

## **An exploration of reproductive health knowledge and attitudes among secondary school children in Colombo District**

### **Abstract**

This study explores the knowledge and attitudes on reproductive health of secondary school children in Sri Lanka. Data for the study was obtained from 150 students who were in grade 9 and 10, representing male and female students from rural and urban schools in Colombo district. An interviewer administered questionnaire was used to gather data. The findings revealed that female students had better awareness on reproductive health education than their male counterparts. Furthermore, it revealed that, friends and peers were more influential sources of obtaining reproductive health information than school teachers and parents irrespective of their gender and sector where they live. Attitudes on pre-marital sex show that urban students especially, international school students tend to favour premarital sexual relationships as a source of gaining experience irrespective of gender. Majority of students in all sectors had agreed that reproductive health knowledge is an essential and it need to be included as a subject in the school curriculum. These findings suggest that policies and programmes should be more focused on educating male students and also awareness programmes need to implement further for all students to address their issues.

**Key Words:** Reproductive health (RI), Adolescents, Secondary school children, Pre-marital sex

## **1. Introduction**

The changing patterns in demographic and socio economic scenarios have contributed many significant issues that lead immediate focus on the relevant communities. Sexual and reproductive health issues have been recognized as crucial in this regards which has been a major global concern for many years (Senanayake, Nott, & Faulkner, 2001). The International Conference on Population and Development (ICPD) held at Cairo in 1994, adopts a definition for reproductive health as ‘A state of physical, mental, and social well-being in all matters relating to the reproductive system at all stages of life (UNFPA, 2004). In terms of reproductive health rights, it implies that people are able to have a satisfying, safe sex life and they have the capability to reproduce and the freedom to decide if, when, and how often reproduction should take place. It is also emphasized the right of men and women to be informed and to have access to safe, effective, affordable, and acceptable methods of family planning of their choice, and the right to appropriate health-care services that ensures safe pregnancy and childbirth (UNFPA, 2004). Adolescent and youth reproductive health, which comes under the above general definition have been recognized as an area of a key development concern today (Agampodi, Agampodi, & Piyaseeli, 2008; Bearinger, Sieving, Ferguson, & Sharma, 2007; Morris & Rushwan, 2015; Senanayake et al., 2001).

The World Health Organization (WHO) defines an adolescent as a person between 10-19 years of age. During the first phase i.e., 10-14 years of age, an adolescent experiences not only physical growth but also emotional, psychological, social, and mental change (WHO, 1995) Physiological changes lead to sexual maturity which usually occurs during the first several years of adolescent phase. (Choudhury, Blakemore, & Charman, 2006). A survey conducted in Sri Lanka has found that one in every five is an adolescent in the total population and there are over 3.7 million adolescents living in Sri Lanka in 2009 (Indralal De Silva, Karunathilake, & Perera, 2009; W. Indralal De Silva, 1998). In the world situation, adolescents numbered nearly 1.1 billion in 1995 of which 913 million lived in developing countries while 160 million in developed countries

(UN, 2009). In other words, one in every five people in the world is an adolescent, and 85 of every 100 adolescents live in developing countries (De Silva, 1998).

The adolescents first phase of age identified as 10-14 years marked as a period with profound physical and psychological changes that begins with puberty, at the time when the menstruation begins. Middle period, which is age 15-17, is a period of increasing independence and the last category (age 18-24) is marked with educational goals or other social factors, which delay their entry to the adult role (De Silva, 2005). Thus; in most countries, these age categories have been incorporated in to educational structure.

In Sri Lanka, educational structure is broadly divided in to 3 categories including Primary, Secondary, and Tertiary sections. After primary education (grade 1-5), the junior secondary level lasts for 4 years (grade 6-9) followed by 2 years (grade 10-11) of senior secondary level. Therefore, most of the children who are in the onset of youth belong to the secondary school in the educational structure. According to Ministry of Health, 86 percentage of school population falls in the secondary education. Hence, adolescents represent 22 percent of the total population; Meanwhile, School participation of the adolescents in 14–19 age groups has reported around 55 percent of the total school population (Department of Census and Statics, 2000).

