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Illogicalities between Contraceptive Use and Recent Fertility Dynamics in Sri Lanka

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Illogicalities between Contraceptive Use and Recent Fertility Dynamics in Sri Lanka

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Abstract

Sri Lanka is currently experiencing a rise in Total Fertility Rate (TFR) but no accurate scientific elucidation has hitherto been given in order to demonstrate why such an increase is observed after TFR arrived at the replacement level of fertility. This study shows that older women are left out of discussions on contraceptive use in Sri Lanka and that has made the increase of recent fertility mainly due to the increase of fertility of older women. Most women in the latter part of the childbearing perceived that they are at a minimum risk of conception because of infrequent sex, and perhaps they are infertile at those ages. In addition, however the increase of fertility by older women in tsunami-affected districts due to fertility adjustment behaviour coupled with the recommencement of the postponed fertility behaviour in the conflict-affected districts with the conclusion of the war could be the other major reasons for the recent fertility increase in Sri Lanka.

Keywords: Fertility, Contraceptive use, Older Women, Total Fertility Rate, Conflict-affected Areas, Tsunami-affected Areas

1. Introduction

High fertility creates health risks for children and their mothers, interrupts human capital investment, hampers economic growth, and worsens environmental threats. Reducing poverty, raising living standards, and promoting the well-being of a large and growing population create a substantial strain on all natural resources including land, forests, water, oceans, and the atmosphere. In addition, more people mean a need for more employment opportunities as well as for more water, food and energy, clothing, housing and infrastructure, health and education etc. At the household level and individual level, high fertility does not simply mean a large number of births, but also characteristically, a high incidence of pregnancies at young ages, of unplanned and unwanted pregnancies, and of closely-spaced pregnancies, all of which can influence household and individual wellbeing. In such cases, it is essential to improve access to reproductive health facilities including family planning. In this regard, empowering women and expanding women's education are seen as an imperative. Sri Lanka is currently experiencing a rise in Total Fertility Rate (TFR) but no accurate scientific elucidation has hitherto been given in order to demonstrate why such an increase is observed after the TFR arrived at the replacement level of fertility. The additional number of births generated by the upsurge of fertility in the recent years can have a significant impact on policy formulation in the future with regard to education, health, and

employment. Therefore high fertility and population growth will remain a main challenge for Sri Lanka, and thus it is essential to know how population dynamics influence such a major development challenge of the 21st century, and how population dynamics are to be best integrated and addressed in the development agenda of the country.

2. Recent Fertility Change

Sri Lanka has come a long way from the onset of fertility transition to a stage where the country's fertility and mortality levels have reached a low stationary level. In terms of fertility, this does not mean that the TFR cruises on a straight line, but that it fluctuates around the replacement level of fertility. However, some have misunderstood this aspect and drawn wrong conclusions by assuming this statistic as a distressing event related to fertility. Those who have some knowledge of demography know that when fertility transition has begun in a country, showing at least 10 percent decline of marital fertility during a decade, the country will never experience an increase of fertility that goes back to the plateau which was prevalent at a pre-transitional fertility regime. Therefore, these changes should be seen as minor fluctuations of fertility that occur when people are adjusting to various socio-economic and political or disaster situations at different time periods. According to the 2012 census data, we find that the TFR has further increased to 2.51[1], an increase of 6.4 percentage points from its previous level in 2006/07 (Figure 1).

