

Adolescent Health

FACT SHEET

SRI LANKA

Currently, Sri Lanka has a population of about 19.2 million¹ with approximately 24% of it living in urban areas. The population growth rate (0.81) and crude birth rate (16.4) are the lowest in the South-East Asia Region. Several social welfare measures implemented in the country over the last few

decades have yielded rich dividends. The Human Development Index (HDI) of Sri Lanka has improved from 0.681 in 1985 to 0.751 in 2003². The human development indicators in the country are among the highest in the world, almost equaling levels achieved by developed countries.

With the primary education completion rate nearly 100%, the difference in literacy rates of males (95%) and females (90%) has narrowed down to 5%. Infant mortality rate, at 13, is the lowest in the region² and maternal mortality ratio (92/100,000 live births) is lowest after Thailand.

POPULATION OF YOUNG PEOPLE

Table 1: Number and percentage of young people by age and sex in Sri Lanka, 2004

Age (years)	Male		Female		Total	
	Number	(%)	Number	(%)	Number	(%)
10-14	878,000	4.2	857,000	4.1	1,735,000	8.3
15-19	905,000	4.4	883,000	4.3	1,788,000	8.7
20-24	979,000	4.7	952,000	4.6	1,931,000	9.3
Total	2,762,000	13.3	2,692,000	13.0	5,454,000	26.3

Source: World Population Prospects: The 2004 Revision and World Urbanization Prospects: The 2004 Revision. Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat. <http://esa.un.org/unpp>

Adolescents (10-19 years) and young people (10-24 years) comprise 17% and 26.3%, respectively, of the

Sri Lankan population³ (Table-1). Though the proportion of adolescents and young people is highest

at present, it is estimated that it will decline in future because of a significant drop in fertility rates.

STATUS OF EDUCATION

Sri Lanka has a high literacy rate with very few uneducated (3.3% females and 2.8% males) young people⁴. The percentage of female youth with no education is nearly identical to that of male youth. Compulsory education for the 5-14-year-old age group has helped draw a large number of children, including girls, to school and also prevented them from joining the labour workforce at a very young

age. Cases of dropping out of school are mostly seen at the secondary level. About 89% females and 84% males are

enrolled for secondary education (Table-2) while a higher proportion of females than males are likely to enrol for higher education⁵.

Table 2: Status of secondary education in Sri Lanka, 2004

Per cent enrolled in secondary school (2000/2004)		Girls' secondary school enrolment as % of boys' enrolment	
Female	Male	1990	2000/04
89	84	109	106

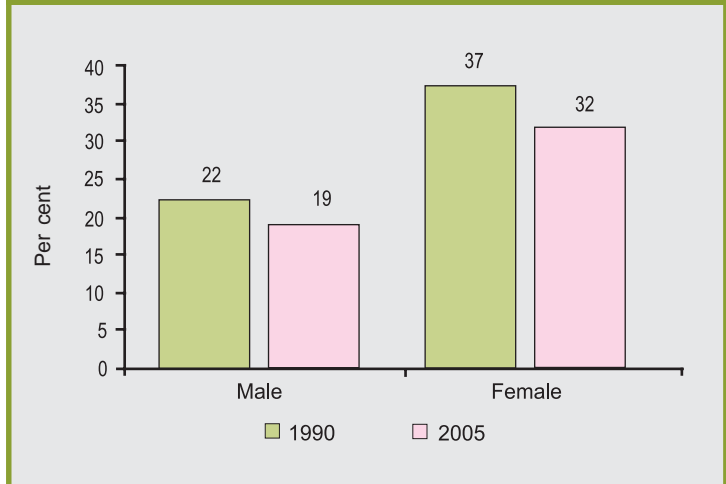
Source: The World Youth 2006 data sheet, Population Reference Bureau, Washington DC.



The legal minimum age of employment is 18 years. Participation in the labour force is declining as more young people aged 15-19 are enrolled and stay in school (Figure-1). Males make up most of the adolescent labour force (Figure-2). The highest participation rate for females in the labour force is reported to be in the age group of 20-24 (51%)⁶. It is estimated that at any point of time, approximately 400,000 young Sri Lankan men and women are employed in the Middle-East and other Asian countries⁶.

EMPLOYMENT

Figure 1: Per cent of adolescent (aged 15-19) population economically active in Sri Lanka, 1990 & 2005



Source: The World Youth 2006 data sheet, Population Reference Bureau, Washington DC.

Figure 2: Employed youth (Aged 15-24) by sex in Sri Lanka, 2000



Source: Labour force survey 2003. The Department of Census and Statistics, Sri Lanka.

