AWARENESS ON CONSEQUENCES OF RAPE AND SOURCES OF HELP

Sexual abuse is defined as an abuse of power over a person and can be physical, visual and verbal. Sexual abuse can have many short and long term effects on a victim or survivor. Many adolescents who experience sexual abuse suffer negative developmental outcomes including depression, low self-esteem, substance abuse, promiscuity, anger, hostility, inappropriate sexual behavior, internalizing and externalizing problems.

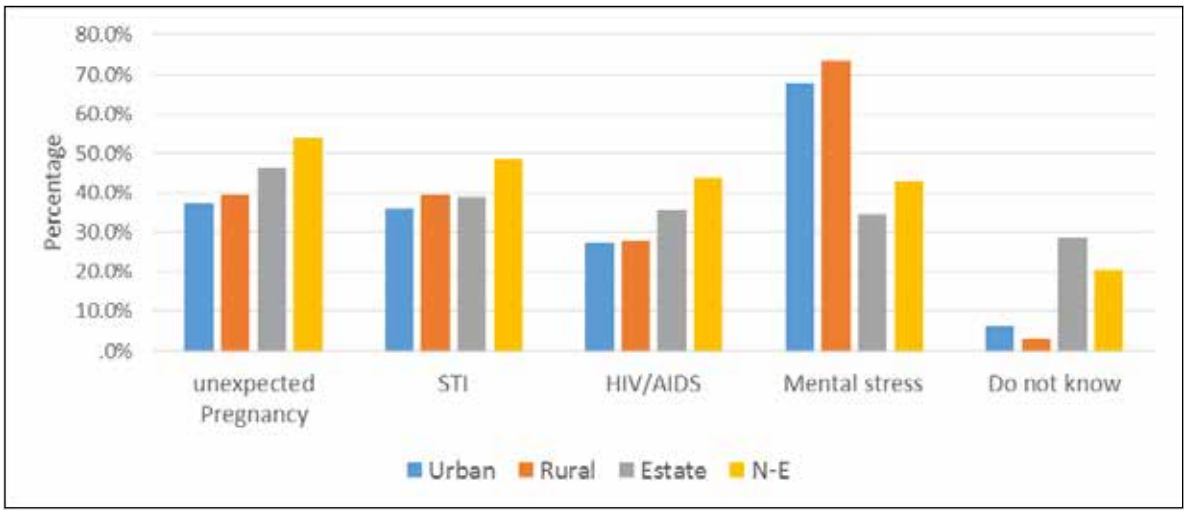
The survey assessed the knowledge on consequences of rape. The majority has highlighted about mental stress, unexpected pregnancy and possible sexually transmitted diseases. It was striking to see the significantly higher fraction of male youth being unaware of the possibility of unexpected pregnancy as a consequence of rape.

Table 2.20: Youth Awareness on consequences of rape

Consequences of rape	Male %		Female%		Total% (95%CI)
	15-19 y (95%CI)	20 -24 y (95%CI)	15-19 y (95%CI)	20 -24 y (95%CI)	
Unexpected Pregnancy	19.4 (17.2-21.7)	22.4 (20.0-24.9)	60.3 (57.5-63.0)	61.0 (58.2-63.7)	41.0 (39.8-42.3)
STI	37.8 (34.8-40.8)	37.7 (34.7-40.8)	41.3 (38.6-44.1)	42.9 (40.1-45.7)	39.9 (38.5-41.4)
HIV/AIDS	30.4 (27.7-33.3)	27.2 (24.6-30.0)	30.5 (28.0-33.2)	31.9 (29.4-34.6)	30.1 (28.7-31.4)
Mental stress	63.0 (60.1-65.9)	63.5 (60.5-66.4)	70.8 (68.4-73.1)	72.4 (70.0-74.7)	67.5 (66.2-68.8)
Other	1.9 (1.2-3.0)	2.4 (1.6-3.7)	2.1 (1.4-3.2)	2.0 (1.3-3.1)	2.1 (1.7-2.6)
Do not know	8.7 (7.3-10.3)	6.6 (5.5-7.9)	5.7 (4.9-6.7)	5.1 (4.3-6.1)	6.6 (6.0-7.1)

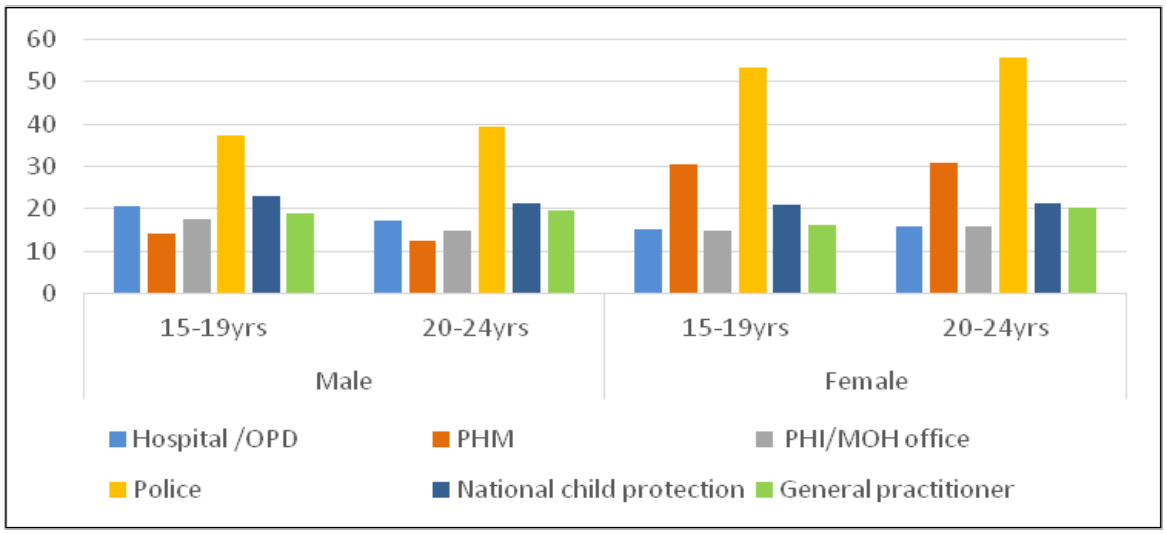
(Multiple options were allowed)

Figure 2.26: Youth Awareness on consequences of rape by strata



Significantly higher proportions of the N- E youth rated, unexpected pregnancy, STI and HIV/AIDS as consequences while significantly higher proportions of urban and rural youth had marked mental stress. There were no significant differences on awareness on consequences of rape between married youth and others.

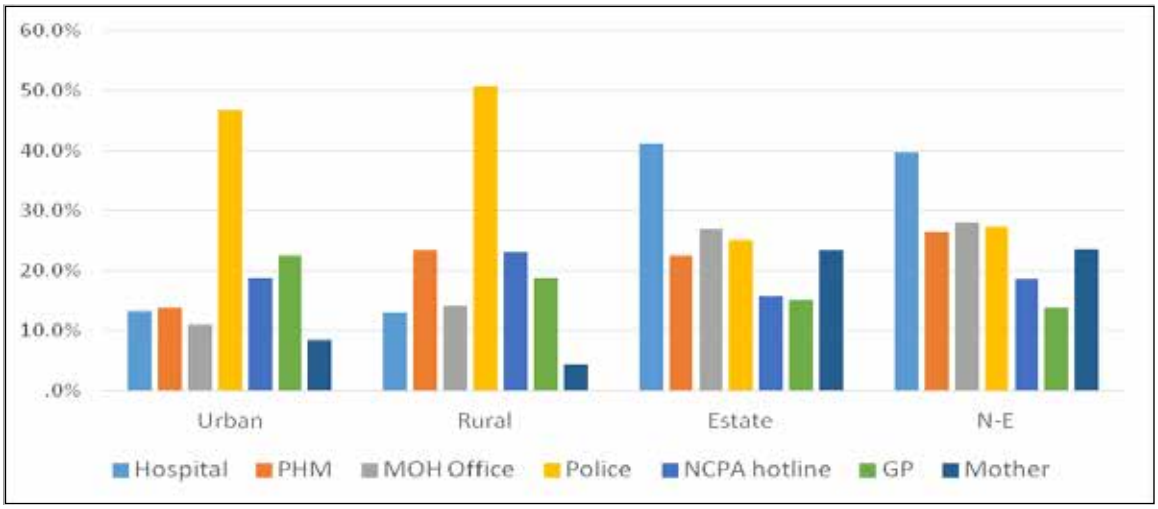
Figure 2.27: Youth Awareness on where to seek help following a rape



The youth were asked to select places where they can seek help following a rape. Nearly half (46.5%) reported police while other places /persons mentioned were Public health midwife (PHM) (22.2%) National Child Protection Authority (NCPA) hot line 1929 (21.6%), General Practitioner (18.7%), Hospital (17.2%) and MOH office (15.7%).

It was noteworthy that significant sex preponderance with regard to PHM was observed, where 30% females in contrast to 12%-14% males named PHM as a possible person to seek help following a rape.

Figure 2.28: Youth Awareness on sources of help following rape by strata



It was noted that youth awareness on sources of help following rape differed by strata. The Police has been highlighted by most (nearly 50%) urban and rural youth while hospital by the estate and N-E youth. Nearly one fourth of youth in all strata highlighted the PHM except in urban stratum with just 13.7% (95%CI: 12.3-15.3). Only 15.7% (95%CI: 14.0-17.6) of the estate youth knew about NCPA hotline 1929 while 23.1% (95%CI: 21.4-24.9) of the rural (the highest of all strata) knew about it. It was encouraging to note that the mother has been rated by nearly 23% of the Estate and N-E youth as a source of help following a rape.

INFORMATION SOURCES ON SRH

It was interesting to note that sexual reproductive health information sources varied according to sex of the youth and the subject. Males relied on friends (46.2%) for puberty related information while girls accessed parents for the same (75.2%). For sexual problems nearly 40% males accessed friends while another 33.8% reached for newspapers.

Males relied on friends for puberty related information while girls accessed parents. For sexual problems males accessed friends and newspapers while females, used newspapers, teachers and parents.

Among females, the majority (43.2%) turned to newspapers for information on sexual health information including teenage pregnancy while teacher (37.2%) and parents (29.3%) were also cited as sources highlighting the need to build capacity of those groups on ASRH. It was striking that both sexes used friends (57.6%-63.9%) as the main information source on relationships while teacher and newspapers were approached to obtain knowledge on STI, HIV /AIDS.

Table 2.21: Sources used by the youth to obtain information

	Sex	Parent	sibling	Friends	Teacher	WWW	News papers	Other
Puberty	M	10.9 (9.6-12.4)	4.5 (3.7-5.6)	46.2 (44.0-48.4)	31.6 (29.5-33.7)	8.3 (7.2-9.6)	20.6 (18.8-22.5)	6.8 (5.7-8.1)
	F	75.2 (73.5-76.8)	16.5 (15.1-18.1)	33.5 (31.6-35.4)	33.3 (31.4-35.2)	2.0 (1.5-2.6)	22.1 (20.4-23.9)	5.5 (4.5-6.5)
Family Planning	M	20.2 (18.4-22.1)	5.2 (4.3-6.3)	25.4 (23.5-27.4)	24.2 (22.3-26.2)	7.2 (6.1-8.3)	23.1 (21.2-25.0)	7.4 (6.3-8.7)
	F	29.4 (27.6-31.4)	9.3 (8.1-10.6)	17.7 (16.2-19.3)	27.6 (25.8-29.5)	3.8 (3.1-4.6)	27.9 (26.1-29.8)	14.4 (13.0-15.9)
Sexual problems / teen pregn.	M	6.7 (5.6-7.9)	3.7 (3.0-4.6)	39.9 (37.7-42.1)	28.7 (26.7-30.8)	11.1 (9.8-12.5)	33.8 (31.7-35.9)	9.8 (8.5-11.3)
	F	29.3 (27.5-31.2)	8.0 (6.9-9.2)	27.4 (25.6-29.2)	37.2 (35.2-39.2)	5.6 (4.7-6.5)	43.2 (41.2-45.2)	12.4 11.7-13.9)
Love / relationships / Marriage	M	20.2 (18.4-22.1)	12.7 (11.2-14.3)	63.9 (61.7-66.0)	17.5 (15.9-19.4)	6.2 (5.3-7.3)	24.6 (22.7-26.6)	8.8 (7.5-10.2)
	F	37.3 (35.3-39.3)	18.6 17.0-20.3)	57.6 (55.7-59.6)	22.3 (20.6-24.1)	5.0 (4.2-5.9)	30.7 (28.8-32.6)	7.9 (6.8-9.1)
STI/ HIV/AIDS	M	7.3 (6.2-8.6)	4.7 (3.8-5.8)	29.1 (27.1-31.2)	43.8 (41.6-46.0)	15.6 (14.1-17.3)	42.0 (39.8-44.2)	10.6 (9.2-12.1)
	F	15.5 (14.0-17.1)	5.4 (4.6-6.5)	18.1 (16.6-19.7)	49.6 (47.6-51.6)	10.5 (9.4-11.8)	50.1 (48.0-52.0)	14.0 (12.6-15.6)

(M: Male; F: Female) (Multiple options were allowed)

FOOD AND DIET

Proper nutrition is essential for adolescent growth and development. Nutrition is determined by several factors including knowledge, skills, behavior and availability of a conducive environment.

KNOWLEDGE ON DIET AND NUTRITION

For the question which tested their knowledge on iron rich food, the majority of both males and females had answered correctly without much sex or age group difference. Of them, 82.6% (95%CI: 81.5-83.7) had correctly identified dark green leaves as source of iron. However, eggs have been identified as an iron rich food by approximately one fifth (19.5%, 95%CI: 18.4-20.7) while fish /meat by only 38.5% (95%CI: 37.1-40.0). It was disappointing to note that youth were unaware of the advantages of fruit and vegetable intake, where only 34.1% (95%CI: 32.7-35.5) answered correctly.

34% youth knew the advantages of fruit and vegetable intake.

Significantly lower proportion of schooling youth have had breakfast regularly.

The majority (91.5%) of the sample claimed having breakfast regularly without a sex or age group difference. However, it was noted that significantly lower portion of school going young persons declared having breakfast regularly (11.0%, 95%CI, 9.5-12.9) compared to non-school going young persons (5.5%, 95% CI, 4.8-6.2).

FAST /PRE-COOKED FOOD INTAKE BY YOUTH

High consumption of fast and pre-cooked food by adolescents and youth has become a common practice throughout the world. Excessive consumption of junk food leads to a multitude of health problems at present as well as in future adult life.

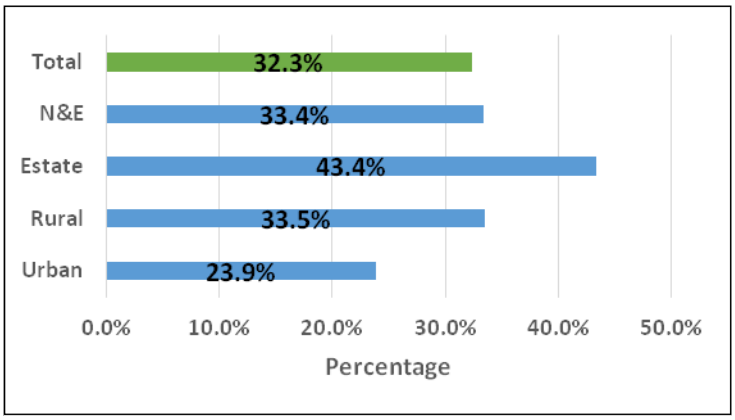
Table 2.22: Intake of Fast /pre-cooked food /carbonated drinks by youth

	Male % (95%CI)		Female% (95%CI)		Total % (95%CI)
	15-19 y	20 -24 y	15-19 y	20 -24 y	
Cola drinks/ carbonated / aerated soft drinks	53.8 (51.7-56.0)	54.4 (52.0-56.7)	36.5 (34.6-38.4)	35.9 (33.9-38.0)	44.4 (43.4-45.5)
Sausages, Meatballs/other precooked food	20.9 (19.3-22.7)	21.5 (19.7-23.5)	17.5 (16.1-19.1)	19.6 (18.0-21.3)	19.8 (18.9-20.6)
Food Items with high salty taste	22.4 (20.6-24.3)	22.0 (20.1-24.0)	26.6 (24.8-28.4)	26.4 (24.6-28.3)	24.5 (23.6-25.5)
I have not taken any of the above	28.3 (26.4-30.3)	26.5 (24.5-28.6)	39.2 (37.3-41.2)	37.4 (35.3-39.4)	33.4 (32.4-34.4)

(Multiple options were allowed)

Nearly half of the boys in both age groups had consumed carbonated /cola drinks during the preceding week compared to 35-36% of females. One fifth of the sample had consumed pre- cooked food like sausages while one fourth had taken food with high salt. Significantly higher percentage of the urban youth revealed consumption of carbonated drinks and pre-cooked food compared to youth from other strata. It was noteworthy that 26%-28% of boys and 37%-39% of girls claimed that they never had unhealthy food mentioned during the preceding week and the difference was statistically significant.

