



Perspectives

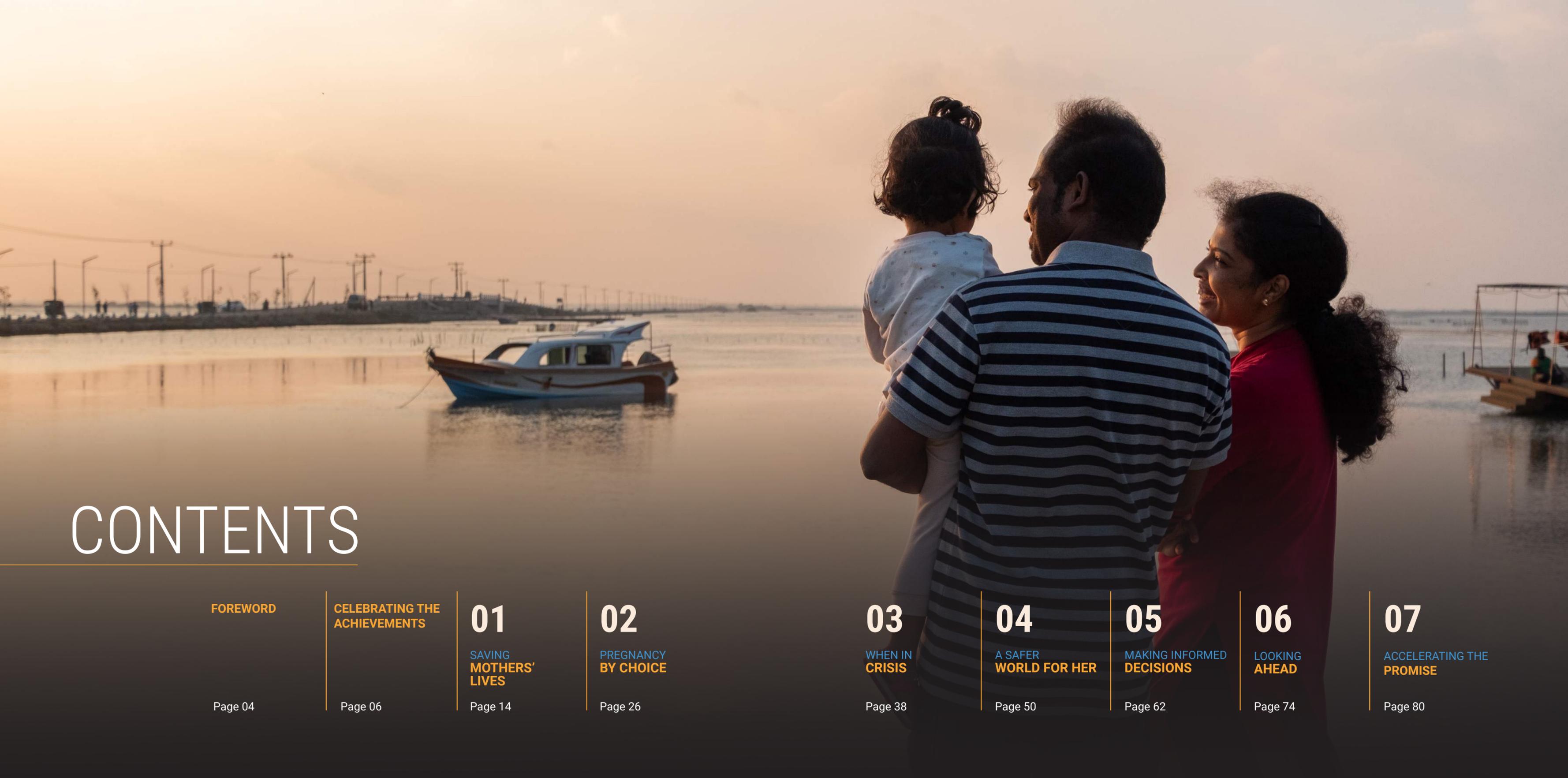
Reflecting on five decades of sexual and reproductive health and rights in Sri Lanka





Ensuring rights and choices for all since 1969





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THE FIGHT FOR REPRODUCTIVE RIGHTS AND CHOICES MUST CONTINUE

Imagine a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. Imagine a world where every person can exercise the right and have choices to make safe and informed decisions on if and when to get married, and whether and when to have children. At the United Nations Population Fund (UNFPA), this is the world we strive to build for everyone, in every corner of the globe.

In 1973, UNFPA started its operations in Sri Lanka. Since then, our combined efforts with the Government of Sri Lanka, civil society organizations, and development partners has assisted Sri Lanka to achieve remarkable progress in advancing sexual and reproductive health of its people.

This year, 2019, marks two important milestones in the field of reproductive health globally: 50 years since UNFPA began its operations, and 25 years since the landmark International Conference on Population and Development (ICPD) in Cairo, which represented a paradigm shift for population and development in the recognition that people's rights, choices, and well-being are the path to sustainable development.

Commemorating these milestones, it is our pleasure to present 'Perspectives – A reflection on five decades of advancements in sexual and reproductive health in Sri Lanka'.

This publication celebrates the achievements during the last 50 years and earlier, and focuses on UNFPA's key areas of work - Maternal Health, Family Planning, Comprehensive Sexuality Education, prevention of Gender-Based Violence, and Providing Humanitarian Relief, through a compilation of stories from resilient, inspiring, and empowering people. The shared insights are from those who have dedicated years of service to addressing the challenges faced in each sphere of UNFPA's work, paired with the stories of the lived realities of women for whom these vital services and far-reaching policies were intended.

The publication also focuses on how rights and choices have been at the heart of the population and development agenda, yet, at the same time, how thousands of people are still waiting for the promise of ICPD to be fulfilled. If we are to achieve the 2030 Agenda for Sustainable Development, if we are to leave no one behind, then we must address the unfinished business of the ICPD agenda.

Each narrative is a reflection of the potential for sexual and reproductive health and rights to transform the lives of individual women and girls – and from there, like ripples in a pond, to drive change that propels the wellbeing of their families, communities and the country itself.

Fifty years on, the fight for rights and choices in reproductive health must continue until the world we imagine, is the world that we live in right now.

Let's continue the unfinished agenda, and let's start now.



Ritsu Nacken
Representative, UNFPA Sri Lanka



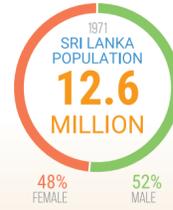


CELEBRATING THE ACHIEVEMENTS

Sri Lanka established its first maternity hospital in 1879, making it the second maternity hospital in South Asia. Since then, Sri Lanka has come a very long way.

With 2,100 mothers dying per 100,000 livebirths at the time, today, this number has been brought down drastically to 39.3, which is a result of continuous investments and policy-level engagements in advancing maternal healthcare in Sri Lanka.

In 1969, UNFPA was established globally, followed by its presence in Sri Lanka in 1973. With continuous support to the Government of Sri Lanka, the country has achieved remarkable progress, boasting the best indicators for maternal healthcare in the region, today.



● Fertility Rate (number of births per woman)
● Maternal mortality rate per 100,000 live births
● Contraceptive prevalence rate (%)



1973-1978: Mr. Majeed Khan (Pakistan) UNFPA Country Director, Sri Lanka
 1978-1981: Mr. Alex Marshall (UK) UNFPA Country Director, Sri Lanka
 1981-1983: Ms. Elina Visuri (Finland) UNFPA Country Director, Sri Lanka
 1984-1986: Mr. Dan Vanderportaele (Belgium) UNFPA Country Director, Sri Lanka
 1987-1990: Mr. Hasse Gaenger (Sweden) UNFPA Country Director, Sri Lanka
 1990-1994: Mr. Hans de Kocke (Netherlands) UNFPA Country Director, Sri Lanka
 1994-2000: Ms. Suneeta Mukherjee (India) UNFPA Representative, Sri Lanka
 2000-2003: Mr. Som Pudasini (Nepal) UNFPA Representative, Sri Lanka
 2003-2007: Ms. Lubna Baqi (Pakistan) UNFPA Representative, Sri Lanka
 2007-2013: Ms. Lene K. Christiansen (Denmark) UNFPA Representative, Sri Lanka
 2013-2017: Mr. Alain C. Sibenaler (Luxembourg) UNFPA Representative, Sri Lanka
 2017-PRESENT: Ms. Ritsu Nacken (Japan) UNFPA Representative, Sri Lanka

1969 United Nations Fund for Population Activities starts operations globally

1971 General Assembly designates UNFPA as lead in Population Programmes

1973 UNFPA starts operations in Sri Lanka

1974 The General Assembly designates 1974 as World Population Year

1975 First fertility survey carried out in Sri Lanka

1976 UNFPA supports establishment of demographic units for population studies at National Universities in Sri Lanka

1977 National Population Policy formulated

1979 Colombo Declaration on Population and Development

Population Division established under the Ministry of Planning

International Conference of Parliamentarians on Population and Development is convened by UNFPA in Sri Lanka

1981 Sri Lanka ratifies Convention on the Elimination of all forms of Discrimination Against Women (CEDAW)

Population education is introduced into the school curriculum, from grades 6 to 9

1982 3rd Asia and Pacific Population Conference held in Colombo

1984 Sri Lanka's then Minister of Health, Ranjith Atapattu, receives Parliamentarian of the Year Award at the International Conference on Population

1986 Sri Lanka is a signatory to the Declaration on Population

1987 UNFPA changes its name from 'United Nations Fund for Population Activities' to 'United Nations Population Fund'

1988 First World AIDS day marked on 1st December

1992 Commencement of Safe Motherhood training programme for maternal and child health care providers

Ayurvedic physicians are trained in family planning

1993 National Institute of Education undertakes the 'Population & Family Life Education' project funded by UNFPA

1994 International Conference on Population & Development (ICPD) recognizes sexual and reproductive health as a fundamental human right

1995 Beijing Declaration adopted at the fourth World Conference on Women

1996 National Well Women Clinic Programme established

1998 Rosy Senanayake appointed UNFPA Goodwill Ambassador for Sri Lanka

Population and Reproductive Health Policy established

2000 Millennium Development Goals adopted

2003 UNFPA conducts Global Survey to appraise national experiences post-ICPD in Cairo

2005 UNFPA provides relief to pregnant mothers affected by the Tsunami and supports the rebuilding of maternity hospitals

Adolescent and youth friendly health centers established

2007 First 'Mithuru Piyasa' center set up in the Matara Hospital

2009 UNFPA provides post-conflict support and relief to internally displaced persons

2012 National Emergency Obstetric & Neonatal Care Needs Assessment carried out with UNFPA support

2013 UNFPA Sri Lanka receives award of appreciation for its work towards the wellbeing of women and girls

2014 20 year review of progress implementing ICPD programme of Action

Guidelines on 'Clinical Management of Rape Survivors' launched

Sri Lanka highlights the importance of HIV prevention services for high risk populations such as female sex workers

2015 The first terminology guide for sexual and reproductive health launched

Sustainable Development Goals adopted - including universal access to sexual and reproductive health care and services

2016 University Grants Commission endorses 'Road to Adulthood': self-learning course on sexual and reproductive health developed by UNFPA

Sign language glossary on sexual and reproductive health launched

Sri Lanka is confirmed to have the lowest maternal mortality ratio in South Asia

2017 First family planning programme review launched with support from UNFPA

2018 Sri Lanka joins the global movement

2019 UNFPA turns 50 since 1969

25th anniversary of ICPD

ICPD25 International Conference on Population and Development

Work in population recognized

ing population growth and creating a better life for all the world's people. "I became interested in population and family planning long before I entered politics", said Dr. Atapattu. "Having worked in many rural areas, I have personal experience with what mothers have to undergo due to unplanned families. These experiences led me to see that population is given its due place in the scheme of things in my country. So, as Minister of Health, I have given priority to all population activities wherever possible."

Dr. Atapattu believes that Asian parliamentarian conferences on population held in Columbia, Beijing and, most recently, in New Delhi, have "increased the lobby among parliamentarians for the cause of population". He maintains that these meetings have "desensitized the population issue to a large extent among political parties" and that "responsible political parties have responded to the cause of moving the subject of population above parochial politics."

The next step, according to Dr. Atapattu, is to secure "more resources for Asia and the Third World in general for population, for the survival of the child, the welfare of the mother and to alleviate other health problems."

The Parliamentarian of the Year Award has been presented to only one other parliamentarian, Senator Bianca Mafalda Michiles of Brazil, in 1981. • Population UNFPA News Letter Vol. 10, No. 9 - Sep. 1988



Sri Lanka has made remarkable gains in sexual and reproductive health and rights. But, despite continuous progress, thousands of women still face economic, social, institutional, and other barriers that prevent them from making their own decisions about whether, when, how often, and with whom to become pregnant.

The pursuit of rights and choices is an ongoing one, with new challenges emerging all the time.



SAVING MOTHERS' LIVES

No mother should die giving birth. Making motherhood safer is a human rights imperative, and it is at the core of UNFPA's mandate.

In Sri Lanka, continuous investments in maternal health can be traced back to the beginning of the last century. Over the decades, maternal mortality has immensely reduced, resulting in Sri Lanka having the lowest maternal mortality in the South Asia region. Almost every mother in Sri Lanka gives birth in a health facility, and 99 percent of mothers receive antenatal and postnatal care by a skilled health professional.

