Case Study
Sri Lanka

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Swarna Ranathunga
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Although adolescent reproductive and sexual health education is a new programme area when taken under the context of the ICPD POA framework, not a few efforts had been ventured though by a number of forward-looking countries in the region to implement educational, advocacy and communication activities in the areas of human sexuality, HIV/AIDS, and family life/population education, and of course more recently, adolescent reproductive health.

Without doubt, these programmes and activities are characterized by weaknesses and gaps as planners and implementors are usually held back from trying out innovative approaches by opposition and objections from concerned quarters. However, there is also not a dearth of successful innovative strategies and approaches which can documented and shared for others to learn from and even replicate.

Sexuality and reproductive health education is an area that generate misconceptions, confusion, fear and unwarranted caution, to say the least. These can be ascribed by many factors. First, policy makers, community members, parents and teachers are reluctant to confront issues of sexual and reproductive health. Teen-agers often get their information from their peers who may be ignorant of the topic or the mass media which may provide sensational and inaccurate information. In many programmes, curriculum and textbooks continue to limit their focus on biological, demographic, population and development and family life education issues. Sometimes, in spite of a well-designed curriculum, an ill-prepared or uncomfortable teacher can render a programme ineffective. Teaching methods used are often not suited to the sensitive nature of sexual and reproductive health education issues.

However, the developments in this field have not been held back by a few conservatives and traditionalists. Many organizations, especially the non-governmental and voluntary organizations as well as bold government agencies have taken steps to undertake innovative strategies to introduce reproductive and sexual health messages into their programmes to reach the adolescents and influence them into taking responsible decisions regarding their sexual and health behaviours.
These strategies and approaches range from energizing in-school education through co-curricular or community support from out-of-school sector; setting up counselling services inside a school campus; counselling through telephone hotlines; peer group counselling and discussions; development of IEC materials and interactive Internet discussion forum; youth camps and debates and competitions and campaigns in recreational places. Some of these strategies have worked and some failed. How is it that in one country the setting up of counselling centre for youth within a school campus is acceptable and not in another? Why is it that the use of peer approach in reaching the youth is effective in one cultural setting and not in another? How has religion been an obstacle in the introduction of reproductive and sexual health education in a few countries and how has this been overcome?

Some countries and some sectors of society have raised fears and caution in introducing reproductive and sexual health which could be unwarranted. The perceptions could be emanating from their own perspective alone and may not be shared by other sectors or even the recipients themselves, i.e., adolescents. Or even if these fears are justified, these are not really unsolvable. Bold, innovative strategies and approaches are now called for if the ICPD POA recommendations dealing with adolescent health are to see reality. As Dr. Nafis Sadik, Executive Director of UNFPA states:

“The largest challenge facing us does not lie in resources or delivery systems or even infrastructures, but in the minds of people. We must be sensitive to cultural mores and traditions, but we must not allow them to stand in the way of actions we know are needed. We have to overcome the obstacles of superstitions, prejudices, and stereotypes. These changes may not be easy and we face formidable challenges. They involve questioning entrenched beliefs and attitudes, especially toward girls. Lifelong habits must be given up, but they have to be, because in the end Asia’s future depends on all its people: and it will depend as much on adolescents as on adults”.

In order to document the experiences of the countries in the planning and implementation of best practices and innovative strategies in the field of adolescent reproductive and sexual health, these series of case studies are being commissioned to selected countries which have accumulated a pool of knowledge and experiences which can be shared with other countries.
OBJECTIVES

To document the experiences of countries engaged in planning and implementing adolescent reproductive and sexual health in the areas of advocacy and IEC (information, education and communication), the UNESCO Regional Clearing House on Population Education and Communication carried out an activity whereby selected countries were asked to document their experiences in order to:

1. Identify the profile and characteristics of adolescents in various areas such as demographic profile, fertility, teen pregnancies, sexual behaviour, STDs, contraception, etc.

2. Describe the policy and programme responses of the country to address the problems and issues dealing with adolescent reproductive and sexual health

3. Document the strategies, best practices and innovative approaches used in undertaking advocacy and IEC activities on this topic and the results or impact of these strategies on the target recipients

4. To examine and bring out the factors/conditions which have contributed to the success of these best practices or failure of some strategies and from these highlight the lessons learned or guidelines for future consideration

5. To identify organizations which have achieved successes in carrying out programmes/activities on adolescent reproductive and sexual health

Seven countries were initially selected to document their experiences – Bangladesh, Iran, Malaysia, Mongolia, Philippines, Sri Lanka and Thailand.

This volume presents the experiences of Sri Lanka in planning and implementing the advocacy and IEC strategies for promoting adolescent reproductive and sexual health programmes. It was compiled by Y.L.H. Yakandawala and Swarna Ranathunga from the Health Education Bureau and coordinated by Chandra Seraratne, RH Project Director from the National Youth Services Council.
The adolescent population in Sri Lanka had more than doubled from 704,000 to 1.8 million from 1953 to 1998 (Table 1). In the more recent decades the rate of growth of the population has gradually declined. It is estimated that by the year 2008 the adolescent population will decline to 1.5 million.

### Table 1. Adolescent (aged 15-19) Population Growth (Thousands)

<table>
<thead>
<tr>
<th>Year</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
<th>Average Annual Growth Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1953</td>
<td>364</td>
<td>304</td>
<td>704</td>
<td>–</td>
</tr>
<tr>
<td>1963</td>
<td>518</td>
<td>503</td>
<td>1,021</td>
<td>3.8</td>
</tr>
<tr>
<td>1971</td>
<td>687</td>
<td>678</td>
<td>1,365</td>
<td>3.7</td>
</tr>
<tr>
<td>1981</td>
<td>813</td>
<td>790</td>
<td>1,603</td>
<td>1.6</td>
</tr>
<tr>
<td>1998</td>
<td>931</td>
<td>918</td>
<td>1,849</td>
<td>0.8</td>
</tr>
<tr>
<td>2008</td>
<td>783</td>
<td>766</td>
<td>1,549</td>
<td>-1.8</td>
</tr>
</tbody>
</table>

Source: Censuses of Population; Estimates of Population Division, Ministry of Health.

### B. AGE AT MARRIAGE

The marrying age of females in Sri Lanka had increased from 20.9 years in 1953 to 25.5 years in 1993. The decline in the proportion of women married in the age group of 15-19 had contributed significantly to the overall increase in the age at marriage. The proportion of adolescent married males had remained at around 0.9% and as a result, the male mean age at marriage of 28 years has changed very little (Table 2).

### C. EDUCATIONAL LEVEL

The overall literacy rate of the population had steadily increased from about 17% in 1981 to 87% in 1994. The difference in literacy rates favouring males had declined from 26% in 1981 to 7% in the period of 1990 to 1991. The literacy rate of the adolescent population was higher than that of the total population both in 1981 and 1994 (Table 3).
Table 2. Proportion of Married Adolescents Aged 15-19

<table>
<thead>
<tr>
<th>Year</th>
<th>Married Adolescents (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
</tr>
<tr>
<td>1953</td>
<td>0.9</td>
</tr>
<tr>
<td>1963</td>
<td>0.9</td>
</tr>
<tr>
<td>1971</td>
<td>0.9</td>
</tr>
<tr>
<td>1981</td>
<td>0.9</td>
</tr>
<tr>
<td>1994</td>
<td>–</td>
</tr>
</tbody>
</table>

Source: Department of Census and Statistics.

