

SRI LANKA DEMOGRAPHIC AND HEALTH SURVEY 1987

PRELIMINARY
REPORT

DEPARTMENT OF CENSUS & STATISTICS
Ministry of Plan Implementation, SRI LANKA,
DEMOGRAPHIC AND HEALTH SURVEYS - DHS
Institute for RESOURCE DEVELOPMENT, Westinghouse U.S.A.



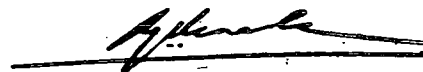
PREFACE

One of the main concerns of the Department of Census and Statistics is to provide a continuing series of current data on the many social and economic aspects of the population of the country. Among the major social and economic aspects OF A population are the demographic and health conditions. Information on current levels of fertility and contraceptive use are vital to the monitoring of population related policies and programmes. Indicators of infant and child health are the sign posts by which many of the health programmes such as immunization and nutrition projects can be evaluated and monitored. National and sub national level information of this nature can only be obtained from well executed nation wide sample surveys.

With the objective of updating the Sri Lanka data base on demographic and health conditions, the Department of Census and Statistics, collaborated with the Institute for Resource Development (Westinghouse) U.S.A in their world-wide Demographic and Health Surveys (DHS) program. The DHS which is currently being implemented in 35 countries has as its main objective, to provide policy makers and administrators with accurate and up to date data on fertility, mortality, family planning and selected indicators of health and to add to the international body of such data.

The Sri Lanka Demographic and Health Survey carried out its field work in the early months of 1987, data processing on micro-computers using specially designed software programming was completed by end of June. As a first step in quick dissemination of data, this Preliminary Report carrying provisional results on the topics of main concern is released. We hope the information therein will be of value to the planners, administrators, program managers and to researchers.

In the task of implementing the SLDHS successfully and speedily the Department of Census and Statistics received much cooperation and valued assistance from the DHS staff. Our thanks are due to Dr. Jerry Sullivan, Ms. Emy Sheon, Mr. Roger Pearson and in particular to Dr. Andrew Fisher and Ms. Jeanne Cushing but for whom this Preliminary Report could not have been produced within a very short time after the end of field work.



R.B.M. Korale
National Director.

and Director of Census & Statistics.

July 1987

TABLE OF CONTENTS

	Page
Preface	
I. Background	1
A. Survey Coverage.....	1
B. Objectives.....	1
II. Methodology	2
A. SLDHS Sample Design.....	2
B. The Questionnaire.....	4
C. Data Collection, Editing, Tabulation.....	7
III. Results	9
A. Fertility and Fertility Preferences.....	9
B. Contraceptive Knowledge, Source of Methods, Ever Use, and Current Use.....	11
C. Immunization of Children.....	22
D. Prenatal Care, Assistance at Delivery and Tetanus Toxoid Injections.....	24
E. Breastfeeding.....	24

LIST OF TABLES FOR PRELIMINARY REPORT, SRI LANKA DHS, 1987

	Page
1. RESULTS OF SLDHS HOUSEHOLD AND INDIVIDUAL INTERVIEWS.....	5
2. MEAN NUMBER OF CHILDREN EVER BORN, MEAN NUMBER SURVIVING, AND PERCENT SURVIVING AMONG ALL EVER MARRIED WOMEN 15 - 49.....	10
3. AGE SPECIFIC FERTILITY RATES AND TOTAL FERTILITY RATES FOR ALL WOMEN 15-49 (SLDHS FOR THE FIVE YEARS PRECEDING THE SURVEY AND SLWFS FOR 1974).....	10
4. PERCENT OF CURRENTLY MARRIED WOMEN 15-49 BY REPRODUCTIVE INTENTIONS.....	12
5. PERCENT OF EVER MARRIED WOMEN (EMW) AND CURRENTLY MARRIED WOMEN (CMW) 15 - 49 WHO KNOW A FAMILY PLANNING METHOD, KNOW A SOURCE FOR METHOD, HAVE EVER USED A METHOD, AND ARE CURRENTLY USING A METHOD, BY SPECIFIC METHODS.....	13
6. PERCENT OF CURRENTLY MARRIED WOMEN 15-49 ACCORDING TO CURRENT CONTRACEPTIVE USE, BY BACKGROUND CHARACTERISTICS.....	15
7. PERCENT OF CURRENTLY MARRIED WOMEN 15 - 49 CURRENTLY USING A MODERN METHOD OF CONTRACEPTION BY SOURCE OF METHOD AND SPECIFIC METHOD USING.....	17
8. PERCENT OF CURRENTLY MARRIED WOMEN 15 - 49 WHO ARE NOT CURRENTLY USING A METHOD OF CONTRACEPTION BY REPRODUCTIVE INTENTIONS AND BACKGROUND CHARACTERISTICS.....	19
9. PERCENT OF CURRENTLY MARRIED WOMEN 15-49 WHO ARE CURRENTLY USING A METHOD OF CONTRACEPTION BY REPRODUCTIVE INTENTIONS AND BACKGROUND CHARACTERISTICS.....	20
10. PERCENT DISTRIBUTION OF REASONS FOR NONUSE OF CONTRACEPTION AMONG CURRENTLY MARRIED NON PREGNANT WOMEN 15-49 WHO ARE CURRENTLY NOT USING A METHOD OF CONTRACEPTION AND WHO REPORT THAT THEY WOULD NOT BE HAPPY IF THEY BECAME PREGNANT SOON....	21
11. AMONG ALL CHILDREN UNDER 5, PERCENT WITH A HEALTH CARD, AND AMONG CHILDREN WITH A HEALTH CARD, PERCENT IMMUNIZED WITH BCG, DPT 1, 2, 3, POLIO 1, 2, 3, AND MEASLES.....	23
12. PERCENT OF ALL BIRTHS IN THE LAST 5 YEARS WHOSE MOTHERS RECEIVED PRENATAL CARE FROM A DOCTOR, NURSE, OR TRAINED MIDWIFE; RECEIVED ASSISTANCE AT DELIVERY FROM A DOCTOR, NURSE OR TRAINED MIDWIFE; AND RECEIVED ONE OR TWO TETANUS TOXOID INJECTIONS DURING PREGNANCY, BY BACKGROUND CHARACTERISTICS.....	25
13. CURRENT STATUS ESTIMATE OF THE MEAN NUMBER OF MONTHS OF BREASTFEED- ING, CHILDREN BORN IN THE 24 MONTHS PRIOR TO THE SURVEY BY BACK- GROUND CHARACTERISTICS.....	27

