

### Key Findings

- **Knowledge of contraceptive methods:** Almost all ever married women in reproductive age have heard about family planning methods in Sri Lanka. Both ever married and currently married women between 15-49 years have heard about nine or more contraceptive methods.
- **Contraceptive prevalence rate (CPR):** National level CPR is 65 percent. In the district of Mannar have the lowest at only 18 percent
- **Modern contraceptive use:** Female sterilization is the most commonly used contraceptive method, used by 14 percent of currently married women. IUD is the most popular non-permanent contraceptive method, which is used by 11 percent of currently married women.
- **Source of contraception:** More than 90 percent of current users of female sterilization, IUD, and implants obtain their services from government sector institutions.
- **Informed choice:** Only 53 percent of ever-married women currently using modern contraceptive methods were informed about the potential side effects or other problems associated with the method prior to use and just over half (51 percent) were informed about what to do if they experienced such side effects. Merely 42 percent of them were informed on the available other methods that can be used.
- **Contraceptive discontinuation:** At the time of the 2016 SLDHS, 35 percent of currently married women indicated no use of contraceptive methods in the 5 years before the survey and another 29 percent of those women who began using a contraceptive method, discontinued the method in less than 12 months. The leading reasons for discontinuation is reported as their “desire to become pregnant” (42 percent).
- **Percentage of demand and unmet need for family planning:** Total demand for family planning is 72 percent. Ninety percent of demand is satisfied (74 percent by modern methods.) Unmet need is reported as 7.5 percent.

During last few decades family planning assisted many couples to plan their reproductive lives. In Sri Lanka, the first state run family planning clinic was opened in 1937, but it was not continued. In 1965, family planning was combined with maternal and child health programmes and three years later the Family Health Bureau (FHB) was established to coordinate family planning under the Ministry of Health.

In the developing world, woman’s reproductive health mostly depends on government policies and programmes providing access to contraceptive methods. Direct support entails the provision of family planning services through government-run facilities, such as hospitals, clinics, health posts, health centers and through government fieldworkers. In Sri Lanka, free family planning services are given by primary care facilities and hospitals. Public health nurses and midwives provide maternal and child health as well as family planning services at the grass root level. Oral contraceptive methods and condoms are available without prescription from pharmacies and government and private sector facilities are available island-wide for other contraceptive methods.

Under the family planning components of the survey, 2016 SLDHS, as with all the previous DHS studies, mainly inquired about knowledge of contraceptive methods, use of different methods during the



five years period preceding the survey, institutions where individuals are able to obtain services, reasons for discontinuations, knowledge of the fertile period and plans for future use, informed choice, and modes of receiving family planning messages.

## 5.1 KNOWLEDGE OF CONTRACEPTIVE METHODS

One key determinant of increasing use of contraceptive methods is knowledge of various methods available in the country. Programmes conducted for introducing various methods at the community level play a vital role in improving knowledge of contraceptive methods. In the 2016 SLDHS, 18,302 ever married women age 15- 49 were interviewed and each respondent was asked whether they have heard about any contraceptive method. A list of 12 methods including 10 modern methods and 2 traditional methods were asked about and provision was made in the questionnaire to record any other method which was spontaneously mentioned by the respondent.

Knowledge of contraceptive methods among ever married and currently married women is shown in Table 5.1. Knowledge of any method or any modern method is universal in Sri Lanka. Almost all ever married and currently married women knew at least one method and on average nine methods were known by the respondents. Knowledge of a wide range of methods helps women to choose their most suitable or preferred method and ultimately make their own method choice. Among the currently married women in reproductive age, only 4 percent of women did not know of female sterilization as a family planning method and 33 percent were not familiar with male sterilization. As per Table 5.1, the most widely known modern methods are injectable and pills. Only half of currently married women have heard of emergency contraceptive pills. Knowledge of female condom is the least known method of contraception by women among the 12 methods inquired.

Method	Ever-married women	Currently married women
Any method	99.6	99.7
Any modern method	99.6	99.7
Female sterilization	95.9	96.0
Male sterilization	66.9	67.2
Pill	97.1	97.3
IUD	95.2	95.5
Injectable	97.2	97.3
Implants	89.0	89.5
Male condom	90.9	91.4
Female condom	19.2	19.4
Emergency contraception	53.1	53.7
Lactational amenorrhea (LAM)	41.6	42.1
Any traditional method	85.6	86.3
Rhythm	78.9	79.7
Withdrawal	69.7	70.5
Other	5.1	5.2
Mean number of methods known by respondents 15-49	9.0	9.0
Number of respondents	18,302	17,257

Table 5.2 presents knowledge of contraceptive methods by background characteristics. Knowledge of both any or modern methods of family planning is as nearly as high as 100 percent in all districts, with no variations between education levels and wealth quintiles. This indicates success of knowledge awareness programmes conducted by public health nurses and midwives.

Table 5.2 Knowledge of contraceptive methods by background characteristics

Percentage of currently married women age 15-49 who have heard of at least one contraceptive method and who have heard of at least one modern method by background characteristics, Sri Lanka 2016

Background characteristic	Heard of any method	Heard of any modern method <sup>1</sup>	Number of currently married women
<b>Age</b>			
15-19	96.4	96.4	225
20-24	99.3	99.3	1,373
25-29	99.7	99.7	2,559
30-34	99.7	99.7	3,481
35-39	99.9	99.9	3,735
40-44	99.7	99.6	3,033
45-49	99.7	99.7	2,851
<b>Residence</b>			
Urban	99.7	99.7	2,682
Rural	99.8	99.8	13,906
Estate	96.8	96.8	669
<b>District</b>			
Colombo	99.7	99.7	1,625
Gampaha	99.8	99.8	1,755
Kalutara	99.9	99.9	1,040
Kandy	99.6	99.5	1,174
Matale	100.0	100.0	456
Nuwara Eliya	97.1	97.1	552
Galle	99.8	99.8	896
Matara	99.4	99.4	685
Hambantota	100.0	100.0	532
Jaffna	99.5	99.5	409
Mannar	99.3	99.3	76
Vavuniya	99.3	99.3	125
Mullaitivu	99.5	99.5	67
Kilinochchi	99.7	99.7	81
Batticaloa	99.6	99.6	491
Ampara	99.9	99.9	692
Trincomalee	99.7	99.7	331
Kurunegala	99.8	99.8	1,501
Puttalam	100.0	100.0	635
Anuradhapura	99.4	99.4	919
Polonnaruwa	99.8	99.8	381
Badulla	99.6	99.6	697
Moneragala	100.0	100.0	452
Ratnapura	100.0	100.0	1,025
Kegalle	100.0	100.0	658
<b>Education</b>			
No education	96.4	96.4	235
Passed Grade 1-5	99.3	99.3	1,099
Passed Grade 6-10	99.7	99.7	7,629
Passed G.C.E.(O/L) or equivalent	99.8	99.8	3,842
Passed G.C.E.(A/L) or equivalent	99.9	99.9	3,611
Degree and above	99.9	99.9	841
<b>Wealth quintile</b>			
Lowest	99.0	99.0	3,065
Second	99.8	99.8	3,459
Middle	99.8	99.8	3,621
Fourth	99.9	99.9	3,658
Highest	99.8	99.8	3,454
<b>Total 15-49</b>	<b>99.7</b>	<b>99.7</b>	<b>17,257</b>

<sup>1</sup> Female sterilization, male sterilization, pill, IUD, injectable, implants, male condom, female condom, emergency contraception, lactational amenorrhea method (LAM), and other modern methods



## 5.2 CURRENT USE OF CONTRACEPTION

### Contraceptive prevalence rate

Percentage of women who use any contraceptive method.

**sample :** Currently married women age 15-49.

### Modern methods

Include male and female sterilization, injectables, intrauterine devices (IUDs), contraceptive pills, implants, female and male condoms, lactational amenorrhoea, and emergency contraception.

Current use of contraceptive methods indicate the impact of family planning services provided by health sector. In the 2016 SLDHS, ever married women age 15-49 years were asked if they were currently doing something or using any method to delay or avoid getting pregnant at the time of survey. Women using any contraceptive method were reported as current users.

Table 5.3 summarizes current use of contraceptive methods among ever-married and currently married women. Currently married women, with the highest exposure to pregnancy are the most suitable group to assess current use of family planning.

The contraceptive prevalence rate is the percentage of currently married women age 15-49 who are currently using any method. It is 65 percent. As in previous surveys, female sterilization is the most used among the 12 methods (see Figure 5.1). Probably due to recent interventions through government health posts, the IUD is used by 11 percent of currently married women, the highest percentage among non-permanent methods. Even though the distribution methods for pills and injectable are not the same, an equal percentage of currently married women indicated to be using pills or injectable (9 percent respectively). Use of implants is less popular among currently married women with only 5 percent of them using it. Also from Tables 5.1 and 5.3, we can observe that although more than two-thirds of currently married women (67 percent) have heard about male sterilization but only a very small percentage are currently using this method (0.1 and 0.2 percent among currently married women age 40-44 and 45-49 respectively). Use of traditional methods in Sri Lanka, was reported by over 10 percent of currently married women (7 percent using Rhythm and 4 percent using Withdrawal).