Secondary School children, as they are adolescents (aged 10–16), vulnerable to many health risks (Rajapaksa-Hewageegana, Piercy, Salway, & Samarage, 2015). Therefore, several efforts had always been made to include components of reproductive health (RH) education in to education curriculum though, sexual and reproductive issues are not been adequately addressed in the school curriculum (Agampodi et al., 2008; Godia et al., 2013; Rajapaksa-Hewageegana et al., 2015). However, administrators, counselors, teachers, students and parents are now strongly considering the advantages of teaching sexual and reproductive health as a subject in secondary education (Hatami, Kazemi, & Mehrabi, 2015; Lal, Nath, Badhan, & Ingle, 2008; Phillips & Martinez, 2010; Rajapaksa-Hewageegana et al., 2015) As the buds of the new generation, school children should have the right to obtain the awareness of the RH to ensure safe and knowledgeable future.

Several studies conducted in local and international settings have revealed that more than 70 percentage of school going population belongs to the first phase of adolescent (age of 10-14) was in need of reproductive health (RH) information (Agampodi et al., 2008; Rajapaksa-Hewageegana

et al., 2015). They were not aware about the basic reproductive health issues. Problems related to sexual and reproductive health (SRH) is completely ignored by parents and teachers in our society. Sex is considered as a taboo, and hence the society does not provide them being appropriately educated in this area. It is also revealed that the majority of the school children over 15 years in Sri Lanka are sexually active and engaging in heterosexual activities, homosexual activities and watching pornographic films as they are more inquisitive to know about sexual issues (Yakandawala,2008). Studies have shown that young people in the 15–25 age groups are accounted for 19 percentage of the illegal abortions that are taking place in the country. However, data on premarital pregnancies and abortions are not properly reported in Sri Lanka. Under the circumstances majority of educationists are of the view that SRH is a vital part of the knowledge, which is not adequately addressed by school curriculum (Rajapaksa-Hewageegana et al., 2015; Thalagala & Rajapakse, 2004; W Indralal De Silva, Aparnaa Somanathan, & Vindya Eriyagama, 2003).

Demographic and Health Survey in 2000 Sri Lanka revealed that, adolescents represent 22 percentage of the total population and, school participation of the adolescents in 14–19 age groups is around 55 percentage (Department of Census and Statics 2001). Premarital sex is not culturally accepted in Sri Lanka. However, in the contrary the sexual debut for both females and males is found to be around 15 years. Prevalence of sexual activities (penetrative and non-penetrative sex) among school children is as high as 10.2 percentage and among out of school adolescents it is 22.2 percentage (Thalagala & Rajapakse, 2004) All these risk factors and low level of knowledge among adolescents, especially about transmission of HIV and STI make young people more vulnerable for all kinds of Reproductive Health problems (Agampodi et al., 2008). Furthermore, the socio-cultural complexes entwined with never-ending processes of modernization and globalization will put greater strains on adolescents in the future. Most of the developing countries including Sri Lanka, governments have taken several measures in implementing policies and programmes for adolescents on RH. However, such programmes not covered entire adolescent population (Hatami et al., 2015; Kotecha et al., 2009). Therefore, there is an urgent need to providing reproductive health knowledge to the secondary school children is vital as they are in the door step of youth and vulnerable to RH risks. It is appropriate to implement RH knowledge trough school curriculum.

Therefore, this study aimed to explore the knowledge and attitudes on RH among secondary school children and examine how adequate is the RH knowledge provided to the secondary school children in Sri Lanka. Further, it examined gender differentials in reproductive health knowledge and attitudes and finally this study tried to find out solutions that can be taken in order to improve reproductive health knowledge and reduce the risks of RH issues among secondary school children.

## **2. Methodology**

This Study mainly used primary data. The stratified purposive Sampling Technique was applied to select schools from the Colombo district for this study. Study was undertaken in Colombo District which has the highest number of secondary school according to the school census in 2008 conducted by the Ministry of Education (Department of Census and Statistics, 2008).