I. BACKGROUND

A. Survey Coverage

The Sri Lanka Demographic and Health Survey (SLDHS) was conducted by the Department of Census and Statistics (DCS) of the Ministry of Plan Implementation. Technical and financial assistance was provided by the Demographic and Health Survey (DHS) Programme at the Institute for Resource Development (IRD), Westinghouse, USA and funding was provided by the U.S. Agency for International Development. This preliminary report presents selected findings from all areas of the country except those in the north and east. The data from the north and east is currently being edited and checked for accuracy and will be presented at a later date.

B. Objectives

The SLDHS has several objectives. Like the other 34 surveys being conducted under the worldwide DHS Programme, the primary objective is to provide policy makers and administrators with current and accurate data on fertility, mortality, family planning, and selected indicators of health status. This type of data is not only useful for assessing the effect of current and past programmes directed at reducing levels of mortality and fertility, but also important for planning new strategies for improving the health and well being of the population. A second objective is to provide data which can be used to analyze trends over time. The SLDHS examines many of the same fertility, mortality, and health issues that were addressed in earlier surveys, most notably the Sri Lanka World Fertility Survey (SLWFS) in 1974 and the more recent Sri Lanka Contraceptive Prevalence Survey (SLCPS) in 1982. A

third objective is to add to the international body of data which can be used for comparative studies. The fertility, mortality, and family planning experience of Sri Lanka is unique in many ways in south Asia and unquestionably there are important lessons for other countries which can be learned from this experience.

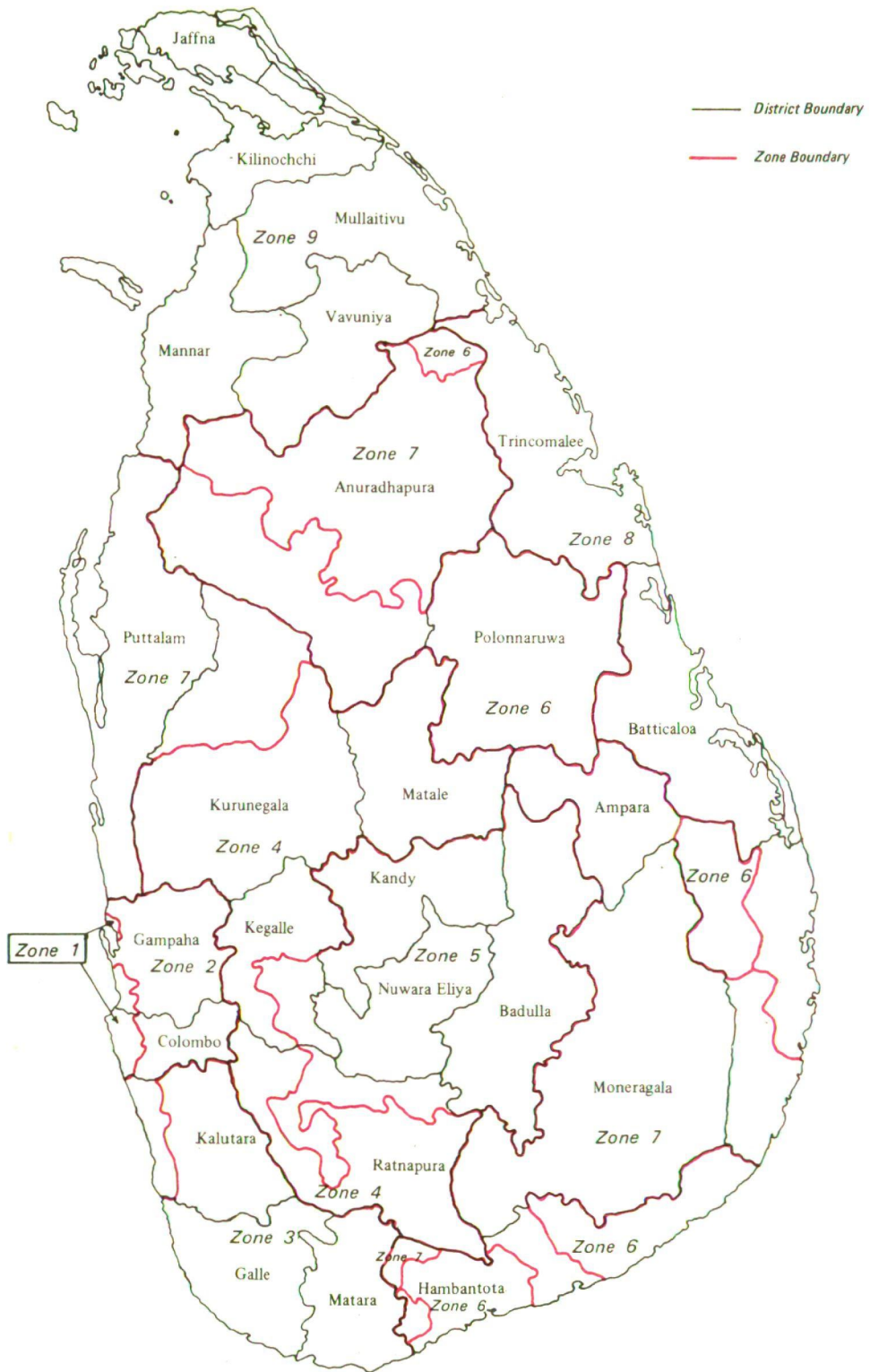
II. METHODOLOGY

A. The SLDHS Sample Design

This preliminary report is based on data collected in seven SLDHS created zones which exclude administrative Districts in the north and east of the country. A total of 8,118 households were listed in the seven zones and 6,170 eligible respondents were identified in these households. An eligible respondent for the survey was defined as an ever married woman between the ages of 15 and 49 who slept in the household the previous night. Among the eligible respondents, interviews were completed among 5,865 women for a survey response rate of 95.1 percent. This preliminary report is based on data collected from these 5,865 women.