Current use of contraception by age is also presented in Table 5.3. Use of any method increases with age up to age 40-44 and then declines among those aged 45-49. The majority of adolescents age 15-19 favored the use of implant (14 percent of a total prevalence of 44 percent for this group). Among young adult currently married women age 20-24 the preferred method is the injectable with 13 percent (of a total prevalence of 56 percent). The use of traditional methods on the other hand increases with age and is highest among women age 35-49 at values greater than 10 percent.

**Table 5.3 Current use of contraception by age**

Percent distribution of ever-married women and currently married women age 15-49 by contraceptive method currently used, according to age, Sri Lanka 2016

	Any method	Modern methods											Traditional methods			Total	Number of women		
		Any modern method	Female sterilization	Male sterilization	Pill	IUD	Injectable	Implants	Male condom	Female condom	Emergency contraception	LAM	Any traditional method	Rhythm	Withdrawal			Not currently using	
<b>EVER-MARRIED WOMEN</b>																			
Age																			
15-19	43.4	37.4	0	0	9	3.8	8.1	13.9	2.7	0	0	0	5.9	3.6	2.4	56.6	100	229	
20-24	54.7	46.7	0.2	0	9.1	10.1	12.6	9.3	4.9	0.1	0.3	0.1	8	4.2	3.8	45.3	100	1,410	
25-29	57.3	50.3	1.3	0	9.9	10.7	12.5	7.1	8.7	0	0	0.1	7.1	4	3.1	42.7	100	2,620	
30-34	61.5	52.2	6.9	0	10.2	10.8	10.5	5.7	8.1	0	0	0	9.3	5.6	3.7	38.5	100	3,615	
35-39	67.9	57.6	15.9	0	9	12.7	8.7	4	7.1	0	0.1	0	10.3	7.2	3.1	32.1	100	3,945	
40-44	68	54.5	23.8	0.1	6.9	9.8	5.7	2.1	6	0	0.1	0	13.5	9.7	3.9	32	100	3,269	
45-49	55.9	43.1	26	0.2	3.9	6.3	1.8	0.7	4.3	0	0	0	12.8	8.8	4	44.1	100	3,214	
<b>Total</b>	<b>61.7</b>	<b>51.3</b>	<b>13.8</b>	<b>0</b>	<b>8.1</b>	<b>10.1</b>	<b>8.1</b>	<b>4.4</b>	<b>6.6</b>	<b>0</b>	<b>0.1</b>	<b>0</b>	<b>10.4</b>	<b>6.9</b>	<b>3.6</b>	<b>38.3</b>	<b>100</b>	<b>18,302</b>	
<b>CURRENTLY MARRIED WOMEN</b>																			
Age																			
15-19	43.5	37.5	0	0	9.2	3.4	8.2	14	2.7	0	0	0	6	3.6	2.4	56.5	100	225	
20-24	56	47.8	0.2	0	9.3	10.4	12.9	9.4	5	0.1	0.4	0.1	8.2	4.3	3.9	44	100	1,373	
25-29	58.6	51.3	1.3	0	10.1	10.9	12.8	7.2	8.9	0	0	0.1	7.2	4.1	3.2	41.4	100	2,559	
30-34	63.6	54	7	0	10.6	11.2	10.9	5.9	8.4	0	0	0	9.7	5.8	3.8	36.4	100	3,481	
35-39	71.1	60.2	16.5	0	9.5	13.3	9.2	4.1	7.5	0	0.1	0	10.9	7.6	3.3	28.9	100	3,735	
40-44	72	57.4	24.6	0.1	7.4	10.4	6.1	2.2	6.5	0	0.2	0	14.6	10.4	4.2	28	100	3,033	
45-49	60.6	46.3	27.2	0.2	4.4	6.9	2	0.7	4.9	0	0	0	14.3	9.8	4.5	39.4	100	2,851	
<b>Total</b>	<b>64.6</b>	<b>53.6</b>	<b>14</b>	<b>0</b>	<b>8.6</b>	<b>10.6</b>	<b>8.6</b>	<b>4.6</b>	<b>7</b>	<b>0</b>	<b>0.1</b>	<b>0</b>	<b>11</b>	<b>7.3</b>	<b>3.8</b>	<b>35.4</b>	<b>100</b>	<b>17,257</b>	

Note: If more than one method is used, only the most effective method is considered in this tabulation.  
LAM = Lactational amenorrhea method

Table 5.4 presents the percent distribution of currently married women age 15-49 by contraceptive method currently used, according to background characteristics. The number of living children reported seems to have a clear influence on the use of female sterilization (small percentages among those with 2 or less children use this method, but almost half (48 percent) of the women with 5 or more children use it. The median age of female sterilization is reported as 32 years (Table 5.5). Use of sterilization is greater among currently married women living in the estate sector (27 percent) than their counterparts of the urban (11 percent) and rural (14 percent) sectors.

As expected, there are considerable variations in CPR across district. Currently married women in the districts of Mannar (18 percent), Vavuniya (33 percent) and Batticaloa (32 percent) reported the lowest levels of contraceptive use, while Kalutara, Matale, Galle, Polonnaruwa, Badulla, Moneragala and Ratnapura, all registered CPRs of 70 percent or higher (see Table 5.4). Contraceptive use is very similar across wealth quintiles (values around 64 percent.) However: the higher the level of education, the lower the use of modern methods. At the same time there is a higher preference for traditional method use among more educated women specially Rhythm (12 percent, see Figures 5.2, 5.3, 5.4 and 5.5).



**Table 5.4 Current use of contraception by background characteristics**

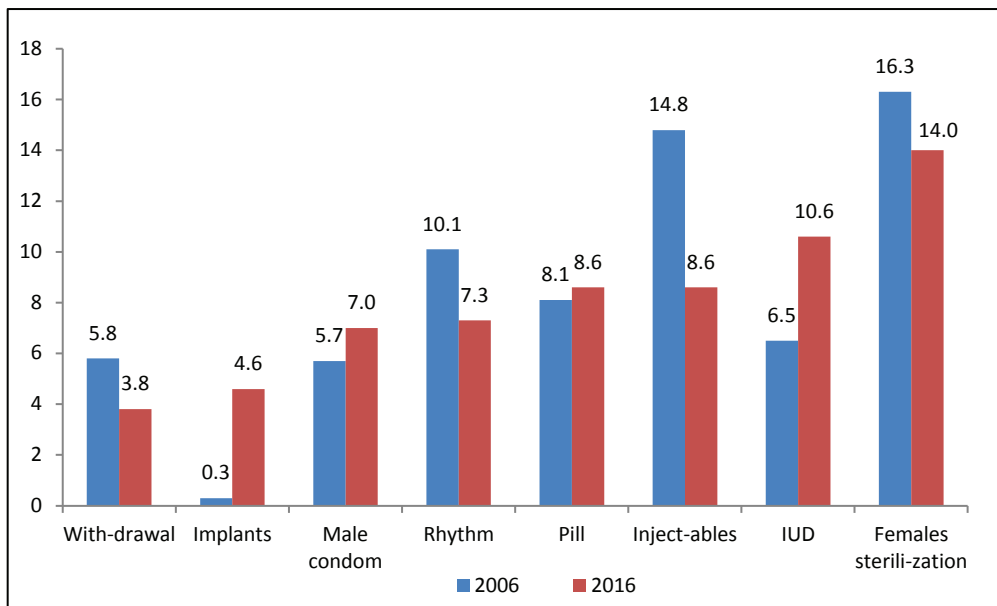
Percent distribution of currently married women age 15-49 by contraceptive method currently used, according to background characteristics, Sri Lanka 2016

