamin A	Y1	N1	Y2	N2	Y1	N1	Y2	N2	Y1	N1	Y2	N2
MMR I	Y1	N1	Y2	N2	Y1	N1	Y2	N2	Y1	N1	Y2	N2
MMR I	Y1	N1	Y2	N2	Y1	N1	Y2	N2	Y1	N1	Y2	N2
JE	Y1	N1	Y2	N2	Y1	N1	Y2	N2	Y1	N1	Y2	N2
Vitamin A	Y1	N1	Y2	N2	Y1	N1	Y2	N2	Y1	N1	Y2	N2
PLACE -	1	2	3		1	2	3		1	2	3	



506	For children having a vaccination card RECORD WHETHER THE VACCINATION WAS GIVEN OR NOT, ACCORDING TO THE VACCINATION CARD. FOR THOSE THAT ARE GIVEN, ACCORDING TO THE CARD, RECORD CODE "1" IN THE COLUMN "GIVEN" AND RECORD THE DATE FROM THE CARD. IF THE IMMUNIZATION WAS GIVEN BUT NO DATES IS RECORDED ON THE CARD, RECORD "04" IN THE "DAY" COLUMN. RECORD CODE FOR THE PLACE OF THE IMMUNIZATION. IF A VACCINATION WAS NOT GIVEN, RECORD CODE "2" IN THE "GIVEN" COLUMN AND GO TO THE NEXT IMMUNIZATION.														
	AGE	LAST BIRTH NAME.....			NEXT - TO - LAST BIRTH NAME.....			SECOND - FROM LAST BIRTH NAME.....			PLACE	DAY	MONTH	YEAR	
	GIVEN	YEAR	MONTH	DAY	PLACE	GIVEN	YEAR	MONTH	DAY	PLACE	GIVEN	YEAR	MONTH	DAY	PLACE
DPT	Y1 N2					Y1 N2					Y1 N2				
Polio IV	Y1 N2	18 months				Y1 N2					Y1 N2				
Vitamin A	Y1 N2					Y1 N2					Y1 N2				
Vitamin A	Y1 N2	2 years				Y1 N2					Y1 N2				
Vitamin A	Y1 N2	2 ^{1/2} years				Y1 N2					Y1 N2				
MMR II	Y1 N2	3 years				Y1 N2					Y1 N2				
Vitamin A	Y1 N2					Y1 N2					Y1 N2				
Vitamin A	Y1 N2	3 ^{1/2} years				Y1 N2					Y1 N2				
Vitamin A	Y1 N2	4 years				Y1 N2					Y1 N2				
Vitamin A	Y1 N2	4 ^{1/2} years				Y1 N2					Y1 N2				
DT	Y1 N2					Y1 N2					Y1 N2				
Polio V	Y1 N2	5 years				Y1 N2					Y1 N2				
Vitamin A	Y1 N2					Y1 N2					Y1 N2				
Other vaccination (specify)	Y1 N2					Y1 N2					Y1 N2				
PLACE -															
Field clinic															1
Hospital clinic															2
Private clinic															3

NO	QUESTIONS AND FILTERS	LAST BIRTH NAME.....	NEXT - TO - LAST BIRTH NAME.....	SECOND - FROM - LAST BIRTH NAME.....
508	Has (NAME) received any vaccinations that are not recorded in this card, including vaccinations received in a national immunization day campaign?	YES.....1 PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 510) ←	YES.....1 PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 510) ←	YES.....1 PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 510) ←
		NO.....2 (SKIP TO 510) ←	NO.....2 (SKIP TO 510) ←	NO.....2 (SKIP TO 510) ←
		DON'T KNOW.....8	DON'T KNOW.....8	DON'T KNOW.....8
509	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES.....1	YES.....1	YES.....1
		NO.....2 (SKIP TO 513) ←	NO.....2 (SKIP TO 513) ←	NO.....2 (SKIP TO 513) ←
		DON'T KNOW.....8	DON'T KNOW.....8	DON'T KNOW.....8

NO	QUESTIONS AND FILTERS	LAST BIRTH NAME _____ RECORD IN GRAMS BIRTH WEIGHT NOT ON CARD OR NO CARD.....9999	NEXT - TO - LAST BIRTH NAME _____ RECORD IN GRAMS BIRTH WEIGHT NOT ON CARD OR NO CARD.....9999	SECOND - FROM - LAST BIRTH NAME _____ RECORD IN GRAMS BIRTH WEIGHT NOT ON CARD OR NO CARD.....9999
510	RECORD BIRTH WEIGHT IN GRAMS FROM HEALTH CARD.	RECORD IN GRAMS BIRTH WEIGHT NOT ON CARD OR NO CARD.....9999	RECORD IN GRAMS BIRTH WEIGHT NOT ON CARD OR NO CARD.....9999	RECORD IN GRAMS BIRTH WEIGHT NOT ON CARD OR NO CARD.....9999
513	During the last 14 days, was (NAME) given any syrup that contained iron?	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8
514	During the last 14 days was (NAME) given any syrup that contained vitamins?	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8
515	Was (NAME) given the mega dose of vitamin "A" at a children's clinic last year? (SHOW CAPSULES USED)	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8
516	How many times?	ONCE.....1 TWICE.....2 OTHER.....6	ONCE.....1 TWICE.....2 OTHER.....6	ONCE.....1 TWICE.....2 OTHER.....6
517	Has (NAME) taken any drug for intestinal worms during the last six months?	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8
518	Has (NAME) had diarrhoea in the last 2 weeks?	YES.....1 NO.....2 (SKIP TO 534).....	YES.....1 NO.....2 (SKIP TO 534).....	YES.....1 NO.....2 (SKIP TO 534).....
519	Did (NAME) have watery diarrhoea or blood and mucus in the stools?	DONT KNOW.....8 WATERY DIARRHOEA.1 BLOOD AND MUSCUS IN STOOLS.....2 BOTH.....3 DONT KNOW.....8	DONT KNOW.....8 WATERY DIARRHOEA.1 BLOOD AND MUSCUS IN STOOLS.....2 BOTH.....3 DONT KNOW.....8	DONT KNOW.....8 WATERY DIARRHOEA.1 BLOOD AND MUSCUS IN STOOLS.....2 BOTH.....3 DONT KNOW.....8

509 A	FOR CHILDREN NOT HAVING A VACCINATION CARD Has (NAME) had any of the following injections/vaccinations ?									
	AGE	LAST BIRTH NAME		NEXT-TO-LAST BIRTH NAME		SECOND - FROM - LAST BIRTH NAME				
		YES	NO	YES	NO	YES	NO	YES	NO	DONT KNOW
BCG	0-4 weeks									
Pentavalent I	2 months									
Hexavalent I										
Polio I	4 months									
Pentavalent II										
Hexavalent II										
Polio II	6 months									
IPV										
Pentavalent III										
Hexavalent III	9 months									
Polio III										
Vitamin A	12 months									
JE										
VITAMIN A	18 months									
MMR I										
MMR I	2 years									
JE										
Vitamin A	2 1/2 years									
DPT										
Polio IV	3 years									
Vitamin A										
Vitamin A	3 1/2 years									
Vitamin A										
Vitamin A	4 years									
Vitamin A										
Vitamin A	4 1/2 years									
DT										
Polio V	5 years									
Vitamin A										
Other vaccination (specify)										

SKIP TO 513



NO	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT - TO - LAST BIRTH NAME _____	SECOND - FROM - LAST BIRTH NAME _____
520	CHECK QUESTION NO. 471.	CURRENTLY BREASTFED1 NOT CURRENTLY BREASTFED2 (GO TO 520B) ←	CURRENTLY BREASTFED1 NOT CURRENTLY BREASTFED2 (GO TO 520B) ←	CURRENTLY BREASTFED1 NOT CURRENTLY BREASTFED2 (GO TO 520B) ←
520A	When (NAME) had diarrhoea was (he/she) breastfed less than usual, about the same amount as usual or more than usual? IF LESS PROBE: Was (he/she) breastfed much less than usual or somewhat less?	MUCH LESS.....1 SOMEWHAT LESS2 ABOUT THE SAME...3 MORE THAN USUAL.....4	MUCH LESS.....1 SOMEWHAT LESS2 ABOUT THE SAME...3 MORE THAN USUAL4	MUCH LESS.....1 SOMEWHAT LESS2 ABOUT THE SAME...3 MORE THAN USUAL.....4
520B	Now I would like to know how much (NAME) was given to drink during the diarrhoea? Was he/she given less than usual to drink, about the same amount, more than usual, or was (he/she) not given anything to drink (apart from breastmilk)? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS.....1 SOMEWHAT LESS2 ABOUT THE SAME.....3 MORE THAN USUAL.....4 NOT GIVEN.....5	MUCH LESS.....1 SOMEWHAT LESS2 ABOUT THE SAME.....3 MORE THAN USUAL.....4 NOT GIVEN.....5	MUCH LESS.....1 SOMEWHAT LESS2 ABOUT THE SAME.....3 MORE THAN USUAL.....4 NOT GIVEN.....5

