

## SUMMARY OF FINDINGS

The first comprehensive survey on fertility and family planning was conducted in 1975 by the Department of Census and Statistics. Since then the Department has conducted similar surveys in 1982, 1985 and 1987. The 1993 Demographic and Health Survey therefore, is the fifth in the series.

The major objective of this survey has been to provide up-to-date and accurate information on fertility, nuptiality, family planning, child nutrition and health status of children. The survey data also provides a useful basis for comparison with data from previous surveys.

The sample comprising 9,230 households and 7,078 eligible women in 9,007 housing units was based on a representative multistage stratified probability sample excluding the northern and eastern provinces. The population was stratified into seven zones on the basis of socio-economic and ecological criteria. Each zone was further stratified into urban, rural and estate sectors. The completed number of households and eligible women interviewed were 8,918 and 6,983 respectively. The overall response rate was 97.6 percent with a household response rate of 98.9 percent and an eligible women response rate of 98.7 percent.

Two types of questionnaires were used in the survey. The household questionnaire and individual questionnaire. The household questionnaire listed all usual residents and any visitors who slept in the household the night before the interview. An eligible respondent was defined as an ever married woman aged 15 to 49 years who slept in the household the night before the interview.

The level of fertility measured by total fertility rate is estimated at 2.3 for the period 1988 to 1993. When compared with previous data, it is evident that the total fertility rate has declined significantly from a level of 5.0 in 1963. It is also evident that for the first time age specific fertility rates have declined in all age groups.

The median birth interval is 37 months. However, the interval is shorter for younger women, women living in the estates and for women who have had no education or those with only primary education. The median age at first birth is highest (26.3 years) for those in the age group 25-29 and lowest (23.5 years) for those aged 45-49 years, indicating that age at first-birth has been increasing.

The Colombo metro area has the lowest total fertility rate of 2.0. The rural sector has a total fertility rate of 2.3 and the estates 2.6. The decline in fertility during 1982-87 and 1988-93 periods show that it has occurred mainly in the estates (23.5 percent) and rural areas (20.7 percent). In terms of zones, the lowest fertility level is found in zones 1 and 2 with a total fertility rate of 2.0 in Colombo metro and Colombo feeder areas respectively. High fertility is notable in zones 6 and 7 with total fertility rates of 2.8 and 2.6 respectively. These are irrigated dry zone and rainfed dry zone areas.

Contraceptive knowledge is almost universal with 99 percent of all ever married and currently married women knowing at least one modern method. However, only about 72 percent of ever married and currently married women know of a traditional method. The best known method among modern methods is female sterilization (97.3 percent) and the least known method is norplant (10.5 percent). Of the traditional methods, the best known methods are safe period (65.9 percent) and withdrawal (51.3 percent). During the period 1987 to 1993, the knowledge of traditional methods has increased by 4 percentage points mainly due to increase in knowledge of withdrawal which increased by 12.5 percentage points. It is also seen that younger women are less likely to know of a traditional method than older women. A clear direct relationship between educational levels and knowledge of modern methods is seen among currently married women. A similar relationship is evident with parity as well.

Knowledge regarding source of supply among ever married women show that the highest level of knowledge of government source is for sterilization (93.0 percent) followed by IUD (81.5 percent), injectable (78.0 percent), pill (68.5 percent), norplant (62.5 percent) and condom (26.9 percent). With regard to acceptability of methods, it is evident that access or availability, cost, inconvenience in use are not seen as problems by large majority of ever married women. However, health issues are perceived as problems in using methods such as pill (30.7 percent), IUD (20.5 percent), injectable (27.7 percent) and female sterilization (15.9 percent).

The ever use of any method of family planning among ever married women is 76.2 percent with an increase of 6.1 percent during the period 1987-1993. Ever use of any modern method is 56.9 percent with an increase of 12.9 percent during the same period. Among currently married women, 78.3 percent have ever used any method of family planning, while 58.5 percent have ever used any modern method and 44.9 percent have ever used any traditional method.

The contraceptive prevalence rate for 1993 was 66.1 percent, an increase of 4.4 percentage points from the rate in 1987. Of the total prevalence, 22.4 percent of currently married

women use a traditional method. Of the modern methods, prevalence of sterilizations dropped from 29.8 percent to 27.2 percent during the period 1987 to 1993. However, the prevalence of modern temporary methods has increased from 10.8 percent to 16.5 percent. A slight increase of 1.3 percentage points is also evident for traditional methods.

The current use of contraception by age show that the highest level of prevalence is in the age group 35-39 years (76.7 percent). As expected, the lowest prevalence is in the age group 15-19 with a rate of 30.3 percent. However, it is interesting to note that in this youngest age group, contraceptive use has increased by 50 percent during 1987 to 1993. Contraceptive use by sector, show that the highest use of contraception is in the rural sector (68.3 percent) while the lowest is in the estate sector with 54.5 percent. With regard to parity, the highest use is found among women with three living children (80.0 percent). A clear inverse relationship between educational attainment of the women and contraceptive use is seen with regard to modern spacing methods. However, those with no education and with primary education show higher use of sterilization compared to those with higher level of education.