Background characteristic	Modern method											Traditional method				Total	Number of women	
	Any method	Any modern method	Female sterilization	Male sterilization	Pill	IUD	Injectable	Implants	Male condom	Female condom	Emergency contraception	LAM	Any traditional method	Rhythm	Withdrawal			Not currently using
<b>Number of living children</b>																		
0	15.7	9.2	0.1	0.0	4.1	0.0	0.2	1.2	3.2	0.0	0.2	0.0	6.5	3.7	2.8	84.3	100.0	1,760
1-2	66.2	52.8	4.3	0.0	10.6	13.5	10.5	5.0	8.8	0.0	0.1	0.0	13.4	9.1	4.3	33.8	100.0	10,821
3-4	79.9	72.4	41.1	0.2	5.8	8.4	7.5	5.0	4.4	0.0	0.1	0.0	7.5	4.6	3.0	20.1	100.0	4,351
5+	71.3	66.3	47.5	0.0	3.8	2.5	5.1	4.1	3.2	0.0	0.0	0.0	5.0	3.0	2.0	28.7	100.0	325
<b>Residence</b>																		
Urban	56.8	45.5	11.2	0.1	7.0	8.6	5.0	3.8	9.6	0.0	0.1	0.0	11.4	6.8	4.5	43.2	100.0	2,682
Rural	66.4	55.1	13.9	0.0	9.0	11.2	9.4	4.6	6.7	0.0	0.1	0.0	11.3	7.6	3.7	33.6	100.0	13,906
Estate	58.9	54.8	27.4	0.2	5.6	5.3	7.0	6.3	2.9	0.0	0.0	0.0	4.2	1.8	2.4	41.1	100.0	669
<b>District</b>																		
Colombo	60.5	47.4	9.9	0.1	6.5	12.1	3.9	4.5	10.2	0.0	0.2	0.0	13.2	8.2	5.0	39.5	100.0	1,625
Gampaha	67.3	52.0	13.1	0.1	8.5	9.7	5.3	4.2	10.8	0.0	0.2	0.0	15.3	10.9	4.5	32.7	100.0	1,755
Kalutara	73.8	55.4	13.5	0.0	8.8	12.5	7.7	3.5	9.4	0.0	0.0	0.0	18.4	12.5	5.9	26.2	100.0	1,040
Kandy	61.8	52.3	14.0	0.0	9.8	7.6	7.2	4.6	8.7	0.1	0.2	0.1	9.5	6.6	2.9	38.2	100.0	1,174
Matale	71.4	61.7	17.2	0.0	10.2	12.2	10.6	4.7	6.9	0.0	0.0	0.0	9.6	6.5	3.1	28.6	100.0	456
Nuwara Eliya	66.6	62.7	28.8	0.0	8.3	7.7	7.2	7.2	3.5	0.0	0.1	0.0	3.9	2.8	1.2	33.4	100.0	552
Galle	70.6	53.8	13.8	0.2	10.2	11.8	4.7	3.9	8.9	0.0	0.3	0.0	16.8	11.6	5.1	29.4	100.0	896
Matara	65.0	52.9	9.1	0.3	11.0	13.2	6.6	3.4	9.2	0.0	0.0	0.1	12.0	10.6	1.4	35.0	100.0	685
Hambantota	64.5	54.0	13.4	0.0	10.0	15.3	4.6	5.4	5.2	0.0	0.0	0.0	10.5	4.7	5.8	35.5	100.0	532
Jaffna	46.6	42.7	19.8	0.0	4.7	4.5	6.1	3.0	4.6	0.0	0.0	0.0	3.8	2.0	1.8	53.4	100.0	409
Mannar	18.4	18.4	8.1	0.0	1.5	0.8	4.1	2.7	1.2	0.0	0.0	0.0	0.0	0.0	0.0	81.6	100.0	76
Vavuniya	33.0	30.7	10.0	0.0	5.1	1.7	7.7	2.7	3.6	0.0	0.0	0.0	2.2	1.2	1.0	67.0	100.0	125
Mullaitivu	67.2	63.9	16.1	0.3	10.3	8.9	14.7	10.2	3.2	0.0	0.0	0.0	3.4	1.9	1.5	32.8	100.0	67
Kilinochchi	58.4	56.3	20.7	0.0	4.5	12.0	6.9	8.5	3.8	0.0	0.0	0.0	2.2	1.5	0.6	41.6	100.0	81
Batticaloa	31.5	28.5	7.2	0.0	3.0	2.3	11.8	1.9	2.1	0.0	0.0	0.1	3.0	1.6	1.4	68.5	100.0	491
Ampara	45.7	40.6	9.2	0.0	3.7	5.8	12.0	6.4	3.5	0.0	0.0	0.0	5.1	2.3	2.8	54.3	100.0	692
Trincomalee	48.6	45.4	9.9	0.3	4.9	2.9	17.1	5.8	4.3	0.0	0.3	0.0	3.2	2.3	0.8	51.4	100.0	331
Kurunegala	69.5	55.8	11.8	0.0	9.1	15.2	8.4	3.1	8.2	0.0	0.1	0.0	13.7	10.4	3.4	30.5	100.0	1,501
Puttalam	69.3	55.6	14.9	0.0	10.3	8.7	9.6	6.6	5.5	0.0	0.0	0.0	13.7	9.9	3.8	30.7	100.0	635
Anuradhapura	67.2	62.5	14.2	0.0	10.2	12.8	18.7	3.4	3.1	0.0	0.2	0.0	4.7	3.1	1.6	32.8	100.0	919
Polonnaruwa	72.3	67.0	16.4	0.0	8.9	10.5	19.3	6.0	6.0	0.0	0.0	0.0	5.3	4.2	1.1	27.7	100.0	381
Badulla	71.3	64.7	24.9	0.0	9.2	12.8	8.4	6.8	2.6	0.0	0.0	0.0	6.6	5.3	1.3	28.7	100.0	697
Moneragala	72.7	63.7	17.3	0.2	10.0	13.2	12.2	5.6	4.9	0.0	0.2	0.0	9.0	8.3	0.7	27.3	100.0	452
Ratnapura	74.4	55.8	14.4	0.0	10.7	10.7	9.1	4.9	6.0	0.0	0.0	0.0	18.5	4.9	13.6	25.6	100.0	1,025
Kegalle	66.9	59.3	15.1	0.0	9.5	10.6	11.5	5.2	6.9	0.0	0.2	0.3	7.6	7.0	0.6	33.1	100.0	658
<b>Education</b>																		
No education	70.7	66.7	43.6	0.7	3.7	7.3	6.5	4.2	0.7	0.0	0.0	0.0	4.0	3.6	0.4	29.3	100.0	235
Passed Grade 1-5	63.8	56.6	30.7	0.1	4.2	7.4	7.6	4.6	2.0	0.0	0.0	0.0	7.2	4.1	3.1	36.2	100.0	1,099
Passed Grade 6-10	67.9	58.1	15.8	0.1	10.2	10.6	10.6	5.9	4.9	0.0	0.1	0.0	9.8	5.4	4.4	32.1	100.0	7,629
Passed G.C.E.(O/L) or equivalent	62.0	51.9	10.8	0.0	9.1	11.0	8.9	4.5	7.2	0.0	0.2	0.1	10.1	7.1	3.0	38.0	100.0	3,842
Passed G.C.E.(A/L) or equivalent	61.4	46.7	8.3	0.0	7.1	11.6	5.6	2.6	11.3	0.0	0.1	0.1	14.7	11.0	3.7	38.6	100.0	3,611
Degree and above	59.9	41.8	6.7	0.0	4.7	9.9	3.5	1.7	15.2	0.0	0.0	0.1	18.1	14.7	3.4	40.1	100.0	841
<b>Wealth quintile</b>																		
Lowest	64.5	59.0	18.7	0.1	9.0	9.7	11.0	7.6	2.9	0.0	0.0	0.0	5.5	2.6	2.9	35.5	100.0	3,065
Second	66.6	56.3	15.0	0.0	9.5	11.0	10.3	5.9	4.7	0.0	0.0	0.0	10.3	6.2	4.1	33.4	100.0	3,459
Middle	65.1	55.0	12.5	0.0	9.8	11.7	10.3	4.5	5.9	0.0	0.2	0.0	10.2	6.7	3.5	34.9	100.0	3,621
Fourth	63.8	51.3	12.4	0.1	8.3	10.3	7.7	3.6	8.8	0.0	0.1	0.1	12.4	8.4	4.0	36.2	100.0	3,658
Highest	63.0	46.8	12.0	0.0	6.4	10.2	3.9	1.7	12.3	0.0	0.2	0.0	16.2	12.0	4.2	37.0	100.0	3,454
<b>Total</b>	<b>64.6</b>	<b>53.6</b>	<b>14.0</b>	<b>0.0</b>	<b>8.6</b>	<b>10.6</b>	<b>8.6</b>	<b>4.6</b>	<b>7.0</b>	<b>0.0</b>	<b>0.1</b>	<b>0.0</b>	<b>11.0</b>	<b>7.3</b>	<b>3.8</b>	<b>35.4</b>	<b>100.0</b>	<b>17,257</b>

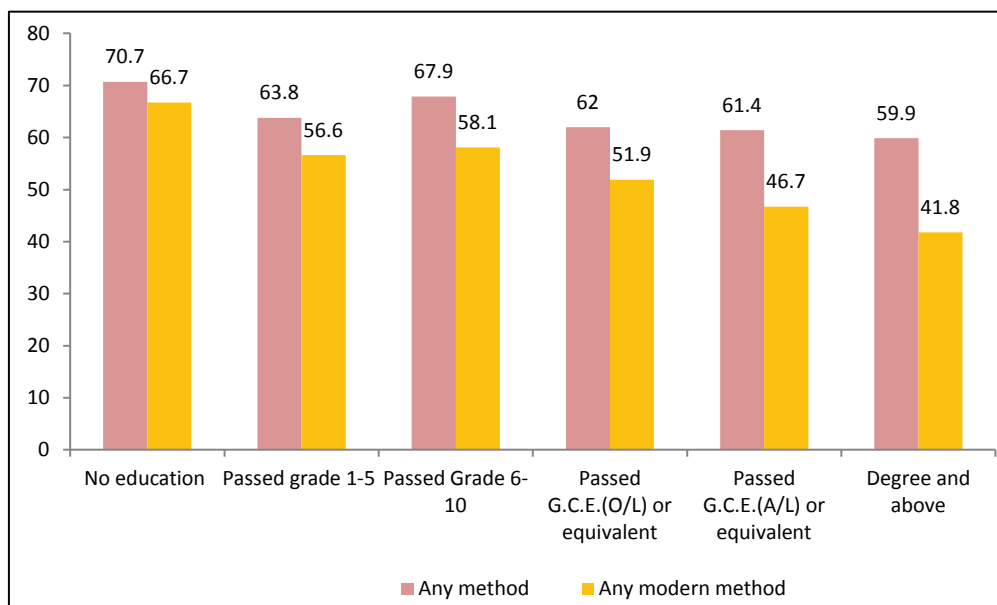
Note: If more than one method is used, only the most effective method is considered in this tabulation.

LAM = Lactational amenorrhea method.

