

Key Findings

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

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

9.1 ANTENATAL CARE

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



Table 9.1 Antenatal care

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

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

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

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

¹ Skilled provider includes doctor, nurse, midwife

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

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

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

9.2 TIMING OF FIRST VISIT

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



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

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

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

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

9.3 COMPONENTS OF ANTENATAL CARE

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

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

Table 9.3 Components of antenatal care

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

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



Table 9.4 Tetanus toxoid injections

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

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

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

9.4 TETANUS TOXOID INJECTIONS

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

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

9.5 PLACE OF DELIVERY

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

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



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

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

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

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

9.6 ASSISTANCE DURING DELIVERY

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

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

Table 9.6 Assistance during delivery

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

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

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

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

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



9.7 TIMING OF FIRST POSTNATAL CHECKUP FOR THE MOTHER

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

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

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

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

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

Table 9.7 Timing of first postnatal checkup for the mother

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

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

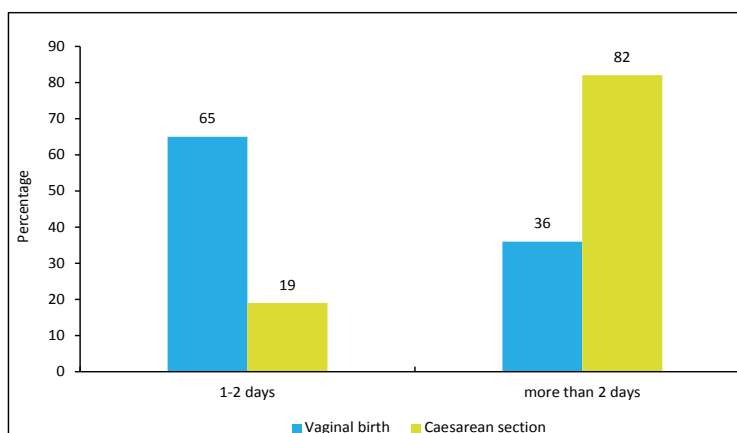
Note : An asterisk indicated that a figure is based on fewer than 25 unweighted cases and has been suppressed

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

² Includes women who received a checkup after 41 days



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



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

9.8 AWARENESS OF WELL-WOMEN CLINIC

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

9.8.1 KNOWLEDGE OF WELL-WOMEN CLINIC

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

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

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

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

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

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



9.8.2 KNOWLEDGE OF WELL-WOMEN CLINICS SERVICES

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

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

Table 9.9: Knowledge of Services

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

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

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

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



Table 9.10: Participation of Well - Women Clinic

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

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

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

9.8.3 PARTICIPATION

IN WELL-WOMEN CLINICS

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

9.8.4 USE OF PAP TEST

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

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

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

Table 9.11: Ever had PAP Test

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

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

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



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