However, while significant strides have been taken, this is not enough because even one preventable maternal death is too many. Maternal health indicators have been stagnant over the last few years, and most maternal deaths have been preventable. UNFPA works closely with the Government of Sri Lanka to strengthen health systems and to promote international maternal health standards, thereby ensuring that every mother can live to witness the life of their child.



“

**EVERY TIME I GOT
PREGNANT, I WAS
HOPEFUL, BUT I WAS
ALSO AFRAID.**

ESHA KAPPARAGE, 52

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Esha Kapparage was told five times that a child she desperately wanted would never be born. Each miscarriage felt different, yet heartbreakingly familiar: the shortest pregnancy was three months, the longest four. Sometimes, she knew she had lost the child because of the blood staining her clothes; at other times it was because the foetal monitor revealed that the baby had gone still and lifeless within her womb. "Each time it was a great emotional blow to me," she says, "a loss of all our hopes."

Esha had always known she wanted to have children. A trained nurse, she had met her husband, Ajith, in Peradeniya, where she was attached to the local hospital. The two hit it off right away. Ajith was deeply progressive in his outlook, unlike other men she knew. An English teacher, he could discuss literature and politics for hours. She loved the dark colour of his skin and the respect with which he treated her and all other women. The two were married after a whirlwind courtship.

After being happily married for a year, Esha and Ajith planned to have a child. Six months later, it was clear something was wrong. They went to see a doctor and underwent a battery of tests. The diagnosis was sub-fertility, which meant that Esha had a condition of reduced fertility. More tests and treatments were scheduled, with the hope of having a child together.

Since Esha was working as a nurse, she would go for her appointments during her breaks at work. They went through four rounds of Intrauterine Insemination (IUI), which involved

placing Ajith's sperm directly inside Esha's uterus to increase the chances of fertilization. Accompanying the treatment were a number of injections and oral drugs. Thanks to her training, Esha was able to simply inject herself.

She knew first-hand how excellent the healthcare for mothers and children provided by the state was, but felt that the hospitals were poorly equipped to treat couples who needed fertility treatments. Asked to provide sperm, Ajith was appalled by the conditions of the toilets he was sent to. There was a clear lack of sensitivity to the needs of couples such as themselves. Switching to the private sector, however, brought with it its own challenges. Treatments and tests put a dent in their budget, and with every miscarriage, Esha's heart sank.

"Because I worked in the sector, I knew there were healthcare services available, but there was no other system of assisting women to help them cope with the mental pressure we had to face. There was no emotional support," remembers Esha. She adds: "Every time I got pregnant, I was hopeful, but I was also afraid."

At the time she was grateful that both his family and her own were willing to give them some space. Even the neighbours in their village were generally respectful. Esha spent hours on the phone with her mother, who encouraged her to keep trying. Ajith was a quietly supportive presence. He told her that it was her choice, and that they would handle it as she wanted. It was the best gift he could give her.

However, after nine years of having her hopes lifted, only to have them so painfully shattered time and time again, Esha was finally ready to call it quits. With Ajith's support, they began to think about other options, such as adoption.





They registered with an adoption centre and put the word out among their network. They found a possible candidate, a woman who was expecting twins but could not afford to keep both of them.

Excited now, they began to prepare to welcome a child into their home. They turned in their motorcycle for a car with a child seat and went shopping for baby things.

Then Esha discovered she was pregnant for the sixth time.

The first month passed, and then the second. The third came and went without incident. When the fourth month went by, Esha finally breathed a sigh of relief.

Nine months later, on April 24, 2007, their daughter was born via a C-section. Esha wept as the doctor held up a girl. Ajith chose the name Sililari, meaning river or stream, for their firstborn. Ajith would tell people later that their daughter saved their lives. "I think that we owe a debt to her," says Esha, "She brought us so much joy. She is our miracle baby."

However, fate wasn't done with them.

A year later, Esha was pregnant again though it seemed that something was wrong. The tests were coming back positive, but the scans showed no trace of the foetus. It took Esha doubling over in pain and being rushed to the hospital for them to realise the pregnancy had been an ectopic, and that the embryo had attached outside the uterus. Esha was rushed into surgery and her fallopian tube removed.

Another year passed, and Esha was pregnant again. "We were both over forty," she says, admitting that she was deeply anxious that the child would be born with Down's syndrome. They went for tests, but found that the most reliable one would also be the most expensive, and was simply beyond their means. "We decided to take a leap of faith and just take whatever was given to us," she says.

When Madhuriya, meaning musicality, was born on December 19, 2009, she was a completely healthy baby girl.

Today, families like Esha's benefit from the work UNFPA does with the Government of Sri Lanka to strengthen the capacity of health care providers to deliver quality family planning services, and in conducting research on subfertility towards developing a national subfertility package.

Meanwhile, Madhuriya and Sililari are the pride and joy of their parent's lives. Their parents tell them stories about how much they wanted them. While Madhuriya is outgoing and Sililari is quiet, together they have a lot of fun. "They play and they quarrel constantly, but it is wonderful to see them growing up side by side. They are perfect," says Esha, beaming with pride.



DR. HARSHALAL RUKKA SENEVIRATNE
OBSTETRICIAN AND GYNAECOLOGIST

Dr. Harshalal Seneviratne remembers a time before the ultrasound was a common tool in antenatal care. Working as an obstetrician and gynaecologist in 1970s Sri Lanka, they relied on the simple stethoscope to examine pregnant women, collecting detailed medical histories and conducting comprehensive physical examinations to help them isolate any risks to her health. Diligence was their best safety net.

As a young doctor, Harshalal felt this was a fair ask. He was conscious even then of being part of a long tradition of practitioners who were breaking ground in Sri Lanka in the field of maternal health.

“This country has had a maternal health record since 1881,” he says. In his research paper, Safe motherhood in Sri Lanka: a 100-year march, written alongside his colleague Lalani C. Rajapaksa, Harshalal notes that the first

record of maternal mortality in Sri Lanka was at 210 per 10,000 live births in 1881. By 1947, a year before Sri Lanka gained its independence, the number had declined to 166. By 2016, the number stood at 33.8 per 100,000.

It’s a number that doctors pay much attention to. Maternal mortality represents a tragedy for a family. The number also provides insights into the overall health of a population and the quality of its health services.

In a storied career, Harshalal first became a lecturer in Obstetrics & Gynaecology at the Faculty of Medicine, University of Colombo in 1975. Between 1978 and 1980, he was also Secretary of the UNFPA Teaching Program of the Faculty of Medicine, Colombo. He would rise through the ranks, progressing to senior lecturer, then professor, and finally Dean of the Faculty of Medicine. He served in this post till 2011, and retired from the University of Colombo in 2012.



Early photo of midwives advising a young mother during a home visit

In his time lecturing and guiding thousands of students, Harshalal was instrumental in defining how maternal health was approached in Sri Lanka. In his lectures, he would emphasize how necessary it was to adopt a holistic approach, considering other factors that might affect a woman’s wellbeing which spanned the spectrum from social, economic and educational development to health infrastructure and family planning.

His interests extended to all areas of reproductive health. From early in his career, he was particularly committed to enhancing infertility services. This he did by promoting the

surgical correction of tubal deficiencies, and later by working with a team of Sri Lankan surgical specialists to advance the relevant technology. He notes that provision of infertility care remains a necessary component of planning a family.

In 1979, Harshalal helped found the first clinic for pregnant women with diabetes, which was then extended to other medical disorders during pregnancy such as hypertension and cardiac disease, among others. “We expanded the concept of maternal medicine,” he says, adding that he pushed for physicians to be appointed to key hospitals to focus on this issue, even though he received criticism for

WE EXPANDED THE CONCEPT OF MATERNAL MEDICINE THROUGH OUR UNDERSTANDING OF HOW PREGNANT WOMEN ARE SERIOUSLY AFFECTED BY COMPLICATIONS RELATED TO DIABETES, HEART AND LUNG DISEASES, THAN EVER BEFORE.

the decision at the time. "It reflected our understanding of how there were now more women seriously affected by the complications related to non-communicable diseases, including diabetes and heart and lung diseases, than ever before."

Harshalal's generation was building on the experiences of colleagues who had preceded them. This understanding that conversations about maternal health had to go beyond reproductive issues was not a new one. In fact, before 1947, periodic peaks of maternal mortality would coincide with successive epidemics of malaria, which ravaged the country. The highest ever maternal mortality

rate in the last 100 years was recorded during the 1934-1935 malaria epidemic.

Later, as a Member, Fellow, President and finally the Patron of the Sri Lanka College of Obstetricians & Gynaecologists, Harshalal had ample opportunity to be actively involved with the development of all aspects of reproductive health in Sri Lanka.

He would work closely with the UNFPA on multiple occasions, including in 1993 when he was chosen to evaluate UNFPA's existing programmes in the run-up

to the implementation of the new Reproductive Health Programme which had been inspired by the developments at the ICPD in 1994 and was to commence in 1997. He would later help evaluate UNFPA's Family Planning Service Delivery in the Estate sector as well as the Country Programme for Strengthening Family Planning Service Delivery.

It is now well known that Sri Lanka is a model for the South Asian region on how to provide comprehensive health services for women and children with a modest budget. Underpinning its successes has been a rigorous system of monitoring and evaluation that has helped identify gaps and address issues with service delivery. While maternal death reporting was a part of the system from 1985, Harshalal says that the Maternal Death Surveillance and Response System (MDSR) became truly exacting and took its present form in 1992.

Today, every probable maternal death is reported to the Family Health Bureau within 24 hours. Sitting on the panel of the first audit, a position he would occupy till 2000, Harshalal contributed to shaping a system which followed clearly structured processes for an immediate investigation of every maternal death at a facility or community level; the resulting reports fed into a maternal death review conducted every six months at district level, and every year at national level.

"This process has developed by evolution rather than revolution," says Harshalal, noting that today recommendations are made and then acted upon following each such review. It is a system that has worked extraordinarily well, and at its best, it ensures the efficient correction of identified gaps and deficiencies. "Our ambition was for this to be a fact finding exercise and a not a fault finding one," he says.



Nurses conduct sessions on contraceptives to educate women on available options



Over the decades, UNFPA has trained health workers in midwifery

The process was further informed by the National Emergency Obstetric and Neonatal Care Needs Assessment which was carried out in 2012 with the support of UNFPA. It would prove pivotal in identifying regional gaps that needed to be addressed to ensure every mother enjoys a safe childbirth. The comprehensive study looked into maternal mortality patterns across the country, providing important insight into regional disparities.

A complementary process has been the continual strengthening of the nation's human resources in terms of the cadres of Medical Officers of Health (MOH), Public Health Nurses (PHN), Public Health Midwives (PHM), and Public Health Inspectors (PHI).

Looking back, Harshalal traces this process back to the De Soysa Lying-in Home, which was established in 1879. He says it laid the foundation for ensuring safe motherhood in the country and played a major role in the training of the first cohort of midwives in Sri Lanka - a tradition they have been building on ever since. The establishment of the first health unit at Kalutara was a major turning point for the provision of maternal health care and domiciliary care in particular.

Historically, we have seen that maternal mortality plummeted as trained assistance became more broadly available, explains the doctor, who played a hands on role in training and providing support for midwives between 1978 and 2012.

Harshalal notes that in recent years a growing focus on regular training and skills development has helped maintain the effectiveness of the system. However, over time, new challenges have emerged. Even in a context where 99 percent of women receive antenatal care, 99.9 percent deliver in hospitals and 91 percent receive post-partum domiciliary care, mothers are still dying in Sri Lanka. The Maternal Mortality Ratio has been stagnant for years.

Harshalal says for Sri Lanka the next big challenges are in addressing regional inequalities and improving the quality of care across the island. "We have been very vigilant and if you look at the country's performance overall, there is a lot to be proud of," says Harshalal, "However, we still have an unfinished agenda."

Going forward, Harshalal hopes to see Sri Lanka reach new highs, and continue to be a model for the region. Key will be fostering interdisciplinary innovation, which could birth a new generation of lifesaving techniques and equipment, especially addressing those left behind.

"Our profession is a microcosm of society," says Harshalal. "And all the challenges we face are reflected in the real world." However, he believes that innovation, commitment and continual learning will see Sri Lanka through the years ahead. "We have come very far, and that is worth celebrating."

PREGNANCY BY CHOICE

Every woman has the right to decide whether, when, and how many children to have. This is family planning, and it is a human right.

When a woman has the power of choice, she can decide when to complete her education, how to plan her career, and when to start a family. She is empowered to shape her future. This is why the right to plan her family is central to gender equality and women's empowerment.

Sri Lanka was one of the first countries to recognize the importance of planning a family. In 1937, the first family planning clinic was opened in Sri Lanka, followed by the establishment of the National Family Planning Programme. Over the years, many advancements have taken place, and today, almost every woman in Sri Lanka is knowledgeable about contraceptive methods.

However, challenges exist as contraception and family planning are stigmatized and misunderstood.

Planning a family is a right and a choice. UNFPA works to ensure that every woman is empowered to exercise this right, and to plan her family – so that her pregnancy is by choice, and not by chance.



“

I HAD ALWAYS WANTED TO BE A MOTHER, BUT THIS MOMENT WAS A CRITICAL MOMENT FOR ME, PROFESSIONALLY. SO, WE DECIDED TO WAIT A YEAR BEFORE WE HAD A CHILD.