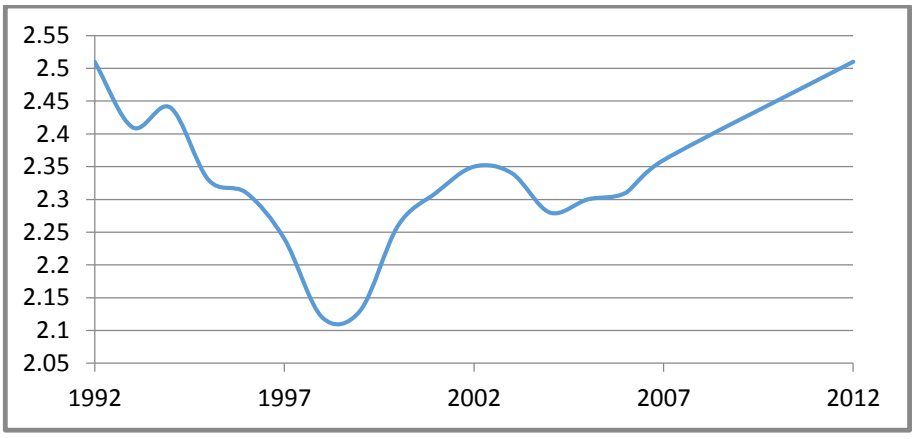


Figure 1: Trend in total fertility rate, 1992-2012, Sri Lanka

Source: Registrar General's Department, 2011; various reports from the Department of Census and Statistics; Author's calculations from 2012 Census data

[1] In the absence of fertility data from the Department of the Registrar General for the year 2012, the present author computed age-specific fertility rates for 2012 with the use of 2012 census data on children ever born tabulated by age of mother using the method suggested by Arriaga (1983).

In addition, however, we find that that there is an increase of fertility among older women in the reproductive age span compared to the previous fertility pattern in the country (Dissanayake, 2014). Data demonstrates that age-specific fertility rates in the age group 35 years and above showed a remarkable increase in 2012 compared to the Sri Lanka Demographic and Health Survey (SLDHS) data of 2006/07 (Figure 2). Similarly, there is 20 percent increase in teenage fertility between the two periods considered.

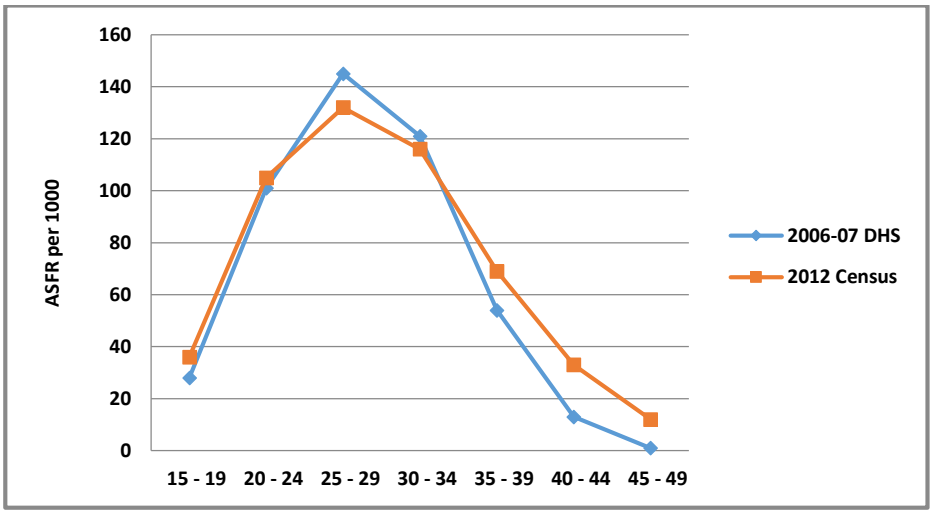


Figure 2: Age-specific fertility rates, 2006/7 and 2012, Sri Lanka

Source: Data obtained from Department of Census & Statistics; Author's calculations from 2012 Census data

It is also quite interesting to note that Age Specific Fertility Rates (ASFRs) of the SLDHS 2006/7 in the age range of 25 to 39 were even higher than that of the SLDHS 1993 values and the ASFR in the age group of 30-34 has levelled with the SLDHS 1987 value. Amazingly, most fecund women have shown higher fertility in the latter survey, indicating an unexpected outcome despite the prevalence of government and non-governmental fertility control programmes. However, this feature has disappeared in 2012 since ASFRs in the ages 25-34 have recorded a considerable decline in 2012 as shown in figure 2. This is a very unusual fertility behaviour by older women in the reproductive age span because we typically observe older women terminating their childbearing function earlier than in previous periods of time in the third stage of the fertility transition. Therefore, it is essential to explore the reason for this change of women's fertility behaviour in comparison to previous periods as well as to scrutinize newly emerging reproductive health issues. It is also quite interesting to observe that fertility in the 15-24 year age group has increased

slightly in 2012 compared to 2006/07, suggesting that childbearing is taking place at a more concentrated level in the early part of the reproductive age span as well. However, as indicated earlier, there is a significant increase in teenage fertility too. In this context, these young women will desire adequate information about reproductive and health issues including about sexual intercourse, contraception, sexually transmitted infections, pregnancy, and childbirth.