The SLDHS sample is designed to provide independent estimates for seven zones in the country. National level estimates are obtained by weighing each zone. The seven zones are outlined on the attached map. The weights for each strata (urban, rural, and estate) within a zone are shown below:

SLDHS SAMPLE ZONES



SLDHS Zone	SLDHS Strata	Area	SLDHS Sample Weights
0,1	1 - Urban	Metro Colombo	0.835
2	1 - Urban 2 - Rural	Colombo feeder areas	0.972 0.999
3	1 - Urban 2 - Rural 3 - Estates	South western coastal low lands	1.209 1.165 1.151
4	1 - Urban 2 - Rural 3 - Estates	Lower south central hill country	1.393 1.397 1.367
5	1 - Urban 2 - Rural 3 - Estates	Upper south central hill country	1.450 1.459 0.455
6	1 - Urban 2 - Rural	Dry zone (irrigated)	0.596 0.619
7	1 - Urban 2 - Rural	Dry zone (rainfed)	0.823 0.868

B. The Questionnaire

The Sri Lanka DHS used two questionnaires. The first, called the Household Questionnaire, was used to list all persons regardless of age, sex, or marital status who slept in the household the previous night. From this list eligible respondents (consisting of women currently married, divorced, separated, or widowed between the ages of 15 and 49 who slept in the household the previous night) were identified. The second or Individual Questionnaire was then administered to each of these eligible women. The results of the Household and Individual interviews are shown in Table 1.

TABLE 1 RESULTS OF SLDHS HOUSEHOLD AND INDIVIDUAL INTERVIEWS, SRI LANKA DHS, 1987

Result of Interview	PERCENT				
	All Sri Lanka	Metro Colombo	Other urban areas	Rural areas	Estates
Household Interviews					
--Households with Eleggible Respond.*	70.1	65.0	69.1	69.9	78.4
--Households with No Eleggible Respond.	25.8	28.8	27.4	26.3	17.6
--Unoccupied Dwellings	1.3	1.0	1.9	1.1	2.5
--Non-existant Dwelling	0.6	0.5	1.0	0.6	---
--Residents Absent	0.4	0.2	0.2	0.3	0.9
--Inaccessible Area	0.5	1.1	0.2	0.5	0.4
--Refused Interview	0.04	0.2	---	---	0.1
--Other	1.3	3.1	0.2	1.3	---
TOTAL PERCENT	100	100	100	100	100
TOTAL NUMBER OF HOUSEHOLDS	(8,118)	(971)	(525)	(5,834)	(788)
Individual Interviews					
--Completed Interviews	95.1	89.9	95.8	95.2	99.6
--Eleggible Respondent Absent	3.5	6.6	3.6	3.4	0.5
--Refused Interview	0.2	1.3	---	0.1	---
--Other	1.3	2.2	0.5	1.4	---
TOTAL PERCENT	100	100	100	100	100
TOTAL NUMBER OF ELEGIBLE WOMEN	(6,170)	(714)	(385)	(4,409)	(662)

* "ELEGIBLE RESPONDENT" is defined as an ever married woman, age 15-49 who slept in the household the previous night.

The Individual Questionnaire used in the SLDHS was based on the DHS model core questionnaire for high contraceptive prevalence countries. Suitable modifications were made to the core questionnaire to adapt it to the circumstances of Sri Lanka, and questions of specific interest to the country were added.

The SLDHS Individual Questionnaire is large and complex. On the average, each interview took approximately 45 minutes to complete. The questionnaire contains nine separate sections which obtain detailed information from each respondent on:

1. Background characteristics
2. All live births and infant and child deaths
3. Contraceptive knowledge, ever use, and current use
4. Indicators of child health including immunizations received, episodes of diarrhea, breastfeeding, the use of supplementary foods, prenatal care and assistance at delivery.
5. Marriage and migration
6. Fertility preferences
7. Husband's background and work
8. Socio-economic indicators
9. The length and weight of all children 3-36 months

More than in similar fertility and family planning surveys conducted in the past, the SLDHS devoted considerable time and attention to obtaining information on the health status of mothers and children. In addition to many health related questions, anthropometric length and weight measurements were taken on all children 3 months through 36. When analyzed in the final report, these data will provide indicators of national child nutritional status.

This preliminary report presents selected findings from some of the nine subject areas covered by the survey. A full survey report with extensive tabulation and analysis of all data will be available by the first quarter of 1988.

C. Data Collection, Editing, and Tabulation

The SLDHS used nine teams to administer and field edit the questionnaires. Each team consisted of four to seven female interviewers and a supervisor for a total of 48 interviewers and 9 supervisors (5 female and 4 male). In addition, 18 measurers collected length and weight data from children 3-36 months. The supervisors were initially trained in November for four days and subsequently in the same month pretested the Household and Individual questionnaires among 80 respondents. The interviewers, supervisors, and measurers were trained in January 1987 for 10 days. The measurers were given a standardization test by an experienced nutritionist immediately following their training and again mid way through field data collection.

The training for the interviewers consisted primarily of role playing sessions and other exercises designed to familiarize them with the questionnaire. In addition, each interviewer completed at least three practice field interviews. All the supervisors had previously been involved with the SLWFS and/or the SLCPS. Among the interviewers, about three fourths of them had experience conducting interviews for SLWFS and/or SLCPS and the others were well qualified, newly recruited statistical investigators for DCS. For the first week of data collection, all new interviewers were teamed with an experienced interviewer and each completed a questionnaire for a single respondent. The questionnaire from the new interviewer was then compared against the ques-

tionnaire completed by the experienced person and corrections made immediately. This procedure provided additional on the job training for new interviewers and helped to build confidence.