NO	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT - TO - LAST BIRTH NAME _____	SECOND - FROM - LAST BIRTH NAME _____
521A	When (NAME) had diarrhoea was (he/she) given less than usual amount of semi solid food, about the same amount, more than usual or not given semi solid food? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS.....1 SOMEWHAT LESS2 ABOUT THE SAME...3 MORE THAN USUAL.....4 NOT GIVEN SEMI -SOLID FOOD5	MUCH LESS.....1 SOMEWHAT LESS2 ABOUT THE SAME...3 MORE THAN USUAL.....4 NOT GIVEN SEMI -SOLID FOOD5	MUCH LESS.....1 SOMEWHAT LESS2 ABOUT THE SAME...3 MORE THAN USUAL.....4 NOT GIVEN SEMI -SOLID FOOD5
521B	When (NAME) had diarrhoea, was (he/she) given less than usual solid food to eat, about the same amount, more than usual or not given solid food? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS.....1 SOMEWHAT LESS2 ABOUT THE SAME...3 MORE THAN USUAL.....4 NOT GIVEN SOLID FOOD.....5	MUCH LESS.....1 SOMEWHAT LESS2 ABOUT THE SAME...3 MORE THAN USUAL.....4 NOT GIVEN SOLID FOOD.....5	MUCH LESS.....1 SOMEWHAT LESS2 ABOUT THE SAME...3 MORE THAN USUAL.....4 NOT GIVEN SOLID FOOD.....5
522	Did you seek advice or treatment for the diarrhoea from any source?	YES1 NO2 (SKIP TO 527) ←	YES1 NO2 (SKIP TO 527) ←	YES1 NO2 (SKIP TO 527) ←

NO	QUESTIONS AND FILTERS	LAST BIRTH NAME	NEXT - TO - LAST BIRTH NAME	SECOND - FROM - LAST BIRTH NAME
526	How many days after the diarrhoea started did you first seek advice? IF THE SAME DAY, RECORD "00".	NAME DAYS	NAME DAYS	NAME DAYS
527	Does (NAME) still have diarrhoea?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
528	a) Was (NAME) given fluid made from a special packet called [JEEWANI] at any time since he/she started having diarrhoea? b) Was (NAME) given a home fluid recommended by a health officer?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
529	Was anything (else) given to treat the diarrhoea?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
530	What(else) was given to treat the diarrhoea? Anything else? RECORD ALL TREATMENTS GIVEN.	CAPSULES/PILL OR SYRUP.....A INJECTION.....B MEDICINE WITH SALINE.....C HOME REMEDY/ HERBAL MEDICINE.....D OTHER.....X (SPECIFY)	CAPSULES/PILL OR SYRUP.....A INJECTION.....B MEDICINE WITH SALINE.....C HOME REMEDY/ HERBAL MEDICINE.....D OTHER.....X (SPECIFY)	CAPSULES/PILL OR SYRUP.....A INJECTION.....B MEDICINE WITH SALINE.....C HOME REMEDY/ HERBAL MEDICINE.....D OTHER.....X (SPECIFY)
534	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8

NO	QUESTIONS AND FILTERS	LAST BIRTH NAME	NEXT - TO - LAST BIRTH NAME	SECOND - FROM - LAST BIRTH NAME
523	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF PLACE AND CIRCLE RELEVANT CODE(S) IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE, MEDICAL, SELECT THE OPTION "UNABLE TO DETERMINE" AND WRITE THE NAME OF THE PLACE.	NAME PUBLIC SECTOR MOH CLINIC.....A GOVT. HOSPITAL/CLINIC.....B MOBILE CLINIC.....C PUBLIC HEALTH MIDWIFE.....D OTHER GOVERNMENT.....E (SPECIFY) PRIVATE SECTOR PVT HOSPITAL/CLINIC.....F PHARMACY.....G PRIVATE DOCTOR.....H MOBILE CLINIC.....I OTHER PRIVATE.....J (SPECIFY) OTHER SOURCE GROCERY.....K UNABLE TO DETERMINE.....X	NAME PUBLIC SECTOR MOH CLINIC.....A GOVT. HOSPITAL/CLINIC.....B MOBILE CLINIC.....C PUBLIC HEALTH MIDWIFE.....D OTHER GOVERNMENT.....E (SPECIFY) PRIVATE SECTOR PVT HOSPITAL/CLINIC.....F PHARMACY.....G PRIVATE DOCTOR.....H MOBILE CLINIC.....I OTHER PRIVATE.....J (SPECIFY) OTHER SOURCE GROCERY.....K UNABLE TO DETERMINE.....X	NAME PUBLIC SECTOR MOH CLINIC.....A GOVT. HOSPITAL/CLINIC.....B MOBILE CLINIC.....C PUBLIC HEALTH MIDWIFE.....D OTHER GOVERNMENT.....E (SPECIFY) PRIVATE SECTOR PVT HOSPITAL/CLINIC.....F PHARMACY.....G PRIVATE DOCTOR.....H MOBILE CLINIC.....I OTHER PRIVATE.....J (SPECIFY) OTHER SOURCE GROCERY.....K UNABLE TO DETERMINE.....X
524	CHECK 523.	TWO OR ONLY ONE MORE CODE CIRCLED (SKIP TO 526)	TWO OR ONLY ONE MORE CODE CIRCLED (SKIP TO 526)	TWO OR ONLY ONE MORE CODE CIRCLED (SKIP TO 526)
525	Where did you first seek advice or treatment? IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE, MEDICAL, SELECT THE OPTION "UNABLE TO DETERMINE" AND WRITE THE NAME OF THE PLACE.	NAME PUBLIC SECTOR MOH CLINIC.....01 GOVT. HOSPITAL/CLINIC.....02 MOBILE CLINIC.....03 PUBLIC HEALTH MIDWIFE.....04 OTHER GOVERNMENT.....05 (SPECIFY) PRIVATE SECTOR PVT HOSPITAL/CLINIC.....06 PHARMACY.....07 PRIVATE DOCTOR.....08 MOBILE CLINIC.....09 OTHER PRIVATE.....10 (SPECIFY) OTHER SOURCE GROCERY.....11 UNABLE TO DETERMINE.....98	NAME PUBLIC SECTOR MOH CLINIC.....01 GOVT. HOSPITAL/CLINIC.....02 MOBILE CLINIC.....03 PUBLIC HEALTH MIDWIFE.....04 OTHER GOVERNMENT.....05 (SPECIFY) PRIVATE SECTOR PVT HOSPITAL/CLINIC.....06 PHARMACY.....07 PRIVATE DOCTOR.....08 MOBILE CLINIC.....09 OTHER PRIVATE.....10 (SPECIFY) OTHER SOURCE GROCERY.....11 UNABLE TO DETERMINE.....98	NAME PUBLIC SECTOR MOH CLINIC.....01 GOVT. HOSPITAL/CLINIC.....02 MOBILE CLINIC.....03 PUBLIC HEALTH MIDWIFE.....04 OTHER GOVERNMENT.....05 (SPECIFY) PRIVATE SECTOR PVT HOSPITAL/CLINIC.....06 PHARMACY.....07 PRIVATE DOCTOR.....08 MOBILE CLINIC.....09 OTHER PRIVATE.....10 (SPECIFY) OTHER SOURCE GROCERY.....11 UNABLE TO DETERMINE.....98



NO	QUESTIONS AND FILTERS	LAST BIRTH NAME	NEXT - TO - LAST BIRTH NAME	SECOND - FROM - LAST BIRTH NAME
535	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or did he/she have difficulty in breathing?	YES.....1 NO.....2 DON'T KNOW.....8 (SKIP TO 537)	YES.....1 NO.....2 DON'T KNOW.....8 (SKIP TO 537)	YES.....1 NO.....2 DON'T KNOW.....8 (SKIP TO 537)
536A	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY.....1 NOSE ONLY.....2 BOTH.....3 OTHER.....6 (SPECIFY).....8 DON'T KNOW.....8	CHEST ONLY.....1 NOSE ONLY.....2 BOTH.....3 OTHER.....6 (SPECIFY).....8 DON'T KNOW.....8	CHEST ONLY.....1 NOSE ONLY.....2 BOTH.....3 OTHER.....6 (SPECIFY).....8 DON'T KNOW.....8
536B	Does (NAME) still have a cough?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
537	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES.....1 NO.....2 DON'T KNOW.....8 (SKIP TO 548)	YES.....1 NO.....2 DON'T KNOW.....8 (SKIP TO 548)	YES.....1 NO.....2 DON'T KNOW.....8 (SKIP TO 548)
537A	CHECK QUESTION 471.	CURRENTLY BREASTFEED.....1 NOT CURRENTLY BREASTFEED.....2 (GO TO 538)	CURRENTLY BREASTFEED.....1 NOT CURRENTLY BREASTFEED.....2 (GO TO 538)	CURRENTLY BREASTFEED.....1 NOT CURRENTLY BREASTFEED.....2 (GO TO 538)
537B	When (NAME) had fever was he/she breastfed less than usual, about the same amount or more than usual? IF LESS, PROBE: Was he/she breastfed much less than usual to drink or somewhat less?	MUCH LESS.....1 SOMEWHAT LESS.....2 ABOUT THE SAME.....3 MORE THAN USUAL.....4	MUCH LESS.....1 SOMEWHAT LESS.....2 ABOUT THE SAME.....3 MORE THAN USUAL.....4	MUCH LESS.....1 SOMEWHAT LESS.....2 ABOUT THE SAME.....3 MORE THAN USUAL.....4
538	How much was (NAME) given to drink during the fever (apart from breast milk)? Was (he/she) given less than usual to drink, about the same amount, or more than usual? IF LESS, PROBE: Was (he/she) given much less to drink than usual or somewhat less?	MUCH LESS.....1 SOMEWHAT LESS.....2 ABOUT THE SAME.....3 MORE.....4 NOTHING TO DRINK.....5 DON'T KNOW.....8	MUCH LESS.....1 SOMEWHAT LESS.....2 ABOUT THE SAME.....3 MORE.....4 NOTHING TO DRINK.....5 DON'T KNOW.....8	MUCH LESS.....1 SOMEWHAT LESS.....2 ABOUT THE SAME.....3 MORE.....4 NOTHING TO DRINK.....5 DON'T KNOW.....8