3. Factors Influencing the Recent Fertility Increase

The present study finds that the TFR has increased to 2.51 in 2012, an increase of 6.4 percentage points from its previous level of 2.36 in 2006/07. Most importantly, data demonstrates that age-specific fertility rates in the SLDHS data of 2006/07 have gone up among all age groups compared to the values obtained in the SLDHS data of the year 2000, but surprisingly, ages 35 and above showed a remarkable increase in 2012 compared to the SLDHS data of 2006/07. This statistic suggests that the increase of the TFR was mainly due to an increase of older women's fertility.

Since Sri Lanka has already been cruising through the post-transitional fertility regime for more than five decades, the recent fertility increase can be seen as an adjustment to prevailing socio-economic conditions in the country rather than a radical change of social behaviour like what is usually observed at the onset of a fertility transition. This study assumes four possible reasons for the fertility increase of older women in the reproductive age span: resumption of procreation during the post-war years; desire for higher fertility due to the tsunami disaster; neglect of contraceptive use; and/or unmet need for family planning. It is quite reasonable to assume that women in the northern districts of Sri Lanka who got married during the period of war postponed reproduction due to the intensity of the war, especially during the last stage of the war, which was finally concluded in 2009. In the absence of detailed data, the trend in number of live births has been determined using data available from the Registrar General's office for the period 2000 to 2012 as shown in Figure 3.The higher number of live births observed in the Jaffna District is mainly due to the higher proportion of women in the reproductive age available in that district compared to the other four districts in the Northern Province of Sri Lanka. It is really interesting to see – as depicted in Figure 3 – that all the districts in this war-torn province have shown a sudden increase of the number of live births immediately after the conclusion of the war in 2009. However, this trend seems to be disappearing gradually, perhaps because the country has returned to a

conflict-free situation. Therefore, it is clear from this analysis that the increase of fertility during the recent past was partly due to the increase of fertility among older women in the reproductive age span because they resumed procreation during the immediate post-war years.

