## 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 atleast 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 yers 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 constant<sup>1</sup> 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.

<sup>1</sup>The 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

			Among birtins with a rept	nted birth weight
Background	Percentage of births that have a reported		Percentage less than	
characteristic	birth weight <sup>1</sup>	Number of births	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
	97.2	210	13.5	210
	90.1	201	20.7	270
Galle	97.1	420	12.0	410
Hambantota	97.0	265	20.0	321
laffna	97.5	203	62	200
Mannar	(92.1)	42	(14.7)	38
Vavuniva	94.9	62	19.4	59
Mullaitivu	(92.1)	37	(9.4)	34
Kilinochchi	(95.8)	47	(9.50	45
Batticaloa	<b>`</b> 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 Kegalle	97.9 92.9	448 314	22.4 18.8	439 292
Mother's education	07.0		24.0	E 4
Research Grade 1.5	97.2	55 204	31.0 24.3	04 291
Passed Grade 6-10	93.7	294	24.3	201
Passed G C E (O/L)	97.0	5,542	17.5	3,433
or equivalent	96.6	1 827	15.5	1 765
Passed G C E (A/L)	56.6	1,021	10.0	1,700
or equivalent	96.5	1 994	11.5	1 925
Degree and above	96.3	480	12.5	462
Wealth guintile				
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





# 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 recieved specific vaccines at any time before the survey (according to a vaccination card or the mother's report). To have recieved all basic vaccinations, a child must receive at least:

- One does 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 does 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

			Children age	e 12-23 month	S	Children age	s	
				Vaccinated				Vaccinated
	Vaccination	Mother's	Fither	appropriate	Vaccination	Mother's	Fither	appropriate
Source of information	card <sup>1</sup>	report	source	age <sup>2,3,4</sup>	card <sup>1</sup>	report	source	age <sup>2,3,4</sup>
		•						
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								
vaccinations <sup>5</sup>	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 Vaccination card, booklet or other home-based record

<sup>2</sup> Received by age 12 months

<sup>3</sup> 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. <sup>4</sup> Received by age 12 months for all vaccines except [MEASLES CONTAINING VACCINE] 2, which should be received by age 24

5 BCG, three doses of [DPT-HepB-Hilb], three doses of oral polio vaccine (excluding polio vaccine given at birth), and one dose of IMEASLES CONTAINING VACCINEI

### **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

	DPT-HepB-Hib					Polic	0	No		Children age 24-35 mon ths:		
Background	RCG	1	2	3	1	2	3	vaccin-	Number			Number
Sox	BCG	I	2	3	I	2	3	auons	or children			or crillaren
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	16.4	818
	00.2	00.0	00.0	00.1	00.0	00.0	00.0	0.0				010
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
	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(0.0)	35	(100.0)	(9.6)	50
Ruwara Eliya	96.5	90.0	90.0	96.1	90.5	96.5	90.0	1.5	50 75	07.0	10.1	47 97
Matara	97.6	97.6	96.5	96.5	97.6	96.5	90.0	24	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
Monoragala	99.1 100.0	99.1 100.0	99.1	91.0	99.1 100.0	99.1 100.0	94.0	0.9	52	96.2	10.0	70 55
Pataanura	100.0	100.0	90.1 100.0	90.4	100.0	100.0	90.1 100.0	0.0	94	90.9	30.2	55
Kegalle	100.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	67	99.2 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
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
Hignest	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 considere	ed to have re	eceived the	vaccine if it v	vas either w	ritten on the	child's vacc	ination card	or reported	by the moth	er. For child	ren whose	
vaccination information is ba	ised on the i	mother's rep	ort, date of v	vaccination i	s not collect	ed. The prop	cortions of va	accinations	given during	the first an	a secona ye	ears 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:

			Percentage for whom advice or	Percentage	
	Percentage with	N	treatment was sought from a	for whom treatment was	Number
Background characteristic	symptoms of ARI <sup>1</sup>	Number of children	or provider <sup>2</sup>	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	0.7	4.040	50.0		110
Female	2.7	4,216 3,930	52.2 52.4	29.3 36.1	113 87
Cooking fuel					
Electricity or das	23	2 781	51.6	35 5	64
Wood/straw <sup>3</sup>	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
Matale	3.7	214	*	*	22
Nuwara Eliva	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
Kilipoobobi	0.5	37	*	*	0
Batticaloa	1.5	40 247	*	*	0
Ampara	0.0	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
Rotagaia	1.5	241	*	*	4
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	4 7	4 000	(40.0)	(01.1)	
equivalent Degree and above	1.7 1.6	1,980 478	(43.3)	(31.1)	33
- Woalth 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
<sup>1</sup> Symptoms of ARI is define which was chest-related <sup>2</sup> Excludes pharmacy, shop	ed as rapid breath , market, tradition	ning which wa al practitione	as chest-related	d and/or difficul drug peddler	t breathing