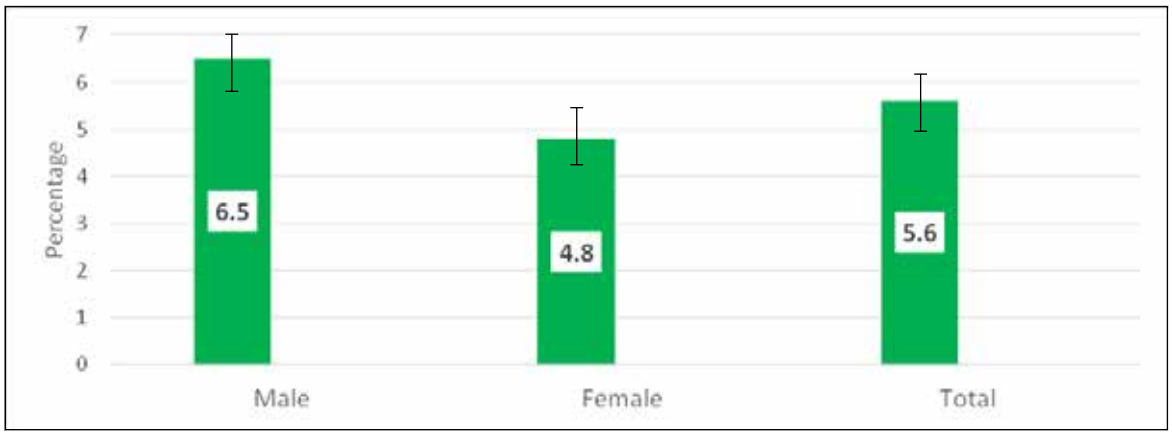
Figure 2.29: Not consuming fast food /carbonated drink in the preceding week by strata



Significantly higher portion of males and urban youth had consumed carbonated drinks and pre-cooked food

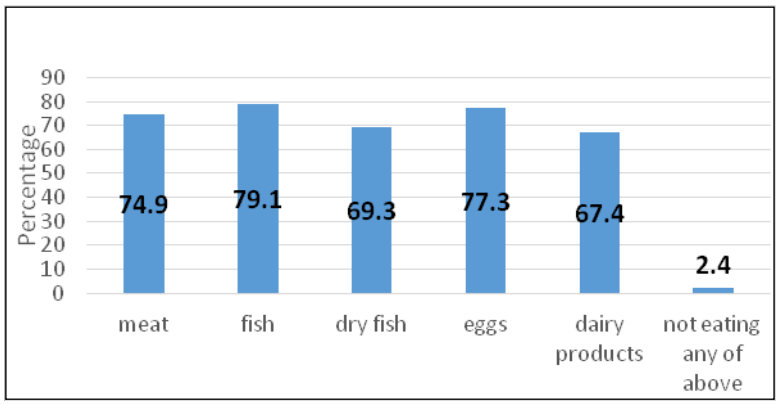
The survey explored the intake of any pills /powders to gain weight or energy without doctor's advice during the preceding 30 days.

Figure 2.30: Youth taking energy pills /powders without medical advice



About 5.6% of the total youth reported of taking energy formulas with a male predominance. It was noteworthy that significantly more males had consumed red bull (2.5%) compared to females (0.3 %) and about 1.8% were taking some kind of vitamin without sex or age group difference during the stipulated period. The urban youth had the highest intake of such products (9.9%) followed by the estate (6.3%), N-E (6.3%) and rural youth (4.3%).

Figure 2.31: Dietary patterns among youth



- 5.6% youth had taken energy formulas /vitamins without prescriptions with
- 2.7% were vegans.
- 50.4% had heard about BMI

Nearly 70% of youth consumed animal sources of food regardless of their sex or age group. Only 67.4% claimed of consuming dairy products while 2.7% (2.4-3.1) have reported as being vegans. The concept of Body Mass Index (BMI) has been incorporated into school curriculum and was supposed to be measured at school medical inspection as an indicator of their nutritional status.

Table 2.23: Awareness on the concept of Body Mass Index among youth

Question	Male % (95%CI)		Female% (95%CI)		Total % (95%CI)
	15-19 y	20 -24 y	15-19 y	20 -24 y	
% heard of Concept of Body Mass Index	45.7 (43.6-47.6)	46.9 (44.6-49.2)	53.2 (51.2-55.1)	54.8 (52.7-56.8)	50.4 (49.4-51.5)

The survey inquired whether they have heard about BMI with regard to their height and weight. Only half of the youth sample, reported that they have heard of it with a significant female and schooling youth predominance.

VIOLENCE

Violent behavior among adolescents and youth can range from physical aggression to intentional destruction of property and homicides. The young person can be a victim, an offender, or a witness to the violence.

VIOLENCE AMONG YOUTH

The survey asked about exposure to fights which required them to seek medical treatment during the preceding 12 months**.** Of the sample 3.7% of 15 -19 years and 2.9% of 20-24 year old males had answered positively. Significantly more male youth reported as having engaged in such violent acts.

Table 2.24: Involvement in physical fights and consequences during preceding 12 months

Question	Male % (95%CI)		Female% (95%CI)	
	15-19 y	20 -24 y	15-19 y	20 -24 y
Involved with a fight during past 12 months which needed medical treatment	3.7 (2.7-4.9)	2.9 (2.0-4.0)	1.5 (0.9-2.3)	1.1 (0.7-2.0)
Not able to engage in routine work due to the last incidence of violence	1.3 (0.8-2.1)	1.7 (1.0-2.7)	0.6 (0.3-1.2)	0.3 (0.1-0.9)

There was no significant differences among the youth groups classified based on their religion or strata or schooling status with respect to involvement with fights during previous 12 months. However significantly higher urban (3.6%) and estate (3.2%) youth reported about fights compared to the rural (2.0%) and N-E (1.7%).

MOOD

Adolescence and youth can be considered as a period of frequent mood swings, due to biological factors related to puberty and also due to psychosocial factors associated with transition from childhood to adulthood. With regard to mood disorders in this age group, the symptoms are atypical and difficult to diagnose. Youth's insight on general happiness, main worries, feeling life is not worth living and suicidal feelings were explored as indicators of mental health.

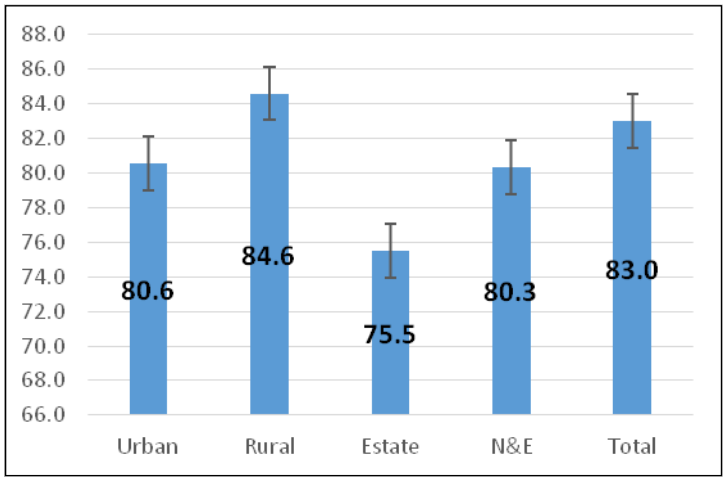
HAPPY MOOD

Evidence shows that those who experienced happiness were successful in various aspects of life and development including relationships, income and education. It was interesting to note that 83.1% of our youth reported having a happy mood during the preceding two weeks irrespective of their sex. It was noted that significantly lower proportion of the estate youth reported having a happy mood (75.5%; 95%CI: 73.3-76.6) while significantly higher proportion of the rural youth revealed of having a happy mood (84.6%; 95%CI: 83.0-86.1) compared to others.

Table 2.25: Presence of Happy mood during preceding 2 weeks

	Male % (95%CI)		**Female% (95%CI)**		**Total % (95%CI)**
	15-19 y	**20 -24 y**	**15-19 y**	**20 -24 y**	
% were in a happy mood for most of the time during past 2 weeks	84.6 (82.3-86.6)	84.1 (81.7-86.2)	82.7 (80.5-84.7)	80.9 (78.7-83.1)	83.1 (81.9-84.2)

Figure 2.32: Presence of happy mood by strata



- 83% of the total youth reported of having a happy mood during the preceding two weeks.
- Exams, Finding a job and finding money were the major reasons for youth worries.

The presence of a happy mood during the prceding two weeks did not vary much based on schooling status or marital status. However youth belonging to higher socio-economic group reported significantly higher proportions of having a happy mood compared to the youth in the lowest socio-economic category.

On analyzing of factors which might have worried them, 26.6% of boys reported “finding a job”. Nearly a third of 15-19year old girls were worried about exams. It was noteworthy that boys were more worried about relationships compared to girls. Statistically significant higher proportion of boys were worried about the current job.

Parental conflicts /family disputes had affected more females while body size was a worrying factor for males. Interestingly 28.7% declared that nothing worries them at present.

The reported figures were comparable with the figures reported in the 2004 UNICEF survey with reference to out of school adolescents of 15-19 years old where 25% reported nothing worries them, 25% worried about finding a job while 5% was anxious on adolescent-parent relationships.

Table 2.26: Reported reasons for worry

Things that worry them at present	Male %		Female%		Total % (95%CI)
	15-19 y (95%CI)	20 -24 y (95%CI)	15-19 y (95%CI)	20 -24 y (95%CI)	
Exams	28.2 (25.4 -31.2)	25.4 (22.7-28.3)	29.3 (26.7 -31.9)	26.8 (24.3-29.5)	27.5 (26.2-28.9)
Finding a job	26.7 (24.0-29.5)	26.6 (23.9-29.4)	22.7 (20.4-25.2)	23.3 (20.9-25.8)	24.8 (23.5-26.1)
Finding money for day to day expenditures	16.5 (14.3-18.9)	17.2 (14.7-19.5)	12.6 (10.8 -14.6)	11.7 (9.9 -13.6)	14.4 (13.4-15.5)
My Romantic relationships	11.7 (9.8-13.9)	11.4 (9.5-13.8)	7.7 (6.3 -9.5)	7.8 (6.3 -9.5)	9.6 (8.7 -10.6)
Body size	7.5 (5.8-9.2)	7.4 (5.8-9.3)	6.7 (5.4-8.4)	6.8 (5.4-8.4)	7.1 (6.3-7.9)
Illness/Phobias	4.6 (3.4-6.1)	4.8 (3.6-6.45)	5.5 (4.3-6.9)	5.4 (4.2-6.9)	5.1 (4.4-5.8)
Current job	6.5 (5.1 -8.3)	7.3 (5.8-9.1)	2.9 (2.1-3.9)	3.3 (2.4-4.4)	4.9 (4.3-5.6)
Arguments with parents	3.5 (2.6-4.9)	3.9 (2.9-5.5)	3.6 (2.7-4.8)	4.7 (3.6-6.0)	3.9 (3.4-4.56)
Parental conflicts / family disputes	2.4 (1.6-3.6)	2.9 (2.0-4.3)	3.2 (2.3-4.5)	3.3 (2.4-4.6)	2.9 (2.5-3.5)
Finding a boy /girlfriend	4.2 (3.1-5.7)	3.6 (2.5-5.0)	0.6 (0.3-1.2)	0.5 (0.3-1.1)	2.2 (1.8-2.7)
Finding a suitable person for marriage	2.9 (2.0-4.3)	1.7 (1.0-2.8)	0.8 (0.5-1.5)	1.4 (0.89-2.12)	1.7 (1.4-2.2)

(Multiple options were allowed)

SUICIDAL IDEATION

Suicide was considered as one of the leading cause of death in adolescence and youth. Significantly more females have had the feeling that their life was not worth living. Nearly one fifth of youth complained of feeling sad or helplessness and had stopped their routine work; 6.4% felt like above for two weeks or more in a row while similar proportion seriously thought about committing suicide during the preceding 12 months, 4.0% made plans and 2.9% sought some help.

19.1% ever felt their life is not worth living
6.4% had depressive feelings
6.4% seriously attempted suicides and 4.0 made plans and 2.9% sought help.

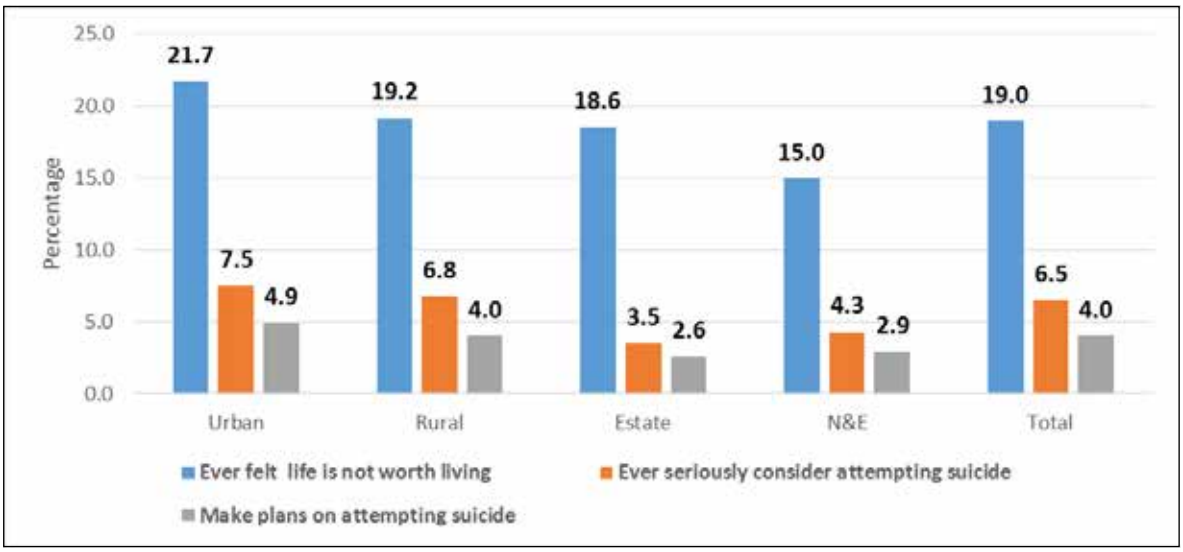
Table 2.27: Suicidal feelings and actions taken during past 12 months (of total youth sample)

	Male %		Female%		Total % (95%CI)
	15-19 y (95%CI)	20 -24 y (95%CI)	15-19 y (95%CI)	20 -24 y (95%CI)	
Ever felt that their life is not worth living	17.1 (14.7-19.5)	15.9 (13.7-18.3)	21.6 (19.3-24.0)	21.7 (19.5-24.2)	19.1 (17.9-20.3)
Ever felt so hopeless and had to stop some usual activities during the past 12 months	18.5 (16.2-21.0)	21.6 (19.1-24.3)	19.9 (17.8-22.3)	21.8 (19.5-24.2)	20.4 (19.2-21.6)
Felt like above almost every day for two weeks or more in a row	5.9 (4.6-7.4)	7.7 (6.2-9. 6)	5.1 (4.1-6.5)	6.7 (5.5-8.3)	6.4 (5.7-7.1)
Seriously considered attempting suicide in the past 12 months	5.5 (4.3-7.2)	5.1 (3.9-6.7)	8.3 (6.8-10.1)	6.9 (5.6-8.5)	6.4 (5.8-7.3)
Made plans about how they would attempt suicide	3.2 (2.2-4.4)	2.8 (1.9-4.0)	5.6 (4.4-7.1)	4.4 (3.3-5.6)	4.0 (3.5-4.6)
Sought help to relive their suicidal feelings	2.2 (1.5-3.4)	2.4 (1.6-3.6)	4.2 (3.1-5.6)	3.0 (2.2-4.2)	2.9 (2.5-3.6)

Higher proportions in older age group (20-24 years) complained of feeling sad or helpless and stopped their usual acts for two weeks or more in both sex groups. However when it comes for seriously thinking of committing suicide, the younger age group (15-19years) was slightly predominant, which could have been attribute to a lack of capacity in controlling emotions due to their developing brain.

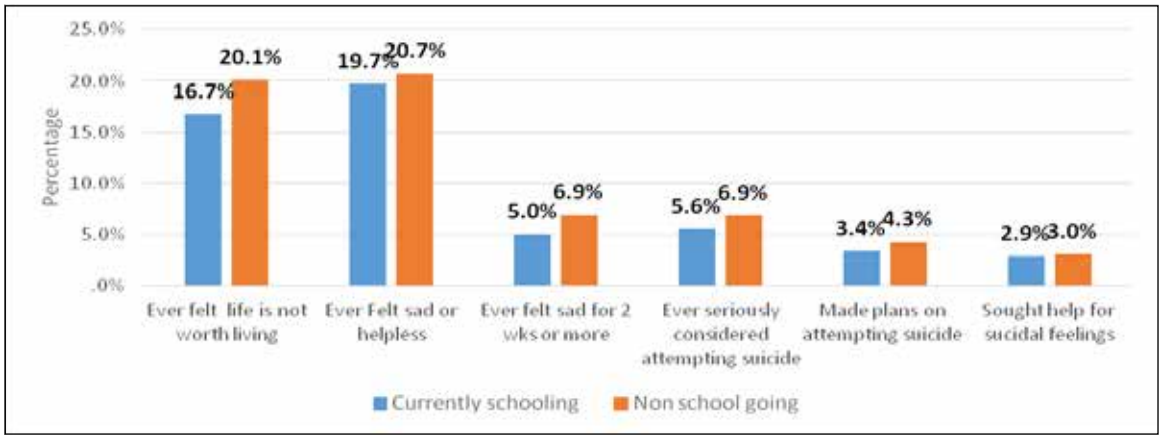
Out of those who felt hopeless and stopped some of their usual activities for almost every day for two weeks or more in a row, 35.0% (95% CI: 29.7-40.8) had seriously considered of attempting suicide. Out of those who seriously considered of attempting suicide, 61.7% (95%CI: 55.6-67.3) made plans. There were no statistical significance sex wise or age wise differences with regard to attempting suicide or making plans to suicide although younger age groups and female youth were having slightly higher proportions in both indices.

