SRI LANKA
List of Country Indicators

Selected Demographic Indicators

✓ Selected demographic indicators

Child Mortality and Nutritional Status

✓ Neonatal, infant and under-five mortality rates: trends
✓ Distribution of neonatal deaths by day of life
✓ Causes of under-five deaths
✓ Trends in nutritional status of children

✓ Mortality rates by residence
✓ Perinatal mortality rate
✓ Causes of neonatal deaths
✓ Nutritional status of children by age

Coverage of Core Interventions

Newborn health and related maternal health

✓ Proportion of neonates protected against neonatal tetanus (2+ TT injections)
◼ Proportion of births by person providing assistance during childbirth

✓ Proportion of deliveries assisted by skilled birth attendants: trends

Infant and young child feeding

✓ Proportion of infants less than age 12 months who were started breastfeeding within one hour of birth: trends
◼ Median duration of exclusive breastfeeding
✓ Proportion of children age 6-59 months receiving two doses of vitamin A during calendar year: trends

✓ Proportion of children less than age 6 months who were exclusively breastfed: trends
✓ Proportion of children age 6 – 9 months who were breastfeeding and consuming complementary food: trends

Immunization

✓ Proportion of children age 12-23 months who received all basic vaccinations at any time before the survey: trends

✓ Proportion of children age 12-23 months who were vaccinated

Management of Sick Children

Management of diarrhoea

✓ Proportion of children under age 5 with diarrhoea for whom advice or treatment was sought from a health facility or provider: trends
◼ Proportion of children under age 5 with diarrhoea who were given treatment other than ORT
✓ Proportion of children under age 5 with diarrhoea who received ORS & ORT

Care-seeking for suspected pneumonia by type of health provider

Management of malaria

✓ Use of insecticide-treated bed nets

◼ Malaria treatment

Water and Sanitation

✓ Proportion of population using improved drinking water

✓ Proportion of population using improved sanitation facilities

Coverage across life-course

✓ Coverage of interventions across the continuum of care in life-course

✓ Missed opportunities for the delivery of lifesaving interventions

Socio-economic Differentials

✓ Demographic and Social Differentials for Newborn and Child Health
✓ Differentials by Geographical Regions

✓ Differentials in Newborn and Child Health
Almost all births are registered. There is a minor difference in the birth registration of children in cities and villages. However, birth registration is slightly lower in the estates.
Child Mortality and Nutritional Status

Trends in neonatal, infant and under-five mortality rates, 1990–2012

- Under-five mortality decreased from 21 (1990) to 10 (2012) and is on track to achieve MDG of 7 by 2015.

Mortality rates by residence

- Mortality rates are highest in the estates.
- Neonatal and infant mortality rates in rural areas are two and a half times the urban rate, whereas they are three times in the estates. However, under-five mortality rate in rural areas is only 1.2 times the urban rate and 1.7 times in the estates.


Stillbirths are fetal deaths in pregnancies lasting seven or more months. Early neonatal deaths are deaths at age 0-6 days among live-born children. The sum of the number of stillbirths and early neonatal deaths divided by the number of pregnancies of seven or more months’ duration, expressed per 1,000.


Perinatal mortality rate

Number of stillbirths\(^1\) 62
Number of early neonatal deaths\(^2\) 57
Perinatal mortality rate\(^3\) 17

- Perinatal mortality rate is low at 17 per 1000.
- While there is some variation in perinatal mortality rates amongst urban, rural and residents of estates, the variation is more pronounced between mothers belonging to poorest and richest quintiles (being half of the value for the poorest mothers).

Causes of under-five deaths

- Diarrhoeal diseases, 3.4
- Other, 8.8
- Injuries, 5.8
- HIV/AIDS, 0.1
- Acute lower respiratory infections, 6.7

Neonatal, 75.1

• Neonatal causes, acute lower respiratory infections, injuries and diarrhoea are major causes of death among under-five children.

Causes of neonatal deaths

- Acute lower respiratory infections, 1.7
- Other noncommunicable diseases, 1.1
- Prematurity, 16.4
- Congenital anomalies, 27.4
- Birth asphyxia and birth trauma, 44.1
- Other, 4.3
- Sepsis and other infectious conditions of the newborn, 4.8

• Most neonatal deaths are caused by complications of prematurity, infections, birth asphyxia and birth trauma and congenital anomalies.

Trends in nutritional status of children under age 5, 1993 to 2007

- At the national level, 17% children under-five years are considered to be short for their age or stunted, while 21% are underweight.

- From 1993 to 2006-2007, stunting decreased by seven percentage points.

- The proportion of underweight children declined by 17 percentage points.

**Trends in nutritional status of children under age 5, by their age**

- The prevalence of stunting increases with age from 10% among children less than 6 months to 23% among children between 18-23 months; it decreases thereafter.

- The percentage of children who are underweight increases gradually and maximizes between 48-59 months.

(Based on WHO child growth standards)

• The last birth for nine out of 10 mothers was protected against neonatal tetanus and only 48% women received two or more tetanus toxoid injections.

