

Chapter 4

CONTRACEPTIVE PRACTICE OF MODERN AND TRADITIONAL METHODS

INTRODUCTION

To gain a better insight into the reasons for the high reported use of traditional family planning methods in Sri Lanka, this chapter examines the levels and patterns of contraceptive use, the reasons for using or not using specific methods, reasons for discontinuation of specific methods, and the patterns of contraceptive method switching. Because traditional contraceptive practices have often been underestimated in surveys, a series of probing questions were employed in an attempt to uncover the true level of use of traditional methods.

EVER USE

The 1985 SLCS revealed that for every 100 women interviewed, about 86 had ever used some method of contraception (Table 4.1). It is, however, not unusual in a population covered in the present survey to observe such a high level of use as all the women had been married for more than three years and the majority, as will be seen later, had already achieved their desired family size.

More than half (53%) of the married women had ever used a modern method of contraception, while ever use of a traditional method was somewhat greater (63%). In order to make a more valid comparison of the 1985 SLCS ever use rates with the rates recorded in the 1982 CPS, a special computation of ever use rates was obtained from the 1982 CPS survey. The 1982 CPS estimates were confined to women who were currently married in the areas covered in the

present survey and who had been married for at least three years at the time of the interview. These calculations showed that the overall ever use rate of currently married women of 3 or more years of marriage duration in 1982 was 74%. The ever use rates for modern and traditional methods separately were 46% and 49% respectively.

Thus, for this group of women, the overall ever use rate has increased by 12 percentage points between 1982 and 1985, and the increase in the ever use of traditional methods was somewhat greater (about 15 percentage points) than that for modern methods (7 percentage points).

The observed increases in the ever use rate could be due to two reasons. First, women in the survey had three additional years of exposure to use contraceptives. Second, the 1985 SLCS adopted a process of in-depth method specific probing which offered several opportunities for the respondent to recall the use of a method even for a short time, while such in-depth probing was not done in the 1982 CPS.

The in-depth probing certainly increased some of the method-specific ever use rates substantially (See Table 4.1). The effect of in-depth probing pushed the overall ever use rate of rhythm from 22% to 47%, withdrawal from 10% to 34%, the condom from 6% to 14%, the pill from 11% to 15%, and abstinence from 5% to 8%.

Rhythm was the most widely ever used method, followed by withdrawal and female sterilization. Compared to traditional methods, modern temporary methods were used less frequently. Among the modern temporary methods, ever

use of the pill (14.9%), the condom (13.6%), and the IUD (11.1%) were a little more prominent than injections (4.1%).

The 1985 SLCS was able to uncover various method combinations which previous surveys did not. As many as one-fourth of the couples had ever used a method in combination with another method. The most commonly used method combination was withdrawal and rhythm (18%).

Reported ever use of abstinence was 10 percent, but it is difficult to differentiate the contraceptive and cultural aspects of this practice (e.g., abstinence on holy days, poya day, during menses, etc). Abstinence following a childbirth, (postpartum abstinence) and abstinence in the older ages (terminal abstinence) once the children have grown up is fairly common in Sri Lanka. This practice varies according to the socio-cultural and economic background of the couples.

CURRENT USE

Overall, 69% of women in the main female sample reported that they or their husbands were currently using some form of contraception (Table 4.2). More than one-third of the couples had been sterilized (females, 28%; males, 6%); over one-fourth (26%) were using a traditional method, and 9% were using a traditional method in combination with another method.

The distribution of all contraceptors by method used, shows that half (50%) of the current users had chosen sterilization, while 38% were using a traditional method (including method combinations). Only 12% of all contraceptors were using a modern temporary method.

Background of Current Use

The current use rates for all methods, modern temporary methods, traditional methods, and male and female sterilization are shown in Table 4.3 by background characteristics of the 1985 SLCS respondents.

Table 4.3 shows that the use of both traditional and modern temporary methods follows a somewhat inverted U-shaped pattern according to number of living children, with use first increasing with increasing number of children and then declining as couples shift to permanent methods (sterilization) in the higher parities as desired family size is achieved. Levels of traditional contraceptive use increase slightly all the way up into the 40-44 age group; while there is a steady decline in use of modern temporary methods with increasing age.

The largest shift from temporary to permanent methods occurs between the 25-29 and 30-34 age group, and between 2 and 3 living children. The percentage of couples who had been sterilized increased from 17% for respondents under age 25 to peak of 41% for women 35-39, and from 6% for women with no children to a peak of 50% for women with five children.