DEATH RATES AMONG YOUNG PEOPLE

Table 3: Age-specific death rates of adolescents and youth classified by sex and age group in Sri Lanka, 1998

Year	Female (%)			Male (%)		
	Aged 10-14	Aged 15-19	Aged 20-24	Aged 10-14	Aged 15-19	Aged 20-24
1995	0.4	0.9	1.0	0.5	1.7	3.6

Source: United Nations (2000) Demographic Yearbook 1998, New York, United Nations (ST/ESA/STAT/SER. R/29).



Adolescence is generally a period of life free from both childhood diseases and the effects of aging. Mortality rates among adolescents are generally lower than those observed at younger and older ages (Table-3). As compared to females the death rates are higher among males aged 10-24.

AGE AT MARRIAGE

Table 4: Marriage and childbearing in Sri Lanka, 2000

Median age at first marriage for girls (for ages 25-29)*.#	21.8
Median age at first birth (for ages 25-29)*.#	22.6
Per cent of TFR attributed to birth by ages 15-19**	5.0
Per cent of births by adolescents attended by trained personnel**	82

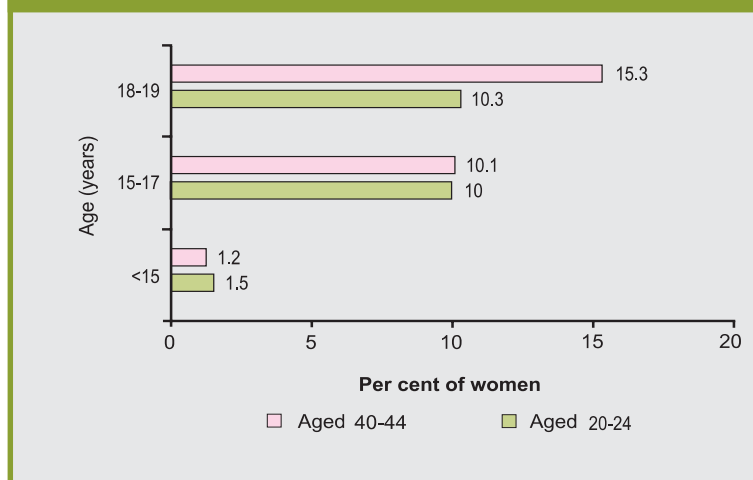
*Not calculated for ages 20-24 as less than 50% of women had their first birth by age 20.

Sources: *Demographic and Health Survey (DHS) 2000;

**Population Reference Bureau (2000), The World Youth 2000, Washington DC, Population Reference Bureau, Measure Communication.

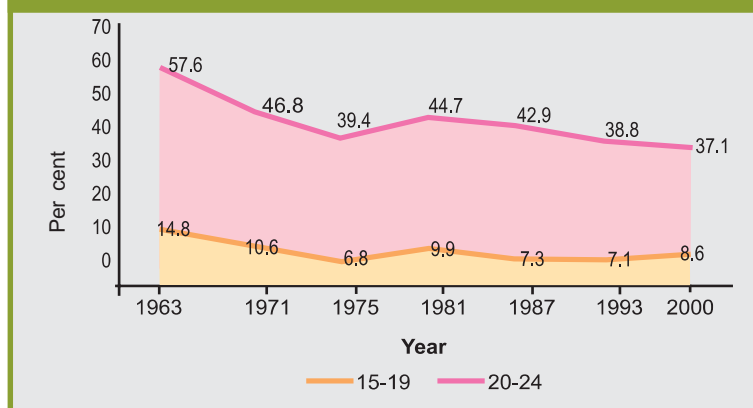
The legal minimum age of marriage for both men and women is 18 years. The median age at first marriage for Sri Lankan women is 21.8 (25-29-year-olds) (Table-4). Very few women get married before the age of 18. Although there is a gradual decrease in the proportion of women getting married early, 10% of young females (20-24-year-olds) tied the knot by the age of 18 (Figure-3). Sri Lanka has been identified as a pioneer among developing countries in Asia for ushering in a change in the marriage pattern—women are marrying not at puberty but a decade after that⁷. The mean age of marriage for women increased from 18.1 years in 1901 to 24.6 in 2000⁴. The gradual decrease in the proportion of ever-married women aged 15-19 and 20-24 is shown in Figure-4. The reason for this high age of marriage can be attributed to the high level of education for girls.

Figure 3: Per cent of women who were first married by specific ages in Sri Lanka, 2000



Source: Sri Lanka Demographic and Health Survey (DHS) 2000.

Figure 4: Trend in proportion of ever married women aged 15-19 and 20-24 in Sri Lanka, 2000



Source: Sri Lanka Demographic and Health Survey (DHS) 2000.