Four schools from urban and rural areas in the Colombo district were purposively selected to identify the knowledge gaps in reproductive health among rural and urban children, and how they were able to access the current information on reproductive health through school curriculum. One boy school, one girl school, and one international school selected from urban, while one mix school selected from rural area of Colombo district. Total respondents of 150 of students in the adolescent's age group who were studying at the grade 10 and 11 were randomly selected from the list of student's attendance registers. Interviewer administered questionnaire was used to interview students, included both structured and open ended questions related to reproductive health, attaining puberty, physical and mental changes, HIV/AIDS, sexually transmitted infection, myths and taboos on reproductive health.

## **3. Results & Discussion**

### **3.1 Knowledge on attaining puberty and secondary sex characteristics**

The present study found that, all the respondents of both sexes in the study population (100 percentage) had satisfactory knowledge about the attaining puberty and the secondary sex characteristics such as beginning of menstruation cycle, enlargement of breasts, growth of body

hair, most prominently under arm and public hair and changes in the distribution of weight. This fact was aware irrespective of the gender difference. However, it is revealed that, higher percentage of urban respondents had correct knowledge and perceptions on practices during menstruation than rural respondents. Further, the equal proportion of urban and rural respondents were not aware about irregularity of menstruation cycle (40 percentage). Majority of the rural respondents were still not clear that the irregularity of the menstrual cycle is normal phenomena. Rural girls had agreed with the statement on eating any animal protein or oily foods (70 percentage) and avoid bathing during menstruation (30 percentage).

The findings indicated that, majority of girls in the urban societies gained adequate knowledge to reject the traditional beliefs and practices about menstruation. This fact is clearly indicated by the findings of the international school category. Respondents of International schools, under the urban category were fully aware of the correct facts about menstruation. All girls (100 percentage) accepted that, it is normal to have irregular menstruation periods during the beginning of the cycle and possibility of being pregnant by involving sexual activity after menarche, while they totally rejected the traditional myths such as eating any animal protein or oily foods and avoid bathing during menstruation.

Students were checked their knowledge by asking awareness on perceptions related to the puberty. Results indicated that, among secondary school category, majority of male respondents (60 percentage) had correct idea on normal happenings in puberty. However, majority of boys had no clear idea about the statement that frequent ejaculating is harmful and can cause weakening their However, Overall, around 90.9 percentage female participants of all categories (urban, rural and international schools) were aware about reproductive hormones.

### **3.2 Knowledge on Reproductive System**

Overall, 80 percentage of respondents were aware about the correct functions of reproductive system, while only few respondents (20 percentage) were not certain of the functions. Majority who were aware on reproductive system, its organs and functions gained their knowledge through text books prescribed for their reproductive health subjects. It is significant to notice that, boys knowledge on reproductive system and its functions were slightly higher (53 percentage) than

female respondents (47 percentage). This was visible among all the school categories (urban and rural mix schools) except international school. Boys and girls in the international school category, all were fully aware about reproductive system and its functions.

When examining the knowledge about the Sexual Transmitted Infections (STIs), all of the respondents were well knowledgeable. Results of the study further showed that there were none among the respondents (100 percentage) in all school categories, who had not heard about HIV/AIDS. When compared the other STI knowledge with gender, boys overall had a higher awareness (60 percentage) on STI s mentioned in the questionnaire than girl respondents (40 percentage).

### 3.3 Knowledge on Mode of Sexually Transmitted Infections

Respondents were asked about the mode of transmitting STIs and majority of the respondent in all categories (70 percentage) have indicated that the commonest mode of transmission of STI is through unprotected sexual intercourse with an infected person. Only few respondents mentioned that STI could be transmitted by touching an infected person (3.6 percentage). However majority of 54.6 percent respondents were unclear whether using a same toilet used by an infected person could be a transmission mode of STIs (Table 1).

Table 1: Knowledge on Mode of Sexually Transmitted Infections (STI)

Mode of Transmission	Type of Answer		
	Correct (percentage)	Wrong (percentage)	Don't know (percentage)

---

By touching an infected person	3.6	40	10.9
By having unprotected sex with an infected person	70	6.5	14.5
Using a toilet used by infected person	10	20.4	54.6
By using utensils used by an infected person	16.4	33.1	20.0
Total	100	100	100

---

Source: Survey Data, 2013

This study also found the differences of knowledge between girls and boys on mode of transmission of STIs. It is noticeable that, girls in urban mix school had higher STI and HIV/AIDS knowledge than boys and girls in rural schools. When compared this knowledge with the international school students, it seems that they were highly knowledgeable than other urban and rural students, as they might be well equipped with the information sources on reproductive health.

