

A BEHAVIOURAL ANALYSIS OF REPRODUCTIVE HEALTH RISK AMONG THE DISPLACED POPULATIONS OF SRI LANKA.

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Data on reproductive health (RH) among internally displaced persons (IDPs) have been problematic particularly in the developing world since they do not portray the behavioural aspects of RH. The implementation of RH programmes in such situations are often faced with problems of identifying potentially risky persons and at risk groups for successful implementation of focussed programmes. This paper aims at developing a behavioural Reproductive Health Risk Index (RHRI), which will help with identifying women, and groups who are potentially at risk in the area of RH, and delineating factors that influence Reproductive Health in community settings of the IDPs.

Data for the study were collected in two phases; first, in a formative phase where variables related to RH behaviours were identified using narratives, random walk observations, case histories, listing, pile sorting and ranking. The data were analysed for patterns and relationships of variables, and later a survey instrument was developed on the basis of qualitative data for the second phase of the research. The findings reported in this study are drawn from the sample survey of 834 families in six districts of Sri Lanka where the IDPs are located.

The survey identified 122 items in four sub-categories in the behavioural and attitudinal domains that were used to measure RH Risk in the sample IDP population. Reliability analysis of items in the four domains indicated that each variable domain has an alpha of .82, .85, .69 and .73 respectively. The RHRI scale was used to create a categorical variable comprising three levels of LOW-RISK, AVERAGE RISK and HIGH RISK. The LOW RISK group, which comprises the scale below one SD of the mean, has a percentage of 35.1 persons in the sample. The AVERAGE RISK group, which comprises the \pm one SD of the mean has a percentage of 30.7, while the HIGH RISK group comprising those who were above +1 SD of the mean has a percentage of 23.3. In order to check the reliability of the scale, some correlations were performed between RHRI scale and RHRI outcomes. It shows that 66.2% of reported abortions have occurred in the HIGH RISK groups in the RHRI scale, while 83% of infant deaths have occurred in the HIGH RISK or AVERAGE RISK groups. When analyzed against variables that has a potential impact on Reproductive Health of the IDPs, it showed that living together arrangements (not legally married), poor socio economic status (SES), not having formal education or fewer years of schooling, young age at marriage (especially below 16 yrs), and having an older husband (especially older than 5 years) are some of the factors that have increased the potential RH Risk among IDP women in Sri Lanka.

The RHRI scale can be used to identify potential groups at risk in the area of RH in IDP settings. The scale can be used as a simple mechanism for rapid assessment of RH status of women in IDP settings, which can help RH service programme organisation and delivery of reproductive health services function in a much more focussed and efficient manner.