Figure 2.33: Suicidal feelings among youth by strata (of the total sample)



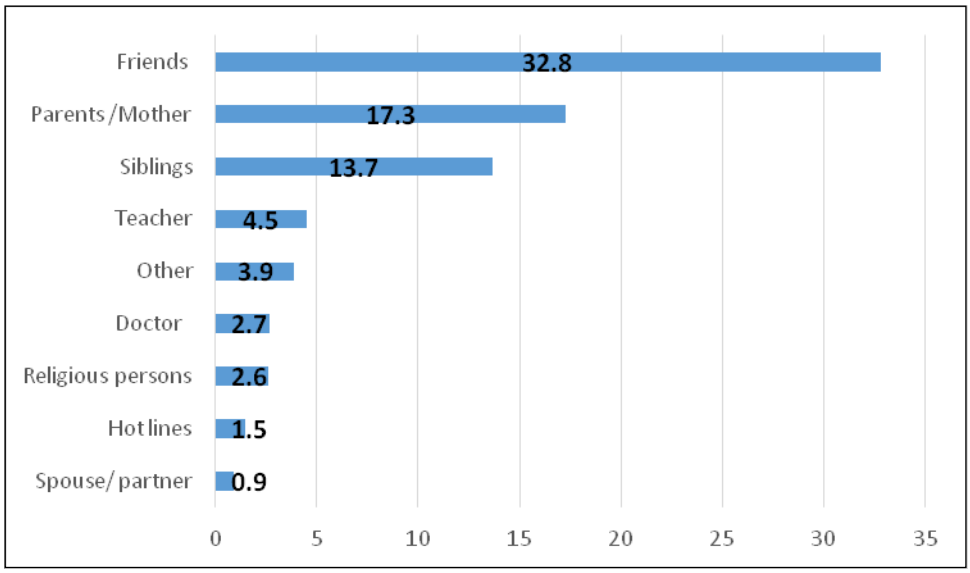
The urban youth were having higher proportion of depressive feelings, higher risk for attempting suicide and making plans to do so. However the observed differences were not statistically significant. In depth assessment is needed to find out reasons for these suicidal ideations. Data were analysed according to schooling status to facilitate, upgrading of existing health programmes.

Figure 2.34: Suicidal feelings and actions by schooling status



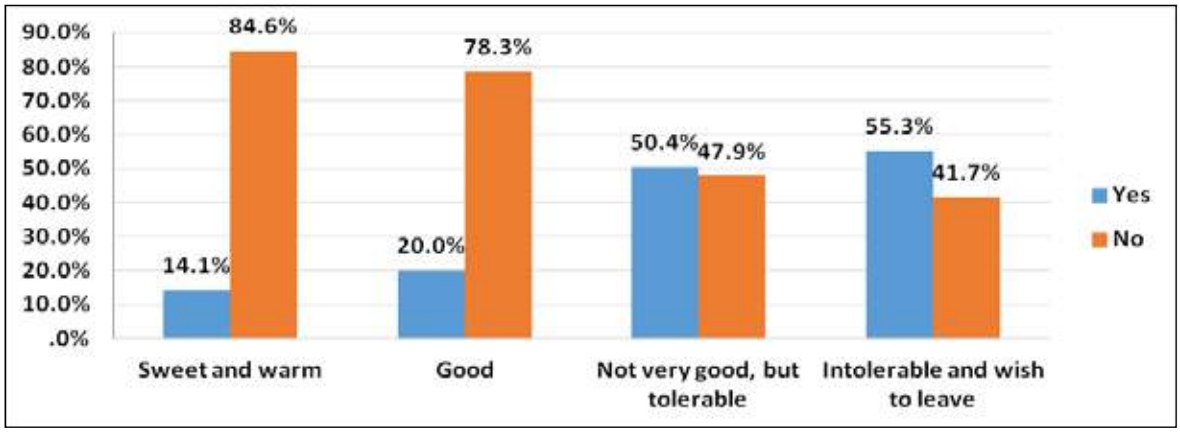
Non-school going youth reported an increase in depressive and suicidal feelings and for making plans to commit suicide. However the observed difference was statistically not significant. All six indicators related to occurrence of suicidal feelings had a significant negative correlation with socio-economic status of youth. (data not shown)

Figure 2.35: Persons contacted for help by the youth for suicidal feelings



Friends have been highlighted as the most approached group where 32.8% of those who seriously considered of attempting suicide had sought help from friends irrespective their sex and age followed by parents (17.3%).

Figure 2.36: Association between Youth feelings as life is worthless and family connectedness



The above graph denotes there was a significant association between depressive feeling and their family connectedness.

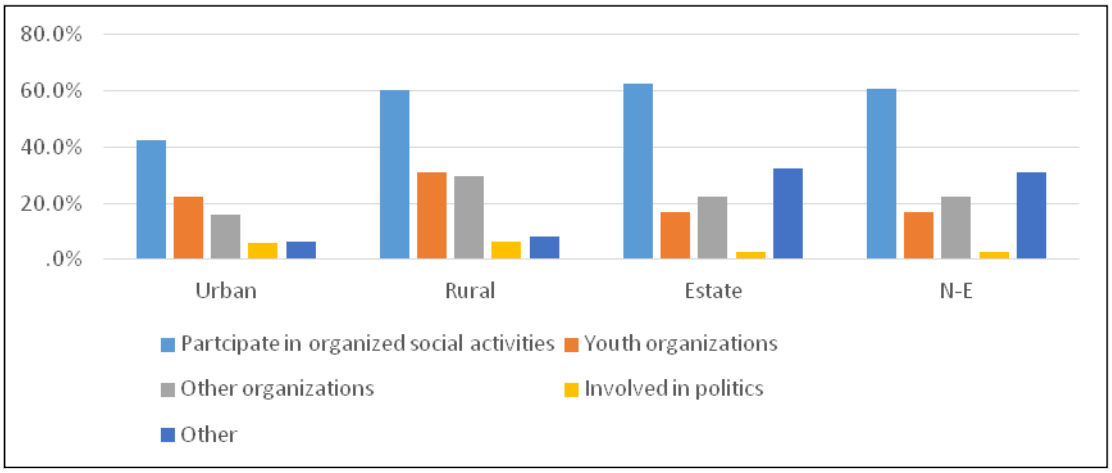
Nearly 50%-55% of youth whose family was “not good or intolerable” had more suicidal feelings reported as “ever felt that life was not worth living” compared to 14.1% who declared their family was “sweet and warm”.“

SOCIAL HEALTH

SOCIAL ACTIVITIES

Youth social participation is vital in acquiring skills and experience for a successful transition to adulthood. Youth need to be empowered for their own development and also development of their communities. The survey explored the extent of youth participation in organized social activities in their communities. Nearly half (57.4%) of the sample, 66.2% of males and 49.3% of females answered positively. Significantly more males were engaged in such activities.

Figure 2.37: Participation of youth in organized social activities by strata



The survey explored the types of social activities the youth routinely engaged, 27.5% participate in youth clubs, 26.1% in other clubs, 11.3% highlighted about other work like Shramadana while a few (5.6% of total) were involved in politics. Significantly higher proportion of the rural youth were engaged in youth based organizations. A striking feature to note was the low proportions of N-E (2.7%) and estate (2.8%) youth engaged in politics compared to urban (5.7%) and rural (6.2%) youth.

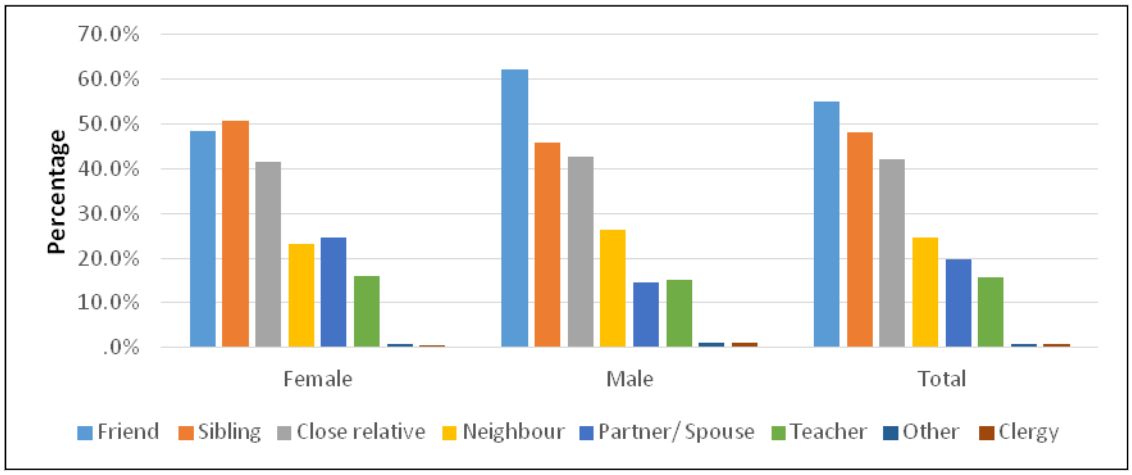
27.5% participated in youth clubs, 26.1% in other clubs, 11.3% engaged in public work and 5.6% in politics. Higher portion of rural youth engaged in social activities

SOCIAL CAPITAL

"Social capital" refers to what extent that one's family, friends, and associates constitute an important asset, one that can be called upon in a crisis. Social capital plays a significant role in youth development as they facilitate optimum psychosocial development. It was appealing to see that Sri Lankan youth were blessed with social capital as 80.6% have reported that there would be someone (other than their parents) who would offer help if they were in trouble irrespective of their sex or age. Nearly half of the youth (55.2%) have identified friends as the social asset with a significant sex difference. Males have selected friends (60.5%-63.9%), while females selected both friends and siblings.

80.6% reported that they have someone to help them if they are in trouble. For males it was friends and for females it was siblings and friends.

Figure 2.38: Social assets identified by youth by sex



The survey asked "whom they would talk about a personnel /private matter to?" Of the weighted sample, 46.1% reported, it would be their "mother" with a significant difference between males and females. When 57.8%-59% female youth approached their mother for private matters, only 32.5%-34% male youth reported so. Males relied on "friends" mostly.

46.1% identified "mother" as the person to talk about a private matter

Next preferred person was the "friend" and again with a sex difference. It was noted that fathers were less approached by both young males and females for personal problems.

Table 2.28: Persons to contact for personnel matters

Persons to talk about a personnel and private matter	Male %		Female%		Total % (95%CI)
	15-19 y (95%CI)	20 -24 y (95%CI)	15-19 y (95%CI)	20 -24 y (95%CI)	
Mother	34.0 (31.1-37.0)	32.5 (29.6-35.5)	59.0 (56.3-61.8)	57.8 (55.0-60.6)	46.1 (44.6-47.5)
A friend	52.2 (49.0-55.3)	50.2 (47.0-53.3)	31.4 (28.9-34.1)	33.9 (31.2-36.6)	41.8 (40.3-43.2)
Spouse/partner	18.9 (16.5-21.5)	19.2 (16.8-21.9)	27.3 (24.9-30.0)	30.0 (27.4-32.8)	23.9 (22.7-25.2)
Sibling	17.6 (15.4-20.0)	17.7 (15.4-20.2)	23.9 (21.6-26.5)	24.1 (21.7-26.6)	20.8 (19.7-22.1)
Father	15.4 (13.2-17.9)	17.4 (15.1-20.0)	11.6 (9.9-13.6)	11.6 (9.8-13.5)	13.9 (12.9-15.0)
Teacher	9.3 (7.7-11.3)	8.2 (6.7-10.2)	7.0 (5.6-8.6)	7.6 (6.2-9.3)	8.0 (7.2-8.9)
A close relative	4.5 (3.5-5.8)	6.7 (5.3-8.4)	5.4 (4.2-6.8)	5.5 (4.3-6.9)	5.5 (4.9-6.2)

(Multiple options were allowed)

PERCEPTION OF BEING DISCRIMINATED

Discrimination symbolizes a significant social problem throughout the world with negative impact on developmental aspects of youth especially on their self-esteem and identity development. Young people can be discriminated due to their sex, cast, race or religion. The survey examined the perceptions about feelings of ever been discriminated in education or seeking employment opportunities.

8.1% youth had felt being discriminated ever with higher proportion among the estate youth. The commonest reason for such discrimination was "their income level ".

Of the sample 8.1% (95%CI, 7.4%-8.9%) reported that they felt discriminated without much sex or age group difference and 7.5% males and 8.8% females answered positively. It was noted that the most commonly cited perceived reason was their income level followed by their sex.

Table 2.29: Perceived reasons for being discriminated (of those who had discriminated feeling ever)

Perceived reasons	Male% (95%CI)	Female % (95%CI)	Total% (95%CI)
Income status	43.2 (35.7-51.0)	45.9 (39.3-52.6)	44.7 (39.7-49.8)
Sex	23.9 (17.8-31.5)	44.0 (37.4-50.8)	35.0 (30.2-40.0)
Cast	17.9 (12.6-24.8)	15.0 (10.6-20.7)	16.3 (12.8-20.6)
Religion	16.7 (11.8-23.0)	9.6 (7.1-12.8)	12.8 (10.1-16.1)
Race	12.6 (8.9-17.5)	4.6 (2.8-7.3)	8.2 (6.2-10.7)
Other	4.3 (2.0-8.9)	5.7 (3.2-10.0)	5.1 (3.2-7.9)

(Multiple options were allowed)

The perceived status of ever being discriminated was significantly higher among the estate youth. Youth belong to poor socioeconomic status measured as “not having money to buy food” were having increased experiences of ever being discriminated.

Figure 2.39: Youth ever felt discriminated by strata

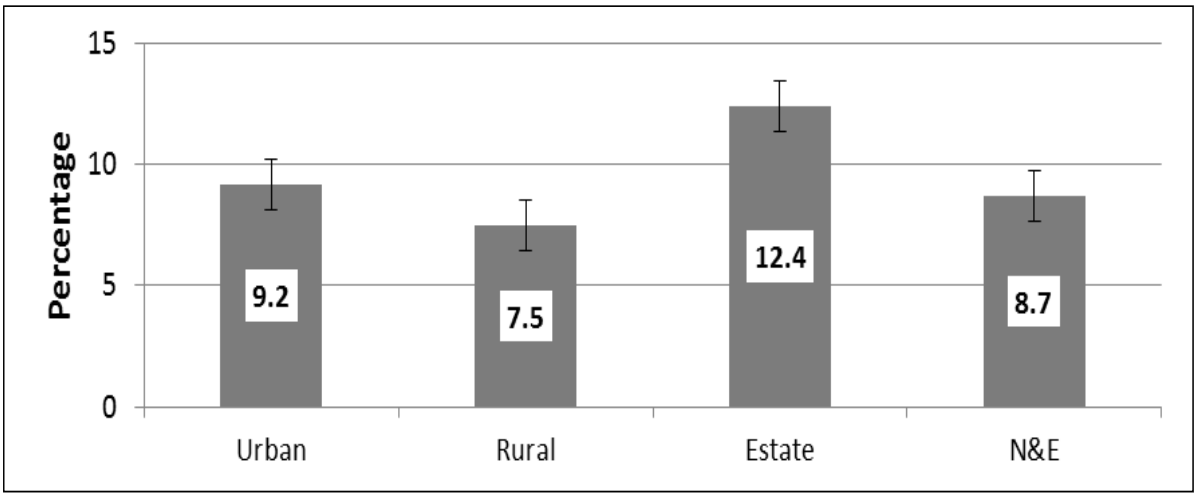
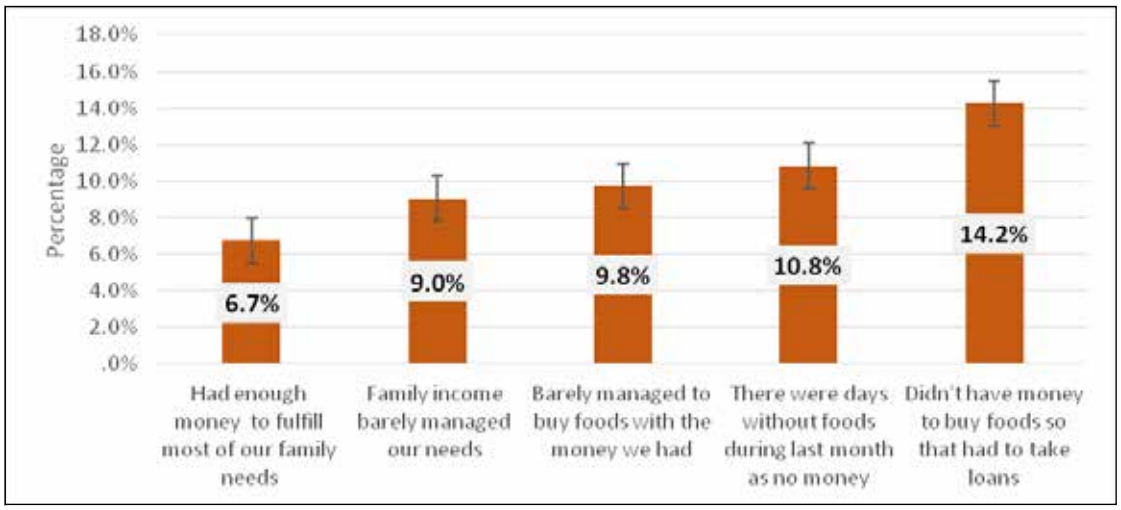


Figure 2.40*: *Youth ever felt discriminated by family socio economic status



SUBSTANCE ABUSE

Tobacco, alcohol and other drug use among youth is a major public health problem in Sri Lanka. Substance use increases the risk for injuries, violence, STI/HIV infection, and other diseases including non-communicable diseases in later life. The typical risk taking behavior during the adolescence facilitates the first puff of a cigarette, and first sip of alcohol to be tried out. Young people who abuse substances experience various problems, including academic difficulties, health-related problems, poor peer relationships, and involvement with the juvenile justice system in addition to consequences for family members, the community, and the wider society.

