



Contraceptive Preferences and Practices Among Perimenopausal Females in Mahaoya MOH Area.

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Suggestions - A series of educational programs are essential to uplift the knowledge among these women. A re-audit done later can assess the improvement in practices.

Keywords: Contraceptives, Perimenopause, DMPA, LRT

Abstract

Introduction - Perimenopause marks the transition phase from normal ovulation to anovulation and, ultimately to permanent loss of follicle maturation and ovulation causing menopausal changes in females. Fertility and probability of conception decline by half as early as the mid-forties; however, women during perimenopause still need effective contraception. Many studies and multiple reports worldwide have shown perimenopausal contraception to be an important but rather neglected issue.

Methodology - An audit was conducted among the medical clinic attendees at the rural base hospital of Mahaoya. Knowledge of contraception, usage patterns, basic sociodemographic details and medical conditions were evaluated.

Results - The study cohort had a mean age of 46.9 years with poor education levels and low-income backgrounds. Approximately half of the women (45.9%) have had an unexpected pregnancy. Even though a considerable proportion of women were sexually active (82.4%), the usage of contraception was only seen among (54.1%) of the participants. Permanent sterilization with LRT (30%) was the most common method employed, followed by DMPA (25%), IUCD (22%), Jadella (13%), COCP (5%) and condom (5%) usage.

The knowledge of contraception (knowledge, attitudes, side effects, emergency contraception etc.) was adequate only among a minority (28.4%) and only 14.8% had adequate knowledge on when to stop contraceptive usage. The main source of knowledge had been through well-women clinics.

Discussion & Conclusions - Comprehension of the importance, appropriate time of stoppage and usage of contraception is quite low in this cohort of women selected from a rural population of Sri Lanka. Some women have given up on usage based on side effects, but the majority have a clear deficiency of knowledge, thus resulting in a higher incidence of unexpected pregnancies.

Introduction and background

Natural menopause is characterized by complete cessation of menstruation secondary to depletion of ovarian follicles. The median age for menopause is about 51 years in the Western population¹ and Asians do have similar ages at menopause². According to the latest population data (2021) presented by the Department of Consensus and Statistics, the total Sri Lankan population is 22,156,000 with females occupying 51.5% (11,429,000) fraction. The population growth rate is 1.08%. Approximately, 2,254,816 females (19.7%) belong to the perimenopausal age group. (40-55 years).

The introduction of family planning to Sri Lanka in 1953 and the establishment of the National Family Planning Programme in the country have made massive improvements to a wide array of family planning services. In the mid-1970s one out of three married women aged 15–49 was using a contraceptive method. By the mid-1980s, the use of contraception increased to almost two out of three women. During the period 1993–2000, the overall prevalence increased from 66% to 70%. The Contraceptive Prevalence Rate (CPR) did not change much between 2000 and 2006/7^{3,4}.

Figure 1; Population distribution of Sri Lanka in 2021 according to different age groups.
Source http://www.statistics.gov.lk/DashBoard/srilanka_glance

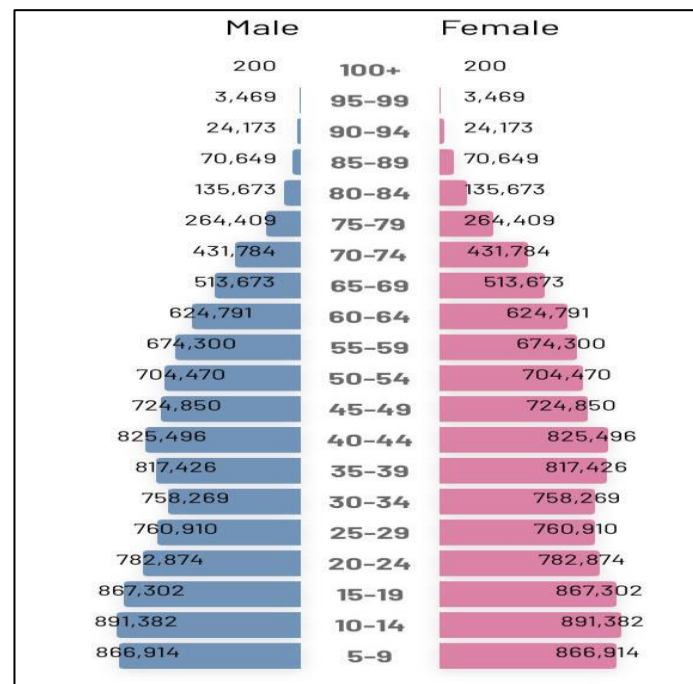


Table 1: Knowledge of contraception methods, Demographic and Health Survey, 2016

Percentage of ever-married women and currently married women age 15-49 who know any contraceptive method, by specific method, Sri Lanka 2016		
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

Sri Lanka Family Planning Association's Demographic and Health Survey report (SLDHS 2016) highlighted that the contraception prevalence rate (CPR) in Sri Lanka is ~ 65% with the unmet need for

contraception rate ~7.5%. But there is a 0.2% increment of unmet need when compared with 2006/7 SLDHS^{3,4}.



