

LIST OF FIGURES

Page

Figure 1.1	Comparison of Percentage of Women Currently Using Rhythm and Percentage of Contraceptors Using Rhythm in Selected Developing Countries	2
Figure 1.2	Time Schedule of Major Survey Activities	10
Figure 1.3	Flow of Questions on Fertility Desires and Contraceptive Use	12
Figure 1.4	Flow of Interviews for Each Contraceptive Method	15
Figure 1.5	Distribution Map of Sample Census Blocks by District, 1985 SLCS	17
Figure 3.1	Percentage of Currently Married Women, by Level of Contraceptive Knowledge	
Figure 4.1	Pattern of Contraceptive Use by Age, 1982 and 1985	43
Figure 4.2	Patterns of Contraceptive Method Switching: From Modern Temporary First Method to Current	46
Figure 4.3	Patterns of Contraceptive Method Switching: From Traditional First Method to Current Method	47
Figure 4.4	Net Flow of Contraceptive Switches; Penultimate Method to Current Method	48
Figure 5.1	Percentage of Currently Married Husbands Who Have Heard of Specific Methods	62
Figure 6.1	Percentage of Wives Reporting That They Discuss Family Planning With Their Husbands by Age and Education of Women	72
Figure 6.2	Percentage of Wives Reporting That They Discuss Family Planning With Their Husbands by Number of Living Children and Type of Residence	74
Figure 6.3	Percentage of Wives and Husbands Reporting That They Heard About a Contraceptive Method From Their Spouse, by Method	75
Figure 6.4	Percentage of Wives Reporting That They Discussed the Desired Number of Children With Their Husbands, by Age of and Education of Women	78
Figure 6.5	Current Contraceptive Method Used, by Wife's Report of Who Decided to Use the Method	79

ABSTRACT

The purpose of the 1985 Sri Lanka Contraceptive Survey (SLCS) was to provide a detailed examination of the knowledge and use of traditional and modern contraceptive methods in Sri Lanka, and to document changes in these practices over time. Both qualitative and quantitative data collection methodologies were employed to achieve these goals. A series of qualitative in-depth interviews with urban and rural couples and grass root level family planning workers were conducted as the initial data collection phase of this project, followed by a more standard quantitative survey.

The 1985 SLCS followed-up respondents to the 1982 Contraceptive Prevalence Survey. Its coverage was restricted to 17 districts in the west, south and central regions of Sri Lanka and included only those respondents to the 1982 CPS who were still currently married and under 50 years of age in 1985. In all, 2,310 women and a subsample of 577 of their husbands were interviewed.

Although the study documents the widespread awareness and use of contraception across all sectors of Sri Lankan society, it also points to serious insufficiencies and misconceptions in couples' knowledge of how to correctly use methods such as rhythm and the pill and how the methods work. The 1985 SLCS confirms the high reported prevalence in the 1982 CPS of the use of traditional contraception and sterilization in Sri Lanka and provides some of the major reasons for these contraceptive use patterns. Use of both rhythm and withdrawal is widespread and has contributed to the significant decline in Sri Lankan fertility in recent years. Modern temporary methods such as oral contraceptives, IUDs, and injectables appear to be not too readily accepted by many Sri Lankan couples. For most methods used it appears that both the husband and the wife play an important role in the contraceptive decision-making process.

Preliminary results from the 1985 SLCS reveal that there continues to be an important need in at least two areas of family planning service delivery in Sri Lanka -- one relates to traditional methods and the other to modern temporary methods. Although the prevalence of use of the rhythm method is quite high in Sri Lanka, knowledge of the correct "safe and unsafe periods" in a woman's menstrual cycle appears to be lacking and incomplete. Dissemination of information on methods involving periodic abstinence, and the provision of counselling services are needed. The main reasons couples gave for choosing traditional methods are plausible (i.e., convenience of use and absence of side effects).

Use of modern temporary methods in Sri Lanka continues to be low, even though a high proportion of both wives and husbands expressed interest in learning more about these methods. Concerns about side effects appear to be a major motivating force behind the nonuse or discontinuation of modern temporary methods such as the pill, IUD and injectables.

Actions taken to improve the dissemination of information and to provide counselling services for all temporary methods are likely to increase contraceptive prevalence, user satisfaction and method use-effectiveness.

