

## The Need for Comprehensive Reproductive Health Education (CRHE) for Youth in Sri Lanka



1 in 4 people in Sri Lanka are between the ages of 15 and 29 years<sup>1</sup> - a total of 4.7 million in 2014 and in the next 15 years, 5.5 million more Sri Lankans will be under the age of 15 years<sup>2</sup>. Preparing these young people for the transition to adulthood is a challenge. Overall, knowledge on basic Sexual Reproductive Health (SRH) among young people in Sri Lanka is not up to standard level<sup>3</sup>.

Sexual and reproductive health and rights (SRHR) education is defined as “an age-appropriate, culturally relevant approach to teaching individuals about sex and relationships using scientifically accurate, realistic, and nonjudgmental information”<sup>4</sup>. As part of an information series on school health, the World Health Organization (WHO) collaborated with the United Nations Population Fund (UNFPA), United

Nations Children’s Fund (UNICEF), United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Bank, Education Development Center (EDC), Education International (EI), and Partnership for Child Development (PCD) recommend that SRH education be provided within the context of school programmes and activities that promote health<sup>5</sup>. School-based SRH programmes are more effective when they develop life skills and have several mutually reinforcing objectives.

This policy brief describes the current state of SRHR education in schools and other education institutions in Sri Lanka and presents the rationale and recommendations for improvements. In addition, it includes UNFPA’s Comprehensive Reproductive Health Education (CRHE) operational guidelines and describes the pioneering work UNFPA, governmental, and non-governmental organizations (NGOs) working in reproductive health education in Sri Lanka.

**Comprehensive reproductive health education helps in empowering young people to protect their health and well-being as they grow and take on family responsibilities<sup>11</sup>**

1 In Sri Lanka, youth age category is defined from 15-29 years of age

2 United Nations Population Fund (UNFPA)- <http://srilanka.unfpa.org/publications/204-million>

3 National Youth Health Survey - <http://srilanka.unfpa.org/sites/asiapacific/files/pub-pdf/Youth%20Health%20Survey.pdf>

4 United Nations Educational, Scientific and Cultural Organization (UNESCO) United Nations Population Fund (UNFPA) 2014- [http://www.unfpa.org/sites/default/files/pub-pdf/UNFPA\\_OperationalGuidance\\_WEB3.pdf](http://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_OperationalGuidance_WEB3.pdf)

5 World Health Organization (WHO), “Skills-Based Health Education Including Life Skills: An Important Component of a Child-Friendly, Health-Promoting School,” Skills for Health (2009), accessed online at [www.who.int/school\\_youth\\_health/media/en/sch\\_skills4health\\_03.pdf](http://www.who.int/school_youth_health/media/en/sch_skills4health_03.pdf), on May 1, 2012. Note: As part of an information series on school health, WHO collaborated with UNICEF, UNESCO, UNFPA, the World Bank, Education Development Center (EDC), Education International (EI), and Partnership for Child Development (PCD) to write this guide.

## International Conference on Population and Development (ICPD) - Why is it important for Sri Lanka?

The ICPD held in Cairo in 1994, attended by 179 countries, including Sri Lanka, recognized that access to SRH information and services for young people was a fundamental right. This agreement has been reiterated in a number of other international documents, most recently in that of the UN Commission on Population and Development (2012), which focused on adolescents and youth<sup>6</sup>.

The ICPD Programme of Action states that countries have the right to design policies and programs in ways that conform to their laws, values, and cultures. Since the adoption of the ICPD Programme of Action in 1994, Sri Lanka has taken a number of initiatives towards this with the support of UNFPA and NGO's at a policy and operational level to improve the quality of life young people. Age-appropriate and culturally appropriate SRH education has been implemented successfully in many developing countries (See Box 1). Sri Lanka has the opportunity to build on local experiences and learn from those in other developing countries to develop CRHE for schools and universities based on these successful programmes.

