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Sri Lanka Demographic and Health Survey 2016 Key Findings

By
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Department of Census and Statistics

Conducted by the Department of Census and Statistics at request of the Ministry of Health, Nutrition and Indigenous Medicine



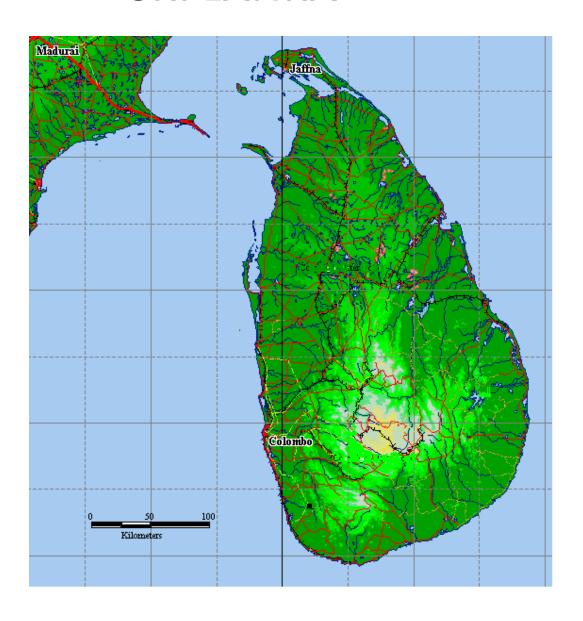
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SRI LANKA



Basic facts

Mid year Population (2016) 21 Mn

Land area 65,000+ sq km

Density 338 persons per sq km

GDP per capita 3835 US\$

No. of Provinces - 9

No. of Districts - 25

No. of DS Divisions - 331

No. of GN Divisions - 14,021

DHS 2016 Sample

Two stage Stratified

PSU – 2500 Census Blocks

SSU - 10-12 Housing units

from each updated PSU

Housing units

selected 28,720 interviewed 27,210









Response rate 99.1 %

Eligible women (Ever married women in the reproductive age 15-49) selected 18,510 interviewed 18,302