Table 2: Knowledge of contraceptive methods by background characteristics, Demographic and Health Survey, 2016

Background characteristic	Heard of any method	Heard of any modern method ¹	Number of currently married women
Age			
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
Residence			
Urban	99.7	99.7	2,682
Rural	99.8	99.8	13,906
Estate	96.8	96.8	669
District			
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
Education			
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
Wealth quintile			
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
Total 15-49	99.7	99.7	17,257



Table 3: Need and demand for family planning among currently married women, Demographic and Health Survey, 2016

Background characteristic	Unmet need for family planning			Met need for family planning (currently using)			Total demand for family planning ¹			Percentage of demand satisfied ²	Percentage of demand satisfied by modern methods ³	Number of women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total			
Age												
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
Residence												
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
District												
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
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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
Education												
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
Wealth quintile												
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
Total	3.1	4.4	7.5	16.9	47.7	64.6	20.0	52.1	72.1	89.6	74.2	17,257

Sri Lanka Family Planning Association's Demographic and Health Survey report (SLDHS 2016) assessed Knowledge of

contraceptive methods among ever married and currently married women (n=18302). According to the report (Table-1), almost



all ever married, and currently married women knew at least one method and on average nine methods were known by the respondents. Among the currently married women of reproductive age, only 4% of women did not know of female sterilization as a family planning method and 33% were not familiar with male sterilization. The most widely known modern methods are injectables and pills. Only half of currently married women have heard of emergency contraceptive pills. Knowledge of female condoms is the least known method of contraception by women among the 12 methods inquired.

These data (Table-2) indicate that knowledge of both any or modern methods of family planning is as nearly as high as 100% in all districts, with no variations between education levels and wealth quintiles. Furthermore, a total of 5884 currently married women were included in the age cohort of 40-49 representing all districts. Their contraceptive knowledge was outstanding according to data. The figures for the unmet need for contraception were comparatively low for age cohort 40-44 & 45-49, the tendency to use any contraception method progressively declined with age.

About 692 participants were included for SLDHS (2016) representing the Ampara district and this cohort included to the rural

population. However, when analysing data from each district, it is obvious that Ampara district has 3rd highest rate of unmet need for contraception (10.2% in 2016).

This cohort of women has reduced natural fecundity, yet potential for unplanned and unwanted pregnancies which are associated with social/financial dilemmas, spontaneous or induced miscarriages, and chromosomal abnormalities of offspring, increased fetomaternal morbidity and mortality⁵.

Justification

Mahaoya division is a rural area situated in the Ampara district (Eastern Province). It has a 667 km² area. Based on 2012 national consensus data, the total population in Mahaoya is about 20,828 with an annual population growth of 1.3%. The female population is about 10,287(49.3%).

However, data from MOH Mahaoya indicates the actual total population in 2022 is about 25,254 and according to that population growth rate is about 1.9% in the last decade. (Fig. 2) PGR (Population Growth Rate) = $\frac{P(t) - P(t_0)}{P(t_0)} \times (t - t_0)$. In 2022, the total female population was 12958 (51.3%) and during the last decade, 2671 female births were noted in the region. (Fig. 3).

Figure 2: Population of Mahaoya, Source-MOH Mahaoya database

MOH - Mahaoya			
	2021 ↕	2022 ↕	2023 ↕
Actual population	24 653	25 254	25 565
Population Estimated (by MOH)	23 882	24 633	24 255
MCHJ01.06 Total number of eligible families registered ::	4 991	5 286	5 096

