

All information collected in this
Survey is under the Statistics
Ordinance and is confidential.

CONFIDENTIAL
Information relating
to individuals will
not be revealed.

CONTRACEPTIVE PREVALENCE SURVEY SRI LANKA 1982

DEPARTMENT OF CENSUS AND STATISTICS OF THE MINISTRY OF PLAN IMPLEMENTATION
IN ASSOCIATION WITH THE WESTINGHOUSE HEALTH SYSTEMS OF UNITED STATES OF AMERICA.

DEPARTMENT OF CENSUS & STATISTICS
P.O. BOX 563
COLOMBO 7.

HOUSEHOLD SCHEDULE

IDENTIFICATION

--	--	--	--	--	--	--

CONFIDENTIAL

Information relating
to individuals will
not be revealed.

CONTRACEPTIVE PREVALENCE SURVEY

SRI LANKA

1982

District : Town/Village/Estate:.....
Census Block No. : Household Number :

Interviewer Calls	1	2	3	4
Date
Interviewer's Name and Number
Result *

* Results Codes

- | | |
|----------------------------|--------------------------------------|
| 1. Completed | 5. Dwelling, Vacant or demolished |
| 2. No competent R. at home | 6. Address not a dwelling |
| 3. Deferred | 7. Address not found or inaccessible |
| 4. Refused | 8. Other _____ |
- (Specify)

Scruti- nised	Re-inter- viewed	Edited	Coded	Punched	Verified
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name.....	Name.....	Name.....	Name.....	Name.....	Name.....
Date.....	Date.....	Date.....	Date.....	Date.....	Date.....

0	1
---	---

4	5
---	---

7	9	10
---	---	----

11

13	15
----	----

16

HOUSEHOLD SCHEDULE

1. Please give the total number of people who ordinarily live in your household
and are staying with you now.
2. Now we would like to get some information about females who ordinarily live
in your household and females who are staying with you.

18	20	22	24	26	28	30	32	34	36	38	40	42
----	----	----	----	----	----	----	----	----	----	----	----	----

Names of usual female residents and females staying with you.	Age		Marital Status for age 15 or over	Eligibility
	How Old is she (2)	What is her month and year of birth (3) Month Year		
Names (1)	(2)	(3)	What is her marital status. Use codes shown below (4)	Tick all women Eligible for Individual Interview (5)
01				
02				
03				
04				
05				
06				
07				
08				
09				
10				

43	44	45	46	47	48	49	50	51	52
----	----	----	----	----	----	----	----	----	----

Make sure to have a complete listing including female servants.

Column 4 - *Marital Status - Single 1; Married 2; Widowed 3; Divorced 4; Separated 5.

INDIVIDUAL QUESTIONNAIRE

(for ever married women
between ages 15-49)

IDENTIFICATION

CONFIDENTIAL

Information relating
to individuals will
not be revealed.

CONTRACEPTIVE PREVALENCE SURVEY

SRI LANKA

1982

District :

Town/Village/Estate:

Census Block No. :

Household No. :

Line Number of Woman :

Interviewer Calls	1	2	3
Date
Interviewer's Name and Number
Time Started
Time ended
Duration
Result +
Next Visit
Date
Time

* Results Codes

1. Completed
2. Not at home

3. Deferred
4. Refused

5. Other

(Specify)

Scruti- nized	Re-inter- viewed or Spot checked	Edited	Coded	Punched	Verified
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name.....	Name.....	Name.....	Name.....	Name.....	Name.....
.....
Date.....	Date.....	Date.....	Date.....	Date.....	Date.....

SECTION I. RESPONDENT'S BACKGROUND

101. We would like to have some information about yourself and your age.

What is your age?

AGE

102. In what year and month were you born?

YEAR 19.....MONTH.....

AFTER EXAMINING THE RESPONSES IN 101 AND 102
CAREFULLY AND PROBING AS NEEDED, ENTER THE
RESPONDENT'S AGE BELOW. ESTIMATE THE
RESPONDENT'S AGE IF IT CANNOT BE DETERMINED
BY PROBING.