NO	QUESTIONS AND FILTERS	LAST BIRTH NAME	NEXT - TO - LAST BIRTH NAME	SECOND - FROM - LAST BIRTH NAME
539	When (NAME) had a fever was (he/she) given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was (NAME) given much less than usual to eat or somewhat less?	MUCH LESS.....1 SOMEWHAT LESS.....2 ABOUT THE SAME.....3 MORE.....4 STOPPED FOOD.....5 NEVER GAVE FOOD.....6 DON'T KNOW.....8	MUCH LESS.....1 SOMEWHAT LESS.....2 ABOUT THE SAME.....3 MORE.....4 STOPPED FOOD.....5 NEVER GAVE FOOD.....6 DON'T KNOW.....8	MUCH LESS.....1 SOMEWHAT LESS.....2 ABOUT THE SAME.....3 MORE.....4 STOPPED FOOD.....5 NEVER GAVE FOOD.....6 DON'T KNOW.....8
540	Did you seek advice or treatment for the illness from any source?	YES.....1 NO.....2 DON'T KNOW.....8 (SKIP TO 547A)	YES.....1 NO.....2 DON'T KNOW.....8 (SKIP TO 547A)	YES.....1 NO.....2 DON'T KNOW.....8 (SKIP TO 547A)
541	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE RELEVANT CODE(S) IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE, MEDICAL, SELECT THE OPTION "UNABLE TO DETERMINE" AND WRITE THE NAME OF THE PLACE.	PUBLIC SECTOR MOH CLINIC.....A GOVT. HOSPITAL/CLINIC.....B MOBILE CLINIC.....C PUBLIC HEALTH MIDWIFE.....D OTHER GOVERNMENT.....E (SPECIFY) PRIVATE SECTOR PVT HOSPITAL/CLINIC.....F PHARMACY.....G PRIVATE DOCTOR.....H MOBILE CLINIC.....I OTHER PRIVATE.....J OTHER SOURCE GROCERY.....K UNABLE TO DETERMINE.....X	PUBLIC SECTOR MOH CLINIC.....A GOVT. HOSPITAL/CLINIC.....B MOBILE CLINIC.....C PUBLIC HEALTH MIDWIFE.....D OTHER GOVERNMENT.....E (SPECIFY) PRIVATE SECTOR PVT HOSPITAL/CLINIC.....F PHARMACY.....G PRIVATE DOCTOR.....H MOBILE CLINIC.....I OTHER PRIVATE.....J OTHER SOURCE GROCERY.....K UNABLE TO DETERMINE.....X	PUBLIC SECTOR MOH CLINIC.....A GOVT. HOSPITAL/CLINIC.....B MOBILE CLINIC.....C PUBLIC HEALTH MIDWIFE.....D OTHER GOVERNMENT.....E (SPECIFY) PRIVATE SECTOR PVT HOSPITAL/CLINIC.....F PHARMACY.....G PRIVATE DOCTOR.....H MOBILE CLINIC.....I OTHER PRIVATE.....J OTHER SOURCE GROCERY.....K UNABLE TO DETERMINE.....X
542	CHECK 541	TWO OR MORE CODES CIRCLED (SKIP TO 544)	TWO OR MORE CODES CIRCLED (SKIP TO 544)	TWO OR MORE CODES CIRCLED (SKIP TO 544)

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
549	CHECK 218 AND 221, ALL ROWS: NUMBER OF CHILDREN BORN IN 2011 OR LATER LIVING WITH THE RESPONDENT. ONE OR MORE <input type="checkbox"/> → 552 NONE <input type="checkbox"/> → 552		
550	How do you dispose of the stools (excrement) of (NAME OF YOUNGEST CHILD)? CIRCLE THE RELEVANT CODE.	CHILD USED TOILET OR LATRINE.....01 PUT/RINSED INTO TOILET OR LATRINE.....02 PUT/RINSED INTO DRAIN OR DITCH.....03 THROWN INTO GARBAGE.....04 BURIED.....05 LEFT IN THE OPEN.....06 OTHER.....96 (SPECIFY)	
551	CHECK 528(a) IF NO CODE CIRCLED OR CIRCLED "2" OR "8" <input type="checkbox"/> →	CIRCLED "1" <input type="checkbox"/> →	553
552	Have you ever heard about a special product called Jeevani, a pre packaged ORS liquid that you can get for the treatment of diarrhea?	YES.....1 NO.....2 DON'T KNOW.....8	
553	CHECK 218 AND 221, ALL ROWS: HAS AT LEAST ONE CHILD BORN IN 2011 OR LATER AND LIVING WITH HER <input type="checkbox"/> → RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 554.	DOES NOT HAVE ANY CHILDREN BORN IN 2011 OR LATER AND LIVING WITH HER. <input type="checkbox"/> → 600A NAME OF THE YOUNGEST CHILD	

NO	QUESTIONS AND FILTERS	LAST BIRTH	NEXT - TO - LAST BIRTH	SECOND - FROM - LAST BIRTH
543	Where did you first seek advice or treatment?	NAME..... PUBLIC SECTOR MOH CLINIC.....01 GOVT. HOSPITAL/ CLINIC.....02 MOBILE CLINIC.....03 PUBLIC HEALTH MIDWIFE.....04 OTHER GOVERNMENT.....05 (SPECIFY) PRIVATE SECTOR PVT HOSPITAL/ CLINIC.....06 PHARMACY.....07 PRIVATE DOCTOR.....08 MOBILE CLINIC.....09 OTHER PRIVATE.....10 OTHER SOURCE GROCERY.....11 UNABLE TO DETER- MINE.....98	NAME..... PUBLIC SECTOR MOH CLINIC.....01 GOVT. HOSPITAL/ CLINIC.....02 MOBILE CLINIC.....03 PUBLIC HEALTH MIDWIFE.....04 OTHER GOVERNMENT.....05 (SPECIFY) PRIVATE SECTOR PVT HOSPITAL/ CLINIC.....06 PHARMACY.....07 PRIVATE DOCTOR.....08 MOBILE CLINIC.....09 OTHER PRIVATE.....10 OTHER SOURCE GROCERY.....11 UNABLE TO DETER- MINE.....98	NAME..... PUBLIC SECTOR MOH CLINIC.....01 GOVT. HOSPITAL/ CLINIC.....02 MOBILE CLINIC.....03 PUBLIC HEALTH MIDWIFE.....04 OTHER GOVERNMENT.....05 (SPECIFY) PRIVATE SECTOR PVT HOSPITAL/ CLINIC.....06 PHARMACY.....07 PRIVATE DOCTOR.....08 MOBILE CLINIC.....09 OTHER PRIVATE.....10 OTHER SOURCE GROCERY.....11 UNABLE TO DETER- MINE.....98
544	After how many days of the start of fever did you seek first medical advice? IF THE SAME DAY, RECORD '00'	NUMBER OF DAYS <input type="checkbox"/> <input type="checkbox"/> YES.....1 NO.....2 DON'T KNOW.....8	NUMBER OF DAYS <input type="checkbox"/> <input type="checkbox"/> YES.....1 NO.....2 DON'T KNOW.....8	NUMBER OF DAYS <input type="checkbox"/> <input type="checkbox"/> YES.....1 NO.....2 DON'T KNOW.....8
545	During his/her illness was (NAME)'s blood sample tested for malaria?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
546	Was (NAME) given any drugs/medicines at any time during the illness?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
547	Which drugs were given to (NAME)? RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS.....A ANTIBIOTIC DRUGS.....B OTHER DRUGS.....C DON'T KNOW.....Z	ANTIMALARIAL DRUGS.....A ANTIBIOTIC DRUGS.....B OTHER DRUGS.....C DON'T KNOW.....Z	ANTIMALARIAL DRUGS.....A ANTIBIOTIC DRUGS.....B OTHER DRUGS.....C DON'T KNOW.....Z
547A	Is (NAME) still sick with fever?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
548		GO BACK TO 503 IN NEXT COLUMN, OR IF NO MORE BIRTHS, GO TO 549.	GO BACK TO 503 IN NEXT COLUMN, OR IF NO MORE BIRTHS, GO TO 549.	USE ADDITIONAL FORM NO. 5 OR IF NO MORE BIRTHS, GO TO 549.