RAZNI RAZICK, 30

”

The first time Razni Razick met Hisham Haniffa, it was in the company of their families. They exchanged a few words, but barely spoke. The second time she met him was at their wedding.

Hisham was the last in a long line of prospective grooms. Razni had received her first proposal when she was 18 years old, and now she was 28. The decade in between had been marked by her search for a man who was educated and kind, and who would accept a wife who was passionate about her field of work.

Hisham was that man. In fact, he told Razni he wanted to marry her not in spite of her work but because of it. "I was very certain then that he was the one for me," she says, smiling.

Razni's particular love is working with children. Having completed her schooling in Kandy, she went on to gain experience in the field in settings like the Early Childhood Development Centre at the Kandy Teaching Hospital, and the Centre for Street Children. Later, she became the Founder and Director of Care Station, an initiative focused on empowerment, education, self-employment and housing for the homeless.

Though she was busy at work, Razni used to be quiet about what she was doing. She had very protective parents, and so she chose to hide that she was volunteering in a space that exposed her to poverty, crime and violence. She managed to keep the secret for three whole years, only finally admitting to her family that she had abandoned a paying job to work as a volunteer just before her

wedding. She did this so that the street children she had helped could be part of her big day – she had 12 flower girls, and 85 young guests from care homes and the streets in the first row at her wedding. She couldn't stop smiling at them. Hisham took this all in his stride. He even accepted Razni going to work the day after her wedding, as did her own family.

In 2017, Razni won a Ten Outstanding Young Persons (TOYP) of Sri Lanka award from Junior Chamber International for her contribution toward children, world peace and human rights and was one of the youngest people to be honoured that year. The award brought with it recognition and many opportunities to travel and to gain skills and knowledge in her field. Razni didn't want to turn any of it down, and neither did Hisham.

"I had always wanted to be a mother, but this moment was a critical moment for me, professionally. I wanted to make the most of these opportunities that would really help me grow in my career. My husband was even more certain I should make the most of this time, and so, together, we decided to wait a year before we had a child. We spoke to a doctor, and waited based on medical advice." Their parents backed this decision.

Like Razni, her parents also had an arranged marriage. Her father, like Hisham, had also been nothing but supportive of his wife's ambitions. Razni's mother was the only female lawyer in their hometown of Gampola at the time, and by all accounts was admired by the entire neighbourhood. She chose to continue working, even after she had children.





When Razni was a baby, her mother would simply dress her up and take her along to court. Reflecting on this, Razni beams with pride and says, “She did an amazing job of raising us and balancing work with family life. She is such an inspiration.”

When Razni was 29, she decided she was ready to have a child. She was soon pregnant, and both she and Hisham were delighted. Six months into her pregnancy, her doctor advised her to take complete bed rest. Though she was disappointed that she could not keep working, Razni knew it was necessary to rest and took every precaution. Hisham was with her every step of the way.

Ten weeks later, their son Eesa was born. Razni’s entire family turned up to celebrate with her.

Today, Eesa is four months old. He has Razni and Hisham wrapped around his little finger. Razni has also slowly begun picking up her responsibilities at work as well, and is glad to be back. She has her family’s full support. She and Hisham take turns caring for Eesa, and their parents and siblings are always happy to babysit. As Eesa gets older, Razni will be able to consider going back to work full time. Razni can see how planning her family, and a mutual understanding with her husband, has played a critical role in allowing her to pursue her career.

In her work too, Razni sees the need for raising awareness on family planning services. Many of the young people she works with in the orphanage and care homes have suffered because they did not know about how to use contraceptives, how sexually transmitted infections are spread or how to prevent unintended pregnancies. She knows that girls bear a disproportionate burden when it comes to the fallout. “Family planning is a taboo topic. Very few people speak about it, but we should be more open about it,” says Razni.

This is one reason why UNFPA works to improve access to reproductive health services, including for marginalized young people. UNFPA supports many aspects of voluntary family planning, including procuring contraceptives, training health professionals to accurately and sensitively counsel individuals about their family planning options, and promoting comprehensive sexuality education in schools. Razni is living proof that sound knowledge on sexual and reproductive health can help promote goals of gender equality, women’s rights and a world where pregnancy is by choice, and not chance.

Meanwhile, Razni is grateful that she did not have to choose between her career and being a mother; to choose between loving the child in her home and working to protect those who don’t have a home to go back to. Eesa is her own flesh and blood, but those street kids have a claim on her too. “I care so much about the children I work with, they are part of me. Some of these relationships go back 10 or 12 years,” she says. “I could never abandon them, and I’m glad I don’t have to.”



DR. PRAMILLA SENANAYAKE
INTERNATIONAL CONSULTANT IN REPRODUCTIVE HEALTH

Florence Kannangara was 17 years old when she married, and 19 years old when she had her daughter Pramilla in 1942. But when Pramilla turned 17 and her father suggested that they find their daughter a husband, Florence would not even consider it. "I remember we were at a wedding," Pramilla recalls. "My parents seldom argued, but she put her foot down and said 'Over my dead body. She has to complete her studies first.'"

At the time, Pramilla had her eye on medical school, an ambition she had nurtured since she was six years old. After graduating from the Faculty of Medicine in Colombo, she went on to post-graduate studies in London where she pursued her PhD and a diploma in tropical health.

"Women's health was always a key priority for me," she says, adding that she first began running family planning clinics while in the UK. "I worked in four or five clinics around London, sometimes from 10 in the morning till 7 in the evening, putting in two hours here or two hours there."

After completing her degree, Pramilla headed to India where she planned

to work in the small pox eradication programme. It was 1975, and rural Bihar offered challenging terrain. Memorably, she sometimes had to ride on an elephant to get to work. "It was while I was there that I got a call from Prof. Fred Sai, who offered me a job with the International Planned Parenthood Federation (IPPF)."

Pramilla joined IPPF as its Medical Director, and over the course of a decade rose to be its Assistant Director General, a post she held for 17 years. Prof. Sai proved to be the best of mentors and it was while working with him that Pramilla found herself at the International Conference on Population and Development (ICPD) in Cairo in 1994.

The landmark ICPD event was the largest intergovernmental conference on population and development ever held, with 179 governments participating and some 11,000 registered participants - from governments, UN specialized agencies and organizations,



Every woman has a choice to decide whether, when, and how many children to have

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intergovernmental organizations, non-governmental organizations and the media. Pramilla was in the thick of it, and remembers negotiations that went through till late in the night and reconvened early in the mornings. For the world, it would mark a fundamental shift in thinking around sexual and reproductive health rights for women.

Women's and adolescents' rights to contraceptive information and services was now grounded in basic human rights. ICPD

recognized "the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice." This agreement would lay the foundation for much of UNFPA's work.

For Pramilla, this was a welcome change. "I was delighted that we moved away from playing a numbers game to focusing on empowering women, and giving them a choice," she says. It was also chiefly memorable for how sexual health and rights were finally a part of the conversation. "Up until that point, we had been very backward in talking about it, but you cannot talk about babies and becoming a mother without first talking about sex," she says frankly.

I WAS DELIGHTED THAT WE MOVED AWAY FROM PLAYING A NUMBERS GAME TO FOCUSING ON EMPOWERING WOMEN, AND GIVING THEM A CHOICE.

The conference would have far-reaching implications and in Sri Lanka, it would feed into the creation of a comprehensive, progressive, and new sexual and reproductive health policy. The formulation of the Population and Reproductive Health Policy in 1998 and the subsequent development of an Action Plan based on the policy were crucial initiatives.

Others included the development of an Advocacy Strategy for the promotion of population and development, Information, Education and Communication (IEC) activities on population and reproductive health and the paradigm shift from family planning to the holistic approach of reproductive health in the service delivery programme.

The structure of the national population and reproductive health programme took the shape of a pyramid. At the apex was the national policy on population and reproductive health. At the next level was the advocacy programme followed by the IEC and school reproductive health programme. What followed next at the base was the largest programme, namely the reproductive health service delivery.

Pramilla would have a chance to see some of these ground realities for herself when she returned to the country in 2003. That same

year, she received a distinguished service award from the International Federation of Gynaecology and Obstetrics (FIGO) for her contribution to women's health globally. She was at the peak of her career, and for many it made little sense that she would come back to Sri Lanka. "My parents were against it, they told me it was a war-torn country which everyone else was leaving. Much as they wanted me back as a daughter, they didn't want me to jeopardize my future."

However, Pramilla wasn't coming home just for her parents but also because she felt she had a debt to repay to her country. "I called it my payback time," she says, pointing out that she owed everything to that first, excellent degree paid for by Sri Lankan tax payers which was offered to her for free, with no strings attached.

Once back, it seemed a natural extension of her time with IPPF in London to join the Family Planning Association (FPA) in Sri Lanka. As its President, she was part of FPA's determined efforts to further the conversation around sexual and reproductive health and rights on the island. "We have been a very progressive organisation," she says. "Even then, we were talking not just about the health of women, but how to prevent ill-health."

In other words, we looked at how to address the multitude of issues that fed into a woman's wellbeing, from a healthy lifestyle, to regular cancer screenings and awareness around changes in their bodies such as menopause, as well as the treatment of conditions like heart disease and diabetes.



97% of married women in Sri Lanka are knowledgeable about the contraceptive pill

© FPA Sri Lanka



Currently, 7.4 percent of married women who want contraception are unable to obtain it

© UNFPA Sri Lanka / Ruvin De Silva

She would also engage with UNFPA on adolescent reproductive health in Sri Lanka. UNFPA sees increasing access to modern contraception among adolescent girls as a crucial starting point for improving their long-term health. It is also essential for improving maternal and newborn health, as babies born to very young women face a higher risk of dying than babies born to older women. Yet adolescents face enormous barriers to accessing reproductive health information and services.

Pramilla's work in the sector was designed to increase Sri Lanka's national capacity to conduct evidence-based advocacy for incorporating adolescents and youth and their human rights and needs in national laws, policies and programmes, including in humanitarian settings.

Now, reflecting on the agency's broader role, Pramilla adds: "The UNFPA through its work has strengthened international and national protection systems for advancing reproductive rights, promoting gender equality and non-discrimination and addressing gender-based violence."

Today, Pramilla remains a part of the FPA, and in fact serves as its Vice President, one of 13 honorary positions she holds on boards including the AIDS Foundation Lanka and the Hemas Preschool project. She is also a council member of the Sri Lanka Medical Association.

As a mark of all she has achieved over decades of work, Pramilla has received honorary degrees from the Royal College of Obstetricians & Gynaecologists (UK), American

College of Obstetricians and Gynaecologists and from the Sri Lankan College of Obstetricians and Gynaecologists – possibly the only woman to be so honoured. Drawing on this background of diverse experiences, she is able to offer an important perspective.

"When it comes to women's sexual and reproductive health in Sri Lanka today, for me the challenges are at the two ends of the age spectrum. I am very concerned about teenagers, as well as women who are over the age of 49." When it comes to the former, underage marriages and unwanted pregnancies among young people can create health crises that put young women in danger of their lives, and can deprive them of future growth and wellbeing, she says.

With a demographic transition in play, it will also be essential for Sri Lanka to consider the needs of an elderly cohort whose medical challenges will differ from younger people. "We need to expand coverage of well woman clinics, and we have to work hard to have the right policies and investments for these age groups in place," says Pramilla.

Looking forward, she says Sri Lanka has accomplished a great deal, particularly in its efforts to lower infant and maternal mortality. However, she notes that regional disparities exist and remain a cause for concern. "Sri Lanka still has an unfinished agenda," she says and for her part, Pramilla is far from ready to call it quits.

WHEN IN CRISIS

Every humanitarian crisis—due to conflict or natural disaster—causes support systems to break down. This increases vulnerabilities, especially of women and girls, increasing the need for protection services to ensure the wellbeing, security, and health of those affected. In such crisis situations, when sexual and reproductive health and protection needs are overlooked, the consequences can be staggering.

Pregnant women risk life-threatening complications without access to reproductive health services. Women and girls may lose access to family planning, exposing them to unwanted pregnancies in perilous conditions. Women and young people also become more vulnerable to sexual violence, exploitation and HIV infection and the hygiene needs of women and girls of reproductive age are often neglected.

In recent years Sri Lanka, a post-conflict society, has begun to experience more extreme weather patterns, with each instance stretching government resources. Whether it be floods or droughts, the island's experiences reflect how humanitarian emergencies around the world today are appearing in unprecedented frequency and intensity.

In such emergency situations, UNFPA supports the Government of Sri Lanka to ensure that the affected populations are aware of and have access to essential sexual and reproductive health services. UNFPA also works closely with other UN agencies and partners to ensure that reproductive health and gender are integrated into emergency response and preparedness. This ensures that the needs of women and young people are served through a continuum approach.





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SUGUNAKUMARY RANJITH, 56

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For her first son's second birthday, Suguna baked a cake herself. She took what flour she could find, and poured the batter into a container which she then buried in loose sand and surrounded with wood. It was the only oven she could muster in a year of displacement and heartbreak.

She and her small family had been living in exile, having fled the fighting between the militant separatist organization Liberation Tigers of Tamil Eelam (LTTE) and the Sri Lankan State. Suguna's whole neighbourhood had abandoned their homes in the October of 1995, joining an exodus of people leaving Jaffna on foot.

When she first realised she was pregnant, Suguna was excited, but also frightened. At the time, they lived in Jaffna, comfortingly close to the public hospital. However, every day the fighting drew closer.