The use of modern temporary methods was lower than that of traditional methods for all ages, family sizes, educational levels and marriage types (i.e., love marriages and arranged marriages).

Current use of contraception increases with the level of education of the women only up to the middle level grades. Women who had completed 10 or more years of education showed a somewhat lower use level than that for the middle school level (66% vs 72%). However, the prevalence of traditional method use

increased with the level of education of the women, rising from 20% for women with no schooling to 37% for women with 10 or more years of education. Much of this variation, however, may be due to differences in the age composition in each category, with a disproportionately high number of young women in the most educated group.

Women who had "love marriages" consistently showed a slightly higher prevalence of use of all method types than women whose marriage was arranged by their parents or by their elders. Overall, 72% of women with a "love marriage" were using some method of fertility control, compared to 67% of women with an "arranged marriage." There was very little difference between the two groups in the type of method used.

Breastfeeding as a Contraceptive Method

Breastfeeding is a very common practice among Sri Lankan women, with some 95% of women having at least one child reporting that they breastfed their youngest child. Although one-sixth of the entire female sample stated that it was not possible to conceive while breastfeeding, only one-sixth of these women reported that they had actually used breastfeeding to delay births. This translates into only slightly more than 2% of the entire sample stating they had used breastfeeding for contraceptive reasons.

The data show relatively long durations of breastfeeding and periods of delayed menses among women in the sample. There is little doubt of the inhibiting effect this practice has on fertility, whether or not the woman is aware of this fact.

Changes in Method Mix

As reported in the 1985 SLCS, sterilization remained the predominant method of contraception with half of the users in the sample being sterilized. The apparent increase in sterilizations and the decline of modern temporary methods between the 1982 CPS and the 1985 SLCS revealed that many more couples switched to sterilizations from temporary methods (or started with sterilization). As many couples got older and had more time to achieve their desired family size, many of them moved to a terminal method.

Changes in the share of method use from 1982 to 1985 among contraceptive users according to their age is illustrated in Figure 4.1 (See also Table 1.2). It clearly shows that while sterilization has gained its share among women in all age groups, the most gains were experienced among younger women. As a result, the peak age of sterilization among the current users shifted from the 35-39 age group in 1982 to the 30-34 age group in 1985.

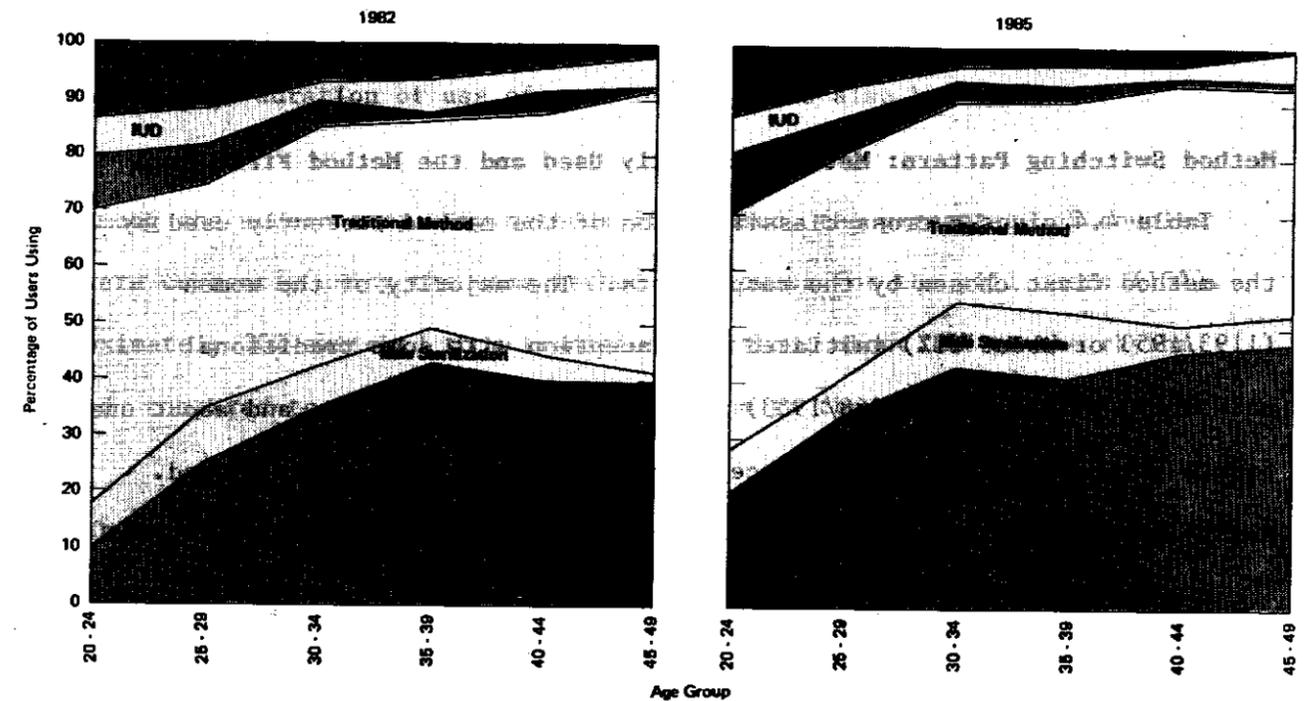
While traditional methods were the second most widely preferred method type among users, their share in the total was slightly reduced. Modern temporary methods showed an even greater decline.