NO	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
554	Now I would like to ask you about liquids or foods (NAME OF THE YOUNGEST CHILD) had yesterday during the day or at night.				
	Did (NAME OF THE YOUNGEST CHILD) drink/ eat ?	YES	NO	DON'T KNOW	
	1. Breast milk ?	1 1	2 2	8 8	
	2. Plain water ?	2 1	2 2	8 8	
	3. Infant Formula ?	3 1	2 2	8 8	
	4. Herbal Decoction (Eg: "Paspangwa") ?	4 1	2 2	8 8	
	5. Sugar/ glucose water ?	5 1	2 2	8 8	
	6. Soda / Cola drinks ?	6 1	2 2	8 8	
	7. ORS liquids like jeewani ?	7 1	2 2	8 8	
	8. Vitamin ?	8 1	2 2	8 8	
	9. Syrup with iron ?	9 1	2 2	8 8	
	10. Medicines ?	10 1	2 2	8 8	
	11. Fresh milk/ Adult Formula ?	11 1	2 2	8 8	
	12. Children Formula ?	12 1	2 2	8 8	
	13. Soup ?	13 1	2 2	8 8	
	14. Gruel ?	14 1	2 2	8 8	
	15. Cereal (Nestom/Cerelak/Tripisha) ?	15 1	2 2	8 8	
	16. Porridge or rice ?	16 1	2 2	8 8	

NO	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
555	Now I would like to ask you about other liquids or foods that (NAME OF THE YOUNGEST CHILD) or you may have had yesterday during the daytime or at night. I am interested in whether your child or you had the item even if it was combined with other foods.							
	Did (NAME OF THE YOUNGEST CHILD) or you drink/eat:	Child		Mother				
		YES	NO	DK	YES	NO	DK	
	1 Tinned, powdered or fresh animal milk ?	1 1	2 2	8 8	1 1	2 2	8 8	
	2 Tea or coffee ?	2 1	2 2	8 8	1 1	2 2	8 8	
	3 Fruit juices ?	3 1	2 2	8 8	1 1	2 2	8 8	
	4 Any other liquids ?	4 1	2 2	8 8	1 1	2 2	8 8	
	5 Rice, grain, bread, noodles or other foods made from grain ?	5 1	2 2	8 8	1 1	2 2	8 8	
	6 Pumpkin, carrots or vegetable that are yellow/orange inside ?	6 1	2 2	8 8	1 1	2 2	8 8	
	7 Potatoes, manioc, sweet potatoes or any other yams made from root ?	7 1	2 2	8 8	1 1	2 2	8 8	
	8 Any dark green leafy vegetables ?	8 1	2 2	8 8	1 1	2 2	8 8	
	9 Ripe mangoes, papayas, passion fruit or fruits that are yellow/orange inside ?	9 1	2 2	8 8	1 1	2 2	8 8	
	10 Any other fruits or vegetables ?	10 1	2 2	8 8	1 1	2 2	8 8	
	11 Liver ?	11 1	2 2	8 8	1 1	2 2	8 8	
	12 Beef/Pork/Mutton ?	12 1	2 2	8 8	1 1	2 2	8 8	
	13 Chicken ?	13 1	2 2	8 8	1 1	2 2	8 8	
	14 Eggs ?	14 1	2 2	8 8	1 1	2 2	8 8	
	15 Fresh fish,prawns,crabs,cuttle fish other small fish ?	15 1	2 2	8 8	1 1	2 2	8 8	
	16 Dried fish, sprats etc ?	16 1	2 2	8 8	1 1	2 2	8 8	
	17 Beans, peas, green beans, gram, dhali, lentils or any foods made from these (like soya meat) ?	17 1	2 2	8 8	1 1	2 2	8 8	
	18 Any other nuts (like cashew, gingili,ground nuts) ?	18 1	2 2	8 8	1 1	2 2	8 8	
	19 Cheese,yoghurt,curd or other milk products ?	19 1	2 2	8 8	1 1	2 2	8 8	
	20 Any oil,fats,butter or foods made with any of these ?	20 1	2 2	8 8	1 1	2 2	8 8	
	21 Any sugary foods such as chocolates,toffees or cakes ?	21 1	2 2	8 8	1 1	2 2	8 8	
	22 Biscuits ?	22 1	2 2	8 8	1 1	2 2	8 8	
	23 Tipi tip, Bites ?	23 1	2 2	8 8	1 1	2 2	8 8	
	24 Any other solid or semisolid foods ?	24 1	2 2	8 8				

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
563A	Do you add salt to (NAME OF THE YOUNGEST CHILD)'s meals ?	YES1 NO2	
563B	Do you add sugar to (NAME OF THE YOUNGEST CHILD)'s meals ?	YES1 NO2	
563C	Do you add spices to (NAME OF THE YOUNGEST CHILD)'s meals ?	YES1 NO2	
563D	Do you add any other item to (NAME OF THE YOUNGEST CHILD)'s meals ? IF YES PLEASE SPECIFY.	YES1 _____ (SPECIFY) NO2	
564 A	Do you have a habit of washing your hands using soap/detergent after you use the toilet ?	YES1 NO2	
564 B	Do you have a habit of washing your hands using soap/ detergent before having meals ?	YES1 NO2	
564 C	Do you have a habit of washing your hands using soap/detergent before preparing meals ?	YES1 NO2	

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
556	CHECK 554 (CODE 1-14) AND CHECK 555 (CODE 1-4 FOR CHILD) AT LEAST ONE "YES" <input type="checkbox"/> NOT A SINGLE "YES" <input type="checkbox"/>		559
557	Did (NAME OF THE YOUNGEST CHILD) drink anything from a bottle with a teat?	YES1 NO2	559
558	What did (he/she) drink from a bottle with a teat? PROBE : Anything else ? CIRCLE ALL MENTIONED.	EXTRACTED BREAST MILK.....A OTHER MILK.....B PLAIN WATER.....C TEA/COFFEE.....D FRUIT JUICE.....E SUGAR/GLUCOSE WATER.....F LIQUIDS LIKE JEEWANI.....G SODA/COLA DRINKS.....H OTHER DRINKS.....I GRUEL.....J SOUP WATER.....K OTHER.....X (SPECIFY)	
559	CHECK 554 (LAST 2 CATEGORIES) AND 555 (CATEGORIES 5 THROUGH 24 FOR CHILD) AT LEAST ONE "YES" <input type="checkbox"/> NOT A SINGLE "YES" <input type="checkbox"/>		563 A
560	How many times did (NAME OF THE YOUNGEST CHILD) eat solid, semi-solid or soft foods yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES <input type="checkbox"/> DON'T KNOW8	
561	Did (NAME OF THE YOUNGEST CHILD) refuse to take meals at any time yesterday?	YES1 NO2	563A
562	What did you do when (NAME OF THE YOUNGEST CHILD) refused to eat ? CIRCLE ALL MENTIONED.	FORCED/THREATENED/ SCARED THE CHILD TO EATA TRIED TO FEED AGAIN AFTER SOME TIMEB DID SOMETHING HE/SHE LIKEDC TRIED TO FEED WITH FAMILY MEMBERS.....D DID NOT DO ANYTHING.....E OTHER.....X (SPECIFY)	

SECTION 6 - FERTILITY PREFERENCES

NO.	QUESTION AND FILTERS	CODING CATEGORIES	SKIP
600A	Are you currently married or living together with a man?	YES, CURRENTLY MARRIED.....1 YES, LIVING WITH A MAN.....2 NO, NOT IN UNION/ HUSBAND DIED / DIVORCED / SEPARATED3	600D
600 B	Is your husband/ partner living with you now or is he staying elsewhere? IF THE SPOUSE IS TEMPORARILY STAYING IN OTHER LOCATION CONSIDER AS LIVING WITH HIM AT HOME. IF THE SPOUSE DOES NOT VISIT HOME AT LEAST ONCE IN 6 MONTHS CONSIDER AS STAYING ELSEWHERE.	LIVING WITH HIM AT HOME1 HE IS STAYING ELSEWHERE2	
600C	RECORD THE HUSBANDS/ PARTNERS NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD RECORD "00".	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	
600D	Have you been married or lived with a man only once or more than once ?	ONLY ONCE.....1 MORE THAN ONCE.....2	600F
600 E	How many times have you been married or lived with a man ?	TIMES <input type="text"/> <input type="text"/>	
600 F	CHECK 600D. MARRIED/ LIVED WITH A MAN ONCE <input type="checkbox"/> MARRIED/ LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/> In which month and year did you start living with your husband/ partner ?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR9998	
600 G	How old were you when you started living with him? (COMPARE AND CORRECT 105, 600F AND 600G IF "INCONSISTENT")	AGE (YEARS)..... <input type="text"/> <input type="text"/>	
600 H	CHECK FOR PRESENCE OF OTHERS. BEFORE COUNTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
600 I	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. Let me assure you again that your answers are completely confidential and will not be told to any one. If we should come to any question that you don't want to answer, just let me know and we will go to the next question. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE.....00 AGE IN YEARS <input type="text"/> <input type="text"/>	