Table 3. Literacy Rates of Adolescent Population by Sex

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Literacy Rate (%)</th>
<th>Literacy Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1981</td>
<td>1994</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>10-14</td>
<td>94.8</td>
<td>95.7</td>
</tr>
<tr>
<td>15-19</td>
<td>94.4</td>
<td>95.1</td>
</tr>
<tr>
<td>20 and over</td>
<td>92.5</td>
<td>87.9</td>
</tr>
</tbody>
</table>


The gap in school enrolment between boys and girls at the primary level was only about 3% in 1991 (Table 4). At secondary and higher secondary levels, girls outnumbered boys. It is believed that more boys dropped out of school seeking employment at levels beyond primary school.

Legislation has now been enacted to make education compulsory up to 14 years of age thus making nine years of schooling compulsory. This was necessary because of high absenteeism and dropouts before 14 years of age. Special attention is being paid to ensure retention of students up to year 11.

Table 4. Student Enrolment in Primary, Secondary and Higher Secondary Levels in 1991

<table>
<thead>
<tr>
<th>Year Level</th>
<th>Population</th>
<th>Enrolled Population</th>
<th>Enrolment Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td>Primary</td>
<td>936,600</td>
<td>927,100</td>
<td>843,751</td>
</tr>
<tr>
<td>Secondary</td>
<td>1,126,800</td>
<td>1,089,900</td>
<td>937,717</td>
</tr>
<tr>
<td>Higher</td>
<td>348,600</td>
<td>834,100</td>
<td>145,829</td>
</tr>
</tbody>
</table>

D. HEALTH AND NUTRITION

Inspite of generally favourable demographic data, Sri Lanka has still several health problems to be resolved. Evidence from some micro studies revealed that the nutritional status of adolescent girls is a cause for concern in terms of their own growth needs as well as for childbearing. Maternal undernutrition, low birthweight babies, and the whole cycle of health-related deprivation are associated with undernutrition of adolescent girls.

Another common problem is the prevalence of goitre among 19% of young girls with the incidence ranging from 6% to 30% among the districts. Iron deficiency or anaemia among adolescent girls is another major concern because it is associated with poor pregnancy outcomes and contributes to retardation of intrauterine growth, low birthweight and increased maternal and pre-natal mortality and morbidity. Its incidence ranges from 23-53% in the provinces with an average of 33% among boys and 40% among girls aged 11-19.

E. FERTILITY, TEEN PREGNANCY AND ABORTION

Age-specific fertility. The age-specific fertility rates of women aged 15-19 showed a decline over five decades despite the fact that the female population in this age group had increased more than two and a half times over the same period (Table 5).

Birth registration data indicated that 7% of all live births in 1995 was attributed to women aged 15-19. The demographic and health survey of 1993 revealed that more than 6% of women gave birth before the age of 18 in 1988 to 1992. This was a reduction of 1.8% from the previous survey conducted in 1987. Therefore, the percentage of women who were at high risk because of early childbearing appeared to have decreased over the recent years.

The actual number of pregnancy among women aged 15-19 is not known because data on abortion and miscarriages are lacking.

Abortion. In Sri Lanka, abortion is illegal except to save the life of the

<table>
<thead>
<tr>
<th>Period</th>
<th>Fertility Rate (%)</th>
<th>Change (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1952-1954</td>
<td>52</td>
<td>–</td>
</tr>
<tr>
<td>1962-1964</td>
<td>40</td>
<td>23.1</td>
</tr>
<tr>
<td>1970-1972</td>
<td>38</td>
<td>5.0</td>
</tr>
<tr>
<td>1980-1982</td>
<td>34</td>
<td>10.5</td>
</tr>
<tr>
<td>1983-1987</td>
<td>38</td>
<td>11.8</td>
</tr>
<tr>
<td>1988-1993</td>
<td>35</td>
<td>7.9</td>
</tr>
</tbody>
</table>

Source: Registrar General’s Department; Department of Census and Statistics.
mother. Thus, it is difficult to obtain accurate figures pertaining to its prevalence. However, it is a well-known fact that illegal abortion clinics operate throughout the country and hundreds of abortions are performed daily. It is believed that women suffering from the consequences of induced abortions occupy at least 10% of beds in the gynaecology units in Sri Lanka.

A study had shown that young people seemed to have information on places where unqualified persons conducted abortions and were also aware that a percentage of such abortions had ended up in complications and death.

Teen pregnancies, particularly those out of wedlock, are still seen as a major issue in the estate sector. Statistics demonstrate that:

- 83.6% of abortions are performed on women above 30 years
- 29.6% of abortions are performed in the Colombo metro area
- 38.8% of abortions are performed in the estate sector
- 57.2% of abortions are performed on illiterate females or women with low educational levels
- 15.7% of abortions are performed on females without children

A recent study showed that about one fifth of all abortions occurred among adolescents and youth. In 1991, about 11% of all illegitimate births took place among adolescents aged 15-19.

Teenage childbearing especially before age 18 has been shown to be associated with increased risks of infant mortality. The risk of infant mortality associated with births to young mothers is greater than for those in the higher age groups, though the rate has decreased over time (Table 6). An epidemiological study on maternal mortality in the Western Province however, showed that only 2% of maternal deaths took place in the adolescent age group of 15-19.

Studies have shown that much of the childbearing, whether in or outside marriage is unwanted and occurs mainly due to lack of knowledge and access to contraceptive services. The unmet needs for contraception in Sri Lanka is about 10% (Demographic and Health Survey, 1993). The high rate of abortions reported among married and unmarried women in the age group of 15-19 also confirmed that a significant proportion of adolescent pregnancies is unwanted.

<table>
<thead>
<tr>
<th>Age of Mother</th>
<th>Birth per 1,000</th>
<th>Relative Child Mortality Risk (Mortality 20.34 = 100)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1975</td>
<td>1987</td>
</tr>
<tr>
<td>Under 18</td>
<td>58</td>
<td>30</td>
</tr>
<tr>
<td>18-19</td>
<td>83</td>
<td>71</td>
</tr>
<tr>
<td></td>
<td>164</td>
<td>158</td>
</tr>
<tr>
<td></td>
<td>109</td>
<td>96</td>
</tr>
</tbody>
</table>

Of the total number of sexually transmitted diseases reported in 1996, approximately 6.5% were among those in the age group of 15-19. Syphilis, gonorrhoea and non-gonococci infections were the most common STDs seen. A study showed that 88% of adolescents aged 15-19 in the suburban Matale district and 97% in the capital city of Colombo district were aware of HIV/AIDS. However, only 47% in Matale and 52% in Colombo were aware of the role of the condom in preventing the transmission of HIV.

### G. PRACTICE OF CONTRACEPTION AND FAMILY PLANNING

The Demographic and Health Survey (1993) showed that knowledge of contraception among married adolescents aged 15-19 was relatively high, about 96% could name a modern family planning method. However, only 47% had knowledge of any traditional method, compared to 73% for those aged 15-49. Focus group discussions have shown that many adolescents and youth think that family planning knowledge should be provided to them prior to marriage.

In general, family planning is accepted and practised in Sri Lanka. Awareness about family planning spacing methods and from where they could be obtained is satisfactory. The traditional family planning method still seems to be preferred and practised.