### **3.4 Attitudes on Love and Marriage**

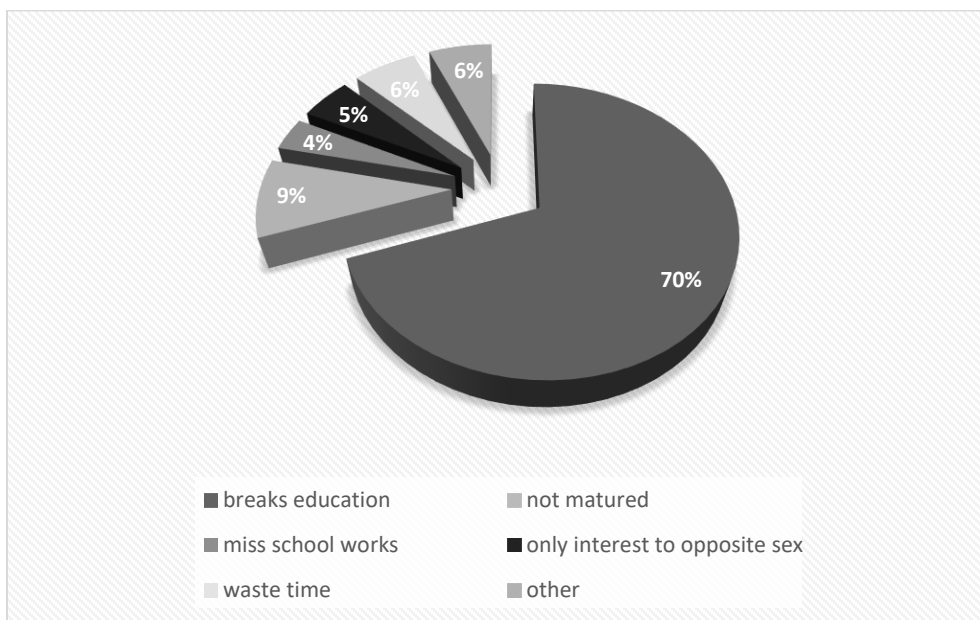
Adolescence phase is a period where rapid physical and psychological changes and transformations takes place (Arain et al., 2013; Thalagala & Rajapakse, 2004; W Indralal De Silva et al., 2003). It is accepted that during the first phase of adolescence (10-14 years of age) the



relationship with opposite sex is mere friendship rather than a serious love affair (Thalagala & Rajapakse, 2004).

Figure 1 shows the overall reasons for not developing a love affair during the schooling. Majority of the students are keen to have a successful education and they are of the view that love affairs would be an obstacle for studies (70 percent). Some student's think that they are not matured enough to have a love affair (9 percent). Only 30 percent of respondents who agreed on in urban and rural school indicated that they are having love affairs just for fun and reduce mental stress but not as serious relationship leading to marriage. They further indicated that, the school studies are strenuous and exhausting and, having a love affair would make life more beautiful, relaxed and enjoyable. Most of the boys said that they select a girl who could give them a mental relief and help them in making their studies better.