NO.	QUESTION AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 310A NEITHER <input type="checkbox"/> HE OR SHE <input type="checkbox"/> STERILIZED		613
602	CHECK 229: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	WANTS (A/ANOTHER) CHILD1 NO MORE/NONE.....2 NOT PREGNANT AND UNSURE.....3 PREGNANT AND UNSURE.....4 SAYS SHE CAN'T GET PREGNANT.....5 MENOPAUSAL.....6	604 609 610 613
603	CHECK 229: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? Would you like to have a child now?	MONTHS1 YEARS2 SOON/NOW993 OTHER (SPECIFY)996 DON'T KNOW998	605 609
604	Why don't you wish to have any more children in future? CIRCLE ALL MENTIONED.	ENOUGH CHILDREN AT PRESENT.....A FINANCIAL PROBLEMS.....B NO ONE TO LOOKAFTER THE CHILD.....C OLD AGE.....D ILLNESS.....E OTHER.....X	
605	CHECK 229: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		610



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
609	CHECK 310 : NOT ASKED <input type="checkbox"/> YES CURRENTLY USING <input type="checkbox"/> NO, CURRENTLY NOT USING <input type="checkbox"/>	YES CURRENTLY USING <input type="checkbox"/> → 613 NO1 DONT KNOW8 → 612	
610	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future ?	YES1 NO2 DONT KNOW8 → 612	
611	Which contraceptive method would you prefer to use?	FEMALE STERILIZATION.....01 MALE STERILIZATION02 IUD.....03 INJECTABLES.....04 IMPLANTS05 PILL.....06 CONDOM.....07 FEMALE CONDOM.....08 → 613 EMERGENCY CONTRACEPTION09 LACTATION AMEN METHOD.....10 RHYTHM METHOD.....11 WITHDRAWAL.....12 OTHER _____ 96 (SPECIFY) DONT KNOW 98	

NO.	QUESTION AND FILTERS	CODING CATEGORIES	SKIP
606	CHECK 310: USING A FAMILY PLANNING METHOD ? NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		613
607	CHECK 603: NOT ASKED <input type="checkbox"/> MORE THAN 5 YEARS <input type="checkbox"/> BETWEEN 2 TO 5 YEARS(INCLUDE 2 & 5 YEARS) <input type="checkbox"/> LESS THAN 2 YEARS <input type="checkbox"/>		610
608	CHECK 602: WANT A/ANOTHER CHILD <input type="checkbox"/> DO NOT WANT ANY MORE/NONE <input type="checkbox"/> You said that you do not want (a/another) child for at least two years. But you are not using any method to avoid pregnancy. Could you please tell me why you are not using any method ? Is there any other reason ? Any other reason ? RECORD ALL MENTIONED.	FERTILITY-RELATED REASONS NOT HAVING SEX.....A INFREQUENT SEX.....B MENOPAUSAL/HYSTERECTOMYC SUBFECUND/INFECUND.....D POSTPARTUM AMENORRHEIC.....E BREASTFEEDING.....F DEADLY DISEASE.....G OPPOSITION TO USE RESPONDENT OPPOSEDH HUSBAND/PARTNER OPPOSEDI OTHERS OPPOSEDJ RELIGIOUS PROHIBITIONK LACK OF KNOWLEDGE LACK OF KNOWLEDGE.....L NO WAY TO GET INFORMATIONM METHOD-RELATED REASONS HEALTH CONCERNSN FEAR OF SIDE EFFECTS.....O LACK OF ACCESS/TOOFAR.....P EXPENSIVEQ INCONVENIENT TO USE.....R INTERFERES WITH BODY'S NORMAL PROCESSES.....S PREVIOUSLY OCCURRED SIDE EFFECTS.....T OTHER _____ X (SPECIFY) DONT KNOW Z	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	What is the main reason for not using any contraceptive method in the future?	FERTILITY RELATED REASONS INFREQUENT SEX/ NO SEX.....21 MENOPAUSAL/ HYSTERECTOMY.....22 SUBFECUND/INFECOND.....23 WANTS AS MANY CHILDREN AS POSSIBLE.....24 OPPOSITION TO USE RESPONDENT OPPOSED.....31 HUSBAND/PARTNER OPPOSED.....32 OTHER'S OPPOSED.....33 RELIGIOUS.....34 LACK OF KNOWLEDGE LACK OF KNOWLEDGE.....41 NO WAY TO GET INFORMATION.....42 METHOD RELATED REASONS HEALTH CONCERNS.....51 FEAR OF SIDE EFFECTS.....52 LACK OF ACCESS/TOO FAR EXPENSIVE.....53 INCONVENIENT TO USE.....54 INTERFERES WITH BODY'S NORMAL PROCESSES.....56 PREVIOUSLY OCCURRED SIDE EFFECTS.....57 OTHER.....96 DON'T KNOW.....98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
613	CHECK 219 HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/> If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE	NONE00 NUMBER..... OTHER.....96 (SPECIFY)	615
614	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex no matter?	BOYS GIRLS EITHER NUMBER..... OTHER.....96 (SPECIFY)	
615	During last few months have you heard about family planning methods? On the radio? On the television? In a newspaper or magazine? On the internet? CHECK 600A :	RADIO..... YES NO TELEVISION.....1 2 NEWS PAPER OR MAGAZINE.....1 2 INTERNET.....1 2	
616	CHECK 600A : YES <input type="checkbox"/> NO, <input type="checkbox"/> CURRENTLY LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION/ HUSBAND DIED <input type="checkbox"/>		701
617	CHECK 310A CODES OTHER THAN B, G OR L CIRCLED <input type="checkbox"/> NO CODE CIRCLED <input type="checkbox"/>		619 620
618	Does your husband/partner know that you are using a method of family planning?	YES.....1 NO.....2 DONT KNOW.....8	
619	CHECK 310A NOT STERILIZED <input type="checkbox"/> HE OR SHE HAS STERILIZED <input type="checkbox"/>		701
620	Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER.....1 MORE CHILDREN.....2 FEWER CHILDREN.....3 DONT KNOW.....8	

SECTION 7 - HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 600A AND 600 B CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> → FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/> →		706
702	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS	
704	What is the highest educational qualification of your husband/ partner completed?	NEVER ATTENDED SCHOOL...77 PRE SCHOOL88 PASSED GRADE 101 PASSED GRADE 202 PASSED GRADE 303 PASSED GRADE 404 PASSED GRADE 505 PASSED GRADE 606 PASSED GRADE 707 PASSED GRADE 808 PASSED GRADE 909 PASSED GRADE 1010 PASSED GRADE G.C.E. (O/L)11 PASSED GRADE 1212 PASSED GRADE G.C.E. (A/L)13 DEGREE & ABOVE14 YES1 NO2 →	707
706	Is your husband/partner currently working in a job or business		
706 T	CHECK 701: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> → What is your husband's/ partner's occupation ? What kind of work does he do?	FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/> → What was your (last) husband's/partner's occupation ? What kind of work did he do? (SPECIFY)	
706 A	CHECK Q 706T AND SELECT ONE OF THE MAJOR EMPLOYMENT GROUP	MANAGER, SENIOR OFFICIALS AND LEGISLATORS1 PROFESSIONALS2 TECHNICIANS AND ASSOCIATE PROFESSIONALS3 CLERKS AND CLERICAL SUPPORT WORKERS4 SERVICE AND SALES WORKERS5 SKILLED AGRICULTURAL, FORESTRY AND FISHERY WORKERS6 CRAFT AND RELATED TRADES WORKERS7 PLANT AND MACHINE OPERATORS AND ASSEMBLERS8 ELEMENTARY OCCUPATIONS9	

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
706B	Does/did he work for the government/ for a semi government organization/for a private employer/ for his own account or does he do unpaid family work ?	SECTOR GOVERNMENT1 SEMI GOVERNMENT2 EMPLOYEE3 EMPLOYER4 OWN ACCOUNT5 UNPAID FAMILY WORKER6	
707	Apart from doing household work, are you currently working in a job or a business ?	YES1 NO2 →	711A
710	What is the main reason that you are not working in a job or a business?	DIFFICULT TO FIND JOB1 NEEDS TO BE HOME FOR THE CHILDREN2 HUSBAND DOES NOT WANT HER TO WORK3 DOES NOT WANT A JOB4 OTHER6	
711	Do you have enough money for the daily expenses of your house?	YES1 NO2 →	713
711A	What is your occupation? What kind of work do you do ?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (SPECIFY)	
711B	CHECK Q 711A AND SELECT ONE OF THE MAJOR EMPLOYMENT GROUP	MANAGER, SENIOR OFFICIALS AND LEGISLATORS1 PROFESSIONALS2 TECHNICIANS AND ASSOCIATE PROFESSIONALS3 CLERKS AND CLERICAL SUPPORT WORKERS4 SERVICE AND SALES WORKERS5 SKILLED AGRICULTURAL, FORESTRY AND FISHERY WORKERS6 CRAFT AND RELATED TRADES WORKERS7 PLANT AND MACHINE OPERATORS AND ASSEMBLERS8 ELEMENTARY OCCUPATIONS9	
712A	CHECK 701 Currently married/ Living with a man <input type="checkbox"/> →	Formerly married / Lived with a man <input type="checkbox"/> →	714

