

The Impact of Lack of Sexual Education and Reproductive Methods on Achieving Sexual and Reproductive Health Sustainability in Sri Lanka: A Study Among Galle District A-Level Students

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1. Introduction

Sexual and reproductive health is not only a critical aspect of individual well-being but also a pivotal element of sustainable development. In Sri Lanka, inadequate access to comprehensive sexual education and reproductive health services continues to pose significant challenges, particularly for adolescents and young adults. The lack of formal education on topics such as safe sex practices, contraception, and reproductive health leaves young people vulnerable to unintended pregnancies, sexually transmitted infections (STIs), and misinformation (Kumar et al., 2017). These gaps are especially concerning given their direct impact on achieving the United Nations' Sustainable Development Goals (SDGs), particularly Goal 3: Good Health and Well-Being. Especially, emphasizes ensuring healthy lives and promoting well-being for all at all ages, including sexual and reproductive health services, while Goal 5 seeks to achieve gender equality by ensuring women and girls have control over their reproductive choices (UNFPA, 2018).

In Sri Lanka, the cultural stigma surrounding discussions of sexuality further complicates efforts to provide youth with the knowledge and resources they need. Without proper education, many young people rely on unreliable sources of information, contributing to the cycle of poor sexual health outcomes and perpetuating gender inequalities. (Seneratna, 2020). The failure to address these issues not only hinders progress toward achieving SDGs but also undermines the long-term sustainability of public health systems. A holistic approach to sexual and reproductive health education is essential for empowering individuals, particularly adolescents, to make informed decisions about their bodies and futures. This study focuses on the Galle district and investigates how inadequate sex education affects the sexual and reproductive health of high school student in Sri Lanka. The lack of comprehensive sexuality education leaves students vulnerable to unintended pregnancies, sexually transmitted infections (STD), and misinformation. While existing literature highlight gaps in sexuality education, there is limited research on how these gaps specifically affect high school student and contribute to public health challenges, gender inequalities, and setbacks in achieving the Sustainable Development Goals (Jinadu & Odesanmi, 1993; Kapinga & Hyera, 2015). This study aims to fill these gaps and inform more effective education policies and public health interventions.

2. Materials and Methods

In this sociological research, the Galle district was selected as the research field, focusing specifically on six schools from the Galle Municipal Council and Baddegama Divisional Council. A total of 40 students were chosen through a simple random sampling method. This smaller sample size allowed for more in-depth engagement with each participant, enhancing data consistency and reliability while addressing practical constraints like time and budget. Data collection was conducted via an online semi-structured questionnaire, and an inductive approach was used in the thematic analysis to identify patterns and themes emerging from the data. Quantitative data was analyzed using SPSS, and secondary data was also utilized where necessary to support the research findings.

3. Results And Discussion

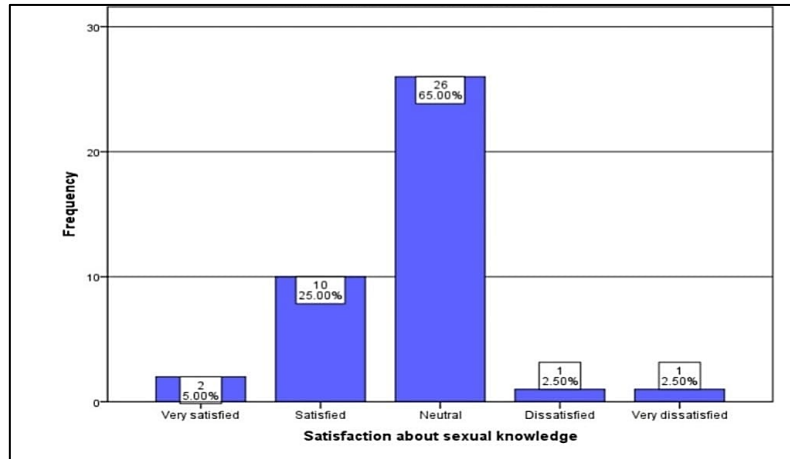


Figure 1: Satisfaction about sexual knowledge

It appears from the above graph that most students (65%) expressed a neutral opinion about their satisfaction with their sexual knowledge, reflecting uncertainty about the adequacy of their understanding. Additionally, 25% of students reported feeling satisfied with their knowledge. However, a small portion of the sample expressed dissatisfaction, with one student indicating they were dissatisfied and another stating they were very dissatisfied, representing a minority opinion. These findings suggest that while some students feel informed, there remains a significant portion with mixed or uncertain perspectives on their level of sexual education.

