The Department of Census and Statistics (DCS) takes steps to identify, assess, and adapt for country contexts. In the 2016 SLDHS, a national representative sample of 26,178 housing units was selected for the survey and 27,210 households in these households were identified, of whom 18,302 were successfully interviewed.

Sample design

A nationally representative sample of 27,210 households was selected for the survey and 27,210 household in these housing units were examined to provide district level estimates. Within the households identified, of whom 18,302 were successfully enumerated. Detailed interview data was collected from all ever-married women aged 15-49 in selected households and their children under five years of age.

Figure 1 shows the distribution of E-MW by place of residence in the country. The majority of ever-married women (83 percent) were married or in a union before age 15 and 20-24). The TFR levels, trends and changes in the Demographic and Health Survey 2016 can be used as baseline data for assessing progress towards the Sustainable Development Goals (SDG) is the world's first comprehensive plan of action for peace and prosperity for people and the planet, now being carried out by all 193 Member States. Launched at the end of 2015, this agenda is built on 17 Sustainable Development Goals (SDGs) and a wide range of indicators. The SDGs are a call for action by all nations – from the most developed to the least – to come together to end poverty, protect the planet and ensure that all people enjoy peace and prosperity by 2030.

Population and fertility

The 2016 SLDHS confirmed high levels of participation in education across the country with a median of 5.4 years for females aged 15-24 years for education. Adolescents aged 15-24 years, while not only demanding but also educationally and socially motivated, present a unique set of challenges. The 2016 SLDHS report provides an overview of the fertility-related characteristics of the Sri Lankan population, including marital status, number of children, age at first marriage, age at first live birth, and infertility.

Child mortality

Under-five mortality rates in Sri Lanka have fallen dramatically over the last three decades. The majority of these deaths occur during the first year of life, with the highest rates in the first month of life. Trends in under-five mortality rates in Sri Lanka have improved substantially, with the number of deaths in children under five years of age dropping from 84 per 1,000 live births in 1990 to 14 per 1,000 live births in 2016.

Reproductive health

Nine-tenths of the pregnancies in the country received antenatal care from health facilities (91 percent), and 95 percent received antenatal care before the third trimester. Ten percent of the births were outside health facilities. India, the continent with the highest fertility rate, has seen a steady decline in fertility rates over the past few decades. The most recent fertility rate in India is estimated at 22.5 births per 1,000 women ages 15-49.

Nutrition status of children and adolescents

Among ever-married women, 9 percent were found to be thin, 32 percent over-weight, and 11 percent obese. The majority of children (77 percent) have access to toilet facilities at home (68 percent within one day). Almost half of households (48 percent) had supplies of bottled salt at home.

Conclusion

The report "Sri Lanka Demographic and Health Survey 2016" is intended to serve as a comprehensive blueprint for sustainable development. The overall trend in fertility rates has been declining, and this is largely attributed to the rapid expansion of family planning programs.

Development of health indicators

The World Health Organization (WHO) has developed a set of health indicators that are used to monitor progress towards the SDGs. These indicators cover a wide range of health outcomes, including maternal and child health, non-communicable diseases, and mental health. The indicators are used to track progress towards the health-related targets of the SDGs, and are revised periodically to reflect new evidence and priorities. The 2016 SLDHS can be used to assess progress towards the health-related targets of the SDGs, and to monitor progress towards the health-related targets of the SDGs.

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