## 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

		Among	children under a	ge five: An	fever:	er age 5 with
Background characteristic	Percentage with fever	Number of children	Percentage for whom advice or treatment was sought from a health facility or provider <sup>1</sup>	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	10.0	1,001	02.1	00.0		202
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	r 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	10.2	470	01.0	01.0	00.0	00
Lowest	15.3	1 633	03.0	57 0	36.3	250
Second	10.0 1 <i>A E</i>	1,000	00.2	57.Z	12 0	230
Middle	14.0	1,000	50.0 0F 4	75.0	45.0	241
Fourth	14.0	1,020	50.4 04 4	10.2	52.0	241
Highest	10.8	1,732	51.4 88.9	67.3	60.3	159
		.,.,	20.0			
Iotal	14.3	8,146	92.2	66.5	48.3	1,165

cludes pharmacy, shop, market, traditional practitioner, and itinerant drug peddi

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## 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.

preceding the survey, by background	Characteristics, Sri Lanka	2016
Background characteristic	diarrhea	childrer
Age in months		
<6	1.5	757
6-11	4.8	790
12-23	3.7	1,556
24-55 36-47	1 9	1,000
48-59	1.6	1,69
Sex		,
Male	3.1	4,216
Female	2.2	3,930
Source of drinking water <sup>1</sup>		
Improved	2.8	7,360
Not improved	1.7	780
Toilet facility <sup>2</sup>		
Improved not shared	2.5	7 26
Shared <sup>3</sup>	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	71(
Gampaha	3.0	76
Kalutara	4.3	51
Kandy	0.9	579
Matale	2.2	214
Nuwara Eliya	1.6	279
Matara	4.9	423
Hambantota	6.0	264
Jaffna	1.3	20
Mannar	2.6	42
Vavuniya	1.9	62
Kilipochchi	1.3	31
Batticaloa	6.2	24
Ampara	2.6	35
Trincomalee	2.8	190
Kurunegala	1.1	680
Puttalam	1.3	290
Polonnaruwa	4.2	18
Badulla	4.0	302
Moneragala	1.0	24
Ratnapura	1.7	44
Kegalle	0.4	314
Mother's education		
No education	4.9	5
Passed Grade 1-5	3.6	292
Passed Grade 6-10	2.7	3,524
Passed G.C.E.(U/L) or equivalent	2.9	1,816
Degree and above	2. <del>4</del> 1.6	478
Wealth quintile	<u>.</u>	
Lowest	3.1	1,63
Second	2.7	1,660
Fourth	2.5	1 75
Highest	2.4	1,474
	27	8 14

 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).<sup>2</sup>

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

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.

<sup>&</sup>lt;sup>2</sup>The percentage for the 2016 SLDHS without Northern Province is 2.7 percent.

<sup>&</sup>lt;sup>3</sup> For 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

	Percenta ge for							who	were given:							
	advice or treatment was sought from a	Fluid from ORS packets or pre-	Recom- mended	Either			ORS	ORT (ORS, RHF, or								
	health	package	home	ORS		ORS	increa	increas	Continued	Anti-	Anti-	Intra-	Home			Number of
Background	facility or provider <sup>1</sup>	d ORS liquid	fluids (RHF)	or RHF	Zinc	and zinc	sed fluids	ed (fluids	and ORT <sup>2</sup>	biotic druas	motility druas	venous solution	remedy / other	Missina	No treatment	children with diarrhoea
Age in months	F	1	( )					/								
<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
Mother's education	-	-	-		-	-		-		-	-		-	-	-	10
No education Passed Grade	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	3
1-5 Passed Grade	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	11
6-10 Passed	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
equivalent Passed	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
G.C.E.(A/L) or equivalent Degree and	(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
above Wealth quintile	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	8
Lowest	86.0	52 1	49.4	74.9	0.0	0.0	68.3	80 A	62.6	49 1	0.0	0.0	14.3	0.0	97	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

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

Table 10.8 Feeding practices during diarrhea

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 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 reveving more liquids than usual, excluding Nothern Province to make the data comparable)

Percent distri compared wit	bution c h norma	of childre	en unde ce. bv b	r age 5 ackoro	who ha und cha	d diarrhea	a in the s. Sri L	2 week anka 20	s prece 016	ding the	survey	by am	ount of I	iquids an	d food o	ffered
		A	mount o	f			Amoun	t of food	d							
		liqu	uids give	n			gi	ven								Number
		0	Some			Dist			<b>O</b>	<b>O</b>				Durit		of
Background		Same as	- what	Much		know/			Same as	- what	Much		gave	know/		with
characteristic	More	usual	less	less	None	missing	Total	More	usual	less	less	None	food	missing	Total	diarrhea
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 reco	mmend	ed that c	hildren	should b	e given	more liqui	ds to dri	nk durin	g diarrh	ea and fo	ood sho	uld not l	be reduc	ed.		