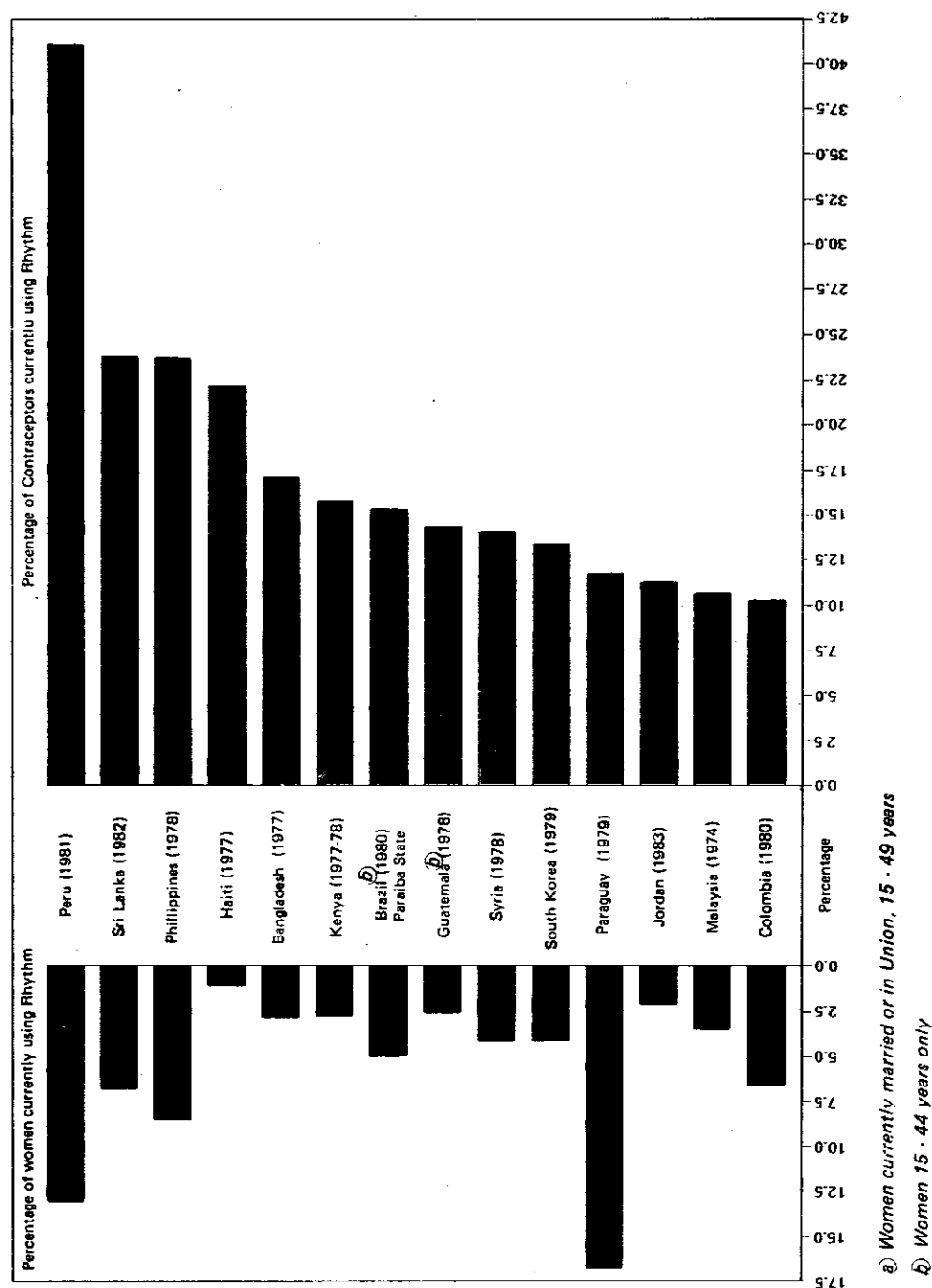
Chapter 1

INTRODUCTION

The 1985 Sri Lanka Contraceptive Survey (SLCS) was conducted as a follow-up to the 1982 CPS and its purpose was to explore in greater detail than hitherto, the knowledge and patterns of use of traditional and modern methods of contraception in Sri Lanka, and to examine how these patterns have changed over time. A main objective of the study was to explain the reported high prevalence of traditional family planning methods, specifically: rhythm, withdrawal and abstinence. Various aspects of contraceptive knowledge and use were assessed, including knowledge of where to obtain a method, how to use it, and how it works, reasons for using or for not using a specific method, reasons for discontinuation, patterns of method switching, user satisfaction, knowledge and concerns about side effects, method failure, and effectiveness. The extent of communication between spouses in family planning matters and the role of the husband and wife in the contraceptive decision-making process were also examined.

Relative to most other countries, the use of traditional methods in Sri Lanka is quite high. In a study of contraceptive use patterns in 42 developing countries where prevalence data are available, it was found that only Peru showed a higher prevalence of rhythm use than Sri Lanka, with 17% of all currently married Peruvian women using rhythm in 1981, compared to 13% of Sri Lankan women. Figure 1.1 shows the prevalence of rhythm use in selected developing countries and the percent of all contraceptors that are currently using the rhythm method. Almost one-fourth of all contraceptors in Sri Lanka were using the rhythm method in 1982, according to the 1982 CPS. A starting point of inquiry was thus to find out the reasons for such high use

Figure 1.1 - COMPARISON OF PERCENTAGE OF WOMEN CURRENTLY USING RHYTHM AND PERCENTAGE OF CONTRACEPTORS USING RHYTHM IN SELECTED DEVELOPING COUNTRIES^a



Source : Hermann, Carol B., et al (1986) "Periodic Abstinence in Developing Countries: Update and options" Research Triangle Park Family Health International, North Carolina, U.S.A.

of rhythm in Sri Lanka and for the relatively low use of modern temporary methods such as oral contraceptives, the IUD and injections.

