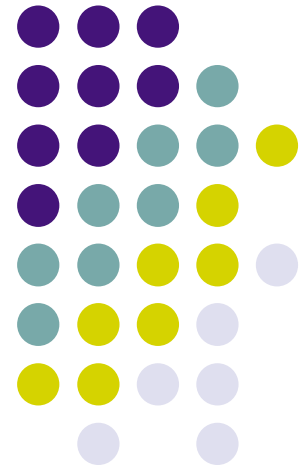
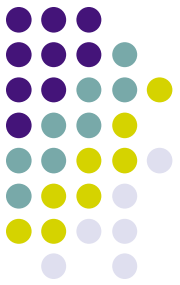


Adolescent and youth reproductive health

Issues, Programmes &
Operational barriers

Ruwanthi Elwalagedara
Institute for Health Policy





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

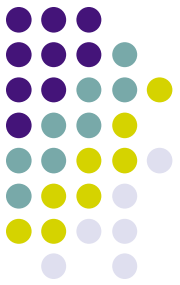
- What age group? (WHO)

Adolescents :10-19

Young adolescents : 10-14

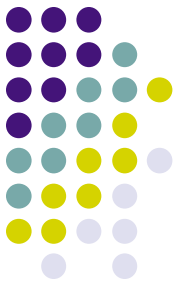
Youth :15-24

Young People :10-24



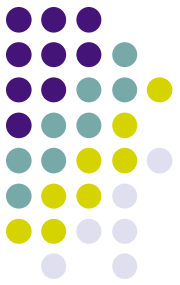
Outline

- 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
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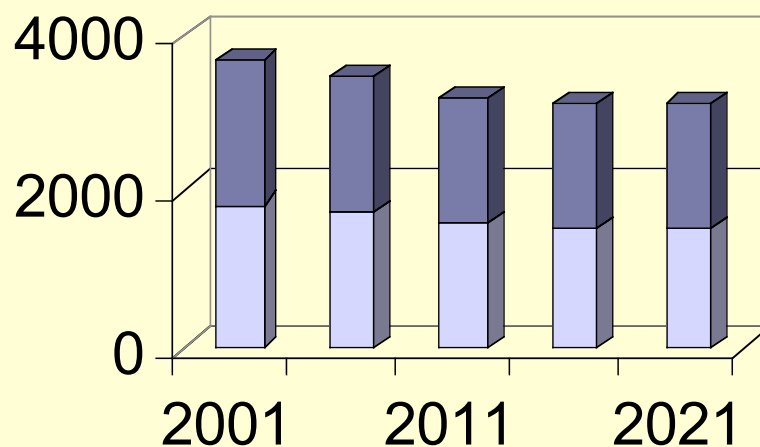


Background

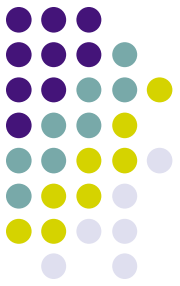
- Adolescents accounted for 19.7% or 3.7 million of Sri Lankan population in 2002
- Number is expected to decrease to 3.1 million by 2021
- Focus on A & YRH is important in SL context.
- Knowledge and services allow adolescents and youth to make informed decisions relating to sexual & RH matters