Figure 1: Overall reasons for not involving in love affairs

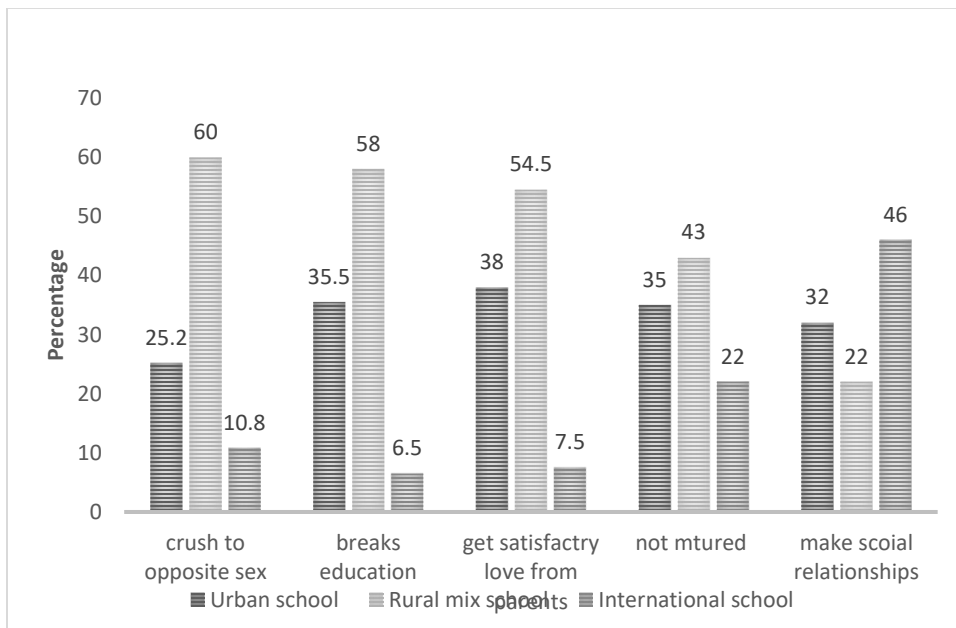


Source: Survey Data, 2013

Majority of girls (65 percent) mentioned that they get satisfactory love from parents and, they were not matured enough to involve in a serious love affair. They further indicated that, love affairs could be a burden and an obstacle to educational achievements. The girls attitudes on having a

love affair was further analyzed by the sector and it is interested to find out that rural and urban school were more pessimistic on having a love affair during the school age. They have declared reasons such as it is only a crush than a long-term relationship, breaks education, get sufficient affection from parents and not matured to have a relationship. However, nearly 55 percent rural girls responded that they are satisfied with the love from the parents. Majority of 46 percent of international school girls mentioned that love affair is fundamental to make a good social relationship (Figure 2).

Figure 2: Attitude on having a love affair during school by female students



### 3.5 Attitudes on premarital sex

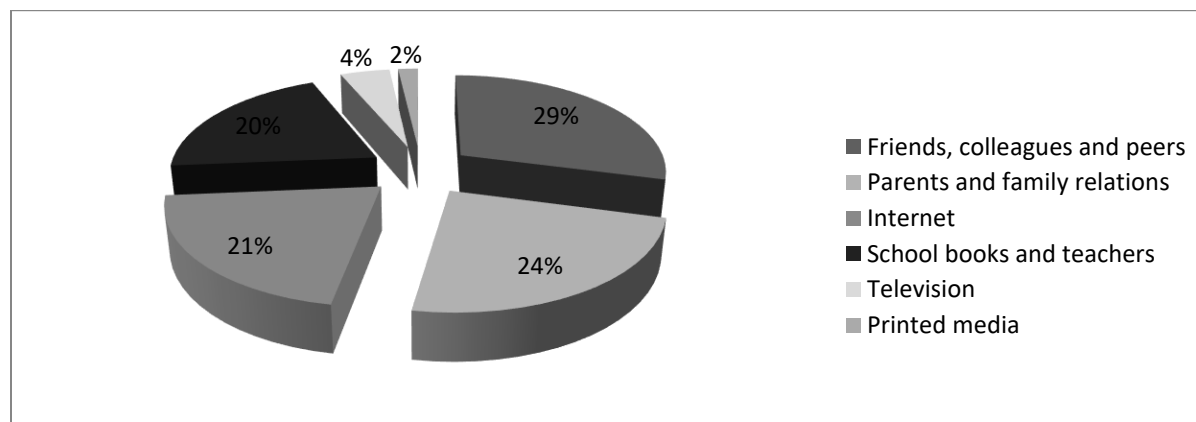
From the review of literature it is found that, experience of premarital sex among adolescents varies between male and female (Basnayake, 1986). Attitudes toward pre-marital sex among the young population appear to be more acceptable to males than females. In this study, results found that, a large proportion of students (82.7 percentage) interrogated in urban and rural schools except international school disapproved the sexual relationships before marriages. Only 17.3 percentage had approved pre-marital sexual relationships. It is significant to notice that among this 17.3 percent, majority of 80 percent belongs to the international school category.