The findings of the 1982 Sri Lanka Contraceptive Prevalence Survey (CPS), conducted seven years after the World Fertility Survey (WFS), revealed an increased prevalence during that time period in the use of traditional methods from 13% of currently married women in 1975 to 24% in 1982.

The 1982 CPS also revealed that about one in every 20 couples was using withdrawal (or coitus interruptus) to prevent or delay a pregnancy. This translates into one out of every 12 contracepting couples.

Unfortunately, very few studies have been conducted on the use-effectiveness of traditional methods such as withdrawal and rhythm. John Laing of the Population Council developed a methodology for estimating method use-effectiveness of both traditional and modern methods from survey data. According to his estimates for the Philippines, the pregnancy rate for pill users (19%) was actually higher than for those couples using rhythm and withdrawal in combination (17%).¹

¹ Laing, John E. "Family Planning Outreach in the Philippines: Final Report on the Community Outreach Surveys, "University of the Philippines Population Institute, 1981 (mimeo). Data from the "Sri Lanka Rural Family Planning Survey" conducted by the Family Planning Association of Sri Lanka (FPASL) in collaboration with Family Health International in 1986 are being analyzed. The primary purpose of this survey was to investigate use-effectiveness of all contraceptive methods in use in rural Sri Lanka. John Laing's technique for estimating use-effectiveness is being applied to the data from the rural survey in Sri Lanka. Results for Sri Lanka are expected to be comparable to the Philippines estimates.

Reported levels and trends in fertility from Sri Lanka suggested higher levels of contraceptive use than officially reported. For instance, in the 1930s and 1940s the birth rates in Sri Lanka were around 40 per 1,000, below the 45-50 per 1,000 range in other Asian countries. This has often been attributed to the higher ages at marriage. Yet, measures of deviation from natural fertility indicate that significant levels of marital fertility control were in existence even before the inception of the national family planning program in 1965. Ratnayake, Retherford and Sivasubramaniam (1983) have shown the "m" index (a measure of marital fertility control) already in the range of 0.6 in the latter half of 1960s.² This index takes the values 0 for natural fertility, and 1.0 for a moderately high level of marital fertility control.

Moreover, previous surveys have uncovered the need to measure contraceptive prevalence and knowledge more accurately and in greater detail, than has hitherto been done. The need for reliable measurement is evident given the inconsistent estimates of prevalence obtained in several

² Ratnayake, Kanthi, Robert D. Retherford and S. Sivasubramaniam, Fertility Estimates for Sri Lanka Derived from the 1981 Census (Colombo: Aitken Spence, 1984), p. 7.

surveys carried out during the period since 1975. The 1980/81 Family Health Impact Survey, for example, yielded an overall prevalence rate in Sri Lanka of 43%, which is 12 percentage points lower than the prevalence rate reported in the 1982 CPS.³

The frequency of method use measured by the two surveys presented in Tables 1.1 and 1.2 shows that measurements were very close for all modern methods (except for the IUD, which experienced a dramatic decrease in use). Differences in overall prevalence rates were almost entirely due to differences in the estimate of use of traditional methods. Hence, it was strongly felt that there was a need for improving the measurement of prevalence of traditional methods.

A second issue of concern was the relatively low prevalence of modern temporary methods. Reported practice of modern methods was almost completely dominated by female sterilization. A majority of women in developing countries desire to delay or space births or have more children than they desire, yet a great number of these women are not using a modern temporary method of contraception. Access is not the only reason why many women use traditional methods instead of modern methods. It is therefore vital to understand how contraceptive knowledge translates into contraceptive behavior.

³ Evaluation Unit, Family Health Bureau, Family Health Impact Survey, 1981-82 (Colombo: Ministry of Health, 1984), especially pp. 29-61; and Government of Sri Lanka, Department of Census and Statistics, Ministry of Plan Implementation, and Westinghouse Health Systems, Sri Lanka Contraceptive Prevalence Survey Report: 1982 (Colombo, 1983), especially pp. 64-81.

STUDY OBJECTIVES

The major objectives of this study were:

- to find out the reasons why use of traditional contraceptive methods in Sri Lanka is so high compared to use of modern temporary methods;
- to determine how rates of traditional and modern contraceptive use have changed over time;
- to assess the depth of knowledge about traditional and modern contraceptive methods in terms of how to use the methods, how they work, and where to obtain them;
- to examine husbands' attitudes towards and reported practice of family planning and to determine the consistency of husband and wife reporting of contraceptive use;
- to determine the extent of husband and wife communication in family planning matters, to explore the contraceptive decision-making process, and to consider how both of these processes vary according to fertility desires and the methods used;
- to examine the reasons for using, not using, or discontinuing various methods of contraception and to explore the patterns of method switching from temporary to permanent methods, and between traditional and modern temporary methods;
- to estimate the prevalence of side effects of modern temporary and permanent methods;
- to assess the level of satisfaction of husbands and wives with various methods, and to explore the role of contraceptors in motivating others to try various methods;
- to construct a sociodemographic profile of traditional and modern contraceptive users.