AGE

103.

CIRCLE THE APPROPRIATE CODE FOR THE ACTION
YOU TOOK IN DETERMINING THE RESPONDENT'S AGE

1. Questions 101 and 102 both answered. Verified responses were consistent.
2. Questions 101 and 102 both answered. Responses were not consistent and age determined by reference to Identity Card/Birth Certificate.
3. No age response given. Age estimated through probing because it could not be determined from Identity Card/Birth Certificate.

IF RESPONDENT IS UNDER 15 OR OVER 49 YEARS
TERMINATE INTERVIEW. THANK RESPONDENT FOR
HER TIME AND FOLLOW INSTRUCTIONS FOR SELECTING
THE NEXT RESPONDENT.

104. What is your marital status?

Are you single, currently married, widowed, divorced or separated?

- 1 SINGLE
- 2 MARRIED
- 3 WIDOWED
- 4 DIVORCED
- 5 SEPARATED

TERMINATE THE INTERVIEW

105. In what year and month did you first get married?

YEAR 19 MONTH

IF NECESSARY PROBE

How old were you when you first married?

AGE

106. What is the highest grade you passed at School or College/University?

CIRCLE GRADE

IF NECESSARY PROBE

Level	Grade	
Never Attended School	97	
Primary	00 01 02 03 04 05	} SKIP TO 108
Secondary	06 07 08 09 10 11 12	
Higher Education	13	

107. Can you read - say a newspaper or a magazine?

- 1 YES
- 2 No

108. (Now I would like to talk with you about your occupation. Beside from doing their own housework many women have jobs for which they receive payment in cash or kind).

Are you doing any work for which you receive payment either in cash or kind?

- 1 YES
- 2 NO (SKIP TO 111)

109. Do you work at home or away from home?

- 1 HOME
- 2 AWAY

110. What is your occupation? _____

111. What is your religion?

- 1 Buddhist
- 2 Hindu
- 3 Muslim
- 4 Roman Catholic
- 5 Other Christian
- 6 Other (Specify) _____

112. What is your ethnic group?

- 1 Sinhala
- 2 Sri Lankan Tamil
- 3 Indian Tamil
- 4 Moor
- 5 Malay
- 6 Other (Specify) _____

1	1								
2	4	5	7	9	10	12			

SECTION II. FERTILITY

201. Now I would like to ask some questions about child bearing.

When did you have your last menstrual period?

- 1 Less than 1 month ago (SKIP TO 203)
- 2 One month to less than 2 months ago
- 3 Two to 9 months ago
- 4 More than 9 months ago

☐ 13

202. Are you pregnant now?

- 1 Yes (SKIP TO 204)
- 2 No
- 8 Not sure/does not know

☐ 14

203. Have you ever been pregnant?

- 1 Yes
- 2 No (SKIP TO 214)

☐ 15

204. How many times you were pregnant? (Including the current pregnancy also)

NUMBER _____

☐ 17

205. Have you ever had a live birth?

- 1 Yes
- 2 No (ENTER 00 IN 206 AND SKIP TO 207 AND THEN TO 213)

☐ 18

206. How many live births have you had? Please be sure to include all the children you have given birth to, even if some lived only a short time.

NUMBER _____

☐ 20

INTERVIEWER: GET THE DIFFERENCE BETWEEN 204 AND 206 AND ENTER THE NUMBER OF PREGNANCIES NOT ENDED AS LIVE BIRTHS.

NUMBER _____ (If '00' Skip to 208)

207. How did these _____ pregnancies end? (enter the No.)

Miscarriages _____

Still births _____

Induced Abortions _____

207A. What type of person did the abortion?

(IF NO LIVE BIRTHS SKIP TO 213)

208. When did you have your last live birth?

.....YEAR 19MONTH

IF NOT KNOWN PROBE

How long ago was your last live birth?