Data collection began January 18, 1987, and was essentially completed by March except for a few areas which began late and were completed by May. Each questionnaire was edited in the field during the evening following the interview. In addition, all questionnaires were further reviewed and edited in Colombo.

The data were entered onto microcomputers provided to the DCS by the DHS Programme. The ISSA (Integrated System for Survey Analysis) software package of programs developed by Westinghouse was used for data entry, editing, and tabulation.

All results presented in this report are based on weighted cases. Because of the application of weights and because of rounding, the total percents reported may not always add exactly to 100. Also, it should be noted that the tables presented in this report are based on data which have not been completely edited for consistency. Therefore, the results reported may differ from the final figures. While such differences are expected to be minimal, the reader is advised to view the data presented here as provisional.

III. RESULTS

A. Fertility and Fertility Intentions

Preliminary estimates from the SLDHS indicate that cumulative fertility has declined in Sri Lanka over the past twelve years. In 1975 the SLWFS reported that ever married women 15-49 had an average of 3.9 children. By 1982 the SLCPS reported that mean parity to ever married women 15 - 49 had dropped to 3.4 children. Table 2 presents the preliminary data from the 1987 SLDHS. The mean number of children ever born to ever married women 15 - 49 is 3.0 children. This represents a drop of 23 percent over the twelve year period. It should be noted that all fertility data in this preliminary report is unstandardized for age.

Table 2 also suggests that child mortality appears to be relatively low. Of the mean 3.0 children ever born alive, 2.8 or 94.3 percent survive. As one would expect, older women have experienced somewhat greater child mortality than younger women.

One of the most important topics for the SLDHS is the current level of fertility. Table 3 compares SLDHS and SLWFS age specific (ASFR) and total fertility rates (TFR). Overall, the TFR has dropped from 3.35 in 1974 to 2.82 in 1987. In examining the ASFR for each five year age group it is clear that the decline in the TFR is due entirely to a significant decrease in fertility among women aged 30 and over. The ASFR among 30-34 year olds has declined 23 percent since 1974 while the ASFR for the 35-39 and 40-44 age groups has declined 44 and 47 percent respectively. It should be noted that the rates reported from the SLWFS are for the single year 1974 while those from the SLDHS are the average for the five years preceding the survey. Also, it is important to keep in mind that the SLWFS covered all areas of the country while the SLDHS data reported here exclude Districts in the north and east.

TABLE 2 MEAN NUMBER OF CHILDREN EVER BORN, MEAN NUMBER SURVIVING, AND PERCENT SURVIVING AMONG EVER MARRIED WOMEN 15-49, SRI LANKA DHS, 1987.

Age of Woman	Ever Married Women			Weighted Number of Women
	Mean Ever Born	Mean Surviving	Percent Surviving	
15 - 19	0.62	0.58	94.1	(134)
20 - 24	1.29	1.26	97.4	(722)
25 - 29	2.05	1.97	96.0	(1111)
30 - 34	2.77	2.65	95.4	(1202)
35 - 39	3.34	3.17	94.8	(1133)
40 - 44	4.32	4.01	92.9	(923)
45 - 49	5.07	4.68	92.2	(639)
15 - 49	3.01	2.84	94.3	(5864)

TABLE 3 AGE SPECIFIC FERTILITY RATES AND TOTAL FERTILITY RATES FOR ALL WOMEN 15 - 49, (AVERAGE OF 5 YEARS PRECEDING THE SURVEY FOR SLDHS, ONE YEAR 1974 FOR SLWFS), SRI LANKA DHS, 1987.

Age Group	Age Specific Fertility Rates	
	SLDHS	SLWFS
15 - 19	38	31
20 - 24	146	146
25 - 29	161	161
30 - 34	121	158
35 - 39	71	126
40 - 44	23	43
45 - 49	3	6
Total Fertility Rate=	2.82	3.35

The TFR of 2.8 in Table 3 represents the rate at which women are currently reproducing in 1987. This rate can be compared with the average number of 5.1 children ever born to women 44-49 shown in Table 2 which represents fertility levels in the past. This comparison suggests that Sri Lanka is experiencing a transition to substantially lower levels of fertility.

The decline in cumulative and current fertility noted above is reflected in the attitudes of women towards childbearing. Table 4 indicates the reproductive intentions of currently married women 15-49. Among these women, 64 percent say they want no more children, 18 percent indicate they want to space the next child, and only 12 percent state that they want a child soon. Among the youngest age groups, 10 percent of the 15-19 year olds and 26 percent of 20-24 year olds want no more children. In the age group 25-29 almost half say that they want no more children and this percent increases to 93 percent for the oldest age group 45-49.

B. Contraceptive Knowledge, Source of Methods Ever Use and Current Use

Table 5 reveals that among currently married women 15-49, 99 percent know about one or more methods of contraception, 98 percent know a source for a contraceptive method, 74 percent have ever used a method, and fully 62 percent are currently using a method of contraception. The contraceptive prevalence rate reported by the 1975 SLWFS was 32 percent. This rose to 55 percent by the 1982 SLCPS. In the five years since then the prevalence rate has increased 7 percentage points to 62 percent. As noted earlier, it is important to emphasize again that this

TABLE 4 PERCENT OF CURRENTLY MARRIED WOMEN AGED 15-49 BY REPRODUCTIVE INTENTIONS, SRI LANKA DHS, 1987.

