Adolescent and youth reproductive health

Issues, Programmes & Operational barriers

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Key questions

- What are key RH issues affecting adolescents and youth in Sri Lanka?
- How have the government and NGO sectors responded to the needs of adolescents?
- What are barriers to ensuring that adolescents have adequate access to ARH services and information?
- What are some ways of improving government health policy towards A&YRH services?
Who are Adolescents

- Adolescence?
  A transitional period from childhood to adulthood

- What age group? (WHO)
  Adolescents: 10-19
  Young adolescents: 10-14
  Youth: 15-24
  Young People: 10-24
Outline

- Background
- RH issues affecting adolescents and youth
- Existing programmes and policies on A&YRH
- Operational barriers to A&YRH
- Policy recommendations
Outline

- Background

  - A & YRH issues in Sri Lanka

  - Existing programmes and policies on A&YRH

  - Operational barriers to A&YRH

  - Policy recommendations
Background

- Adolescents accounted for 19.7% or 3.7 million of Sri Lankan population in 2002
- Number is expected to decrease to 3.1 million by 2021
- Focus on A & YRH is important in SL context.
- Knowledge and services allow adolescents and youth to make informed decisions relating to sexual & RH matters
Total adolescent population (ages 15-24 years, 2001-2021)
Profile of Adolescents in SL

- Education
- Employment
- Marriage
Figure 3: Employment by sex (‘000) in 2000 (ages 15-24),
### Mean age at Marriage

<table>
<thead>
<tr>
<th>Country</th>
<th>Year</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Japan</td>
<td>1990</td>
<td>30.3</td>
<td>26.9</td>
</tr>
<tr>
<td>Korea</td>
<td>1995</td>
<td>29.3</td>
<td>26.1</td>
</tr>
<tr>
<td>Indonesia</td>
<td>1990</td>
<td>25.2</td>
<td>25.2</td>
</tr>
<tr>
<td>Thailand</td>
<td>1990</td>
<td>25.8</td>
<td>23.5</td>
</tr>
<tr>
<td>India</td>
<td>1991</td>
<td>23.9</td>
<td>19.3</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>1993</td>
<td>29</td>
<td>25.5</td>
</tr>
</tbody>
</table>

The chart shows the mean age at marriage for men and women in different countries and years.
Outline

● Background

● A & YRH issues in Sri Lanka

● Existing programmes and policies on A&YRH

● Operational barriers to A&YRH

● Policy recommendations
A & YRH Issues

- Early, High risk pregnancy
- Unwanted pregnancy
- Abortion
  Illegal, unsafe, on the rise (150,000-175,000 performed annually)
- HIV/AIDS
  On the rise, poor awareness among high risk groups (i.e. workers in free trade zones, in tourist industry, commercial sex workers, displaced persons)
- STDs
  High prevalence, poor awareness among married adolescents
Outline

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A&YRH programmes

- National Institute for Education launched school health programme in 1993 to promote RH education and include RH components in school curriculum

- Introduction of school health programmes by the Family Health Bureau, MOH & MOE

- Family Planning Association of Sri Lanka, initiated a programme in 1998 to provide RH information, counselling and health care services to adolescents and youth

- Department Of Health / Family Health Bureau incorporated A & YRH into its training programmes for staff
NYSC launched Reproductive Health Information Project to provide leadership training for youth and peer groups.

FPASL launched hotline service to provide medical information on RH issues.

Peer education programme in universities to raise awareness on RH issues.

Other government/NGO programmes.
Outline

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- Operational barriers to A&YRH
- Policy recommendations
Operational Barriers to A & YRH

• Lack of knowledge and public awareness about ARH issues
  Sri Lanka does not have an organised programme to provide ARH counselling and information to vulnerable groups.

REASONS:

- Lack of human resources with necessary skills and experience on RH issues
- Cultural factors have limited open discussion of issues → difficult for “safe” channels of information to develop
Information provision in the region

Political commitment score

<table>
<thead>
<tr>
<th>Country</th>
<th>South Asia</th>
<th>South-east Asia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>3</td>
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<tr>
<td>India</td>
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<td>3</td>
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<td>Nepal</td>
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<td>Pakistan</td>
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<td>Sri Lanka</td>
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<tr>
<td>Vietnam</td>
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</tbody>
</table>
Inability to obtain services

- Very few, if any, reproductive clinics or centres that adolescents can seek services at.
- Public provision of contraceptives targets married couples almost exclusively

REASONS:
- Lack of public awareness → lack of understanding of the gravity of the issue in the community → little impetus for strong policy action
- General lack of resources in the health sector
Service provision in the region

![Bar chart showing political commitment scores for countries in South Asia and South-east Asia.]

- Bangladesh: 3
- India: 2
- Nepal: 2
- Pakistan: 1
- Sri Lanka: 2
- Cambodia: 2
- Indonesia: 2
- Philippines: 2
- Vietnam: 2

The chart compares political commitment scores between South Asia and South-east Asia countries.
Lack of research

- Lack of research on A&YRH and the needs of adolescents and youth, particularly among underserved and minority groups

CONSEQUENCES:
- Scarce data and knowledge $\rightarrow$ severity of A&YRH issues is not known to public $\rightarrow$ weak political commitment for coherent policy initiatives
Political commitment for A&YRH in the region

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<tr>
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<tbody>
<tr>
<td>Bangladesh</td>
<td>4</td>
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<td>India</td>
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<td>Nepal</td>
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<td>Pakistan</td>
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<td></td>
</tr>
<tr>
<td>Vietnam</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

Political commitment score range: 0-4
Operational barriers in the region

- Lack of data and knowledge about A&YRHR → policy vacuum
- Social barriers → “official denial”
- Lack of resources: informational, human, operational and commodities
- Lack of sustained support for programmes
- Lack of education
Outline

- Existing programmes and policies on A&YRH
- Operational barriers to A&YRH
- Policy recommendations
Policy recommendations to think about

- A more holistic approach to A&YRH: health and education sectors + legislative action to influence risk-taking behaviour.

- Extend political support in establishing programmes that support A & YRH services.

- Provision of information to adolescents: Importance of school-based programmes cannot be overstated.

- Improve pre-marital counselling.

- Work through the pharmacy network.

- Conduct research on sexual behaviour and special population groups.
Reference


- Sri Lanka demographic and health survey (2000). Department of Census and statistics Sri Lanka

- Annual reports of Central Bank of Sri Lanka

- Annual report and other publications by the Family health Bureau, Ministry of Health Sri Lanka