"Everyday we lived in fear that we will be bombed. We were alone, and I had no one other than my husband. It was not the happiest moment like it would be for other mothers," says Suguna.

She was grateful that somehow, in the middle of all this, healthcare was still available. Midwives visited her at home and at the hospital, they ran the basic tests.

During one of her check-ups, Suguna was told her baby was in a breech position and that she would need a caesarean. She was admitted to the hospital. "I had complete confidence in the doctors," she says, "this was a teaching hospital and I knew they were good, but the hospital itself was in poor condition." Patients were packed into beds and the toilets were unclean.

Suguna remembers the whole period passing in a haze of worry. "I was not thinking of my child's future," she says. "We were worried about daily life, about whether we would survive." However, in the moment when her son Mathurrangann was born, she felt a quiet joy. At the entrance to the operation room, Ranjit stood waiting anxiously to hold his first born.

In the days that followed, Suguna struggled to breastfeed. Undernourished herself, her milk ran dry and they had to switch to formula for the baby. It cost Rs. 1,800 at the time – more than half of what they had to live on for the month. There was no question of pampers, and so they made do with cloth, even though the soap that was needed to wash it was another great expense. In the sleepless nights that followed Mathurrangann's birth, Suguna remembers that she and Ranjit had their first quarrel. "We experienced everything then: frustration and fear and happiness, all at the same time."

However, by the time they were displaced a year later, Mathurrangann had grown into a happy, sturdy little child. Suguna carried him on her hip as they left Jaffna. With them they also carried everything they needed – it would have to see them through multiple rounds of displacement. When they paused, they would rely on mud houses and small dug wells for shelter and water. Suguna thinks they were displaced nine times or maybe even more – she lost count along the way.

Four years later, Suguna was pregnant again. They had at this time settled in a village 50km away from the main town of Kilinochchi. Suguna had found work as a teacher, and their income was more reliable. Their new home also had room for a garden. Suguna grew vegetables





Such as beans and manioc, as well as spinach and murunga. All in all, she went into this pregnancy feeling stronger.

Though her pregnancy had been a relatively peaceful one, Suguna was aware that the fighting was intensifying around them. In February, as the country marked the anniversary of its independence, the state Armed Forces and the LTTE clashed in Kilinochchi.

When she went into labour in February 1998, it coincided with a particularly heavy round of bombing and shelling. Already in severe pain, Suguna leaned on Ranjit as she stumbled to their neighbour's car to make the 50km trip to hospital. The roads were terrible, and she felt every jolt send an agonizing spike of pain through her body. It took them six hours to reach the hospital.

When they got there, they found no doctors on call. All the beds were occupied, and Suguna was shown a spot on the floor where would have to lie down and wait. She knew the child she carried was too large for a natural birth – it would have to be another caesarean. "I was panicking, my husband was panicking. I was in severe pain, but there was nothing we could do but wait."

To their eternal good fortune, a doctor came rushing in. Soon after, they welcomed little Subeedshan into the world.

Mother and son spent the next three days in hospital. Though Suguna was recovering, soon after his birth, Subeedshan was diagnosed with malaria. His frail body writhed in the throes of a serious fever and he had diarrhoea which threatened to leach his body of nutrients. It was a difficult

few days for the family, especially because as a man, Ranjit was not allowed into the ward, and Suguna had to manage everything herself.

The war—one of the bloodiest and longest running in the South Asian region—came to a close in 2009. Through humanitarian crises such as these, UNFPA has extended its support to ensure that every woman experiences a safe birth, even in the most unsafe conditions. In Sri Lanka, almost every mother delivers her child in a healthcare facility supported by a skilled professional. This is a result of continuous advancements in maternal healthcare over the decades.

Meanwhile, Suguna and her family have thrived. She still remembers Mathurrangann's amazement when he encountered electricity for the first time in his life – he was four years old.

Today, women deliver their babies with a female counterpart by their side, a policy change that Suguna feels she made a small contribution towards by fighting for her rights.

"We had lost everything," she says, "but we still had our lives. Everyone in my family was safe. I feel if you have your life and your courage, then that is the primary thing. That is all you need."



RIZVINA MORSETH DE ALWIS
UNFPA REPRESENTATIVE, CAMBODIA

The first moment Rizvina Morseth De Alwis realized that something might be wrong was when rumours began circulating that the “ocean had flowed into the land.” Turning on the TV did not help at first – no one really knew what a tsunami was, or what to expect. But the images flickering on the screen spoke of near catastrophic devastation.

It was 2004, and Rizvina was the Head of the UN Inter-Agency Support Unit (IASU) of the UN Resident Coordinator’s Office in Sri Lanka. They immediately swung into action, attempting to coordinate relief efforts that covered the spectrum from national to international, government to civil society. It would prove a near overwhelming challenge.

As Sri Lanka moved from relief to recovery, Rizvina took up a new post at the UNFPA in 2005

where she was responsible for designing, implementing and monitoring execution of the agency’s programmes, including the post-tsunami project on Gender-based Violence. “I had always been very interested in issues relating to women’s empowerment and gender equality and so it felt like a natural fit,” she says.

In the wake of the tsunami, coastal communities across the island were still picking up the pieces of their lives. UNFPA had already begun helping to restore vital infrastructure needed to provide health services. Meanwhile, the UNFPA team had commissioned a gender audit, and it confirmed what Rizvina had already suspected. There was a great need for psychosocial interventions, and for policies to address a spike in gender-based violence.

“Overall, the relief provided had been largely gender neutral,” Rizvina reflects, but they were beginning to see quite clearly how women and young people were especially vulnerable in the aftermath of such a crisis.



UNFPA provides dignity kits for women and girls of reproductive age to maintain their health and hygiene during disasters

© UNFPA Sri Lanka / Christian Hutter

In crisis situations, women and children are more likely to be trafficked, or recruited as sex workers and the incidence of sexual assault and violence against women increases. With little protection available, women and girls become vulnerable to STIs and HIV. Without access to contraceptives, women face the risk of unintended pregnancies and in such circumstances could be pushed into desperation, seeking backroom abortions, which could then prove fatal.

Already, more women than men had died in the tsunami. Unable to stay afloat because they were tangled in their saris or simply because they had never been given the chance to learn to swim because of their traditional gendered upbringing, women struggled to escape the waves. In such cases, where a family had lost a wife and mother, children were sometimes left in the care of male guardians who might be ill-equipped to cope. “We thought there might be a silver lining and that this would be an opportunity to transform gender roles, but it did not work out like that,” says Rizvina ruefully. Instead, in such cases, the eldest girl child was sometimes required to step into her mother’s shoes and care for her siblings - whether or not she knew how to.

WE NO LONGER THINK PURELY IN TERMS OF PROVIDING RELIEF; INSTEAD WE FOCUS ON THE NEXUS OF PEACE, DEVELOPMENT AND HUMANITARIAN WORK.

Families, concerned that their girls were unsafe, sometimes chose to marry them off early, often pairing these child brides with older widowers. Some would then become mothers while they were still adolescents. This one act could derail their lives, delaying, postponing or abandoning education and ensuring they would never be independent or seek employment.

Some of the areas worst affected had also been riven by the conflict in the preceding decades, and here women were simply struggling to regroup. “There were so many who had lost family members and homes to the war, and then lost more family members

and their homes again to the waves. It was just tragic,” Rizvina recalls.

In the short-term, living in communal spaces also stripped privacy from women, and this was particularly serious when it came to sanitation facilities. The team were understanding how critical it was to separate toilets for men and women, and to ensure they were well lit and secure. Women and girls also had specific needs, such as sanitary pads or birth control pills which they could not do without. “Essentially,

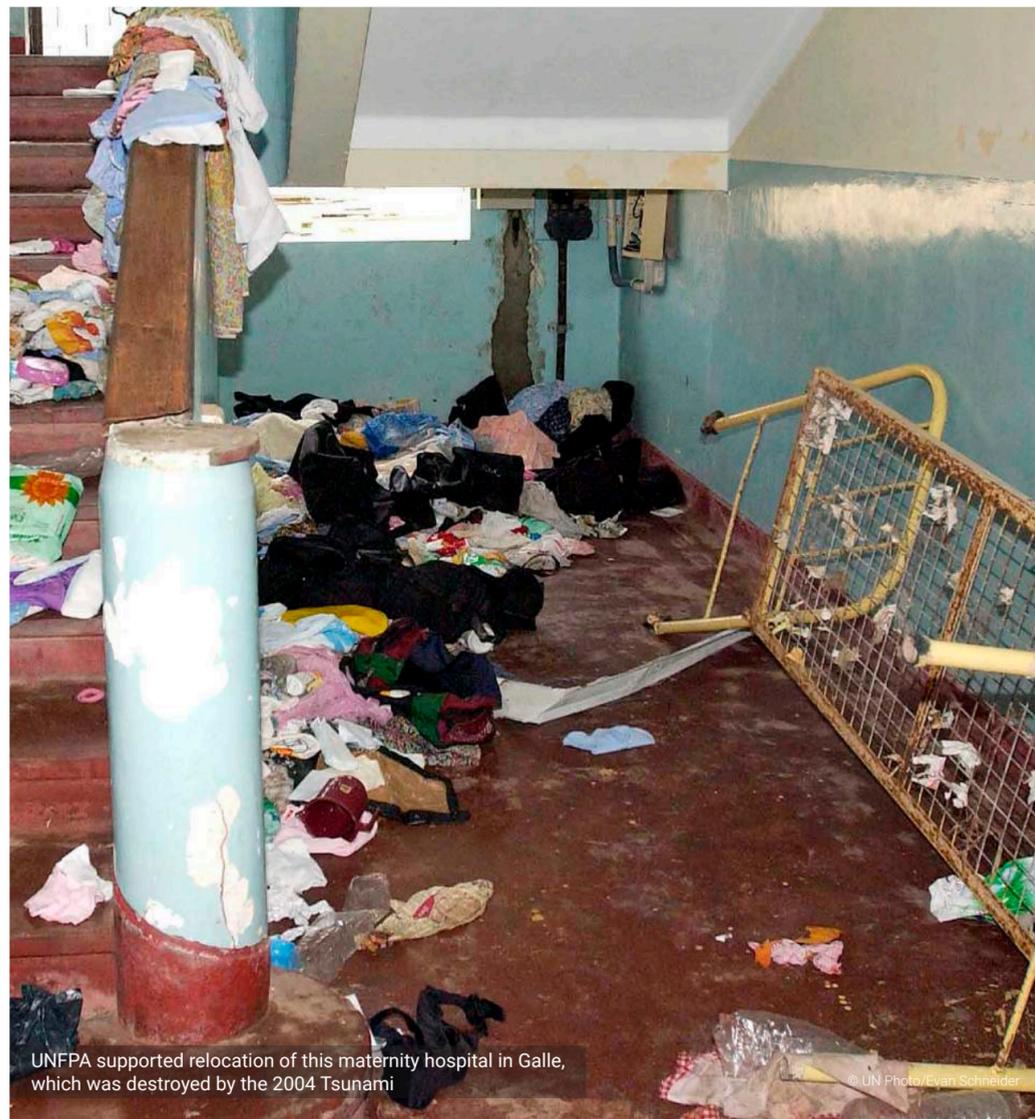
if these needs were not met, their mobility was restricted,” says Rizvina, explaining that this then meant that women were reluctant to come forward to access services, receive relief supplies or engage with the authorities or camp management. As a result, they, and their most pressing needs, were not considered.

The repercussions went on and on, infinitely complex, yet clear on this one point: more needed to be done for the most vulnerable.

Responding to these needs, Rizvina helped establish a forum against Gender-based Violence to coordinate different interventions initiated by different stakeholders—the first of its kind in Sri Lanka—which continues to date under the leadership of UNFPA with over 50 members representing the Government, other UN Agencies, civil society, and activists.

Another pilot project at the Matara Hospital modelled a health sector response to Gender-based Violence with the setting up of a centre called ‘Mithuru Piyasa’ becoming the first of its kind. It was subsequently scaled up and mainstreamed into the UNFPA country programme. Today, every state hospital has a ‘Mithuru Piyasa’ centre established, which provides immediate access to safety for women who face any form of violence.

During humanitarian emergencies, UNFPA began proactively distributing ‘Dignity Kits’ and ‘Maternity Kits’, which include basic items for women and girls of reproductive age, and to pregnant mothers and mothers of newborns.



UNFPA supported relocation of this maternity hospital in Galle, which was destroyed by the 2004 Tsunami

© UN Photo/Evan Schneider



A woman attends a health clinic in the wake of the Tsunami

© UNFPA Sri Lanka

In Ampara, Rizvina remembers watching as the women used their saris to create screens to cordon off a safe space behind which they could retreat. “It became very obvious that they needed a designated area within the larger camp where they could just pause or even sit and grieve in private,” says Rizvina, adding that the team immediately began creating women’s spaces or women’s centres which was a relatively new idea at the time.

Rizvina came out of the experience thinking very differently about relief and recovery. It was clear that while aid could play a vital role, much more had to be done before disaster struck. This approach had gained momentum ever since the International Conference on Population and Development in 1994, which signalled the shift from controlling fertility to talking about women and couples having the power of choice.

“For us at UNFPA, and for me personally, we saw the link very clearly, in an almost tactile way,” recalls Rizvina, explaining that it was evident that one could not separate reproductive health and rights from the agenda of advancing gender equality and women’s empowerment.