These finding clearly shows the existence of an attitudinal divergences and cultural differences among international schools children in comparison with their counterparts in other urban and rural schools. This could be an influence of many factors such as open economic policies, westernization or globalization and, impact of media and cultural transforms in urbanization, which influence the transition of changing sexual attitudes and behaviors among adolescents.

### 3.6 Sources of Information on Reproductive Health

Variety of sources was assessed to find out the most popular information sources to obtain knowledge and information on RH. Figure 3 depicts that Friends and peers were the most influential source of information (29 percentage) followed by parents and family members (percentage). Internet seems to have an increasing popularity (21 percentage) as a source of information on RH. School books and teachers were also an important source (20 percentage) Television and print media found to have a less influence as a source of RH information.

**Figure 3: Sources of reproductive Health as a percentage**



Source: Survey Data, 2013

The results indicated that, adolescents are more likely to perceive peer attitudes as desirable and behave according to these attitudes and values. As school children they interact with peers, spending considerable time with them. The study pointed out that, peer influence was stronger in males than females in urban category which is above the influence created by parents and family relations.

This study further shows their remoteness with the parents and school teachers in discussing reproductive issues. Further, this demonstrates the fact that modernization accompanied by the technological advances broadens the gap between children and parents. Having confidence on friends and peers as a major source of obtaining information could lead to unfortunate situations. Because friends and peers may be equally uninformed or misinformed as the students and they are relatively inexperienced on the subject. This situation could cause bad consequences to the school children who are vulnerable to several risks. This is also a clear indication of the need to address children through school curriculum for their awareness and knowledge on RH.

### **3.7 Problems identified by students when teaching reproductive health**

Results of this study indicated that, 40 percent of respondents didn't get an adequate guidance from general school subjects to their RH problems. Students (26 percentage) mentioned that teachers purposely avoid teaching lessons on RH. It is important to notice that, considerable number of rural mix school girl respondents mentioned that they feel uncomfortable when learning RH together with boys and teaching the subject by male teachers. This problem was not visible among urban school respondents.

When compare the preferred mode of learning, more than 40 percent of the students (42.6 percentage) agreed that, most appropriate way to provide information on RH is conducting special lectures and presentations by doctors. However, others (31.8 percentage) indicated, adding more information into the school text books is a preferred method. Students also mentioned that they like to get information from trained student leaders (8.3 percentage) and from trained teachers (17.3 percentage). There was no significant difference between urban rural and international school sectors in the preferred mode of dissemination of information.

### **3.8 Reproductive Health problems visible among secondary school students**

It is interesting to notice that the reproductive problems affected to the students of each school categories varies. Table 2 shows that the almost 60 percent of male respondents indicated that masturbation as a major reproductive issue. They were inquisitive to know whether it could harm their body and future sexual ability. Girl respondents of 36.4 percent came out with the fact that homo sexuality was visible among their friends. Further, 21.8 percent girls indicated irregularity and the abdominal pain during menstruation as the second highest RH problem.

**Table 2: Major Reproductive health issues by sex**

Major reproductive health issue	Sex		
	Boys (percentage)	Girls (percentage)	Total (percentage)
masturbation causes to weak the body	50.9	0	25.5
homo sexuality	5.5	36.4	13.6
no one to tell problems	9.1	7.3	8.2
menstruation problems	0	21.8	18.2
poor knowledge on STI s	14.5	16.4	15.5
watching phonographic films	20	18.2	19.1
Total	100.0	100.0	100.0

**Source: Survey Data, 2011**

It is evident that, in the international school category addiction to watching pornographic films as their major issue irrespective of sex.

### **3.9 Attitudes on school's in promoting reproductive health**

All the respondents participated in the study had accepted that teaching reproductive health as a subject would be useful to them, while a high proportion of student's (91 percentage) had agreed that teaching RH as a school subject will help to avoid misleading them.

More than half of the respondents (60 percentage) irrespective of gender and school category the reproductive health knowledge gained from the general secondary school subjects were not adequate. All of the respondents in international school category indicated that they had gained reproductive knowledge mostly from external sources such as internet and Media.

Majority of respondents (66.4 percentage) agreed that the, schools should begin to teach RH as a subject from grade 6 including urban and rural schools respondents. Some others (20.5 percentage) suggested that grade 9 and grade 8 (13.1 percentage) as the most appropriate grades to start teaching RH in the secondary schools.

