

SOCIO-CULTURAL FACTORS AFFECTING THE ADOPTION OF COTRACEPTIVE METHODS AMONG MARRIED COUPLES: A STUDY CARRIED OUT IN A SELECTED AREA IN THE PLANTATION SECTOR OF SRI LANKA

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Introduction

Sri Lanka has a population of 19.5 million with approximately twenty five percent of the population is under fifteen years of age, and more that fifteen percent of the population is of reproductive age. The population policy reveals the importance of population control in Sri Lanka. Therefore, population controlling is essential. Contraceptives play a key role in fertility controlling any given community, which alludes to controlling the number of children born to a couple or spacing child birth.

Contraceptive literally means "the prevention, by mechanical or chemical means, of the possible natural and procreative consequences of sexual intercourse, namely conception (Dep, 2000). When we look at traditional Sri Lanka, marriages were easily dissolved, abortion and infanticide was practiced, large families were desired, and polyandrous marriages were not uncommon. Thus, when contraceptive was introduced, it was considered essentially a western concept. However, when Sri Lanka began modernizing, this segment entered the middle class that maintained an extremely rigid moral code. Both middle and lower class suspected contraceptives as a strategy politically motivated and introduced to reduce the Sinhalese population to limit their

power against the migrant Tamil population (Peris, 1978). Hence, even though, today family planning is integrated into the governments maternal and child care program, resistance to contraception has persisted especially at the lower classes. There are some common contraceptive methods such as, condoms, pill, injection, implants, female sterilization and loops (IUD) are used in Sri Lanka. Currently contraceptive services are widely used in Sri Lanka. The fertility rate has dropped from 3.4 in the early 1980s to 1.9 during 1995 to 2000. The contraceptive prevalence rate has increased from 66.1 per cent in 1993 to 70.0 per cent in 2000. This reduces the number of unintended and unwanted pregnancies and thereby saving women from high risk pregnancies and unsafe abortions (White, 2007). Other benefits accruing from family planning methods include prevention of cancers, sexually transmitted infections (STIs) and infection with the Human Immunodeficiency Virus (HIV). The infant mortality rate has shown a steady decline from 19.3 per thousand live births in 1990 to 14.0 in 1998 (Ministry of Health, Nutrition and Welfare, 2002). But when we look at the sector wise, the fertility rate is higher in the plantation sector. Moreover, health issues such as low birth weight in infants, high frequency

of incidents of malnutrition among infants and children, anemia among pregnant mothers are also evident (Pradeep Randiwela, et al 2010). And also literature shows that the use of family planning methods among the plantation people is quite low when comparing with other areas of Sri Lanka.

Research Problem

The fertility rate of a country has a direct impact on its development as well as infant mortality rate, literacy and even life expectancy, since all of these factors are directly linked to development and resource allocation. Sri Lanka has undergone significant declines in fertility during the past few decades. However, literature shows that *contraceptive use* appeared quite *low* in the plantation sectors. Therefore, my research problem is why it is low? What are the contributing factors to this?

Objective of this Study

- To identify how far and to what extent socio cultural factors affect contraceptive methods.
- To understand the knowledge, attitudes and misconception of contraceptive methods among couples

Methodology

The research is based on qualitative data collection method. Data was gathered through in-depth interviews, semi structured interviews, personal interviews and key informant interviews. In addition to that KAP (Knowledge, attitudes and practice) survey was carried out to collect information. Married couples were

selected purposively and through snowball sampling method. In addition to that focus group discussions have been carried out with the couples to get information. I have selected the couples between the age of fifteen to thirty four both partners. This study took place in the plantation sector of Sri Lanka. I have selected Glarandan Division for this research. Sri Lanka plantation sector historically dates back to the colonial period. Plantation sector is marginalized from the main stream of the society (Abdul Cader at el, 2007). This study took place at Glarandon division of the Plantation sector.

Conclusion

There are several social and cultural factors have been identified that are important contributing factors which determine the contraceptive use among the plantation people. They are restricted mobility, poverty, lack of awareness about the contraceptives, prominent patriarchal values, lack of accessibility, negative attitudes and misconception about the contraceptives, inadequate primary healthcare, poor communication network, reliance on the traditional family planning methods, unregulated fertility, laziness, ill health and malnutrition, the low status of women, hospital procedures, fear of surgeries, poorly equipped facilities at hospitals, incorrect diagnosis and action, daily employment, consistent with local beliefs, community resources, inadequate accessibility, higher prevalence of alcoholism among men, limited social support, lack of availability of suppliers and lack of empowerment among the woman are important socio cultural factors.

Discussion

Most of the respondents were not using any modern family planning methods and the reason for this is family planning methods were perceived side effects, such as prolonged menstruation, men's concerns about impotence and genital sores, weight gain or loss, and subsequent infertility. Traditional family planning methods were used to some extent. Despite knowing about the different types of family planning methods, and awareness of their ready availability in health facilities, use of these methods is low because considerable misinformation still prevails among the plantation people regarding contraceptive methods' side effects. This also perpetuates by the illiteracy among the people. I also have found that the majority of women and men were not using any method of contraceptive to prevent or postpone pregnancy. The major reasons for not using family planning methods included lack of knowledge, partner refusal, lack of awareness, misconception, lack of accessibility and the perpetrated patriarchal values in the community. Less amount of women use pill. The women reported that they prefer this method because it is easy to hide the use from their partners. They have very low communication with midwives. Women stated that the using of modern family planning methods depended mostly on husband's approval. Most women indicated they could not use family planning because their husbands wanted more children and therefore disapproved the use of family planning methods. The focus group discussions indicated that Most of the women are scared to discuss

family planning issues with their spouse because they fear their spouses could beat them some stated that everyday husband comes with having alcohol. So it is very difficult to talk with them. They will not accept and beat wives. Most men reported that discussing family planning with their partners is a waste of time simply because they are against the use of family planning methods. The men also claimed that the use of family planning causes a lot of problems to the body. In addition to that men believe that it reduces their sexual pleasure.

References

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