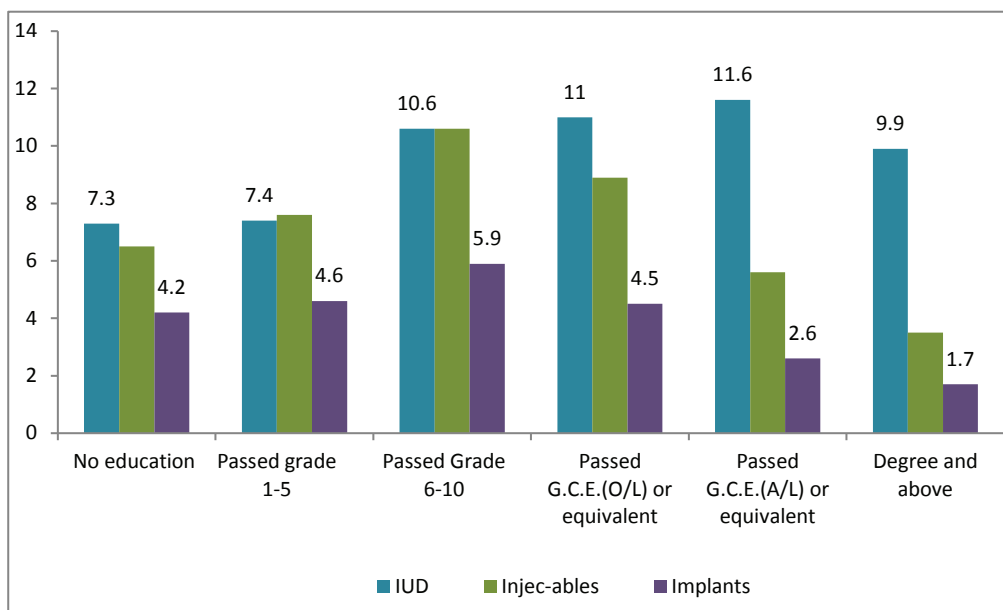
**Figure 5.1 Trends in current use by contraceptive methods**



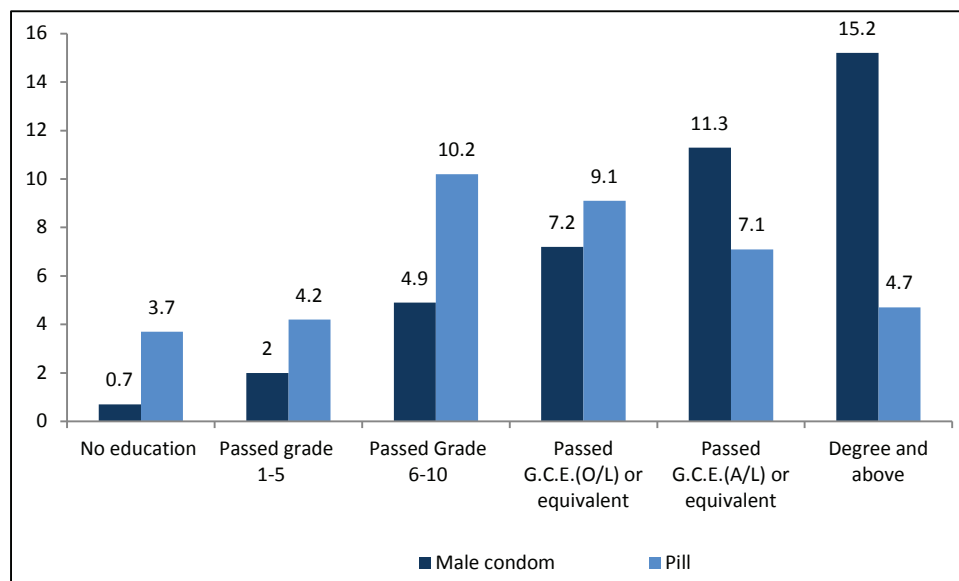
**Figure 5.2 Current use of contraception by level of education**



**Figure 5.3 Current uses of IUD, Implant and Injectable by level of education**

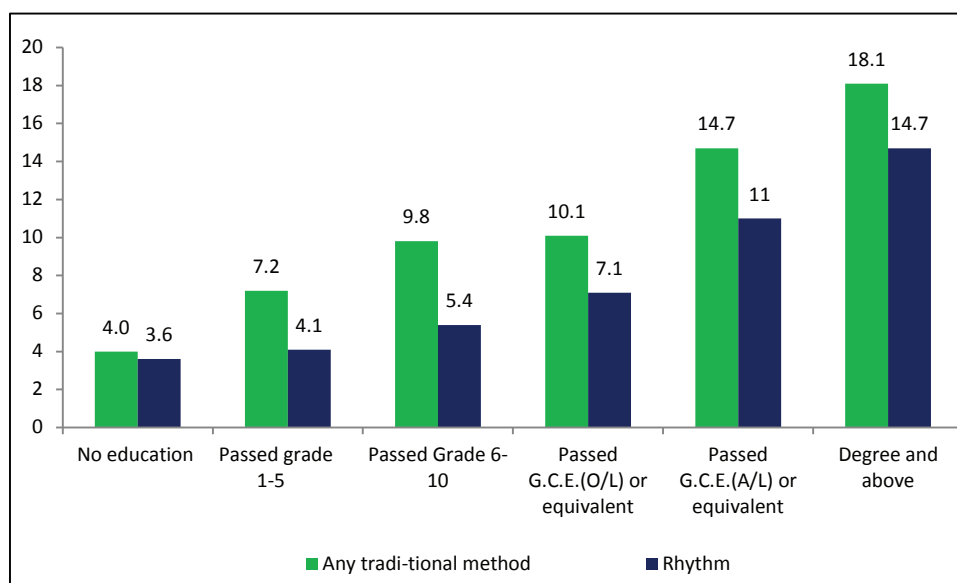


**Figure 5.4 Current uses of Pill and Condom by level of education**





**Figure 5.5 Current uses of Traditional Methods by level of education**



### 5.3 TIMING OF THE STERILIZATION

As mentioned before, female sterilization is the preferred method of 14 percent of currently married women, particularly older women (25 percent or more among women age 40+). It was also noted that female sterilization is used mostly by women with more than two living children, women in the estate sector and currently married women with lower levels of education and of the poorest households. The information about the timing of female sterilization can be found in table 5.5.

The median age of sterilization among all users of the method is 32.2. Only 7 percent of users had the operation before age 25 years. Most operations took place 10 or more years ago. Twenty three percent of current users of female sterilization had the operation at age group 25-29. The remaining 70 percent of users got the operation at age 30 years or older.

**Table 5.5 Timing of sterilization**

Percent distribution of sterilized ever-married women age 15-49 by age at the time of sterilization and median age at sterilization, according to the number of years since the operation, Sri Lanka 2016

Years since operation	Age at time of sterilization						Total	Number of women	Median age <sup>1</sup>
	<25	25-29	30-34	35-39	40-44	45-49			
<2	0.6	10.2	31.4	41.8	13.1	2.8	100.0	278	35.0
2-3	1.3	11.0	40.3	32.9	11.6	2.9	100.0	328	33.8
4-5	0.6	11.3	41.1	33.8	12.8	0.4	100.0	365	33.8
6-7	1.6	17.0	34.8	38.2	8.4	0.0	100.0	308	33.7
8-9	3.1	15.0	40.2	37.9	3.9	0.0	100.0	269	33.6
10+	17.0	38.3	34.7	10.0	0.0	0.0	100.0	975	a
<b>Total</b>	<b>7.4</b>	<b>22.7</b>	<b>36.6</b>	<b>26.3</b>	<b>6.2</b>	<b>0.7</b>	<b>100.0</b>	<b>2,523</b>	<b>32.2</b>

a = Not calculated due to censoring

<sup>1</sup> Median age at sterilization is calculated only for women sterilized before age 40 to avoid problems of censoring

## 5.4 SOURCE OF MODERN CONTRACEPTIVE METHODS

The distribution of family planning services by government network is organized through hospital clinics, field clinics and more widely through midwives and all possible modern methods provided by the government sector are provided free of charge. Seventy-two percent of current users have obtained family planning service from government sector institutions while the private sector supplied only a little more than one-fourth of demand at 28 percent (Table 5.6).