.....YEARSMONTHS

IF THE LAST LIVE BIRTH OCCURRED WITHIN THE PAST THREE YEARS (since January 1979) GO TO 209 OTHERWISE SKIP TO 211

209. Are you currently breast feeding that child?

- 1 Yes (SKIP TO 211)
- 2 No
- 3 Child not living

☐ 29

210. Did you ever breast feed that child?

- 1 Yes
- 2 No

☐ 30

211. How many of your children are living now?

NUMBER _____

PROBE

Have you included children living away from home?

- 1 Yes
- 2 No (CORRECT 211)

IF THE RESPONDENT HAS NO LIVING CHILDREN ENTER 00 (ZERO) FOR 211 AND SKIP TO 213 OTHERWISE GO TO 212

☐ 32

212. How many are boys and how many are girls?

BOYS _____

GIRLS _____

SUM THE NUMBER OF BOYS AND GIRLS AND MAKE SURE THAT
IT AGREES WITH THE TOTAL NUMBER OF LIVING CHILDREN
IN 211

213. Do you want to have children in the future? (In addition to the one
you are expecting)

1 Yes (SKIP TO 215)

2 No (SKIP TO 217)

3 Not sure/Don't know (SKIP TO 217)

214. Do you want to have children in the future?

1 Yes

2 No (SKIP TO 218)

3 Not sure/Don't know (SKIP TO 218)

215. How many (more) children do you want to have in the future?

NUMBER _____

216. If it were entirely up to you, when would you prefer to have your next
(first) child?

1 Within one year (seeking pregnancy now)

2 After 1 but before 2 years

3 After 2 years

4 Whenever it happens/when God wants

5 Other _____

(Specify)

6 Not sure/Don't know
(SKIP TO 218)

217. Before you became pregnant last time did you want to have more
children?

1 Yes

2 No

3 Not sure/Don't know

218. If a couple starts their family now, how many children do you feel is
best for them to have?

NUMBER _____

97 As many as possible

98 Not sure/don't know

1	2	3	4	5	6	7	8	9	10	11	12
---	---	---	---	---	---	---	---	---	----	----	----

SECTION III. FERTILITY REGULATION

301. As you may know, there are various ways a couple can delay the next
pregnancy or avoid having children if they do not want them. Do you
know or have you heard of any of these family planning methods?

1 Yes

2 No (SKIP TO 303)

RECORD RESPONSES TO 302-304 IN TABLE 1 ON PAGE 11

302. What family planning methods do you know, PROBE

What else?

CIRCLE CODE 1 'YES' IN COLUMN 'A' FOR EACH
METHOD THE RESPONDENT MENTIONS

303.

FOR EACH METHOD NOT CIRCLED IN COLUMN 'A' ASK

Just to be sure, have you ever heard of _____?

(Method)

CIRCLE RESPONSE IN COLUMN 'B'

IF RESPONDENT DOES NOT KNOW ANY METHOD (NO 'YES'
CODES CIRCLED IN COLUMN 'A' OR 'B') CIRCLE 90 IN
COLUMN D, ASK 320 AND 321 AND SKIP TO SECTION V
ON PAGE

304.

FOR EACH METHOD CIRCLED 'YES' IN COLUMN A OR
COLUMN B ASK

Have you (has your husband) ever used _____?

CIRCLE RESPONSE IN COLUMN C

TABLE 1

	A	B	C	D
METHODS	KNOWLEDGE (UNPROMPTED)	KNOWLEDGE (PROMPTED)	EVER USE	CURRENT USE
	302	303	304	306 or 307
01 Pill	1 Yes	2 Yes 3 No	1 Yes 2 No	01 Pill
02 Condom	1 Yes	2 Yes 3 No	1 Yes 2 No	02 Condom
03 Vaginal Methods	1 Yes	2 Yes 3 No	1 Yes 2 No	03 Vaginal Methods
04 Injections	1 Yes	2 Yes 3 No	1 Yes 2 No	04 Injections
05 I U D	1 Yes	2 Yes 3 No	1 Yes 2 No	05 I U D
06 Female Sterilization	1 Yes	2 Yes 3 No	1 Yes 2 No	06 Female Sterilization
07 Male Sterilization	1 Yes	2 Yes 3 No	1 Yes 2 No	07 Male Sterilization
08 Rhythm	1 Yes	2 Yes 3 No	1 Yes 2 No	08 Rhythm
09 Withdrawal	1 Yes	2 Yes 3 No	1 Yes 2 No	09 Withdrawal
10 Other _____ (Specify)	1 Yes		1 Yes 2 No	10 Other _____ (Specify)
				90 Not using

