

A National Study

on

Adolescent

Sexual

and

Reproductive

Health



Professor W. Indralal de Silva



**A National Study
on
Adolescent
Sexual
and
Reproductive Health**

Professor W. Indralal de Silva

2008

A Plan Sri Lanka publication



A National Study on Adolescent Sexual and Reproductive Health

© Plan Sri Lanka

ISBN 978-955-1214-14-2

Design and Layout
kusalakwe@sltnet.lk

Printing - Gunarathne Offset

This study was conducted in 2005. The context within which the issues are analyzed may have changed during the last three years.

The views expressed in this report do not necessarily reflect the views of Plan Sri Lanka.

EXECUTIVE SUMMARY

Plan Sri Lanka has recognized the urgent need to study the current status of knowledge, attitudes and behavior of young people's sexual and reproductive health in Sri Lanka and the current level of services and service delivery to meet the additional demands. The study will be used to develop and design programme interventions for Plan and it is envisaged that the study will be beneficial to all other government and non-governmental agencies implementing allied programmes.

The review of literature covering a wide spectrum of research studies of various aspects of health issues of young people (10-24 years), help to identify the unique new features and findings of this study which would add to the existing quantum of knowledge and the required additions to the important policies and recommendations that had already been implemented. The objective of this study was to understand the reproductive health problems, knowledge, behaviour and priorities specifically related to the sexual and reproductive health (SRH) of this segment of the population in Sri Lanka. A supporting objective was to examine the government and NGO resource allocation to the health sector, to improve the reproductive health of young people and to examine the extent to which they were among the beneficiaries of such resource allocation

A three-layered data collection approach was adopted as the overall methodology of the study. The first-layer was devoted to the collection of secondary data from different sources related to sexual and reproductive health of young people in Sri Lanka. The second-layer consisted of focus group discussions, key informant interviews, case studies, and an island-wide field survey. The third-layer was devoted for the collection of information from service providers of adolescent sexual and reproductive health.

The time gap between the attainment of puberty and the average age of marriage of the younger generation have increased, adding to the period of SRH risk taking behaviour of the current younger generation in Sri Lanka. Such behavioral and attitudinal changes are parallel to socio-economic transitional changes in the country which in turn have created an environment for them to engage in risk taking behaviour to fulfil their biological needs.

The disintegration of the extended family, the changes in the attitudes and practices of young people towards premarital and extra marital sex, have resulted in irreversible changes in their

behavioural patterns. Some of the outcomes of the sexual behavior of youth shows a leaning towards premarital and extra marital sex, without adequate knowledge or experience to deal with such behavioural situations. Such behavioural risks are the quantification of unwanted pregnancies, increase in the number of legal and illegal abortions and the increased threat of HIV/AIDS. This adds to the risks and challenges in SRH faced by this generation of young people.

The current trend of sexual and reproductive health related behavior of young people has given rise to the creation of a potential high risk group to be affected by SRH related problems. Through the knowledge gathered regarding their peer experience, close to half (41%) of unmarried males and at least one fifth of unmarried females of the 18-24 age group had experienced sexual intercourse. More than a quarter of unmarried males and at least one fifth of females of the 15-17 age group also had the experience of sexual intercourse. A substantial percentage (at least 20%) among the unmarried males of the 18-24 age category had approved of premarital sex. More than one fifth (22%) of this group were undecided on this matter while at least 16% of the females of this group were also undecided. Nevertheless a larger proportion of males and females in all age groups and marital categories, particularly the females disapproved of sexual intercourse before marriage. Further probing through focus group discussions and case studies also confirmed this fact.

Knowledge, attitudes and practices of young people on sexual and reproductive health, need strengthening together with the necessary conceptualization, knowledge and awareness on related SRH issues. The existing knowledge base on sexual and reproductive health indicate that a fifth to a tenth of youth in Sri Lanka enter adulthood without any formal education and instructions of adolescent sexual and reproductive health. Current educational curricula failed to capture all the young people concerned who were in need of receiving formal education on sexual and reproductive health at school level, before they were exposed to the world of adulthood. The quality of knowledge received was accepted as useful while the content and the method of dissemination of educational information and the needed instructions require a closer scrutiny, to be made more user-friendly and digestible. The education level of young persons on reproductive and sexual health showed that the level of knowledge on reproductive and sexual health issues increased with age. The same source would have contributed to the observed better level of knowledge of the 18-24 age group of unmarried women.