Age	Reproductive Intentions						Total Percent	Weighted N
	(1) Wants no More Children	(2) Wants to Space *	(3) Wants a Child Soon **	(4) Wants a Child But Does Not Know When	(5) Doesn't Know If Wants A Child	(6) Not Stated		
15 - 19	10.0	56.8	24.2	3.2	5.1	0.7	100	(128)
20 - 24	25.8	46.9	17.8	3.0	6.2	0.3	100	(693)
25 - 29	48.1	30.1	14.6	0.5	6.6	0.1	100	(1069)
30 - 34	65.5	14.9	12.1	0.5	6.8	0.2	100	(1145)
35 - 39	77.3	5.5	11.1	1.2	4.8	0.2	100	(1046)
40 - 44	87.3	1.3	7.4	0.3	3.2	0.5	100	(825)
45 - 49	92.6	0.1	4.1	0.9	1.7	0.6	100	(536)
Total All Ages	64.0	17.6	11.9	1.0	5.2	0.3	100	(5442)

* Wants to space is defined as wants a child after 24 months or more.

** Wants a child soon is defined as wants a child within the next 24 months.

TABLE 5 PERCENT OF EVER MARRIED WOMEN (EMW) AND CURRENTLY MARRIED WOMEN (CMW) 15 - 49 WHO KNOW A FAMILY PLANNING METHOD, KNOW A SOURCE FOR METHOD, HAVE EVER USED A METHOD, AND ARE CURRENTLY USING A METHOD, BY SPECIFIC METHODS, SRI LANKA DHS, 1987.

Specific Methods	PERCENT WHO							
	(1) Know Method		(2) Know Source for Method		(3) Ever Used Method		(4) Currently Using Method	
	EMW	CMW	EMW	CMW	EMW	CMW	EMW	CMW
Any Method	98.8	99.1	97.8	98.3	71.8	73.9	58.7	62.0
Any Modern Method	98.7	99.1	97.4	98.0	50.3	52.1	38.8	40.6
Pill	92.7	93.4	81.5	82.4	15.2	15.8	3.8	4.1
IUD	82.4	83.4	72.2	73.4	8.7	8.9	2.0	2.1
Injection	83.2	84.2	73.4	74.8	5.9	6.3	2.5	2.7
Diaphragm/Foam	14.3	14.6	10.0	10.3	0.2	0.2	0.02	0.03
Condom	72.3	73.4	61.0	62.3	9.4	9.9	1.8	1.9
Female Steril.	97.7	98.1	95.3	96.0	24.1	24.8	24.1	24.8
Male Steril.	90.8	91.5	86.0	86.9	5.4	5.7	4.6	4.9
Norplant	5.5	5.8	4.0	4.2	0.1	0.1	----	----
Any Traditional*	67.1	68.4	56.4	57.6	44.5	45.6	19.9	21.4
Safe Period	60.9	62.1	56.4	57.6	38.8	39.8	14.0	15.0
Withdrawal	37.9	38.8	----	----	17.2	17.8	3.2	3.4
Other	1.4	1.5	----	----	0.8	0.9	0.04	0.1
Prolonged Abstinence**							2.8	3.0

* For traditional methods, the "Source" refers to the source of knowledge about use of the safe period.

** Questions on prolonged abstinence were only asked for current use.

Number	614.42021
Accession Number	12865

figure is preliminary and is based on data which excludes Districts in the north and east.

Several features of Table 5 are noteworthy. First, in Sri Lanka knowledge about contraception and about sources of supply is very high particularly for female sterilization but also for other modern methods of contraception such as the pill, IUD, injection, condom, and male sterilization. Second, among the 41 percent using a modern method, approximately three fourths (or 30 percent of all CMW) are using sterilization while only one quarter (or 11 percent of all CMW) are using a modern temporary method. Five years earlier the SLCPS reported that among the 30 percent of currently married couples who were using a modern method, approximately two thirds (or 21 percent of all CMW) were relying on sterilization and about one third (or 10 percent of all CMW) were relying on other modern methods. Third, while 21 percent or approximately one third of all current users rely on traditional methods, this represents a drop from five years earlier when 25 percent or close to one half of all current users relied on traditional methods.

Table 6 examines the use or nonuse of contraception by selected background characteristics of the respondents. As one might expect, nonusers are concentrated among the younger women under 30 and the extent to which these younger women use contraception they tend to use a modern temporary method. Among older women 30 or over 37 percent have been sterilized, 8 percent use modern temporary methods, and 23 percent use traditionals for an overall prevalence rate among this age group of 68 percent.

TABLE 6 PERCENT OF CURRENTLY MARRIED WOMEN 15-49 ACCORDING TO CURRENT CONTRACEPTIVE USE BY BACKGROUND CHARACTERISTICS, SRI LANKA DHS, 1987.

Background Characteristic	Current use of Contraception				Percent Total Weighted N
	(1) Not Currently Using	(2) Using Modern Temporary Method	(3) Sterilized	(4) Using Traditional Method	
AGE					
< 30	50.4	16.1	15.4	18.1	100 (1890)
30+	31.4	8.0	37.4	23.2	100 (3552)
SECTOR					
Metro Colombo	36.4	9.9	29.8	23.9	100 (507)
Other Urban	31.3	13.5	29.3	25.9	100 (369)
Rural	37.9	11.3	28.9	21.9	100 (4220)
Estates	48.7	3.6	40.2	7.6	100 (346)
PARITY					
No Children	93.6	1.0	1.2	4.2	100 (487)
1 Child	55.6	14.0	2.2	28.2	100 (942)
2 Children	35.6	17.5	18.5	28.4	100 (1276)
3 Children	22.2	11.4	44.8	21.7	100 (1099)
4 or More	23.9	6.2	52.8	17.1	100 (1638)
EDUCATION					
No Education	45.4	4.7	39.1	10.8	100 (575)
Primary	36.2	8.1	39.7	15.9	100 (1582)
Secondary	36.8	12.4	28.3	22.5	100 (1993)
Higher	38.7	14.3	15.7	31.3	100 (1293)
DESIRE FOR CHILDREN					
Wants no More	24.6	8.8	46.5	20.1	100 (3481)
Wants to Space	52.8	19.9	----	27.3	100 (959)
Wants one Soon	77.3	6.7	----	16.0	100 (648)
Wants but DK When	76.1	5.7	----	18.1	100 (56)
DK If Wants	52.9	15.0	----	32.1	100 (283)
Not Stated	79.6	5.6	---	14.8	100 (15)
ALL CURRENTLY MARRIED WOMEN	38.0	10.8	29.8	21.4	100 (5442)
<hr/>					
CONTRACEPTIVE PREVALENCE SLDHS 1987	=		62.0		
CONTRACEPTIVE PREVALENCE SLCPS 1982	=		54.9		
CONTRACEPTIVE PREVALENCE SLWFS 1974	=		32.0		