### H. KNOWLEDGE, ATTITUDE AND BEHAVIOUR ON SEXUALITY AND REPRODUCTIVE HEALTH

**Sexual behaviour.** School Principals had indicated that there are much reproductive health-related behaviour among school adolescents such as adolescent love affairs, elopement, premarital sex, premarital pregnancy, homosexual relationships, patronising prostitutes, rape, abortion, suicides and addiction to smoking and drugs (Family Planning Association of Sri Lanka).

**Premarital sexual activity.** Although there is no clear evidence, premarital sex among adolescents in Sri Lanka appears to be on the rise. A study undertaken in the Southern district indicated that of those who engaged in pre-marital sex, only 17% used contraception. Among married adolescents only 30% used any method as compared to 66% for all age groups (Table 7).

Knowledge, attitudes and practices on reproductive health. A number of research studies had been done in this area with the objective of ascertaining the knowledge, attitudes and practices among in-school and out-of-school
Table 7. Percentage of Married Women using Contraception (1993)

<table>
<thead>
<tr>
<th>Method</th>
<th>15-19 years</th>
<th>15-49 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any method</td>
<td>30.3</td>
<td>66.1</td>
</tr>
<tr>
<td>Pill</td>
<td>7.1</td>
<td>5.5</td>
</tr>
<tr>
<td>IUD</td>
<td>3.8</td>
<td>3.0</td>
</tr>
<tr>
<td>Injection</td>
<td>5.3</td>
<td>4.6</td>
</tr>
<tr>
<td>Condom</td>
<td>0.8</td>
<td>3.3</td>
</tr>
<tr>
<td>Female sterilisation</td>
<td>0.0</td>
<td>23.5</td>
</tr>
<tr>
<td>Male sterilisation</td>
<td>0.0</td>
<td>3.7</td>
</tr>
<tr>
<td>Periodic abstinence</td>
<td>6.7</td>
<td>15.2</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>5.4</td>
<td>5.0</td>
</tr>
<tr>
<td>Prolonged abstinence</td>
<td>0.6</td>
<td>2.2</td>
</tr>
</tbody>
</table>

Source: Demographic and Health Survey, 1993.

adolescents in various selected cohorts such as urban, rural, urban slums, etc. in relation to reproductive and sexual health.

Studies by the Family Planning Association had shown that the knowledge on reproductive and sexual health seemed to have increased in the recent past. Generally, adolescents have a fairly good knowledge of some certain topics. But they need more information on the following topics: women's reproductive system, puberty, nocturnal emission, masturbation, virginity, problems during adolescence, STDs, HIV/AIDS, male and female sterilisation, impotence, contraceptive methods, sexual intercourse, dating and love, prostitution and induced abortion.
PROGRAMME RESPONSES TO ADOLESCENT REPRODUCTIVE HEALTH PROBLEMS

Changes in the demographic pattern in Sri Lanka and the ensuing problems and issues in adolescent reproductive and sexual health necessitated the formulation of a national policy. The Population and Reproductive Health Policy was approved by the Cabinet of Ministers on 29 August 1998. It outlined 8 goals, accompanied by a rationale for each goal and a set of illustration strategies. Issues most relevant to reproductive health of adolescents and youth were considered under Goal 4 – Promotion of Responsible Adolescent and Youth Behaviour.

The following strategies have been spelt out to address the issues facing adolescents under the category of Goal 4:

- Ensure adequate information on population, family life including ethical human behaviour, sexuality and drug abuse in school curricula at the appropriate levels.
- Strengthen youth worker education by including information about drug abuse and sex-related problems at vocational training centres, institutions of higher learning, work places, free trade zones, etc.
- Encourage counselling on drug and substance abuse, human sexuality and psychosocial problems especially by NGOs, community-based organisations, and the National Youth Services Council.
- Promote informed constructive media coverage of youth-related social problems.
- Promote productive employment opportunities for youth.
- Promote programmes including counselling to minimise the incidence of suicide among the youth.
- Provide the legal, familial and institutional support to mothers to protect their children from sexual abuse and harassment.

The strategies for achieving the goals will be implemented through specific programmes, which will be developed by the task force mandated to formulate the Action Plan on Population and Reproductive Health.

A. GOVERNMENT PROGRAMMES

1. Programme SRL/97/PO1: Development of National Population and Reproductive Health Policy and Action Plan

This programme is a collaboration between the Population Division of the Ministry of Health and the University Grants Commission. It targeted teachers, education administrators, parents and secondary school students (ages 11-16) of the school system.

The main objective is to provide an overall policy framework for the National Population and Reproductive Health Programme and to strengthen
the institutional and human resource capacity for monitoring, coordination and evaluation in order to further improve reproductive health and gender equity. The specific objectives and strategies are:

- To develop a National Population and Reproductive Health Policy and Action Plan by the end of the first year (1997). The strategy is through an Inter-sectoral Task Force operating under the guidance and supervision of the National Coordinating Council on Population (NCP).
- To organise and conduct 4-6 policy research studies on population and reproductive health issues each year. The studies are to be sub-contracted.
- To strengthen the Population Division and the sub-national planning units at the district and provincial levels to play an effective role in sub-national policy planning, programme coordination and monitoring. Staff would be trained at both national and sub-national levels to strengthen national capacity for the above activity.
- To strengthen population and teaching research capacity in all the Universities including the Eastern provinces and Jaffna.
- To strengthen the data and information systems to monitor population and reproductive health policy implementation and performance at the national and sub-national levels. One hundred staff will be trained to achieve the above objective.

The following outputs or products had resulted in correspondence to each of the specific objectives of the programme:

- Development of the National Population and Reproductive Health Policy and Action Plan by the end of 1997
- Seven policy research studies in progress by the end of 1998
- Seventeen sub-national level officers had received short-term training and 60 had been locally trained in population planning monitoring and evaluation techniques
- Thirty University staff trained at DTRU. Twelve staff had received training at Mahidol University, Thailand
- One hundred staff of registrar-generals offices were trained on reproductive health/family planning indicators and the epidemiology of mortality

2. Programme SRL/97/PO2: Reproductive Health Services

The agencies of the Family Health Bureau (FHB), National Cancer Control Programme (CCP), National STD/AIDS Control Programme (SCP) and Plantation, Housing and Social Welfare Trust (PST) implemented this programme. Its target audiences included adolescents, youth and adult females and males in the reproductive age group.

The main objective is to improve the reproductive health status of the population, reducing unwanted pregnancies and abortions and enhancing the quality of services. The specific objectives and activities are:

- To incrementally build a comprehensive reproductive health approach on the existing maternal and child health and family
planning delivery systems, including reduction of anaemia, prevention and early detection of reproductive tract infections including STDs and HIV/AIDS and reproductive organ malignancies at PHC level. This is to be achieved through the establishment of 300 well-women clinics and control of reproductive tract infections among other activities.

- To improve the availability and quality of family planning services as part of the reproductive health services in order to increase the use of modern spacing methods. Key activities are supply and distribution of contraceptives, provision of transport facilities to health staff at PHC level, training staff on reproductive health needs of Free Trade Zone workers and consultations on promotion of vasectomy.

- To strengthen the skills of selected personnel to provide improved reproductive health services, by training the public health/estate health personnel and medical officers and to revise training curricula for training of medical and paramedical personnel. The key activities include: training of medical laboratory technicians in VDRL testing; review of curriculum; training of trainers and training of public health and estate health staff; training of medical officers and other paramedics in IUD insertion; review and revise curricula and training materials for medical and paramedical officers in incorporating reproductive health elements and communication skills relevant to each group.