**Providing sexuality and reproductive health education in schools is cost-effective because the majority of adolescents are enrolled in school<sup>8</sup>**



*Most young Sri Lankans receive little information on sexuality and protecting their health<sup>3</sup>*

## Why advocate for SRHR Education?

A large body of scientific research in both developed and developing countries has shown that SRHR education programmes have improved the overall health of young people<sup>7</sup>. The UNFPA operational Guidance for CRHE stresses the need for culturally relevant local adaptation, and the need to engage and build support among local leaders as a priority. Effective sexuality education is important because cultural values and religious beliefs play an important role in shaping young people's understanding of SRHR issues and their ability to manage relationships with their peers and adults. In its operational Guidance for CRHE, UNFPA also emphasizes that sexuality education is not about promiscuity or encouraging young people to have sexual relationships. On the contrary, it gives young people the opportunity to explore their values and attitudes while building the skills to make decisions, communicate with others, and reduce the health risks related to sexuality<sup>8</sup>.

6 United Nations Commission on Population and Development, Adolescents and Youth, Session 45 (April, 2012), accessed at [www.un.org/esa/population/cpd/cpd2012/cpd45.htm](http://www.un.org/esa/population/cpd/cpd2012/cpd45.htm), on Aug. 21, 2012.

7 Douglas Kirby, "Sex Education: Access and Impact on Sexual Behaviour of Young People," presented at the United Nations Expert Group Meeting on Adolescents, Youth and Development, New York, July 21-22, 2011, accessed at [www.un.org/esa/population/meetings/egm-adolescents/p07\\_kirby.pdf](http://www.un.org/esa/population/meetings/egm-adolescents/p07_kirby.pdf), on Sept. 21, 2012.

8 UNFPA Operational Guidance for Comprehensive Sexuality Education: A Focus on Human Rights and Gender <http://www.unfpa.org/sites/default/files/pub-pdf/UNFPA%20Operational%20Guidance%20for%20CSE%20-Final%20WEB%20Version.pdf>

## BOX 1

### Reproductive Health Education in Schools in Selected Countries

To date, **Nepal** is the only South Asian country in which Comprehensive Sexual Education (CSE) has been formally introduced in the curriculum and teachers' training. CSE is now a mandatory subject in grades 9-10<sup>11</sup>.

In **Malaysia** the Ministry of Education integrated SRH education into the secondary school curriculum in 1989 as a package called "Family Health Education". Muslim students are also exposed to SRH issues as a mandatory subject in Islamic education programmes<sup>11</sup>.

In 1998, the Government of **Mongolia** made a commitment to provide sexuality education in schools from grades 3-10. The centralized nature of the education system in Mongolia has created a powerful opportunity to scale up sexuality education, particularly as schools are required to implement the sexuality education curriculum<sup>11</sup>.

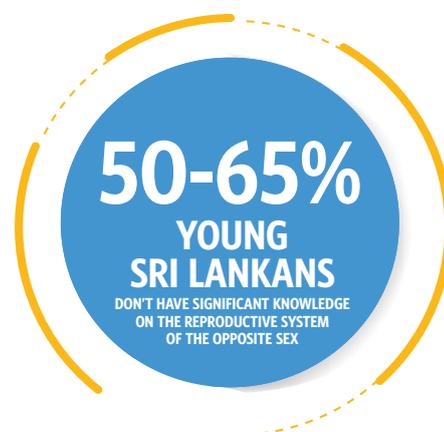
**Colombia** developed a national plan for sexuality education in 1993, It is now transversal, continuous, and taking place both inside and outside the formal educational system. The programme is built on Sexuality as a social construction that defines our understanding and experience of sex, gender and sexual orientation<sup>11</sup>.

## Sexual and Reproductive Health (SRH) knowledge of young people

In Sri Lanka, young people receive necessary SRH information from "**poorly informed sources**"<sup>9</sup> and limited SRHR education through the formal school system. A study from the tea plantation sector found that

59% of participants were informed about sexuality and related information for the first time through friends and peers. The second most common source of information was at the school (17.75%). Electronic (7%) and printed materials (5%) played a minor role when considering the initial sources of information. 55% of participants were most comfortable discussing SRH issues with their friends. Schoolteachers were found to be the least reliable source to discuss SRH related topics<sup>10</sup>. In addition, the National Health survey<sup>12</sup> found that 31% of young people learned about sexually transmitted infections (STIs) at school and 20% through awareness programmes. For information on contraception, 19% turned to their family, 14% to awareness programme and 13% to health officers.