305. Are you or your husband currently using some family planning methods or doing something to avoid a pregnancy?

- 1 Yes (SKIP TO 307)
2 No

306. Have you or your husband used any method in the last month?

- 1 Yes
2 No (CIRCLE CODE 90 (NOT USING) IN COLUMN D AND
SKIP TO 315)

307. What is (was) that method?

307A. Who motivated you to use this method?

- 1 Doctor
2 Nurse/Mid-wife/Paramedical Personnel
3 Ayurvedic Doctor
4 Husband
5 Friends/Neighbours/Relations
6 Other (Specify)
7 No one

IF METHOD 06 OR 07 IS CIRCLED IN COLUMN D OF
TABLE 1 ABOVE SKIP TO 312 OTHERWISE GO TO 308

308. If it were entirely up to you, what would you prefer to use now?
Your present method or some other method?

- 1 Present Method }
2 No Method } (SKIP TO 311)
3 Some other method

309. What method would you rather use?

- 01 Pill
02 Condom
03 Vaginal Methods
04 Injection
05 I U D
06 Female Sterilization
07 Male Sterilization
08 Rhythm
09 Withdrawal
10 Other _____ (Specify)
11 None }
98 Not sure/don't know } (SKIP TO 311)

310. Why are you not using that method now?

- 1 Method not safe
2 Fear over side effects
3 Husband does not agree
4 Other _____
(Specify)

311. Now I have a few questions about the family planning method you are using at this time. Since you started using your present method have you ever stopped using it for more than one month?

- 1 Yes PROBE Why?
 2 No
 3 Not sure/don't know.

312. How long have you been using your present method?
 (without interruptions this time)

YEARS MONTHS

313. Have you had any problems or difficulties with your present method?

- 1 Yes
 2 No.....(SKIP TO 320)

314. What problems did you have?

- 1 Health affected
 2 Not available when needed
 3 Financial problems
 4 Other _____

(Specify)

(SKIP TO 320)

315. CIRCLE BELOW THE CODE FOR PREGNANCY STATUS FROM 201 OR 202 ON PAGE 7 THEN FOLLOW THE SKIP INSTRUCTIONS

- 1 Currently pregnant (SKIP TO 317)
 2 Not pregnant
 3 Not sure/Don't know

316. What is the main reason that you are not using any family planning method to avoid or postpone pregnancy?

- 1 Need for children
 2 No fear of pregnancy
 3 Living away from husband
 4 Disapprove of family planning
 5 Fear over side effects
 6 Other _____

(Specify)

317. If you were to use a family planning method someday what method would you choose initially?

- 01 Pill
 02 Condom
 03 Vaginal Methods
 04 Injections
 05 I U D
 06 Female Sterilization
 07 Male Sterilization
 08 Rhythm
 09 Withdrawal
 10 Other
 11 None/Would not use
 98 Not sure/Don't know

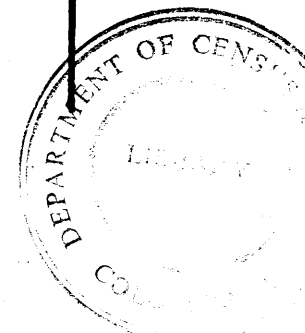
(SKIP TO 320)

318. In general what day of the week would be most convenient for you to get family planning services?

- 01 Monday
 02 Tuesday
 03 Wednesday
 04 Thursday
 05 Friday
 06 Saturday
 07 Sunday
 08 Any working day
 09 Weekend
 98 Not sure/Don't know

319. In general would it be most convenient for you to get family planning services in the morning, afternoon or evening?