The extent of awareness on procreation was generally at a higher level even though a substantial proportion of females were unaware of it. Correct interpretation of the procreation process was lacking. Most respondents, even the married females of this group were unaware of virginity or its definition. A wrong conceptualization of the significance of the menstrual cycle was observed. Youngsters in critical age groups were unable to define the word sexuality. The knowledge of family planning services was inadequate among the survey group.

A National Study on Adolescent Sexual and Reproductive Health

Sexual and other forms of harassment were observed among the targeted young segments of the population, especially among males, in each of the age categories and even among the 10-14 age group of females, who incidentally, had the highest experience in incidents of sexual harassment. Among males, the unmarried males in the 15-17 and 18-24 age groups faced high incidence of sexual related harassment.

Development of intimate relationships, such as love and marriage, among young persons needed to be guided through encouragement of peer group association among them. More than a half of the group were involved in love affairs and had adopted the modern trend of 'going out' with the partner. The practice was more prominent in urban and rural sectors. A lesser proportion of the investigated group frequented unsuitable places such as guest houses and hotels with a lover, or with different lovers, or commercial sex partners. Such persons can be identified as another behavioural group among the survey population who had increased chances of risky SRH related behaviours.

The mean age of the first pregnancy among the 18-24 married females was 20.1 years. Knowledge on family planning methods was satisfactory but the accessibility to materials of family planning was inadequate due to the stigma attached to the purchase of condoms and of carrying a condom. Availability of a condom with a person would be identified as soliciting sex, and in turn was a reason to hamper the use of condoms among young males. A few stated that they did not have a place to buy condoms or that they were not aware of such places.

Media is the main source of information regarding reproductive health for young people. Health programmes on both Television and Radio were popular among them. A majority of respondents felt that reproductive and sexual health knowledge received within the mainstream of education and the quality of such education was useful. Neighbours and relatives were the main source of information on procreation. The printed media such as books, newspapers and magazines played a major role in disseminating information on family planning more than the government hospitals, medical officers, neighbors and relatives.

In disseminating family planning knowledge better use should have been obtained through sources such as parents, teachers and relatives and from mass media such as the Radio and TV. One of the most critical areas of inadequate knowledge and awareness was about STIs, HIV and AIDS. In the context of the SRH problems created by the breakup of the behavioral safety net placed by the cultural norms and practices of the traditional society, the extent of knowledge about such issues among critical age groups, was observed to be grossly inadequate.

The social environment has a major impact on the adolescent decisions. Peer pressure mainly guides the choices of this group. Those living in rural and urban sectors strongly felt that they should have the freedom to select their own partners while those who were located in the

estate sector did not have much freedom as a result of their socio cultural affiliations. Reproductive health behaviour of the survey group in identifying risk and reproductive health related attitudes and practices show that the chances for social interaction, exposure to socio-economic and cultural change had been determined by the strength of the peer group size.

A greater collaboration of Government and non governmental sectors should be developed in providing SRH related services to this segment of the population. Initiatives taken by the Family Health Bureau in establishing school health clubs and training teachers, as a part of the school health programme, have been quite useful. UNFPA with the Ministry of Health initiated its support for population education programme in schools in 1973 and the population and family life education and reproductive health programme at the secondary school level in 1996. Most of these programmes were targetted to disseminate knowledge and awareness creation.

The role played by neighbours, relatives and peers of the investigated group seemed to be very much dominant than that of programmes of government and non-government organizations on awareness creation and knowledge enhancement on SRH issues including the availability and accessibility of current service providers. The SRH services conducted by the government did not specifically target the young people concerned. Only two NGOs had included programmes especially for this group. Some of the services targetting specifically young people were observed to be on a pilot project basis. In general the services of the family health workers, the family doctor, the specialist government doctor, the private doctor, the Ayurvedic doctor inclusive of rituals as providers would have been available to younger persons but had not been accessible due to the traditional norms fostered by society which hindered open discussion of SRH issues.

Changing attitudes of the younger generation on their personal freedom and traditional social practices such as the dowry system, the right of choosing the partner for marriage and issues such as virginity as a pre condition for marriage was very much visible. Some of the attitudinal changes such as those towards premarital and extramarital sex, involvement in multiple love affairs, and the use of commercial sex workers as partners for sexual intercourse were also observed. The survey also indicated a leaning towards risky sexual behaviour of the young people investigated.