Further, the findings of this study reveal multiple barriers contributing to the non-implementation of formal sexuality education in schools. The absence of comprehensive national policies creates a vacuum, leaving schools without clear guidelines on sexual education. Bureaucratic inefficiencies further delay policy execution, demonstrating the need for public institutions to prioritize sexual education as a key component of national health and education strategies. These systemic failures argue for the development of robust national frameworks and streamlined administrative processes to facilitate progress.

Additionally, conservative leadership in schools, driven by fears of cultural backlash, plays a critical role in resisting sexual education programs. This highlights the argument that schools need balanced approaches, addressing cultural sensitivities while ensuring students receive essential reproductive health information. The fear of controversy underscores the importance of community engagement to mitigate opposition and foster a supportive environment (Sommart and Sota, 2013)

Furthermore, the lack of coordination between the health and education sectors, along with resource deficiencies, such as inadequate funding and lack of trained staff, represents significant structural issues. This suggests the argument for increased investment in teacher training and resource allocation to ensure schools are equipped to deliver effective sexual education. In addition, cultural and religious conservatism also emerges as a major barrier, with cultural taboos and religious opposition discouraging open dialogue on sexuality. This argues for the need to challenge societal norms and create a space for inclusive discussions on sexual health education. Moreover, parental misconceptions and fears about sexual education reflect the necessity for better communication between schools and parents to address concerns and misconceptions, ensuring broader support for formal sexuality education programs (Felman, 1990).

Therefore, the absence of knowledge about reproductive methods significantly affects the sexual and reproductive health outcomes of A/L students in Sri Lanka. Without adequate information on contraception, safe sex practices, and reproductive health, students may engage

in risky sexual behaviors, leading to unintended pregnancies, sexually transmitted infections (STIs), and other health issues. Accordingly, Sri Lanka has seen a significant rise in teenage pregnancy and sexual abuse, with 28 cases of teenage pregnancy reported in the first half of 2024. Also, in the first half of 2024, 268 child abuse and other child-related complaints were reported to the National Child Protection Authority from the Galle district (National Child Protection Authority, 2024). Moreover, in 2023, there were 104 reported HIV cases among individuals aged 15-24 in Sri Lanka. During the first quarter of 2024, 28 cases were recorded, indicating a continuation of youth HIV infections (National STD/AIDS Control Program, 2024). These numbers highlight the ongoing vulnerability of this age group to HIV and stress the need for enhanced sexual education and awareness programs targeting young people to mitigate further spread and promote safe practices. Addressing gaps in reproductive health knowledge is critical to reducing these rates in the future.

4. Conclusion

This research highlights the pressing need for comprehensive sexual education and awareness of reproductive methods among A/L students in Sri Lanka. The findings reveal that many students possess limited or uncertain knowledge about sexual and reproductive health, with gaps in formal education exacerbating the issue. The lack of clear national policies, conservative leadership in schools, and cultural and religious opposition have significantly hindered the implementation of effective sexual education programs. These barriers not only impede progress toward achieving sexual and reproductive health sustainability but also contribute to adverse outcomes such as unintended pregnancies, sexually transmitted infections, and the perpetuation of gender inequalities. Addressing these challenges requires a collaborative effort between the health and education sectors, public institutions, and communities. Increasing investment in teacher training, resource allocation, and the development of robust national frameworks for sexual education are crucial steps toward improving student knowledge and outcomes. Furthermore, challenging cultural taboos and fostering open dialogues about sexuality are essential for creating a supportive environment where students can access the information they need to make informed decisions. Ultimately, ensuring that young people have access to comprehensive sexual and reproductive health education is a vital step toward achieving Sustainable Development Goals, particularly those related to health and gender equality. By empowering students with knowledge and resources, Sri Lanka can work toward reducing teenage pregnancies, sexually transmitted infections, and other health risks, promoting a healthier and more informed generation.

5. Acknowledgment

I would like to express my sincere appreciation to the A/L students who generously offered their time and participation in this study. Their willingness to engage and provide thoughtful responses was essential to the completion of this research. Without their valuable contributions, the data gathered would not have been as insightful and meaningful.

6. Keywords

Adolescent well-being, Comprehensive sexual education, Health equality, Sustainable development

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