Coverage of Core Interventions

Newborn health and related maternal health

Neonates protected against tetanus at birth

92%

Women whose last birth was protected against neonatal tetanus

48%

Women receiving 2+ TT injection

Proportion of neonates protected against tetanus at birth, 2006-07


Deliveries assisted by skilled birth attendants

Trends in proportion of deliveries assisted by skilled birth attendants

94
96
99


• Almost all deliveries are assisted by skilled birth attendants (SBA) in Sri Lanka.

• Since 1993, births attended to by medically trained providers have increased by five percentage points.
Infant and Young Child Nutrition

Proportion of infants less than age 12 months who were initiated into breastfeeding within one hour of birth

- Eight in 10 children are breastfed within one hour of birth.

Trends in proportion of infants age 6 months who were exclusively breastfed

- Breastfeeding is almost universal in Sri Lanka and 76% children below 6 months are exclusively breastfed. There has been a steep rise in the exclusive breastfeeding rate from 1993 onwards.

• Among children age 6-9 months, almost nine in 10 children receive complementary food along with breastfeeding.

Trends in proportion of infants age 6-9 months receiving breastmilk and complementary food


Trends in proportion of children under age 5 receiving two doses of vitamin A during calendar year

• Fifty-one per cent of children age 9-59 months had received two doses of vitamin A supplement.
• Proportion of children who had received two doses of vitamin A supplement reduced by 10% in the period 2005 to 2006.

**Immunization**

Trends in proportion of children age 12-23 months who received all basic vaccinations at any time before the survey (according to vaccination card)

- Ninety-one per cent of children aged 12-23 months had received all the recommended vaccinations.

- The proportion of fully-immunized children increased from 1987 to 1993, after which it declined slightly.

The coverage of BCG and three doses of DPT and three doses of polio vaccine is almost 100%.

Coverage is little low (97%) for the measles vaccine. Only 0.3% children between 12-23 months had not received any childhood vaccinations.


Proportion of children age 12-23 months vaccinated

Management of Sick Children

Management of diarrhoea

Trends in proportion of children with under age 5 with diarrhoea for whom advice or treatment was sought from a health facility or provider

- Over 80% of children with diarrhoea were taken to a medically-trained health provider for advice or treatment. This proportion increased by ten percentage points in the period from 2000 to 2006-2007.


Proportion of children under age 5 who had diarrhoea in the past two weeks and were treated with any ORT and ORS

- While 51% of children with diarrhoea received ORS, 68% were given either form of ORT.

Management of Pneumonia

Proportion of children under age 5 who had suspected pneumonia in the past two weeks and were taken to an appropriate health-care provider

- Fifty-eight per cent children with symptoms of ARI were taken to a health-care facility or to a medically-trained health-care provider for treatment.
- No data for treatment of children with symptoms of ARI by antibiotics is available.

Management of Malaria

Use of insecticide-treated bed nets

Proportion of children under age 5 who slept under a mosquito net the previous night

- While 64% children slept under a mosquito net in Sri Lanka, only 4% slept under an insecticide-treated net.

Almost the entire urban population has access to improved drinking water whereas the rural and total population have slightly over 90% coverage.

Proportion of population using improved drinking water sources

Source: Progress on Sanitation and Drinking Water 2013 Update; WHO and UNICEF Joint Monitoring Programme (JMP 2013)

Rural population has 10% better access to improved sanitation facilities than the urban population.

Source: Progress on Sanitation and Drinking Water 2013 Update; WHO and UNICEF Joint Monitoring Programme (JMP 2013)
Coverage across life-course

Coverage of interventions across the life-course continuum

- Over 90% mothers receive skilled care before, during and immediately after birth which helps in early detection and management of problems which may lead to maternal and neonatal mortality.

- Coverage of contraception and management of children with diarrhoea and pneumonia needs improvement.

Missed opportunities for the delivery of life-saving interventions

- Although there are high levels of services provided around the birth to take care of the mothers’ and neonates’ health, there are missed opportunities in the areas of care-seeking for ARI, ORS treatment for diarrhoea, vitamin A supplementation and protecting the mothers against neonatal tetanus (2 plus injections).