By sectors, the Estates are notable in four areas. First, almost 49 percent of Estates women are not using contraception. This is the highest percent among all sectors. Second, another 40 percent of Estates women use sterilization, again, the highest percent among all sectors. Third, only 8 percent of Estates women use traditionals, the lowest percent among all sectors. And finally, only 4 percent are currently using a modern temporary method of contraception, again, the lowest among all sectors.

Examined by other background characteristics, contraceptive use increases rapidly with parity as expected. By level of education, there is a direct relationship between increasing education levels and increasing use of both modern temporary methods and traditional methods. Indeed, women with a higher level education are three times more likely to use traditional methods (31 percent) than women with no education (11 percent). Also, there is an inverse relationship between education and the use of sterilization. Women with no education are twice as likely (39 percent) to use sterilization as women with a higher education (32 percent). Finally, with regard to reproductive intentions, 25 percent of women who want no more children are not using any method of contraception and another 20 percent are relying on traditionals. In addition, 53 percent of currently married women who want to space their next birth are not now using a contraceptive method. Clearly, these are target groups for family planning programme effort.

The source of contraceptive supply is examined in Table 7. Government hospitals and MCH centers are the primary source of contraception for 77 percent or over three fourths of all current users. By method, Government hospitals and MCH Centers are particularly important as a

TABLE 7 PERCENT OF CURRENTLY MARRIED WOMEN 15-49 CURRENTLY USING A MODERN METHOD OF CONTRACEPTION BY SOURCE OF METHOD AND SPECIFIC METHOD USING, SRI LANKA, 1987.

Source of Contraceptive Method	Method Currently Using						Total
	Pill	IUD	Injec- tion	Condom/ Diaphragm	Female Steril.	Male Steril	
Government Hospital MCH Center	17.4	84.0	51.3	8.6	94.4	78.1	77.2
Private Doctor/ Private Nurse	11.1	4.3	26.6	5.1	2.0	0.9	4.7
Non Government Clinic	0.6	0.7	1.4	---	0.8	9.3	1.8
Mobile Clinic	0.4	---	2.7	1.3	0.4	4.9	1.1
Public Health Midwife	48.9	9.8	10.6	23.0	---	---	7.3
Friend/ Relative	4.1	---	3.5	13.1	---	---	1.3
Pharmacy/ Shop	14.0	---	---	36.2	---	---	3.1
Other	3.2	1.3	4.2	10.9	0.2	1.8	1.4
Doesn't Know	0.5	---	---	1.8	2.0	4.9	2.0
Total Percent	100	100	100	100	100	100	100
Weighted N	(222)	(116)	(145)	(105)	(1352)	(268)	(2207)

source of supply for sterilization, IUDs, and Injections. Private doctors and nurses also play an important role as the source for 27 percent of all injection users. Government Public Health Midwives are the source for almost half of all pill users and almost a quarter of all condom users. Table 7 also reflects the importance of the commercial contraceptive retail sales programme in the country. Fully 36 percent of condom users and 14 percent of pill users obtain their supplies from pharmacies and shops.

Tables 8 and 9 both examine reproductive intentions by selected background characteristics. In Table 8, the population of interest is currently married women 15-49 who are not currently using a method. In Table 9, the population of interest is currently married women who are using a method. Overall, 41 percent of nonusers say they want no more children compared against 78 percent of users.

Table 10 presents the major reasons for nonuse of contraception among currently married women who are not pregnant and who say they would be unhappy if they became pregnant soon. Infrequent sex, menopausal/subfecund, health concerns, and postpartum breastfeeding account for almost 50 percent of the reasons for nonuse. Husband's disapproval and opposition to family planning by the respondent account for only 10 percent. Table 10 suggests that there is no single, overwhelmingly strong reason for nonuse among current nonusers. Instead, there are a number of different reasons, some of which might be addressed through educational programmes (such as lack of knowledge) while other reasons cannot be affected (such as menopause).

TABLE 8 PERCENT OF CURRENTLY MARRIED WOMEN 15-49 WHO ARE NOT CURRENTLY USING A METHOD OF CONTRACEPTION BY REPRODUCTIVE INTENTIONS AND BACKGROUND CHARACTERISTICS, SRI LANKA DHS, 1987.

Background Characteristic	Reproductive Intentions						Total Percent	Weighted N
	(1) Wants no More Children	(2) Wants to Space *	(3) Wants a Child Soon **	(4) Wants a Child But Does Not Know When	(5) Doesn't Know If Wants A Child	(6) Not Stated		
AGE								
< 30	23.6	42.3	24.7	2.8	6.4	0.3	100	(953)
30+	56.7	9.3	23.8	1.4	8.0	0.9	100	(1116)
SECTOR								
Metro Colombo	42.1	21.3	19.9	3.6	12.2	0.9	100	(185)
Other Urban	41.3	18.6	28.8	1.3	9.2	0.8	100	(116)
Rural	41.8	25.5	23.7	1.6	6.8	0.6	100	(1600)
Estates	37.2	21.9	30.7	5.3	4.8	0.3	100	(169)
PARITY								
No Children	4.3	31.1	54.9	4.7	5.0	---	100	(456)
1 Child	18.8	41.3	28.1	2.3	9.2	0.5	100	(524)
2 Children	50.1	24.3	13.7	1.1	10.1	0.7	100	(454)
3 Children	70.9	10.7	9.2	1.5	6.7	1.0	100	(244)
4 or More	86.6	3.0	4.9	0.2	4.2	1.1	100	(391)
EDUCATION								
No Education	50.1	20.1	22.0	2.1	5.2	0.6	100	(261)
Primary	49.3	21.5	19.4	2.1	7.1	0.6	100	(573)
Secondary	39.4	26.5	24.0	2.2	7.2	0.7	100	(734)
Higher	30.9	27.2	31.3	1.8	8.5	0.4	100	(501)
ALL CURRENTLY MARRIED NON-USERS	41.4	24.5	24.2	2.1	7.2	0.6	100	(2069)

* Wants to space is defined as wants a child after 24 months or more.