“We weren’t a big humanitarian agency before, but now it is very much part of what we do. We no longer think purely in terms of providing relief; instead we focus on the nexus of peace, development and humanitarian work.”

Rizvina feels this is truer than ever in Sri Lanka today where the country is facing challenges from extreme weather conditions to political turmoil.

“Our interventions are now taken to a different level. We are engaging at the upstream level, looking at emergency preparedness or conflict prevention and investing in peace. The programme approach and even the vocabulary we use is changing in that direction. We want to make more sustainable investments in development.”

For Rizvina, this is a critical shift and perhaps the most essential step toward really helping women and young people around the world. In her subsequent postings in Laos, North Korea and Cambodia, where she has served as the Representative and

Deputy Representative for the UNFPA, these lessons have proved invaluable. “It really helps that some of these ideas resonate so much with my own beliefs,” says Rizvina today.

“I truly believe that reproductive health and rights are essential to women’s empowerment.” And when it comes to preparedness, much is achieved by building strong institutions and comprehensive strategies that are inclusive and equitable.

“Those frameworks become very important when we have these setbacks,” she says, emphasizing the need to invest in strengthening local institutions and creating equitable policies. “The extent to which those are resilient will tell us whether we can rise above this crisis or not.”

A SAFER WORLD FOR HER

Violence against women and girls is one of the most prevalent human rights violations in the world. It knows no social, economic or national boundaries.

A UNFPA study conducted in five provinces in Sri Lanka, found that one in three female homicides are related to intimate partner violence, and 69 percent of such incidences go unreported.

In recent years, Sri Lanka's health sector has begun to document how victims of violence can suffer sexual and reproductive health consequences, including forced pregnancies, sexually transmitted infections, and even death.

Gender-based violence is not only a violation of individual women's and girls' rights. The impunity enjoyed by perpetrators, and the fear generated by their actions, has an effect on all women and girls. It also takes a toll on a global level, stunting the contributions women and girls can make to international development, peace and progress.

As the Co-Chair of the National Forum Against Gender-based Violence, UNFPA plays a key role in ensuring a world free of violence for all women and girls in Sri Lanka. This work includes capacity building of officials in public institutions and engaging with civil society and multistakeholders to promote the right of all women and girls to live free of violence and abuse.





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**WE ARE ALWAYS ASKING
GIRLS TO BE BRAVE AND
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TEACH BOYS NOT TO
HARASS GIRLS.**

ANUTHARSI LINGANATHAN, 29

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Anutharsi Linganathan remembers waking up to find a stranger touching her.

This was not the first time it had happened, especially on the late night bus from Colombo to Jaffna. At least this time she wasn't alone, she had her friends with her. Her colleague challenged the man who had pawed Anu, asking him to move. He would not. Soon the whole bus was involved, and to Anu's amazement some people supported the man who had groped her. She called 119, and found more hostile voices on the other end of the line: 'What is your ID number?' they wanted to know, seemingly completely disinterested in her attacker.

Though Anu protested it was about the man and not about her, it didn't help. Eventually, her little group got off the bus and took a taxi the rest of the way. When Anu got home, she didn't discuss the incident. "I could not tell my mother about it," she says. "They were already worried about my safety and security."

Anu's choice of journalism as a career wasn't one that her family approved. "Sometimes I would have to work till 11pm, and my family thought it was not secure. It is a cultural thing, also," she says. "People do not understand why a girl may need to travel alone or live alone."

At work, Anu and her female colleagues faced a different set of challenges. There was the occasional editor who would harass his juniors with impunity – girls quit simply because there was no mechanism to address sexual

harassment and the only way to make it stop was to leave. "Girls won't go to the police," she says. "It does not feel like a comfortable place for us."

In any case, the women were treated like interlopers at the news desk. Most women could not work late, and had protective families who objected to their going out into the field. Once they married, their husbands would often require them to quit working.

And then there was the fact that politics wasn't seen as a beat for women, who were instead encouraged to cover soft stories – to write about health and lifestyle or about the latest film. "They said difficult issues are suitable for men, and that girls can't handle these kinds of stories."

Anu disagreed with her colleagues that women didn't belong at newsrooms. She felt girls simply needed the opportunity to learn. She also could see that women might bring a different, more empathetic approach to their reporting.

In fact, it was Anu's early exposure to the realities of war reporting that had prompted her to enter journalism in the first place. Growing up in northern Sri Lanka, Anu's family had been caught in the conflict. They were displaced multiple times due to the fighting. When Anu picked up the newspapers, she would see the same incident reported in different ways, some of which seemed deeply irresponsible to her. "I wanted to become a journalist, because I wanted to see ethical reporting," she says.





This was on her mind when Anu left school and began looking around for the right journalism programme. She found that a few options existed. Her parents wanted her to study in Jaffna, where they had been displaced for a brief period. They knew the people there, they knew the culture. However, that was exactly what Anu didn't want for herself.

"I wanted exposure to new communities and new experiences," she says, explaining that she applied to other programmes without informing anyone. When she was accepted in to the Trincomalee Campus of Eastern University, it was the first her family knew of her plans.

"I think everyone expected me to be a homely girl, but I didn't want that," she says. When Anu went to university, she found herself challenged again. Being 'ragged' for the first time, she cried when her new seniors spoke to her in foul language, which they then demanded that she repeat. Away from home, she also began to experience more routine harassment from strangers. "I was very protected when I was growing up," says Anu, "Everyone in Vavuniya were familiar people, but in the buses it was the unknown people who would harass us."

Anu is far from alone. In 2015, UNFPA initiated a national survey on sexual harassment in public transport to understand the prevalence of this issue. Preliminary data revealed that 90 percent of female respondents were affected by sexual harassment in public buses and trains at least once in their lifetime, thus highlighting the severity of the problem.

Such experiences seemed confirmation of all the things that Anu's grandparents, the most conservative people in her family, had said to her. At home, they were the only ones who treated Anu

differently from her three brothers. "They had the mentality that boys can do everything, but girls needed to be protected," says Anu ruefully. Anu saw their perspectives as being rooted in a kind of cultural violence, which also included dimensions of caste and class.

Anu's time in media studies helped her see how these forces were at play not just in the work she did, but in the broader world. Today, she is a lecturer at Jaffna University, though she also remains a freelance journalist. With years of experience under her belt, Anu says she is still determined to pursue her passion for journalism. She thinks women will change the sector simply by demonstrating again, and again, that they won't baulk at the challenges.

After years of trying to change her mind, her family accepts her career. "My mother finally understood that this is my passion," she says. Though she has fought for this for so long, Anu doesn't know if this will change when she becomes someone's wife. Many of her friends left work to stay at home after they tied the knot.

However, she believes that women can be a powerful presence in the home. "In the future, I will teach my sons to respect their sisters," she says. "We are always asking girls to be brave and careful. Instead, let's teach boys not to harass girls."



DR. LAKSHMEN SENANAYAKE
CONSULTANT ON GENDER-BASED VIOLENCE

As a young medical student, Dr. Lakshmen Senenayake was oblivious to the fact that he was living in a patriarchal society, one which affected individuals in profound ways. It was only when he started practicing medicine, particularly, as an obstetrician and gynaecologist that this truly became evident. "It became very clear to me that gender, and gender attitudes, have a significant role to play in health care," he says.

Lakshmen would argue that domestic violence, particularly during pregnancy, had to be recognised as a national and a global health concern. It is associated with serious negative health impacts such as miscarriage and growth restriction, and could even lead to fatal consequences for women and their unborn foetus.

It was this last factor among many that would convince Lakshmen that the health system was uniquely placed to assist women suffering from gender-based violence.

A hospital is the single place where women of every background, age and ethnicity would come to, not once, but multiple times. Therefore, providers working in healthcare are strategically placed to detect women and girls living with violence, care for them and refer them on to other services.

After being in active clinical practice of Obstetrics and Gynaecology for more than 30 years, Lakshmen would shift his interests more towards the subject of gender-based violence. Over the years, Lakshmen has worked closely with UNFPA to help shape initiatives of the Ministry of Health, to help address this serious issue – one of the earliest in Sri Lanka being the multicountry pilot project in the island's North Central province.

All women attending the antenatal and gynaecological clinics of Anuradhapura and Thambuttegama hospitals were screened for gender-



The 'Mithuru Piyasa' billboards around the country highlight the effects of domestic violence on children

based violence and where necessary, were referred to a centre managed by the NGO 'Sarvodaya' for counselling services. Training was provided to hospital field staff as well.

"At the time, there was not much research data or information on the existence of gender-based violence in Sri Lanka. What we learned from the pilot was that a significant number of women were subject to abuse, and that they were willing to use services if they had access to them," says Lakshmen.

The experiences gained from this project would lead to the evolution of a model gender-based violence service point, titled 'Mithuru Piyasa' in Sinhala, and 'Natpu Nilayam' in Tamil, meaning 'Friendly Abode'.

The first service point was established at the Matara Base Hospital by the Ministry of Health in 2005 with the assistance of UNFPA. Despite many challenges, the model was widely embraced and many desks would be established in state hospitals across the island. Today, the network of 'Mithuru Piyasa' / 'Natpu Nilayam' centres cover 63 hospitals across Sri Lanka.

EVERYONE RECOGNIZES PHYSICAL VIOLENCE – FRACTURES, EAR DRUMS RUPTURING, EYES BLEEDING. BUT WHAT WOMEN EXPERIENCE MENTALLY AND EMOTIONALLY, WHICH IS SIGNIFICANT, OFTEN GOES UNRECOGNISED.

Though the pilot project was necessarily modest, it would have an outsized impact. Critically, the data collected was enough to convince the appointed Parliamentary Sub Committee to review the Prevention of Domestic Violence Act (2005), which was subsequently passed by the Sri Lankan Parliament.

Since then the Family Health Bureau of the Ministry of Health, has approached the subject in a systemic and comprehensive manner with the technical and financial support of UNFPA and the World Health Organization (WHO). Increasingly, Sri Lanka's response to gender-based violence was taking a multi-sectoral form, with various stakeholders stepping forward to grapple with the issue. Countries such as Nepal, Afghanistan and the Maldives made study visits to observe the institutionalization mechanisms in the health sector that worked in Sri Lanka.

Awareness was growing, as previously scattered efforts came together to create momentum. As a Member of the National Committee on Prevention of Violence, at the Ministry of Health, Lakshmen would author the chapters on Gender-based violence and Domestic violence for the first ever Sri Lanka Report on Violence and Health, which was published in 2008.

He would write that to achieve a genuinely equitable role for women, 'we need to ensure that they are empowered and become equal partners in the decision-making

processes in families, in villages, in political parties, in the business sector and in the civil society as a whole. They should not be passive participants in the process, but an integral part of the machinery of power. In short, what is needed is a social upheaval where women would be perceived as equals.'

However, the ground realities did not go unnoticed. In the same report, Lakshmen mentions that a high percentage of incidents of violence against women are not reported to authorities. Lakshmen, goes on to explain that violence could and did take many forms, including physical, sexual, emotional, economic, and psychological abuse. "The ramifications go way beyond what we think," says Lakshmen. "Everyone recognizes physical violence – fractures, ear drums rupturing, eyes bleeding – everybody knows what it looks like. But what women experience mentally and emotionally, over a long period, which is significant, often goes unrecognised."

His work would also expand beyond the health sector. Lakshmen, along with Sriyani Perera, would facilitate the development of the Policy Framework and National Plan of Action to address Sexual and Gender-based violence in Sri Lanka (2016 – 2020) for the Ministry of Women and Child Affairs. The plan covered nine sectors, each headed by a lead Ministry, and was ratified by the Cabinet without any amendments.

Increasingly, gender-based violence was being recognized as a human rights violation and a public health problem with legal, social, cultural, economic and psychological dimensions. Lakshmen would argue



UNFPA is one of the lead UN agency's working to further gender equality and women's empowerment

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that when left unchecked, it had the effect of curating women's choices and rights especially in relation to sexuality and reproduction.

"Some of the costs incurred due to gender-based violence are tangible and can be counted," he says, noting that these could include accessing medical or legal services. There are also issues around productivity at work and absenteeism. Then came the costs for which there are no numbers. Suffering, the loss of dignity and experience of fear are intangible, but very real. Last but not least is the adverse impact witnessing abuse could have on children.

We could see that these 'adverse childhood experiences' affect the two sexes differently. Boys might take away an idea of masculinity in its most toxic form, of how men could exert control over their wives and family members. Girls, on the other hand, might normalize violence and believe it is a part of being a woman and running a family. So the cycle would perpetuate itself generation after generation.

Children from such families are also likely to struggle both inside and outside the home and are more likely to pursue risk taking behaviours in an effort to escape the unpleasant environment at home. "Without realising this, these men, who were beating women, were unwittingly directing their own children towards their downfall," says Lakshmen.

As reflected in the National Action Plan, the authorities were also becoming aware of emerging concerns. While policies were increasingly in place, implementation still lagged behind. Lakshmen felt every level of government had to be sensitised to the issue if there was any hope that attitudes in the wider society might change. Accordingly, Lakshmen supported efforts by UNFPA to raise awareness on addressing gender-based violence with the staff of important establishments such as the Human Rights Commission, Legal Aid Commission and Public Service Commission.