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.

Percentage of women age 15-49 with a	a live birth in the five years pr	eceding the survey
who know about ORS packets or ORS	pre-packaged liquids for trea	atment of diarrhea
Background characteristic	Percentage of	Number of wome
<b>3</b> • • • • • • • • • • • • • • • • • • •	women who know	
	about ORS packets	
	or ORS pre-	
	packaged liquids	
Age		
15-19	96.1	7
20-24	95.7	92
25-34	96.7	4,04
35-49	97.4	2,09
Residence		
Urban	97.1	1,11
Rural	97.2	5,72
Estate	88.0	29
District		
Colombo	98.2	63
Gampaha	98.6	66
Kalutara	97.7	44
Kandy	93.6	48
Matale	98.4	19
Nuwara Eliya	93.9	23
Galle	98.2	38
Matara	99.2	29
Hambantota	93.8	2
Jaillia	82.1	
Vavuniva	90.0	
Mullaitiyu	57.5 88.8	
Kilinochchi	99.5	
Batticaloa	98.2	2.
Ampara	98.4	30
Trincomalee	97.3	16
Kurunegala	98.0	6
Puttalam	96.6	20
Anuradhapura	99.1	36
Polonnaruwa	95.6	16
Badulla	94.9	27
Moneragala	97.7	20
Ratnapura	95.3	39
Kegalle	96.9	27
Education		
No education	87.3	_
Passed Grade 1-5	93.1	25
Passed Grade 6-10	96.2	3,10
Passed G.C.E.( $U/L$ ) or equivalent	90.0	1,60
Degree and above	98.0	4
Wealth quintile		
l owest	93.5	1 4
Second	96.9	1.4
Middle	97.1	1,40
Fourth	97.9	1.52
Highest	98.4	1,28
Total	06.9	7.4



## 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 safe-ty 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).

g			Ma	anner of dispo	sal of child	Jren's stools				
Background	Child used toilet or latrine	Put/rinsed into toilet	Buried	Put/rinsed into drain or ditch	Thrown into	Left in the	Other	Total	Percentage of children whose stools are disposed of safelv <sup>1</sup>	<sup>•</sup> Number (
Age of child in in	100	UT launio	Durioe	01 01.011	gaioage		0000	1000.		0111010
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
Improved, not shared	9.1	75.6	6.5	5.1	2.2	0.2	1.3	100.0	91.2	2.743
Shared <sup>3</sup>	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	
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	8
Ampara	7.5	72.4	11.9	3.6	4.6	0.0	0.0	100.0	91.8	12
Trincomalee	38.2	26.1	26.4	5.1	1.1	1.7	1.4	100.0	90.7	6
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	9
Moneragala	10.7	79.6	1.1	6.5	1.2	0.0	0.9	100.0	91.5	9
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	12
Mother's education										
No education Passed Grade	*	*	*	*	*	*	*	100.0	*	18
1-5 Passed Grade	۵.D	59.7	14.0	10.4	D.∠	1.4	0.0	100.0	ბა.u იი ნ	0 4 07
6-10 Passed	٥.٥	69.3	ס.טו׳	0.4	3.0	U.2	1.9	100.υ	<b>ర</b> ర.ວ	'1,∠ <i>t</i> i
equivalent Passed	11.2	72.9	7.0	4.9	2.8	0.2	1.0	100.0	91.1	64
equivalent Degree and	8.3	82.3	2.8	4.2	1.0	0.1	1.2	100.0	93.4	810
above	8.1	84.8	2.2	2.7	2.2	0.0	0.0	100.0	95.1	207
Vealur quintile	85	58.1	18.3	84	52	0.2	14	100.0	84.9	55
Lowest	9.0	69 G	9.8	0. <del>4</del> 72	J.∠ 18	0.2 0.7	1. <del>4</del> 1 Q	100.0	88.5	59
Second	0.0 Q Q	74.4	5.0	5.6	י 27	0.7	1.0	100.0	90.0	63
Middle	9.5 10 7	79.9	0.0 3.4	0.0 3.6	ر. <u>د</u> 1 2	0.2 0.0	1.0	100.0	90.∠ 94 1	65
Hiahest	6.8	87.3	0.6	2.8	1.6	0.0	1.0	100.0	94.7	59