**Table 5.6 Source of modern contraception methods**  
Percent distribution of users of modern contraceptive methods age 15-49 by most recent source of method, according to method, Sri Lanka 2016

Source	Female sterilization	Male sterilization	Pill	IUD	Injectable	Implants	Male condom	Female condom	Emergency contraception	Total
<b>PUBLIC SECTOR</b>	94.1	*	56.7	96.6	31.5	99.1	36.7	*	*	71.6
Govt. specialized hospital	53.1	*	1.7	25.4	8.8	30.0	1.2	*	*	23.7
Govt. general hospital	38.2	*	15.5	42.3	14.5	38.3	10.3	*	*	28.0
Family health bureau	2.2	*	4.0	17.4	5.1	21.1	2.6	*	*	7.6
Mobile clinic	0.6	*	0.9	1.8	0.3	2.1	0.2	*	*	0.9
Public health midwife	0.0	*	34.5	9.6	2.8	7.7	22.1	*	*	11.3
Volunteer officers	0.0	*	0.2	0.0	0.0	0.0	0.1	*	*	0.0
Other public sector	0.0	*	0.0	0.0	0.0	0.0	0.1	*	*	0.0
<b>PRIVATE SECTOR</b>	5.7	*	43.0	3.3	68.4	0.9	61.1	*	*	28.0
Private hospital	4.3	*	0.5	1.6	7.6	0.3	0.8	*	*	2.9
Private doctor's clinic	0.3	*	1.2	1.6	58.8	0.5	0.4	*	*	10.0
NGO	0.2	*	41.4	0.1	1.3	0.0	59.9	*	*	14.7
Estate hospital	0.8	*	0.0	0.0	0.1	0.2	0.0	*	*	0.2
Other private sector	0.0	*	0.1	0.1	0.6	0.0	0.0	*	*	0.1
<b>OTHER SOURCE</b>	0.0	*	0.2	0.0	0.1	0.0	2.1	*	*	0.3
Grocery	0.0	*	0.1	0.0	0.1	0.0	2.1	*	*	0.3
Friend/relative	0.0	*	0.1	0.0	0.0	0.0	0.0	*	*	0.0
Other	0.1	*	0.1	0.1	0.0	0.0	0.2	*	*	0.1
Don't know	0.1	*	0.0	0.0	0.0	0.0	0.0	*	*	0.0
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Number of women</b>	<b>2,523</b>	<b>8</b>	<b>1,481</b>	<b>1,847</b>	<b>1,488</b>	<b>803</b>	<b>1,212</b>	<b>1</b>	<b>17</b>	<b>9,381</b>

Note: Total includes other modern methods but excludes lactational amenorrhea method (LAM).

As shown in Table 5.6 more than 90 percent of current users of female sterilization, IUD, and implant obtained their method through the family planning services provided by the government sector institutions while the injectable and male condoms users are obtained in facilities from the private sector. According to the 2016 SLDHS, 43 percent of current Pill users obtain them from the private sector. The remaining 57 percent, obtained them from the government sector, with 35 percent was provided by the public health midwife.

## 5.5 INFORMED CHOICE

### Informed choice

Informed choice is women being informed at the time they started the current episode of method use about the method's side effects, what to do if they experience side effects, and other methods they could use.

**sample :** Women age 15-49 who are currently using selected modern contraceptive methods and who started the last episode of use within the 5 years before the survey.

Informed choice on contraception is an important indicator to assess quality of family planning programmes conducted in a country. Currently in Sri Lanka, the state-run health posts provide seven modern contraceptive methods. Part of the job of family planning service providers is to deliver broader knowledge of different contraceptive methods. Whenever they introduce any method, it is desirable to inform clients about all available methods and methods suitable for couples well before a couple starts using any method. More specifically, family planning service providers need to inform clients about the side effects of each methods, what to do when they experience any side effect and, other methods available that can be used. Based on knowing all these facts the user can then choose which method is the most suitable for her needs.

**Table 5.7 Informed choice**

Among current users of modern methods age 15-49 who started the last episode of use within the five years preceding the survey, the percentage who were informed about possible side effects or problems of that method, the percentage who were informed about what to do if they experienced side effects, and the percentage who were informed about other methods they could use, by method and initial source, Sri Lanka 2016

Method/source	Among women who started last episode of modern contraceptive method within five years preceding the survey:			Number of women
	Percentage who were informed about side effects or problems of method used	Percentage who were informed about what to do if experienced side effects	Percentage who were informed by a health or family planning worker of other methods that could be used	
<b>Method</b>				
Pill	49.4	43.3	43.0	1,043
IUD	58.1	61.9	46.7	1,117
Injectables	50.7	45.6	40.1	1,112
Implants	54.1	52.0	39.3	758
Emergency contraception	*	*	*	13
<b>Initial source of method<sup>1</sup></b>				
Public sector	55.0	54.6	44.2	2,845
Government hospital	54.2	55.4	39.7	638
Government clinic	56.1	57.3	46.1	1,106
Family health bureau	55.2	53.1	42.4	466
Mobile clinic	66.3	54.4	51.4	58
Public health midwife	52.2	49.5	46.3	576
Volunteer officers	*	*	*	2
Private medical sector	48.1	41.4	38.1	1,193
Private hospital	47.2	34.7	27.9	112
Private doctor's clinic	52.6	46.6	41.1	652
NGO	41.7	35.2	36.6	419
Estate hospital	*	*	*	1
Other private sector	*	*	*	9
Other sector	*	*	*	3
Grocery	*	*	*	2
Friend/relative	*	*	*	1
Other	*	*	*	1
<b>Total</b>	<b>53.0</b>	<b>50.7</b>	<b>42.4</b>	<b>4,042</b>

Note: Table includes users of only the modern methods listed individually.

<sup>1</sup>Source at start of current episode of use



Table 5.7 shows that only 53 percent of ever-married women currently using modern contraceptive methods were informed about the potential side effects or other problems associated with the method prior to use and just over half (51 percent) were informed about what to do if they experienced such side effects. Only 42 percent of them were informed of the availability of other methods that can be used. Among the four most widely used methods, pill, IUD, injectable and implant, informed choice is much higher among the IUD users than among other methods (see Table 5.7).

## 5.6 KNOWLEDGE OF THE FERTILITY PERIOD

All ever married women in reproductive age were asked about whether they can correctly describe the most fertile period during the ovulatory cycle. More than half (58 percent) of ever-married women reported that the most fertile period is halfway between two periods (Table 5.8). This figure is higher (82 percent) among users of the rhythm method than among users of other methods (56 percent). Of the eighteen percent of rhythm users who could not correctly identify the most fertile period in the menstrual cycle, nearly 2 percent had no idea of the fertile period and 16 percent could not correctly specify the fertile period. Table 5.8 also shows that one fifth of ever married women (22 percent) who do not use the rhythm method have no idea about the fertile period.

It is clear that many women of reproductive age have doubts about or no clear knowledge of their fertile period. Therefore, irrespective of the contraceptive method used by current users, awareness programmes need to be developed to improve knowledge of the fertile period among all women of reproductive age.

Perceived fertile period	Users of rhythm method	Nonusers of rhythm method	Ever married women
Just before her menstrual period begins	2.1	2.3	2.2
During her menstrual period	0.1	1.1	1.0
Right after her menstrual period has ended	12.2	17.9	17.5
Halfway between two menstrual periods	82.1	55.9	57.7
Other	1.1	1.0	1.0
Don't know	2.3	21.9	20.5
Total	100.0	100.0	100.0
Number of women	1,257	17,045	18,302

### Contraceptive discontinuation rate

Percentage of contraceptive use episodes discontinued within 12 months.

**sample :** Episodes of contraceptive use in the 5 years before the survey for women who are currently age 15-49.

## 5.7 DISCONTINUATION OF CONTRACEPTIVE METHODS

All non-permanent contraceptive method users reported discontinuations due to many reasons. The contraceptive discontinuation rate is the percentage of contraceptive use episodes that are discontinued within 12 months after start of using the method. One-year contraceptive discontinuation rates calculated using calendar data are presented in Table 5.9. Twenty nine percent of the contraceptive use episodes observed during the five years before the survey was discontinued within 12 months after starting use. This rate is slightly lower than the one reported from the 2006-07 SLDHS (32 percent). Ten percent stop in order to become pregnant, and another 5 percent cease using the method due to “health concerns or side effects”. Less than 2 percent experienced method failure. Discontinuation rates are highest for pill (40 percent), withdrawal (40 percent), and injectable (39 percent), and lowest for implants (6 percent).

**Table 5.9 Twelve-month contraceptive discontinuation rates**

Among ever married women age 15-49 who started an episode of contraceptive use within the five years preceding the survey, the percentage of episodes discontinued within 12 months, by reason for discontinuation and specific method, Sri Lanka, 2016

Method	Method failure	Desire to become pregnant	Other fertility related reasons <sup>2</sup>	Side effects/health concerns	Wanted more effective method	Other method related reasons <sup>3</sup>	Other reasons	Any reason <sup>4</sup>	Switched to another method <sup>5</sup>	Number of episodes of use <sup>6</sup>
Female sterilization	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	856
Pill	2.8	16.5	4.0	6.2	2.1	5.6	2.9	40.0	8.5	2,388
IUD	0.6	2.5	0.3	4.7	1.1	2.6	1.1	12.9	4.9	1,543
Injectable	1.1	8.4	2.4	11.2	3.3	9.4	3.0	38.7	16.0	2,417
Implants	0.2	1.3	0.6	1.0	0.7	1.6	0.6	6.0	1.5	861
Male condom	2.4	14.0	2.2	1.4	4.6	1.7	5.9	32.2	7.0	1,517
Rhythm	3.5	12.3	2.1	1.6	7.4	0.5	2.8	30.1	8.4	1,128
Withdrawal	3.8	15.2	4.2	1.2	9.9	0.9	5.2	40.3	12.0	816
All methods <sup>1</sup>	1.8	9.7	2.2	4.8	3.7	4.0	2.9	29.1	9.0	11,636

Note: Figures are based on life table calculations using information on episodes of use that began 3-62 months preceding the survey.

<sup>1</sup> Includes LAM and other methods not listed separately

<sup>2</sup> Includes infrequent sex/husband away, difficult to get pregnant/menopausal, and marital dissolution/separation

<sup>3</sup> Includes lack of access/too far, costs too much, and inconvenient to use

<sup>4</sup> Reasons for discontinuation are mutually exclusive and add to the total given in this column

<sup>5</sup> The episodes of use included in this column are a subset of the discontinued episodes included in the discontinuation rate. A woman is considered to have switched to another method if she used a different method in the month following discontinuation or if she gave "wanted a more effective method" as the reason for discontinuation and started another method within two months of discontinuation.