"Today, critically, we also have to understand that gender-based violence continues to evolve and manifest in different forms. 25 years ago, we talked mostly about physical violence by perpetrators known to women, but now we are seeing other forms of violence proliferating such as cyber violence and sexual violence on public transport. As the country's landscape changes, so does the modus operandi of the perpetrators," cautions Lakshmen.

As new challenges continue to emerge, the society can no longer afford to be playing a game of patience and masterly inactivity. "We must not be blind to gender-based violence, or make the mistake of denying that it exists in Sri Lanka," Lakshmen emphasises. "If we want to help our women and children, if we want to see them blossom as productive citizens, then we must act now."



Worldwide, it is estimated that 1 in 3 women will experience physical or emotional abuse in her lifetime

© UNFPA Sri Lanka / Ruvin De Silva

MAKING INFORMED DECISIONS

Every young person will one day have life-changing decisions to make about their bodies, and sexual and reproductive health in general. Yet, research shows that the majority of youth and adolescents lack the knowledge required to make these decisions responsibly.

This is why comprehensive sexuality education is so important. Providing accurate and age-appropriate information about human development, anatomy and reproductive health, as well as information about contraception, childbirth and sexually transmitted infections (STIs), including HIV, can change a young person's life and help him or her achieve their fullest potential.

In Sri Lanka, more than 50 percent of youth lack knowledge about the reproductive system of the opposite sex. Too many young people receive confusing and conflicting information about relationships and sex as they transition from childhood to adulthood.

Comprehensive sexuality education is a curriculum-based process of teaching and learning. It aims to equip young people with knowledge, skills, attitudes, and values that empower them to realize their health, well-being and dignity, and to develop respectful social, romantic and sexual relationships.

UNFPA advocates for ensuring every young person is equipped with the knowledge to make informed decisions about their body. In doing so, UNFPA works with the Ministry of Education to increase capacity of delivering age-appropriate sexuality education for youth.



“

IF YOU ARE NOT GETTING INFORMATION FROM YOUR PARENTS, AND YOU ARE NOT GETTING IT FROM YOUR SCHOOL, THEN YOU ARE GETTING IT FROM YOUR FRIENDS – AND IT MAY NOT BE THE CORRECT INFORMATION.

SANDAMALI RAJIKA SILVA, 42

”

Sandamali Rajika Silva still remembers her first – and only – sexuality education class. She was in Grade 8, surrounded by her friends. Their teacher was clearly uncomfortable. “She looked like someone who was quite reluctant, like she had been compelled to talk about it,” says Sandamali. The class consisted essentially of an introduction to the reproductive system, which meant labelling a diagram on the board – and that was it.

At home, Sandamali wouldn't dare bring up the subject with her mother, who was quite a stern lady. While Sandamali's father doted on her, this wasn't the kind of the thing they discussed either. It isn't something she holds against her parents. “That was just their way,” she says.

So her best sources were her classmates and cousins. “This was the case for most of my friends, to be honest. If you are not getting information from your parents, and you are not getting it from your school, then you are getting it from your friends, and it may not be the correct information,” she says.

When Sandamali had children of her own, she didn't want to see the cycle repeated. There was nothing she could do about how it was taught at their school, but she always wanted to have an open relationship with her daughters; she wanted them to be able to tell her anything.

Swasha, Yahali and Nehali were growing up so fast. Like any pre-teen, they had many questions and were curious about their own bodies. Social stigma, however, might mean they were left to fumble in the dark.

It is for this reason that UNFPA promotes comprehensive sexuality education, which provides vital information and then goes beyond it to explore and nurture positive values regarding their sexual and reproductive health. This education includes discussions about family life, relationships, culture and gender roles, and also addresses human rights, gender equality, and threats such as discrimination and sexual abuse.

Taken together, Sandamali believes this information can help young people develop self-esteem and life skills that encourage critical thinking, clear communication, responsible decision-making and respectful behaviour. For her part, the mother of three has already begun preparing the girls for their menstrual cycle, explaining what they should expect and what they should do if they begin to bleed.

She has also sat them down and had a frank conversation about what inappropriate touching is and when an adult might not have their best interests at heart.

It wasn't the easiest conversation to have, but Sandamali knew enough of what was happening in the wider world to know she had to ensure the girls didn't fall victim to a sexual predator.

“We knew it could be anyone, it could even be someone they knew, and so we had to really talk to them. Once it happens, it is a scar and you can't undo it. I never wanted to regret not speaking to them when I had a chance.”

It was also clear that her children lived in a different world from the one Sandamali grew up in.





She is already in a small tussle with her eldest daughter who feels ready for her own phone – after all, her friend and cousin who are the same age have their own phones already. Sandamali is less than keen. Laughing, she admits she has told Swasha that she may have to wait a year or two.

She says this with an awareness that it can be hard to protect children online. She knows that there are predators who try to groom young people, and can be very clever about manipulating them. She is also concerned about peer pressure and the increase in young people sharing photographs with each other. Children may not always fully grasp what is going on, or what the consequences are, and Sandamali doesn't want something online that could leave her girls vulnerable or open to exploitation.

The landscape is changing so rapidly that parents can struggle to know how to protect their children. Staying on top of what the latest social media fad is, can feel impossible.

"When I was young, I was very protected," says Sandamali, explaining that there was no socialising with boys. "Just to see a boy at a party was like magic, and that's definitely not true in this era," she says ruefully. In contrast, she wants Swasha, Nehali and Yahali to have a healthy understanding of their own bodies and their emotions as they grow up.

While some parents choose to focus on promoting abstinence, Sandamali thinks that it doesn't really work like that. "It's not like telling them 'don't steal!' This is connected with feelings, and I know that one day my girls might meet someone they care about. You can't cage them."

The world isn't fair and she knows girls face different, and more serious consequences than boys. She wanted to be upfront about the risks and the long-term implications of any choices they make now. Realising that she can't be there every minute of their day, supervising everything they do, Sandamali feels like the best approach might really be to just empower the girls to make the right decisions for themselves.

If they end up doing something she disapproves of, Sandamali still wants them to be able to come and talk to her about it. At least then she knows that they could handle the problem together and that her children won't be alone, confused or frightened. "If you are confident about the relationship, if you say to her, 'I do have faith in you,' then your children don't want to disappoint you," she says.

She is grateful that her children's school now offers counselling services to children who may have been abused, but she says this isn't a substitute for comprehensive sexuality education. However, she feels the subject may require a different approach from the usual curriculum and should be delivered by teachers who specialise in it and are able to put young people at ease. She also acknowledges that parents need to do most of the work, and feels like home is where these conversations need to start.

"I know what it was like for me growing up, and I don't want them to have the same problems," says Sandamali. "I want them to understand that it is about loving yourself. If you start loving yourself then you know certain things might harm you, and so you choose more wisely."



SENEL WANNIARACHCHI
CO-FOUNDER HASHTAG GENERATION

'Can you get pregnant by sharing a bar of soap?'

'An adult sometimes touches my private parts, is it okay?'

'Can you get infected with HIV if someone living with HIV uses the same swimming pool as you?'

After all these years, Senel Wanniarachchi still remembers the questions. As the Manager of Youth Programmes at the Family Planning Association of Sri Lanka between 2016 and 2018, Senel had the primary responsibility of steering a national programme, which provided comprehensive sexuality education for over 20,000 young people.

In a relatively conservative culture, the effort brought with it specific challenges – starting with access to schools that did not always take to the idea of young people coming in to talk to students about comprehensive sexuality education (CSE). The team expected this, and prepared workarounds such as going through a supportive Member of Parliament or taking along a sympathetic senior doctor.

When finally faced with a room of young people, Senel did his best to draw on his own experiences to design a programme that would resonate with them. It could start out awkward, but once the conversation began, students tended to become interested, because these were answers to questions they actually had. At the end of every training, the team would invite participants to write any other questions they had on a chit and send it to the front. Hundreds of slips would be passed down the rows.

Some of the questions were surprisingly naïve, but Senel could relate to these students. "I had been a university student myself, and so these things didn't surprise me, particularly because I was also experiencing them or seeing them played out around me," he says. "For the most part, there was no CSE in our schools and that was just something we grew up with."



Engaging men and boys in conversations around sexual and reproductive health is crucial in advancing gender equality

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Senel's route to this moment had been a largely unplanned one. Starting out as a young reporter, his interests were diverse, but gradually became more focused on rights and development issues. At one point, he wrote a weekly column for a local newspaper, which touched on topics such as gender equality and sexual orientation, which he saw little of in mainstream media.

As he wrote, he also learned and what he discovered could still surprise him at times. One instance of this was the data around abortions. Sri Lanka has some of the strictest abortion laws in the world. In 2016, alone the Ministry of

Health reported that 658 abortions were carried out daily in Sri Lanka, adding up to 240,170 unsafe abortions annually.

How and why were there so many unwanted pregnancies taking place in Sri Lanka? This was the kind of information that hooked Senel and left him feeling compelled to write about it. It was these efforts that first brought him to the attention of the Family Planning Association (FPA), where he initially joined as a volunteer in 2014.

PEOPLE ALWAYS SEEMED TO ASSUME THAT IT WAS ABOUT HOW TO HAVE SEX. WE HAD TO EXPLAIN THAT WE WERE ACTUALLY TALKING ABOUT ISSUES LIKE GENDER EQUALITY, CONSENT AND SEXUAL RIGHTS.

He would be invited in that capacity by UNFPA to attend the Youth Engagement and Gender Equality conference (2014) in Bangkok, Thailand. He still remembers the camaraderie. “You could see that across South Asia, young people faced obstacles in organizing themselves and accessing funding for this kind of work. Youth across the region also had similar challenges, particularly in how ‘culture’ was used in this vague way to justify withholding CSE for young people.”

The experience proved key, and years later it would lead Senel to accept the job as a Manager of Youth Programmes at FPA. Aside from the trainings he helped conduct, his second responsibility was focusing on strengthening their Youth Technical Advisory Committee, which was made up of 10 to 20 young people who were brought together to inform the work of the organization and even advise their staff. Despite challenges in execution, it is still a structure that Senel admires.

“We say young people are important, but then we don’t actually put them in positions of decision-making or allow them to have a say in how an organization works, even if they are the target group,” he says, pointing out that he was grateful to the opportunity given to him to drive social change.

However, talking about CSE with a broader audience always highlighted for Senel how misunderstood the topic was.

“People always seemed to assume that it was about how to have sex. We had to explain that we were

actually talking about issues like gender equality, consent and sexual rights,” he says, adding that even very young students would benefit from discussions around sensitive topics like inappropriate touching. Often, the most potent tool in their arsenal proved to be the facts.

“When we shared the data about the reality of teenage pregnancies and the prevalence of unsafe abortions, a lot of people would be quite surprised,” Senel remembers, adding that when paired with corresponding data on how providing CSE was actually beneficial, it could change attitudes.

There were examples from other countries that demonstrated conclusively that offering young people CSE did not increase early sexual activity or STI/HIV infection rates as people who are against CSE feared – in fact, quite the opposite.

Along the way, Senel realized that adults are sometimes unaware about the rights and choices they can make, relating to their bodies. “We realised that for some teachers and principals, they were learning about a few of these issues for the first time as well. We shouldn’t have been surprised, they had gone through the same system we had been through.”

Senel would leave the FPA the next year to pursue his Master’s Degree in Human Rights at the London School



Early photo of sexuality education programmes conducted in Sri Lanka

of Economics and Political Science as a Chevening Scholar. His interests have expanded to encompass meaningful civic and political participation of youth through initiatives like Hashtag Generation, which he co-founded.

Run by a group of young tech-savvy, Sri Lankan volunteers, Hashtag Generation advocates for meaningful civic and political participation of youth, especially young women and youth from minority groups. Their projects include ‘We Govern Sri Lanka’, which ran over three years and trained a group of 120 women from across the country who were interested in contesting for local government elections. “We’ve used our social media platforms to raise awareness on issues such as Muslim personal law reform and rights of Sri Lankans with diverse sexual orientations and gender identities and rights of persons with disabilities,” says Senel.

In 2015, Senel was one of a group of ‘Social Media Fellows’, an initiative by UNFPA, to produce and introduce digital content on sexual and reproductive health and rights issues. In addition, both FPA and Hashtag Generation, are members of the National Forum Against Gender-based violence that the UNFPA convenes.

In 2007, Senel received a medal from Queen Elizabeth II in recognition of his work on using social and new media tools to empower young people and women to meaningfully engage in decision-making processes.

More recently, he co-authored a book titled ‘A Montage of Sexuality in Sri Lanka’, which was published by UNFPA and the Sri Lanka College of Community Physicians in 2018.