Nearly 35 percent of ever married and currently married women have ever used safe period as a method of contraception. It was observed that about 72 percent of ever users could correctly identify the fertile period in the menstrual cycle.

Government sector is the primary source of contraception for large majority (83.0 percent) of current users. For supply methods, 60.2 percent of current users obtained supplies from government sources. For clinical methods, 92 percent used a government source to obtain their supplies.

The singulate mean age at marriage for females is 25.5 years which show an 0.7 years increase from 1987. The overall mean duration of breastfeeding is 23.1 months, an increase of 0.4 months from the level in 1987. Due to the long duration of lactation, the mean duration of amenorrhea is 6.7 months. The mean duration of abstinence is 5.7 months and insusceptibility is 8.8 months. There is no marked difference in the mean duration of breastfeeding by age. With regard to sector, it is seen that Colombo metro women have the least mean duration (16.4 months) while the women in the rural areas breastfeed for an average of 24.6 months. The estate women have an intermediate duration of 22.0 months.

The data on induced abortion, possibly under reported, show that about 84 percent of those resorting to it are over 30 years of age, about 30 percent are in the Colombo metro area and

another 40 percent are in the estates. About 57 percent have no education or only primary education and about 15 percent have no children.

With regard to fertility preferences, it is seen that 42 percent of currently married non-users of family planning want no more children and another 23 percent want to space births. Among currently married current users, it is evident that 36 percent (excluding those sterilized) want no more children. This is an increase of about 17 percent from 1987. Another 16 percent want to space births. Those users with no education, 22 percent want no more children and 5 percent want to space births. The currently married women who want no more children increases rapidly with parity from 16 percent for those with one child to about 70 percent for those with two children and to 97 percent for those with 4 or more children. About 11 percent of currently married women were in need of family planning and intended to use contraception. The need was higher in the estates and in zones 6 and 7. The mean ideal number of children for ever-married women with two living children was 2.5 compared to 2.8 children for all ever married women.

Mortality levels measured by the survey show an infant mortality rate of 25.3, child mortality rate of 4.0 and under five mortality rate of 29.5 per 1000 live births during the five years preceding the survey. By socio-economic zones, it is seen that infant and under-five mortality levels are highest in zone 5 where many of the estates are located. A clear inverse relationship is observed between mother's education and the mortality of children. Infant mortality rate is nearly two and half times higher for those mothers with no education compared with those having more than secondary education. Male infant mortality rate is 54 percent higher than the corresponding rate for females.

As regards prenatal care, it is observed that almost all mothers (99.6 percent) who had births in the five year period preceding the survey received prenatal care. About 65 percent of mothers who had births during the past 12 months preceding the survey received two doses of tetanus immunization. About 94 percent of the births that occurred during the past five years preceding the survey, took place in an institution. Of these, 87 percent took place at a government facility and 7 percent at a private nursing home.

Immunization of children which was assessed by the health card showed that 82.3 percent of children had such a card. All children who had a health card had been immunized with B.C.G. Among them, 86.6 percent had received three or four doses of DPT, 86.3 percent three or four doses of polio and about 80 percent had received the measles vaccination.

The prevalence of diarrhoea among children under 5 years of age during the preceding 24 hours and preceding 2 weeks was very low with 1.8 percent and 3.2 percent respectively. Overall, about 71 percent of children who had diarrhoea in the past two weeks were treated at a medical facility. Knowledge of mother about ORS packets was very high with an overall percentage of 94.

With regard to feeding patterns and nutritional status of children, it is seen that 98 percent of children were ever breastfed. About 55 percent of children born in the five years preceding the survey were given colostrum. The three major reasons given by mothers for stopping breastfeeding are refusal by the child, mothers pregnancy and insufficient milk of the mothers. These three reasons together account for 60 percent of the total reasons for stopping breastfeeding. At the overall level, the mean birth weight is 2.8kg. However, 18.7 percent of newborns have low birth weight (below 2.5kg).

The nutritional status of children below 5 years of age indicate that 15.5 percent of children are acutely undernourished and 23.8 percent are suffering from chronic malnutrition. the survey data also revealed that 37.7 percent of the children are underweight. However, in comparison with the nutritional status of children in 1987, it is seen that at the overall level, the nutritional levels with respect to both height for age and weight for age have improved between 1987 and 1993, but weight for height shows slight deterioration.

In conclusion, it can be said that when compared with data of the Demographic and Health Survey of 1987, there has been an overall improvement in demographic and health status of the population in 1993. However, in almost all areas there is room for improvement and further analysis of this data would be required to identify the causal linkages among the crucial variables so that appropriate programmatic action could be initiated.