PREGNANCY AND CHILDBEARING

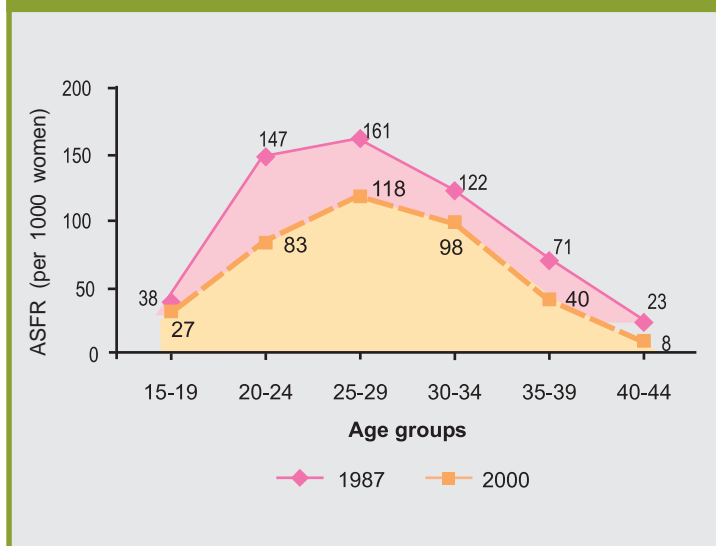
Sri Lanka has a low fertility rate with the total fertility rate (TFR) being 1.9⁴ and per cent of TFR attributed to births by adolescents (aged 15-19 years) pegged at five. The median age at first birth for women aged between 25 and 29 years is 22.6 (Table-4). An examination of trends for age-specific fertility from 1987 to 2000 revealed a gradual decline in the fertility rate for all age groups (Figure-5). Only 5.3% of women had their first birth before the age of 18 (Table-5). Low adolescent fertility can be attributed to the high age of marriage and high literacy rates.

A national survey⁸ on young people aged 10-19 years revealed that a small proportion of adolescents had the knowledge on issues related to conception and pregnancy. Less than one-fifth knew how a woman can become pregnant and only one-third of respondents were aware that teenage pregnancies have more complications.

Antenatal and delivery care

A high proportion of young women below the age of 20 received antenatal care either by visiting a health centre or through home visits by the family health worker⁴. Similarly having delivery in a health facility is a common practice.

Figure 5: Trends in age-specific fertility rate (ASFR) in Sri Lanka, 2000



Source: Sri Lanka Demographic and Health Survey (DHS) 2000.

Table 5: Per cent of married 20-24-year-olds who had first child by specific ages

Age at first childbirth	Per cent
<15	0.6
15-17	4.7
18-19	8.4

Source: Sri Lanka Demographic and Health Survey (DHS) 2000.

However, women below 20 have more deliveries at home as compared to older women.

Neonatal, infant and under-five mortality rates

Infant and under-five mortality levels are low in Sri Lanka.

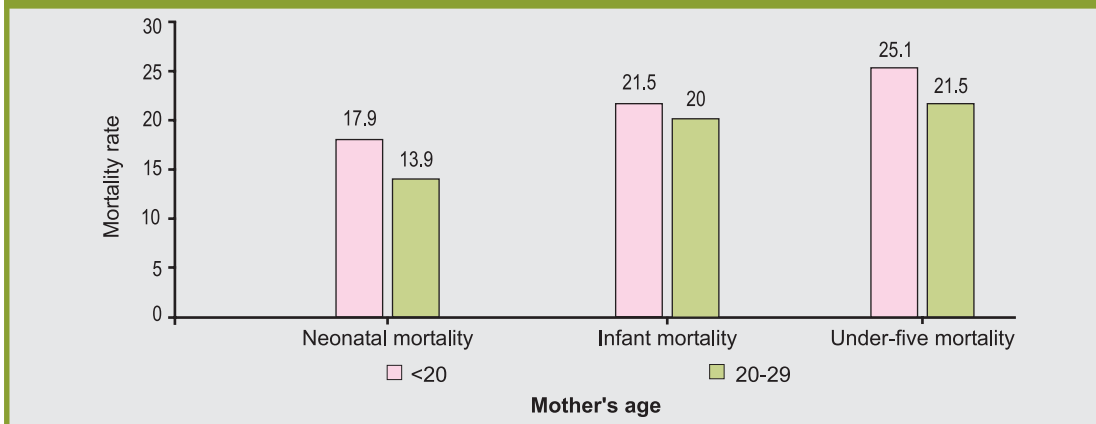
However, surveys have shown that babies born to women below 20 years of age are at higher risk of dying within the first month of birth (Figure-6). Child mortality levels are also higher in case of young mothers aged below 20 years.

Table 6: Per cent of live births by place of delivery and mother's age in Sri Lanka, 2000

Place of delivery Age (in years)	Institutional/health facility (%)	Home (%)
<20	95.9	3.6
20-34	97.2	1.5

Source: Sri Lanka Demographic and Health Survey (DHS) 2000.

Figure 6: Neonatal, infant and under-five mortality rates classified by mother's age at birth in Sri Lanka, 2000



Source: Sri Lanka Demographic and Health Survey (DHS) 2000.