- To incorporate adolescent health as an integral component of the health delivery system by counselling adolescents and youth on reproductive health and providing related services and strengthening NGOs for providing services. Key activities are training of 6000 public health and estate staff in reproductive health counselling for adolescents and strengthening selected organisations including NGOs.

- To strengthen the research and evaluation unit of the Family Health Bureau, including availability and use of complete, timely and reliable information through improved management information system. Key activities include revising the existing management information system to include reproductive health information and to enable the utilisation of the system for managerial decision making, improved staff capacity, logistics management and evaluation to provide physical inputs to evaluation unit and conducting research studies related to the acceptance of quality reproductive health services.

The outputs of the project had been extensive. These included the establishment of 220 well-women’s clinics and:

- Training of 35 medical laboratory technicians on asctoscreeners (in addition to their routine work)

- Servicing for the Anuradhapura and Vavuniya districts to provide reproductive health services for displaced persons through mobile clinics
Conducting mobile clinics in work places and selected welfare centres for IDP's by PSL staff

Training of primary health care staff to cater to reproductive health needs of free trade zone workers

Training of senior hospital nursing staff in control of post-partum and post-iUD infections in order to reduce TRIs

Procurement and distribution of contraceptives and training of storekeepers for the same purpose

Upgrading of selected service centres

Provision of 758 push cycles for public health midwives and 8 motorcycles for Estate Medical Assistants

Interventions in 5 districts of the regions where a number of health and reproductive health issues have resulted from the breakdown of health services due to the ongoing conflict in the North and East

Training of 900 public health nursing and estate health staff by the Public Health staff

Development of a training manual for counselling adolescents in reproductive health

Training and implementing peer counselling/befriender services to about 400 teachers and 400 volunteers though Sri Lanka Association for Voluntary Surgical Contraception (SLAVSC) and Family Health, Alcohol and Drugs Information Centre (ADIC) and Deputy Provincial Director of Health Services (DPDHS) Anuradhapura

Meetings and workshops with relevant authorities for training on FP record keeping procedures

Conducting of research studies by the Family Health Bureau and also by sub-contracting to NIHS and Department of Demography and Community Medicine, Colombo University

3. SRL/97/PO3 Advocacy: Support of Reproductive Health

The Ministry of Health, Population Information Centre, Health Education Bureau, Women’s Bureau, and Army Headquarters targeted parliamentarians, school principals, teachers, media personnel, assistant directors of women’s societies and army personnel including soldiers for this project.

The main objective of the programme is to contribute in creating a socio-political and value climate, within which relevant awareness, knowledge and motivation for behavioural changes are imparted with a view to bring about a sound state of personal and community reproductive health. It also aims to optimally enhance the people's self-reliance, personal development and quality of life as partners in the process.

The specific objectives or activities are:

To increase awareness, strength and the capacity of the Sri Lanka Parliamentary Forum on Population and Development and the Population Information Centre of the Population Division to be the leading advocates of reproductive health. The key activities are formation of advocacy committees, provision of population data for parliamentarians, seminars, participation in international conferences, visits to other POPIN centres in the region, lobbying of private sector, conducting
sensitising meetings and advocacy workshop for school principals and teachers.

- To create a mass media climate whereby allocation of time/space is provided more meaningfully. Key activities include establishing a journalist forum, orienting them to reproductive health issues, arranging in-country visits, printing and distribution of quarterly newsletter aimed at journalists and printing leaflets and posters for the promotion of reproductive health.

- To enable the Women's Bureau to undertake advocacy for awareness creation and education on reproductive health issues and to promote gender equity and healthy reproductive practices among women. Key activities are workshops on reproductive health advocacy, preparation of reproductive health advocacy guidelines, reproductive health training modules and training materials, orientation of 100 AD's at the regional levels and training of chairpersons of Women's societies.

- To reach the Army with messages of gender equity and male participation in reproductive health through advocacy and regular army training. Key activities are one-day workshops for key officers and directors of training centres, curriculum development for and delivery of training of trainees and soldiers and establishment of a condom distribution system along with reproductive health and family planning materials to soldiers going on home leave.

### 4. SRL/97/PO6: Reproductive Health Education in Schools

The programme targeted in-school adolescents in Grades 6-11 under the following objectives:

- To institutionalise reproductive health education in schools
- To enhance the knowledge of the school-going population on reproductive health issues
- To reduce anxieties connected with growing up, sexuality and gender relations
- To prevent unwanted pregnancies and sexually transmitted diseases including HIV/AIDS
- To develop attitudes and ability in young people to take rational decisions and appropriate behaviour regarding emerging problems associated with sexuality, gender relations, prevention of STD/AIDS and drugs
- To create an environment supportive to reproductive health education for students through the involvement of parents, teachers and peer reproductive health counselling methods.

Specifically, the programme activities aim:

- To revise the existing Population and Family Life Education curriculum and the Teacher's Handbook to incorporate and emphasise reproductive health issues.
To provide in-service training for 400 In-Service Advisers (ISA) and 52,500 teachers of science, social studies and health. This objective is achieved through the Zonal Directors of Education of the 89 education zones. Teachers are provided a two-day in-service session in a centrally located school in the zone.

To sensitise headmasters, principals and administrators of the education districts/zones as advocates of reproductive health education to help create a supportive environment.

To incorporate reproductive health into the Teacher Training Institutes such as the Colleges of Education. Forty (40) selected trainers from the 9 Colleges of Education will be provided training in order to institutionalise the reproductive health component in these colleges.

To develop and test on pilot basis 2 reproductive health counselling interventions-teacher counselling in 12 schools and peer counselling in 6 schools. The activities include conducting a 10-day training for 24 selected teachers for the 12 schools and a six-day training for 36 selected students on peer counselling.

To pilot a programme for enlistment of parent support in reproductive health education in schools through the Parents-Teachers Associations.

5. SRL/97/PO5: IEC Support for Reproductive Health

Through this project, the Health Education Bureau (HEB), Vocational Training Authority (VTA), University Grants Commission (UGC), Ministry of Labour, and National Youth Services Council (NYSC) aimed to contribute towards the improvement of the reproductive health status of the population through the reduction of unwanted pregnancies and to enhance quality of information and education in support of reproductive health services. The project directed its efforts to health administrators, trainers and young school dropouts.

The specific objectives and activities are:

To increase the awareness and knowledge on relevant areas of reproductive health, safe and healthy sexual practices, informed contraceptive choice and optimal use of available services in selected 47 Deputy Provincial Director of Health Services and 2 estate areas. Sixteen (16) activities have been identified which include formation of IEC/Advocacy steering committee, preparation of operational plan and media production plan based on local needs, production of 4 video programmes on selected issues of reproductive health, orientation of leaders in community-based organisations, formation of Fathers Clubs and conduct IEC campaigns.

To introduce reproductive health aspects to the existing training curricula of vocational training programmes and enhance capacity of 30 trainers to train relevant staff and promote regular reproductive health education in the vocational training courses. Fifteen (15) activities include development of curricula and training materials, conduct training in vocational training centres, and production of trainee handout materials and visual aids.
To collaborate with the Labour Department to provide appropriate reproductive health educational inputs to female workers in the Free Trade Zones. The key activities among the ten specified in the project document are orientation of “big sisters” attached to industries, orientation of worker leaders, supervisors and managers of factories, skill development and relevant management training for female workers, and outreach programmes at the cluster-hostel level.