Total adolescent population (ages 15-24 years 2001-2021

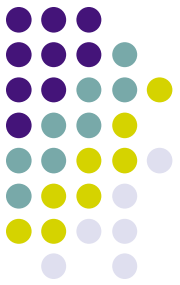


□ Female ■ Male

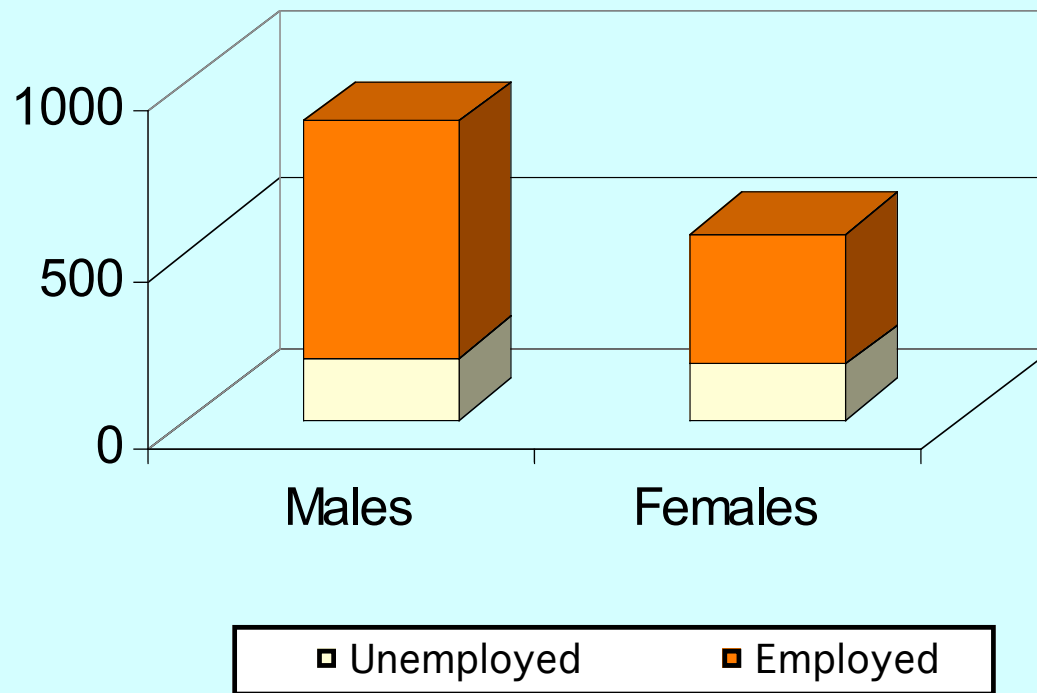


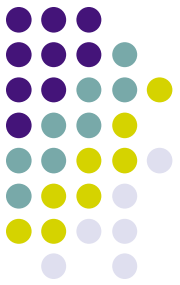
Profile of Adolescents in SL

- Education
- Employment
- Marriage

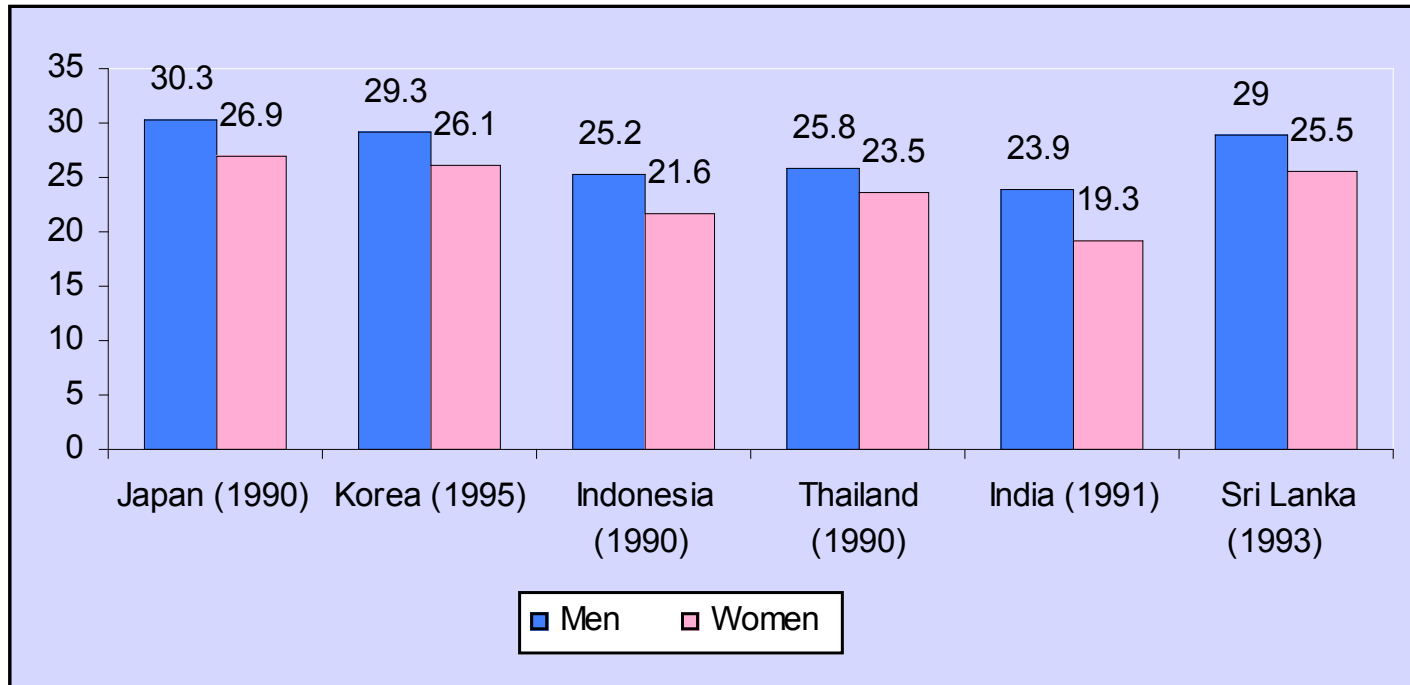


**Figure 3: Employment by sex ('000) in 2000
(ages 15-24),**





Mean age at Marriage

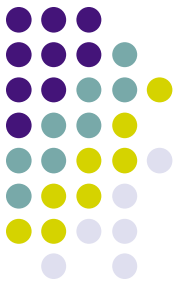




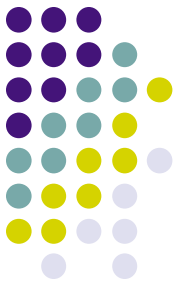
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A & YRH Issues



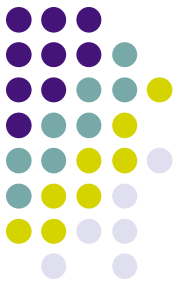
- Early, High risk pregnancy
- Unwanted pregnancy
- Abortion
Illegal, unsafe, on the rise (150,000-175,000 performed annually)
- HIV/AIDS
On the rise, poor awareness among high risk groups (i.e. workers in free trade zones, in tourist industry, commercial sex workers, displaced persons)
- STDs
High prevalence,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



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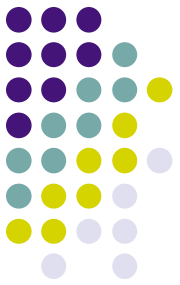
A&YRH programmes



- 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



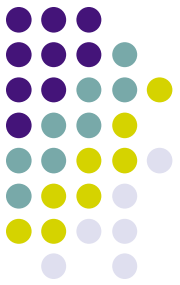
- NYSC launched Reproductive Health Information Project to provide leadership training for youth and peer groups
- FPASL launched hotline service to provide medical information on RH issues
- Peer education programme in universities to raise awareness on RH issues
- Other government/NGO programmes