** Wants a child soon is defined as wants a child within the next 24 months.

TABLE 9 PERCENT OF CURRENTLY MARRIED WOMEN 15 - 49 WHO ARE CURRENTLY USING A METHOD OF CONTRACEPTION BY REPRODUCTIVE INTENTIONS AND BACKGROUND CHARACTERISTICS, SRI LANKA DHS, 1987.

Background Characteristic	Reproductive Intentions						Total Percent	Weighted N
	(1) Wants no More Children	(2) Wants to Space *	(3) Wants a Child Soon **	(4) Wants a Child But Does Not Know When	(5) Doesn't Know If Wants A Child	(6) Not Stated		
AGE								
< 30	51.4	33.8	8.0	0.4	6.3	0.2	100	(937)
30+	88.0	5.6	3.0	0.4	3.1	0.1	100	(2436)
SECTOR								
Metro Colombo	78.0	11.7	3.1	1.0	5.7	0.5	100	(322)
Other Urban	79.4	12.1	3.9	---	4.6	---	100	(254)
Rural	76.5	14.4	4.8	0.4	3.9	0.1	100	(2620)
Estates	94.3	4.2	0.8	---	0.7	---	100	(177)
PARITY								
No Children	21.9	14.4	59.0	---	4.7	---	100	(31)
1 Child	17.9	57.1	17.0	1.4	6.4	0.2	100	(418)
2 Children	65.8	18.7	6.2	0.7	8.6	0.1	100	(822)
3 Children	91.0	4.9	0.8	0.1	3.1	0.1	100	(856)
4 or More	98.1	1.1	0.1	0.1	0.6	0.1	100	(1247)
EDUCATION								
No Education	91.2	6.2	0.9	0.3	1.5	---	100	(314)
Primary	88.6	7.2	2.7	0.1	1.3	0.1	100	(1009)
Secondary	75.9	14.6	4.0	0.6	4.9	0.1	100	(1258)
Higher	61.8	22.2	8.6	0.5	6.8	0.1	100	(792)
ALL CURRENTLY MARRIED USERS								
	77.8	13.4	4.4	0.4	4.0	0.1	100	(3373)

* Wants to space is defined as wants a child after 24 months or more.

** Wants a child soon is defined as wants a child within the next 24 months.

TABLE 10 PERCENT DISTRIBUTION OF REASONS FOR NONUSE OF CONTRACEPTION AMONG CURRENTLY MARRIED NON PREGNANT WOMEN 15-49 WHO ARE CURRENTLY NOT USING A METHOD OF CONTRACEPTION AND WHO REPORT THAT THEY WOULD NOT BE HAPPY IF THEY BECAME PREGNANT SOON.

Reason for Nonuse of a Method of Contraception	Percent
Lack of Knowledge or lack of source.....	6.2
Opposed to family planning	2.3
Husband disapproves	8.4
Other people disapprove.....	0.2
Infrequent sex.....	11.8
Postpartum breastfeeding.....	8.5
Menopausal / subfecund	16.4
Health concerns.....	12.9
Lack of availability/accessibility.....	1.8
Costs too much.....	0.2
Religion.....	2.2
Inconvenient to use.....	1.3
Other responses.....	23.6
DK/ no response.....	4.5
Total Percent	100
Total Weighted N =	(784)

C. Immunization of Children

All SLDHS sampled mothers with children under 5 were asked if their children had health cards. If the mother replied yes and could show the interviewer the card the dates of all immunizations received by the child were recorded. Table 11 presents the data on immunization. It is important to note that immunization coverage applies only to children who had a health card. The first column in Table 11 shows that overall, 77 percent of children under 5 had a health card. The percent with a health card is fairly constant and above 70 percent for most groups except for those with no education (63 percent) and the Estates population (47 percent). It is likely that many of the women on the Estates are also the same women with no education.

Among the 77 percent of children under 5 with a health card, a remarkably high percent have been covered for BCG (98 percent), three doses of DPT (80 percent), and three doses of Polio (80 percent). However, only 48 percent have been covered against measles.

Age is probably one of the most important variables to examine in relation to immunization coverage. Among children 0 to 6 months, 97 percent have been covered by BCG. In the 6 through 11 month category, 56 percent have had three doses of DPT and 55 percent three doses of polio, but only 22 percent have been covered by measles. Among those 12 through 17 months old, coverage for measles increases to 63 percent.

The SLDHS data on immunization coverage suggests that campaigns in recent years under the Expanded Programme of Immunization have been fairly successful. In general the group of infants under 18 months is being reached and at least among those children with a health card, there are relatively few outstanding differentials by place of residence (except that metro Colombo shows slightly lower coverage for

TABLE 11 AMONG ALL CHILDREN UNDER 5, PERCENT WITH A HEALTH CARD, AND AMONG CHILDREN WITH A HEALTH CARD, PERCENT IMMUNIZED WITH BCG, DPT 1, 2, 3, POLIO 1, 2, 3, AND MEASLES, SRI LANKA DHS, 1987.

