

CHAPTER 7
CONCLUSIONS

SUMMARY

Results from the 1985 Sri Lanka Contraceptive Survey (SLCS) reveal that there continues to be important needs in family planning service delivery in Sri Lanka, primarily relating to traditional methods and modern temporary methods. The areas of need are highlighted below:

Although use of the rhythm method is quite high in Sri Lanka, many women's knowledge of the "safe and unsafe periods" in a woman's menstrual cycle appears to be incorrect or incomplete. Information on methods involving periodic abstinence and the provision of counselling services is needed. The high prevalence use of traditional methods is likely to continue, because of major misconceptions and concerns about side effects of modern temporary methods among Sri Lankan couples. The main reasons couples gave for choosing traditional methods (convenience of use; absence of side effects) are plausible ones.

Use of modern temporary methods in Sri Lanka is very low, even though a high proportion of both wives and husbands expressed interest in learning more about these methods. Those desiring more information about modern temporary methods include a large proportion of young couples and low parity couples. Couples need more information and counselling regarding modern temporary methods, especially about side effects, and how to properly use these methods.

Actions taken in these two areas are likely to increase contraceptive prevalence, user satisfaction, continuation, and method use-effectiveness.

Couples need and desire more information and counselling on both traditional and modern temporary methods. Better counselling and follow-up services are needed for all temporary methods regarding their proper use, effectiveness and possible side effects. Women's knowledge of these aspects of temporary methods is limited, and many misconceptions exist which affect the acceptability and continuation of use of these methods.

The rise in popularity of sterilization since 1975 is remarkable. Over one-third of the female respondents in the 1985 SLCS reported that either they or their husbands had been sterilized. Twelve percent of the couples interviewed adopted sterilization as their first (and only) method of contraception, and about 2% reported that both they and their spouse had been sterilized. The need for a permanent contraceptive method is a major reason given for choosing sterilization.

Husbands are an integral part of couples' contraceptive decision-making process. Family planning efforts still need to direct more attention to the husband or to the couple as a unit.

FURTHER RESEARCH AND ANALYSIS

The 1985 SLCS offers numerous opportunities for other important and more in-depth multivariate analyses of the data from both the wives' and husbands' surveys. The following research topics using the data from the 1985 SLCS deserve further analysis: the reasons, causes and factors associated with the high reported use of abstinence; the characteristics of method switchers, and

the patterns and determinants of method switching; analysis of the 1982 CPS and the 1985 SLCS merged files to observe changes in method use and fertility desires over the three year time period; use of breastfeeding for contraceptive purposes; detailed characteristics of sterilization acceptors and reasons for choosing sterilization; further analysis of the link between husband and wife communication regarding family planning and contraceptive/fertility behavior; contraceptive use failures; and in-depth analysis of factors associated with the use/nonuse of modern temporary methods.

These research topics will be examined in detail in a planned series of secondary analyses and papers based on the 1985 SLCS. Of utmost importance is the linking of the 1982 CPS and 1985 SLCS data sets, which will allow the documentation of changes in attitudes and contraceptive behavior using longitudinal rather than cross-sectional data.

IMPLICATIONS AND CONCLUSIONS

In conclusion, although the present study documents the widespread knowledge and use of contraception across all sectors of Sri Lankan society, it also points to serious insufficiencies and misconceptions in couples' knowledge of methods such as rhythm and the pill. The 1985 SLCS confirms the high reported prevalence in the 1982 CPS of traditional family planning practices. Use of both rhythm and withdrawal is evidently widespread and has contributed to the significant decline in Sri Lankan fertility in recent years. Modern temporary methods such as the pill, IUDs, and injectables are found to be unacceptable by many Sri Lankan couples. Nonetheless, the fact that a significant proportion of men and women expressed a desire for more information on modern temporary methods indicates that wider acceptance of these methods is also possible.

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Appendix 2. Correct Knowledge of Contraceptive Methods

The following table gives the responses considered as correct in determining correct knowledge of how to use a method and how a method works for each method.

<u>Question asked on how to use specific method</u>	<u>Responses considered as correct knowledge</u>
Pill - How do you take the pill?	* take one daily.
Loop - Is there a way of knowing whether the loop is in correct position?	* yes
Injection- The interval between injections	* three months
Condom - When should a male wear a condom?	* before starting intercourse
Rhythm - What are the days you think it is not possible to conceive?	* about a week before and after menstruation * after 17-22 or more days from the 1st day of menstruation * during menstruation
<u>How does the use of a specific method prevent conception?</u>	<u>Responses considered as correct for the question on how a particular method prevents conception.</u>
Pill	* By preventing the release of ovum or releasing hormone in the body.
Loop	* Preventing the deposit of ovum in the womb.
Injection	* By preventing the release of ovum or or injecting a hormone to the body.
Condom	* Prevents passage of sperms to a woman's body.
Female Operation	* Prevents passage of ovum to the womb.
Male Operation	* Prevents release of sperms from the male body.
Rhythm - Why do you think that during those days it is not possible to conceive?	* An ovum is unlikely to be present.

TABLE 1.1 PERCENTAGE OF CURRENTLY MARRIED WOMEN 15-49 CURRENTLY CONTRACEPTING: 1975, 1982, 1985

	<u>WFS</u> <u>1975</u>	<u>CPS</u> <u>1982</u>	<u>CPS</u> <u>1982^a</u>	<u>SLCS</u> <u>1985^a</u>
Percentage currently using	32.0	54.9	61.6	69.0
Pill	1.5	2.6	2.8	2.8
IUD	4.7	2.5	3.5	2.6
Condom	2.3	3.2	3.2	1.9 ^b
Injections, vaginal and other scientific methods	0.4	1.4	1.2	1.1
Female sterilization	9.2	17.0	20.5	28.5
Male sterilization	0.7	3.7	4.3	6.0
Traditional methods (rhythm, withdrawal, abstinence and combinations)	13.2	24.5	26.1	26.1 ^c
Percentage not using	68.0	45.1	38.4	31.0
Total	100.0	100.0	100.0	100.0
Number of respondents	(6147)	(4163)	(3120)	(2310)

^a Percentage distributions are for currently married women 18-49 who are married for three years or more and living in the 17 districts covered in the 1985 SLCS.

^b Excludes 2.0 percent who were using condoms in combination with traditional methods (i.e., rhythm or withdrawal).

^c Includes 2.0 percent who were using condoms in combination with rhythm or withdrawal.