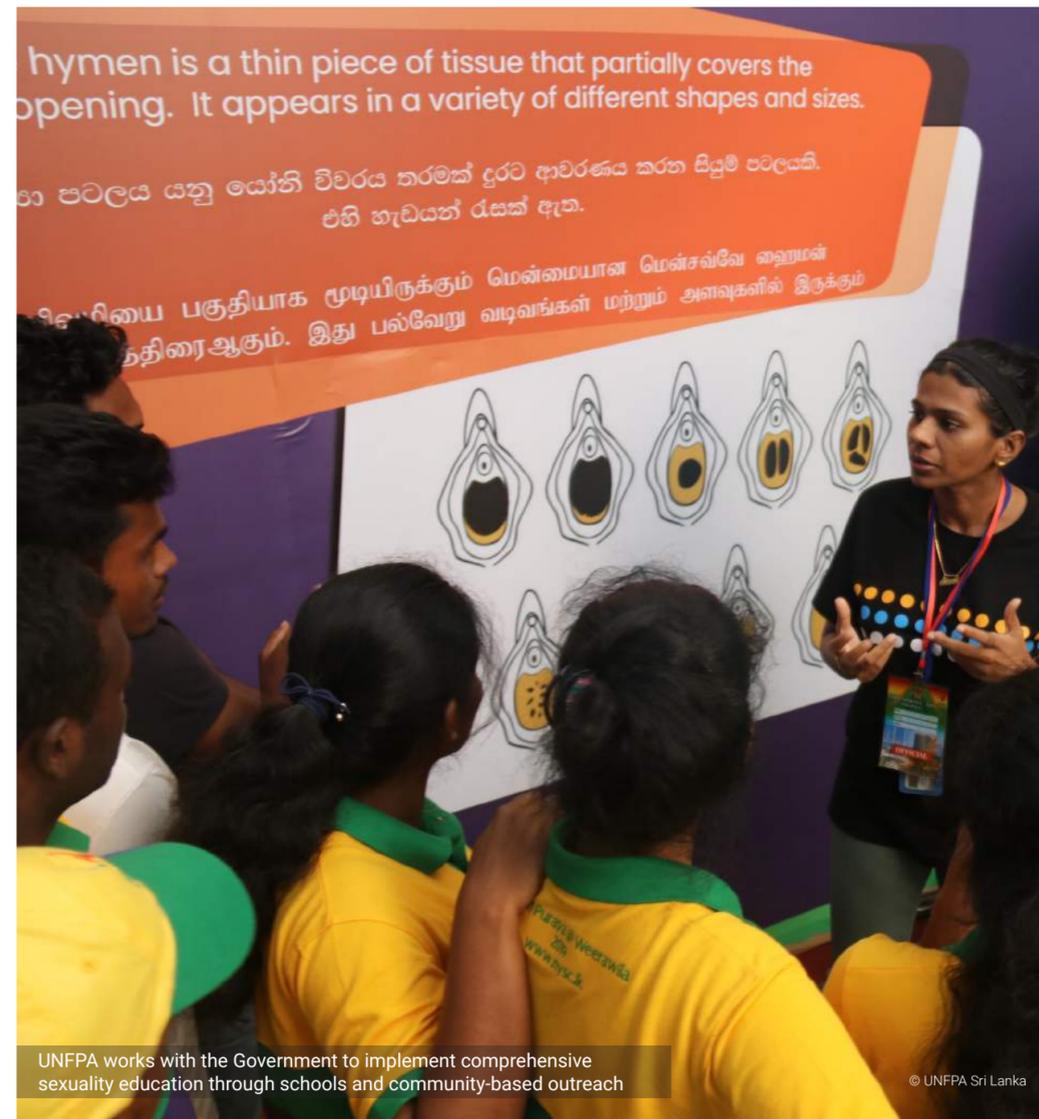
For this unique publication, Senel interviewed a wide range of people with differing experiences including transgender individuals, sex workers, women who had been subject to female genital mutilation, and young women who had become pregnant as teenagers. His features were complemented by medical insights from doctors at the Sri Lanka College of Community Physicians. It’s something that Senel is particularly proud of.

His years of work in the field have taught him that the conversation around CSE needs to be anchored in a human rights perspective rather than a strictly medical one. Referring to Sri Lanka’s Right to Information Act,

Senel shares his belief that this ‘right to information’ is a fundamental one for all citizens.

“In a democracy, citizens should have access to information that allows them to make decisions about their country and community but also their bodies,” he says, explaining that when it comes to CSE the discourse tends to focus either on protecting young people from sexually transmitted infections or on preventing unintended pregnancies.

“While all of these are very important, I think we need CSE for reasons much beyond those that are ‘preventative’ or ‘protectionist,’” says Senel, frankly. “The ability to understand your body and to be able to make decisions about it is a human right. By withholding this information we are violating that right.”



UNFPA works with the Government to implement comprehensive sexuality education through schools and community-based outreach



PROF. LAKSHMAN DISSANAYAKE
SENIOR PROFESSOR, DEPARTMENT OF
DEMOGRAPHY, UNIVERSITY OF COLOMBO

DATA SHOULD NOT JUST BE DISCUSSED IN CLASSROOMS. AS DEMOGRAPHERS, WE NEED TO LOOK AT HOW TO USE THE DATA FOR POPULATION DYNAMICS.

LOOKING AHEAD

After 50 years of continuous investments in reproductive health in Sri Lanka, what's next?

2037.

It's a year that shows up often in Prof. Lakshman Dissanayake's calculations. A senior Professor at the Department of Demography at the University of Colombo, Lakshman has dedicated a long career to studying Sri Lanka's population dynamics. For him, 2037 promises to be a milestone year because it's when those above 60 years old will account for 22 percent of Sri Lanka's population.

It reflects a profound change in the order of things, especially when you consider that in 2012, this same group accounted for only 12.4 percent of the population – essentially, we are talking about a 103 percent increase in the number of people over 60 years of age, within just a short period of 25 years.

2037 is also the year that Lakshman says Sri Lanka's first demographic dividend comes to an end. A demographic dividend only becomes possible when there is a decline in mortality and fertility rates, which usher in a period in which a country enjoys a high ratio of a working age population

in relation to smaller numbers of dependents such as the elderly and the very young. At its peak, the demographic dividend is a gift to a country as, it can drive growth and expansion, and is a boon to the economy – but only if we deliberately make the most of it.

“This is how many countries have developed,” says Lakshman citing examples such as Thailand, Hong Kong, Korea and Malaysia that have made the most of having a large pool of young workers.

Sri Lanka has long been considered one of the success stories in human development, leading its peers in the region across a range of indicators. Early investments in health and education have brought the country to a point where significant reductions in infant mortality rates combined with increases in life expectancy have meant Sri Lankans are living longer, healthier lives. These achievements have influenced Sri Lanka’s demographic cycle.

What happens when Sri Lanka’s population pyramid shifts, and more people hit the age at which they would typically retire?

A CRITICAL TRANSITION

It is clear this transition will bring with it specific challenges, particularly around healthcare. An ageing population presents significant social protection challenges for vulnerable groups, particularly low-income families supporting the elderly. In Sri Lanka, the number of female-headed households has also increased in recent decades as has the number of people with disabilities, each of whom face their own particular challenges.

Lakshman knows that demographic dividends do not automatically bring benefits – careful planning and successful implementation are what make it real. “We need to have appropriate policies and services in place. For instance, when you are considering a youth bulge, then we need to be thinking about reproductive health issues,” he says, adding that as the population ages, the pressure points shift, requiring a different approach and focus for health authorities.

Since advances in sexual and reproductive healthcare have played such a critical role in Sri Lanka’s gains so far, the country must look to how it can maintain these investments, but also address gaps in reproductive health to ensure Sri Lanka is prepared for the future.

In this context, Sri Lanka could once again consider an innovative approach. One example might be to take the current maternal and childcare system and the cadre of midwives who support it. Lakshman suggests creating a similar group of trained grassroots health workers who can visit senior citizens in their homes, check their blood pressure and provide other basic health care needs.

However, developing such strategies will require that we first understand the challenges.

AN EVIDENCE-BASED APPROACH

Lakshman believes that the key to designing effective policies will be in gathering data and evidence through research to inform policy-makers. In Medium-Term Population Projection for Sri Lanka: 2012 to 2037, published by the UNFPA in 2016, Lakshman argues that projections should not only be used to inform planning in the public sector but also to underpin planning and marketing strategies in the private sector. Furthermore, estimates of future population trends are also a crucial input into models of global environmental change and its impact. “Data should not just be discussed in classrooms,” he says, adding, “As demographers, we need to look at how to use the data for population dynamics.”

And the numbers can be revealing.

Mortality in Sri Lanka has declined substantially over the past decades. In the early 1920s, the average life expectancy at birth for men and women was 32.7 and 30.7 years, respectively. By 2002, those figures had increased to 68.8 years for males and 77.2 years for females. The projected figures show that male life expectancy is expected to reach 72.3 years while female life expectancy will be 82.5 years by 2026.

Lakshman is confident that Sri Lankans will enjoy increasingly longer lifespans. “We are going to see centenarians and super-centenarians in Sri Lanka,” he says. “If people retire at 65 years old, then we are asking them to spend 30, even forty years, outside of the labour force.” It doesn’t make sense when you consider that many will remain physically and mentally fit well past the threshold of retirement.





A SILVER ECONOMY

Lakshman is over 65 himself, and it gives him a unique perspective. He stepped down as the Vice Chancellor of the University of Colombo when it came time for him to retire, but he is far from ready to quit work. Like many in his generation, Lakshman has first-hand knowledge of how advances in healthcare and education have ensured people can be genuinely productive for years after the time that society would normally expect them to withdraw.

There is real potential here – what Lakshman likes to call the ‘second demographic dividend’. “The current labour force are the people who we will see going into old age, in to that second demographic dividend,” he explains, adding that herein lies the potential for a silver economy. This economy will have to rely on elderly employees and be responsive to their needs. When people ask how the young will have access to opportunities in such a context, Lakshman is forced to point out the hard reality that the number of younger cohorts will have decreased – we simply won’t have enough young people to fulfil the demands of the market.

For Lakshman, it makes sense in such a situation to question making people redundant too soon when we should instead be reconsidering when we retire and how we define ageing. One way to tap into this group will be for the government and the private sector to ensure they have the right macroeconomic policies in place. “We have to improve the health, and productivity of this generation, and we also have to improve the capacity of these people to save, so that by the time they reach retirement age they have a nest egg to fall back on.”

He holds Japan up as an example Sri Lanka could emulate. Having identified the challenge facing them, the country developed relevant insurance schemes and promoted an elder and disabled-friendly environment.

A GENDER PERSPECTIVE

Meanwhile, Sri Lanka can do much to strengthen its current generation of young workers. In particular, Female Labour Force Participation has stagnated in recent years, and Sri Lanka could see real dividends by bringing its women into the workforce.

The choice of whether, when, and how many children to have, has a critical role to play. In fact, family planning programmes are widely recognized as one of the most cost-effective health interventions, a critical step toward

enabling women to enter the labour force, and one that allows families to devote more resources to each child, thereby improving family nutrition, education levels and living standards.

In this context, Lakshman is also concerned about teenage pregnancies, which have been associated with adverse health outcomes during pregnancy and childbirth and can prevent young girls from realising their full potential.

On the other end of the spectrum, the number of women over 50 years of age is also expected to increase. In 2012, that number was 2.6 million, but by 2036, it will nearly double to 4.4 million. Simultaneously, women are likely to live longer.

“This means that Sri Lankan women will live 30 years beyond their fertile age at least,” says Lakshman, adding that in response, reproductive healthcare needs to now include programmes to support the needs of a growing number of menopausal and post-menopausal women. “We are not even talking about these issues yet,” he says.

It is also essential to consider women in the effort to ensure equitable development. The elderly are a vulnerable group and tend to experience significant levels of poverty. Within this cohort, elderly women are especially at risk. Research has shown that old women are more likely to be poorer than old men, because more women will live longer and are more likely to be unemployed.

OPENING A WINDOW OF OPPORTUNITY

UNFPA has long promoted additional investments in health and gender equity, which are needed for Sri Lanka to open a window of opportunity. As long-standing development partners of the Government of Sri Lanka, Lakshman notes that UNFPA has invested in issues such as addressing preventable maternal deaths and the rising levels of teenage pregnancies, providing reproductive healthcare for women beyond 49 years of age, and tackling inequities in access to reproductive health.

Such efforts will prove critical as the country looks to a future in which a healthy labour force could be one of Sri Lanka’s most significant assets, providing the foundation and creating the opportunities to break the cycles of poverty and inequality.

For his part, Lakshman is generally optimistic about what’s to come. “I have looked at every aspect of our population and I am not actually worried about our population dynamics,” he says. “The fact is that we are going to age, whether we like it or not. We need to understand that and prepare to face it with a positive mind.”



ICPD25
International Conference on
Population and Development

ACCELERATING THE PROMISE

In 1994, when 179 governments gathered in Cairo for the landmark International Conference on Population and Development (ICPD), Sri Lanka was one of them.

As the Head of the Sri Lanka Delegation, Bradman Weerakoon, would contribute to the promise of the ICPD that would shift the global paradigm for population and development. The promise would be based on a plan for sustainable development, that was grounded in individual rights and choices and the achievement of sexual and reproductive health for all. It was embodied in a Programme of Action, that not only re-energized the global reproductive rights movement, but also positioned UNFPA as the movement's custodian.

Specifically, it called for all people to have access to comprehensive reproductive health care, including voluntary family planning, safe pregnancy and childbirth services, and the prevention and treatment of sexually transmitted infections.

It also recognized that reproductive health and women's empowerment are intertwined, and that both are necessary for the advancement of society.

The promise proved its relevance year on year, and 20 years later, Madusha Dissanayake would represent Sri Lanka at the iconic conference, when ICPD+20 marked a critical anniversary.

Today, 25 years on, Bradman and Madusha, meet and discuss the road that led to where Sri Lanka is today, and the challenges that lay ahead in accelerating the promise.