<sup>6</sup> Number of episodes of use includes both episodes of use that were discontinued during the period of observation and episodes of use that were not discontinued during the period of observation

Table 5.10, presents the percent distribution of discontinuations of contraceptive methods in the five years preceding the survey by main reason stated for discontinuation. The main reason stated is "wanted to become pregnant" with 42 percent of the discontinuations. This percentage is similar across methods. Among the method related reasons, "side effects/health concerns" was cited in 15 percent of the discontinuations. Side effects or health concerns were mostly reported as a reason to discontinue the use of the IUD or the injectable (23 percent each). One in ten of the discontinuations reported either "lack of access/too far" or "wanted a more effective method" as a reason to discontinue the use of the method (see Figure 5.6).

The discontinuation due to lack of access is much higher among those users of implant (19 percent), injectable (17 percent), IUD (13 percent) and pill (12 percent). The highest percentage of method failure (pregnancy) was reported by users of withdrawal (14 percent) and rhythm method users (12 percent)



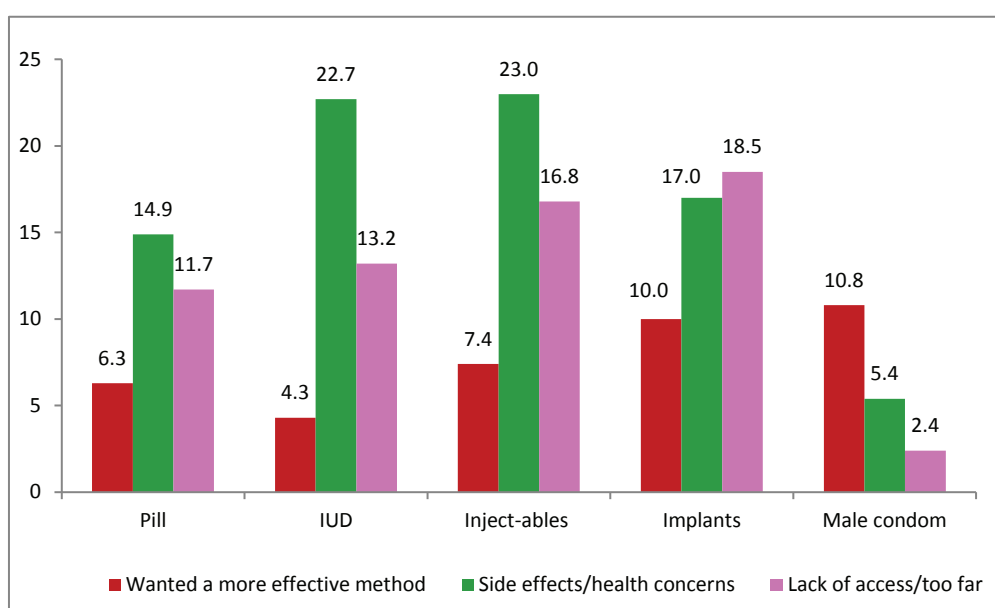
**Table 5.10 Reasons for discontinuation**

Percent distribution of discontinuations of contraceptive methods in the five years preceding the survey by main reason stated for discontinuation, according to specific method, Sri Lanka 2016

Reason	Pill	IUD	Injectable	Implants	Male condom	Emergency contraception	Rhythm	Withdrawal	Other	All methods
Became pregnant while using	8.0	4.8	3.2	2.0	8.8	(4.7)	12.1	14.4	0.6	7.1
Wanted to become pregnant	44.7	42.5	35.2	35.7	50.2	(24.1)	48.4	42.4	5.3	42.0
Husband disapproved	1.3	1.2	1.6	3.1	5.8	(12.0)	3.0	3.9	5.2	2.5
Wanted a more effective method	6.3	4.3	7.4	10.0	10.8	(12.4)	18.0	18.1	71.5	9.7
Side effects/health concerns	14.9	22.7	23.0	17.0	5.4	(18.4)	3.7	3.3	6.0	14.8
Lack of access/too far	11.7	13.2	16.8	18.5	2.4	(12.3)	0.9	1.0	3.5	10.3
Cost too much	0.2	0.5	1.1	0.0	0.4	(0.0)	0.3	0.1	0.0	0.5
Inconvenient to use	0.3	0.0	1.2	0.0	0.6	(2.4)	0.5	0.0	2.4	0.6
Up to God/fatalistic	0.1	0.3	0.1	0.0	0.0	(0.0)	0.1	0.0	0.0	0.1
Difficult to get pregnant/menopausal	0.5	0.7	0.5	0.6	0.4	(0.0)	1.5	0.9	2.9	0.7
Infrequent sex/husband away	6.1	1.9	3.9	5.6	5.6	(6.1)	5.4	7.6	0.0	5.0
Marital dissolution/separation	0.5	0.4	0.5	0.9	0.2	(0.0)	0.3	0.5	0.0	0.4
Other	3.6	4.3	4.0	5.3	6.0	(0.0)	3.3	4.3	2.5	4.1
Don't know	0.2	0.1	0.3	0.0	1.2	(3.0)	1.2	1.2	0.0	0.5
Missing	1.8	3.0	1.3	1.4	2.3	(4.7)	1.1	2.3	0.0	1.8
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Number of discontinuations	2,019	782	2,279	184	960	44	819	631	52	7,772

LAM = Lactational amenorrhea method

**Figure 5.6 Some reasons for discontinuations by contraceptive methods**



## 5.8 NEED AND DEMAND OF FAMILY PLANNING

### unmet need for family planning

Proportion of women who (1) are not pregnant and not postpartum amenorrhoeic, are considered fecund, and want to postpone their next birth for 2 more years or stop childbearing altogether but are not using a contraceptive method. or (2) have a mistimed or unwanted current pregnancy, or (3) are postpartum amenorrhoeic and their last birth in the last 2 years was mistimed or unwanted.

**sample :** Currently married women age 15-49.

### Demand for family planning:

unmet need for family planning  
+ current contraceptive use (any method)

### Proportion of demand satisfied:

$$\frac{\text{current contraceptive use (any method)}}{\text{unmet need} + \text{current contraceptive use (any method)}}$$

### Proportion of demand satisfied by modern methods:

$$\frac{\text{current contraceptive use (any modern method)}}{\text{unmet need} + \text{current contraceptive use (any method)}}$$

Total demand for family planning is reported as 72 percent (52 percent for limiting and 20 percent for spacing). Of the total demand, 65 percent (or 90 percent of the total demand) corresponds to the satisfied demand expressed in the contraceptive prevalence rate (CPR). The remaining part of the total demand, 7.5 percent is the unmet need for contraception (4.4 percent for limiting purposes and 3.1 percent for spacing). It is also interesting to note that 74 percent of the satisfied demand corresponds to modern methods alone (Table 5.11).

As expected, the total demand for contraception increases with age up to age 35-39 but declines among older women. However, the total demand satisfied, as reported before, increases with age from the lowest value of 67 percent for currently married adolescents age 15-19 to a highest value of 94 percent among women age 45-49. Age is also a good predictor of total demand and for contraception for limiting or spacing purposes. Thus, the highest level of satisfied demand among adolescents are observed for spacing purposes (42 percent) compared to 60 percent or more of demand satisfied for limiting purposes among currently married women age 35-49. The unmet need for contraception follows a similar pattern as the one described before in terms of needs for limiting or spacing children. However, among adolescents (and to a lesser extent among young adults age 20-24) the unmet need for contraception is not only the highest (21 percent) but mostly for spacing purposes. This finding in itself calls for the development of policies and programs that respond to the needs of these particular groups of women.

Place of residence is also an important variable associated with the demand for contraception. Currently married women from the rural sector account for the highest use of contraception (66 percent) followed by the estate sector (59 percent) and the urban sector (57 percent). However, the unmet need for contraception reverses this trend with the urban sector presenting the highest unmet need (11 percent), compared to just 6.8 percent for the rural sector. In all sectors, a greater need was declared for limiting purposes as documented before. Modern methods appear to be satisfying the highest percentage of the total demand of currently women in the estate sector (80 percent compared to 75 percent and only 67 percent of the demand in the rural and urban sectors respectively).

There are a set of districts with relatively low levels of demand satisfied, including Jaffna (47 percent), Mannar (18 percent), Vavuniya (33 percent), Batticaloa (32 percent), Ampara (46 percent), Trincomalee (49 percent). Of these districts, Batticaloa has the lowest proportion of demand satisfied (58 percent) and

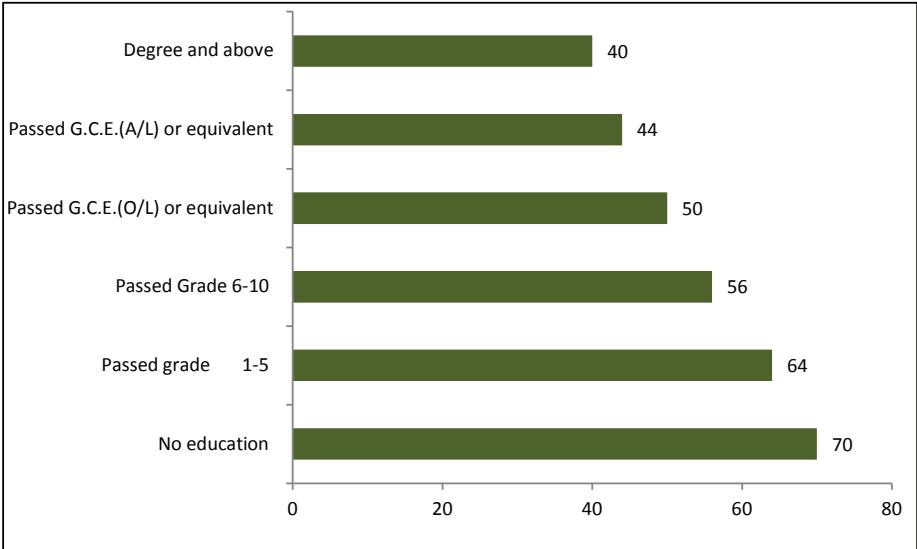


therefore the highest unmet need for contraception (23 percent). Also of interest is the district of Mannar with the lowest met need (CPR of 18 percent only) but also with relatively low unmet need for contraception (6 percent) producing in this way the district with the lowest total demand for contraception (24 percent).

