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The prevalence and aetiology of infertility in Sri Lanka

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Summary

This study investigates the incidence of primary and secondary infertility and its regional variation in Sri Lanka by using the 1987 Sri Lanka Demographic and Health Survey. Even though primary infertility is estimated to be over 5 per cent for ever-married and currently married women aged 25-49, the estimate has declined considerably when marital exposure of five years and current pregnancy is considered. During the period of 1975 and 1987 the level of primary infertility has further declined and this is probably due in part to general improvement in women's health and nutrition and the treatment of diseases that affect the ability to bear children. The estate women of Sri Lanka have a higher level of primary infertility than the urban and rural women, presumably related to the practice of unhygienic abortion. Secondary infertility is estimated to be more widespread in Sri Lanka than primary infertility. However, the observed level of secondary infertility is influenced by voluntary curtailment of childbearing, mainly due to economic hardship and increasing participation of women in the labour force, after the birth of the first child. Changes in the level of infertility in Sri Lanka seem to have no impact on the country's overall level of fertility which had already achieved replacement level by early years of the present decade (1).

Introduction

Many couples in most countries are gravely worried over their inability to have children even after several years of their normal married life. Thus, it is a problem that affects men and women of reproductive age in all areas of the world and varies in aetiology and prevalence according to age group and geographic location. Although reliable data are scarce, those that are

available consistently point to distinct regional patterns (2, 3).

Some of the infertile couples in the world seek medical advice while others leave it to their fate. However, the incidence of infertility has many causes, which may lie with either one of the partners or both. Although infertility has been known to exist since ancient times, a real interest in helping couples to conceive arose recently. Despite many policies and programs aimed at reducing the level of fertility in developing countries, the majority of them provide medical assistance to infertile couples through governmental and non-governmental organizations (4).

The incidence of infertility in a population has important demographic and health implications. Since a high rate of infertility, as observed in Sub-Saharan Africa, has a dampening effect on the overall fertility and the rate of population growth, improvements in the ability to bear children may impede efforts to lower fertility rates (5, 6). Compared with other South Asian countries, Sri Lanka has had the highest rate of fertility decline; over the period 1960-65 to 1985-90, Sri Lanka's total fertility rate declined by almost 50 per cent (7). Sri Lanka is aiming to achieve replacement level fertility, that is on average 2.1 children per woman, by year the 2001 (8). Therefore, it is important to examine the trends in infertility in Sri Lanka over the past few decades in order to assess whether infertility levels have any significant impact on the fertility decline.

The presence of children is the source of happiness of a couple. In many societies, specially in Asia, women who are incapable of bearing children are looked down upon not only by the men but also by other women (9, 10).

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