USE OF CONTRACEPTION

Knowledge of contraception, i.e. knowing of at least one modern method of averting pregnancy is universal among ever-married women aged 20-24 and is 94% among the 15-19 age group (Figure-7)⁴. However, another national survey⁸ of young people aged 10-19 years showed that only 28% of 14-16-year-olds and 64% of 17-19-year-olds had ever heard of contraceptive methods. In general, more boys were aware of contraceptive methods than girls. Condoms (29%) and pills (24%) were the most commonly known contraceptive methods to adolescents. Only 8% of adolescents knew that using condoms protect individuals from STIs in addition to its contraceptive benefits. Knowledge of contraception was found to be better among out-of-school adolescents than among school-going ones.

There is a large gap between knowledge levels and actual use of contraceptives, however, the use of contraceptives, especially among currently married young women, has been increasing significantly over the last seven years. Married young

people use modern contraceptive methods more frequently than traditional methods. There has also been a sharp increase in the use of injectables, which is a method of choice for many young women (Table-7). The use of condoms was very low for all age groups and was mostly used for family planning purpose (Figure-8).

of data on contraceptive use among unmarried adolescents. A small survey in Kandy of unmarried youth aged 17-26 found that only 12% of young men and 6% of young women had ever used contraceptives⁹. Though unmarried adolescents were aware of contraceptives, the use is very low. Abortion is not legal in Sri Lanka and is only permitted to save a

Figure 7: Per cent of currently married youth in Sri Lanka having knowledge of contraceptive methods, 2000



Source: Sri Lanka Demographic and Health Survey (DHS) 2000.

Unmet need for contraception

A large proportion (30%) of births to adolescents is unplanned, highlighting the unmet need for contraception. There is a paucity

woman's life. National level data on abortion is not available. A study on abortions in Sri Lanka by the Family Planning Association revealed that about one-fifth of all abortions occur among adolescents and youth¹⁰.

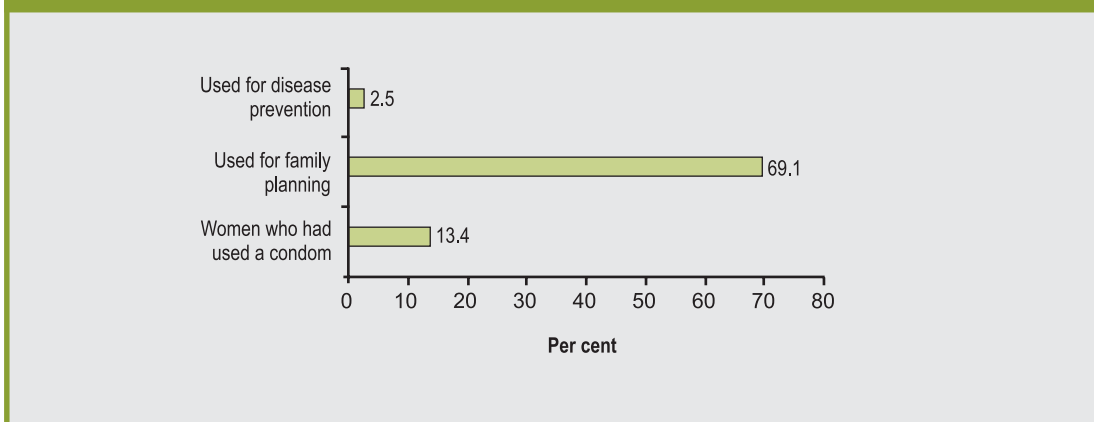


Table 7: Per cent distribution of currently married young women by contraceptive method currently used in Sri Lanka, 1993 & 2000

Method of contraception	Ages 15-19		Ages 20-24	
	Year 1993	Year 2000	Year 1993	Year 2000
Any method	30.3	52.8	53.6	61.2
Any traditional method	12.7	11.8	17.9	16.8
Any modern method	17.6	41.0	35.7	44.4
Pill	7.1	9.3	12.3	9.2
IUD	3.8	8.1	5.0	5.2
Injectables	5.3	22.4	12.0	26.4
Condoms	0.8	1.2	2.4	2.5
Female sterilization	0.0	0.0	3.5	0.8
Male sterilization	0.0	0.0	0.5	0.0

Source: Sri Lanka Demographic and Health Survey (DHS) 2000.

