

Perceptions and Interventions of Public Health Midwives (PHMs) Regarding the Reproductive Behavior of Women in Sri Lanka

K. Dilhani Wijesinghe

Reitaku University

a17001d@reitaku.jp

Reproductive behavior can be simply identified as the behavior of producing offspring. Broadly, it implies the behavioral patterns that correlates to marriage union or co-residence, child bearing, child rearing, pre-natal or post-natal family controlling practices, and maternal care of the women who are in their reproductive span. Reproductive behavior is not equivalent in every society and it depends on socio-cultural, ethnic, religious, economic, political and individual factors of the population. Despite being a developing country, the success story of maternal and child health in Sri Lanka is acknowledged especially within the South Asian region with the pivotal role of **Public Health Midwives (PHMs)**.

The current study mainly analyses PHMs perceptions and interventions on reproductive behavior in Sri Lanka. Accordingly, interventions of PHMs in reproductive decision making and maternal and child health, the issues related to women's dual role in the family, the support from family members in child bearing and child caring, the status of women's autonomy and power on reproductive decision making, PHMs perceived sectoral (urban, rural and estate) variations of reproductive behavior (Women who lived in rural and estate sectors were 1.4 and 1.2 times, respectively, more likely to prefer more children compared with urban women (Perera, 2017)) in Sri Lanka are explored. Likewise, current study allows to share the Sri Lanka's experience with other South Asian countries in the region.

The data for the current study were collected from 16 face to face semi-structured interviews conducted in urban, rural and estate sectors in Sri Lanka. Accordingly, 5 PHMs from urban (Battaramulla), 9 PHMs from rural (Dompe) and 2 PHMs from estate (Awissawella) sectors were interviewed. Interviews were aimed to gather in-depth information on PHMs training program and obligations, PHMs services, characteristics of the working area in each sector, PHMs perceived

fertility preferences of women in Sri Lanka, PHMs perceived support from family members in child bearing and child caring and contraceptive practices of women in Sri Lanka.

The findings revealed that regardless of service period, all PHMs have completed a two year training period which includes one and half years of institutional training along with 6 months field training. Due to the core and expanded role of PHMs working in all three sectors women receive pregnancy and postpartum care, child care services and several family planning services free of charge throughout their reproductive life span. PHMs perceived that the women who live in rural and estate areas have lack of reproductive health knowledge. Even though number of children in a family is decreasing, some urban areas show an increasing trend. Moreover, women in both urban and rural areas have benefited from the great support provided by family members in child bearing and child caring while estate sector women often receive minimum support. Unlike other South Asian counterparts, Sexual preference is not a decisive factor for families in Sri Lanka. Instead, most families wish to have births from both sexes. Likewise, unplanned pregnancies are very rare in both urban and rural areas in Sri Lanka and such unplanned pregnancies are also for 3rd birth. However, there is a high risk of reporting unplanned pregnancies for 2nd and 3rd births in estate sector. Moreover, women in Sri Lanka have the power, autonomy and easy access to use their desired contraceptive method. Despite that, most women in estate areas depend on a hormone injection (Depo-provera) by means of contraception since they have limited access for female sterilization (LRT).

Above findings suggest that PHMs have an essential role to play in Sri Lankan society. Especially, PHMs expanded field services are immensely valued in rural and estate sectors where maternal and child health facilities are scarce. However, it is necessary to re-design PHMs services in estate sector providing additional services such as estate based counselling services and family planning programs.

Reference

Perera, E.L.S. J. (2017). Fertility transition in Sri Lanka: is it a temporary phenomenon?. *Journal of biosocial science*, 49(S1). S116-S130.