The substance use was analyzed according to sex, strata and schooling status, to facilitate targeted interventions in preventing substance use among youth groups.

SMOKING

One third (30.5%; 95%CI: 28.4-32.6) of the total male group and 1.6% (95%CI: 1.2-2.2) of the total female group have tried a cigarette even once.

On questioning the current use, the survey asked about tobacco use during the week preceding the survey. Significant higher proportion of males (17.6%; 95% CI: 15.9-19.4) reported current use (smoking in the preceding week) compared to females (0.7%: 95%CI: 0.4-1.1).

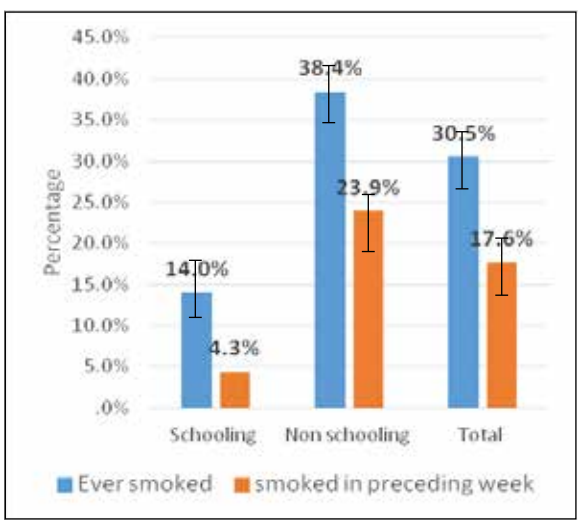
Current use of smoking among male youth was 17.6%. Significantly lower fraction of schooling youth, N-E youth, youth belonged to caring families were currently smoking.

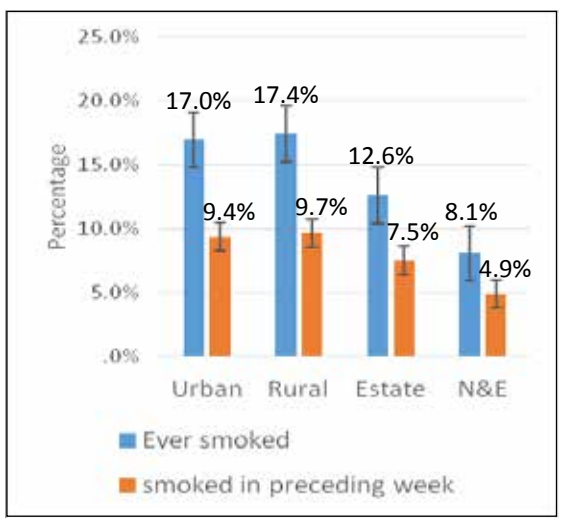
Table 2.30: Prevalence of ever smoke and current smoke by sex and age groups

	Male %		Female%		Total % (95%CI)
	15-19 y (95%CI)	20 -24 y (95%CI)	15-19 y (95%CI)	20 -24 y (95%CI)	
% Ever smoked	28.9 (26.0-31.8)	31.7 (28.8-34.8)	1.8 (1.2-2.8)	1.3 (0.8-2.1)	15.7 (14.6-16.7)
% smoked in the preceding week	18.0 (15.6-20.6)	17.1 (14.9-19.7)	0.8 (0.4-1.5)	0.6 (0.2-1.2)	9.0 (8.2-9.9)

The sub analysis was conducted only for male youth to see any variances depending on strata or schooling status.

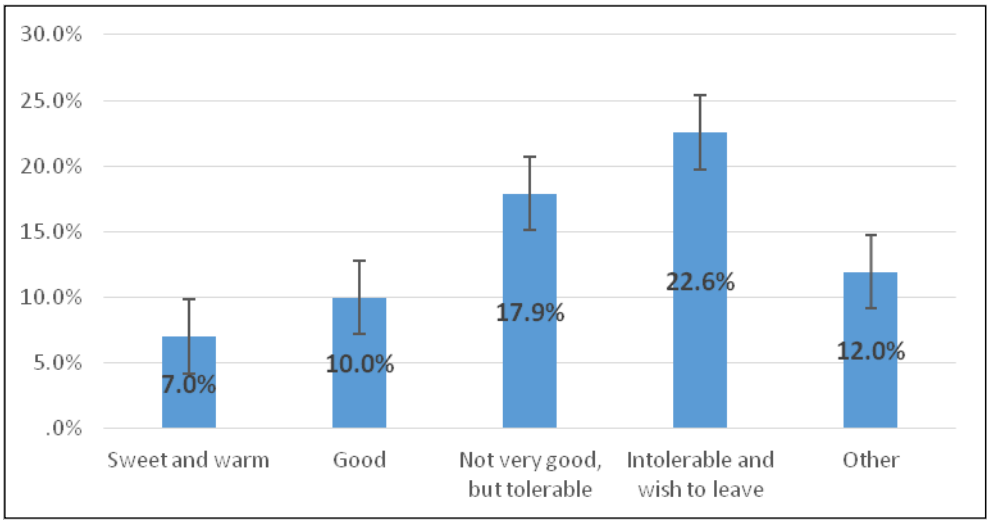
Figure 2.41*: Smoking among males by schooling status and by strata*





Significantly more non schooling male youth (23.9%; 95%CI: 21.7-26.4) reported smoking during the preceding week compared to the schooling youth (4.3%; 95%CI: 2.9-6.3). The N-E youth were having markedly lower current smoking prevalence. Results were analyzed according to the family characteristics which revealed that the presence of a caring family was significantly associated with lower current use of tobacco among the youth sample. However the present sample failed to show any association between current smoking and family socioeconomic status.

Figure 2.42: Current smoking by family characteristics



Exposure to tobacco with betel chewing among these youth groups during the preceding week was explored. It was noted that 6.3% had answered positively with a significant male predominance.

Table 2.31: Current use of betel chewing with tobacco

	Male %		Female%		Total % (95%CI)
	15-19 y (95%CI)	20 -24 y (95%CI)	15-19 y (95%CI)	20 -24 y (95%CI)	
% consumed tobacco with beetle during the preceding week	13.0 (10.9-15.4)	11.3 (9.4-13.6)	0.8 (0.4-1.5)	0.6 (0.3-1.2	6.3 (5.6-7.2)

The proportion was significantly higher among the rural strata with 7.5% (95%CI: 6.4-8.7). Significantly more non-school going youth reported chewing tobacco with betel during the preceding week of 7.6% as compared to 3.3% of school going youth (data not shown).

ALCOHOL USE

As per alcohol use, the ever use, current use (use during the preceding week) and the findings were similar to smoking.

Nearly one third of boys (34.9% of total male youth) have tried alcohol even once compared to 3.8-5.0% of girls. A significantly lower proportion of N-E youth had ever used alcohol compared to others.

Ever use and current use of alcohol among males were 35% and 10%. Significantly higher fraction of males, non-Schooling youth, rural youth, youth belonged to "intolerable" families, youth from lower socio economic families were engaged in current alcohol consumption.

Table 2.32: Prevalence of Alcohol use among youth

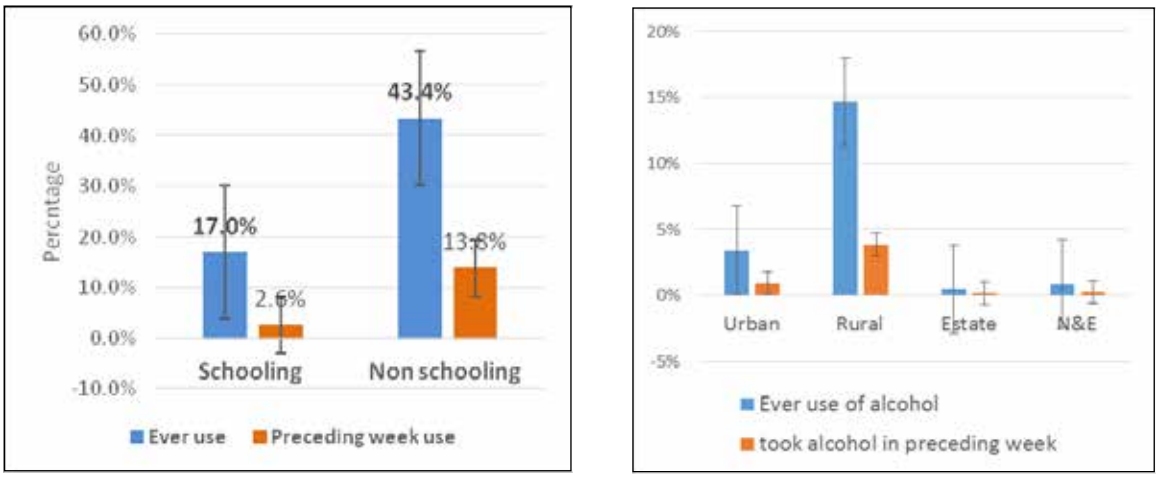
Question	Male %		Female%		Total % (95%CI)
	15-19 y (95%CI)	20 -24 y (95%CI)	15-19 y (95%CI)	20 -24 y (95%CI)	
% Ever use alcohol (including beer, wine, illicit liquor)	32.7 (29.7 -35.7)	37.3 (34.3-40.5)	4.9 (3.8-6.4)	3.8 (2.9-5.1)	19.4 (18.3-20.6)
% Had alcohol in preceding week	10.4 (8.6-12.5)	10.0 (8.3-12.1)	0.6 (0.3-1.3)	0.6 (0.3-1.3)	5.3 (4.7-6.0)

The survey inquired about alcohol use during the week prior to the survey as an indicator for current use of alcohol. Nearly 10.2% (95%CI: 8.9-11.7) of male youth and 0.6% (95%CI: 0.3-1.0) of female youth have consumed alcohol during the preceding week.

There was an increase in current use of alcohol with age. Significantly more non-schooling youth had ever used alcohol (16.3% 95% CI: 15.1-17.5) and during the preceding week (4.9% 95%CI: 4.2-5.6) compared to schooling youth. The respective figures for schooling youth were 3.1% (95%CI: 2.6-3.8) and 0.5 (95%CI: 0.3-0.7). Similarly both ever use (14.7%; 95%CI: 13.5-15.9) and current use (3.9%; 95%CI: 3.2-4.6) were significantly higher among rural youth.

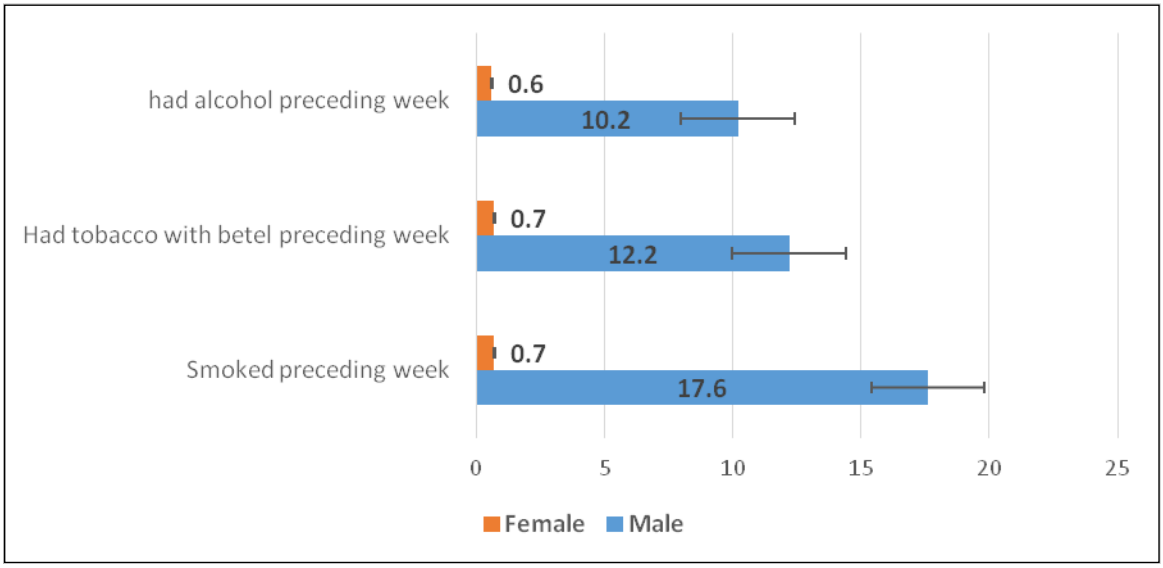
Current use of alcohol was higher among youth with families categorized as "intolerable" (13.1%) compared to "sweet and warm" families (4.2%). This association was observed with socioeconomic status of the family as well, where youth belonging to families with better socioeconomic background were having a lower current alcohol consumption (5%) compared to poor families (10%) identified by the label "there were days without food due to lack of money".

Figure 2.43: Prevalence of alcohol use by schooling status and strata (among male youth)



In general, it seems that male youth were having significantly higher current use of all substances as per the figure below.

Figure 2.44: Current substance use by youth by sex



It was also evident that one risk behavior (smoking) was significantly associated with another risk behavior (alcohol use) where the youth who were smoking during the preceding week were more likely to take alcohol. Of the youth who had consumed alcohol during the preceding week, 69.3% had practiced smoking.

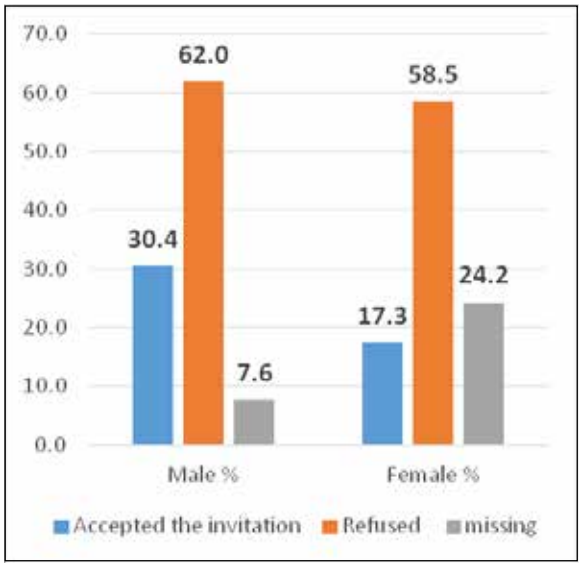
REASONS FOR NON-USE OF ADDITIVE SUBSTANCE

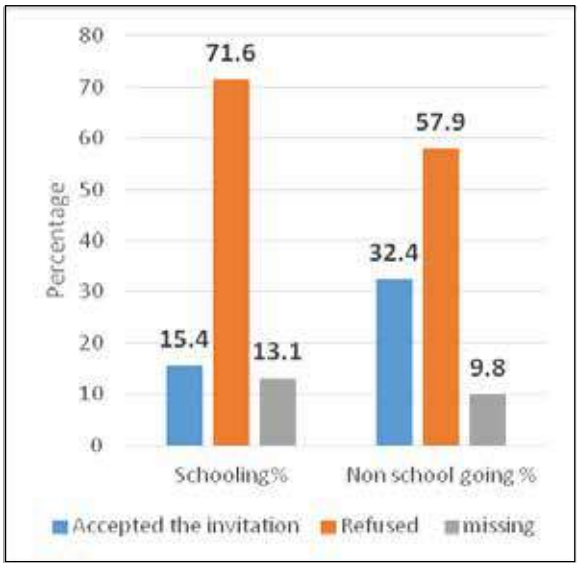
The survey explored the youth skills on refusing substance, by inquiring about invitations for such substance use in the past. Nearly 17% (95%CI: 15.9-18.2) answered affirmatively with 28.3% of males (95%CI: 26.3-30.4) and 6.0% of females (95% CI: 5.1-7.1).

The survey explored the youth response for invitation to use substance from those who had such opportunity. About 61% had refused it while another 28% accepted and tried it. A significantly higher proportion of males and non-school going youth have accepted the invitation.

61% of youth who received invitations for substance use, had refused such invitations due to
"As they do not give such a kick as claimed ", "parental disapproval", "and "religious norms".

Figure 2.45: Youth response for invitation to try additive substances (out of those who had such opportunity)





The reasons for refusal of such invitation were further explored, with the objective of finding out factors which enabled youth on saying "No". Common reasons cited were "I don't feel like using those as they do not give such kick as claimed", "parental disapproval", and "disapproval by religious norms".

There were no significant differences among the above mentioned reasons cited by the youth based on their sex or schooling status.