### Socio-economic Differentials

#### Demographic and Social Differentials for Newborn and Child Health

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Total</th>
<th>Differentials</th>
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<tbody>
<tr>
<td></td>
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<td>Child’s sex</td>
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<td></td>
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<td>Wealth Quintiles</td>
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<tr>
<td>Under-five mortality rate</td>
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<td>23</td>
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<td>15</td>
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<td>Stunting, %</td>
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<td>17</td>
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<td>28</td>
<td>8</td>
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<tr>
<td>Underweight, %</td>
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<td>22</td>
<td>20</td>
<td>36</td>
<td>13</td>
<td>-</td>
<td>-</td>
<td>29</td>
<td>11</td>
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<tr>
<td>Wasting, %</td>
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<td>16</td>
<td>13</td>
<td>17</td>
<td>12</td>
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<td>-</td>
<td>17</td>
<td>11</td>
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<tr>
<td>Protection against neonatal tetanus</td>
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<td>43</td>
<td>52</td>
<td>84</td>
<td>48#</td>
<td>44</td>
<td>49</td>
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<tr>
<td>Deliveries assisted by SBAs, %</td>
<td>99</td>
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<td>-</td>
<td>94</td>
<td>99</td>
<td>98</td>
<td>99#</td>
<td>97</td>
<td>99</td>
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<tr>
<td>Early initiation of breastfeeding, %</td>
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<td>81</td>
<td>78</td>
<td>77</td>
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<td>-</td>
<td>80</td>
<td>77</td>
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<tr>
<td>Median duration of exclusive breastfeeding (months)</td>
<td>4.5</td>
<td>4.4</td>
<td>4.6</td>
<td>3.3</td>
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<td>4.2</td>
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<td></td>
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<tr>
<td>Children receiving all basic vaccinations, %</td>
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<td>97</td>
<td>97</td>
<td>81</td>
<td>97</td>
<td>-</td>
<td>-</td>
<td>94</td>
<td>97</td>
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<tr>
<td>Children with diarrhoea brought to health facility/ provider, %</td>
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<td>80</td>
<td>83</td>
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<td>Children with diarrhoea treated with ORS, %</td>
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<td>49</td>
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<tr>
<td>Children with symptoms of ARI taken to health facility/ provider, %</td>
<td>58</td>
<td>60</td>
<td>56</td>
<td>67*</td>
<td>60</td>
<td>-</td>
<td>-</td>
<td>70</td>
<td>36</td>
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**Remarks**

- Mother’s education is a major determinant of newborn and child health. If the mothers are not educated, their children are considerably disadvantaged compared to those whose mothers are educated beyond secondary level:
  - Newborns are one and a half times more likely to die in the first month.
  - Infants and children below five years are twice more likely to die early.
  - They are 1.4 times less likely to be exclusively breastfed for longer duration.

- Child mortality is linked directly to the age of the mother in as much as those born to younger mothers (< 20 years) are one and a half times more likely to die as neonates and 1.2 times as infants. The under-five mortality remains at the same level irrespective of the age of the mother.

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$ This includes data for fever on account of infections including ARI, malaria and diarrhoea

*Primary Education

# For the age group 20-34 years.
Socio-economic Differentials

Differentials in Newborn and Child Health

Differentials in neonatal, infant and under-five mortality rates


Differentials in nutritional status of children

Source:
Differentials in the deliveries by SBAs

<table>
<thead>
<tr>
<th>Mother’s education</th>
<th>Per cent</th>
<th>Wealth quintile</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>0</td>
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<tr>
<td>94 No Edn</td>
<td>99 Sec+</td>
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</tr>
<tr>
<td>98 (&lt;20 years)</td>
<td>99 (20-34 years)</td>
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<tr>
<td>97 Lowest</td>
<td>99 Highest</td>
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Differentials in immunization of children

<table>
<thead>
<tr>
<th>Mother’s education</th>
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<tbody>
<tr>
<td></td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>81 No Edn</td>
<td>97 Sec+</td>
<td></td>
</tr>
<tr>
<td>94 Lowest</td>
<td>97 Highest</td>
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</table>

Differentials in care-seeking for children with symptoms of ARI and given antibiotics

<table>
<thead>
<tr>
<th>Mother’s education</th>
<th>Per cent</th>
<th>Wealth quintile</th>
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<td>67 Primary Edn</td>
<td>58 Sect+</td>
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<td>49 No Edn</td>
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</tr>
<tr>
<td>44 Highest</td>
<td>49 Sect+</td>
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### Differentials by Geographical Regions

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Place of Residence</th>
<th>District</th>
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<tbody>
<tr>
<td></td>
<td>Urban</td>
<td>Rural</td>
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<tr>
<td>IMR</td>
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<tr>
<td>U5MR</td>
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<td>23</td>
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<tr>
<td>Stunting %</td>
<td>14</td>
<td>16</td>
</tr>
<tr>
<td>Underweight %</td>
<td>17</td>
<td>21</td>
</tr>
<tr>
<td>Neonates protected against tetanus (2+ TT injections)%</td>
<td>54</td>
<td>47</td>
</tr>
<tr>
<td>Deliveries by SBA %</td>
<td>99</td>
<td>99</td>
</tr>
<tr>
<td>Initiation of breastfeeding within one hour after birth %</td>
<td>78</td>
<td>80</td>
</tr>
<tr>
<td>Median duration of exclusive breastfeeding (month)</td>
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<td>4.7</td>
</tr>
<tr>
<td>Immunization %</td>
<td>96</td>
<td>97</td>
</tr>
<tr>
<td>% with diarrhoea for whom treatment was sought from a health facility</td>
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</tr>
<tr>
<td>% with diarrhoea who received ORS</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>% with suspected pneumonia for whom treatment was sought from a health-care facility</td>
<td>55</td>
<td>58</td>
</tr>
<tr>
<td>% with suspected pneumonia who received antibiotics*</td>
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*No data for treatment of ARI with antibiotics is available