SURVEY METHODOLOGY

Phase One

The survey had two phases. The first phase was a qualitative study consisting of a series of unstructured, in-depth interviews with married women and men. An exploratory study was carried out prior to the major survey to determine a suitable approach for assessing knowledge, attitudes and use patterns of contraceptives. This study was an anthropological inquiry into the subject of contraceptives, and the associated semantics, to find an appropriate starting point for a conversation on the subject, paths of progress, etc. The study was designed in consultation with an anthropologist and a team of senior officers of the Department comprised of two statisticians who functioned as core team members, two team supervisors, and several interviewers with considerable experience in previous fertility surveys. These officers spent several days in selected localities interviewing people in free conversation guided by predetermined themes. There was no structured questionnaire.

General information was obtained from the approximately 200 respondents on knowledge and attitudes toward various family planning methods and practices, as well as their contraceptive decision making and behaviour. The qualitative phase also unveiled local expressions commonly used to refer to methods such as periodic abstinence ("being careful") and withdrawal ("moving out"). These interviews led to the discovery that many couples do not think of traditional methods as methods per se but as habits or practices that originated in their daily routine and not from information or counseling provided by health professionals. Issues and common terminology used in

family planning discussions that were identified in the qualitative study (Phase One) were then incorporated into the main survey questionnaire.⁴

Phase Two

The second phase was the follow-up of selected women and a sample of their husbands from the 1982 CPS. The 1985 SLCS, carried out by the Department of Census and Statistics (DCS) in collaboration with Family Health International (FHI), generated a wide variety of opportunities to explore various aspects of contraceptive behavior. Interviewing both wives and husbands offered the opportunity to compare a woman's fertility awareness, behavior and reporting with that of her spouse. Furthermore, because the 1985 SLCS was also a follow-up of female respondents from the 1982 CPS, there was essentially a built-in panel study in which changes in attitudes, fertility desires, and contraceptive and fertility behavior of the same women could be observed over a three-year period. The 1985 follow-up interviews of the CPS respondents also allowed us to compare the reported use of traditional and modern methods for the same women obtained from two very different data collection instruments.

Special modules were designed for each contraceptive method so that very detailed method-specific information could be obtained from respondents. Information was obtained on the respondents' knowledge of a method: how it

⁴ A detailed analysis of the data was carried out by John Caldwell, et al, and reported in a paper entitled "The Role of Traditional Methods of Fertility Control in Sri Lanka," published in *Studies in Family Planning*, Volume 18, No. 1, January/February 1987, pp. 1-21.

worked; how to correctly use it; knowledge of and experience with side effects; satisfaction with a method; reasons for using, not using or discontinuing a method; perceived advantages and disadvantages; the extent and patterns of husband-wife family planning communication and decision making; and method switching patterns and method failures.

The Staff

The survey organization was headed by a National Director who was the Director of the Department of Census and Statistics. A Deputy Director of the Department served as Project Manager and an Assistant Director as the Assistant Project Manager. A core staff of three statisticians assisted in the organization and implementation of all survey activities from the design to the publication of the results. Other staff were added as necessary. Field work was carried out by 25 interviewers organized in five teams, with each team led by a supervisor. All interviewers were Statistical Investigators of the Department; the large majority of them had interviewing experience from either the WFS or the CPS. Technical assistance was provided by FHI research staff and consultants in the design of the questionnaires and the data analysis.

Calendar of Activities

The calendar of survey activities is shown in Figure 1.2. Initial phases of designing the survey commenced in January 1984, and by February 1985 the survey instrument was designed, pre-tested and finalized. Four pretests of the SLCS Survey questionnaire were carried out in rural and urban areas of Colombo during the period of September 1984 to February 1985.