Patterns of Contraceptive Method Switching

Almost half of the women had switched methods at least once. About one-ninth of the women were multiple switchers (i.e., they had switched methods at least two or more times). Methods used in combination were considered as one method for the purpose of measuring method switching in the analysis.

To get a better understanding of the relative popularity of traditional methods over modern temporary methods of contraception, and the patterns of

Figure 4.1 - PATTERN OF CONTRACEPTIVE USE BY AGE, * 1982 AND 1985



* For currently married women aged 18-49 married for three or more years.

contraceptive adoption, discontinuation, and subsequent switching to other methods, it is useful to examine the first method, penultimate method and the method currently being used. Contraceptive method switching and reasons for not using, using or discontinuing various methods are discussed in an attempt to assess whether traditional contraceptive use is due to strong preferences for and satisfaction with these methods or more to dissatisfaction, apprehension, or inaccessibility of the modern temporary methods.

Method Switching Pattern: Method Currently Used and the Method First Used

Table 4.4 gives a cross-classification of the method currently used by the method first chosen by the respondents. The majority of the women (1193/1953 or about 61%) initiated contraception with some traditional method(s), while 14% (or 268/1953) started with sterilization, and about one-fourth (or 492/1953) began contraception with a modern temporary method. Fully one-fifth of the women (402/1953) started contraception using rhythm.

The percentage of couples that switched to sterilization was substantial. About one-third who began contraception with some modern temporary method moved to sterilization, and a slightly lower percentage (29%) switched to sterilization from a traditional method.

It might have been expected that most couples who began contraceptive use with a traditional method would eventually switch to a modern temporary method. In fact, this is hardly the case. Of the 1,193 couples who started with some traditional method, only 6% switched to using a modern temporary method at the time of the 1985 survey.

The data given in Table 4.4 also contain information which can be used to assess the degree to which couples remain with a specific type of method. The degree of adherence is somewhat greater for traditional methods than for modern temporary methods. Of the 492 couples who started with any modern temporary method, only 23% were currently using a modern temporary method. For traditional methods, this percentage was as high as 42% (Figure 4.2 and 4.3). However, to get a better understanding of these patterns, an analysis of the average duration of use of each method would also be necessary.

Among the modern temporary methods first used, the percentage of couples who were currently using the same method was lowest for the pill users (13%). Approximately 30% switched to a traditional method; about 12% to the rhythm method- compared to 2% who switched from rhythm to the pill.

The proportion of the couples who started contraception with a modern temporary method and later switched to sterilization was more frequent among first-time acceptors of the IUD (43%) than among those who first used pills (32%) or condoms/injections (27%).

Method Switching: Penultimate Method to Current Method

Table 4.5 contains a cross-classification of the penultimate method by the current method. This gives some insight into identifying the most recent contraceptive switching pattern of the couples.

The major switch between methods was from temporary or traditional methods to sterilization, with approximately two-fifths of the couples who previously used some traditional method or who had used some modern temporary method switching to sterilization.

Figure 4.2 - PATTERNS OF CONTRACEPTIVE METHOD SWITCHING, FROM FIRST METHOD TO CURRENT METHOD (FIRST METHOD MODERN)