Figure 8: Reason for using condom as reported by 20-24-year-old women in Sri Lanka, 2000

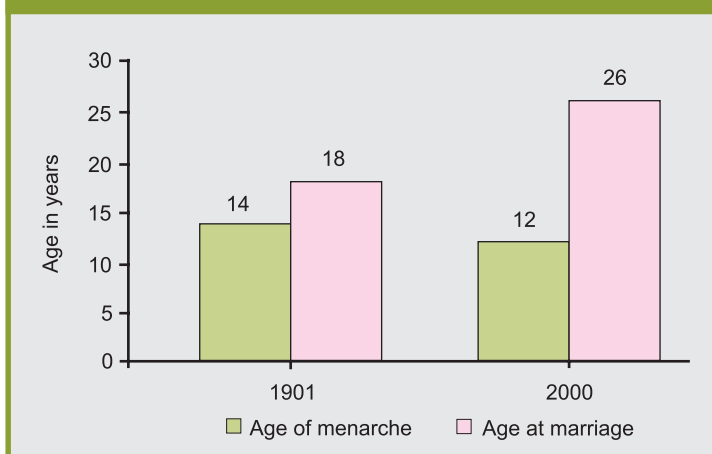


Source: Sri Lanka Demographic and Health Survey (DHS) 2000.

SEXUAL ACTIVITY

Young people tend to become more vulnerable to indulging in premarital sexual behaviour with the steady increase in the average age at marriage and decrease in age of menarche (Figure-9). Though there are strong cultural and religious traditions that impose restrictions on sex before marriage, the age of sexual debut has been found to be around 15.3 years for males and 14.4 years for females⁸. Six percent of 14-19-year-olds in school reported that they have experienced heterosexual intercourse while 10% spoke of having homosexual relations.

Figure 9: Opportunity for risk taking behaviour of young people



Source: Somanathan A, Eriyagama V and Elwalagedara R. Adolescent and youth reproductive health: Issues, programmes and operational barriers, Health Policy Research Associates. <http://www.hpra.lk>



The prevalence of heterosexual experience was 14% among adolescent boys and 2% among girls of that age group (Table-8). Even if an allowance is made for under-reporting of such a sensitive issue on the part of girls, the gap is considerable. This raises the possibility of males being exposed to high-risk sources of sex such as commercial sex workers. Reports

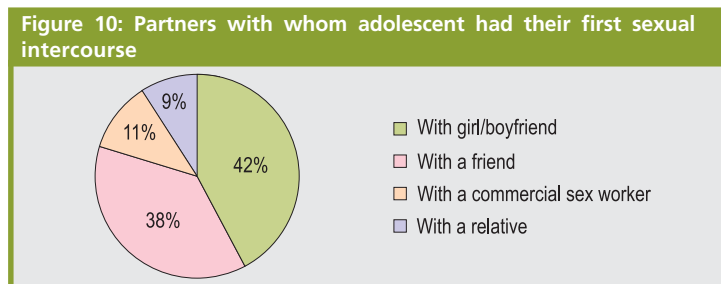
of sexual experience among out-of-school adolescents were the reverse of the pattern observed with the in-school population. Heterosexual relationships were more common in this group (22%) while 9% reported homosexual experiences. Most heterosexual relationships involved intercourse with girlfriends or boyfriends though about 12% reported

having sex with commercial sex workers. Of those who reported heterosexual experiences, only 39% said they had used condoms. Although these percentages may appear rather small, they represent a sizable number of the population, stressing the need to provide information and reproductive health services specific to this group.

Table 8: Prevalence of sexual intercourse among adolescents in Sri Lanka, 2004

	Schoolgoing adolescents			Out-of-school adolescents
	Male	Female	All	
% who had friends having heterosexual relationship	40.1	10.7	20.5	NA
% who ever had heterosexual relationship	13.9	2.2	6.12	2.2
% who had homosexual relations	18.2	3.6	10.2	9.3

Source: National survey on emerging issues among adolescents in Sri Lanka: UNICEF 2004 (10-19-year age group).



A significant proportion of sexual debuts, however, were between friends who were not in love. Slightly more than one-tenth of respondents (11%) had their sexual debut with a commercial sex worker (Figure-10).

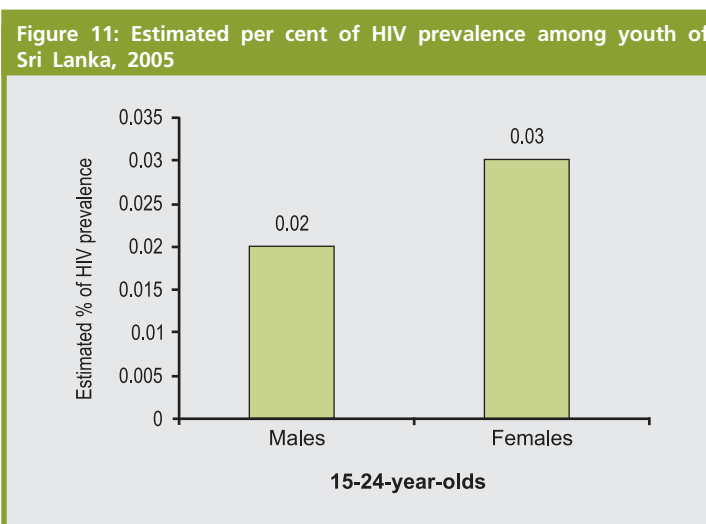
Source: National survey on emerging issues among adolescents in Sri Lanka: UNICEF 2004 (10-19-year age group).

