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Revision of fertility preferences after achievement of intended births: The Sri Lankan experience

Dr. W. Indralal De Silva

Introduction

Once effective methods of fertility limitation become widely available within a population, the impact of fertility intentions on subsequent fertility becomes a matter of both theoretical and practical importance. In many western countries, after the Second World War many demographers investigated the possibility of predicting fertility by supplementing information on past childbearing with information on fertility intentions and plans for future childbearing.¹

Among the different methods that have been used to make mid-range forecasts of fertility, surveys on fertility intentions seem at first sight to offer the advantage of being simple; to estimate the number of children likely to be born, why not ask the people principally interested - women likely to have children - what their intentions are?^{2,3} Longitudinal studies conducted in a number of countries have demonstrated that the reproductive intentions of individual women were strongly predictive of whether or not they had had an additional birth,^{4,5} although this has consistently been observed mostly

in societies where contraception is widely practiced.

Sri Lanka with more than 62 per cent of currently married women of reproductive ages relying on contraception in 1987, one of the highest prevalence in Asia, provides a rare opportunity to investigate this proposition with a longitudinal database. Moreover, the 1991 population policy statement of the Sri Lankan government has set a replacement fertility target to be achieved by the end of this decade.⁹ An examination of the consistency between the stated fertility intentions and fertility behaviour, and how the fertility intentions were revised by women after achieving the intended number of births would be thus useful for demographers and policy planners to monitor, evaluate and forecast reproductive changes in Sri Lanka.

Data and methods

The study analyses data primarily from the 1982 Sri Lanka Contraceptive Prevalence Survey (SLCPS) and the 1985 Sri Lanka Contraceptive Survey (SLCS). The same respon-

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