SECTION 8 - HIV/AIDS

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Now I would like to talk about something else. Have you ever heard about AIDS or the HIV virus ?	YES1 NO2 →	805
802	Please tell me if each of following statements are right or wrong or you don't know	RIGHT WRONG DK	
	1 People can get the HIV virus from mosquito bites.	1 2 8	
	2 It is possible for a healthy - looking person to be infected with HIV virus	1 2 8	
	3 Children infected with HIV virus should not be allowed to study in the same school with healthy children.	1 2 8	
	4 Someone can get the HIV virus from buying vegetables from HIV infected vegetable seller.	1 2 8	
	5 Someone can get the HIV virus by sharing food with a HIV infected person.	1 2 8	
	6 Some one can reduce the risk of getting the HIV virus by having sex with one uninfected partner.	1 2 8	
	7 Someone can reduce the risk of getting the HIV virus by using a condom every time they have sex.	1 2 8	
	8 There is a blood test to detect whether a person is infected with HIV	1 2 8	
	9 The HIV virus can be transmitted from a mother to her baby during delivery.	1 2 8	
	10 The HIV virus can be transmitted from a mother to her baby by breastfeeding.	1 2 8	
803	I don't want to know the results, but during the last 12 months have you been tested to see if you have the AIDS virus?	YES1 NO2 → DON'T KNOW8	805
804	I don't want to know the results, but did you get the results of the test?	YES1 NO2 DON'T KNOW8	

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
712B	Could you say that the money that you earn is higher than what your husband/partner earns, or less than what he earns, or about the same?	MORE THAN HIM1 LESS THAN HIM2 ABOUT THE SAME3 → 713B HUSBAND/PARTNER HAS NO EARNING4 DON'T KNOW8	
713	Who usually decides how your husband/partner's earnings will be used; mainly you, mainly your husband/partner, or you and your husband/partner jointly?	RESPONDENT1 HUSBAND/PARTNER2 RESPONDENT AND HUSBAND/PARTNER JOINTLY3 HUSBAND/PARTNER HAS NO EARNINGS4 NOT APPLICABLE5 OTHER6	
	CIRCLE THE CODE	RESPONDENT HUSBAND/ PARTNER RESPONDENT & HUSBAND/ PARTNER JOINTLY SOMEONE ELSE	
714	Who usually takes the decisions about health care for yourself?	1 2 3 4	
715	Who usually takes the decisions about making major household purchases?	1 2 3 4	
716	Who usually takes the decisions about making purchases for daily household needs?	1 2 3 4	
717	Who usually takes the decisions about visits to your family or relatives?	1 2 3 4	



SECTION 9 - VIOLENCE OF INTIMATE PARTNER

NO	QUESTION AND FILTER	CODING CATEGORIES	SKIP																																																						
901	FULL PRIVACY OBTAINED	1																																																							
	FULL PRIVACY NOT OBTAINED	2	1001																																																						
902	Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in Sri Lanka. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions. If I ask you any question you don't want to answer, just let me know and I will go on to the next question. In the last 12 months has your (last) husband/partner ever: a) Slapped, beaten, or thumped you? IF YES, How often ? b) Pushed or shoved You? IF YES, How often ? c) Tried to strangle You? IF YES, How often ? d) Dragged or pulled You? IF YES, How often ? e) Beat You with an object? IF YES, How often ? f) Burned You? IF YES, How often ? g) Prevented You leaving home? IF YES, How often ? h) Forced You to have sex? IF YES, How often ? i) Belittled or Seriously offended You IF YES, How often ?	<table border="1"> <tr> <td>DAILY</td> <td>WEEKLY</td> <td>MONTHLY</td> <td>LESS OFTEN</td> <td>DID NOT</td> <td>NO REPLY</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>9</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>9</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>9</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>9</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>9</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>9</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>9</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>9</td> </tr> </table>	DAILY	WEEKLY	MONTHLY	LESS OFTEN	DID NOT	NO REPLY	1	2	3	4	5	9	1	2	3	4	5	9	1	2	3	4	5	9	1	2	3	4	5	9	1	2	3	4	5	9	1	2	3	4	5	9	1	2	3	4	5	9	1	2	3	4	5	9	
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NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
805	CHECK 801. HEARD ABOUT AIDS <input type="checkbox"/> NOT HEARD ABOUT AIDS <input type="checkbox"/> Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?	YES1 NO2	901
806	Now I would like to ask you some questions about your health during the last 12 months. Have you had a disease which you got through sexual contact?	YES1 NO2 DON'T KNOW8	
807	Sometimes women experience a bad-smelling abnormal genital discharge During the last 12 months have you had any bad smelling, abnormal genital discharge?	YES1 NO2 DON'T KNOW8	
808	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES1 NO2 DON'T KNOW8	
809	CHECK 806,807 AND 808 HAS HAD AN INFECTION <input type="checkbox"/> HAS NOT HAD AN INFECTION <input type="checkbox"/> (ANY "YES") OR DOES NOT KNOW		901
810	The last time you had (PROBLEM FROM 806/807/808) Did you seek any kind of advice or treatment?	YES1 NO2	901
811	Where did you go? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. NAME OF THE PLACE(S)	PUBLIC SECTOR GOVERNMENT HOSPITAL/ CLINICA MOH CLINICB FAMILY PLANNING CLINIC C STD CLINICD MOBILE CLINICE OTHER PUBLICF _____ (SPECIFY) PRIVATE SECTOR SPECIALISTG PRIVATE DOCTOR (DISPENSARY)H PRIVATE HOSPITAL/ CLINICI PHARMACY/GROCERYJ MOBILE CLINICK OTHER PRIVATEL _____ (SPECIFY) UNABLE TO DETERMINEX	

SECTION 10 - AWARENESS ABOUT WELL - WOMEN CLINIC

NO	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
1001	Have you heard about Well - Women Clinics?	YES1 NO2 →	1005
1002	Do you know at what age women should attend a Well - Women Clinic?	AGE <input type="text"/> <input type="text"/>	
1003	Which are the services provided by Well - Women Clinics? CIRCLE ALL MENTIONED. PROBE : Any other services ?	THE TEST FOR HIGH BLOOD PRESSURE.....A THE TEST FOR DIABETES.....B THE TEST FOR BREAST CANCERC THE TEST FOR CERVICAL CANCERD FAMILY PLANNING SERVICE.....E HEALTH EDUCATIONF OTHERX DON'T KNOW.....Z	
1004	Have you ever attended a Well - Women Clinic?	YES1 NO2	
1005	Have you ever had a PAP test?	YES1 NO2	

NO	QUESTION AND FILTER	CODING CATEGORIES	SKIP
903	CHECK 902 <input type="checkbox"/> IF CODE 1, 2, 3 OR 4 IN 902	ONLY CODES 5 OR 9 IN 902 <input type="checkbox"/>	908
906	Did you ask help from any body?	YES1 NO2 →	908
907	Who gave you help or advice? CIRCLE ALL MENTIONED. PROBE : Anyone else?	PARENTS/BROTHER/SISTER RELATIONSA FRIENDS/NEIGHBOURSB HEALTH OFFICER/PUBLIC HEALTH MIDWIFEC POLICE.....D GOVERNMENT INTITUTIONS (MINISTRY/DEPARTMENT EXCEPT POLICE).....E NON GOVERNMENT ORGANIZATIONF OTHER.....X	
908	Do you know which organizations or people provide services to combat violence against women? CIRCLE ALL MENTIONED. PROBE : Anyone else ?	PUBLIC HEALTH MIDWIFE A MEDICAL OFFICER HEALTH.....B 'MITHURU PIYASA' IN HOSPITALC LEGAL AID COMMISSION D WOMEN HELP LINE(TEL.NO.1938)E SRI LANKA WOMEN BUREAUF DEPT. OF SOCIAL SERVICE.....G OTHERX (SPECIFY)	



SECTION 11- CHILDREN WHO NEED SPECIAL CARE (DISABLED)

1100 CHECK AGE IN Q 220 IF ONE OR MORE CHILDREN AGED 2-5 YEARS		NO CHILDREN AGED 2-5 YEARS		1200	
NO.	QUESTIONS AND INSTRUCTIONS	LAST CHILD LINE NUMBER NAME	NEXT - TO - LAST CHILD LINE NUMBER NAME	SECOND - FROM - LAST CHILD LINE NUMBER NAME	
1101	AGE OF THE CHILD FROM Q 220	YEARS	YEARS	YEARS	
1102	Compared to other children of the same age, was (NAME) late in standing up and walking?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	
1103	Does (NAME) have difficulty with his/her vision?	YES.....1 NO.....2 GO TO 1106	YES.....1 NO.....2 GO TO 1106	YES.....1 NO.....2 GO TO 1106	
1104	Does he/she have difficulty seeing during day time?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	
1105	Does he/she have difficulty seeing during night time?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	
1106	Do you feel that (NAME) has difficulty in hearing?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	
1107	Does (NAME) understand when you tell him/her something?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	
1108	Does (NAME) have difficulty in walking, difficulty in moving hands or legs or stiffness/weakness of legs and hands?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	