Response rate 98.9 %

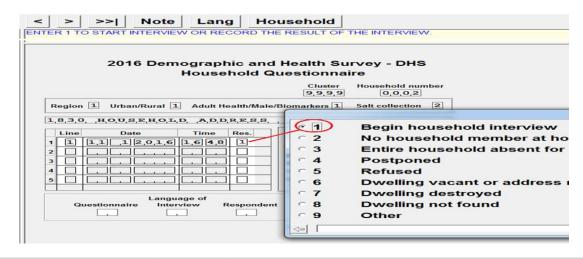


Under 5 years Children surveyed

8,146

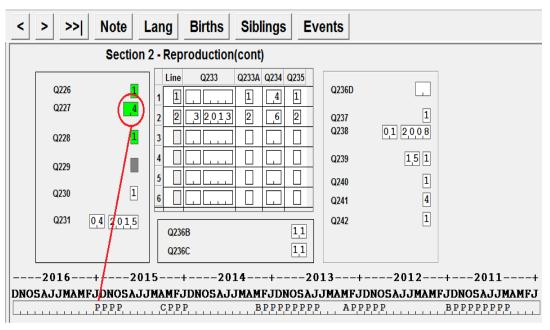
DHS Questionnaire

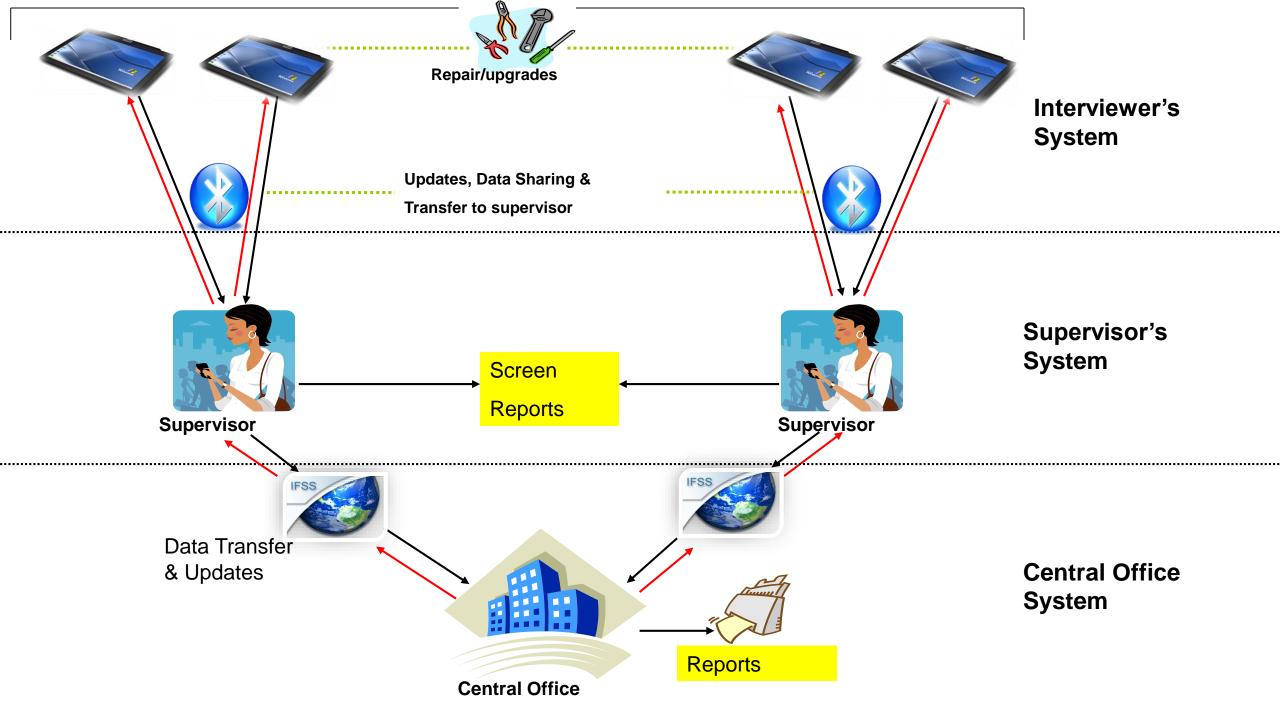
Household Questionnaire





Eligible Women's Questionnaire







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Computer Assisted Personal Interview (CAPI)

Use CAPI First time in the History of the Department of Census and Statistics for field data collection

Congratulations to DCS and MOH

Field Data Collection











Selected Key Findings

Housing characteristics

Background Characteristics by Wealth quintile Prenatal and Antenatal care

Health and Nutrition status of mothers and children

Fertility and Contraceptive use



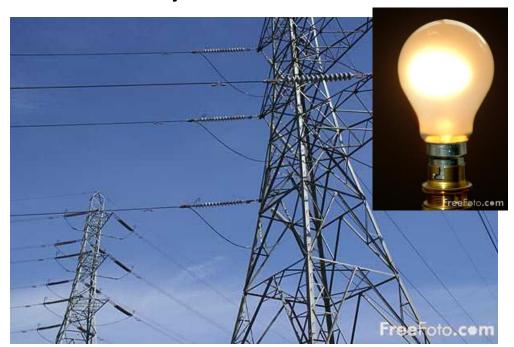
Knowledge on HIV/AIDS

Domestic Violence

Housing Characteristics

Access to Electricity

97 % of households in the country have access to Electricity



Percentage of households without access to electricity (3 %)

Urban 1.3 %

Rural 3.3 %

Estates 4.7 %





Use of solid fuel for cooking (wood etc.)

Cooking Fuel

National level 66 % of households use solid fuel for cooking



Sector wise disparities

Urban 25 %

Rural 74 %

Estate 80 %

Use of LP Gas

National level 29.3% of households use LP gas for cooking

Sector wise disparities

Urban 67 %

Rural 23 %

Estate 15 %



Wealth Index

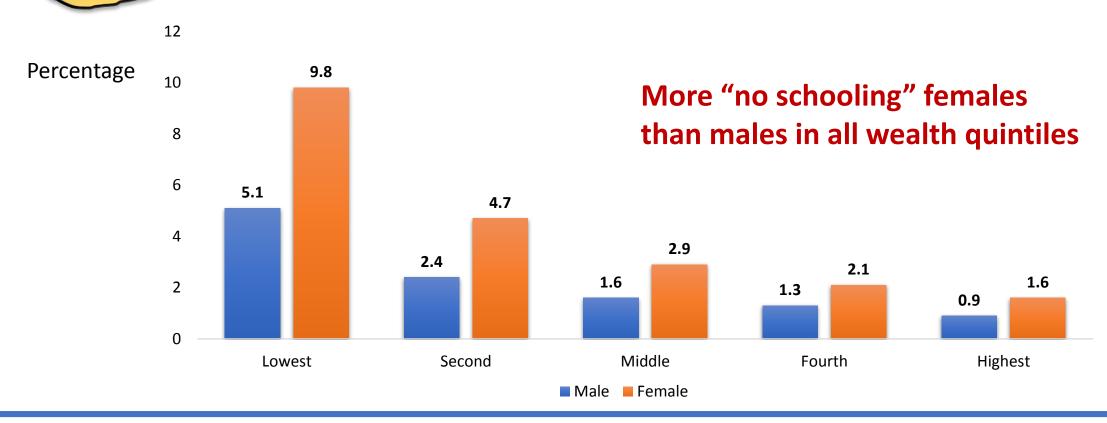
Computed by using housing characteristics and assets in the households such as

