〔令和二年度　博士学位論文要旨〕

Childbearing and the Role of Midwifery Care in Sri Lanka

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（ABSTRACT）

This study aims at exploring childbearing practices and the role of midwifery care in Sri Lanka using micro data from Sri Lanka Demographic and Health Survey (SLDHS) conducted in 2016 and interviews with Public Health Midwives (PHMs) working in urban, rural and estate sectors in Sri Lanka. National, district, sector and micro level analyses were conducted to examine current fertility levels, trends, childbearing patterns and the role of midwifery care. Suggesting a convergence in fertility across regions, district analysis revealed that district fertility levels in Sri Lanka currently remain within a narrow range (TFR 1.8-2.6) compared to previous decades.

The results of the micro level analysis showed that currently married women on average have a slightly smaller number of children (2.39) compared to their ideal number of children (2.54). An ordinary least squares (OLS) regression analysis was utilized to examine the relationship between children ever born (CEB) and selected characteristics of women aged 35 to 49 years. Regression results confirmed strong relationships between CEB and demographic (age at first marriage), cultural (religion), female autonomy related (education level) and contextual (sector of residence) factors, while controlling for birth cohort.

Age at first marriage was identified as the most significant predictor of CEB and results showed an inverse relationship with age at first marriage. Women, who marry early were found to have a significantly higher number of CEB compared to those who marry late. A statistically significant relationship was also found between CEB and religion. Muslim and Tamil women were found to have higher numbers of CEB compared to Buddhist women. Accordingly, women who belong to religious minorities were predicted to have significantly higher number of CEB. In particular, preferential behavior to maintain high fertility among Muslim women was emphasized. With regard to level of education, the findings showed an inverse relationship with CEB: the higher the level of education, the lower the number of children, implying that autonomous women have had a lower number of children compared to their less educated counterparts. Further, a statistically significant association was found between CEB and women

living in rural settlements, indicating that rural women have more children compared to urban women, controlling for other factors. This finding also suggests a variation in educational opportunities and age patterns of marriage among women in rural and urban areas.

Five broad themes emerged from the qualitative data collected from interviews with PHMs including characteristics of PHMs' working areas, PHMs' training and services, PHMs' perceived fertility preferences, PHMs' perceived contraceptive behavior of women and PHMs' perceived support from family members in childbearing and childcaring. The results indicate that PHMs as the key health care provider at the domiciliary level in Sri Lanka were committed to supply essential services associated with maternal and child care while enhancing women's status particularly in rural and estate sectors. PHMs perceived no considerable son or daughter preference in their working areas suggesting that gender preference doesn't appear to be a decisive factor for family building in Sri Lanka unlike their South Asian counterparts. The findings further support the idea that women in Sri Lanka have the power, autonomy and easy access to use their desired contraceptive method. Despite that power, estate women mostly depend on one modern contraceptive method (Depo-provera) throughout their reproductive life span due to the limited access to female sterilization. Moreover, estate women's disadvantaged socio-economic background, low levels of educational attainment, lack of reproductive health knowledge, limited access to contraceptives and poor support systems were highlighted in the study.

The findings of this study suggest a number of important practical implications. The results from district analysis indicate that Sri Lanka has to cope with high fertility districts while maintaining an optimum population level in low fertility districts. Effective strategies would be identifying high and low fertility regions, integrating ethnic and religious aspects in policy making, improving infrastructure facilities with easy access to contraceptives and providing special programs to improve inhabitants' reproductive health knowledge. Further, both the micro level analysis and series of interviews revealed that there is a high demand for sterilization among estate women, while the unmet need for sterilization seems to be high. Hence, family planning programs should be re-designed giving particular attention to the estate sector. Correspondingly, it is important to expand PHMs services in the estate sector providing additional services such as estate-based counselling services and family planning programs. Nevertheless, due to the poor socio-economic conditions, lower educational achievements and poor family support systems observed in the estate sector, it is necessary to introduce various strategies to empower the women in the estate sector. Taken together, the lessons learned from midwifery services in Sri Lanka can be used to strengthen and optimize the maternal and child health systems in other South Asian countries in the region.