Table 2.33: Commonly cited reasons for refusal (% out of those who had refused)

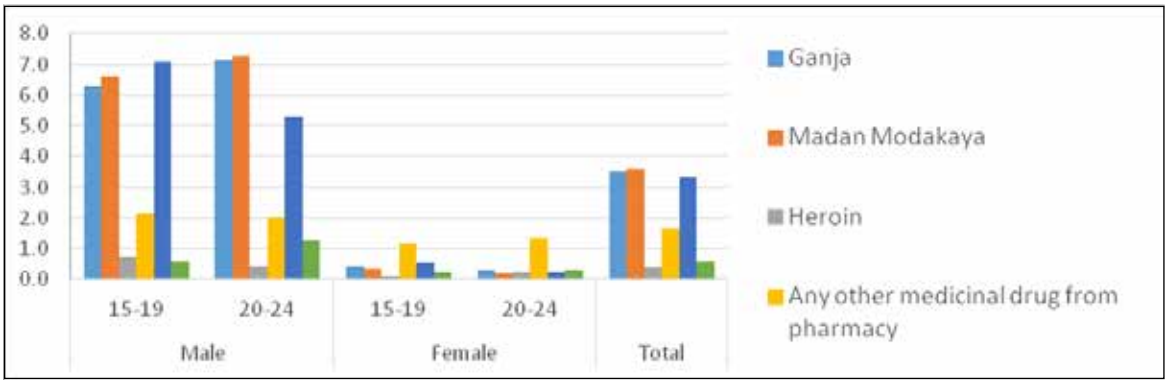
Reasons	Male % (95%CI)	Female % (95%CI)	Total% (95%CI)
I don't think they give any pleasure /kick as they claimed to be	50.5 (45.1-55.9)	43.0 (32.6-54.0)	49.2 (44.3-54.0)
Parents do not approve taking those	39.6 (34.4-45.0)	26.9 (18.5-37.5)	37.4 (32.8-42.2)
My religious beliefs do not approve	19.1 (15.2-23.7)	27.8 (19.1-38.7)	20.6 (17.0-24.8)
My school /teachers do not approve	15.6 (11.9-20.1)	17.8 (10.7-28.1)	16.0 (12.6-20.0)
My friends do not use those	7.6 (5.1-11.1)	9.2 (4.6-17.5)	7.9 (5.6-11.0)
Other	7.9 (5.3-11.6)	5.0 (2.0-11.9)	7.4 (5.1-10.5)

(Multiple options were allowed)

EVER USE OF OTHER ADDITIVE SUBSTANCE

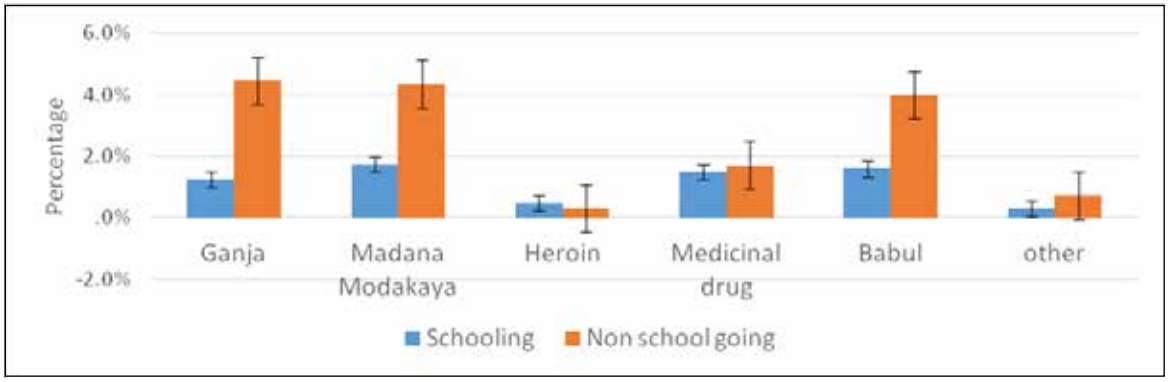
Previous experiences in using selected addictive substances were explored. Significantly more male youth have tried those substances compared to females. Babul was the most commonly tried substance among the males. It was noteworthy to note that nearly 84.3% of the total youth with 80.2% males and 88.6% females declaring that they have not tried any additive substance previously. When the drug use by strata was analyzed, it was noted that urban and rural youth have used Ganja (cannabis) and Madana Modaka (Canabis based product) and Babul (areca nut from India) in significantly higher proportions compared to youth in other strata.

Figure 2.46: Ever use of additive substances



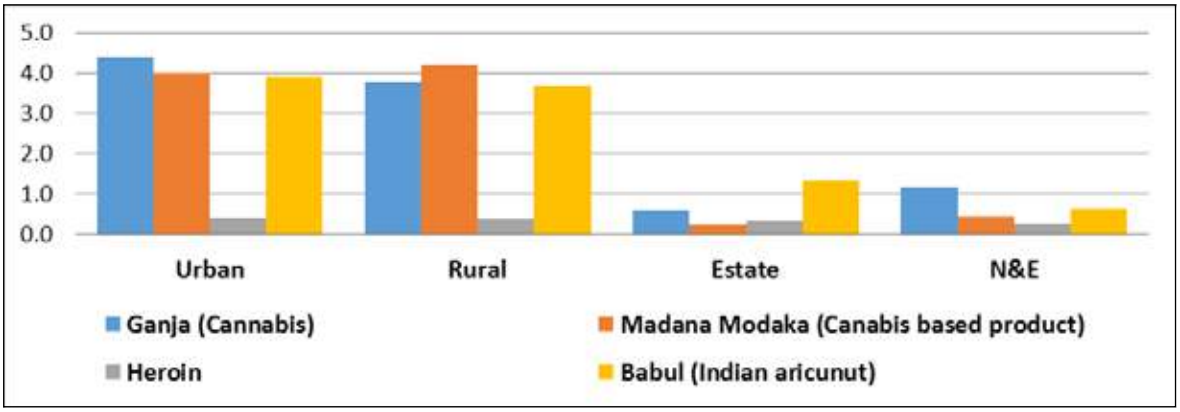
The ever use of additive substances was analyzed according to schooling status. Statistically significant differences were observed with ever use of ganja, madana modakaya and babul where non schooling youth were having higher proportions. There were no significant differences with regard to ever use of heroin and medicinal drugs by schooling status.

Figure 2.47: Ever use of additive substances by status of schooling



Urban and rural youth have used Ganja, Madana Modaka and Babul in significantly higher proportions compared to other strata youth.

Figure 2.48: Ever use of additive substances by strata



LIFE SKILLS

Life skills are required for youth to succeed in education, employment and future adult life. The questionnaire consisted of few case scenarios and requested youth to mark the appropriate response with the objective of assessing their skills with regard to selected areas in life skills.

One such case scenario was exploring youth reactions to their parent's advice regarding his/ her risk behavior, going out with friends in the night.

Table 2.34: Youth Reaction to disagreement with parents

Youth Reaction to parents advice regarding his/her risk behavior	Male %		Female%		Total% (95%CI)
	15-19 y (95%CI)	20 -24 y (95%CI)	15-19 y (95%CI)	20 -24 y (95%CI)	
"Might get angry because I think I should have a freedom to do what I like"	14.4 (12.3-16.7)	15.6 (13.5-18.1)	4.5 (3.5-5.9)	5.3 (4.1-6.7)	9.8 (9.0-10.8)
"Will do as I am confident about my instincts"	12.7 (10.8-14.9)	12.6 (10.7-14.7)	4.6 (3.6-5.9)	3.9 (3.0-5)	8.4 (7.6-9.2)
"Will not do because I know my parents worry about me"	29.4 (26.6-32.3)	28.5 (25.8-31.5)	51.6 (48.8-54.5)	48.7 (45.8-51.5)	39.8 (38.4-41.2)
"Will discuss with my parents and come to a consensus"	39.8 (36.7-42.9)	38.5 (35.4-41.6)	33.5 (30.8-36.2)	36.6 (33.9-39.4)	37.0 (35.6-38.5)
Other	0.3 (0.1-0.8)	0.6 (0.3-1.2)	0.8 (0.5-1.3)	1.2 (0.8-1.9)	0.7 (0.6-1.0)
Missing	3.4 (2.5-4.6)	4.2 (3.2-5.6)	4.9 (3.8-6.2)	4.3 (3.3-5.6)	4.2 (3.7-4.8)
Total	100.0	100.0	100.0	100.0	100.0

Nearly 40%, stated that they will not do things like "going out in the night" as parents worry about their safety. This encouraging figure corresponds with 40% reported by UNICEF survey in 2004.

There was no significant difference between strata with regard to this attitude. However significantly higher proportion of females and schooling youth were having this obedient attitude compared to others. Another 37.2% of the total sample reported that they will discuss with parents and come to a consensus irrespective of

37.2% had negotiation skills in youth –parent disagreements.
Half of the sample displayed negotiation skills when a partner invites to go to a private place.

their sex or age group or schooling status. Higher proportions of urban and rural youth had this negotiation concept compared to other strata.

Nearly 10% reported that they will be angry if restricted as they think that they must have the freedom to decide and act according to their own decision. This attitude was apparent without much differences with sex, strata or schooling status. Another 8.4% of the total sample had an overconfident attitude which was more among males in significantly higher proportions in both age groups and among non- schooling youth.

The next case scenario was to assess their reaction to their partner's suggestion to visit a private place to discuss something personal. Approximately one fifth of the sample reported that they believe in their partner and accept the invitation. However this proportion was markedly low among females and school going youth. Half of the sample declared that they would explain the negative consequences of such activity and propose alternatives. The reported proportion was significantly higher among schooling youth, rural and urban youth. The negotiation skill was significantly lower among the estate youth with 27.3% (95%CI; 25.2-29.5) as compared in comparison to rural youth (62.3%, 95%CI; 60.2-64.3).

Four percent of the total, reported that they would go despite their reluctance to sustain the relationship which highlights the lack of assertive sills and negotiation skills irrespective of their strata and schooling status (data not shown).

Table 2.35: Reaction to a partner invitation to visit a private place

Reaction to partner invitation to visit a private place alone	Male %		Female%		Total % (95%CI)
	15-19 y (95%CI)	20 -24 y (95%CI)	15-19 y (95%CI)	20 -24 y (95%CI)	
"Will tell my partner about the negative side of such action and suggest an alternative"	45.3 (42.2-48.4)	45.8 (42.7-49.1)	65.5 (62.9-68.0)	68.2 (65.7-70.6)	56.3 (54.9-57.7)
"I trust my partner, so I will go"	33.4 (30.4-36.3)	35.3 (32.4-38.4)	9.1 (7.7-10.9)	9.7 (8.27-11.5)	21.7 (20.5-22.9)
"Although I don't like to go, I may go if it makes my partner angry or upset"	5.6 (4.4-7.1)	5.2 (4.1-6.6)	3.3 (2.4-4.4)	2.9 (2.1-3.9)	4.2 (3.7-4.8)
"Won't go"	5.3 (4.5-6.4)	4.4 (3.5-5.3)	11.1 (9.9-12.3)	9.7 (8.7-10.9)	7.7 (7.2-8.2)
Other	2.4 (1.7-3.6)	1.7 (1.0-2.6)	5.1 (4.0-6.5)	4.2 (3.2-5.5)	3.4 (2.9-4.0)
Missing	8.0 (6.4-10.0)	7.5 (6.0-9.3)	5.9 (4.7-7.4)	5.3 (4.1-6.7)	6.7 (5.9-7.5)

The survey assessed their reaction to an invitation from an unknown person who made contact through a missed call, which is a common associated factor for most youth risk behaviors in the present context. Approximately 10% reported that they would go and meet that person with or without a friend which highlights the typical lower level of risk perception by adolescents and youth regardless of their strata or schooling status. The reported proportion was higher among males in both age groups.

Of the total, 6.7% declared that they would not meet the person, but will continue to talk via phone which was again higher among males. This option was highlighted by estate and N-E strata with increased proportions compared to other strata.

Response to a missed call revealed that 10% take the risk and comply with request of an unknown person to go to a private place.

Of the total, 41.8% reported that they would neither meet nor talk with a significant predominance observed among females, N-E youth and among non-school going youth. Approximately 35% wanted to tell their parents. The reported proportions were significantly higher with female sex, and schooling youth.

Table 2.36: Reaction for an invitation for a date by an unknown person

Reaction for an invitation for a date by a person got to know via a missed call	Male %		Female%		Total % (95%CI)
	15-19 y (95%CI)	20 -24 y (95%CI)	15-19 y (95%CI)	20 -24 y (95%CI)	
Will go alone or go with a frier	17.4 (15.1-20.0)	17.5 (15.2-20.1)	2.6 (1.8-3.7)	1.5 (1.0-2.3)	9.6 (8.8-10.6)
Will not go but continue to talk as it will not do any harm	11.3 (9.6-13.2)	10.31 (8.6-12.2)	2.5 (1.8-3.5)	3.0 (2.1-4.0)	6.7 (6.0-7.4)
Will neither go nor talk with hi	32.3 (29.4-35.3)	34.4 (31.4-37.4)	50.4 (47.5-53.2)	49.8 (47.0-52.7)	41.8 (40.4-43.3)
Will tell my parents / guardians and get an advice	31.4 (28.5-34.4)	30.0 (27.1-33.0)	38.3 (35.6-41.1)	39.8 (37.1-42.7)	34.9 (33.5-36.4)
Other	2.1 (1.3-3.2)	2.4 (1.6-3.7)	1.7 (1.1-2.6)	1.8 (1.2-2.8)	2.0 (1.6-2.5)
Missing	5.6 (4.3-7.2)	5.3 (4.1-6.9)	4.5 (3.5-5.8)	4.1 (3.1-5.4)	4.9 (4.3-5.6)
Total	100.0	100.0	100.0	100.0	100.0

Decision making is an important life skill which determines the future of youth. The survey assessed the way they make important decisions in their lives. Nearly one third (29.4%, 95%CI: 28.1-30.8) declared without strata difference that they take important decisions on their own as they are confident in doing so. The reported proportion was higher among males and among non-schooling youth.

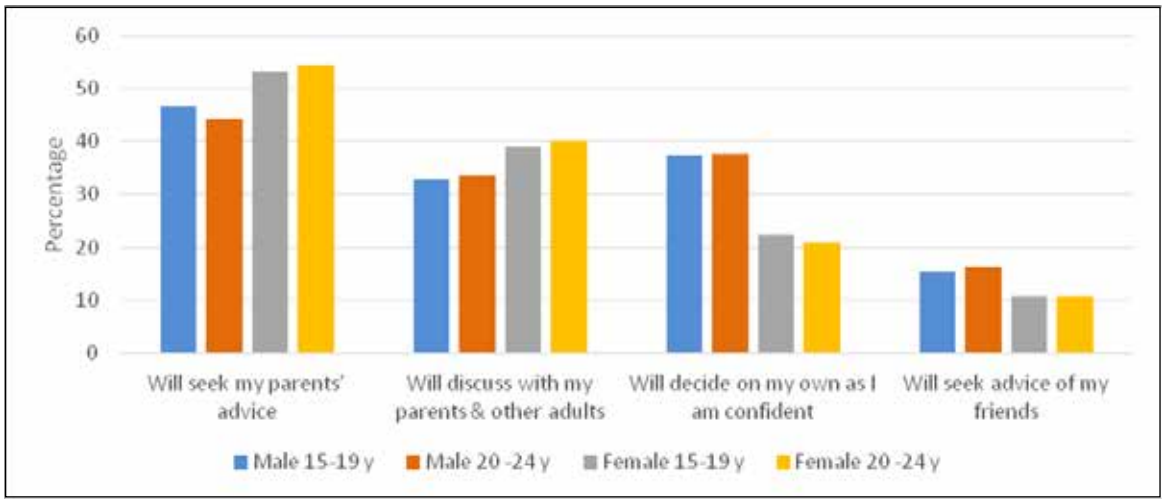
49.7% seek parental advice in taking important decisions. 36.3% reported to have better communication skills and negotiation skills in decision making.

Approximately half of the youth (49.7%, 95%CI: 48.2-51.2) seek parental advice and statistically significant higher proportions were observed with female sex and school going youth. It was interesting to note that the reported proportion was higher among the rural youth (52.6%, 95%CI: 50.5-54.7) and lowest among estate youth (37.2%, 95%CI: 34.9-39.6).

Of the youth sample, 36.3% (95%CI: 35.0-37.8)reported that they will discuss the situation with their parents and other adults to reach a consensus indicating better skills in communication, negotiation and decision making irrespective of their age groups or sex or strata or schooling status of youth.

Although higher proportion of males tend to seek friend's support in such decision making compared to females, it was noted that only 13.3% (95% CI: 12.3-14.4) of the total sample practice such a method which was predominantly seen among school going youth.

Figure 2.49: How Youth are making important decisions in life



Youth Ability to say "No" for sex

The survey explored the assertive skills of the youth by questioning whether they were proposed to have sex and refused ever in their life. The results were analyzed for the unmarried youth component. Of those who had such invitation, 72.4% had refused at least once. The reported proportions was higher among females (89.8%) compared to males (64.7%), however without significant differences between sex, age groups or strata.

The survey explored from whom the unmarried youth received invitation to have sex and rejected by the youth. Unmarried females highlighted "Boyfriends" as the commonest person, to whom they have reported "No", while male youth reported of "a known person". The reasons for such refusal were explored to have a better understanding on factors that contribute for assertive skills of the young unmarried persons.