A nationwide Youth Health Survey<sup>11</sup> was conducted in the year 2013 & 2014 by the Sri Lankan government, UNFPA and UNICEF. The survey consisted of more than 8,000 young people between the ages of 15-24 years. Among other things, the survey revealed that schools do little to provide SRHR information, and the information available to youth outside school is not accurate or beneficial. It was also found that only 59% of respondents received education on reproductive health in school. In addition, only 45 - 55 % young people had knowledge about STI's, the risks involved, and preventions methods. Interestingly, only 35% of young people in school had knowledge on emergency contraceptive pills, compared to 50% of out of school.



9 National Youth Health Survey - <http://srilanka.unfpa.org/sites/asiapacific/files/pub-pdf/Youth%20Health%20Survey.pdf>

10 Jayasekara AAIN, et al: A cross sectional study on sexual practices and knowledge related to sexual health of youth in the tea plantation sector; Nuwara Eliya district, Sri Lanka. The Sri Lanka Journal of Venereology. Vol. 3, No. 1, October 2012

11 National Youth Health Survey - <http://srilanka.unfpa.org/sites/asiapacific/files/pub-pdf/Youth%20Health%20Survey.pdf>

## Current Status of the CRHE Curriculum in Sri Lankan Schools

Although SRH education in schools in Sri Lanka has achieved some progress, there have also been many setbacks, which have rendered the activities related to reproductive health education inadequate<sup>12</sup>. The introduction of population education in schools was considered a bold and innovative step at the time. A population and family life education project funded by UNFPA in 1993 was undertaken by the National Institute of Education (NIE) to include selected reproductive health components into the school curriculum at different grades<sup>13</sup>. A few short lessons on reproductive health were further added to the school curriculum after the 1994 ICPD.

Table 1 - Total number of students attending schools in Sri Lanka, academic year 2014 - 2015

Type of School	Number of Students
1 AB schools	1,521,983 (38%)
1 C schools	1,141,383 (28%)
Type 2 schools	862,983 (21%)
Type 3 schools	510,808 (13%)

- 1 AB - Schools with G.C.E. Advanced Level (Grades 12-13) Science Stream
- 1 C - Schools with G.C.E. Advanced Level (Grades 12-13) Arts/Commerce Streams, But not Having Science Streams.
- Type 2 - Schools with classes up to G.C.E. Ordinary Level.
- Type 3 - Schools with classes up to Grade 8 or 5.

In Sri Lanka, the majority of school-age children and youth are enrolled in schools. More than 4 million children were enrolled in preliminary, preparatory or secondary schools during the academic year 2014-2015 (Table 1). According to the National Youth Survey of 2013, there were 591,087 young people sitting for their O/L examination in 2012 of which 51% were female and 49% male.

Among the 468,880 youth at the A/L year, the percentage of young women increased to 56.4 %.

Material related to SRH information can be accessed in the health and physical education aspect of the curriculum<sup>17</sup>. This subject includes content on: child protection, building relationships with others, appropriate behaviour, maintaining health and preventing disease, and growth and development .

A recent study in Sri Lanka confirmed that teachers do not always present this lesson; they often ask students to read it at home or discuss it with their parents. In addition, the survey found that teachers lacked the necessary skills and knowledge to teach sexual education properly<sup>14</sup>.

## Filling the Gaps

### Government Initiatives on Reproductive Health Education

Sri Lanka has made remarkable progress in the last few decades in the areas of teenage pregnancy, STIs, HIV infections, infant, child and maternal mortality . This is attributed to a number of factors that include high political commitment to health, provision of free healthcare, a well-developed health infrastructure, implementation of evidence-based intervention, free education, subsidized food schemes and other socio-economic welfare measures<sup>15</sup>.

12 Hettiarachchi R, Sivayogan S, Gnanissara SAP: Effectiveness of an educational intervention on sexual and reproductive health education directed at school teachers in the Kalutara district. Sri Lanka Journal of Social Sciences 2008/2009 31/32

13 W. Indralal De Silva Aparnaa Somanathan Vindya Eriyagama. Adolescent Reproductive Health in Sri Lanka, Status, Policies, Programs, and Issues. Health Policy Programme, Institute of Policy Studies of Sri Lanka 2003.

14 Dawson, A et al. 2012, Health and Education Sector Collaboration in Adolescent Sexual and Reproductive Health in Sri Lanka. A situational analysis and case study of the Kalutara District, Human Resources for Health Knowledge Hub, Sydney, Australia.