To collaborate with the National Youth Services Council to enable youth clubs/societies in 10 selected districts to provide reproductive health education and counselling opportunities to out-of-school youth associated with these clubs. Thirteen activities have been specified, some of which are: training of youth leaders using a carefully designed curriculum and training materials; orientation programmes at the youth club level; conducting cultural performances and competitions; promoting reproductive health and prevention of STDs, and; networking and establishing linkages with other societies at the district and village levels.

To collaborate with the World University Service (WUS)/University Grants Commission (UGS) to expose new entrants to universities to a course on reproductive health education, and to make counselling services available to them. A set of nine activities is incorporated. Some of the key ones are training of 4 student counsellors from each of the eight participating universities, counselling services for freshmen and introduction of a one-day reproductive health module for them.

The outputs of the project included the following:

- Conduct of KAP survey
- Orientation of health administration and trainers from selected DDHS areas
- Training of public health staff and estate health staff by trained personnel
- Orientation of leaders of community-based organisations (CBOs) in 8 DDHS areas
- Coordinating medical officers for further training abroad
- Capacity building of medical officers, health education officers and typists in working with computers
- Preparation of a guidebook on family planning counselling for health staff
- Production of 10 types of leaflets on different issues for reproductive health
- Reprinting of 10 types of leaflets produced in Sinhalese with modifications
- Training of coordinating health education officers in Japan on video script development in reproductive health
- Seventeen instructors in the Vocational Training Authority had been trained to conduct reproductive health training in the provincial VTA, using student and trainers handbooks
- Katunayaka (largest FTZ) and other FTZ had conducted management/skill development programmes
awareness seminars for managers/worker council member

- seminar for “big sisters”

- consultative meeting to incorporate reproductive health elements into curriculum of medical staff and sensitise public health staff of FTZ on reproductive health issues

- Family Planning Association conducted a clinic near one FTZ

- Leadership training and refresher training for 1,600 youth leaders, production of leaflets and handbook on male responsibility

- Fresh entrants to the University had been provided with existing materials from the Health Education Bureau on reproductive health issues

B. NGO PROGRAMMES

The SRL/97/P04: NGO Involvement in Reproductive Health Information and Services Project aimed to contribute to the implementation of a comprehensive and an integrated reproductive health service programme, particularly in the underserved or high fertility geographic areas and for vulnerable groups through the greater involvement of NGOs and community-based organisations. Another goal was to assist in the capacity building and promotion of sustainability for reproductive health programmes in Sri Lanka by strengthening the NGO base, networking with NGOs, and institutionalising government and NGO collaboration. The vulnerable and underserved groups it served included adolescents/youth, migrants, displaced persons, free trade zone and factory workers, plantation workers, urban low-income dwellers and sexually exploited children.

Its activities were designed to achieve the following:

- To strengthen the administrative capacity of the NGO Secretariat to monitor the various reproductive health activities initiated by the participating NGO and CBO. The activities include finding ways to clarify and streamline procedure and to develop quantitative and qualitative indicators to assess impact of the activities of NGOs and CBOs.

- To facilitate reproductive health services in underserved pockets and for vulnerable groups by strengthening the National Family Planning NGO to diversify into reproductive health activities and consequently to strengthen selected CBOs. Activities include supporting training of mother NGO, screening and detecting reproductive tract infection and STDs, upgrading laboratory facilities, conducting well-women’s clinics, constructing warehouse for the storage of contraceptives, identifying and training CBOs and organising study tours to neighbouring countries.

- To facilitate national level non-FP NGO active in the field of social and community development to take up reproductive health as an incremental activity.
To facilitate the Centre for Women’s Research (CENWOR) to undertake research areas not adequately covered such as adolescent sexuality, abortion, etc.

To provide gender equity and equality as an important component of the reproductive health approach.

Its outputs or products in line with the specific objectives are as described below:

Three of the four NGOs had trained their staff and upgraded laboratory facilities. The three NGOs had conducted well-women clinics, 55 CBOs were trained and two study tours to Tamil Nadu and Kerala were implemented.

Selected NGOs had trained their staff and introduced reproductive health in their advocacy and IEC activities.

Three chosen NGOs along with 10 CBOs had been given facilities to introduce reproductive health in their advocacy and IEC activities.

An operational research study on “The Absence of a Parent on the Well-being of the Family” was completed and its report had been finalised.

A manual for trainers, “Gender and Reproductive Health,” was produced in three languages. Eighty members from the main 7 NGOs had been trained and focused on issues like domestic violence.
The Sri Lankan cultural background does not easily allow free and open discussions on matters of sexuality. Furthermore, traditional customs and cultural beliefs still play a dominant role in directing behaviours of its population. Hence, there is still some amount of reticence on the part of stakeholders to allow reproductive health awareness in their organisation. This attitude calls for effective advocacy programmes to mobilise their support for reproductive health promotion.

The general objective of these programmes and strategies is to create a climate to promote awareness and knowledge and to motivate behaviour changes in order to bring about a sound state of personal and community reproductive health.

A. ADVOCACY STRATEGIES

1. Mass media mobilisation

The Health Education Bureau aims to sensitise, mobilise and inform the mass media managers and journalists on reproductive health issues and to promote responsible journalism. The Bureau has conducted two orientation seminars on reproductive health to train and orient the electronic and print media. It has organised visits to hospitals, clinics and outreach facilities. It has established a forum for journalists representing all media channels at the national and sub-national levels.

The Bureau has also developed 2,500 press kits on population and reproductive health issues for journalists. It periodically makes press releases on reproductive health available to media channels. It has distributed 2,500 copies of a quarterly newsletter.

As a result, the mass media has increased the time and space it provides for messages on population and reproductive health. The Sri Lanka Broadcasting Corporation has started a series of sex education programmes for youth and panel discussions with specialists who are present to answer queries from listeners.

2. Advocacy seminars, meetings and conferences

The Population Information Centre of the Ministry of Health and Indigenous Medicine aims to increase the awareness and strengthen the capacity of its staff and the parliamentarians and policymakers of the Sri Lanka Parliamentary Forum on Population and Development to become leading advocates of reproductive health. Aside from workshops and seminars, it also
conducts study tours, orientation sessions and develops information kits for its target groups.

The activities undertaken by the Centre towards its objective are described below:

- A 12-member parliamentary group of the Sri Lankan chapter participated in a study tour to Thailand upon the invitation of the Asian Parliamentary Forum. The tour provided the opportunity to observe the reproductive health activities done by Thailand’s Ministry of Public Health, IPPF, ESCAP and the National AIDS Project.

- A visit to Chiang Mai, Thailand was organised to observe the family planning services provided to the hill tribe people where HIV/AIDS cases are very high.

- A UNFPA Poster contest was conducted for school children and Sri Lanka’s entry won the first prize for the 6-8 age group.

- Twenty seven advocacy seminars were held among elected provincial and local bodies to create awareness on reproductive health issues including gender equity, adolescent health and women’s empowerment.

- Three hundred twenty seven advocacy seminars for school principals, teachers and students were held in collaboration with the district and divisional population coordinators.