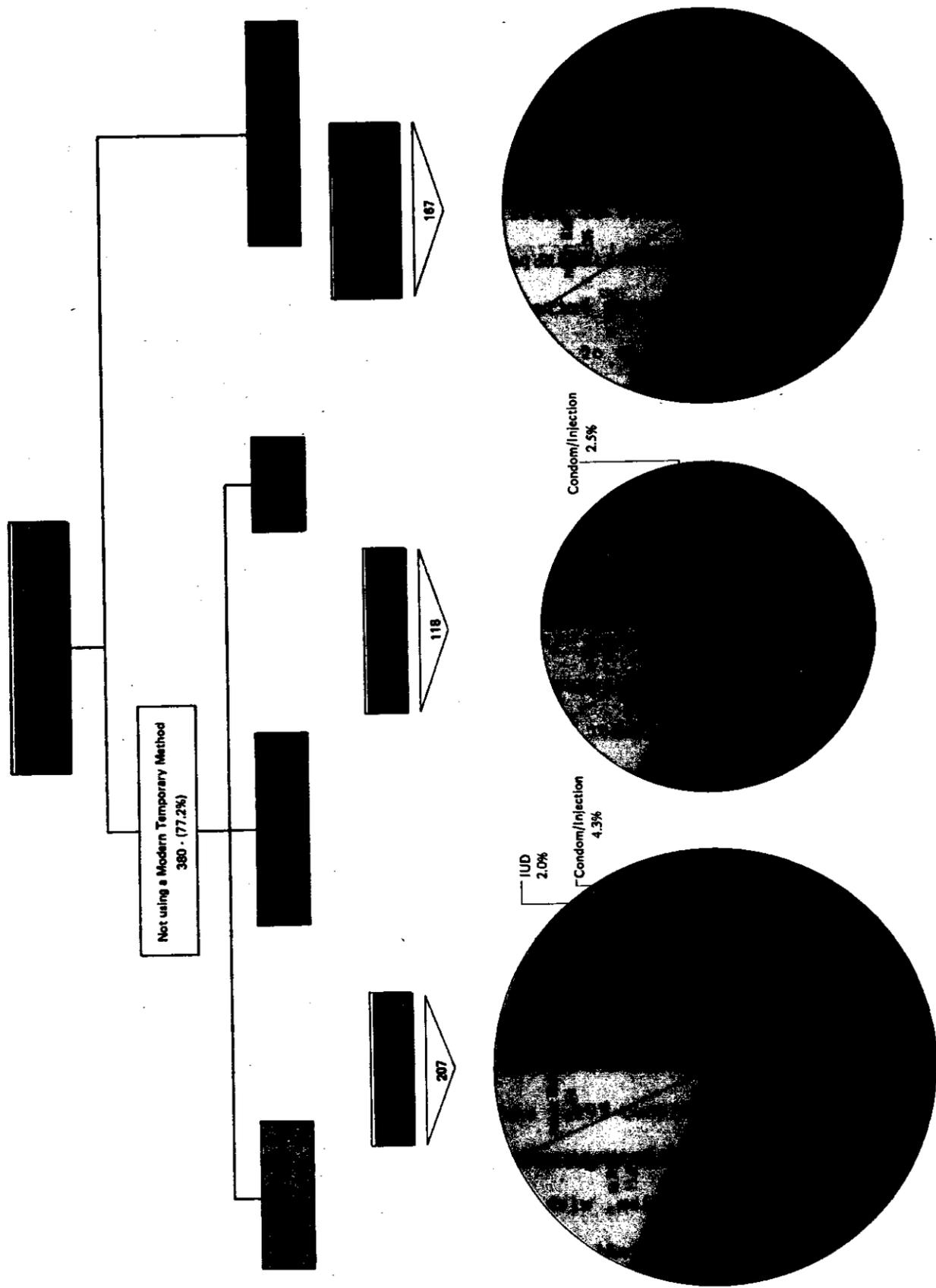