Outline

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

Operational Barriers to A & YRH



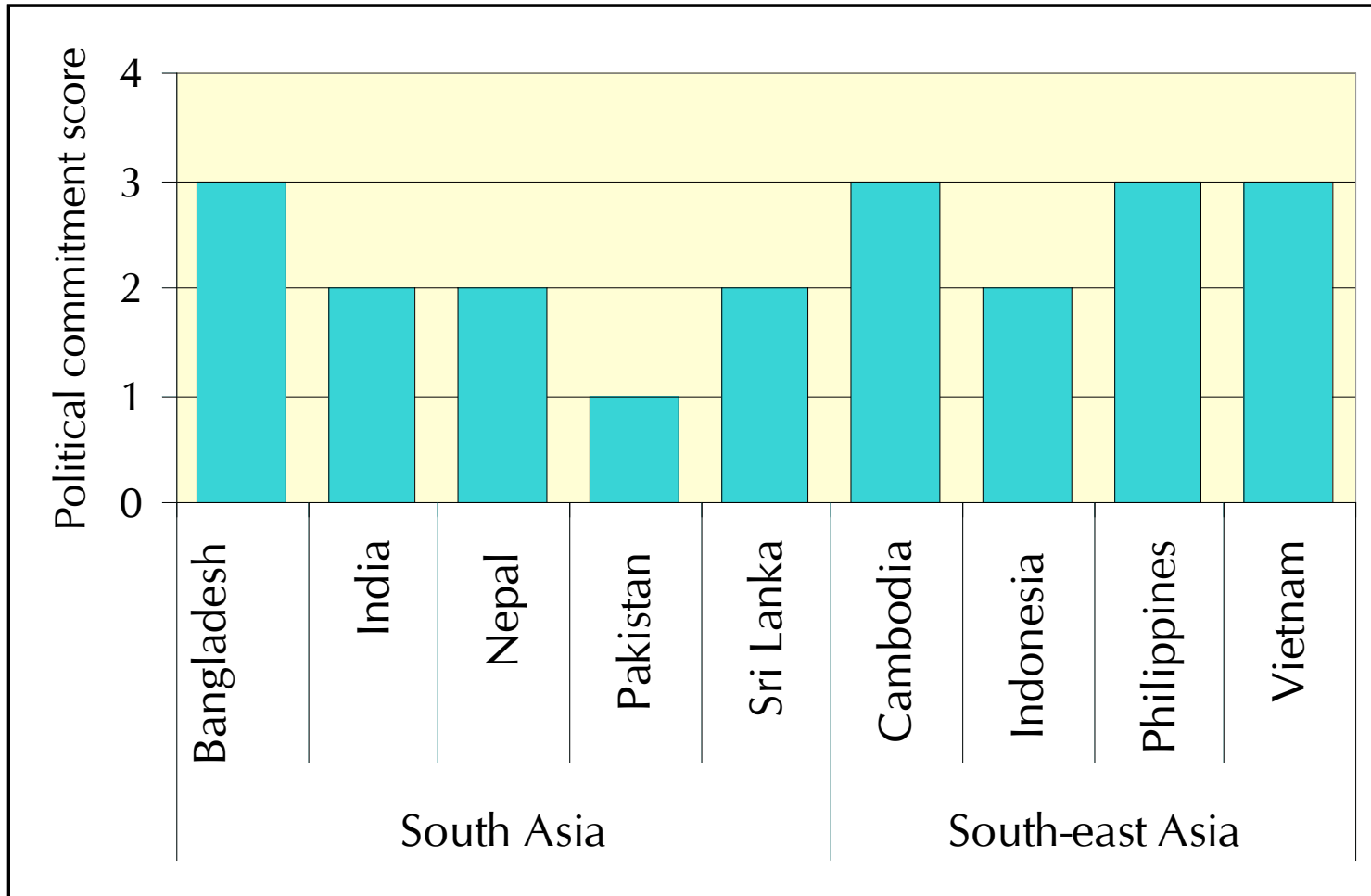
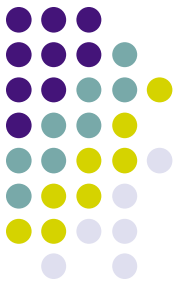
- Lack of knowledge and public awareness about ARH issues