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## 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 developm ental difficulty	Difficulty in seeing	Difficulty in hearing	Difficulty inv understa nding	Can't understa nd the vords the child speaks	Child's speech not clear	Late in standing up and walking compare d to other children	Difficulty in walking/ moving hands /legs	Suffers from Fits or Convulsi ons	Difficulty in doing a activities like other s children in of samede age	Show ny signs of lowness n mental evelopm ent	Number of Children
Age	25.2	0.6	1 5	6.0	2.6	2.0	10.4		2.0	27	E 0	1 604
	20.0	0.0	1.5	0.Z	2.0	2.0	10.4	2.2	2.0	3.7	5.0 5.4	1,004
4	22.5	0.5	2.1	5.8	1.7	1.0	8.5	12	2.8	3.0	6.5	1,000
5	19.6	0.7	2.1	5.5	1.6	1.0	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
Pasidanaa												
Urban	26.6	11	25	6.8	19	16	10.2	22	26	37	74	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	00.7	4 7		7.0	4.0		7.0		0.4	0.0	10.7	507
Colombo	20.7	1.7	0.8	10.2	1.0	0.4	10.4	2.3	2.1	2.8	10.7	537
Kalutara	13.7	0.1	0.5	3.7	2.5	0.9	5.2	0.6	23	2.5	1.0	401
Kandy	25.9	1.5	2.5	6.7	3.0	22	7.8	0.0	2.0	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
Jattna	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	1.0	3.2	3.2	3.4	1./	21.1	4.9	2.9	8.1	12.5	30
Mullaitivu	20.0	2.4	2.0	9.5 5.4	3.1	3.7 1 7	4.5	0.0	2.9	2.0	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 1 2	5.9	146
Moneragala	24.0	0.4	1.0	4.7	2.4	1 0	0.0	1.2	2.2	4.5	2.0	196
Ratnapura	16.8	0.4	0.6	3.9	2.3	27	5.0	1.3	4.9	2.5	2.5	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	24 5	0.4	2.2	E 0	1 0	1 0	11.0	16	27	4.0	5.6	1 202
Second	24.5	0.4	2.2	5.6	1.0	1.0	0 1	1.0	2.1	4.0	5.0	1,303
Middle	24.0	0.7	1.0	5.4	17	2.0	7.6	1.0	1.6	33	6.0	1,307
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
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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	Vaa	,	0	То	tal number of
characteristic	Difficulty seeing	Vaa				
		res	Don't know	Yes	Don't know	Children
A						
Age	0.6	0.2	0.1	0.2	0.1	1 694
	0.0	0.2	0.1	0.2	0.1	1,004
4	0.5	0.2	0.0	0.0	0.0	1,000
5	0.7	0.0	0.2	0.1	0.2	1,541
	011	0.0	0.2	011	0.2	.,•
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
Dirth order						
	0.6	0.2	0.2	03	0.2	2 687
2-3	0.0	0.2	0.2	0.0	0.2	3 523
4-5	0.7	0.0	0.1	0.1	0.1	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	17	0.5	0.3	0.3	0.3	537
Gampaha	0.1	0.0	0.0	0.0	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
Jamna	0.5	0.5	0.0	0.5	0.0	178
Vayupiya	1.0	0.0	0.0	0.5	0.0	30
Mullaitiyu	2.4	0.0	0.0	0.0	0.0	34
Kilinochchi	17	0.9	0.0	0.0	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
Kamapura	0.4	0.0	0.4	0.0	0.4	248
Reguire	0.0	0.0	0.0	0.0	0.0	240
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
Hignest	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 (Table10.13). 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 background subscription.