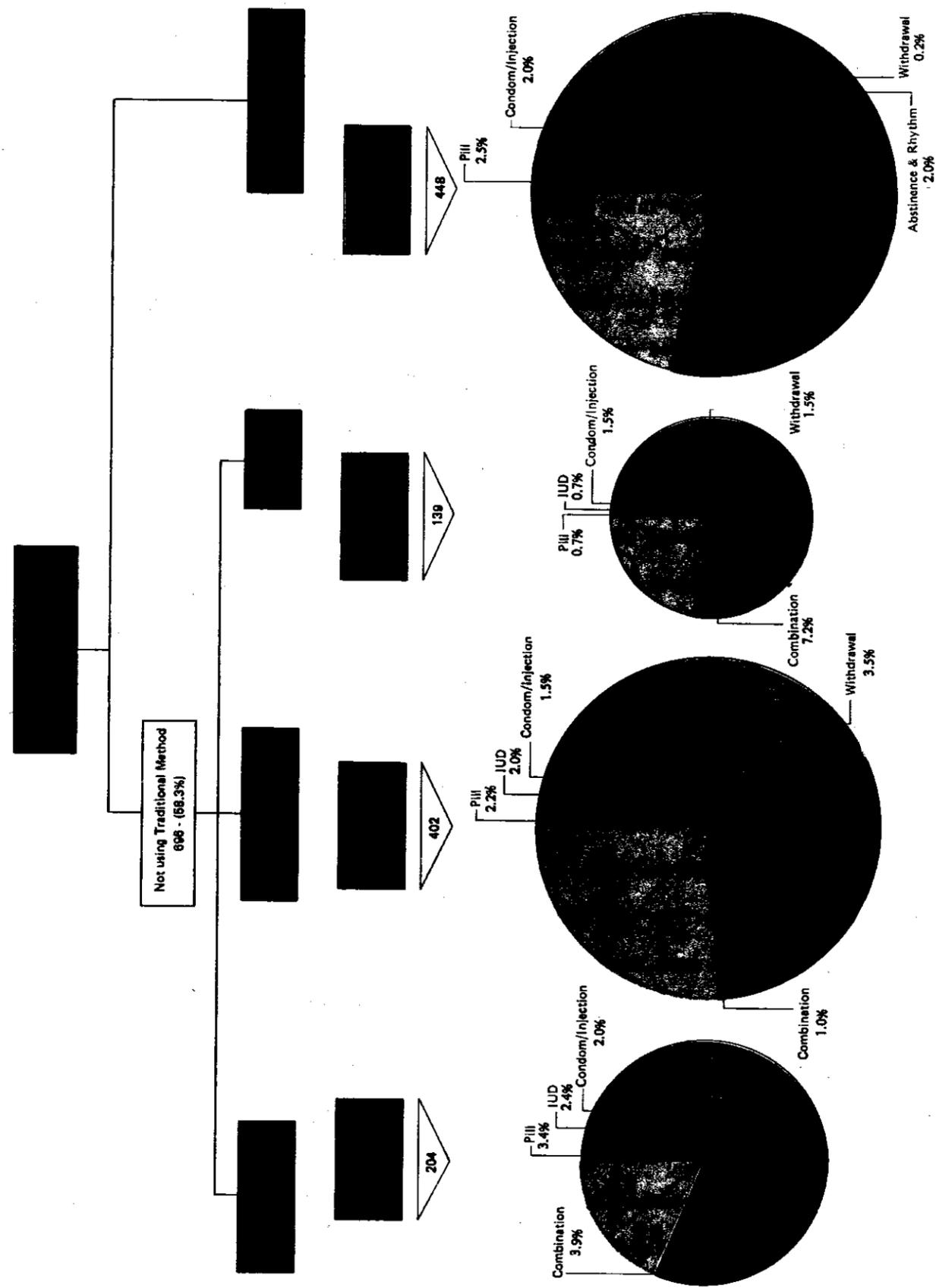