Background Characteristic	Among all Children <5 Percent With a Health Card		Among Children Under 5 with a Health Card, Percent who have Received								Weighted Number of Children With Health Cards
			(1) BCG	(2) DPT			(3) Polio			(4) Measles	
				Doses			Doses				
				1	2	3	1	2	3		
CURRENT AGE OF CHILD		%	N.								
Under 6 Mos.	79	(368)	97	34	8	--	33	8	--	--	(290)
6-11 Months	87	(367)	00	10	32	56	10	32	55	22	(321)
12-17 Months	81	(403)	99	3	5	92	2	6	91	63	(328)
18-23 Months	83	(372)	99	2	2	96	2	3	96	75	(309)
24-59 Months	73	(2341)	98	2	3	93	2	3	93	53	(1702)
SECTOR											
Metro Colombo	75	(298)	96	8	6	75	7	6	74	43	(223)
Other Urban	80	(232)	97	6	7	82	6	7	82	53	(186)
Rural	79	(3065)	99	6	7	80	6	7	80	47	(2419)
Estates	47	(257)	96	8	8	82	7	8	82	65	(122)
EDUCATION											
No Education	63	(379)	95	6	9	74	7	9	73	42	(238)
Primary	73	(1143)	98	8	8	77	7	9	76	44	(829)
Secondary	79	(1439)	98	6	6	82	6	6	82	47	(1143)
Higher	83	(982)	99	6	6	83	5	6	83	55	(740)
ALL CHILDREN UNDER 5	77	(3851)	98	6	7	80	6	7	80	48	(2949)

DPT, Polio, and Measles) or education level of mother. Once again it should be noted, however, that 23 percent of all children under 5 do not have a health card and it is likely that many of these children have not been fully immunized. These children tend to be concentrated on the Estates and in households where the mother has no education.

D. Prenatal Care, Assistance at Delivery, and Tetanus Toxoid Injections

Effective prenatal care, assistance at delivery, and protection against tetanus can have a powerful effect on reducing infant and maternal mortality. Table 12 presents the data from the SLDHS related to these three areas and shows that in general, a high proportion of all births in Sri Lanka have received prenatal care, assistance at delivery, and protection from tetanus. Prenatal care from a doctor, nurse, or trained midwife was obtained for 97 percent of all births in the five years prior to the survey. Also, 87 percent of these births were assisted by a doctor, nurse, or trained midwife at the time of delivery. Finally, for 73 percent of the births the mother received two doses of tetanus toxoid. By background characteristics of the mother the only notable differences are among the population on the Estates and those with no education.

E. Breastfeeding

Table 13 presents a current status estimate of the mean number of months of breastfeeding among children born in the 24 months prior to the survey. The mean figures shown in the table are calculated by dividing the prevalence of breastfeeding (that is, the number of children whose mothers are breastfeeding at the time of the survey) by the

TABLE 12 PERCENT OF ALL BIRTHS IN THE LAST 5 YEARS WHOSE MOTHERS RECEIVED PRENATAL CARE FROM A DOCTOR, NURSE, OR TRAINED MIDWIFE; RECEIVED ASSISTANCE AT DELIVERY FROM A DOCTOR, NURSE, OR TRAINED MIDWIFE; AND RECEIVED ONE OR TWO TETANUS TOXOID INJECTIONS DURING PREGNANCY BY BACKGROUND CHARACTERISTICS, SRI LANKA DHS, 1987.

Background Characteristic	Received Prenatal Care from Doctor Nurse, Trained Midwife	Received Assistance at Delivery from Doctor, Nurse, Trained Midwife	Received Tetanus Toxoid Injection		Total Weighted Number of births in last five years
			1 Dose	2 Doses	
AGE					
< 30	96.5	85.5	13.1	72.7	(2156)
30+	96.7	89.4	13.7	74.3	(1800)
SECTOR					
Metro Colombo	96.1	98.1	19.3	68.6	(303)
Other Urban	98.6	90.4	15.1	72.0	(238)
Rural	96.6	87.2	13.2	73.8	(3141)
Estates	95.2	73.2	7.5	75.8	(273)
EDUCATION					
No Education	87.0	68.3	13.2	64.3	(397)
Primary	96.4	83.7	15.3	69.5	(1169)
Secondary	98.1	90.7	13.7	75.7	(1479)
Higher	98.6	94.7	10.7	78.7	(911)
ALL BIRTHS IN LAST FIVE YEARS	96.6	87.3	13.4	73.4	(3955)

average number of births per month over the past 24 months period. The division of prevalence by incidence provides an estimate of the mean duration in months of breastfeeding.

The study of breastfeeding is important because it relates to the health of children and because lactation reduces a woman's chances of conceiving. Using the same current status method, calculated in a slightly different manner, SLWFS reported an overall mean length of breastfeeding of 19.4 months. Table 13 shows that the overall mean duration of breastfeeding from the SLDHS is 17.3 months, a drop of about two months over the twelve year period. There is virtually no difference by age of mother although by residence, urban women in metro Colombo have the shortest mean duration at 13 months while rural residents continue for another five months to 18.8 months. By education, there is an inverse relationship. Women with no education have a mean duration of breastfeeding of 19.5 months (the highest of all groups) while among those with higher education the mean is 15.1.

TABLE 13 CURRENT STATUS ESTIMATE OF THE MEAN NUMBER OF MONTHS OF BREAST-FEEDING AMONG CHILDREN BORN IN THE 24 MONTHS PRIOR TO THE SURVEY, BY BACKGROUND CHARACTERISTICS SRI LANKA DHS, 1987.

Background Characteristics	Mean Duration in Months of Breastfeeding
Age	
< 30	17.4
> 30	17.1
SECTOR	
Metro Colombo	13.0
Other Urban	16.3
Rural	17.8
Estates	16.9
EDUCATION	
No Education	19.5
Primary	18.1
Secondary	17.1
Higher	15.1
All CHILDREN BORN 24 MONTHS PRIOR TO SURVEY	SLDHS = 17.3 SLWFS = 19.4