

PREFACE

The Sri Lanka Demographic and Health Survey (SLDHS) - 2016 was carried out by the Department of Census and Statistics (DCS) with the financial assistance from the Second Health Sector Development Project (SHSDP) - Component II of the Ministry of Health, Nutrition and Indigenous Medicine in collaboration with the World Bank. Technical support for the survey was provided by ICF International (Inc.), USA. SLDHS 2016 is the fifth survey of this kind conducted in Sri Lanka. The objective of conducting this survey is to gather the most needed recent data to monitor and evaluate the impact of population, health and nutrition programmes implemented by different government agencies. Additionally the survey aimed at measuring the impact of interventions made under the SHSDP in improving the quality and efficiency of health care services as a whole.

It is also expected that this survey will serve as a continuation of the series of Demographic and Health Surveys conducted in Sri Lanka since 1987. This will also cater the needs of compilation of a number of Sustainable Development Indicators.

A nationally representative sample of 28,720 housing units was selected for the survey and 27,210 households were enumerated to provide district level estimates. Detailed information was collected from all ever-married women aged 15- 49 years and about their children who born after January 2011. Within the households interviewed, a total of 18,510 eligible women were identified, of whom 18,302 successfully interviewed.

Demographic and Health Surveys are normally designed to collect data on fertility and determinants of fertility, family planning, fertility preferences, infant and child mortality, reproductive health, nutrition, anthropometric measurements and HIV/AIDS related knowledge and attitudes. Yet the present DHS initiated collecting information on new areas such as mental health, awareness of well-women clinics, children who need special care and domestic violence also. Further, information on topics such as malaria, use of mosquito nets, empowerment of women, use of alcohol and narcotic drugs and some non-communicable diseases which are highly relevant to the country, were also collected in 2016 SLDHS. An effort was also made to incorporate standard questions as much as possible recommended globally.

Hemoglobin testing was carried out as a part of the survey. Data were collected by teams of enumerators and each team was consisted of a nursing sister particularly to collect information on hemoglobin, weight and height of all ever-married women aged 15-49 years and their children below five years at the time of the survey. This report does not include any findings of hemoglobin information as the Ministry of Health, Nutrition and Indigenous Medicine and decided to produce a separate report on that.

There are certain limitations in comparing the findings of this survey with that of year 2000 and 2006/07 SLDHS, as the year 2000 DHS did not include Northern and Eastern Provinces and the 2006/07 DHS did not cover Northern Province while the 2016 SLDHS covered the entire country.

The survey is the result of concerted effort on the part of various individuals and institutions and it is with great pleasure, I acknowledge their all contributions in conducting the survey and preparing this report successfully. The tremendous contribution of the staff of the Population Census and Demographic Division of the DCS and DHS experts from ICF International (Inc.) is greatly appreciated. I would like to extend my appreciation to the World



Bank for providing financial support for the survey. Particularly, I would like to thank the staff of the Ministry of Health, Nutrition and Indigenous Medicine who got involved with this survey for their co-operation throughout the survey programme.

This report serves not only as a valuable reference, but is a call for effective action. It is my sincere wish that policy makers and researchers in the health sector would use this survey findings extensively for the benefit of our nation.



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