Figure 4.3 - PATTERNS OF CONTRACEPTIVE METHOD SWITCHING, FROM FIRST METHOD TO CURRENT METHOD (FIRST METHOD TRADITIONAL)



The percentage who switched from a traditional method to a modern temporary method was only 8%, while a much larger percentage of 19% moved from a traditional to a modern method.

Table 4.6 and Table 4.7 contain detailed information on the switching pattern of couples who used some modern method or some traditional method as the penultimate method. According to these data more than one-third of pill users switched to sterilization, while about one-third had switched to some traditional methods. The proportion who switched to condoms, IUDs or injections was low.

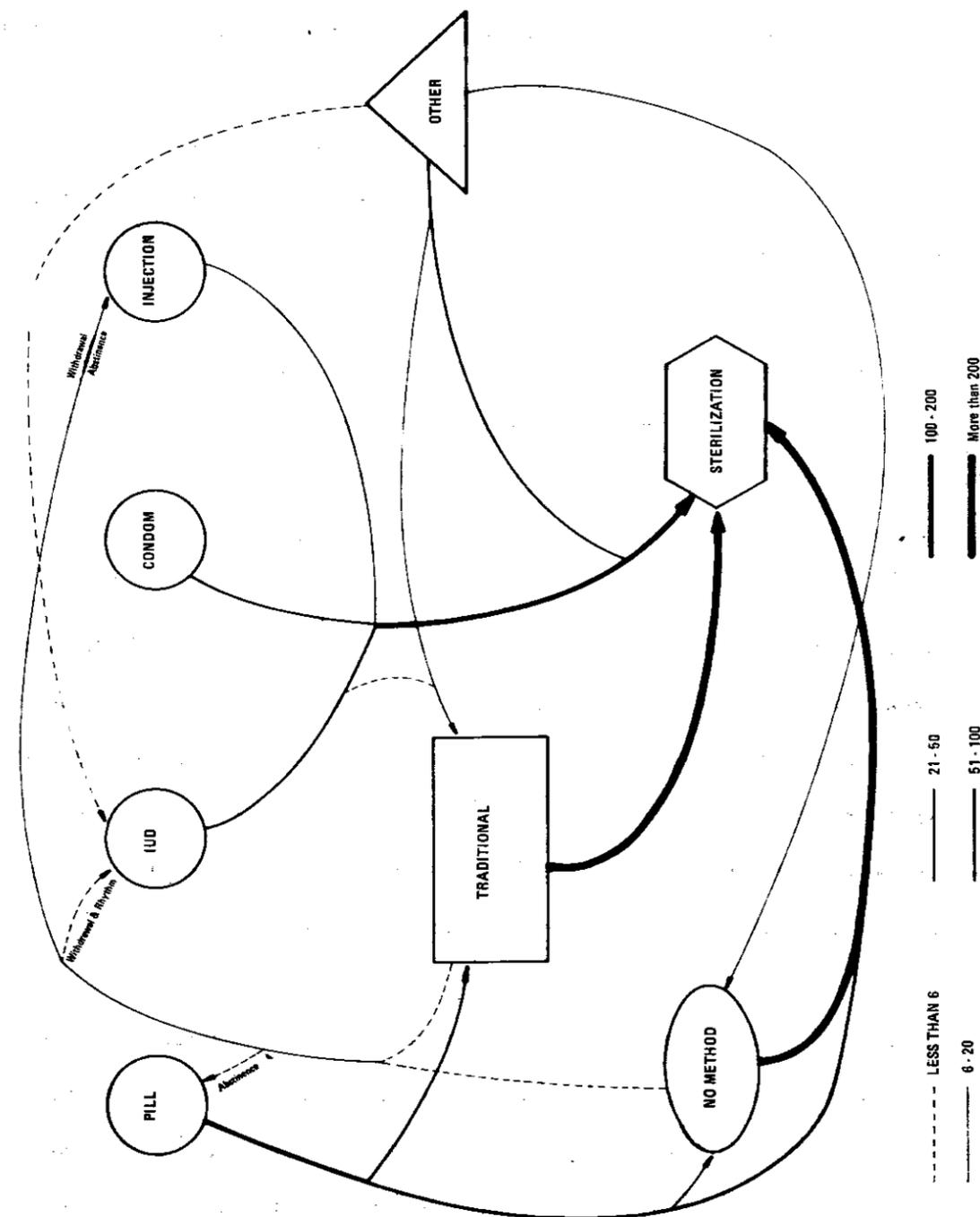
Over half (54%) of IUD switchers switched to sterilization. One in every three couples who used condoms or injections as their penultimate method had switched to sterilization. A small proportion (12%) of the condom users and 16% of the injection users switched to another modern temporary method (i.e., pill or IUD). Almost one-fifth of condom switchers switched to the combined method of withdrawal and rhythm.

As indicated earlier, among couples whose penultimate method was a traditional method, the most prominent switch was to sterilization. The other major method change among the couples was between the traditional methods. The switch from withdrawal to rhythm was much more substantial than changes to any modern temporary method (Table 4.7).

Desire for More Children and Contraceptive Use

Although various factors influence the choice of specific contraceptive methods, the motivation to delay (space) a pregnancy or to terminate (limit)

Fig. NET FLOW OF CONTRACEPTIVE SWITCHERS; PENULTIMATE METHOD TO CURRENT METHOD
(Women Married three years or More)



childbearing is a necessary pre-condition for acceptance of any contraceptive method.

The 1985 SLCS asked respondents whether they desired any more children. More than three-fourths of the women reported that they did not want to have any more children. Two-thirds of the women who desired more children wanted to delay the next pregnancy, implying that they were in need of a method to space their births.

Contraceptive use among women who wanted more children but desired to delay the pregnancy is shown in Table 4.8. Similar information for the women who reported that they do not want any more children, classified by number of living children, is shown in Table 4.9.

Of the 269 women who reported they wanted to space their births, slightly more than three-fourths were using some method of contraception (Table 4.8). More than half of the women (54%) who wanted to space their births were using a traditional method while a much smaller proportion of 23% was using a modern temporary method. The prevalence of traditional methods among the spacers is common among women in all family sizes.