1	INTRODUCTION	11
1.1	Rationale	11
1.2	Defining Adolescents, Youth and Young People	12
1.3	Defining Sexual and Reproductive Health	13
1.4	Socio-demographic Context of Adolescents and Youth	14
1.5	Objectives of the Study	22
1.6	Methodology: Three-layered Data Collection Approach	23
1.7	Characteristics of the Survey Population	31
2	REVIEW OF LITERATURE	38
2.1	Introduction	38
2.2	Reproductive Health Information Needs	39
2.3	Knowledge Attitudes and Practices	40
2.4	Risky Sexual Behavior	43
2.5	Reproductive Health Complications	45
2.6	STI/HIV/AIDS	46
2.7	Sexual Exploitation of Adolescents	47
2.8	Policies and Recommendations	48
3	KNOWLEDGE OF SEXUAL AND REPRODUCTIVE HEALTH	50
3.1	Introduction	50
3.2	Sources of Information	51
3.3	Quality of Information	54
3.4	Knowledge on Sexual and Reproductive Health Received in School	59
3.5	Knowledge on the Reproductive Process	62
3.6	Knowledge on Puberty	73
3.7	Knowledge on Behavioral Changes at Puberty	81
3.8	Knowledge on the Menstrual Cycle	84
3.9	Knowledge on Outcome of Sexual Intercourse during Menstruation	86
3.10	Knowledge on Menopause	87
3.11	Awareness on Homosexuality	88
3.12	Awareness of Other Forms of Sexual Behaviour	89
3.13	Knowledge on Family Planning	90
3.14	Attitudes on Family Planning	96
4	KNOWLEDGE ON SEXUALLY TRANSMITTED INFECTIONS	106
4.1	Introduction	106
4.2	Knowledge on Sexually Transmitted Infections (STIs)	106
4.3	Knowledge and Awareness on HIV/AIDS	110
4.4	Knowledge on Methods of Transmission of HIV/AIDS	114
4.5	Knowledge on Methods of Diagnosis of HIV/AIDS	117
4.6	Knowledge on HIV/AIDS Diagnosis Establishments	119
4.7	Knowledge on Safeguards Against Contracting HIV/AIDS	120
4.8	Conclusions	121
5	INTIMATE RELATIONSHIPS	124
5.1	Introduction	124
5.2	Friendship	124

5.3	Love	127
5.4	Marriage	135
5.5	Conclusions	142
6	SEXUAL BEHAVIOUR LEADING TO VULNERABILITY	144
6.1	Introduction	144
6.2	Sexuality	144
6.3	Sexual Behaviour	151
6.4	Other Risk Factors	160
6.5	Conclusion	163
7	SEXUAL AND REPRODUCTIVE HEALTH ISSUES	166
7.1	Introduction	166
7.2	Reproductive Health	166
7.3	General Complaints	173
7.4	Conclusions	178
8	UTILIZATION OF SEXUAL AND REPRODUCTIVE HEALTH SERVICES	179
8.1	Introduction	179
8.2	Reproductive /Sexual Health Education Services Implemented Within the Education System	180
8.3	Utilization of Services in Relation to Access to Knowledge on Procreation Provided by the State Sector and the NGO Sector	184
8.4	Family Planning	184
8.5	Knowledge of Respondents on Availability of Reproductive and Sexual Health Services	185
8.6	Knowledge on Services Available for Those with Physical Difficulties	188
8.7	Services for Psychological Problems	190
8.8	Utilization of Services Related to Pregnancy Provided by Different Sectors	192
8.9	Quality of Services	194
8.10	Conclusions	194
9	POPULATION AND REPRODUCTIVE HEALTH POLICY AND PROVISION OF SEXUAL AND REPRODUCTIVE HEALTH SERVICES	197
9.1	Introduction	197
9.2	Population and Reproductive Health Policy in Sri Lanka	197
9.3	Service Providers	202
9.4	Expenditure for Reproductive Health Services	214
9.5	Conclusions	218
10	CONCLUSIONS AND RECOMMENDATIONS	220
10.1	Knowledge, attitudes and practices of young people on sexual and reproductive health	221
10.2	Development of intimate relationships among young people	226
10.3	Sexual and reproductive health related behaviour of young people and identification of high-risk groups among them	228
10.4	Factors that determine the high risk sexual and reproductive behaviour of young people	230
10.5	Identification of Current Service Providers	234
10.6	The current sources of information and utilization of sexual and reproductive health services	236
10.7	Adolescent knowledge of sexual and reproductive health service providers, service gaps and future policy directions	240
10.8	The current level of skills to communicate, negotiate and access services	242

**A National Study
on
Adolescent
Sexual
and
Reproductive Health**

**Professor
W. Indralal de Silva**

A Plan Sri Lanka publication