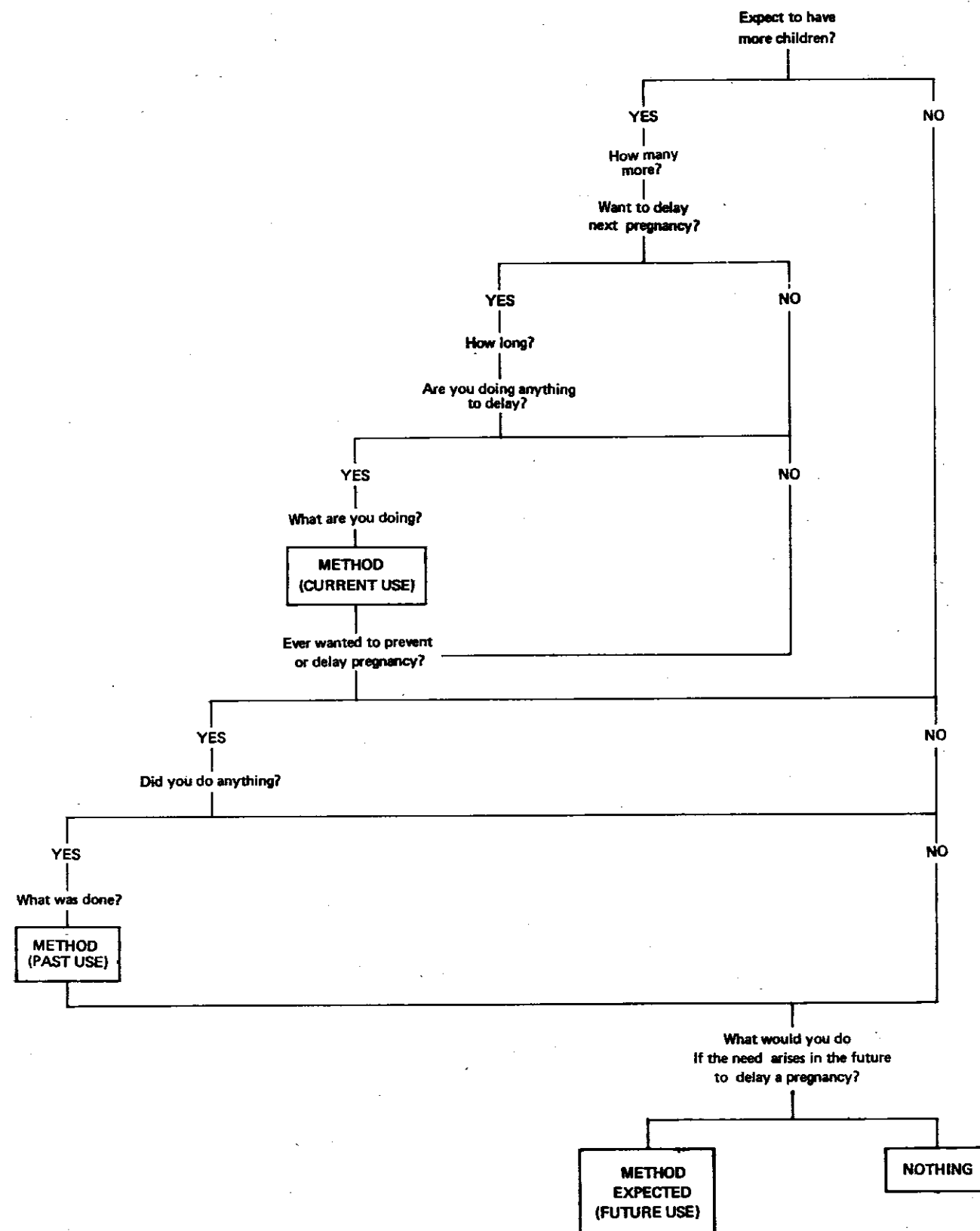
Figure 1.2 - TIME SCHEDULE OF MAJOR SURVEY ACTIVITIES

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the more arbitrary adaptation of a standard questionnaire. In the WFS and CPS, knowledge and use were measured by asking the respondent what methods they had heard of, if any, and what methods they had used or were using at the time. This was usually followed by a probing: each method not mentioned by a respondent was then referred to by the interviewer by name of method, only, in the CPS, but with a short, descriptive statement in the WFS, and the respondent was asked if she had heard of it and, if so, whether she had ever used it. The SLCS team felt that this may not be the best way to elicit information on contraceptive behavior that may have spanned many years. Furthermore, it had been observed that the measurement of prevalence, particularly of traditional methods, differed from one survey to another.

The results of the qualitative interviews served as the basis for designing the survey instrument for the second phase. The main survey interviews commenced with a general inquiry of usual background characteristics of the woman, moving gradually to the subject of pregnancy and delaying pregnancy. At this point she was asked if she expected to have any (more) children in the future. Figure 1.3 illustrates the flow of inquiry thereafter, designed to ascertain the respondent's status with respect to i) current use, ii) past use, and iii) intended future use of contraception. Women who did not want more children and those who wanted more but later were asked what they were doing to delay or prevent pregnancy. Past use was identified by asking each woman whether at any time in the past she did anything to delay or prevent a pregnancy. Finally, women were asked a hypothetical question: What would you do, if the need arises in the future, to delay or prevent a pregnancy?

Figure 1.3 - FLOW OF QUESTIONS ON FERTILITY DESIRES AND CONTRACEPTIVE USE STATUS



This information was gathered in the background section of the questionnaire, at the end of which all methods the respondent had used in the past, was currently using, expecting to use, and never had used were known as a result of these preliminary but probing questions. This information was recorded in a chart indicating use status with respect to each method. This chart was printed on the inside front cover of the questionnaire and served as a guide for the rest of the interview.

The remainder of the interview consisted of a series of questions on contraceptive methods: the pill, IUD, condom, injection, female sterilization, male sterilization, withdrawal, rhythm, abstinence, plus other practices named by the respondent. The section for each method was structured into three segments: (1) never users, (2) current users, and (3) past users. The interviewer, by reference to the Use Status Chart, directed the respondent to the segment relevant to her for each method. The sequence of questions under segments for never use, current use or past use began by reaffirming that particular use status.