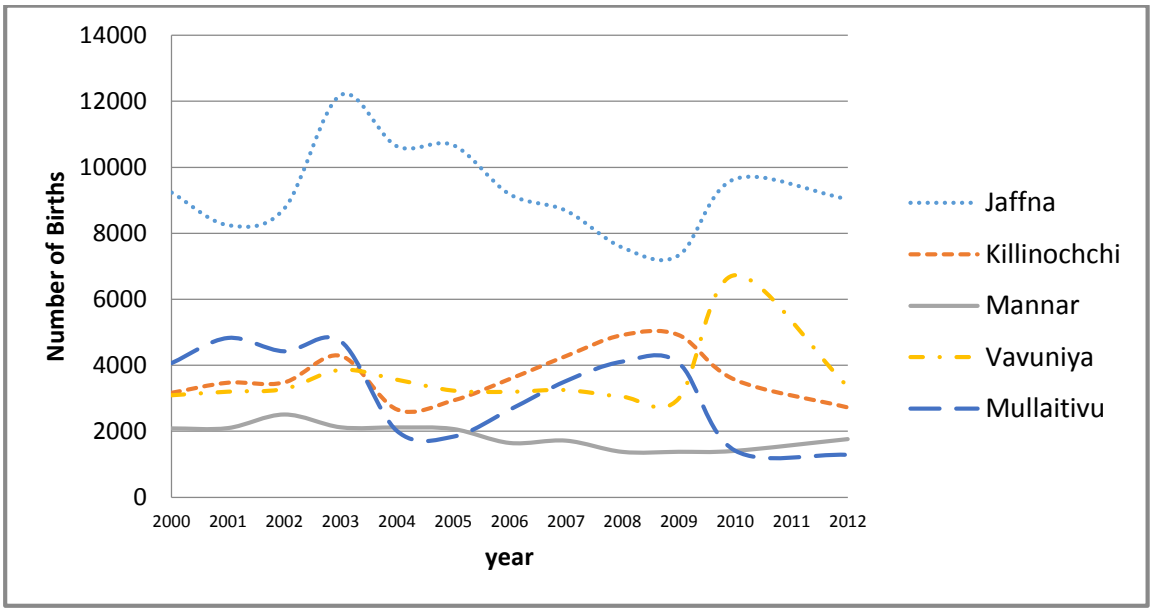
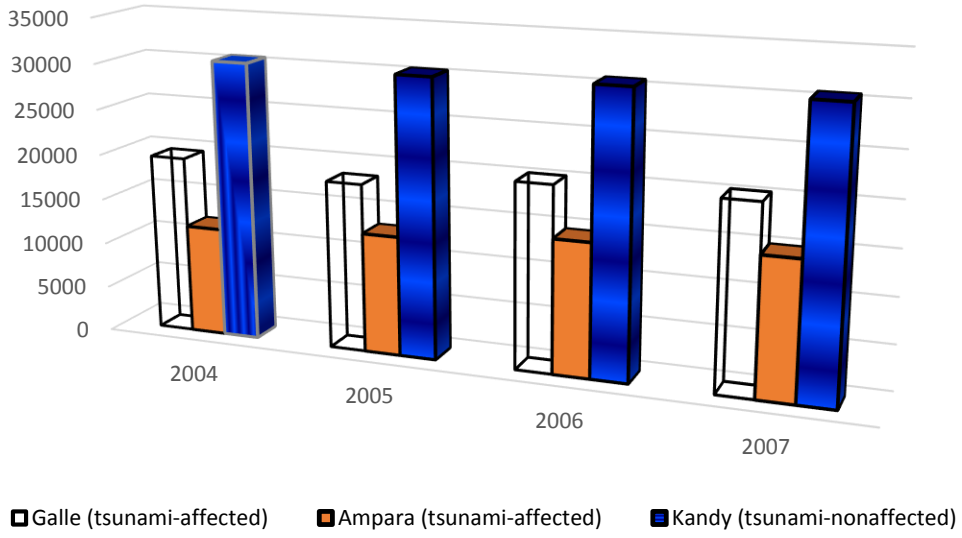


Figure 3: The number of live births by district, Northern Province, Sri Lanka, 2000-2012
Source: Registrar General's Department, various years

It is a known fact that thirteen districts out of its twenty-five districts in Sri Lanka were affected by the tsunami disaster in December 2004 causing approximately 40,000 deaths. One of the worst hit districts was Galle, and thus in a field study carried out in 2008 in the Hikkaduwa Divisional Secretariat Division, by drawing on 88 women who had lost their children, it was found that 59% lost 1 child,41% lost 2 or more children, and that a majority were younger children while the mothers were still in the first half of their childbearing period. This survey revealed that 73% of women wanted to have another child. It is also quite interesting to note that the average age at widowhood was 36 years and the average age at re-marriage was 36.6 years and they wanted to have children in their second marriage (Weeratunga and Dissanayake, 2010). It was found that the affected older women in tsunami affected communities desired more children not only to replace the dead children but also as an insurance measure to face future disaster situations. This phenomenon was observed in almost all the possible types of family contexts that emerged due to the tsunami disaster. The impact of the tsunami disaster on fertility is further highlighted by using data on live births for two tsunami-affected districts and one non-affected district as shown in Figure 4.