YOUNG PEOPLE AT THE CENTRE OF HIV/AIDS EPIDEMIC

(For details please refer to "Fact Sheets on Young People and HIV/AIDS", WHO/SEARO)

HIV prevalence among 15-24-year-olds was estimated to be 0.02% among males and 0.03% among females (Figure-11)¹³.

A large number of young persons are at risk of acquiring HIV infection unless they are aware of ways to avoid risky behaviour. The main route of transmission was found to be heterosexual. Though the prevalence of HIV/AIDS is low in the country, STI prevalence is on the rise among young people. Lack of information about the causes and



Source: Health-Related Millennium Development Goals 2005, WHO.



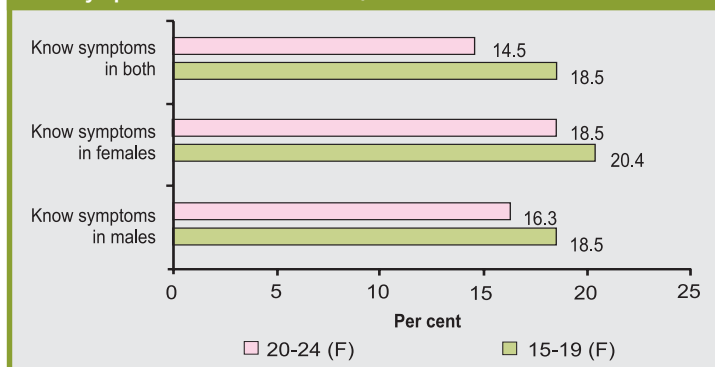
risks of STIs and the link between STIs and HIV/AIDS can pose a significant risk of acquiring HIV infection to a large number of young people¹³.

Young people lack information and skills

The Demographic Health Survey of 2000 found that 70% and 80% of ever married females aged 15-19 and 20-24 years respectively were aware of AIDS and other STIs and knew at least one method of prevention. However, the same survey revealed that only 20% or less of ever married female youths were aware of at least three symptoms of STIs (Figure-12).

Another national survey⁸ on young people aged 10-19 years showed that knowledge of adolescents about symptoms and signs of STIs and of their prevention was poor. Only 57% of adolescents were aware of the existence of STIs and 59% of AIDS. Their knowledge of symptoms and signs of different STIs was even lower with less than 20% being able to correctly identify them.

Figure 12: Per cent of ever married female youth who are aware of at least three symptoms of STIs in Sri Lanka, 2000



Source: Sri Lanka Demographic and Health Survey (DHS) 2000.

Table 9: Per cent of adolescents who were aware of STIs & HIV in Sri Lanka, 2004

Category	Age (in years)		Sex		
	14-16	17-19	Male	Female	All
General awareness of STIs	51.0	75.4	55.1	58.6	57.0
Awareness of HIV/AIDS	53.6	75.2	56.7	60.8	59.0

Source: National Survey on emerging issues among adolescents in Sri Lanka: UNICEF 2004 (10-19-years age group).

Misconceptions about STIs are also widespread. Though awareness of and knowledge on STIs increased with age and an improved socioeconomic status of these young people, there seems to be an overall lack of comprehensive and accurate information on STIs and its linkages with HIV.

Only 59% among 14-19-year-olds were aware of HIV/AIDS (Table-9). Knowledge on its transmission and prevention was even lower. However, it was better among out-of-school compared to the in-school adolescents (Table-10). According to the survey, familial and social environmental factors had a strong influence on awareness levels of adolescents.

Table 10: Per cent of adolescents who were aware of modes of HIV prevention in Sri Lanka, 2004

Adolescents	Abstain from sex	Use condoms during sex	Having only one partner who is not	Avoiding sex with homosexuals infected	Avoiding multiple sex partners	Avoid using non-sterile needles/syringes
In-school (n- 19,934)	33.9	25.8	29.1	17.9	25.1	17.6
Out-of-school (n- 10,079)	43.3	60.8	68.4	36.4	NA	NA

NA - Not available.

Source: National Survey on emerging issues among adolescents in Sri Lanka: UNICEF 2004. (10-19-years age group).

NUTRITIONAL STATUS

Limited information is available about the nutritional status of adolescents. According to DHS 2000, one-third of ever married young women are thin

and 10% are overweight (Table-11). Malnourishment was slightly higher among adolescents than among adult women. Rural women and

those who had less or no schooling were found to be more malnourished than those residing in urban areas or with a higher level of education.