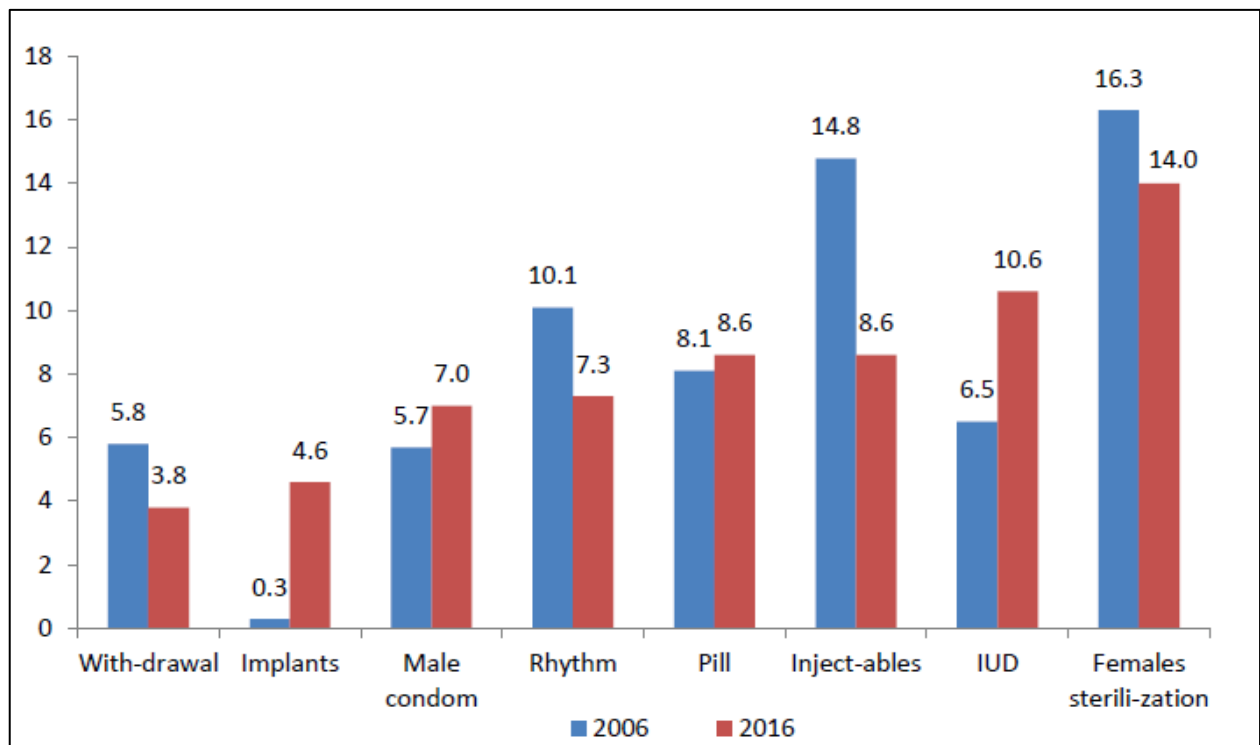
Figure 3: Age-related population distribution in 2022, Source-District Secretariat Office, Mahaoya

Population by the end 2022 - DS office <u>Mahaoya</u>								
Age category	0-5y	6-14y	15-19y	20-30y	31-65y	66-69y	>70y	Total
Male	1037	1788	1200	2135	5425	617	469	12669
Female	1047	1834	1196	2087	5543	703	546	12958

When comparing trends of contraceptive use between SLGHS 2006 & 2016 (Fig-4), It was obvious that women are moving for

proper contraceptive methods over natural methods.

Figure 4: Trends in current use by contraceptive methods, Demographic and Health Survey, 2016



However contraceptive practice and preferences in Mahaoya have deviated from

national data significantly as data from MOH-Mahaoya indicated.

**Table 3&4: Contraceptive Use in Mahaoya, Source-MOH Mahaoya**

MOH - Mahaoya			
	2021 ↕	2022 ↕	2023 ↕
MCH 13.01 Percentage of eligible couples using OCP::	6.4	6.1	2.6
MCH 13.02 Percentage of eligible couples using DMPA (Injectables) ::	36.7	37.6	16.3
MCH 13.03 Percentage of eligible couples using IUCD ::	9	8.1	3.3
MCH 13.04 Percentage of eligible couples using Implants ::	10.7	9.9	4.1
MCH 13.05 Percentage of eligible couples using Condoms ::	2.6	2.4	0.99
MCH 13.06 Percentage of eligible couples using female sterilization ::	10.7	9.9	4
MCH 13.07 Percentage of eligible couples using male sterilization ::	0	0	0
MCH 13.08 Percentage of eligible couples using modern family planning me...	76.2	74.1	31.4
MCH 13.09 Percentage of eligible couples using traditional family planning ...	3.2	2.9	1.2
MCH 13.10 Percentage of eligible couples using any family planning method ::	79.4	76.9	32.6
MCH 13.11 Percentage of eligible couples with unmet need of family plannin...	2.3	2.1	0.94
MCH 13.12 Percentage of eligible couples with subfertility ::	1.8	1.5	0.7
MCH 13.14 Percentage of couples with family planning method failure ::	0.15	0.15	0.12
MCH 13.15 Total number of current users of all family planning methods ::	3 964.3	4 066.9	1 661.5