- Three advocacy seminars were held for Senior Managers of the plantation sector, private sector and general medical practitioners.

- A national and district level workshop was conducted to mark the World Population Day.

- A workshop on IEC and action in reproductive health for senior officials was conducted in May 1998 by Prof. Berijain Fozare of the Johns Hopkins University.

- Materials such as news bulletin, booklets and folders on population and reproductive health had been developed. Research studies had been published. Posters and essay competitions, inter-school debate and street dramas at the central and district levels had been held.

- Two members of the Parliament had participated in the Parliamentarian Forum in The Hague in 1999.

As a result of the advocacy efforts of the Centre, the Members of Parliament expressed their willingness to support reproductive health programmes in their constituents and came up with suggestions to overcome the health problems in their areas.

The Women’s Bureau targets the creation of awareness and education regarding reproductive health issues and promotion of gender equity and reproductive health practice among women. It addresses leaders of women’s society and its members through mini-lectures, group discussions and brain storming sessions.

Activities of the Bureau included the following:

- Twenty five (25) programmes on reproductive health were conducted for Assistant Directors of Planning and Divisional Secretaries.

- Twenty five (25) leaders trained the women’s societies in 100 divisional secretariat areas.

- Training of 980 chairpersons of women’s societies was conducted.
to create awareness on reproductive health in their respective locality.

Its outputs or products are described below:

- Three thousand (3,000) copies of the guideline on advocacy were printed and distributed.
- One hundred fifty (150) Assistant Directors were trained at the divisional levels.
- Two radio programmes were aired to answer questions on women's reproductive health issues.
- One TV spot on unwanted pregnancies, one tele-drama on abortion and safe pregnancy and a pamphlet on marriage preparation were completed.
- Advocacy literature, folders, booklets and poster had been produced and distributed to promote advocacy on reproductive health.

The Sri Lanka Army advocates male participation in reproductive health for gender equity. It targets army soldiers usually in the age range of 18-24. Its advocacy activities included the following:

- An orientation seminar was conducted for 30 high ranking officers with the participation of the Commander of the Army, Chief of Staff and Deputy Chief of Staff.
- A workshop for instructors on male participation in reproductive health was conducted. They will train new soldiers on reproductive health issues including prevention of STDs/AIDS.

The medical units provided direct face-to-face education on STDs/AIDs for soldiers leaving the war zone on home leave.

Among the outputs of this project is the trainer's manual for integrating reproductive health into the army courses and the leaflets on reproductive health for soldiers. The latter was produced with the technical assistance of the Family Planning Association of Sri Lanka. As a result of the project, the army has been prepared to undertake new activities on its own regarding reproductive health issues.

The National Institute of Education aims to sensitise the principal education administration and parents to provide a supportive environment for reproductive health education. The project has been decentralised by providing an orientation on the project and its objectives to 65 Zonal Directors of Education.

Through its orientation workshops for administrators, about 4,650 headmasters and 100 education administrators had been sensitised. Four hundred forty (440) parent education programmes were completed. A one-day awareness programme for parents was conducted using a “Parent Book.”

The content of the messages of the Institute includes growth of adolescent population, adolescent needs, problems and issues related to reproductive health faced by adolescents, and interventions at school level.
The purpose of the IEC strategies is to improve the reproductive health status of the population through quality reproductive health information, education and communication. It is undertaken by many state and private organisations. Sri Lanka’s high literacy rate is conducive to information campaigns where issues of sexuality, growing up and the role of an adolescent in the development process of the country can be addressed.

The messages and content relevant to a particular target group that are being addressed to are generally selected from the following list of contents, which are then adapted to suit the special needs of the clientele.

- What is reproductive health?
- Components of reproductive health
- RGH issues
- Importance of addressing reproductive health and associated issues
- Sexuality and responsible sexual behaviour
- Adolescents and adolescent health
- Abortions, sex abuse
- Gender equity and women’s empowerment
- Pre- and post-natal care
- Services related to reproductive health and where to seek help

### 1. Seminars/workshops

The Department of Labour caters to the reproductive health education needs of young women, particularly factory workers girls in the Export Processing Zones of Katunayaka, Biyagama and Koggala. The content of its seminars cover maternal health, gender issues, food and nutrition, prevention of STDs/ AIDS, and prevention of alcohol and drug abuse.

Among its activities are orientation programmes and training seminars for work leaders; integration of STDs and HIV/AIDS into the three-month course on home management; film showing for awareness creation; and outreach programmes in broadcasting house. The related outputs of the Department are summarised below:

- One hundred six (106) outreach programmes were conducted for 6,114 female participants.
- One hundred three (103) para-medical staff were trained in three orientation programmes.
- One hundred thirty five (135) work leaders were trained on reproductive health.
- Eighty seven (87) “Big Sisters” of the Free Trade Zone had attended a two-day training programme.
- Wall ornaments with reproductive health slogans had been displayed.
- A series of pamphlets on reproductive health in a question-and-answer format had been produced.

The Sri Lanka Association for Voluntary Surgical Contraception and Family Health (SLAVSC) targets to create awareness and improve the knowledge on reproductive health and services. It also lobbies for support from decision-makers at different levels.
organisational heads, religious leaders, and reporters.

Besides seminars and workshops, it uses peer and individual counselling as its IEC strategy. It also relies on instructional and training materials such as printed materials and audio-visual materials.

2. Peer approach

The Anuradhapura Project, a collaborative effort of UNFPA and DPDHS Anuradhapura, is designed to improve reproductive and sexual health awareness and promote responsible sexual behaviour. Its specific strategy is education through peers and field experiences. Teachers, students, out-of-school adolescents, three-wheel drivers, and soldiers are among the targets of the project. The project uses leaflets and a regional radio station among its other strategies.

3. In-school and out-of school education programmes

The objective of the Vocational Training Authority is to incorporate reproductive health issue into the curriculum. The Vocational Training Centre caters to the out-of-school youth in its 3 national, 11 district and 171 rural centres. Its approach entails establishing a group that will develop the curriculum and content for the training of trainers. Specialised reproductive health teachers are then used to reach out-of-school adolescents who are enrolled in vocational training courses at the district and rural centres.

Contents of the education programme include the following:

- Population growth in Sri Lanka
- Family welfare
- Family health and MCH
- Food and nutrition
- Adolescence and early adulthood
- Human reproduction
- Family planning principles
- Tobacco, alcohol and drugs
- First aid
- Physical and mental fitness
- Effective communication and advocacy

The following are the outputs of the programme:

- Seventeen reproductive health trainees had worked in the districts.
- Reproductive health component had been integrated into the vocational training curriculum.
- The training manual had been printed and distributed in 40,000 copies.
- Twelve types of posters had been produced.

The University Grants Commission (UGC) aims to create awareness regarding the reproductive and health issues among the adolescents and youth especially among new entrants to universities.

The entrants are given training orientation on reproductive health and workshops for reproductive health counselling. The response from the University students is very high based on the results from the four universities that have introduced the orientation programmes.

The goals of the National Institute of Education are to institutionalise reproductive health education into
Sri Lanka's national school system and create a supportive environment for reproductive health education of students through the involvement of parents, teachers and peer counselling methods. The current target of its activities are students in Grades 6 to 11.

Its specific strategies involve integration of reproductive health into the health, science and social studies curricula of Grades 6-11, in response to the current educational reforms, as well as training of ISAs and teachers and production of IEC materials.