NO.	QUESTIONS AND INSTRUCTIONS	LAST CHILD NAME	NEXT - TO - LAST CHILD NAME	SECOND - FROM - LAST CHILD NAME
1109	Does (NAME) suffer from fits or convulsions?	YES.....1 NO.....2 GO TO 1111	YES.....1 NO.....2 GO TO 1111	YES.....1 NO.....2 GO TO 1111
1110	Did he/she have fits or convulsions at times when he/she had a fever?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
1111	Did he/she have fits or convulsions at times when he/she did not have a fever?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
1112	Can (NAME) do activities like other children of the same age?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
1113	Can you understand the words that (NAME) speaks?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
1114	CHECK 220, AGE OF THE CHILD.	3 - 5 YEARS <input type="checkbox"/> 2 YEARS <input type="checkbox"/> GO TO 1115	3 - 5 YEARS <input type="checkbox"/> 2 YEARS <input type="checkbox"/> GO TO 1115	3 - 5 YEARS <input type="checkbox"/> 2 YEARS <input type="checkbox"/> GO TO 1115
1115	Is (NAME)'s speech normal?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
1116	Compared to children of the same age, does (NAME) show any signs of slowness in mental development?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8

SECTION 12 - EARLY CHILDHOOD DEVELOPMENT

1200 CHECK Q 220		NO CHILDREN AGE LESS THAN 5 YEARS		NO CHILDREN AGE LESS THAN 5 YEARS		1300	
NO	QUESTIONS AND INSTRUCTIONS	LAST CHILD LINE NUMBER NAME.....	NEXT TO LAST CHILD LINE NUMBER NAME.....	LAST CHILD LINE NUMBER NAME.....	NEXT TO LAST CHILD LINE NUMBER NAME.....	SECOND FROM LAST CHILD LINE NUMBER NAME.....	LAST CHILD LINE NUMBER NAME.....
1201	Did you read the following books given by the family health officer in your area before or after (NAME)'S birth? (A) Books about early childhood development (B) The child development section of the Child Health Development Record (CHDR)	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
1202	Did you read the following books given by the family health officer in your area before or after (NAME)'S birth? (A) Books about early childhood development (B) The child development section of the Child Health Development Record (CHDR)	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
1203	How many children's books or picture books do you have for (NAME)? IF NO BOOKS, INSERT 00 AND IF 10 OR MORE THAN 10 BOOKS INSERT 10.	NUMBER <input type="text"/> <input type="text"/>	NUMBER <input type="text"/> <input type="text"/>	NUMBER <input type="text"/> <input type="text"/>	NUMBER <input type="text"/> <input type="text"/>	NUMBER <input type="text"/> <input type="text"/>	NUMBER <input type="text"/> <input type="text"/>
1204	I am interested in knowing about the things that (NAME) plays with when he / she is at home. Does he/she play with: (A) Home made toys (Such as dolls, cars or other made at home) (B) Toys from a shop or manufactured toys? (C) Household objects (such as pots, bowls, or spoons) or objects found outside (such as sticks, stones, seashells, leaves, clay or sand)	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8



NO	QUESTIONS AND INSTRUCTIONS	LAST CHILD NAME	NEXT TO LAST CHILD NAME	SECOND FROM LAST CHILD NAME
1205	(A) How many days did (NAME) play during the last 3 days ? All three days, two days, one day or did (he/she) not play during the last 3 days ? All three days ? Two days? One day ? Did not play during the last 3 days? (B) Does (NAME) get the chance to play with other children?	3 days1 2 days2 1 day3 0 day4 YES.....1 NO.....2	3 days1 2 days2 1 day3 0 day4 YES.....1 NO.....2	3 days1 2 days2 1 day3 0 day4 YES.....1 NO.....2
1206	CHECK AGE IN Q 220	AGE 0,1 OR 2 YEARS <input type="checkbox"/> GO TO 1208 AGE 3 OR 4 YEARS <input type="checkbox"/>	AGE 0,1 OR 2 YEARS <input type="checkbox"/> GO TO 1208 AGE 3 OR 4 YEARS <input type="checkbox"/>	AGE 0,1 OR 2 YEARS <input type="checkbox"/> GO TO 1208 AGE 3 OR 4 YEARS <input type="checkbox"/>
1207	Does (NAME) attend a pre school an early childhood development centre?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2

SECTION 13 - OTHER HEALTH ISSUES

NO	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
1301	CHECK 707 IF YES <input type="checkbox"/> IF NO <input type="checkbox"/>		1304
1301 A	Do you work mostly inside a house or a building or do you work mostly outside?	INSIDE1 OUTSIDE2	1304
1302	Which of the following best describes the indoor smoking policy where you work : smoking is allowed anywhere, smoking is allowed only in some areas, smoking is not allowed anywhere indoors or is there no policy?	SMOKING IS ALLOWED ANYWHERE1 SMOKING IS ALLOWED ONLY IN SOME AREAS2 SMOKING IS NOT ALLOWED ANYWHERE INDOORS3 THERE IS NO POLICY4 DON'T KNOW8	
1303	During the past 30 days, did anyone smoke in indoor areas of your work place?	YES1 NO2 REFUSED3 DON'T KNOW8	
1304	Did you visit any government buildings/offices during the past 30 days?	YES1 NO2 REFUSED3 DON'T KNOW8	1306
1305	Did anyone smoke inside the buildings/offices that you visited?	YES1 NO2 REFUSED3 DON'T KNOW8	
1306	Do you know how filaria spreads from one person to another ?	FROM MOSQUITO1 FROM FOODS2 FROM WATER3 FAMILIAL DISEASES4 OTHER6 DON'T KNOW8	
1307	Have you heard of one day treatment to prevent filaria ?	YES1 NO2	1309

NO	QUESTIONS AND INSTRUCTIONS	LAST CHILD NAME	NEXT TO LAST CHILD NAME	SECOND FROM LAST CHILD NAME
1208	In the past 3 days, did you or any household member age 15 or over engage in any of the following activities? READ EACH ALTERNATIVE AND RECORD ALL MENTIONED ; IF "NO ONE" RECORD "C". (A) Who read books to (NAME) or looked at picture books with (him/her)? (B) Who told stories to (NAME)? (C) Who sang songs/lullabies to (NAME)? (D) Who took (NAME) outside the home, compound or yard? (E) Who played with (NAME)? (F) Who named, counted or drew things with (NAME)?	MOTHER A FATHER B NO ONE C OTHER X	MOTHER A FATHER B NO ONE C OTHER X	MOTHER A FATHER B NO ONE C OTHER X
		MOTHER A FATHER B NO ONE C OTHER X	MOTHER A FATHER B NO ONE C OTHER X	MOTHER A FATHER B NO ONE C OTHER X
		MOTHER A FATHER B NO ONE C OTHER X	MOTHER A FATHER B NO ONE C OTHER X	MOTHER A FATHER B NO ONE C OTHER X
		MOTHER A FATHER B NO ONE C OTHER X	MOTHER A FATHER B NO ONE C OTHER X	MOTHER A FATHER B NO ONE C OTHER X
		MOTHER A FATHER B NO ONE C OTHER X	MOTHER A FATHER B NO ONE C OTHER X	MOTHER A FATHER B NO ONE C OTHER X
		MOTHER A FATHER B NO ONE C OTHER X	MOTHER A FATHER B NO ONE C OTHER X	MOTHER A FATHER B NO ONE C OTHER X
		MOTHER A FATHER B NO ONE C OTHER X	MOTHER A FATHER B NO ONE C OTHER X	MOTHER A FATHER B NO ONE C OTHER X
		GO BACK TO 1201 IN NEXT COLUMN OR IF NO MORE CHILDREN GO TO SECTION 13	GO BACK TO 1201 IN NEXT COLUMN OR IF NO MORE CHILDREN GO TO SECTION 13	IF USED ADDITIONAL FORMS, GO TO 1201 IN ADDITIONAL FORM FOR NEXT CHILD OR IF NO MORE CHILDREN GO TO SECTION 13