FP use and Fertility status of Eligible Families: 2022Data source: MOH-Mahaoya MCH National Review 2022

	Indicator	2020		2021		2022	
		No.	*(%)	No.	*(%)	No.	*(%)
11.1	OCP users	333	6.5	321	6.4	324	6.2
11.2	DMPA users	1782	34.7	1831	36.7	1987	37.8
11.3	IUD users	477	9.4	452	9	428	8.1
11.4	Implant users	554	10.9	535	10.7	524	10
11.5	Condom users	125	2.4	130	2.6	126	2.4
11.6	Female Sterilization users	538	10.6	534	10.7	526	10
11.7	Male Sterilization users	0	0	0	0	0	0
11.8	Current users of modern methods (a+b+c+.....+g)	3759	74.4	3803	76.2	3915	74.4
11.9	Traditional method users	179	3.5	161	3.2	110	2.9
11.10	Current users of all methods (h+ i)	3938	77.9	3964	79.4	4025	77.3
11.11	Unmet need for FP	122	2.4	117	2.3	110	2.1
11.12	Sub fertile couples	98	1.9	92	1.8	86	1.5
m	Pregnant mothers	249	4.8	221	4.4	194	3.6
n	Postpartum mothers	46	.9	46	.9	39	.7
Total							
No (11.10+11.11+11.12+m+n)		4453/5100	87.3	4440/4991	88.9	4454/5259	84.6
% (11.10+11.11+11.12+m+n) /Total eligible families *100							
Gap (families out of EF)		647/5100	12	551/4991	11	805/5259	15
Reasons for the gap (numbers and %)							

Even though there is less sufficient data with age distribution mentioned, in 2022 total number of eligible couples registered was 5286. Out of them, 76.9% followed family planning and 37.6% preferred injectable Progesterone (DMPA) which is substantially higher than national data.

According to this regional data as well as personal observation in clinical practice in the last 6 months duration, it was found that the use of OCP, Barrier methods, Progesterone subdermal implants and Intrauterine devises becoming progressively less popular in Mahaoya.



Contrary to evidence-based practice, the rising trend of DMPA use was marked among fertile age groups despite of available modern LARC methods. And it was observed that many females use DMPA for > 2 years without analysing risk versus benefits for its long-term use and the overall cost was never a concern. This unusual tendency to DMPA use was one reason to reflect on the contraceptive preference and practice of women in Mahaoya.

DMPA contains 150 mg medroxyprogesterone acetate and is administered intramuscularly (IM) every 12 or 13 weeks⁷. DMPA use is associated with a small BMD loss, usually recovered after discontinuation. Several observational studies have examined the effects of DMPA use (past or present) on BMD in women over 40^{8,9}. Women using DMPA experience initial bone loss due to the hypoestrogenic effects of DMPA, but this initial bone loss is not repeated or worsened by menopause. Women over 40 with additional risk factors for osteoporosis (e.g. smoking, inactivity, family history, vitamin D deficiency, etc.) are advised to consider alternative methods. The evidence regarding DMPA, and increased breast cancer risk is conflicting. There is possibly a weak association between current use and breast cancer, but any increased risk is likely to be small and reduced with time after stopping⁷.

A 2016 systematic review found that there may be a slightly increased risk of VTE for women using DMPA¹⁰; however, the evidence is limited, and the potential risk may only affect women with other risk factors for VTE (e.g. smoking, family history).

Even though it is believed that age alone is not a contraindication to any contraceptive methods, The Faculty of Sexual & Reproductive Health recommendation for, DMPA is UKMEC Category 2. But many

perimenopausal women continue DMPA despite of risks.

The health needs of women are significantly compromised in the perimenopausal age group, and the potential risk of conception is often neglected. This is exaggerated by factors like shyness to discuss sexual well-being and contraceptives. Therefore, women over 40s are less likely to have contraceptive-seeking behaviour than younger ones. This widens the contraceptive gap.

Currently, there are no sufficient studies on contraceptive preference and practice in perimenopausal women in Sri Lanka.

Methodology

This audit was conducted at Mahaoya Base Hospital during the period of 01-05-23 to 31-05 2023. Participants were selected through a systematic sampling method from the medical clinic. Women who are above 40 years and have not yet achieved menopause were selected. Information with regards to contraception usage, knowledge of contraception, sexual practices, socio-demographic details, and medical history were obtained from the patients at the end of the clinic visit.