Its outputs are described below:

- Four hundred sixty five (465) ISAs of health, social studies and science in 8 provinces had been provided with necessary training to train teachers at district level.
- The trained ISAs had trained 21,500 teachers in various districts.
- The following IEC materials had been prepared:
  - Teacher’s Handbook of Reproductive Health to be used in the Grade 9 unit in the school syllabus
  - Parent’s Handbook for the Parent Education Programmes
  - Self-learning module for teachers
  - Supplementary reading for students

The Lanka Jathika Sarvodaya Shramadana Sangamaya aims to create awareness on reproductive health and promote responsible sexual behaviour among school children, out-of-school volunteers, estate workers, military personnel, and factory workers. Its main strategy is education through participatory method and integration of reproductive and sexual health into routine activities of the institution.

### 4. Youth centre

The National Youth Services Council (NYSC) provides skills for adolescents to face the challenges of physical, mental, social and emotional stresses and prepares them for the responsibilities of marriage and parenthood. NYSC aims to contribute in attaining the replacement population levels as stated by the National Population Policy. It targets the out-of-school adolescents and youth. Its specific strategy is to provide education and counselling services through the training of youth leaders in Youth Clubs and other networks.

Its activities included training of 100 youth leaders on matters of reproductive health and sexuality in 10 districts as well as in the North and East of Sri Lanka, workshops in addressing the needs of the youth, production of short video on adolescent reproductive health and male participation, and distribution of 10,000 copies of leaflets on reproductive health issues of adolescents and youth.

The Alcohol and Drug Information Centre (ADIC) provides recreational facilities, listeners service, IEC materials, life-skills education for in-school and out-of-school youth through its Drop-in Centres. It also educates parents and teachers through lectures and discussions.

As its strategy, ADIC motivates adolescents to make use of the Centre’s facilities in order to promote adolescent health.

### 5. Use of mass media

One objective of the Health Education Bureau is to develop IEC materials and refine existing ones for
adolescents and youth. An island-wide competition was organised to invite the public to participate in the development of the IEC materials. The produced material was distributed to 47 Deputy Directors of Health Services and two estate areas. The contents of this material include quality of care, family planning, reproductive tract infections and women's cancer and other related issues.

Outputs of the Bureau with respect to its above objective are:

- Nine (9) videos of document drama, 6 types of posters and 10 types of leaflets on reproductive health issue
- Involvement of youth in IEC material development
- Manual on monitoring and evaluation of reproductive health and IEC activities
- Trained health staff on reproductive health issues at the national and grassroots levels
- Development of two handbooks on reproductive health for health workers and volunteers
- Adapted folk media to communicate reproductive health messages to grassroots levels
- Coordinating health education officers who were trained in Japan to develop video scripts

6. Training of counsellors

The National Institute of Education trains a group of secondary level teachers to function as counsellors in their own schools. Twenty six teachers were selected from 22 schools and were provided a ten-day training for counselling on reproductive health. The counselling skills developed were on adolescents and their characteristics, adolescent health and issues, challenges and counselling on issues of adolescent health. As of today, the 26 teachers are now functioning as counsellors in their own schools.

7. Training of health care providers

The Health Education Bureau orients Health Administrators, Divisional Secretaries and CBO leaders on reproductive health. It trains public health and estate staff. It has sent a coordinating medical officer for training at Johns Hopkins' University.

8. Social mobilisation and community building

The mission of the Community Development Services (CDS) is to increase the capacity of individuals and communities to find effective and timely solutions to family health issues. The target audiences are students, out-of-school youth, estate sector, hotel industry, military, commercial sex workers, and free trade zone workers. The CDS capitalises on social mobilisation, community capacity building and delivery services in reproductive and sexual health as its main strategies.

The organisation offers services in 5 provinces (North Central, North Western, Central, Uva, Sabaragamuwa and the Western provinces) and teaches on reproductive and sexual health, family planning, maternal and child care, human rights, STDs/HIV/AIDS and gender equity.
### 1. Political climate

The political climate in the country starting from the highest echelons of power is very positive towards reproductive health. The National Population and Reproductive Health Policy has been formulated and a number of new laws have been enacted. Existing laws have been amended in order to address new and emerging adolescent problems and issues. The Action Plan in 1997 provided the necessary direction and guidelines for actions such as: laws pertaining to punishment for rape, defilement of girls between 12 and 14, acts of gross indecency between males, child rights, and others.

### 2. Commitment from administration, heads of departments

Resulting from the political climate, there is compliance at the top levels of administration to support and promote activities related to reproductive health in their organisations. This is strengthened by the general feeling in the country that reproductive health issues and problems cannot be taken for granted in view of the serious repercussions that can follow.

### 3. Socio-cultural background of the country

The cultural background of the country is much more positive towards gender equity than in other countries of the region. This results in a high female participation at the trainer and trainee levels. Sri Lanka has the benefit of having a lady President and Prime Minister. In addition, many of the state and NGO sectors involved in the field relevant to reproductive health are headed by female directors such as the DDG Public Health Services, Family A.

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**LESIONS LEARNED**

### A. SUCCESS/FAILURE FACTORS FOR ADVOCACY STRATEGIES

Compliance from the top level administration is mostly achieved through personal interviews with the highest administration followed up by sensitising seminar/discussion sessions with the middle order administration. This is mostly effected by “borrowing” time from their routine departmental meetings and creating awareness on the importance of the issues and their role. Such procedures are facilitated by the political commitment at the top. However, there is still a great deal of personal traditional attitudes that create bottlenecks in implementing at local levels. These include the conservatism of some bureaucrats and heads of institutions, as well as bureaucratic red tapes, that prevent smooth transactions of finances.
Health Bureau, Health Education Bureau, STD/HIV/AIDS unit of the Ministry of Health, Youth, Elderly Disabled and Displaced Unit of the Ministry of Health as well as the Women’s Bureau. Furthermore, a large majority of the medical doctors (42%), school teachers (68%), nurses (90%), dentists (51.7%), judges and lawyers (55.4%) are women. There is a fair representation of females in the armed forces as well as in the other forces. Most of the large NGOs e.g., UNICEF, FPA Sri Lanka, are headed by females.

A large population of the income generating group in Sri Lanka such as the factory workers and the Middle East house maids, is also becoming stronger decision-makers in the family due to their changing role as the major income earners.

4. Absence of baseline findings at the initial stage of planning

It was observed that very few organisations started with any baseline findings when planning out programmes. Baseline surveys particularly in the field of reproductive health is important since the knowledge, attitude and skills tend to differ among target groups.

5. Lack of effective monitoring and evaluation procedures

The pre- and post-testing of methodology for workshops and seminars are not regularly conducted and practised by all agencies. The participant’s knowledge on reproductive health issues will be an important indication of their readiness for undertaking advocacy programmes and activities.

The monitoring of the programmes is not regularly done and often done solely by UNFPA. The establishment of an institutional level monitoring system would be beneficial.

B. SUCCESS/FAILURE FACTORS FOR IEC STRATEGIES

1. High level of literacy

The high level of literacy (85-90%) is very conducive to propagate important reproductive health messages to the public using printed materials, which if carefully planned and produced to suit a particular target group could bring about changes of behaviour in the right direction.