Table 2.37 Reasons for saying "No" for sex by the unmarried youth

Reasons to say "No" for sex	Male % (95%CI)	Female % (95%CI)	Total % (95%CI)
Want to pursue with higher studies	22.7 (15.8-31.5)	45.0 (34.5-55.9)	31.3 (25.0-38.2)
Societal disapproval on pre-marital sex	24.7 (17.7-33.4)	64.2 (53.2-74.0)	40.0 (33.2-47.0)
Parental disapproval on such behavior	9.9 (5.8-16.3)	23.5 (15.5-33.9)	15.1 (10.9-20.6)
Fear of Risk for STI/HIV /pregnancy	27.6 (20.2-36.5)	34.7 (25.1-45.7)	30.3 (24.3-37.2)
Possibility of jeopardizing freedom /life	20.1 (13.7-28.5)	31.1 (21.8-42.1)	24.3 (18.7-30.9)
Fear of losing virginity	7.3 (3.7-13.9)	41.4 (31.2-52.4)	20.4 (15.3-26.5)
Fear of performance during the sexual act	8.6 (4.6-15.5)	9.0 (4.3-18.0)	8.8 (5.4-13.8)

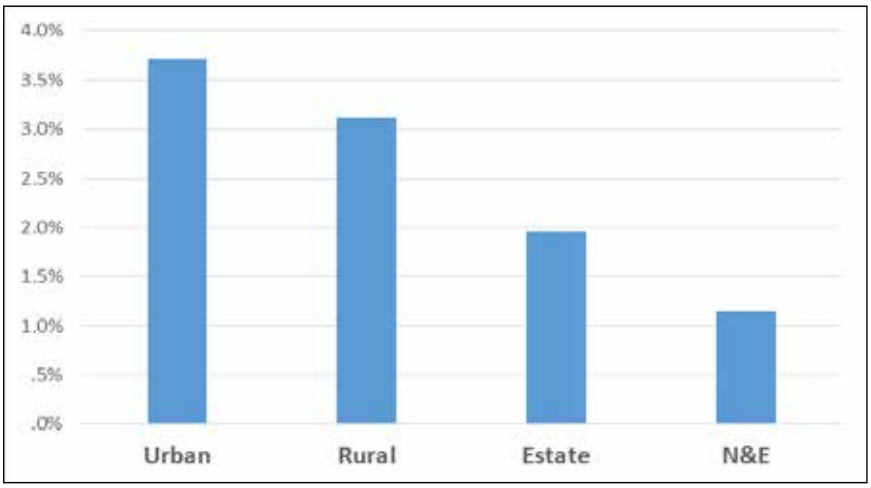
(Multiple options were allowed)

"Societal disapproval on pre-marital sex" has been highlighted as the commonest reason for youth to say "No" for sex, followed by the "need to pursue with higher studies" and the "risk for STI/HIV and pregnancy". Female youth highlighted "fear of losing virginity "as the second common reason after "societal disapproval".

SEXUAL ABUSE

The survey explored selected facets of sexual abuse among the youth including being abused sexually ever and the details of perpetrators of sexual abuse.

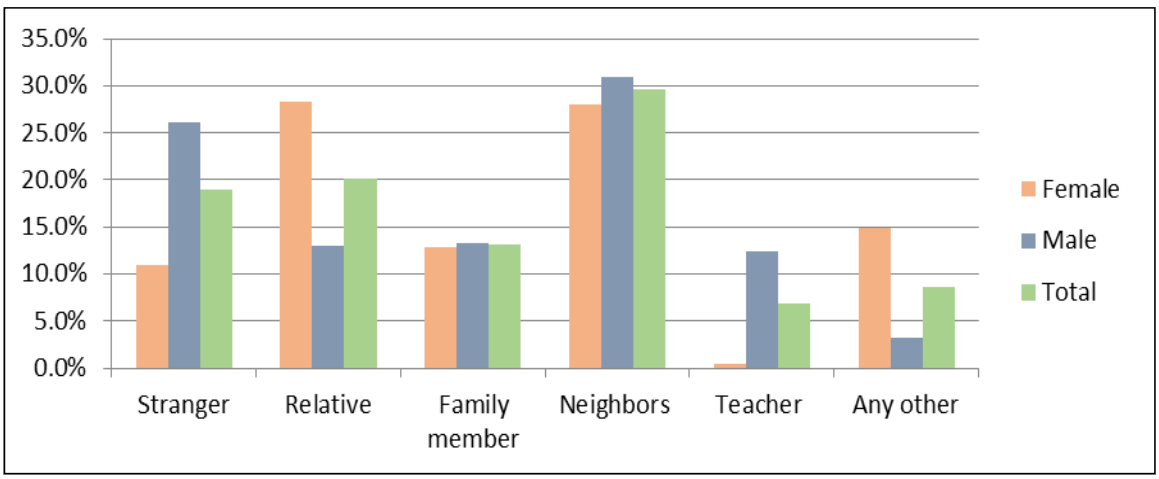
Figure 2.50: Prevalence of sexual abuse ever among youth by strata



Neighbors were highlighted as the commonest perpetrator

Of the total, 2.9% (95%CI: 2.5-3.5) reported "being sexually abused" irrespective of their sex and age or schooling status or being married or otherwise. However, higher proportions of victims of sexual abuse were noted in urban and rural strata and among the married. Of those who were subjected to abuse were asked to name the perpetrators.

Figure 2.51: Perpetrators of sexual abuse of youth (of those who had been sexually abused ever)



Neighbors (29.6%, 95%CI: 21.9-38.6) have been highlighted as the main perpetrator for sexual abuse by both sexes. Relatives were commonly reported by females (28.3%; 95%CI: 18.4-40.8) compared to males (13.0%; 95%CI: 6.7-23.7).

Strangers were the second common perpetrator highlighted by the male youth (26.2%, 95%CI: 16.6-38.7). Significant higher proportions of males (12.4%; 95%CI: 5.8-24.6) were being abused by teachers compared to females (0.5%; 95%CI: 0.1-2.2). There were no significant differences between strata or schooling status with regard to perpetrator types.

GENDER BASED VIOLENCE

Gender-based violence (GBV) often stems from unequal power relationships and includes physical, sexual, psychological harm and exists in many forms. The nature and extent of specific types of GBV can vary across cultures, countries, and regions. The survey explored about youth experiences on selected common types of violence.

Table 2.38: Past experiences of gender based violence

Experiences of gender based violence	**Male % (95%CI)**		**Female% (95%CI)**	
	15-19 y	**20 -24 y**	**15-19 y**	**20 -24 y**
Someone makes you feel uncomfortable touching your body in a public place	3.8 (2.8-5.2)	3.5 (2.6-4.9)	14.0 (12.1-16.2)	14.4 (12.4-16.5)
Someone make you feel uncomfortable by inappropriate actions of sexual nature in your school / institution or work place	1.1 (0.7-1.9)	1.5 (0.9-2.5)	0.8 (0.4-1.3)	1.6 (1.0-2.5)
You had to oblige someone by indulging in sexual activity to get something done	0.5 (0.2-0.9)	1.1 (0.6-2.0)	0.6 (0.3-1.1)	0.4 (0.1-1.1)
Other	0.4 (0.2-0.9)	0.2 (0.1-0.4)	0.9 (0.5-1.7)	1.2 (0.7-2.2)
I did not had any such experience ever	85.0 (82.6-87.1)	84.8 (82.5-86.9)	77.2 (74.7-79.6)	77.4 (74.9-79.7)

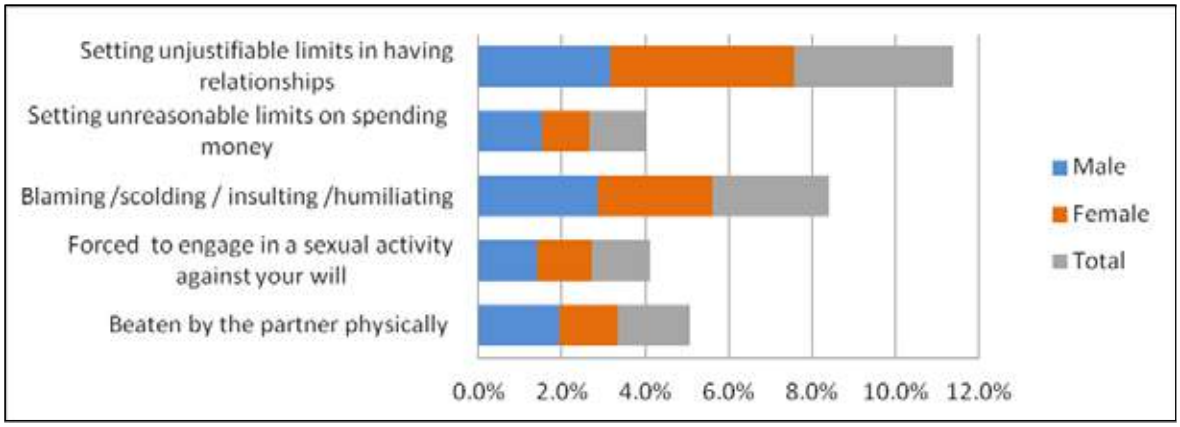
(Multiple options were allowed)

It was of note that significantly more females have had unpleasant experiences in gender based harassment in public places including public transport systems predominantly in urban and rural strata and among non-school going group compared to others. Both male and female groups complained of inappropriate actions of sexual nature in school /work place and about instances where they had to oblige someone in sexual activities to get something done. Of the total 81.1% declared that they have never experienced gender based harassments irrespective of strata or schooling status.

INTIMATE PARTNER VIOLENCE

Global research has identified that teenage /youth partner violence is associated with a range of adverse outcomes for young people, such as mental health, depression and suicide in fact some studies indicate that adolescent partner violence is strongly associated with experiencing domestic violence in adulthood. The survey explored the past experiences of intimate partner violence ever.

Figure 2.52: Description of experience of intimate partner violence ever



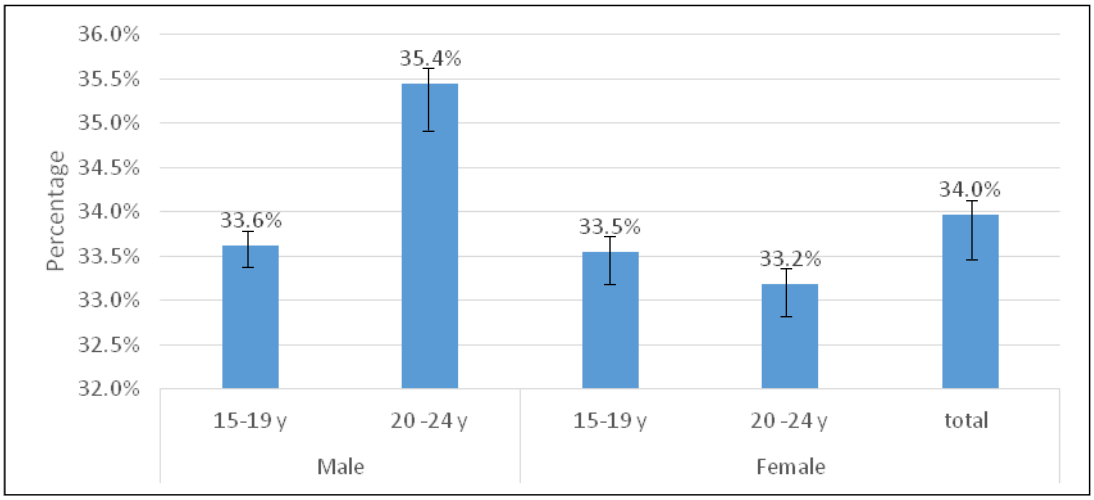
Setting barriers to have relationships has been noted by 3.8%, blaming /scolding /insulting has been highlighted by 2.8% while physical violence by the partner was reported by 1.7% of the total. There were no significant differences between age groups or sex in past experiences related to partner violence.

RELATIONSHIPS

Healthy relationships, caring adults and family connectedness have been identified as protective factors which influence risk behaviors of young persons. Intimate relationships also play a vital role in determining health and wellbeing of youth. Youth experiences on

intimate relationships at present were explored. The analysis was carried out among unmarried youth. Nearly one third claimed to have a girl /boyfriend at present while another 20% who lack intimate relationship at present reported that they had similar relationships in the past. There were no significant differences with regard to sex or age groups in both current and past experiences in intimate relationships.

Figure 2.53: Prevalence of an intimate relationship at present (among unmarried youth)



The mean age reported for starting a love affair was 17.0 years (95%CI: 16.8-17.1) for boys and 17.3 years (95%CI: 17.2-17.5) for girls without much strata variance.

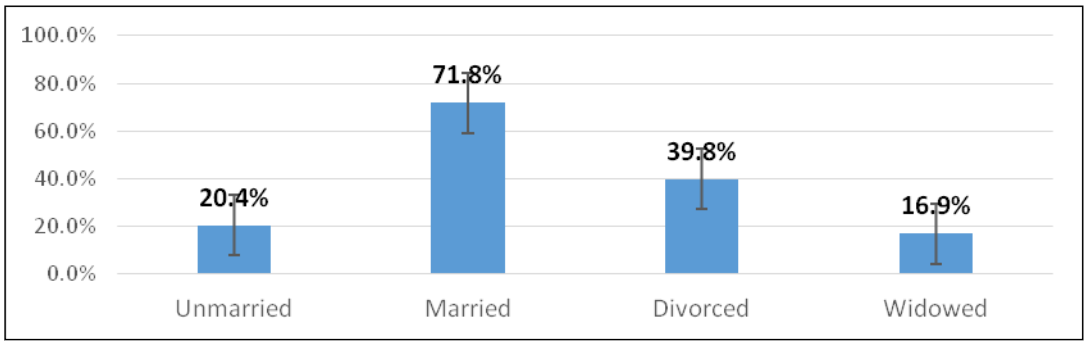
SEXUAL BEHAVIOR

The survey explored about youth sexual activities during the preceding year. Of the total, only 28.3% answered affirmatively with higher proportions among males in both age groups, non-schooling youth and among married youth. About one fifth (20.4%, 95%CI: 19.0-21.9) of unmarried youth reported of having engaged in such activities. Higher proportions of urban and rural youth reported of having had in any sexual activity in the preceding year.

Table 2.39: Prevalence of any sexual activity during the preceding year

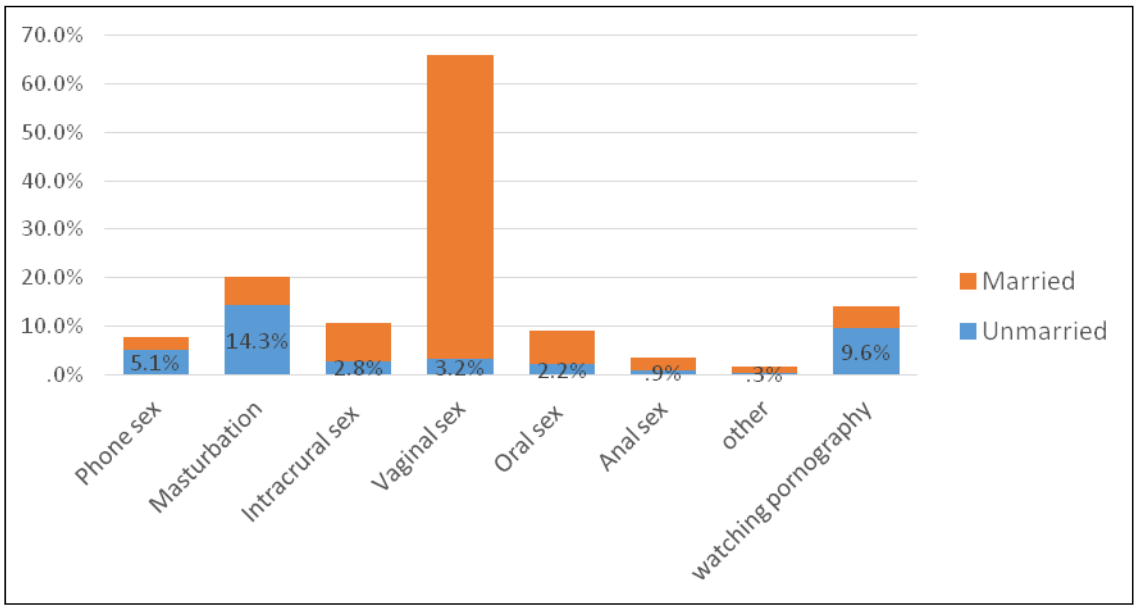
Question	Male %		Female%		Total% (95%CI)
	15-19 y (95%CI)	20 -24 y (95%CI)	15-19 y (95%CI)	20 -24 y (95%CI)	
Engaged in any sexual activity during the preceding year	34.3 (31.3-37.3)	39.8 (36.7 -42.9)	18.1 (15.9-20.5)	22.1 (19.8-24.6)	28.3 (27.0-29.7)

Figure 2.54: Prevalence of any sexual act during the preceding year by marital status



Furthermore the survey assessed details about sexual activities during the preceding year. The analysis was confined to unmarried youth.

Figure 2.55: Types of sexual activities practiced by youth during the preceding year*



**"Divorced" & "widowed" groups were excluded in the analysis*

Masturbation, vaginal intercourse and watching blue films (pornographic films) were highlighted as most common sexual activities engaged. Nearly 10% of unmarried youth engaged with watching pornography and 2.8% in intra-crural sex.

Watching pornographic films, phone sex /internet sex and masturbation were reported by males in significantly higher percentages. Higher percentages of urban and rural youth reported of engaging in above activities compared to other strata.