A study of 11-19-year-old boys and girls by the Family Health Bureau revealed that 40% of girls and 31.6% of boys were anaemic¹⁴. Another study¹⁵ of 14-18-year-old girls in three schools of Colombo showed that although overt anaemia was not common among the girls, a large number of those belonging to the lower socio-economic groups were

Table 11: Nutritional status of ever married young women in Sri Lanka, 2000

Age	BMI less than 18.5 (%)	BMI 25 or more (%)	BMI 30 or more (%)
15-19	33.6	9.2	1.7
20-24	31.6	11.2	1.1

Source: Sri Lanka Demographic and Health Survey (DHS) 2000.

in the early stages of iron deficiency and had depleted iron stores. They are, therefore, at risk of developing

clinical manifestations of iron deficiency when the demand for iron is increased, e.g., during pregnancy.

SUBSTANCE ABUSE

The first puff on a cigarette, the first taste of alcohol and sometimes the first use of a narcotic drug (mood-altering substances) occur mostly during adolescence.

Prevalence of smoking

A national survey⁸ on young people reported that the prevalence of smoking was 6% among boys and 1% among girls. The mean age at which adolescent boys began to smoke was 14 yrs and for girls it was

13 yrs. It is important to note that though fewer girls smoke than boys they start the habit earlier. A majority of boys (70%) who smoke picked up the habit under the influence of a friend. A higher percentage of younger boys reported smoking their first cigarette at home compared to the older cohort. Most boys and girls smoked their first cigarette out of curiosity. A large proportion of adolescents were confident that

they would never start smoking though only half of the adolescents thought that non-smokers were healthier. Girls and boys also lack the understanding about the possible addiction to tobacco and thought smoking could be stopped at will.

The global youth tobacco survey (Table-12) of students in grades 8-10 revealed that the students have easy accessibility of cigarettes and they are not refused the sale in spite of their young age.

Table 12: The results of the Global Youth Tobacco Survey (GYTS), WHO, on use of tobacco in Sri Lanka, 1999 & 2003

Tobacco use among 13-15 years of school-going adolescents	Prevalence (%)	
	1999	2003
Prevalence		
● Currently using any form of tobacco	10.6	8.7
● Currently smoking cigarettes	4.5	2.5
Access and availability		
● Bought cigarettes in a store, were NOT refused purchase because of their age	37.5	–
Environmental tobacco smoke		
● Live in homes where others smoke	55.8	51.3
● Exposed to smoke in public places	67.4	68.3
● Believe smoke from others is harmful to them	73.9	–
● Believe smoking in public places should be banned	90.6	92.9
Cessation-current smokers		
● Want to stop smoking	80.0	68.5
School activity		
● Taught/discussed about dangers of smoking and effects of tobacco use in class	34-61	42-72

Source: Global Youth Tobacco Survey 1999 & 2003, WHO South-East Asia Regional Office, New Delhi.



Alcohol use among adolescents

The same national survey⁸ showed that nearly a quarter of all in-school boys (24%) and a tenth of the girls (9%) reported that they had consumed alcohol at least once in their lifetime. Only 6% of boys and less than 1% of girls are current users of alcohol though alcohol use prevalence is high among out-of-school adolescents. Nearly half of the boys and one-fifth of the girls have ever consumed alcohol and 19% reported current use. The most common type of alcoholic drink used by adolescents was beer (81.1%). Adolescent boys and girls initiate use of alcohol at an average age of 14 years.

The majority of adolescent boys and girls were influenced by friends to consume alcohol (Table-13). Most boys and girls took their first alcoholic drink out of sheer curiosity,

Table 13: Persons who influenced the first alcoholic drink among adolescent boys

Age (in years)	A friend	A family member	An outsider
14-16	64.0	4.0	32.1
17-19	84.1	1.7	14.2

*Source: National Survey on emerging issues among adolescents in Sri Lanka: UNICEF 2004. *All figures in per cent*

Drug abuse

The rates of drug use by young males were ten times higher than in females (Table-14)⁸. As could be expected urban areas of the country

starting mood-altering drug intake by both boys and girls was 15.6 years.

According to the National Dangerous Drugs Control Board (NDDCB), the

Table 14: Use of any form of mood-altering drug by out-of-school adolescents

Male		Female		All	
Number	%	Number	%	Number	%
5042	6.1	5037	0.6	10079	6.7

Source: National Survey on emerging issues among adolescents in Sri Lanka: UNICEF 2004.

and especially the capital of Colombo had the highest number of those who had ever abused substances. The mean age at

estimated number of heroin addicts in Sri Lanka is 35,000. The majority of drug users are in the age group of 20-35 years¹⁶.