2. Effective health systems

An effective and efficient network of health systems from the provincial level down to the grassroots of operating voluntary health workers provides a quick and effective delivery system for health care and prevention. The existence of the National Policy has given priority to curative as well as
preventive services. With the devolution of power, most of the activities are conducted at the provincial level facilitating quick and effective coordination. Reproductive health issues are mainly handled by the public health sector which devolves down from 8 provincial level systems to 24 districts and finally to 240 divisional levels. At grassroot level 1, the Primary Health Care Worker (FHW) is in charge of 3,000 families.

### 3. Existence of effective networking

Effective networking among important sectors such as health, education, social services and labour all contribute to improving efficiency in reproductive health interventions. All sectors work for a common goal with reference to reproductive health, which are interrelated and share materials and resources.

### 4. Security breakdown

The general security breakdown prevailing in the country is a deterrent to making youth programmes attractive and fun. For instance, the planned Drop-in Centre concept of ADIC had set limits in its use as a recreational centre for youth, though other services are provided.

### 5. Appropriate use of methodologies

The use of traditional communication methods or folklores in conveying reproductive health issues (as done by the Health Education Bureau) was very effective to the low educated village youth.

Lobbying the services of fiction writers to incorporate issues on reproductive health may be a useful way to get across the large proportion of youth in the middle-level jobs such as garment workers, carpenters, masons and minor employees in offices.

The educated and the elite of the urban sector are well reached through video documentaries and paper articles.

### 6. Communication barrier

One of the most difficult task arising in training sessions on sexuality and reproductive health is to find the appropriate local term for the reproductive and sexual vocabulary since technical words are seldom understood by the general population and common words are not accepted in the society. Trainers have to find innovative ways to communicate and familiarise the audience with the “accepted” vocabulary. At least some of the medical officers of the Health Education Bureau have managed to get over this difficulty by using innovative, participatory and client-centred methods.
C. OVERALL LISTING OF LESSONS LEARNED

1. On sensitivity

Consider the cultural realities of the country. A reproductive health programme should not give “cultural shocks” to its recipients.

2. On youth participation

Fully utilise the youth at all stages of the programme. Use the interests and potentials of the youth in advocating their own case towards reproductive health promotion.

3. On developing IEC material

Shift objectives of IEC materials. There might be less need for materials that provide knowledge. Instead, more materials that can change attitudes should be developed and produced.

Where possible, get an expert’s help in the development of IEC materials so these will be more innovative and effective. Likewise, seek an expert’s assistance locally and internationally in the preparation of effective and innovative IEC materials.

Develop materials such as leaflets and folders to cater to different levels of understanding. Pre-test these materials with the target group.

4. On effective strategies

Use the mass media more effectively as a strategy in promoting adolescent reproductive and sexual health. Television shows such as panel discussion, teledrama, documentary drama and short messages are among the popular programmes for the youth. Answering call-in questions on reproductive health is another popular mode for adolescents.

Go beyond seminars and workshops. Training strategies must be improved to include other methodologies such as case studies.

5. On parent education

Promote education of parents. Provide them the skills to support their children in the process of growing up, particularly in the areas of sexual behaviour and reproductive health.

6. On facilitating resource sharing

Promote inter-sectoral interventions such as education, health and social services to facilitate sharing of experiences and expertise.

7. On target groups

Identify risk areas on the disadvantaged and marginalised groups such as estate sector and urban slums. Extend the target of programmes to these groups.

8. On research

Promote and financially support more researches in reproductive health needs.
A. GUIDELINES FOR ADVOCACY PROGRAMMES

- Develop advocacy programmes and corresponding programme objectives, strategies, and activities are as follows:

  Level 1: Advocacy for policymakers must aim to seek their political will and commitment for promoting programmes on adolescent reproductive and sexual health issues. Strategies to use include briefing sessions and seminars that cite local and international statistics, experiences of other countries, research findings and projections of the future.

  Level 2: Advocacy for middle level officials and administrators must urge for a supportive environment to promote adolescent reproductive and sexual health. Strategies include workshops and seminars, use of mass media, gathering of statistics and research findings, and projections of the future.

  Level 3: Advocacy for parents, peer groups, CBOs and youth leaders must aim to identify adolescent reproductive and sexual health concerns and to actively participate in solving them. Strategies must emphasise participatory methods.

- At the initial planning phase, involve personnel who are supportive or actively advocate issues in their own fields. Because of their experience in the advocacy process, they only need to be briefed on the reproductive health subject. This will facilitate the programme’s take off.

- Identify messages based on issues relevant to the clients and not on a common list of reproductive health concerns to generate more meaningful and positive responses.

- Orient messages and activities towards behaviour change rather than knowledge of theories and principles.

- Conduct baseline surveys in the field of reproductive health. The knowledge, skills, and attitude on reproductive health tend to differ with different target groups, depending on their age, social background, level of schooling, employment, and geographical area.

- Consult with experts on the production of advocacy materials to ensure that these are relevant and appealing to the target group.
Pre-test advocacy materials as a regular practice.

Use more discussions instead of seminars/workshops as an advocacy methodology for smaller groups. The discussion strategy is more effective in changing attitudes and behaviour, which is the most important pre-requisite in reproductive health advocacy.

A majority of decision-makers are inhibited in discussing their traditional attitudes and addressing sexual issues. This requires a special expertise and training of the trainees to be competent and professional to allow their sentiments to surface in a non-governmental atmosphere.

**B. GUIDELINES FOR IEC PROGRAMMES**

Before preparing materials, call a consultative meeting to discuss the idea of producing them with representatives of other potential users. They can give suggestions on appropriate messages, format, and language. This way, more materials produced can be shared by all; they can become popular and in great demand; contradictory and duplicative messages will be avoided; and time, funds and expertise will not be wasted.

Pre-test IEC materials at the perspective of professionals for technical accuracy and of the target group for appeal, clarity and acceptability of message.

Use methodologies that will be able to address the different educational levels in the country. The use of traditional folklore in conveying reproductive health issues is very effective for the low educated village youth. Among the youth with low-level jobs, picture stories, children’s newspapers, tabloids and romantic fictions are popular. The teledrama is equally popular among in-school and out-of-school youth. The educated elite, usually from the urban sector, is reached through video documentaries and paper articles on reproductive health issues.

Use innovative approaches. Among these are: campaigns, competitions, posters, drama, folklore and cultural activities such as New Year celebration, musical shows and sports festivals. These avenues can be used to incorporate reproductive health messages and distribute IEC materials.
REFERENCES


Penema, Bileska et al.  KAP of sexual health among advanced level students in five selected districts in Sri Lanka. 1998.

Ratnayaka, Kanthi.  Youth to youth reproductive health education and counselling programme through the youth clubs. 1997.


A technical report on the sexual and reproductive health of adolescents in UNFPA Assistance No. 43.


APPENDIX 1: DIRECTORY OF ORGANISATIONS

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<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Organisation</th>
<th>Address</th>
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<tbody>
<tr>
<td>Dr. G.L. Hapugoda</td>
<td>Director</td>
<td>Health Ministry Bureau and Indigenous Medicine</td>
<td>No. 2, Kynsey Road, Colombo 08</td>
<td>696606</td>
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<tr>
<td>Mrs. Hemamali Rupasinghe</td>
<td>Reproductive Health Project Director</td>
<td>National Institute of Education</td>
<td>High Level Road, Maharagama</td>
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<td>Dr. Palina Bandara</td>
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