

Demographic change and its impact on reproductive health needs of Sri Lanka

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In Sri Lanka, during the past century, the female age at marriage increased almost by seven years from 18.3 years in 1901 to 25.5 years in 1993. Since then age at marriage of females demonstrated a significant decline - to low as 23.4 years in 2012. Along with this trend, age at marriage of males also shows a decline. The decline of age at marriage has significantly impact on the fertility since early 2000. The total fertility rate of 5.3 births per woman in 1963 declined to 3.4 in 1981 and further to 2.3 for the period 1988-1993. The DHS 2000 data, for the period 1995-2000, has measured TFR in Sri Lanka to be in the range of 1.9 births per woman, which was even below the replacement fertility of 2.1. Thus, based on the above sources, it should be noted that TFR of Sri Lanka had reached the replacement fertility level by 1994 at the latest. However, according to the 2006-07 DHS and 2012 census data, there is a sudden jump in TFR up to 2.3 and 2.4 levels respectively. The latest TFR value of Sri Lanka derived from 2012 census data is well above the TFR reported by number of South Asian countries, such as Maldives, Bangladesh, Bhutan etc. A number of demographic factors as well as socio-economic factors such as marriage, contraception, abortion, migration and remittances, life styles, Tsunami, attitudinal changes etc. might have influenced the fertility increase. In recent years, the government had intensified the onslaught of abortion centers and initiated vigorous persecution. In the present environment when unmarried girl who got pregnant with unwanted pregnancy it is difficult for her to terminate the pregnancy – facilities were hardly available. Majority would have been forced to enter into marital union with the pressure from their family members. Thus increase of teen pregnancy and fertility is observed during past many years. About 2 million Sri Lankans are employed in the Middle-East and other parts of the world. This stock is expected to increase further and those who are working in foreign countries are returning with many RH issues. Members left behind in those migrant (internal or international) families are also vulnerable for various RH issues. Although the CPR of married women has not changed significantly over the past decade, the proportion of users relied on permanent methods has declined significantly. The FP program is now faced with many programmatic issues, which have RH implications on sexually active groups, including unmarried youth. As result of changes in demographic components (fertility, mortality and migration) the size of the Sri Lankan population has increased from 14.8 m in 1981 to 20.4m by 2012. The size is expected to increase to 24m by 2030s. Although sex ratio was favour of males in 1981 now in the population for every 100 females we have only 94 men. The number of women in the 15-59 group is also indicates an increase. It is not only the proportion of females in the 15-59 increased, of those who exposed to sexual activities have also increased significantly. Increased the incidence of sexual activities of adolescents and youth, sexual exploitation and violations and HIV/AIDS are indicative of a need for sound SRH program for Sri Lanka, which could directly contribute to achieve SDGs timely.

Keywords: *Reproductive health, Sri Lanka, age at marriage, abortion*

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