15 World Health Organization Sri Lanka - [http://www.whosrilanka.org/EN/Section31\\_86.htm](http://www.whosrilanka.org/EN/Section31_86.htm)

However, evidence shows that most young Sri Lankan receives little accurate information on sexuality and protecting their health. In order to address this problem, the government has taken a number of SRH education initiatives with the technical support of UNFPA (Box 2).

## BOX 2

### The Government initiatives on CRHE with UNFPA 2015/2016

- SRH Training of Trainers (ToT) programmes for teachers and instructors - **Ministry of Education**
- National Youth Health Survey - **Ministry of Health**
- Needs Assessment Survey on SRH for young technical and vocational training sectors - **Ministry of Skills Development and Vocational Training**
- New SRH curriculum developed for vocational training centers - **Ministry of Skills Development and Vocational Training**
- CRHE in Provincial Youth Policy programmes to strengthen SRH education to produce youth sensitive policies at a provincial level
- Development of a sign language glossary which translates technical terms on SRHR information into **Sign language SRHR glossary** - UNFPA with YPEER, and the Ministry of Social Empowerment and Welfare

## UNFPA Sri Lanka Initiatives

UNFPA has demonstrated the feasibility of SRH education through their pioneering efforts outside the formal public school system which include: responding to adolescents' need for SRH knowledge through community based programmes and school-based or extracurricular activities, in addition to the regular school curriculum.

The following initiatives are being carried out under the 2013 - 2017 UNFPA country programme:

- **100 Voices leading for change SRHR and anti-GBV campaign** - this campaign aims at creating a platform for young people to empower 100 of his/her peers through community-based activities and social media engagement. On these grounds, 100 voices encourages youth to raise their voices and bridge the gap between the lack of comprehensive knowledge, sexual violence and teenage pregnancies.
- **ABLE App** - this mobile application provides information on the SRHR of young people, including those living with disability. The main goal of the app is to improve the accessibility of knowledge and information to marginalized adolescents and youth in Sri Lanka and beyond.
- **SRHR terminology guideline** - UNFPA together with the Family Planning Association and Y-PEER Network developed a comprehensive glossary on SRH terms. This initiative has been a product by youth, for youth.

## Other National and local Initiatives

A number of NGOs have demonstrated the feasibility of SRH education through their pioneering efforts to assist in: capacity building and promotion of sustainability for reproductive health programmes by strengthening the NGO base, networking with NGOs, and institutionalising government and NGO collaboration.

The Reproductive Health Information, Counseling, and Services to Adolescents and Youth Project was implemented by 7 NGOs including: the Family Planning Association, Sarvodaya, Worldview Sri Lanka, SLAVSC, CDS, Vinivida Federation of Community Based Organization, and Prevention of Cancer and AIDS. These NGOs have been conducting effective programmes to train peer counselors on reproductive health issues, with the objective of improving knowledge on reproductive health and sexuality, providing skills in sexual health-related communication, and fostering attitudes that support low-risk behaviors.

## Policy recommendations

In light of the reproductive health disparities and lack of access to health care experienced by young Sri Lankans, it is clear that promoting quality, unbiased, and culturally appropriate SRH information is an important component of advancing reproductive health and rights.

Accordingly, UNFPA Sri Lanka supports public policies that promote the availability of SRH information and services to adolescents and young women, their families and communities.

UNFPA has identified the following recommendations to ensure that youth have access to comprehensive and confidential reproductive health information:

- Establish a National comprehensive reproductive health education policy
- Develop a CRHE strategic action plan to include age-appropriate reproductive health education into schools, university, and other educational intuitions.
- Support implementation of CRHE for all community-based, nationally funded or administered reproductive health education programs
- Promote National and provincial/district level CRHE policies to further monitoring and implementation and ensure that school-based SRH curricula are comprehensive and equitable for all students.

## Conclusion

CRHE enables young people to protect their health, well-being and dignity. Since these initiatives and programmes are based on human rights principles, they also advance gender equality and the rights and empowerment of young people.

Furthermore, providing SRH education in schools is cost-effective since the majority of adolescents are enrolled in school, and schools have the proper staff, settings, and environment for learning.

UNFPA works with governments to implement CRHE in schools and through community-based training and outreach. UNFPA also promotes policies for, and investment in sexuality education programmes that meet internationally agreed standards.

Using evidence from Sri Lanka, SRH education programmes should be developed in all schools to provide accurate, reliable, and science-based education that is culturally relevant and grounded in the universal values of respect and human rights.

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