Turning to those wishing to limit their families, about 83% of the women who did not want any more children were using some contraceptive method (Table 4.9). Nearly half of the women (or their husbands) had chosen sterilization. Even among this group, the prevalence of traditional methods was higher than the use of modern temporary methods (28% vs. 8%), although one would expect women wanting no more children to be more motivated to use effective modern methods.

The use of traditional methods was much higher than the use of modern temporary methods in all family size groups. More than half of the women with 3 or more living children and who did not want any more had accepted sterilization. Women who wanted to limit their family size at two children had the highest use of modern temporary methods (15%).

Reasons for Choosing Method

Women who had ever used a method were asked to give their reasons for choosing that particular method. The results are shown in Table 4.10. A large proportion of women who used modern temporary methods and traditional methods did so because the methods were reversible (i.e., temporary). This reason was given by about one-third of users of traditional methods and between 30% and 40% of users of different modern temporary methods.

Convenience of use was another factor which was considered to be an important reason for choosing a contraceptive method. More than one-half of the women who were current or past users of withdrawal or rhythm cited convenience of use as their reason for choosing those methods (58% and 55%, respectively). Injections, condoms and the pill also were considered convenient to use by a large proportion of users of these methods.

A fairly high proportion of women reported that they chose the modern temporary method that they had used on the advice of medical personnel (ranging from 12% for condoms to 35% for the IUD). A small proportion of women said their decision was influenced by peers while a similar proportion reported that they knew of only that method. Absence of side effects was also an important factor in the choice of a method. More than one-third of

the traditional method users used them because of the absence of side effects. Many women reported this as the reason for using condoms.

The effectiveness of a method was also considered when women chose a method: 14% of pill users, 18% of the sterilized women and about 12% of the traditional method users gave this reason.

Reasons for Non-Use

Non pregnant, fecund women who did not want any more children or who wanted to delay their next birth but were not using a contraceptive method were "exposed" to the risk of unwanted pregnancy. It is important to examine the reason why these women were not using any method.

The most frequently cited reason by noncontracepting "exposed" women for not using any modern method was the fear of side effects (Table 4.11). This reason was cited by 43% of women in regard to the pill and 36% of the women gave this reason for not accepting sterilization. About 30% of the non-users gave this reason for not using the IUD, and nearly 15% feared side effects of injections.

A sizable proportion of women simply said they did not use any method, particularly a modern method, because they did not like them. This was reported by 46% for condoms; 36% for male sterilizations; 33% for the IUD; 24% for the pill; 23% for female sterilization; and 22% for injections. This reason was given less often for traditional methods. About one-fifth of the women said they did not use withdrawal because they did not like it, while only 5% said so for rhythm. In the case of IUD and female sterilization,

about one-sixth of the never users did not like them because they were afraid of insertions and surgical operations.

Reasons for Discontinuation

Table 4.12 shows the distribution of currently married women who ever discontinued any method of contraception according to the main reason for discontinuation. The main reason reported for discontinuation of most modern temporary methods has been side effects. About one-third of the women who used injections, about two-fifths of the pill users and about one-fifth of the IUD users reported this as the main reason for discontinuation of the method.

Some said they discontinued because they wanted to try another method. More than one-third of the couples who used withdrawal or rhythm discontinued for this reason; among users of the modern temporary methods, 14% of the pill users and about 20% of the condom users said they discontinued to try another method. Medical advice was another important reason given for discontinuing the modern temporary methods (19% for IUD; 16% for injectables; 13% for the pill; and 10% for condoms).

A substantial proportion of women used a temporary method for spacing births and, accordingly, eventually discontinued the method to become pregnant. About one-third of rhythm and withdrawal discontinuers, 14% of IUD and pill discontinuers, and approximately one-fifth of condoms and injectables discontinuers said the main reason they discontinued the method was to have a baby.

Among discontinuers of methods, the percentages who said they quit using the method because it failed varied from 4% for IUD discontinuers to 15% for withdrawal discontinuers (Table 4.12). Although calculations of use-effectiveness are not included in this report, it is perhaps useful to report the crude percentages of users who reportedly became pregnant while using each method: (e.g., pill, 10.0%; female sterilizations, 0.8%; withdrawal, 18.9%; and rhythm, 17.5%). Of the 17.5% of rhythm users who became pregnant while practicing rhythm, almost four out of ten of these women (38%) got pregnant 2 or more times while using rhythm. Among the 18.9% of withdrawal users who got pregnant while using this technique, 39 percent got pregnant 2 or more times while practicing withdrawal. These percentages should not be interpreted as failure rates or measures of use-effectiveness because they do not control for duration of use or the amount of time of exposure to risk to accidental pregnancy for each method. Furthermore, retrospective reporting of accidental pregnancies while using a method many years in the past may be subject to error.