The sequence for never users was initiated by inquiring whether she had ever heard of the method. If yes, this was followed by a question which probed whether she had at any time or even for a short period used that method. If, after probing, it was discovered that the respondent had actually used the methods, the interviewer shifted to the appropriate use status category (i.e., current or past use) and proceeded from there. The remaining questions progressed in the following sequence: source of information, source of supply, how to use the method, how the method prevents conception, who advised her to use the method, duration of use, side effects experienced and remedial action taken, knowledge of other side effects,

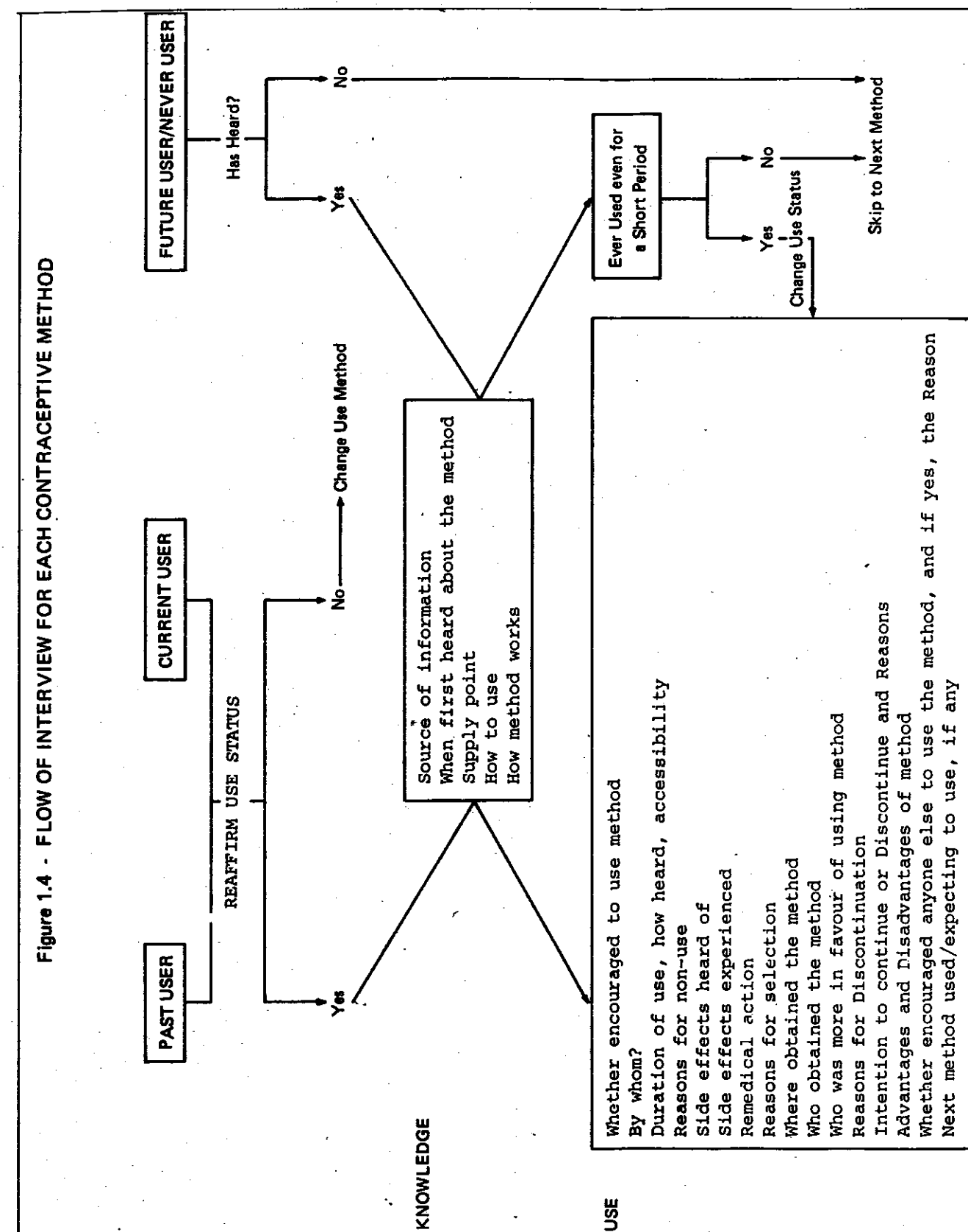
reasons for selection of method, accessibility and availability, intention to continue or discontinue, expected future use, pregnancy while using, respondent and spouse's satisfaction with the method, and role as a motivator of others. This flow of the interview for each method for the three use status categories is illustrated below. Figure 1.4 shows the flow of questions for each contraceptive method.

Female Sample

The 1985 SLCS was a follow-up survey of respondents to the 1982 CPS and a subsample of their husbands. The sampling procedures used in the 1982 CPS are outlined in Sri Lanka Contraceptive Prevalence Survey Report: 1982. The sample was a nationally representative probability sample drawn from a two stage design.

In the first stage, the country was stratified into 2 strata: urban and rural. A sample of census blocks was drawn from the urban and rural strata with probability proportional to the stratum population which was defined as the female population age 15-49. The required number of census blocks within each stratum was then selected from among the 24 administrative districts being proportional to the stratum population within the district.