characteristics, Sri L	.anka - 2016	,		0 0
		Had fits or	Had fits or	
		convulsions	convulsions	
Background	Suffers from fits	when did have a	when did not	Total number of
characteristic	or convulsion	fever	have a fever	Children
		10101	nave a level	orniaron
Δαρ				
2	2.0	1.8	03	1 684
3	17	1.0	0.0	1,004
3	2.2	1.0	0.2	1,000
5	2.0	1.0	0.5	1,031
5	2.4	1.7	0.5	1,041
Sev				
Malo	26	2.1	0.5	3 /10
Eomolo	2.0	2.1	0.5	3 172
remale	1.9	1.5	0.5	3,172
Birth order				
	0.1	1 7	0.4	2 6 9 7
	2.1	1.7	0.4	2,00/
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		<b>_</b> -		
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
Vavuniva	2.9	12	16	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	05	0.0	305
Trincomalee	23	23	0.0	156
Kurunegala	2.0	17	0.0	507
Puttalam	1 7	1.7	0.0	231
Anuradhanura	1.7 0.8	י. <del>י</del> 1.7	0.0	340
Polonnaruwa	12	1.2	0.2	1/6
Badulla	1.0	1.3	0.0	257
Monoragolo	2.2	1.3	1.3	207
Pathapura	0.0	0.0	0.0	190
Kagalla	4.9	4.3	0.3	360
regalle	0.0	0.0	0.0	248
vveaith quintile				4 6 6 6
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
<b>_</b>			-	
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, Sr Lanka 2016						
	C	hild development	Read both books			
	SE	ection of the child	on early	Number of		
	Books on early	health	Childhood	mothers who have		
Background	Childhood	development	Development &	children age 0-5		
characteristic	Development	record(CHDR)	CHDR	vear		
				,		
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		
Detragala	84.8	78.9	/5.0	207		
Kagalla	07.3 57.7	63.9	00.7 E1 E	390		
Regalie	57.7	04.9	51.5	2/4		
Wealth guintile						
Lowest	60.4	68.3	56.3	1 408		
Second	60. <del>4</del> 60.5	77.2	65.3	1,400		
Middlo	71.0	91 A	67.0	1,440		
Fourth	74.7	82.7	07.9 71.5	1,400		
Highest	72 3	83.2	60 3	1 273		
- ingricot	12.0	00.2	03.0	1,275		
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 quantiles 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							
	- Percentage of chi	ldren by numb	per of books	6			
					less than 5		
Background characteristic	No books	1 - 5	6 - 9	10 or more	years		
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 Eliva	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		
laffna	32.0	44 1	73	15.7	131		
Mannar	20.1	52.0	1.0	26.3	30		
Vavuniva	18.6	66.6	2.5	12.0	42		
Mullaitivu	38.8	49.8	2.0	9.1	23		
Kilinochchi	19.9	70.0	44	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	10.2	121		
Kurunegala	20.0	34.6	79	36.9	403		
Puttalam	16.1	66 1	43	13.6	180		
Anuradhanura	18.5	38.9	1 9	40.7	260		
Polonnaruwa	26.6	36.8	5.7	31.0	104		
Badulla	20.0	35.7	1 9	33.1	201		
Moneragala	16.0	59.7	8.8	15.5	146		
Ratnanura	15.0	11 A	0.0 Q /	33.2	261		
Kegalle	14.5	54.8	13.7	17.0	186		
Regaine	14.0	04.0	10.7	17.0	100		
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 paly 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						
	Types of	of toys				
				Number of		
				children		
Background	Homemade	Manufactured	Household	age less than 5		
characteristic	toys	toys	objects	years		
Residence	05.0	00.7	70.4	4 000		
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	1 5 vears by days	thev plaved du	ırina last 3 da	ivs. according	to	
background characteristics, Sri Lank	a 2016			.,		
		Played during	g last 3 days			
					Number of	
					children age	
	All three				less than 5	
Background characteristic	days	Two days	One day	Did not play	years	
Pasidanaa						
Urbon	05 0	2.0	2.1	0 5	1 206	
Burgl	00.0	2.9	2.1	0.0	1,200	
Estato	07.0	2.3	1.4	7.0	0,000	
	63.0	5.2	4.5	0.5	309	
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	
Woolth guintile						
	Q17	20	3.0	6 9	1 600	
Second	0 <del>4</del> ./ 97 0	3.0 2.4	3.U 2.2	U.O 7 4	1,000	
Middle	07.0 7 7	2.4	2.J 1 1	7.1 Ω 1	1,000	
Fourth	01.1 QQ A	2.0 1.0	1.1	0.1	1,020	
Highest	00.4 97 0	1.9	1.2	7.0	1,702	
i iigiiesi	07.9	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 preschool 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							
Attending pre-							
school or an early							
	childhood	Number of					
Background	development	children age 3-4					
characteristic	center	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					
Ŭ							
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 sons 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

	Engagement in activities						
Background characteristic	Read books/ picture books	Told stories	Sang songs	Took outside the home	Played with some one	Named/ counted/ drew things with some one	Number of children age less than 5 years
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	6 A F	70 7	00 7	07.0	07.0	544	4 622
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
Iviladie Faurth	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
Hignest	/4.9	/1.8	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

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