Side Effects Reported for Modern Methods

As noted before, side effects were the most frequently mentioned reasons by the respondents for discontinuing or not using a modern method. The prevalence of reported side effects for each method is shown in Table 4.13. Almost two-thirds (64%) of pill users reported they experienced at least one side effect, compared to only 6% of condom users. The specific types of side effects reported for each method are also shown in Table 4.13 and are discussed below.

Oral Contraceptives

About two-thirds of the women who had ever used pills reported that they experienced at least one side effect. Dizziness or drowsiness was the most widely mentioned side effect, (19%). About one in six of the users reported that they experienced weakness while using the pill, while a similar percentage reported burning sensations in the stomach. Weight change (weight loss 14% and weight gain 2%), headaches and backaches were reported by 13% of the women who used the pill. Nearly 10% of the users experienced irregular menstruation or bleeding. An equal percentage of women reported "heatyness," which seems to be an idea perceived in some sections of the society about any form of pills or tablets. A few (4%) believed the pill caused them to have cancer.

IUD

The percentage of women who used IUDs and who experienced side effects was also high (59%). Nearly one-third of the IUD users reported menstrual irregularities or changes in the bleeding pattern as a result of IUD insertions. Pain, aches and other ailments were reported by one-fourth of ever users of the IUD. The proportion of women who reported experiencing stomach problems was 8 percent. Seven percent of women reported that they experienced problems due to misplacement of the IUD.

Condom

Condoms have very few side effects. Less than 7% of ever users in the sample reported side effects from condom use. The majority reported various skin ailments and irritations.

Injection

Nearly half of the 95 women who ever used injections experienced at least one side effect. About one-third of the commonly reported side effects were associated with menstruation and bleeding: irregular menstruation (18%), heavy menstrual bleeding (6.3%); and amenorrhea (5.3%). Minor ailments such as headaches, backaches etc., were reported by nearly 13% of the users. Some women experienced weight loss (8.4%) while some others experienced weight gain (3.2%).

Female Sterilization

More than half of the women sterilized (52%) reported at least one side effect. General deterioration of health was by far the most frequently reported side effect, cited by approximately 40% of the sterilized women. Although deterioration of health could be due to many factors, including aging, it is important to note the very high proportion of sterilized women who at least perceived this to be a side effect of the sterilization operation. Loss of weight also was reported by many women (15%), while 4% reported an inability to do heavy work. Another 5% reported experiencing backaches.

Male Sterilization

One-fifth of the women whose husbands were sterilized reported that their husbands had experienced side effects associated with vasectomy. About 10% of the women reported that their husband's health deteriorated following sterilization. About 4% reported their husbands could no longer do heavy work. Some 3% reported their husbands experienced weight loss, while 2% reported sexual weakness (impotence) as a side effect.

SUMMARY

Among the currently married women with at least three years of marital duration, sterilization was found to be the main method of contraception. The survey also showed that compared to modern temporary methods, the use of traditional methods was widely prevalent. A majority of couples tend to initiate contraception with a traditional rather than a modern method: about two-thirds of the respondents reported their first method was a traditional method.

Women in young age groups and with 1-2 living children were more likely to use modern temporary methods than older and higher parity women, but even among these women the use of traditional methods was greater.

The survey also revealed that several combinations of methods were being used, the most common combination being rhythm and withdrawal.

Comparison of method mixes of the same age-marital duration groups of women in the 1982 and 1985 survey, shows that there was a major shift among contraceptive users from temporary methods to sterilization.

The pattern of method switching either from first method to current method, or from penultimate method to current method, showed a movement toward sterilization. Moreover, a higher proportion of women switched from modern temporary methods to traditional methods than vice versa.

About one-third of the couples who started contraception with a modern method, and a similar proportion who began with a traditional method, switched to sterilization. The large shift to sterilization may be partially

explained by the fact that all of these women had been married for at least three years and many had achieved their desired family size.

Among the respondents who did not want any more children, only slightly more than one-half were protected by a modern method. A similar use pattern was evident among women who wanted to delay their next birth. The major reason for discontinuing a modern temporary method was side effects. Fear of side effects was the main reason given for never having tried a modern temporary method. A substantial proportion of the couples said they did not use or try modern methods because they did not need a family planning method or simply because they did not like them. Many couples considered convenience and absence of side effects as the main reason for choosing traditional methods.