- 1 Morning
 2 Afternoon
 3 Evening
 4 No preference
 5 Not sure/Don't know



320. In general do you approve or disapprove of a couple using family planning?

- 1 Approve
- 2 Disapprove
- 3 It depends
- 8 Not sure/Don't know

☐ 53

321. In your opinion do you approve or disapprove of a woman's having an induced abortion to end a pregnancy?

- 1 Approve
- 2 Disapprove
- 3 Depends on the circumstances
- 4 No opinion
- 8 Not sure/Don't know

☐ 54

IF RESPONDENT DOES NOT KNOW ANY METHOD (3 CIRCLED IN COLUMN B OF TABLE 1 FOR ALL METHODS) SKIP TO SECTION V.

1	3	2	4	5	6	7	8	9	10	11	12
---	---	---	---	---	---	---	---	---	----	----	----

SECTION IV. AVAILABILITY

401.

CIRCLE BELOW THE METHOD CODE MARKED IN COLUMN D OF TABLE 1 ON PAGE 11 THEN FOLLOW THE SKIP INSTRUCTIONS

- 01 Pill
- 02 Condom (SKIP TO 402)
- 03 Vaginal Methods
- 04 Injections
- 05 I U D (SKIP TO 403)
- 06 Female Sterilization
- 07 Male Sterilization
- 08 Rhythm
- 09 Withdrawal (SKIP TO 416)
- 10 Other
- 90 Not using

402. Who usually obtain the you are currently using?
(method)

- 1 Respondent
- 2 Husband
- 3 Other _____
(Specify)

☐ 13

403. From whom did you seek advice before you started using your current method?

- 1 Doctor
- 2 Nurse
- 3 Midwife
- 4 Para Medical Personnel
- 5 Ayurvedic Doctor
- 6 Druggist
- 7 Other _____
(Specify)
- 8 No one

☐ 14

404. Now I would like to ask you some questions about the source of your method. From where do (did) you (your husband) obtain your method?

- 01 Government Hospital
- 02 FPA Clinic
- 03 Govt. Clinic
- 04 Local Midwife
- 05 Para Medical Personnel
- 06 Private Doctor
- 07 Ayurvedic Doctor
- 08 Work place
- 09 Drug Store
- 10 Shop
- 11 Other _____

(Specify)

98 Not sure/Don't know (SKIP TO 416)

405. How much time does it take to get from your home to this place?

HOURS _____ MINUTES _____

98 Not sure/Don't know

406. Would you (your husband) walk or use some means of transportation to get there?

- 1 Walk
- 2 Use Transportation
- 8 Not sure/Don't know

407. Is it easy or difficult to get there?

- 1 Easy (SKIP TO 409)
- 2 Difficult/Sometimes difficult
- 8 Not sure/Don't know (SKIP TO 409)

408. Why is it difficult?

- 1 Far from residence
 - 2 Inadequate transport
 - 3 Personal Problems
 - 4 Other _____
- (Specify)

☐ ☐
16

☐ ☐ ☐
17 18 19

☐
20

☐
21

☐
22

409.

CIRCLE BELOW THE CODE MARKED IN COLUMN D ON TABLE 1 ON PAGE 11 THEN FOLLOW THE SKIP INSTRUCTIONS

- 01 Pill
 - 02 Condom
 - 03 Vaginal Methods
 - 04 Injections
 - 05 I U D (SKIP TO 416)
 - 06 Female Sterilization
 - 07 Male Sterilization
- (SKIP TO 410)
- (SKIP TO SECTION V)
Page

410. If it were up to you, on what day of the week would you prefer to go to obtain your method?

- 01 Monday
- 02 Tuesday
- 03 Wednesday
- 04 Thursday
- 05 Friday
- 06 Saturday
- 07 Sunday
- 08 Any working day
- 09 Weekend
- 98 Not sure/Don't know

411. If it were up to you, would you prefer to go to obtain your family planning method in the morning afternoon or evening?