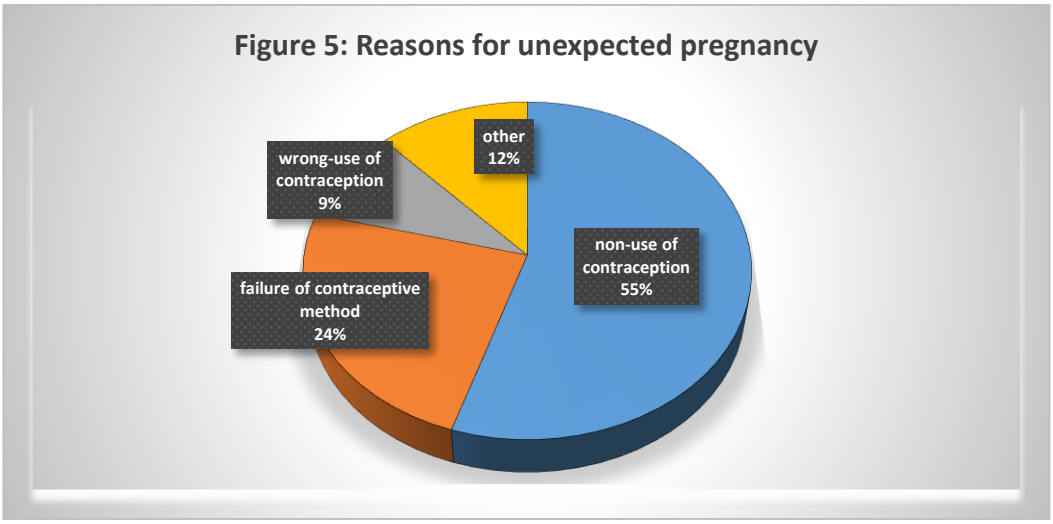
It suggests that fertility in tsunami-affected districts has increased from 2004 to 2007 while fertility in the non-affected district has remained unchanged. This is a clear indication that the tsunami disaster is partly responsible for the recent fertility increase in Sri Lanka.

Figure 4: Number of live births by two tsunami-affected districts and one non-affected district, 2004-2007



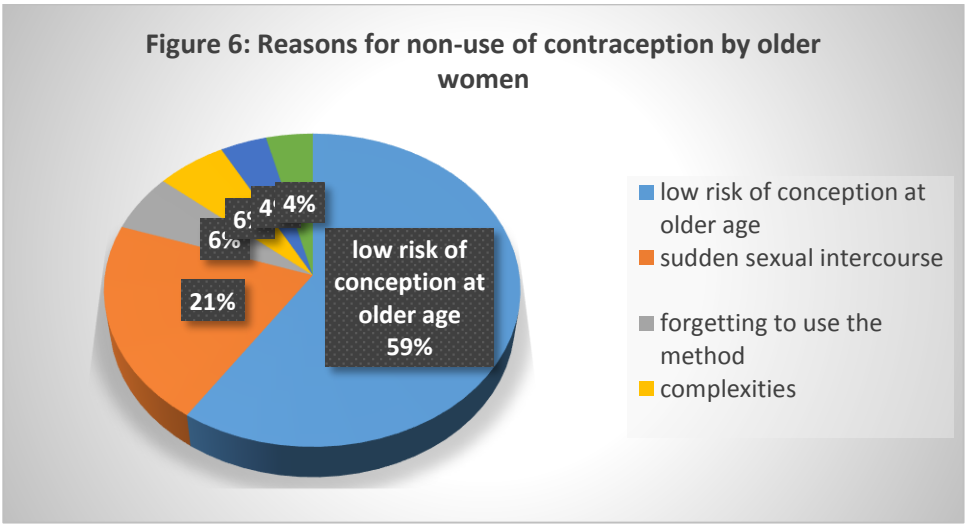
Source: Registrar General's Department, various years

It was earlier hypothesized that neglect of contraceptive-use by older women in the reproductive age span or their unmet need for family planning can be an important reason for the recent fertility increase observed among older women in the reproductive time span. For this, we accessed data collected from 103 rural women in the Kalutara District aged 35 to 49 who attended maternal and child health clinics (Perera, 2015). It was found that older women were attended by a family health worker in these villages only after they became pregnant or after delivery. Figure 5 shows that 55 percent of the women in our sample have not used any contraception and it has caused them to become pregnant.