In the years leading up to the ICPD in Cairo, Bradman had become one of Sri Lanka's most respected civil servants. Famous as a man who had served in nine successive governments of Sri Lanka, he had first entered civil service as a 22-year-old in 1952.

D. S. Senanayake, Ceylon's first Prime Minister, would be laid to rest that year, and his son Dudley would step into his father's shoes, only to resign the next year. In October 1953, Sir John Kotelawala was appointed the Prime Minister. His reign would last three years, by when Sri Lanka would join the United Nations.

LAYING A FOUNDATION

"John Kotelawala was very open and most generous in his views. He believed in women's equality and there were no distinctions in his mind. He believed in human rights for all. Ignorance was a crime for him," Bradman recalls today.

In those years, Sri Lanka's fledgling democracy had begun to invest increasingly in education and health. In other words, they were laying the foundation for the future.

Speaking at the United Nations General Assembly in 1956, his successor Prime Minister S. W. R. D. Bandaranaike told his audience: "My country is a small one, a weak one and a poor one, but I venture to think that today, particularly in an organization such as this, the service that a country can render – that a member can render – is not to be measured alone by the size of that country, its population, its power or its strength."

This is an organization which expresses itself most effectively by bringing to bear a certain moral force, the collective moral force and decency of human beings."

Meanwhile, Bradman continued to serve his country. A degree in sociology had left him with an enduring interest in population issues. At the time, it was believed that family planning and controlled population growth was the key to ensuring a prosperous future for Sri Lanka. In the 1970s, as the Government Agent in Galle, Ampara and Kalutara, Bradman would see to the establishing of the first family planning clinics in the area.

Sri Lanka's approach was never one of making family planning compulsory but rather of ensuring people had access to the relevant information and contraceptives they needed. "None of our governments ever imposed this choice on families, we never had a one-child policy; people took to it of their own volition," he says.

Humming under his breath, he recalls a jingle that would run on the radio at the time and captured the advice the government offered: "Not too many, not too soon, not too early, not too late..." It encapsulated the advice to parents at the time about the size of a family, and how to space out their children. All these years later, it is still catchy.

In 1984, Bradman would take up a place at the International Planned Parenthood Federation (IPPF). Formed in 1952 in India, IPPF had from its earliest years embraced the principle that women would have the right to plan their pregnancies and space their births. For Bradman, this posting would give him a new perspective.



(3rd from left) Then Prime Minister of Sri Lanka, S.W.R.D. Bandaranaike, at the 11th UN General Assembly in 1956 at which Ceylon delivered its first statement

© UN Photo

A GLOBAL SHIFT

In 1968, the IPPF successfully argued its case before the world's first International Conference on Human Rights that Family Planning too was a human right. It was a foundation stone on which the UNFPA would build in the years to come. Now, as the Secretary General of IPPF, Bradman was in a position of great influence as the organization expanded into a global movement.

It was a pivotal time in IPPF's history. Funding from the United States accounted for 25 percent of their budget, however, political developments soon put that into question. The Reagan administration wanted to move from a focus on family planning to advocating abstinence, infertility counselling, and natural contraception. After 1986, the administration threw its full weight behind a "Superbill", which would restrict funding to any clinics that refer for abortion, counsel for abortion or are closely overlapping fiscally or physically with abortion services.

The IPPF was faced with a hard choice, but Bradman and his colleagues knew compromise was out of the question. They refused to back down, and successfully secured alternative sources of funding. For their pioneering work, they received the United Nations Population Award in 1985.

Bradman's conviction and commitment came from a deep respect for a woman's right to control her own body. "It was simply a right that I thought everybody should recognize."

Bradman would return to Sri Lanka, and government service, when his stint with the IPPF ended in 1989. A few years

later, when he led the delegation to ICPD, it was with the hope that they would break new ground in the conversation around sexual and reproductive health and rights.

Sri Lanka was one of 179 countries in attendance. The conference had been marked by a number of highly publicized controversies around reproductive rights and reproductive health, notably around adolescent sexual and reproductive

health, and Bradman remembers participating in spirited debates that lasted till 4am in the morning. Against all odds it seemed, a consensus was reached on many vital issues.

In her book 'An Agenda for People: The UNFPA through Three Decades', Nafis Sadiq, former Executive Director of UNFPA and Bradman's friend, noted commentators were

in agreement that the conference radically transformed the views and perceptions of thousands of policymakers and programme managers. It shifted how population policies and programmes would be formulated and implemented in the future, marking a change

from top-down approaches and centrally formulated demographic goals, to those that respect rights and choices of individuals and couples.

THE NEW ZEROES

20 years later, when Madusha (Madu) Dissanayake, sat in the audience of ICPD+20 she saw these very accomplishments encapsulated in the testimonies of young people who had been born in the intervening years. "This was likely the main difference between the first conferences and now – there were so many young people and they were actively engaged in the process at every level," recalls Madu.

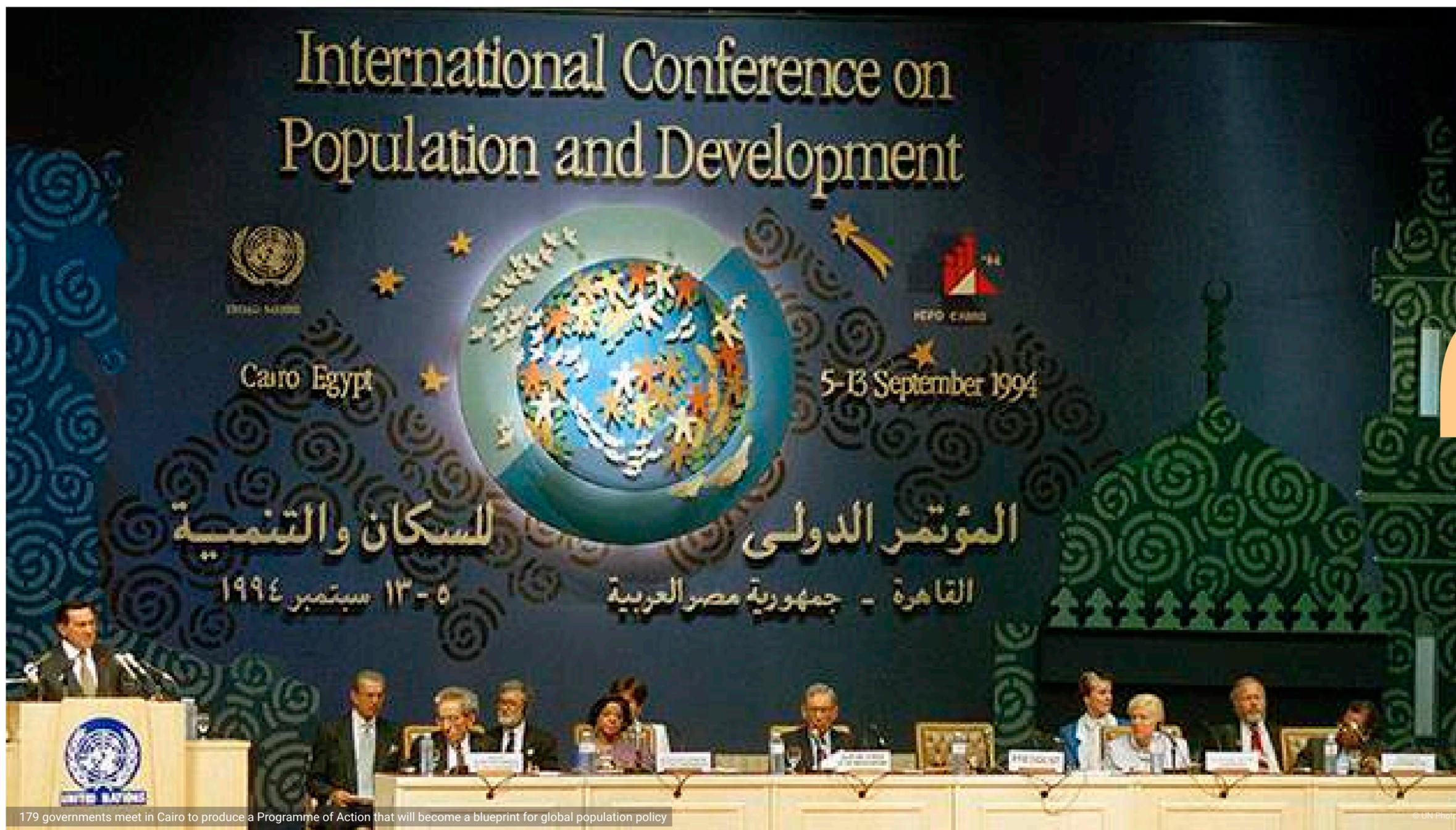
Here was a generation focused on ensuring the human rights and empowerment of women, and of society as a whole. It was a generation that understood that the first and biggest step would be to give women the information and agency they needed to decide what would happen to their own bodies.

However, while the ICPD had delivered

The conference also drove a deeper understanding of how population was linked to development. It looked at population dynamics such as migration, population growth, ageing, and urbanization, and how countries would thrive only if these issues were factored into development plans, policies and programmes. Importantly, Bradman saw support crystallize for their argument that gender equality and the empowerment of women must be pursued not just in principle but also simply because it would improve quality of life for everyone, including men and boys.

A WOMAN'S RIGHT TO CONTROL HER OWN BODY, WAS SIMPLY A RIGHT THAT I THOUGHT EVERYBODY SHOULD RECOGNIZE.

BRADMAN WEERAKOON
HEAD OF SRI LANKA DELEGATION
TO ICPD IN 1994



179 governments meet in Cairo to produce a Programme of Action that will become a blueprint for global population policy



Bradman Weerakoon and Madusha Dissanayake discuss the road that led to where Sri Lanka is today

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on many promises, there was still a long way to go. “Our goal now is zero maternal mortality, zero unmet need for family planning, and zero incidence of gender-based violence,” says Madu. Drawing from years of experience working in sexual and reproductive health at the Family Planning Association – where she was hired by a panel that included Bradman himself – and now at the UNFPA where she is Assistant Representative in Sri Lanka, she sees these three goals as inextricably intertwined.

Reflecting on Sri Lanka’s trajectory, Madu could see the shift between focusing on health-centric issues such as reducing maternal mortality, to an outlook where the emphasis was on ensuring that every pregnancy was wanted.

“Sri Lanka put in a lot of effort to develop our health sector. If you look at the period from the 60s to the 90s those four decades were a golden period. We saw how certain bold decisions were taken and based on a clear direction,” Madu reflects. “There was a certain strong sense of identity that said, this is where we are, this is who we are and this is where we want to reach.”

When it came time to set The Millennium Development Goals (MDGs), which laid out global aims and targets from year 2000 for the next 15 years, Madu was among those who noted with concern that the focus on reproductive health was quite inadequate. But by the time of 2014, and the ICPD+20 had rolled out, the global community was looking to the new Sustainable Development Goals (SDGs). The SDG target of universal health access emphasised sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes. In recent years, sexual and reproductive health has been consistently included in key indicators in global health policymaking and providing access to these services is now seen increasingly as a human right. In some ways it feels like a return to those electric days in Cairo, where sexual and reproductive health had a place of prominence on the global human rights agenda.

THE RACE YET TO BE RUN

This long conversation unfolded in a quiet room in Colombo where Madu and Bradman sat side by side. For the two, now old friends as well as old colleagues, this is a moment where Sri Lanka must reaffirm its commitment to certain vital principles. Bradman at 89 is sharp yet frail, and asks with interest of the developments in the wider world.

Looking at Madu, Bradman says: “In hindsight, what we

accomplished was the result of progressive changes, rather than any single moment.” Madu agrees, pointing to the provision of free education and healthcare as one of Sri Lanka’s great strengths. Looking back on recent history, it is possible to trace how this contributed to a population that was healthier and better educated than that of many other countries in the region.

“We have done a lot in many areas,” says Bradman, reflectively. “We have accomplished a lot by being willing to network and build alliances that are both lateral and vertical. I think that has really helped us spread the message. UNFPA has done a lot in this regard.” However, he is as keenly aware as she is that the road stretches ahead. For him it’s essential that Sri Lanka continue to build on its achievements. “Let’s stop spending so much time on what is working, but look now to what gaps remain.” For Bradman, those gaps are evident. He feels like some of Sri Lanka’s thorniest challenges now lie in empowering youth and addressing pernicious gender-based violence. For them both, young people are the

key, and there can be no development without a corresponding agenda that protects the rights of women and young people, including their rights to education, to sexual and reproductive health, and to freedom from discrimination and violence.

“I feel that we have strong policies in place, and that these have been enhanced over time,” says Madu, “but for us the focus needs to be on creating systems that are resilient and are not anchored solely in individuals, resulting in systems collapsing when someone leaves.”

In the end, Madu feels that Sri Lanka must look forward but continue to be informed by the many successes of its past, and the rare courage that people like Bradman brought to their work. “It was always more than a job for you. It was your life’s work,” she says, with much respect to Bradman. “This generation too must learn how to be honest and fearless in our convictions. This is how we can accelerate the promise.”

“OUR GOAL NOW IS ZERO MATERNAL MORTALITY, ZERO UNMET NEED FOR FAMILY PLANNING, AND ZERO GENDER-BASED VIOLENCE.”

MADUSHA DISSANAYAKE
MEMBER OF SRI LANKA DELEGATION TO ICPD+20 IN 2014 AND CURRENT ASSISTANT REPRESENTATIVE, UNFPA SRI LANKA

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