Material of construction of floor, roof, wall, drinking water, sanitation, Cooking fuel, electricity, ownership of radio, TV, bicycle, car, land etc.,

Compute a composite Index using all these variables using a statistical tool and divided the households in to 5 groups according to scores.

- 1. Lowest Wealth Quintile (Lowest Score)
- 2. Second Wealth Quintile
- 3. Middle Wealth Quintile
- 4. Fourth Wealth Quintile
- 5. Highest Wealth Quintile (Highest Score)

Comparison of 'no schooling' population by Wealth Quintile and Gender



Male (No schooling 2.3)

Highest from Batticaloa (4.6%)
Next highest is from Badulla (4.5 %)

Female (No schooling 4.2)

Highest from Nuwara –Eliya District (10.4 %)

Next highest is from Badulla (9.3%)

Total Fertility Rate

Sri Lanka 2.2

Highest in Kandy district 2.6 Polonnaruwa 2.5

Lowest in Colombo, Gampaha, Kegalle 1.8

Contraceptive Prevalence Rate (CPR) (Current Use Currently married)

- Total demand for family planning 72%
- Contraceptive prevalence rate (CPR) 65 %
- Unmet need 7.5 %

Highest CPR
74 % in Ratnapura and Kalutara

Lowest CPR
18 % in Mannar
31.5 % in Batitcaloa

Antenatal care

- Obtained from skilled provider 98.8 %
 - Took iron pills or capsules 97.8 %
 - Blood pressure measured 98.6 %
 - Urine sample taken 98.6 %
 - Blood sample taken 91.1 %

- 91.5 % of mothers received postnatal checkups less than 4 hours
- 99 % of mothers received postnatal checkups in the first 2 days after the delivery



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Deliveries

- In public sector hospitals 94 %
- In private sector hospitals 5.4 %
- 99.5 % Delivered by a skilled Provider

Child health

- Children with low birth weight 15.7 %
- Percentage of mothers who read books on ECCD
 70 %
- Percentage of mothers who read child development section of CHDR 79 %
- Read both ECCD and CHDR 66%

- Percentage ever breastfed 99.4 %
- Percentage who started breastfeeding within 1 hour of birth 90.3 %
- Percentage not given colostrum 1.9 %