Source: Perera, 2015

In addition, they perceive that they are at a lower risk of getting pregnant and thus neglect contraceptive use. Figure 6 reveals that 59 percent of these women have perceived themselves to be at a lower risk of getting pregnant when they are in the second half of their childbearing age. It was also observed that the use of traditional methods of family planning, which have a higher failure rate, was higher among older women compared to younger women. This micro-level study has also shown that older women tend to rely on traditional methods because of the perception that they are at a lower risk of becoming pregnant. Furthermore, the data reveals that family planning field workers discuss family planning more often with younger non-users aged less than 35 years compared to older non-users.



Source: Perera, 2015

Furthermore, the percentage of unwanted births has risen for women 35 years and older in the SLDHS 2006/07 sample (Department of Census and Statistics, 2009). It was reported that 10 percent of unwanted births were reported by women who had their last birth at age less than 35 years, while 17.5 and 28.0 percent of unwanted births were reported for women in the age groups 35-39 and 40-44 respectively. This phenomenon shows that these older women have been excluded from the country's family planning programmes. Furthermore, it was reported that 21 percent of currently married women aged 15-49 have said that infrequent sex or not having sex was a major reason for the non-use of contraception, and a majority of them falls into the older-women category. Perera's data (2015) also proved this point as a significant proportion of older women have mentioned that infrequent sex or not having sex influenced their practice of not using contraception because they thought they are at a low risk of becoming pregnant.

Typically, women above the age of 35, or those who are in the second part of their childbearing years, are left out of discussions on contraceptive use (OlaOlorun, 2013). Most women in the latter part of the childbearing stage appear to perceive that they are at a minimum risk of conception because of infrequent sex and perhaps because of a belief that they are infertile. However, these women are still sexually active and they are close to their menopausal stage so they continue to be at a risk of pregnancy although their fecundity declines as age increases. Those who have reached the age of 35 and have achieved the desired family size still need contraceptive information and services because age alone cannot be regarded as an effective contraception although these older women are less likely to get pregnant. Many have attempted to treat this category of women as a special subgroup of the population for family planning (Beasley, 2010; Sherman et al., 2005; House and Ibrahim, 1999). The Family Health Bureau of Sri Lanka (2012: 29) reported that 41 percent of maternal deaths were above the age of 35 years. It further revealed that the Maternal Mortality Ratio (MMR) for 2015 was 27 maternal deaths per 100000 live births. This is still a tremendous achievement because it is a steep decline of the MMR from 65 per 100000 live births in 1995. Sri Lanka's performance can still be regarded as impressive for a developing nation's standard because it is still well ahead of most of the South Asian countries. The Millennium Development Goal (MDG) 5 on improving maternal health and MDG 5a are intended to condense the maternal mortality ratio by three-quarters between 1990 and 2015, and MDG 5b aspires to accomplish universal access to reproductive health,

including family planning (United Nations, 2013). It has been pointed out that addressing the issue of the unmet need for family planning alone could slash the number of maternal deaths by almost a third. However, worldwide, an estimated 215 million women who would wish to delay or evade pregnancy seem to be experiencing a lack of access to safe and effective contraception (WHO, 2012). It is quite certain that providing skilled maternal care and offering family planning is central to averting maternal deaths.

4. Conclusion

This study shows that older women are left out of discussions on contraceptive use in Sri Lanka and that this factor has caused the recent increase of fertility mainly due to the increase of fertility among older women. Most women in the latter part of the childbearing stage perceived that they are at a minimum risk of conception because of infrequent sex and the possibility that they are infertile at those ages. It is important to note that those who have reached the age of 35 and have achieved the desired family size still need contraceptive information and services because age alone cannot be regarded as an effective contraception although these older women are less likely to get pregnant. However, it appears that family planning programmes have concentrated more on younger women, and perhaps because the country's fertility norm is two, they have neglected the contraceptive needs of older women. In addition, however, the increase of fertility in older women in tsunami-affected districts due to fertility adjustment behaviour coupled with the recommencement of postponed fertility behaviour in the conflict-affected districts at the end of the war could be the other major reasons for the recent fertility increase in Sri Lanka.

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