The second stage consisted of selecting households from up-dated lists of housing units. In urban census blocks, a systematic sample of 15 housing units was selected from lists of such units. In the rural census blocks, clusters of approximately ten housing units were formed and one cluster was selected at random from each block. Whenever there was more than one household per unit, all households in every housing unit were selected into the sample. Unfortunately, due to socio-political problems in some northern



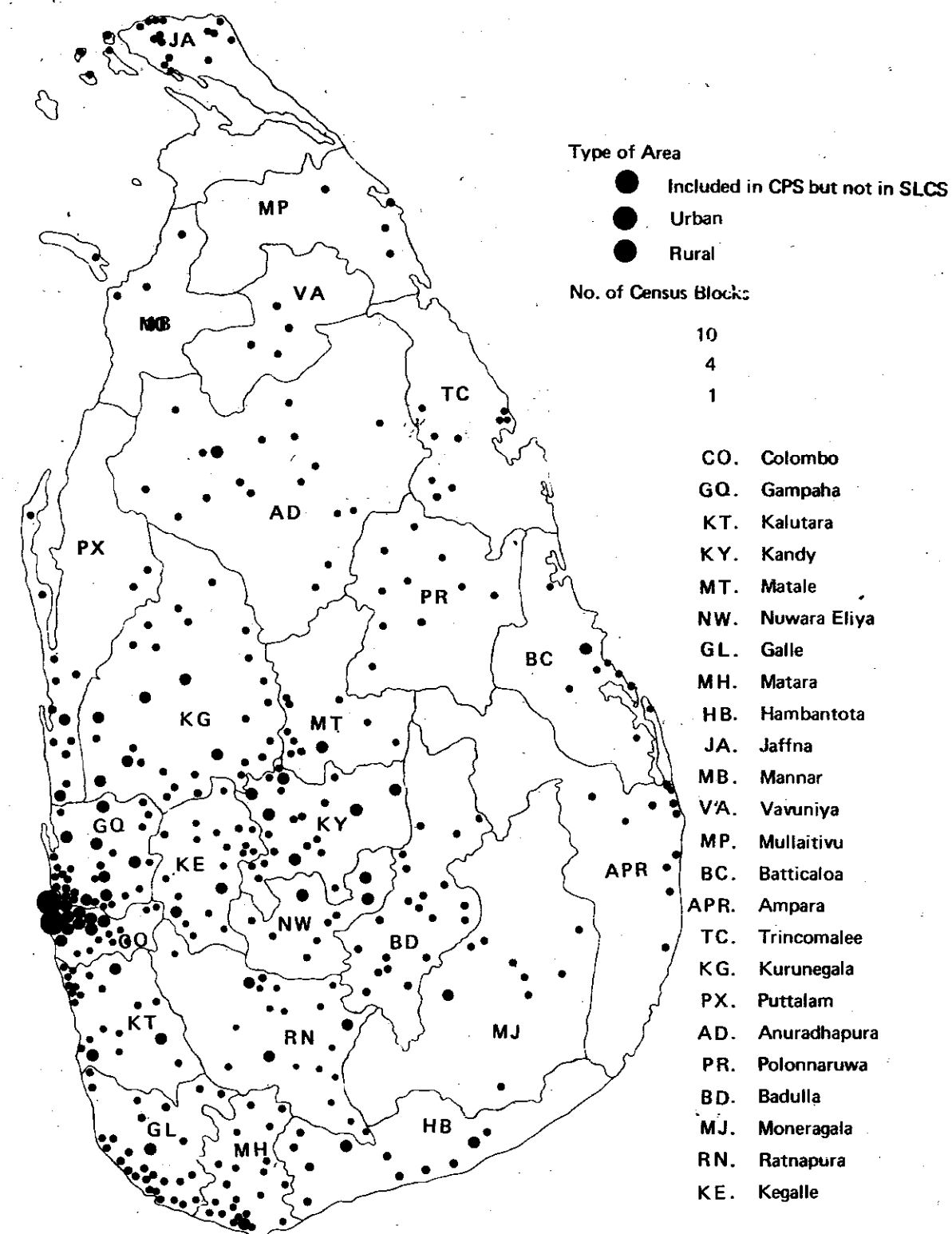
and eastern districts, seven districts in that area of the country were excluded from the follow-up study.

The sample for the 1985 SLCS was defined to consist of all CPS respondents meeting the following criteria: a) living in the sample districts; b) married at the time of 1982 CPS and at the time of 1985 survey; c) less than 50 years of age. In addition to the seven districts in the north and the east, two census blocks were also excluded, one because of flooding during the fieldwork stage, and the other because it had been submerged in the construction of the Kothmale reservoir. The approximate location of sample census blocks in the the 17 districts are shown in Figure 1.5. As a result of this selection procedure the women in the SLCS sample have necessarily been married for at least 3 years and are 18 or more years of age.

There were actually 3,022 eligible respondents, i.e., currently married women below 50 years of age, married at the time of 1982 CPS and resident in the 17 districts covered in the survey. Of these, interviews were completed for 2,310 women, 76 percent of the eligible respondents. The following is a breakdown of the follow-up efforts in the 17 Districts included in the survey:

included in the survey:	Number	(Percent)
Completed interview	2310	(76.4)
Refused	20	(0.7)
Not at home	203	(6.7)
Left to reside elsewhere	389	(12.9)
Other (inaccessible due to floods; hospitalization, etc)	100	(3.3)
Total	3022	(100.0)

Figure 1.5 - DISTRIBUTION OF SAMPLE CENSUS BLOCKS BY DISTRICTS



NOTE: A circle shows the location of ward (in urban areas) or village (in rural areas) from which one or more census blocks are selected. Size of the circle denotes the number of blocks selected.