Analysis

Data analysis (descriptive statistics) was performed using SPSS version 25.

Results

The age of females ranged from 40 – 55 years, with a mean age of 46.9 years. All females were married, except for one (1.4%) and five women (6.8%) were nulliparous with a majority having two children (n=28, 41.8%). The age of the last child had a wide range from 01 - 36 years with a mean age of 15.4 years. The majority of the perimenopausal women were unemployed (n=54, 73%), with the



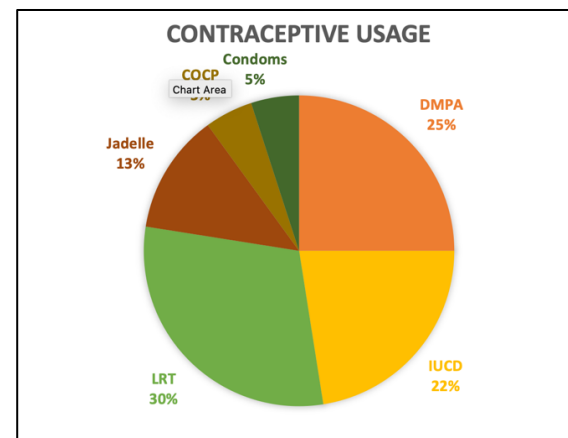
majority (n=40, 54.1%) not proceeding beyond ordinary level education, which was also seen among the partners (n=44, 59.5%). Monthly income was less than 50,000 rupees among the vast majority (n=59, 79.7%).

BMI of these women ranged from 19 - 36 kgm⁻² with a mean BMI of 25.45 kgm⁻² and only 27 women (40.1%) having a BMI range within normal values. On inquiring about comorbid conditions, a wide majority were on treatment for diabetes mellitus (n=20, 27%), followed by ischemic heart disease (n=10, 13.5%), dyslipidaemia (n=8, 10.8%) & hypertension (n=7, 9.5%). Given the data were collected from females attending a medical clinic, an over-representation of medical issues is likely.

Out of the cohort of perimenopausal women, a considerable majority were sexually active (n=61, 82.4%). Despite that, contraceptives were only used by 40 (54.1%) of the women (Chart 1). A considerable number had undergone ligation & resection of tubes (30%, n=12) followed by DMPA (25%) and IUCD (22%) usage. Other methods included Jadella, COCP and condom usage. Despite the current low usage of contraception, 90.5% (n=67) of women had used some method of contraception at some point during their life, out of which DMPA was the commonest (31.1%).

Of the women currently using contraceptives, the main reason (n=40, 100%) for usage was to avoid unwanted pregnancy as their families were already completed. On inquiring about reasons for not adopting a contraceptive method for those women who are sexually active (n=21), 16 (76.2%) women had no idea of the need for contraceptive usage at this age, two (9.5%) were reluctant to use a contraceptive method due to side effects experienced and the remaining three women (14.3%) had fertility wishes. The decision to use or not to use contraception

was following a collaborative discussion with the partner among a majority of women (n=52, 70/1%).



Nine women (12.2%) had encountered some sort of complication with regard to contraceptive usage, including weight gain with DMPA, excessive vaginal bleeding & abdominal pain with IUCD and troublesome spotting with implants.

Basic knowledge of contraception was assessed based on the ability to name common contraceptive methods, the side effects of each, proper usage, and the comprehension of when to stop the usage of contraception. Surprisingly only 21 (28.4%) had adequate knowledge of contraception as determined by the short interview. Out of the cohort, only 11 (14.8%) women had adequate knowledge of when to stop using contraception. Awareness of emergency contraception was only seen among 08 (7.8%) of women. Most have acquired knowledge on contraception from well-women clinics, followed by peers and doctors. Approximately half of the women have experienced an unexpected pregnancy, one or more (n=34, 45.9%).

Discussion & Conclusions

Comprehension of the importance, appropriate time of stopping and usage of contraction is quite low in this cohort of women selected from a rural population of



Sri Lanka. Some women have given up on usage based on side effects, but the majority have a clear deficiency of knowledge, thus resulting in a higher incidence of unexpected pregnancies.

Suggestions

To address this issue, we suggest comprehensive educational programmes, and information leaflets to the women in the catchment area through the well-women clinic, public health midwives and through the hospital. Also, there's a need to increase the accessibility to free or low-cost contraceptive methods.

A re-audit is suggested after the above interventions have taken place.

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