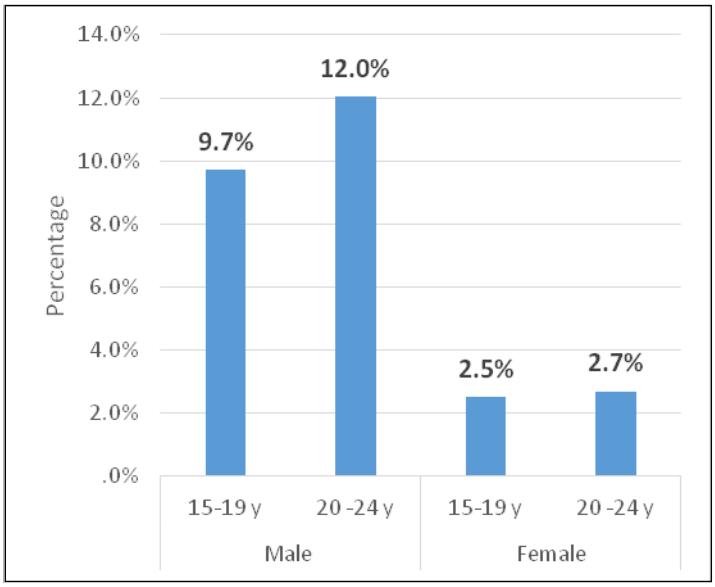
Significant differences were not observed between schooling and non-schooling youth with regard to masturbation, phone /internet sex, watching blue films. However anal, oral, vaginal and intra-crural sex activities were significantly more prevalent among non-school going group compared to schooling youth.

The survey asked questions on penetrative and other types of sexual intercourse further explaining the definitions of vaginal, oral and anal intercourse highlighting the penetrative nature of such activities. Of the total youth, 20.2% (males 16.7% and females 23.6%) answered affirmatively for having sex ever while 78.2% gave negative answers.

Around 14.8% declared of having sexual intercourse during the preceding year. Of them, 5.3% of unmarried, 34.7% of divorced and 17.2% of widowed youth reported that they were engaged in such activities during the preceding 12 months.

When the sub analysis was conducted among unmarried youth, 7.0% reported that they had sexual intercourse ever in their life regardless of strata.

Figure 2.56: Had sexual intercourse ever by unmarried youth



Masturbation, vaginal intercourse and watching pornographic films were the common sexual activities among youth with significant differences in sex and strata.

7.0% of unmarried youth had sexual intercourse ever without strata difference.

First Sexual encounter

The details of sexual debut were explored among those who reported of ever having engaged in sexual intercourse. Majority (64.4%) reported of having the first sexual experience, with their regular partner or spouse (84% females and 35% males) without much strata difference.

Married youth reported to have their first sex with spouse /regular partner (80.7%), girl /boyfriend (3.7%), commercial sex worker (0.6%) while unmarried youth had it with boy/girlfriend (3.7%), a friend (1.1%) and casual partner met accidently (0.7%). Significant higher proportions were reported by male youth with regard to having sexual intercourse compared to females regardless of age or strata or schooling status.

Of those who ever had sexual intercourse, 87.4 % declared that their sexual debut occurred with their consent and there were no significant differences with regard to sex or age group or strata or schooling status.

Current sexual practices of youth

The survey assessed youth experience of engaging in sexual intercourse during the preceding year and about their partners among the unmarried youth.

Analysis was carried out based on schooling status and strata to facilitate fine tuning of the existing interventions or programmes.

Among the unmarried, 5.3% had sex during the preceding year with significantly higher proportions observed among males, non-school going youth, urban and rural youth compared to others. It was noted that 1.3% of school going youth admitted of having sexual practices during the preceding year.

5.3% of unmarried youth engaged in sexual intercourse during the preceding year.
Male youth were more likely to have multiple sex partners.

Of the currently sexually active unmarried youth (who had sexual intercourse during the preceding year), 85.5% declared of engaging with one sexual partner. Small proportion (7.2%) had two sexual partners while 3.2% of sexually active youth declared of having three or more sexual partners during the stipulated period.

Having multiple partners was significantly higher among males compared to age matched females. Non-schooling youth and non N-E strata youth were having a higher preponderance towards having multiple sex partners.

The survey examined about same sex relationships and found that among total youth group, 1.6% of 15-19 year old males and 2.1% of 20-24 year old males and approximately 1.2% of 15-19year old girls and 0.4% of girls in 20-24 age group, had such same sex activities during the preceding year.

Partners of unmarried youth who claimed to have sexual intercourse during the preceding year (Sexually active) the details were explored.

Table 2.40: Sex Partner characteristics of sexually active unmarried youth

Partner characteristics	**Male % (95%CI)**	**Female% (95%CI)**
Cohabiting partner	0.4 (0.2-0.9)	0.5 (0.3-1.1)
Boyfriend /Girl friend	5.4 (4.4-6.6)	0.8 (0.5-1.3)
Relative / friend	0.9 (0.5-1.5)	0.2 (0.1-0.5)
Casual partner met accidently	0.5 (0.2-0.9)	0.1 (0.0-0.4)
Commercial sex partner	0.7 (0.4-1.2)	0.0

Out of unmarried youth who claimed to be engaged in sexual intercourse during the preceding year, the majority had it with their girl /boyfriend. The reported proportion was significantly higher among males and among non-schooling youth.

The survey explored whether the youth or his partner had any problem of unexpected pregnancies and actions followed. Of the total 1.4%, (2% of females and 1% of males) had such issues and 1.1% reported they continued with the pregnancy while 0.1% of total sample had aborted.

Condom usage among youth

The survey assessed the use of condoms during sexual intercourse. Of the total youth sample, 4.5% (95%CI: 3.9-5.2) had used condoms during sexual intercourse during the preceding one year. The respective figures for 20 -24 year old males (6.5%) were higher compared to age matched females (4.1%). Similarly more males in 15-19 year age group (4.7%) had used condoms compared to females (2.7%). However observed differences were not statistically significant. There was an increasing trend in condom use with age among youth. The usage of condoms was further analyzed in relation to currently sexually active youth, who answered affirmatively to question on having sexual intercourse during the preceding year.

Figure 2.57: Condom usage by youth who engaged in sex (currently sexually active) during the preceding year

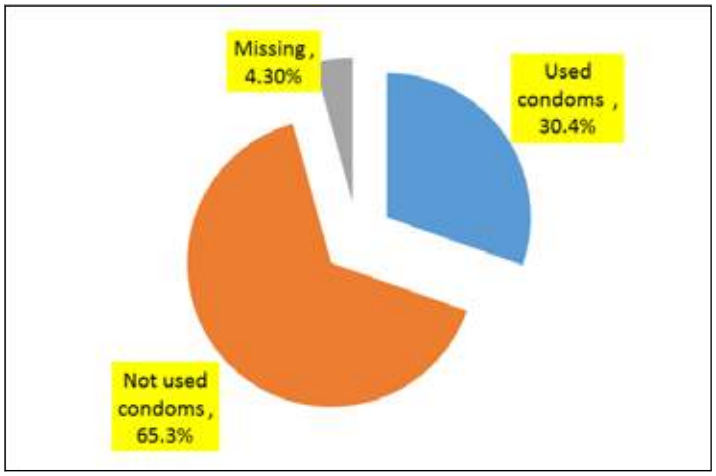
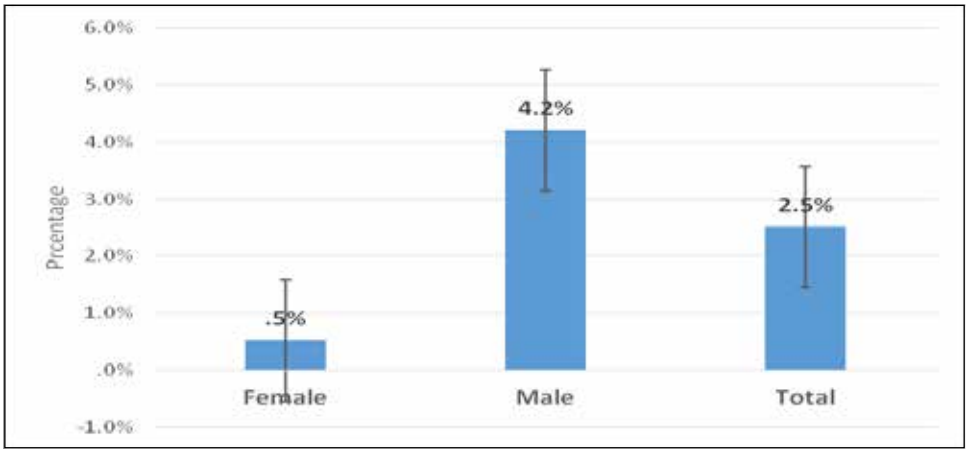


Figure 2.58: Condom usage by unmarried youth during the preceding year



Among unmarried youth, a significantly higher percentage of non-schooling youth, urban and rural youth had used condoms in the preceding year.

The survey further inquired about the sex partners with whom the total youth had used condoms.

Table 2.41: Description of sexual partners with whom currently sexually active youth had used condoms, during the preceding year (of the total sexually active youth)

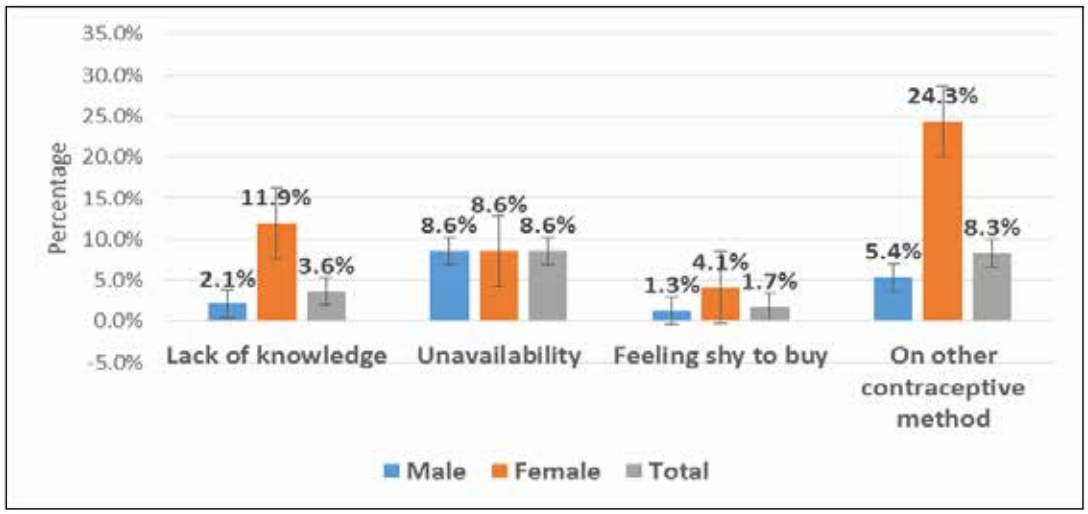
Of those who have used condoms, with whom have they used it	**Male %**		**Female%**		**Total % (95%CI)**
	15-19 y (95%CI)	**20 -24 y (95%CI)**	**15-19y (95%CI)**	**20 -24 y (95%CI)**	
Spouse/ regular partner	23.5 (13.5-37.7)	28.4 (18.6-40.7)	91.0 (77.8-96.7)	83.0 (70.9-90.7)	49.4 (42.0-56.7)
Boyfriend /Girl friend	49.9 (35.5-64.2)	44.2 (31.8-57.3)	6.7 (1.9-21.1)	10.1 (5.0-19.3)	32.1 (25.5-39.4)
Relative / friend	8.9 (3.4-21.3)	10.2 (4.5-21.6)	0.6 (0.1-4.5)	3.9 (0.9-15.0)	6.9 (3.9-11.9)
Casual partner met accidently	4.9 (1.4-15.6)	9.4 (3.9-20.9)	1.7 (0.4-7.1)	0.7 (0.1-5.0)	5.0 (2.6-9.6)
Commercial sex partner	23.3 (12.6-38.9)	21.1 (12.3-33.8)	0.0	0.0	13.7 (9.1-20.1)

(Multiple options were allowed)

Of the total sexually active youth who had used condoms in the preceding year, the majority (49.4%) had used it with their spouse /regular partners followed by their girl/ boyfriends (32.1%) and commercial sex workers (13.7%). Commonest use of condoms among males during the preceding year was when having sex with their girlfriends /boyfriends. When the analysis was conducted among unmarried youth, who were sexually active in the preceding year, the same pattern was observed.

The reasons for not using condoms when the youth were having sexual intercourse during the preceding year were also explored. The common reasons were, practicing another contraceptive method (20.8%), expecting a child (16.3%) and other reasons (13.7%). Non availability of condoms was emphasized by 3.8% while 3.1% youth reported that they did not know that condoms should be used on such occasions. These findings did not differ significantly between strata.

Figure 2.59: Reasons for not using condoms during sex in preceding year (of unmarried and currently sexually active youth)

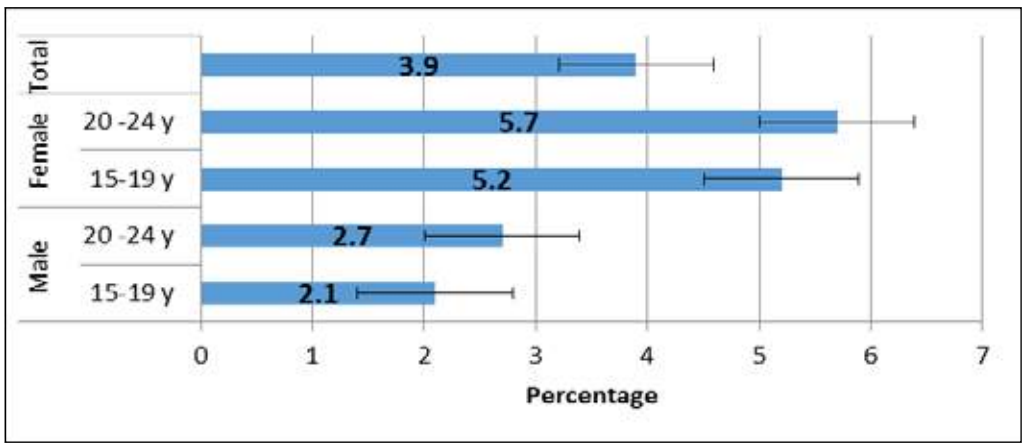


The analysis was conducted among the unmarried sexually active youth, to explore the reasons for not taking protective measures when they engage in risky sexual behaviours. The results highlighted that unavailability (8.6%) was a main barrier for use of condoms during sex in the preceding year (among total youth). For females, reported reasons were, on another contraceptive, lack of knowledge followed by unavailability.

CONTRACEPTIVE USE

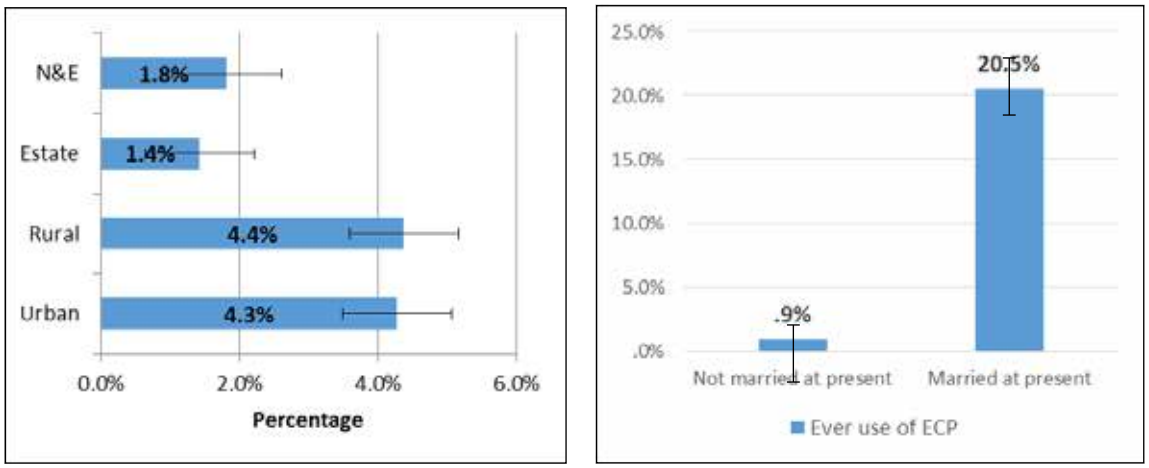
The survey explored the ever use of emergency contraceptive pills (ECP) in the form of Postinor™ or oral contraceptive pills by the youth /partners.

Figure 2.60: Ever use of ECP by youth



Nearly 4% (95%CI: 3.4-4.6) of the total youth, reported using ECP ever with 5.2% among 15-19 year olds and 5.7% among 20-24 year olds. Significantly higher proportions of urban, rural youth and married youth had used of ECP.

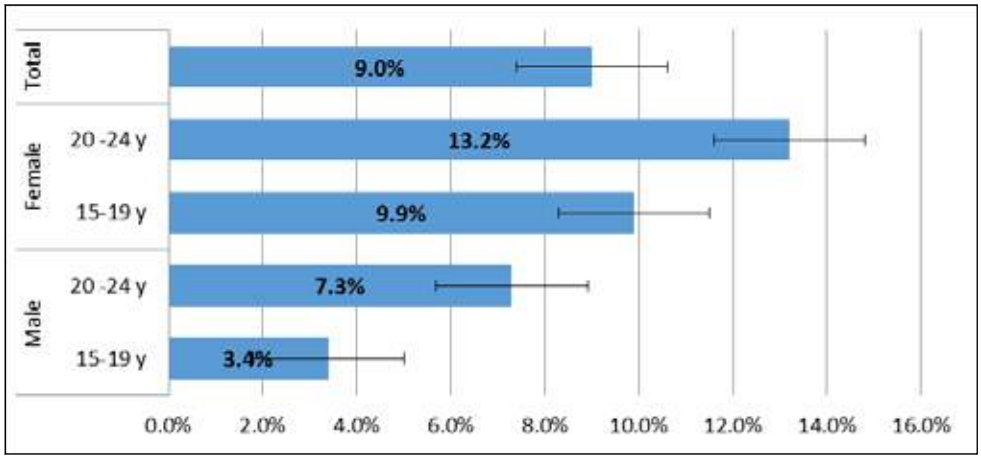
Figure 2.61: Ever use of ECP by strata and by marital status



The frequency of using ECP during the preceding 6 months was assessed in relation to sexually active youth sample (those who had sexual intercourse during the preceding year) which revealed that, 8.5% had taken ECP 1-2 times while another 4.4% had taken it 5 times or more(data not shown). It was interesting to note that there was no difference between unmarried youth and married youth with regard to the frequency of ECP use during the preceding six months.