Total demand for limiting decreases with increased level of education. (See Figure 5.7). The total demand seems to be similar across wealth quintiles (around 72 percent) with higher demand for limiting purposes around 52 percent. Similarly, the unmet need does not change much across quintiles.

The analysis presented before for currently married women is identical to the one corresponding to ever-married women

**Figure 5.7 Percentages of total demand for limiting by level of education, Sri Lanka 2016**





**Table 5.11 Need and demand for family planning among currently married women**

Percentage of currently married women age 15-49 with unmet need for family planning, percentage with met need for family planning, the total demand for family planning, and the percentage of the demand for contraception that is satisfied, by background characteristics, Sri Lanka 2016

Background characteristic	Unmet need for family planning			Met need for family planning (currently using)			Total demand for family planning <sup>1</sup>			Percentage of demand satisfied <sup>2</sup>	Percentage of demand satisfied by modern methods <sup>3</sup>	Number of women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total			
<b>Age</b>												
15-19	19.3	2.1	21.4	42.0	1.6	43.5	61.3	3.7	65.0	67.0	57.7	225
20-24	9.6	1.5	11.2	44.2	11.8	56.0	53.9	13.3	67.2	83.4	71.1	1,373
25-29	6.7	3.3	9.9	37.5	21.1	58.6	44.2	24.3	68.5	85.5	74.9	2,559
30-34	3.4	5.3	8.7	22.7	40.9	63.6	26.1	46.2	72.4	87.9	74.6	3,481
35-39	1.4	5.6	7.1	9.7	61.4	71.1	11.1	67.0	78.2	91.0	77.0	3,735
40-44	0.5	4.9	5.4	2.2	69.8	72.0	2.7	74.7	77.4	93.0	74.2	3,033
45-49	0.2	3.7	3.9	1.1	59.5	60.6	1.2	63.3	64.5	94.0	71.8	2,851
<b>Residence</b>												
Urban	4.9	6.1	10.9	15.8	41.0	56.8	20.7	47.1	67.8	83.9	67.1	2,682
Rural	2.7	4.1	6.8	17.4	48.9	66.4	20.2	53.0	73.2	90.7	75.3	13,906
Estate	4.4	4.9	9.3	9.4	49.5	58.9	13.8	54.4	68.2	86.4	80.3	669
<b>District</b>												
Colombo	4.2	5.5	9.7	16.7	43.8	60.5	20.9	49.3	70.2	86.2	67.4	1,625
Gampaha	2.1	5.5	7.6	15.9	51.4	67.3	18.0	56.9	74.9	89.9	69.4	1,755
Kalutara	2.4	3.5	5.8	21.1	52.8	73.8	23.4	56.2	79.7	92.7	69.5	1,040
Kandy	2.7	5.0	7.6	15.0	46.8	61.8	17.7	51.8	69.4	89.0	75.3	1,174
Matale	1.5	3.5	4.9	19.3	52.0	71.4	20.8	55.5	76.3	93.6	81.0	456
Nuwara Eliya	3.1	5.0	8.1	12.1	54.5	66.6	15.2	59.5	74.7	89.2	83.9	552
Galle	2.4	3.6	6.0	19.5	51.1	70.6	21.9	54.7	76.6	92.2	70.3	896
Matara	3.4	5.0	8.4	16.6	48.4	65.0	20.1	53.4	73.4	88.5	72.1	685
Hambantota	4.1	3.6	7.8	17.5	47.0	64.5	21.6	50.6	72.2	89.3	74.8	532
Jaffna	4.1	4.3	8.4	9.8	36.8	46.6	13.9	41.1	55.0	84.7	77.8	409
Mannar	3.2	2.8	6.1	5.7	12.6	18.4	9.0	15.5	24.4	75.2	75.2	76
Vavuniya	6.2	9.3	15.5	10.2	22.8	33.0	16.4	32.1	48.5	68.0	63.4	125
Mullaitivu	1.7	4.6	6.3	18.0	49.2	67.2	19.7	53.8	73.5	91.5	86.9	67
Kilinochchi	4.3	5.1	9.3	13.1	45.3	58.4	17.4	50.4	67.8	86.2	83.1	81
Batticaloa	9.9	12.9	22.8	8.2	23.3	31.5	18.1	36.2	54.3	58.0	52.5	491
Ampara	6.8	3.4	10.2	15.0	30.8	45.7	21.8	34.1	55.9	81.8	72.7	692
Trincomalee	8.4	6.0	14.4	16.9	31.6	48.6	25.4	37.7	63.0	77.1	72.1	331
Kurunegala	2.3	3.6	5.9	17.8	51.7	69.5	20.1	55.3	75.4	92.2	74.0	1,501
Puttalam	2.2	2.3	4.5	18.1	51.2	69.3	20.3	53.5	73.8	93.9	75.4	635
Anuradhapura	2.3	1.9	4.2	18.8	48.4	67.2	21.1	50.4	71.4	94.1	87.5	919
Polonnaruwa	2.4	3.6	6.0	17.3	55.0	72.3	19.7	58.6	78.3	92.3	85.6	381
Badulla	2.2	4.1	6.3	18.7	52.6	71.3	20.9	56.8	77.6	91.9	83.4	697
Moneragala	2.5	2.8	5.3	20.8	51.8	72.7	23.4	54.6	77.9	93.2	81.7	452
Ratnapura	1.5	2.4	3.9	20.7	53.6	74.4	22.2	56.0	78.2	95.0	71.3	1,025
Kegalle	2.0	5.9	8.0	13.6	53.3	66.9	15.6	59.2	74.8	89.4	79.2	658
<b>Education</b>												
No education	0.7	1.6	2.3	1.9	68.8	70.7	2.6	70.4	73.0	96.9	91.3	235
Passed Grade 1-5	1.6	5.2	6.8	5.2	58.7	63.8	6.7	63.9	70.6	90.4	80.2	1,099
Passed Grade 6-10	2.6	4.2	6.8	15.9	52.0	67.9	18.5	56.2	74.7	90.9	77.7	7,629
Passed G.C.E.(O/L) or equivalent	3.6	4.7	8.2	16.8	45.1	62.0	20.4	49.8	70.2	88.3	73.9	3,842
Passed G.C.E.(A/L) or equivalent	4.0	4.9	8.9	22.1	39.3	61.4	26.1	44.1	70.2	87.4	66.5	3,611
Degree and above	4.7	2.5	7.3	22.5	37.4	59.9	27.2	39.9	67.1	89.2	62.2	841
<b>Wealth quintile</b>												
Lowest	3.1	5.0	8.0	15.4	49.1	64.5	18.4	54.1	72.5	89.0	81.4	3,065
Second	2.8	3.5	6.2	17.4	49.2	66.6	20.2	52.7	72.8	91.4	77.3	3,459
Middle	3.1	4.2	7.3	17.6	47.6	65.1	20.6	51.8	72.4	90.0	75.9	3,621
Fourth	3.5	4.1	7.7	17.7	46.1	63.8	21.2	50.2	71.4	89.3	71.9	3,658
Highest	3.2	5.4	8.5	16.1	46.9	63.0	19.2	52.3	71.5	88.1	65.4	3,454
<b>Total</b>	<b>3.1</b>	<b>4.4</b>	<b>7.5</b>	<b>16.9</b>	<b>47.7</b>	<b>64.6</b>	<b>20.0</b>	<b>52.1</b>	<b>72.1</b>	<b>89.6</b>	<b>74.2</b>	<b>17,257</b>

Note: Numbers in this table correspond to the revised definition of unmet need described in Bradley et al., 2012.

<sup>1</sup> Total demand is the sum of unmet need and met need

<sup>2</sup> Percentage of demand satisfied is met need divided by total demand

<sup>3</sup> Modern methods include female sterilization, male sterilization, pill, IUD, injectable, implants, male condom, female condom, emergency contraception, standard days method (SDM), lactational amenorrhea method (LAM), and other modern methods



## 5.9 FUTURE USE OF CONTRACEPTION

Family planning managers need to understand future use of different methods for planning purposes. It is possible that currently married women, who were not using contraception at the time of the survey, will start using a method in the near future. Those non-users were asked about their intention to use family planning methods in future. According to the results presented in Table 5.12, 38 percent of nonusers said they intend to use family planning methods in the future (5 percent declared to be unsure) and 57 percent said that they have no intention to use contraception at all. The number of living children appears to influence the decision on future use contraception. The percentage of nonusers who intend to use family planning in the future is highest among those women with 1 living child (44 percent versus 35 percent among those without children) and declines with the number of children to just 18 percent among those with 4 or more living children.