PART H I - WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-5

	CHECK COLUMN 13 OF PART A1. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN BORN IN 2011 - 2016 IN QUESTION H102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).		
	CHILD 1	CHILD 2	CHILD 3
H101	LINE NUMBER..... <input type="text"/> NAME..... <input type="text"/>	LINE NUMBER..... <input type="text"/> NAME..... <input type="text"/>	LINE NUMBER..... <input type="text"/> NAME..... <input type="text"/>
H102	CHECK PART A1 : RECORD LINE NUMBER FROM COLUMN 13 AND NAME FROM COLUMN 2.	LINE NUMBER..... <input type="text"/> NAME..... <input type="text"/>	LINE NUMBER..... <input type="text"/> NAME..... <input type="text"/>
H103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY,MONTH,AND YEAR) FROM BIRTH HISTORY. IF MOTHER NOT INTERVIEWED COPY MONTH AND YEAR FROM COLUMN 7 IN PART A1. AND ASK : On which days was (NAME) born ?	DAY..... <input type="text"/> MONTH..... <input type="text"/> YEAR..... <input type="text"/>	DAY..... <input type="text"/> MONTH..... <input type="text"/> YEAR..... <input type="text"/>
H104	CHECK H103 : CHILD BORN IN 2011-2016	YES1 NO2 (SKIP TO H114)↔	YES1 NO2 (GO TO H114)↔
H105	WEIGHT IN KILOGRAMS.	KG..... <input type="text"/> NOT PRESENT9994 REFUSED9995 OTHER9996 CM..... <input type="text"/> NOT PRESENT9994 REFUSED9995 OTHER9996 (SKIP TO H108)↔	KG..... <input type="text"/> NOT PRESENT9994 REFUSED9995 OTHER9996 CM..... <input type="text"/> NOT PRESENT9994 REFUSED9995 OTHER9996 (SKIP TO H108)↔
H106	HEIGHT IN CENTIMETERS	CM..... <input type="text"/> NOT PRESENT9994 REFUSED9995 OTHER9996 (SKIP TO H108)↔	CM..... <input type="text"/> NOT PRESENT9994 REFUSED9995 OTHER9996 (SKIP TO H108)↔
H107	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN.....1 STANDING UP.....2	LYING DOWN.....1 STANDING UP.....2
H108	MEASURER: ENTER YOUR FIELDWORKER NUMBER	<input type="text"/> FIELDWORKER NUMBER	<input type="text"/> FIELDWORKER NUMBER
H109	CHECK H103: CHILD AGE 0-5 MONTHS, I.E. WAS CHILD BORN IN MONTH OF INTERVIEW OR 5 PREVIOUS MONTHS?	0-5 MONTHS.....1 (SKIP TO H 114)↔ OLDER2	0-5 MONTHS.....1 (SKIP TO H 114)↔ OLDER2

	CHECK COLUMN 13 OF PART A1. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN BORN IN 2011 - 2016 YEARS IN QUESTION H102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).		
	CHILD 1	CHILD 2	CHILD 3
H101	LINE NUMBER..... <input type="text"/> NAME..... <input type="text"/>	LINE NUMBER..... <input type="text"/> NAME..... <input type="text"/>	LINE NUMBER..... <input type="text"/> NAME..... <input type="text"/>
H102	CHECK PART A1 : RECORD LINE NUMBER FROM COLUMN 13 AND NAME FROM COLUMN 2.	LINE NUMBER..... <input type="text"/> NAME..... <input type="text"/>	LINE NUMBER..... <input type="text"/> NAME..... <input type="text"/>
H110	LINE NUMBER OF PARENT/ OTHER ADULT RESPONSIBLE FOR THE CHILD FROM COLUMN 1 OF PART A	LINE NUMBER..... <input type="text"/> NAME..... <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER..... <input type="text"/> NAME..... <input type="text"/> (RECORD '00' IF NOT LISTED)
H111	ASK CONSENT FOR ANEMIA TEST FROM PARENT/ OTHER ADULT	As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually result from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We ask that all children born in 2011 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipments used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes or no. it is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?	As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually result from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We ask that all children born in 2011 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipments used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes or no. it is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?
H112	CIRCLE THE CODE AND SIGN YOUR NAME	GRANTED.....1 (SIGN) REFUSED2 NOT PRESENT/OTHER..3 (SKIP TO H114)↔	GRANTED.....1 (SIGN) REFUSED2 NOT PRESENT/OTHER..3 (SKIP TO H114)↔
H113	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL..... <input type="text"/> REFUSED995 OTHER996	G/DL..... <input type="text"/> REFUSED995 OTHER996
H114	GO BACK TO H103 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO H201.	REFUSED995 OTHER996	REFUSED995 OTHER996

PART H I - WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-5

	CHILD 4	CHILD 5	CHILD 6
H102	CHECK PART A1 : RECORD LINE NUMBER FROM COLUMN 13 AND NAME FROM COLUMN 2.	LINE NUMBER..... NAME.....	LINE NUMBER..... NAME.....
H103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY,MONTH,AND YEAR) FROM BIRTH HISTORY. IF MOTHER NOT INTERVIEWED COPY MONTH AND YEAR FROM COLUMN 7 IN PART A1 AND ASK : On which days was (NAME) born ?	DAY..... MONTH..... YEAR.....	DAY..... MONTH..... YEAR.....
H104	CHECK H103 : CHILD BORN IN 2011-2016	YES.....1 NO.....2 (SKIP TO H114) ↴	YES.....1 NO.....2 (GO TO H114) ↴
H105	WEIGHT IN KILOGRAMS.	KG..... NOT PRESENT9994 REFUSED9995 OTHER9996 CM.....	KG..... NOT PRESENT9994 REFUSED9995 OTHER9996 CM.....
H106	HEIGHT IN CENTIMETERS	CM..... NOT PRESENT9994 REFUSED9995 OTHER9996 (SKIP TO H108)	CM..... NOT PRESENT9994 REFUSED9995 OTHER9996 (SKIP TO H108)
H107	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN.....1 STANDING UP.....2	LYING DOWN.....1 STANDING UP.....2
H108	MEASURER: ENTER YOUR FIELDWORKER NUMBER	FIELDWORKER NUMBER	FIELDWORKER NUMBER
H109	CHECK H103: CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR 5 PREVIOUS MONTHS?	0-5 MONTHS.....1 (SKIP TO H 114) ↴ OLDER.....2	0-5 MONTHS.....1 (SKIP TO H 114) ↴ OLDER.....2

	CHILD 4	CHILD 5	CHILD 6
H102	CHECK PART A1 : RECORD LINE NUMBER FROM COLUMN 13 AND NAME FROM COLUMN 2.	LINE NUMBER..... NAME.....	LINE NUMBER..... NAME.....
H110	LINE NUMBER OF PARENT/ OTHER ADULT RESPONSIBLE FOR THE CHILD FROM COLUMN 1 OF PART A1	LINE NUMBER..... NAME..... (RECORD '00' IF NOT LISTED)	LINE NUMBER..... NAME..... (RECORD '00' IF NOT LISTED)
H111	ASK CONSENT FOR ANEMIA TEST FROM PARENT/ OTHER ADULT	As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually result from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We ask that all children born in 2011 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipments used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes or no, it is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?	
H112	CIRCLE THE CODE AND SIGN YOUR NAME	GRANTED.....1 (SIGN) REFUSED.....2 NOT PRESENT/OTHER...3 (SKIP TO H114)	GRANTED.....1 (SIGN) REFUSED.....2 NOT PRESENT/OTHER...3 (SKIP TO H114)
H113	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL..... REFUSED.....995 OTHER.....996	G/DL..... REFUSED.....995 OTHER.....996
H114	GO BACK TO H103 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE. IF NO MORE CHILDREN, GO TO H201.		



PART II - WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR

WOMEN AGE 10-49

CHECK COLUMN 12 OF PART A1. RECORD THE LINE NUMBER, NAME FOR ALL ELIGIBLE WOMEN IN H202. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S)		WOMAN 1	WOMAN 2	WOMAN 3
H201				
H202	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 12. NAME FROM COLUMN 2.	LINE NUMBER..... NAME	LINE NUMBER..... NAME	LINE NUMBER..... NAME
H205	WEIGHT IN KILOGRAMS	KG..... NOT PRESENT.....9994 REFUSED.....9995 OTHER.....9996	KG..... NOT PRESENT.....9994 REFUSED.....9995 OTHER.....9996	KG..... NOT PRESENT.....9994 REFUSED.....9995 OTHER.....9996
H206	HEIGHT IN CENTIMETERS	CM..... NOT PRESENT.....9994 REFUSED.....9995 OTHER.....9996	CM..... NOT PRESENT.....9994 REFUSED.....9995 OTHER.....9996	CM..... NOT PRESENT.....9994 REFUSED.....9995 OTHER.....9996
H207	MEASURER: ENTER YOUR FIELD WORKER NUMBER	FIELDWORKER NUMBER	FIELDWORKER NUMBER	FIELDWORKER NUMBER

	NAME FROM COLUMN 2.	WOMAN 1	WOMAN 2	WOMAN 3
H210	ASK CONSENT FOR ANEMIA TEST As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes or no, it is up to you to decide. Will you take the anemia test?			
H211	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED.....1 RESPONDED REFUSED..2 (IF REFUSED, SKIP TO H212) NOT PRESENT/ OTHER.....3 (SKIP TO H212)	GRANTED.....1 RESPONDED REFUSED..2 (IF REFUSED, SKIP TO H212) NOT PRESENT/ OTHER.....3 (SKIP TO H212)	GRANTED.....1 RESPONDED REFUSED 2 (IF REFUSED, SKIP TO H212) NOT PRESENT/ OTHER.....3 (SKIP TO H212)
H211A	CHECK 229 IN WOMAN'S QUESTIONNAIRE OR ASK Are you pregnant?	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8	YES.....1 NO.....2 DONT KNOW.....8
H212	RECORD HEMOGLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET.	G/DL..... NOT PRESENT.....994 REFUSED.....995 OTHER.....996	G/DL..... NOT PRESENT.....994 REFUSED.....995 OTHER.....996	G/DL..... NOT PRESENT.....994 REFUSED.....995 OTHER.....996
H214	GO BACK TO H202 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, END			