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





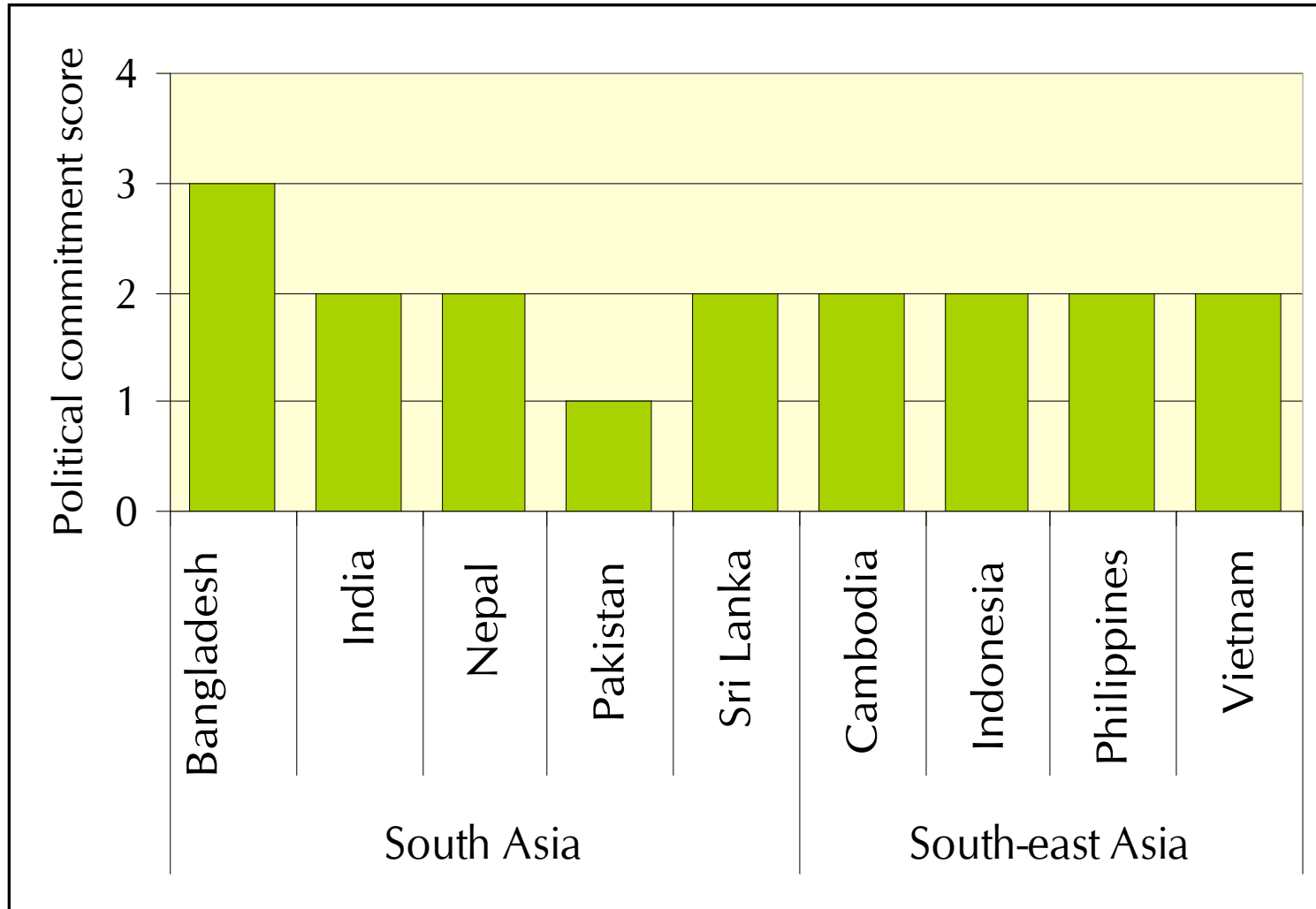
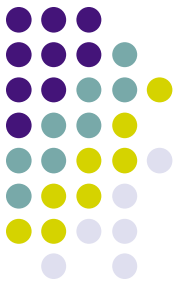
Inability to obtain services

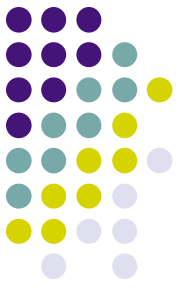
- Very few, if any, reproductive clinics or centres that adolescents can seek services at.
- Public provision of contraceptives targets married couples almost exclusively