Intention	Number of living children <sup>1</sup>					Total
	0	1	2	3	4+	
Intends to use	34.6	43.7	39.4	34.3	17.9	38.1
Unsure	13.1	5.8	2.6	1.1	0.6	5.3
Does not intend to use	52.3	50.5	58.1	64.6	81.4	56.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	1,161	1,917	1,925	793	313	6,109

<sup>1</sup> Includes current pregnancy

## 5.10 EXPOSURE TO FAMILY PLANNING MESSAGES IN THE MEDIA

Family planning clinics provide key information for women visiting them. Media plays a key role in communicating more effectively messages about family planning to all. In assessing the reach of family planning messages, the 2016 SLDHS asked ever-married women whether they had heard or seen a message about family planning on the radio, on television, in a newspaper or magazine, or on the internet in the last few months before the survey. Table 5.13 presents the percentage of ever married women who had heard or seen such a message from one of the media sources, by background characteristics.

In the last few months before the survey, 42 percent of women reported seeing family planning messages on television. Media exposure to family planning messages is positively associated with the level of education and wealth of the household in which the ever-married women live. In other words, the higher the level of education and the higher the wealth quintile, the higher the exposure to media. By place of residence, and compared to urban and rural sector ever married women, the estate sector ever-married women have less exposure to these four media messages outlets.

## 5.11 CONTACT OF NONUSERS WITH FAMILY PLANNING PROVIDERS

### Contact of nonusers with family planning providers

Respondent discussed family planning in the 12 month before the survey with a fieldworker or during a visit to a health facility.

**sample :** women age 15-49 who are not currently using any contraceptive methods.

Family planning managers are interested in knowing how they could provide information to non-users of contraception. The results from the 2016 SLDHS indicate that a large majority of the non-users of contraception (86 percent) have not discussed family planning matters with a fieldworker or during a visit to a health facility. According to table 5.14 this percentage is even higher (90 percent) among those ever-married women with lower levels of education.

**Table 5.13: Exposure to family planning messages**

Percentage of ever married women age 15-49 who heard or saw a family planning message on radio, on television or in a newspaper or magazine in the past few months, according to background characteristics, Sri Lanka 2016

Background characteristic	Family planning messages on:					Number of ever-married women
	Radio	Television	News- paper/ magazine	Internet	None of these four media sources	
<b>Age</b>						
15-19	16.4	25.6	26.6	5.2	58.9	229
20-24	21.3	40.9	35.6	6.7	45.7	1,410
25-29	24.2	45.9	40.6	11.2	41.4	2,620
30-34	25.3	45.5	39.8	9.6	43.1	3,615
35-39	24.1	43.1	37.8	5.6	45.9	3,945
40-44	24.0	41.0	35.5	4.6	49.2	3,269
45-49	21.6	37.5	32.0	2.7	53.9	3,214
<b>Residence</b>						
Urban	23.1	45.2	42.1	15.7	41.1	2,855
Rural	24.1	42.6	36.8	5.1	46.9	14,737
Estate	15.4	22.9	16.3	1.2	69.5	710
<b>District</b>						
Colombo	24.1	47.5	48.9	18.7	35.9	1,731
Gampaha	27.0	43.6	45.4	8.6	42.8	1,845
Kalutara	22.5	37.6	35.7	7.7	52.6	1,104
Kandy	28.3	53.3	49.0	9.1	35.4	1,223
Matale	14.4	31.4	30.2	3.2	54.9	490
Nuwara Eliya	13.7	27.2	19.3	1.8	66.6	572
Galle	24.4	43.6	40.2	7.0	43.2	935
Matara	26.3	53.3	46.6	6.1	36.7	718
Hambantota	27.5	46.4	30.7	3.2	45.6	556
Jaffna	20.2	34.3	31.8	9.5	55.5	471
Mannar	38.3	54.9	31.3	7.8	42.5	81
Vavuniya	22.4	28.9	34.3	7.2	56.9	136
Mullaitivu	8.4	15.1	11.8	1.8	76.9	81
Kilinochchi	8.0	14.0	12.8	0.6	77.7	94
Batticaloa	15.9	45.0	19.9	8.2	50.8	531
Ampara	26.3	42.1	27.2	4.0	52.9	731
Trincomalee	23.5	39.6	29.7	7.8	51.3	362
Kurunegala	13.0	27.2	24.9	2.9	62.8	1,592
Puttalam	42.6	49.7	42.0	5.1	39.3	664
Anuradhapura	18.0	35.2	28.8	3.8	59.7	984
Polonnaruwa	34.4	57.8	34.9	2.9	35.0	399
Badulla	18.8	37.2	24.5	2.2	57.3	735
Moneragala	39.0	72.5	42.4	1.7	18.6	485
Ratnapura	20.5	44.0	40.9	2.9	42.6	1,084
Kegalle	28.6	39.5	49.7	3.9	38.5	698
<b>Education</b>						
No education	8.5	13.8	0.6	0.0	83.5	285
Passed Grade 1-5	11.3	21.6	7.0	0.2	74.7	1,257
Passed Grade 6-10	21.5	39.9	29.5	1.4	51.5	8,130
Passed G.C.E.(O/L) or equivalent	26.1	45.5	43.0	5.2	42.6	4,044
Passed G.C.E.(A/L) or equivalent	28.4	50.9	53.9	15.4	33.1	3,731
Degree and above	32.6	51.4	58.9	35.6	29.6	856
<b>Wealth quintile</b>						
Lowest	15.2	26.9	19.0	0.8	64.7	3,390
Second	21.1	40.8	30.8	2.0	49.8	3,695
Middle	24.6	43.9	36.9	2.6	45.9	3,838
Fourth	26.7	48.1	43.7	6.0	41.4	3,816
Highest	29.6	50.3	52.8	21.8	33.7	3,562
<b>Total 15-49</b>	<b>23.6</b>	<b>42.2</b>	<b>36.9</b>	<b>6.6</b>	<b>46.8</b>	<b>18,302</b>



**Table 5.14 Contact of nonusers with family planning providers**

Among ever-married women age 15-49 who are not using contraception, the percentage who during the past 12 months were visited by a fieldworker who discussed family planning, the percentage who visited a health facility and discussed family planning, the percentage who visited a health facility but did not discuss family planning, and the percentage who did not discuss family planning either with a fieldworker or at a health facility, by background characteristics, Sri Lanka 2016

Background characteristic	Percentage of women who visited a health facility in the past 12 months and who:			Number of ever-married women
	Discussed family planning	Did not discuss family planning	Percentage of women who did not discuss family planning either with fieldworker or at a health facility	
<b>Age</b>				
15-19	17.9	34.4	82.1	130
20-24	21.6	42.3	78.4	638
25-29	23.2	48.0	76.8	1,118
30-34	20.4	48.1	79.6	1,393
35-39	13.9	49.8	86.1	1,265
40-44	6.8	48.6	93.2	1,045
45-49	3.2	47.4	96.8	1,419
<b>Residence</b>				
Urban	14.8	47.9	85.2	1,309
Rural	14.0	47.9	86.0	5,390
Estate	15.3	39.5	84.7	309
<b>District</b>				
Colombo	15.2	52.7	84.8	733
Gampaha	13.1	53.9	86.9	648
Kalutara	15.7	58.0	84.3	327
Kandy	13.9	46.4	86.1	494
Matale	11.9	73.0	88.1	159
Nuwara Eliya	11.8	40.8	88.2	197
Galle	13.1	67.1	86.9	300
Matara	8.6	63.0	91.4	272
Hambantota	9.9	67.0	90.1	211
Jaffna	11.2	34.4	88.8	271
Mannar	22.0	15.7	78.0	67
Vavuniya	14.6	36.6	85.4	95
Mullaitivu	5.6	44.6	94.4	33
Kilinochchi	13.1	45.8	86.9	44
Batticaloa	8.0	41.6	92.0	374
Ampara	27.4	24.5	72.6	406
Trincomalee	18.3	30.1	81.7	199
Kurunegala	11.2	49.3	88.8	539
Puttalam	13.3	44.1	86.7	216
Anuradhapura	7.0	55.4	93.0	362
Polonnaruwa	17.1	38.6	82.9	119
Badulla	17.8	37.9	82.2	226
Moneragala	28.0	21.7	72.0	151
Ratnapura	11.4	50.3	88.6	315
Kegalle	23.0	38.1	77.0	252
<b>Education</b>				
No education	4.5	42.0	95.5	105
Passed Grade 1-5	6.8	41.6	93.2	525
Passed Grade 6-10	14.7	45.6	85.3	2,881
Passed G.C.E.(O/L) or equivalent	14.4	48.9	85.6	1,636
Passed G.C.E.(A/L) or equivalent	15.9	51.5	84.1	1,511
Degree and above	16.7	50.9	83.3	350
<b>Wealth quintile</b>				
Lowest	14.0	41.2	86.0	1,363
Second	13.0	46.5	87.0	1,358
Middle	15.0	47.5	85.0	1,453
Fourth	16.0	47.5	84.0	1,457
Highest	13.1	54.9	86.9	1,376
<b>Total</b>	<b>14.2</b>	<b>47.5</b>	<b>85.8</b>	<b>7,008</b>