- 1 Morning
- 2 Afternoon
- 3 Evening
- 4 No preference
- 8 Not Sure/Don't know

412. Is the source for your method open at the time considered most convenient for you?

- 1 Yes
- 2 No
- 8 Not sure/Don't know

☐ ☐
24

☐
25

☐
26

413. Have you always been able to get your method from this place?

- 1 Yes (Skip TO 416)
- 2 No
- 3 Not sure/Don't know (SKIP TO 416)

☐ 27

414. Why were you not able to get your method from this place?

- 1 Out of stock
- 2 Source closed
- 3 No personnel
- 4 Other _____
(Specify)

☐ 28

415. What did you do when you couldn't obtain your method there?

- 1 Obtained method from another source
- 2 Used another method
- 3 Did not use family planning
- 4 Abstained until method was available
- 5 Other _____
(Specify)

☐ 29

416.

CROSS OUT (x) THE METHOD CODE IN THE FIRST COLUMN OF TABLE II BELOW.

1. IF A CODE '3' IS CIRCLED FOR THAT METHOD IN COLUMN B OF TABLE I (SEE PAGE 11)
2. IF THE CODE FOR THAT METHOD IS CIRCLED IN COLUMN D OF TABLE I (SEE PAGE 11)

IF ALL METHODS ARE CROSSED OUT GO TO SECTION V ON PAGE

Now we are going to ask you some questions about sources for family planning

FOR EACH METHOD NOT CROSSED OUT ASK

From where would you obtain?
(Method)

CIRCLE THE SOURCE MOST LIKELY TO BE USED FOR EACH METHOD IN TABLE II

TABLE II												
Method	01 Government Hospital	02 FPA Clinic	03 Government Clinic	04 Local Midwife	05 Para Medical Personnel	06 Private Doctor	07 Ayurvedic Doctor	08 Work Place	09 Drug Store	10 Shop	11 Other (Specify)	98 Not sure/ Don't know
01 Pill	01	02	03	04	05	06	07	08	09	10	11	98
02 Condom	01	02	03	04	05	06	07	08	09	10	11	98
03 Vaginal Methods	01	02	03	04	05	06	07	08	09	10	11	98
04 Injections	01	02	03	04	05	06	07	08	09	10	11	98
05 I U D	01	02	03	04	05	06	07	08	09	10	11	98
06 Female Sterilization	01	02	03	04	05	06	07	08	09	10	11	98
07 Male Sterilization	01	02	03	04	05	06	07	08	09	10	11	98

IF NO SOURCE OR ONLY 98 IS CIRCLED GO TO SECTION V ON PAGE 22

☐ 31
☐ 33
☐ 35
☐ 37
☐ 39
☐ 41
☐ 43

GO TO 417 FOR NEXT SOURCE. AFTER LAST SOURCE
GO TO SECTION V.

501. As far as you know, is it physically possible for you and your husband to have a child in the future, if you want to have one?

- 1 Yes
- 2 No (SKIP TO 503)

24

502. Now I would like to ask you some questions about your husband. Do you think he wants to have more children in the future?

- 1 Yes
- 2 No

25

503. Do you think your husband approves or disapproves of family planning?

- 1 Approves
2 Disapproves
3 Does not care
4 Say it depends
8 Not sure/Don't know

26

504. What was the highest grade he passed at School or College or University?

CIRCLE GRADE

LEVEL**GRADE**

Never attended School	97	} (SKIP TO 506)
Primary	00, 01, 02, 03, 04, 05	
Secondary	06, 07, 08, 09, 10, 11, 12	
Higher Education	13	
Not sure/Don't know	98	

28

505. Can he read - say a newspaper or a magazine.

- 1 Yes
2 No

29

506. What is your husband's age? _____

31

507. What is your husband's occupation?

If the nature of the work is not clear PROBE

33

THANK RESPONDENT & TERMINATE THE INTERVIEW