Child Nutrition

Stunting 17.3 %
Wasting 15.1 %
Underweight 20.5 %

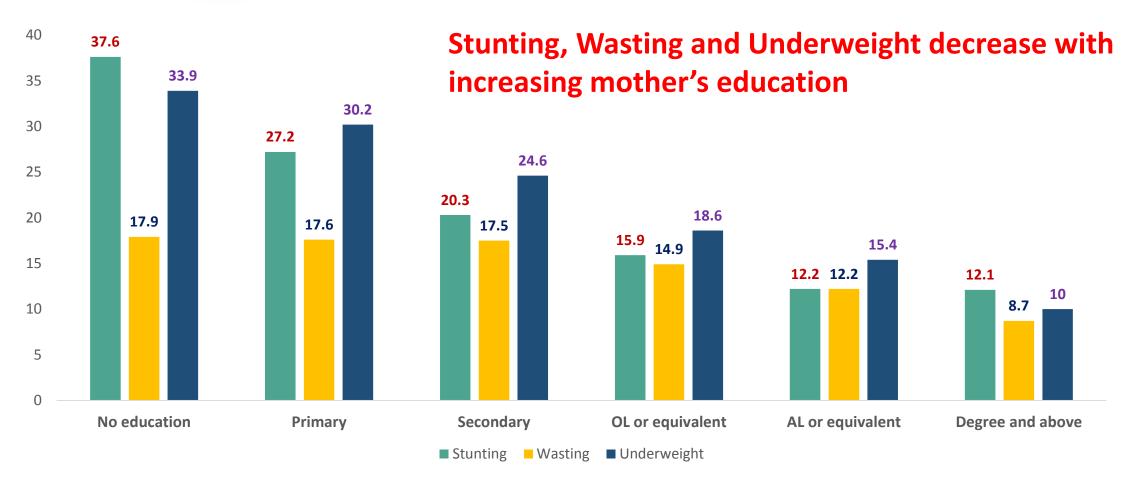
Stunting highest in Nuwara-Eliya 32.4 %

Wasting highest in Monaragala 25 %

Underwieght highest in Nuwara-Eliya 29.6 %

Mother's Education and Child Nutrition status

Percentage



Women's Nutritional Status



Thin women (BMI < 18.5) 9.1 % Overweight women (BMI >= 25) 45.3 %

Overweight women

(40-49) age 52 %

Urban 56 %

Degree and above 50 %

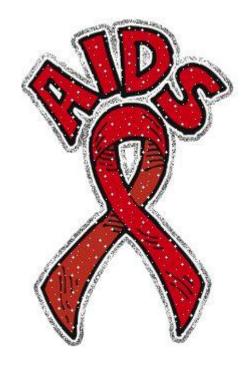
Highest wealth quintile 57 %



HIV/AIDS Related information

93 % have heard about HIV/AIDS

Women with comprehensive knowledge about HIV/AIDS is only 33 %



Among young
women age 18-24
who had sexual
intercourse before
age 18
is 31.9 %

10.4 % of women have been tested for HIV in the past 12 months

Domestic Violence from Intimate Partner

No violence experience 82 %

Experiencing violence daily 2.1 %



Experience any violence 17 %



Of this 17 %

- Belittled or seriously offend 75%
- Slapped/beaten/Thumped 45 %
- Pushed/Shoved 33 %
- Prevented leaving home 20 %
- Dragged/Pulled 16 %
- Forced to have sex 15 %
- Beat with an object 13 %
- Tried to Strangulate 13 %
- Burned 3 %

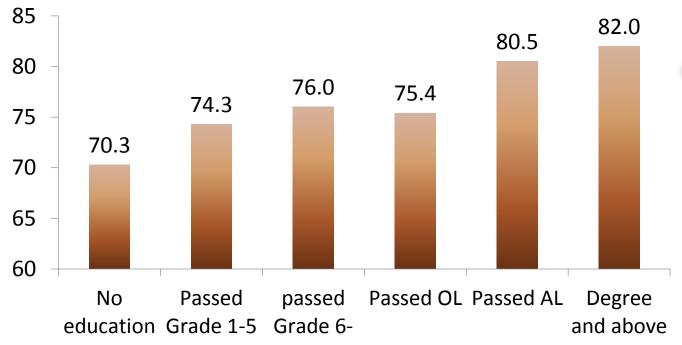
Seeking help

- 75 % from parents/brothers/sisters /other relations
- 27 % friend/neighbors
- 18 % police

Women's Empowerment

83 % of women aged 15-49 use a bank account

Participation in all 3 decisions increase with increasing women's education



More than 75 % made own decisions or joint decisions on
Own health care
Major purchasing
Visiting relatives

Women not involved in any of the 3 decisions is high in Mullativu 20%
Jaffna 18 %
Battcaloa 18 %
Monaragala 15 %

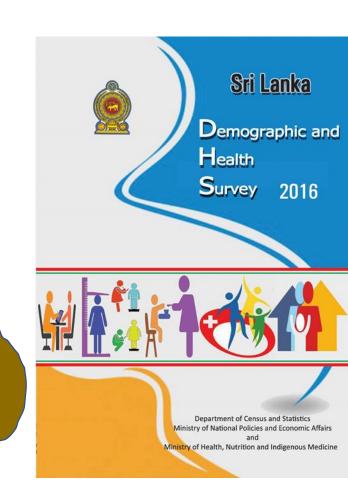
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Other Health Indicators (Total population)

- Heart diseases 2.2 %
- High blood pressure 8.2 % (highest in Colombo 12%)
- Wheezing/Asthma 5 %
- Diabetics 5.7 %
- High blood cholesterol 5.4 %
- Road accidents 1 %
- Animal bites 1 %
- Currently under treatments for mental illness 0.7 %

Remarks

- . DHS 2016 provides latest information for large number of indicators including new indicators
 - . Monitor SDGs and Identify vulnerable groups and regional disparities.



Thank you for your Attention



Use information for informed decision making leaving no one behind