#### **4. Conclusion**

Based on the findings of the study it can be concluded that the girls interrogated in the urban and rural schools were having fairly good knowledge and attitudes than boys in relation to reproductive health.

The extent of awareness on secondary sex characteristics such as reproductive hormones and reproductive system were reasonable among all the school categories. However, some girls in rural schools had still accepted the traditional perceptions on puberty and menstruation such as avoid bathing and eating animal protein or oily food during menstruation. Majority of boys in urban and rural school had not aware about the fact that ejaculation would not cause any harm to their body. It is found that, the traditional thinking and practices around menarche and menstruation has changed among urban students. Among all school categories, international school students possessed a good knowledge on reproductive health than the students of urban and rural schools. This might be due to their access to other source of information on Reproductive Health.

The highest proportion of love affairs during school period was observed among rural boys, while the majority of girls and boys respondents in urban were in the view that love affairs would break their education. Most of the boys and girls in international school category were favoring in premarital sexual relationships. They engage in love affairs mainly to broaden their social relationships and not aiming at marriage. These findings show the cultural and attitudinal differences between urban and rural school children. The knowledge towards STIs and HIV/AIDS was favorable among all the school children categories. Knowledge on mode of transmission of STIs was not adequate among rural respondents. Barriers of communication may have influenced this situation.

Preference for obtaining RH information through schools varied greatly between sex and school categories. Most of the boys in urban and rural were not in favor of using parents and school

teachers as the main resource for providing RH information. They mentioned that parents or teachers would not feel comfortable to discuss these issues. Involvement in peer group association were visible among the boys in both the urban and rural schools who had large friend's networks in gaining RH knowledge over and above the girl respondents. The study findings revealed that the girls in both urban and rural preferred to have RH information from their parents (mothers), school teachers and printed media.

Majority of students were not satisfied with the reproductive health knowledge they gained from school at present. Many students agreed that, reproductive health should include to the school curriculum as a subject, conducting special lectures were the most appropriate ways to minimize their reproductive health issues and to improve their knowledge in these issues. Considerable proportion of male respondents claimed that masturbation and addicted to watch pornographic films as their major problems. While, menstruation problems and homosexuality were visible among most of the girl respondents in urban and rural schools. It is also discovered that, students would prefer to obtain knowledge on RH from medical doctors rather than school teachers.

Findings of the study proved that current secondary education system need to be expanded to address current issues related to the reproductive health problems. Special attention should be focused to increase the reproductive health attitudes and knowledge among rural school students.

Therefore, adolescence boys and girls in the secondary classes in schools who were in need a formal education on reproductive health before being expose to the risks in the society.

## **List of Reference**

- Agampodi, S. B., Agampodi, T. C., & Piyaseeli, U. (2008). Adolescents perception of reproductive health care services in Sri Lanka. *BMC Health Services Research*, 8(1), 98. doi:10.1186/1472-6963-8-98