INJURY, ACCIDENTS AND VIOLENCE

Violence among adolescents

Very limited data is available on the incidence of violence against adolescents in Sri Lanka. Evidences of rape can be obtained from hospital records where female adolescent rape victims have been admitted (Kalutara district hospital, Sept-October 1999). Most of the victims were raped by family members at a time when their mothers were working abroad.

Sri Lanka has a high suicide rate with about half of the total suicides in 1991 occurring among ages 15-24¹⁷.

Sexual abuse

A national study⁸ reported that about 10% of early adolescents and 14% of mid- and late-adolescents in-school

admitted to have been sexually abused sometime in their lives. More boys (14%) than girls (8%) were abused during early adolescence while there was no gender difference seen in the number of those who have been abused during their mid- and late-adolescence. Abuse rates seemed to be the lowest in the middle socio-economic quintiles. About 10% of out-of-school adolescents reported being abused. The type of perpetrator changed with age: perpetrators of abuse in early adolescence were mainly a family member (38%) or a relative (27%). Among mid- and late-adolescents, the commonest perpetrators (38%) of abuse were still a family member but the proportion of outsiders rose

to 35%. Little more than a quarter of young adolescents were aware of sexual abuse though the awareness increased with age. Non-consensual sexual experiences of young people have also been reported by other studies: 7% of young men in a community-based study reported sexual intimacy with an older male at age 13 or less under coercion¹¹.

Young sex workers

The number of commercial sex workers in Sri Lanka is estimated to be around 30,000. Though the number of young sex workers is not known, it is suggested that their numbers are increasing unrelentingly as few thousands join the trade every year because of deteriorating economic and



social conditions¹⁶. The HIV prevalence rate among female sex workers was found to be 0.2%¹⁸ in

the 2003 sentinel surveillance. Clients of sex workers are primarily young military personnel

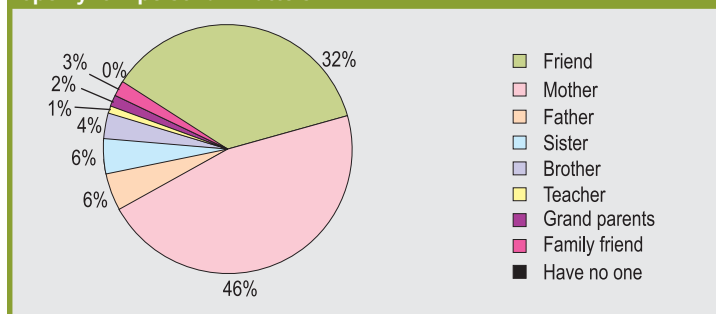
as more than 60% of the 180,000 armed forces in Sri Lanka are young men aged between 18-24 years.

INFORMATION AND CARE-SEEKING BEHAVIOUR

Sources of information

Even when the horizon extends beyond the home, mothers were still identified as the most preferred person for adolescents to discuss their personal problems, followed by friends (Figure-13). The proportion of adolescents that preferred mothers declined with age; the mother is gradually replaced with friend. Boys preferred friends whereas girls continued to prefer mothers.

Figure 13: Persons to whom adolescents preferred to talk openly on personal matters



Source: National survey on emerging issues among adolescents in Sri Lanka: UNICEF 2004 (10-19-year age group).

Media exposure

Media exposure of ever-married young women varies with age, residence and education. The most popular media among adolescents is radio, especially in rural areas. Due to high literacy

levels, there is a high exposure to newspapers which increases with age and education (Table-15). Watching television is more popular among urban youth.

Majority of unmarried adolescents are exposed to all kinds of mass

media (Table-16). However, frequency of exposure is more to radio and television. Music and educational programmes and teledrama are more preferred by them. The most common time for watching TV or listening to radio was in the evening or at night.

Table 15: Per cent of ever married female youth exposed to media in Sri Lanka, 2000

No regular exposure to Media		Read newspaper at least once a week		Listen to radio at least once a week		Watch TV at least once a week	
15-19 years	20-24 years	15-19 years	20-24 years	15-19 years	20-24 years	15-19 years	20-24 years
18.4	13.1	31.9	36.9	62.6	67.2	51.5	69.2

Source: Sri Lanka Demographic and Health Survey (DHS) 2000.

Table 16: Media exposure of unmarried adolescents

Reading of Newspaper			Listening to radio			Watching television		
Read Newspaper	Daily	Once a week	Listen to radio	Daily	Weekly	Watch TV	Daily	Weekly
88.7	25.6	60.4	88.4	72.1	19.4	86.8	79.7	13.7

Source: National survey on emerging issues among adolescents in Sri Lanka: UNICEF 2004 (10-19-year age group).

Laws impacting adolescents

- Minimum legal age for marriage is 18 years for both males and females.
- Minimum age for work is 14 years.
- Abortion is prohibited, or permitted only to save a woman's life.
- The National Child Protection Authority has been empowered to protect and prevent child abuse.



FACT SHEET

SRI LANKA

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