Male Sample

Within every census block included in the follow-up survey an attempt was made to interview every third female respondent's husband. Because some husbands were unable to be contacted after two return visits, only about one-fourth of the female respondents' husbands were actually interviewed, instead of the one-third originally planned. A total of 577 husbands were interviewed.

Background Characteristics of the Respondents

The survey collected information on social, cultural and economic characteristics of the respondents. These included the type of residence (urban/rural/estate), level of education, work status and occupation, religion, ethnic group, type of family (nuclear or extended), husband's, occupation, education and type of marriage (arranged or self-selected). Not all of these variables are considered in this preliminary report in the analysis of contraceptive knowledge and behavior. The variables by which differentials are presented and the classifications adopted are described below.

Place of Residence

Place of current residence of the respondent is classified into three categories, namely, urban, rural and estate. The urban rural demarcation is based purely on administrative criteria: an urban place is administered by a municipal or urban council which is a local body; all other areas are rural. In the rural areas are located relatively large contiguous plantations of tea, rubber and coconut. These are treated as a separate category designated as "estates." Urban areas are characterized by much

larger densities of population, more heterogeneous ethnic mixes and of better and more permanent type of housing, greater availability of pipe-borne water and electricity than in rural areas. Estate population is largely a homogeneous group of Indian Tamil people sharing similar housing and community facilities who are skilled and unskilled laborers working on the plantations.

Level of Education

In Sri Lanka the general schooling system spans a range from grade 1 to 12. Grade 1 to 5 is usually considered as primary school level. At grades 9 and 10 students are prepared for their first public exam General Certificate of Education (Ordinary Level), G.C.E.(O/L). Those qualifying at G.C.E.(O/L) with necessary passes and credit passes could move on to grade 11 and at grade 12 they sit the next qualifying exam, the G.C.E. Advanced Level (A/L) which is the screening point for admission to universities. Level of education is, in this study, classified into four groups based on numerical distribution and their significance as signal points. These are: no schooling, primary (grades 1 to 5), secondary (grades 6-9), and all higher levels.

Work Status

Work status of women is difficult to express specifically in a society like Sri Lanka, where women's employment is still largely in the informal sector. Simple, direct questions such as "are you employed" or "what is your occupation?" has led to underestimation of female employment. For this reason, the survey probed women who responded "no" to the first question whether they did anything in addition to the housework and caring for children. This was followed, in the case of positive responses, with

inquiries on what type of work and for how many hours a day. If a woman was engaged in an economic activity for five or more hours per day, she was considered to be working. Working in agricultural enterprises, which often involves assisting in the farming of a land near the home, was distinguished from non-agricultural work. Thus, three work status categories are identified; not working, agricultural worker, non-agricultural worker.

Religion

In Sri Lanka the vast majority of the people are followers of one of the following religions: Buddhism, Hinduism, Roman Catholicism, other Christian denominations, and Islam. A few others practice other religions and they are listed as Other in this report.

Ethnicity

Besides the majority ethnic group of Sinhalese, there are three other numerically large ethnic groups. These are Sri Lanka Tamils, Indian Tamils, and Muslims. All other groups are classified as Other. The background characteristics of the SLCS sample is given in column 2 of Table 1.3.

The distribution of the follow-up sample is expected to be parallel to that of the comparable segment of the CPS, i.e. CPS respondents married at the time of the survey, at least of 3 years marriage duration and living in the 17 districts covered by the survey. The distribution for this group of CPS respondents is shown in column 1 of the Table 1.3. One can see that the two samples are very closely parallel in the distributions of the background characteristics. Approximately 85% are Sinhalese, approximately 7.5% Indian Tamil, and about 4% Moor (Muslim), with Sri Lanka Tamils being almost excluded because of the exclusion of the northern and eastern districts where

the majority of this ethnic group resides. The proportion of Sri Lanka Tamils in the follow up is even smaller than that in the CPS, reflecting the migration of this group abroad or to northern and eastern districts since 1982. Religion, highly correlated with ethnic group, shows a similar distribution. In terms of education, in both samples little more than half the women have secondary or higher education and little over one third have a primary education, while just over 10% have never been to school. Thus, the women interviewed in the follow-up survey represent the corresponding segment of the CPS sample. The sample of wives of the interviewed husbands have the same distributions as seen in column three of the Table with the exception that they carry a slightly larger share of the Indian Tamil ethnic group and therefore of the Hindus and also of women of no schooling. This can be easily explained: husbands of women on estates were easier to meet and interview than of other women, because houses were located together and callbacks were easy. Even more important, they too worked on the estate and were present at the site. This has resulted in more complete responses by husbands of women on estates who are Indian Tamils, Hindus and of the no schooling category.