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





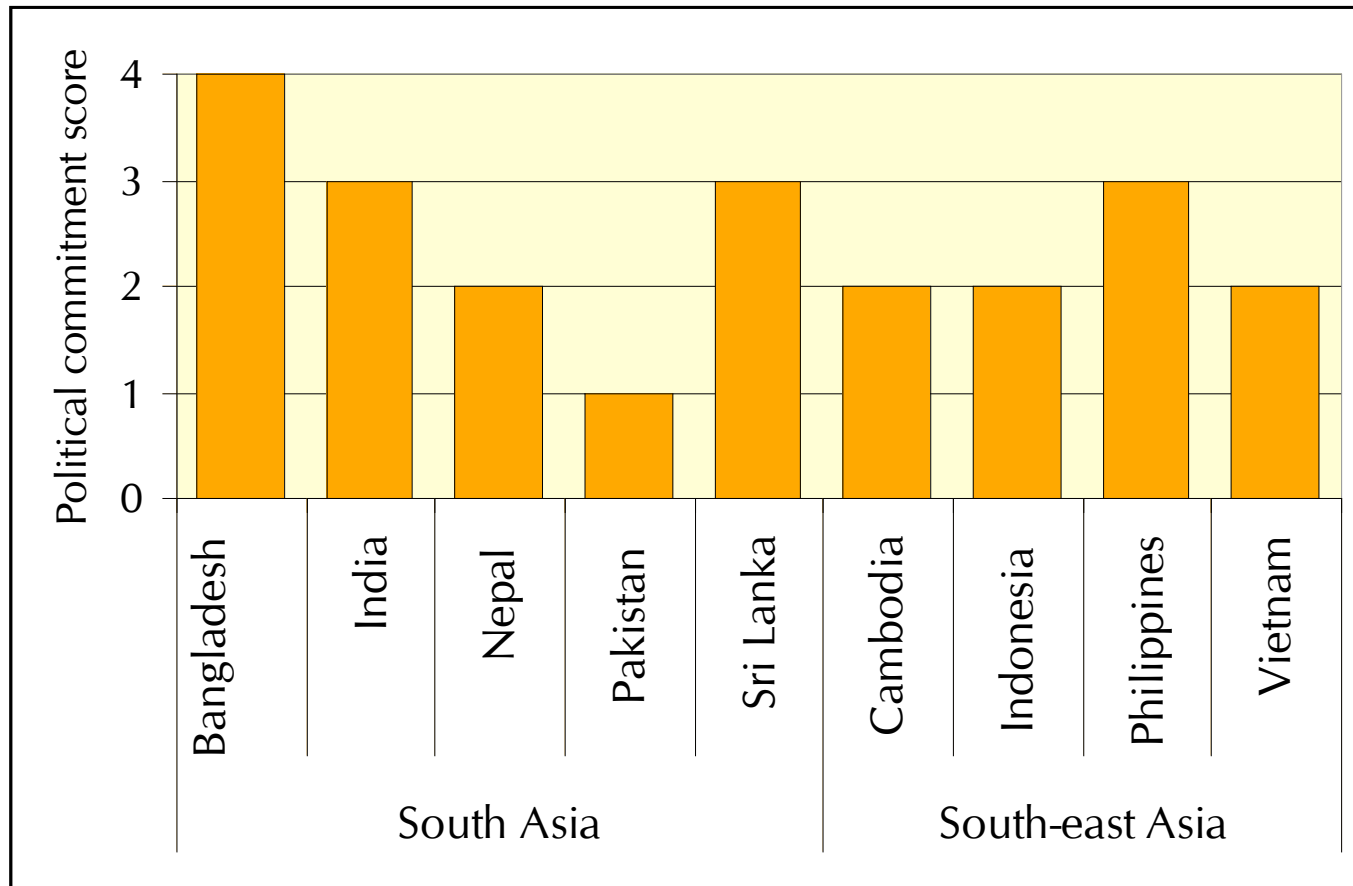
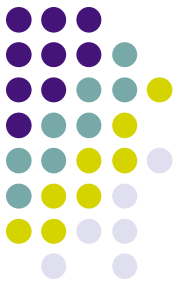
Lack of research

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

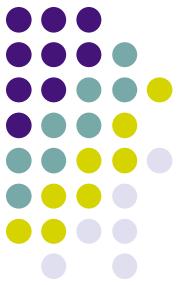
CONSEQUENCES:

- Scarce data and knowledge → severity of A&YRH issues is not known to public → weak political commitment for coherent policy initiatives

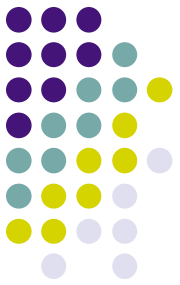
Political commitment for A&YRH in the region



Operational barriers in the region



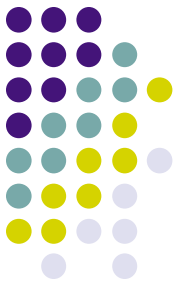
- Lack of data and knowledge about A&YRH → policy vacuum
- Social barriers → “official denial”
- Lack of resources: informational, human, operational and commodities
- Lack of sustained support for programmes
- Lack of education



Outline

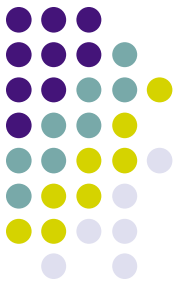
- Existing programmes and policies on A&YRH
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Policy recommendations to think about



- 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

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