- Arain, M., Haque, M., Johal, L., Mathur, P., Nel, W., Rais, A., . . . Sharma, S. (2013). Maturation of the adolescent brain. *Neuropsychiatric Disease and Treatment*, 9, 449-461. doi:10.2147/NDT.S39776
- Bearinger, L. H., Sieving, R. E., Ferguson, J., & Sharma, V. (2007). Global perspectives on the sexual and reproductive health of adolescents: patterns, prevention, and potential. *The Lancet*, 369(9568), 1220-1231. doi:[https://doi.org/10.1016/S0140-6736\(07\)60367-5](https://doi.org/10.1016/S0140-6736(07)60367-5)
- Choudhury, S., Blakemore, S.-J., & Charman, T. (2006). Social cognitive development during adolescence. *Social cognitive and affective neuroscience*, 1(3), 165-174. doi:10.1093/scan/nsl024
- Godia, P. M., Olenja, J. M., Lavussa, J. A., Quinney, D., Hofman, J. J., & van den Broek, N. (2013). Sexual reproductive health service provision to young people in Kenya; health service providers' experiences. *BMC Health Services Research*, 13, 476-476. doi:10.1186/1472-6963-13-476
- Hatami, M., Kazemi, A., & Mehrabi, T. (2015). Effect of peer education in school on sexual health knowledge and attitude in girl adolescents. *Journal of Education and Health Promotion*, 4, 78. doi:10.4103/2277-9531.171791
- Indralal De Silva, W., Karunathilake, K., & Perera, R. (2009). Patterns of Sexual Vulnerability among adolescents and Youth in Sri Lanka. *Asian Population Studies*, 5(1), 41-59. doi:10.1080/17441730902790099
- Kotecha, P. V., Patel, S., Baxi, R. K., Mazumdar, V. S., Misra, S., Modi, E., & Diwanji, M. (2009). Reproductive health awareness among rural school going adolescents of Vadodara district. *Indian Journal of Sexually Transmitted Diseases*, 30(2), 94-99. doi:10.4103/0253-7184.62765
- Lal, P., Nath, A., Badhan, S., & Ingle, G. (2008). A study of awareness about HIV/AIDS among senior secondary school children of Delhi. *Indian Journal of Community Medicine*, 33(3), 190-192. doi:10.4103/0970-0218.42063
- Morris, J. L., & Rushwan, H. (2015). Adolescent sexual and reproductive health: The global challenges. *International Journal of Gynecology & Obstetrics*, 131, S40-S42. doi:<https://doi.org/10.1016/j.ijgo.2015.02.006>
- Phillips, K. P., & Martinez, A. (2010). Sexual and reproductive health education: contrasting teachers', health partners' and former students' perspectives. *Can J Public Health*, 101(5), 374-379.
- Rajapaksa-Hewageegana, N., Piercy, H., Salway, S., & Samarage, S. (2015). Sexual and reproductive knowledge, attitudes and behaviours in a school going population of Sri Lankan adolescents. *Sex Reprod Healthc*, 6(1), 3-8. doi:10.1016/j.srhc.2014.08.001
  
- Sri Lanka. Department of census and Statistics. (2001). *Demographic and Health Survey 2000. Preliminary report*. Colombo.
- Senanayake, P., Nott, J. H., & Faulkner, K. M. (2001). Adolescent sexual and reproductive health: the challenge for society. *Hum Fertil (Camb)*, 4(2), 117-122.



- Thalagala, N., & Rajapakse, L. (2004). *National survey on emerging issues among adolescents in Sri Lanka*. Retrieved from [www.unaids.org/globalreport/default.htm](http://www.unaids.org/globalreport/default.htm)
- UN. (2009). *World Population Prospects The 2008 Revision* Retrieved from [http://www.un.org/esa/population/publications/wpp2008/wpp2008\\_highlights.pdf](http://www.un.org/esa/population/publications/wpp2008/wpp2008_highlights.pdf)
- UNFPA. (2004). Program of action - Adopted at the International Conference on Population and Development.Cairo. doi:[https://www.unfpa.org/sites/default/files/event-pdf/PoA\\_en.pdf](https://www.unfpa.org/sites/default/files/event-pdf/PoA_en.pdf)
- W Indralal De Silva, Aparnaa Somanathan, & Vindya Eriyagama. (2003). *Adolescent reproductive health in Sri Lanka, status, policies , programmes and issues*. Retrieved from [http://www.policyproject.com/pubs/countryreports/ARH\\_Sri\\_Lanka.pdf](http://www.policyproject.com/pubs/countryreports/ARH_Sri_Lanka.pdf)
- W. Indralal De Silva. (1998). Emerging Reproductive Health Issues Among Adolescents in Asia. doi:<https://cdn1.sph.harvard.edu/wp-content/uploads/sites/114/2012/10/rp139.pdf>
- WHO. (1995). *Action for Adolescent Health: Towards a Common Agenda: Recommendations from a Joint Study Group*. Retrieved from [http://www.who.int/child\\_adolescent\\_health/documents/frh\\_adh\\_97\\_9/en/index.html](http://www.who.int/child_adolescent_health/documents/frh_adh_97_9/en/index.html)
- Yakandawela, H. (2007). Knowledge Attitudes and practices of Girl Guides in selected districts on Sexual and Reproductive Health including Sexually Transmitted Diseases and HIV/AIDS. Colombo: *Family Planning Association*.