The use of ECP by the sexually active youth during the preceding month was sought to find out the current ECP usage patterns.

Figure 2.62: ECP use by sexually active youth during the preceding month



Of the sexually active youth, 9.0% (95%CI: 7.0-11.5) of youth or their partners had taken ECP during the preceding month with higher proportion among 20-24 year old females (13.2%, 95%CI: 9.0-18.8). Although the estate and N-E youth were having lower proportions of ECP use during the preceding month, the observed differences were not significant. The ECP use during the preceding month among divorced youth, married youth and unmarried youth were 22.1%, 10.4% and 5.7% respectively.

Use of modern methods of Contraceptive

An inevitable consequence of early sexual debut in women is unintended and teenage pregnancies. Early childbearing is often associated with adverse outcomes to the mother during pregnancy, childbirth and to the newborn. SRH programs should have interventions to prevent early sexual initiation such as postponing marriage, postponing sexual debut and postponing early childbearing. Contraceptive use becomes the most important secondary prevention strategy for preventing a teen pregnancy.

The use of modern contraceptive was explored as a proxy indicator on knowledge, attitude and practices on contraception among youth. Of the total youth sample, 5.2% (95%CI: 4.6-5.8) reported of using a contraceptive method at present. The figures for males were 2.2 (95%CI: 1.7-2.9) and for females 8.0% (95%CI: 7.0-9.2). Contraceptive prevalence among married youth, unmarried and divorced youth were 31.8%, 0.3% and 7.6% respectively.

The contraceptive use among sexually active youth (among those who had sexual intercourse during the preceding year) was separately analyzed to obtain more detailed information.

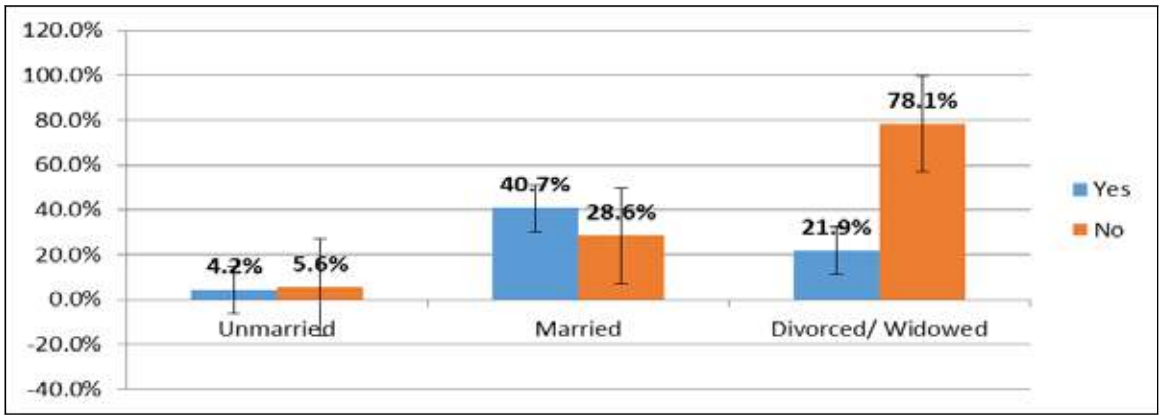
Table 2.42: Current use of contraceptives by sexually active youth

	Male %		Female%		Total % (95%CI)
	15-19 y (95%CI)	20 -24 y (95%CI)	15-19 y (95%CI)	20 -24 y (95%CI)	
Use a family planning method at present	11.3 (7.1-17.6)	14.1 (9.6-20.3)	43.0 (35.8-50.5)	41.1 (34.4-48.0)	29.5 (26.1-33.1)
Not using	14.9 (9.6-22.5)	17.1 (11.4-24.8)	25.5 (19.6-32.4)	26.3 (20.6-32.8)	21.7 (18.6-25.1)
Missing	73.8 (65.3-80.8)	68.8 (60.5-76.0)	31.5 (25.2-38.7)	32.7 (26.5-39.4)	48.9 (44.9-52.8)
Total	100.0	100.0	100.0	100.0	100.0

The proportion of using contraceptives among youth having live-in partner was 44.2% (95%CI: 39.9-48.6) while 36.7% (95%CI: 32.5-41.1) declared as not using a contraceptive method. Nearly one third of sexually active youth were using a contraceptive method at present with significantly higher proportions among females without much strata variance.

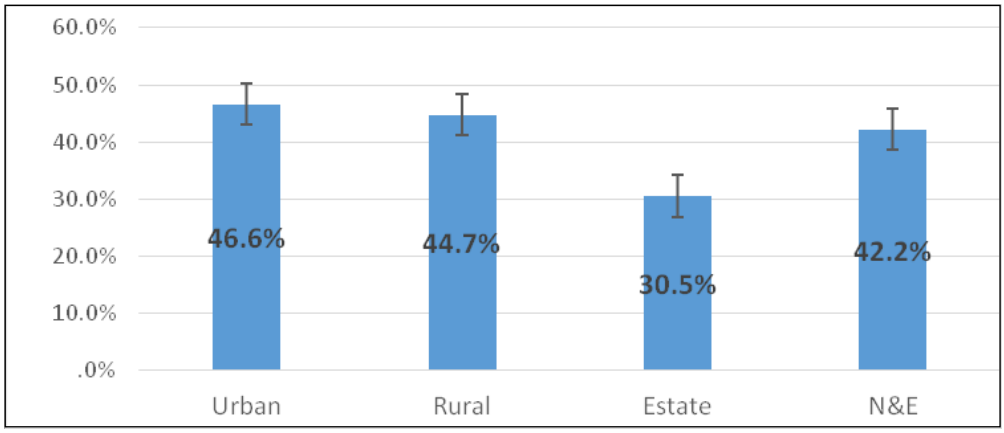
Use of contraception by sexually active youth was examined based on their marital status.

Figure 2.63: Use of contraceptives among sexually active youth



Nearly 40.7% (95%CI: 36.3-45.3) of currently sexually active and married youth were practicing a contraceptive method at present. Popular methods of contraceptives used were oral contraceptives (OCP) (2.0%) and DMPA injections (1.3%) among the total sample and OCP (17.0%) among the married. The sexually active unmarried youth reported of low contraceptive prevalence of 4.2% (95%CI:2.2-8.1). Contraceptive use among the married youth was markedly low among the estate stratum with 30.5% (95%CI: 24.3-37.5).

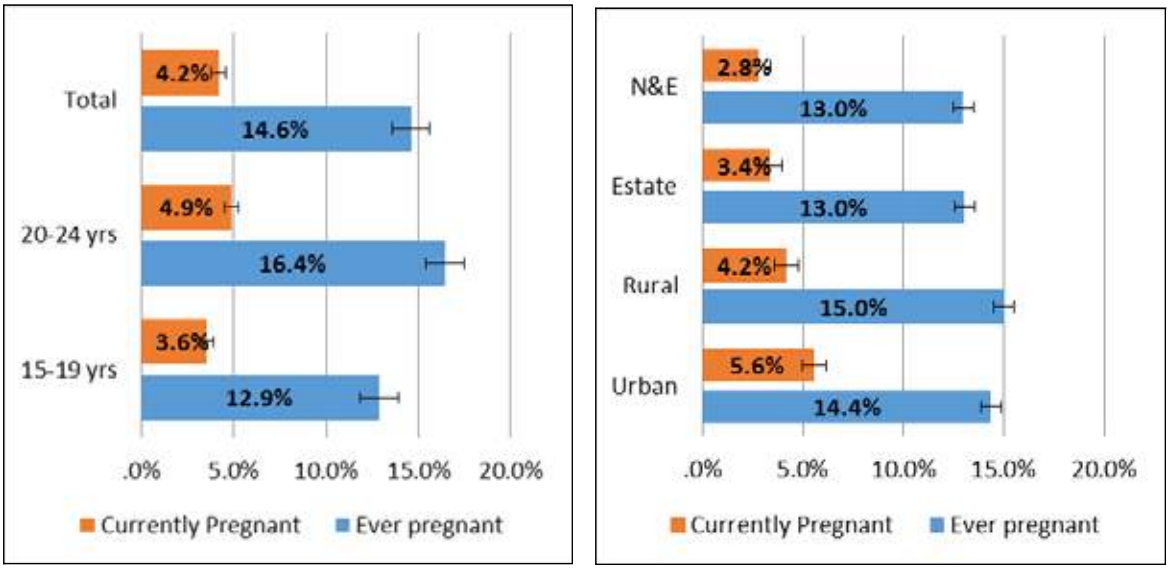
Figure 2.64: Use of contraceptive methods among married youth by strata



EVER AND CURRENT PREGNANCIES

Information on past and present pregnancies was explored from female youth participants.

Figure 2.65: Ever and current pregnancies among female youth by age groups and by strata



Of the female youth sample, 14.6% (95%CI: 13.2-16.1) reported of past pregnancies. It is important to note that, among 15-19 year age group, 3.6% were currently pregnant.

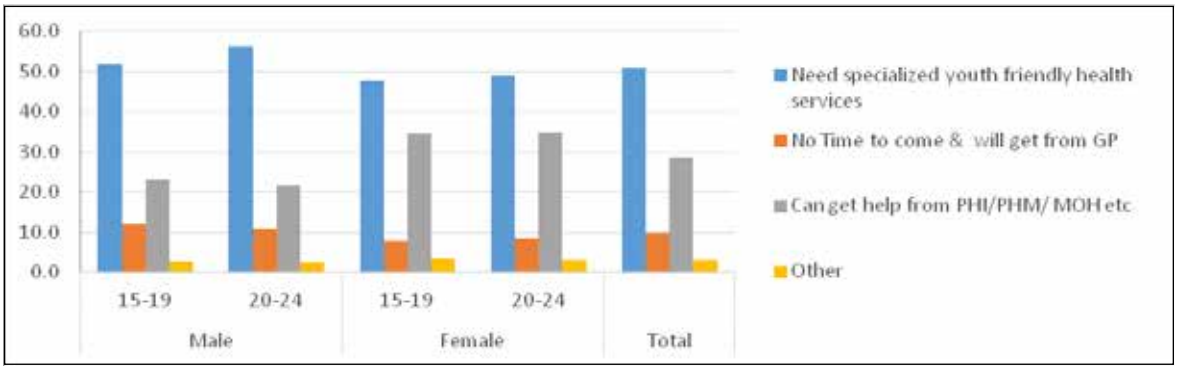
Of the total females, 4.2% were pregnant at the time of survey. The data shows no statistical differences between strata on child bearing ever and current pregnancies.

HEALTH SERVICES

The health system in Sri Lanka is broad based and at community level it is the Public Health Midwife who provides information, services and referrals. The point of contact with the health services begins with the registration as an eligible family. Families either legally married or living together where the woman is between 15 to 49 years of age and /or having a child less than 5 years of age is referred to as an eligible family. A family with a pregnant or cohabiting woman irrespective of marital status and age and also women who are widowed, divorced or separated are also recognized as eligible persons for SRH services. Provision of adolescent health services has been identified as a component of PHM duties. However, young persons especially those who are unmarried, often do not access these services due to issues such as confidentiality and social stigma. During the last few years youth friendly health services (YFHS) were established at institutional and community level. Such services were established with a view to empower youth to resolve issues that hinder their development and be able to contribute to the socio-economic development of the country.

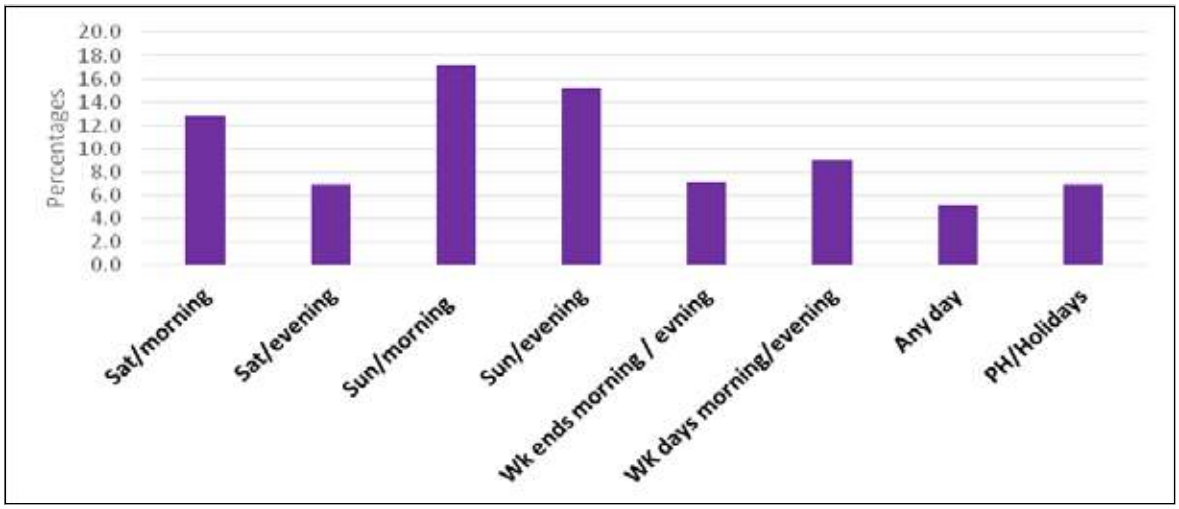
The survey assessed the concerns of youth on their preferred ways of health services.

Figure 2.66: Youth preferences on health services



Nearly half of the youth (51.3%,95%CI: 49.6-52.5) reported the use of specialized youth health services while 28.6% reported that they are able to obtain healthcare services from the Medical Officer of Health and his field health staff; this was predominant among female youth as opposed to males, who preferred specialized services. Only 10% identified the General Practitioners as the possible person to obtain health services with a significant male predominance.

Figure 2.67: **Youth preferences on health service opening hours**



The survey explored their views on preferred dates and times for such services. Among who preferred specialized health care services, the preferred days and times of access were Sunday morning or evening. However in reality, the health clinic system does not function on Sundays in the Government health structure.

3 CONCLUSIONS AND RECOMMENDATIONS

The National Youth Health Survey was conducted using a stratified multistage cluster sampling methodology with a sample of 8820 youths in the age range of 15 -24 years, representing four strata namely Urban, Rural, Estate and North-East (N-E). Data were available for 92% of initial recruits (n=8118). Weighted analysis was conducted to account the disproportionate sample sizes in relation to the national distribution of youth population.

EDUCATION AND PRODUCTIVE ENGAGEMENT AT PRESENT

The majority of the sample were Buddhists, belonging to Sinhala ethnic group and rural stratum. Nearly one third of the sample were staying at home without a productive work. The proportion of youth pursuing higher studies in the estate stratum was significantly low, which could have been due to limited opportunities and necessity for early engagement in employment due to the socio economic constraints.

Poor educational performance, financial difficulties and necessity to find an employment have made young people to drop out from formal education earlier than they expected. Financial constraints and poor academic performance have significantly contributed for estate youth to leave school early, while poor academic performance and early marriage for the N-E youth.

Nearly one third reported having a vocational training (VT) for 4 months or more, which is in line with the UNDP survey (2014) which highlighted that youth do not consider VT as an attractive option. Proportions of youth engaged in VT were lower in the estate and N-E strata.

Recommendations

- Policy makers and political leaders of the central and provincial education sector together with parents, students and representatives of the civil society should discuss

the reasons for school drop outs and find practical solutions to curtail this situation and strengthen resources to promote continuation of formal education

- Parents and adolescents should be made aware of academic as well as non-academic advantageous of formal school education.

- Vocational training facilities to be improved and more awareness campaigns targeting school children are to be conducted. A collaborative mechanism between Ministries of Education and Vocational Training, is needed to facilitate school going children enrolling in vocational training.

FAMILY

Living with parents and grandparents can have a significant impact on the health and development of a young person. Although, the family itself or family functioning in a wider context, affect either positively or negatively on one's health, available evidence shows greater advantages of family environment and parental supervision in reducing adolescent risk behaviours. Majority of the married as well as unmarried youth were living with their parents and one third with their grandparents.

The quality of parenting is important in determining its impact on young person's life. It is interesting to notice that the majority (nearly 88%) of youth perceived their families as "sweet and warm" or "good". UNICEF (2004) survey disclosed a similar portrait where majority of the adolescents perceived their families positively. Family socioeconomic status during the preceding month revealed that, 52.4% of youth perceived that their income was adequate while a minor proportion reported of taking loans due to their financial difficulties and 1.2% reported of extreme economic hardships.

Recommendations

- Health services should attempt to introduce parenting programmes targeting parents to emphasize the youth- parent bonding. As most of the youth perceive their families were caring, it is important to reinforce these norms and habits.

PHYSICAL HEALTH

Results of the present survey revealed that nearly 20-25% of youth, experienced acute illnesses preventing them from attending productive work for one to three days during the preceding month. A higher portion of the estate youth reported of health related

absenteeism, which could have been due to lower socio economic conditions and relatively inaccessible /inadequate health services. The commonest cause of acute illness was, fever with or without cough and cold, followed by headache. It is noted that young males experienced injuries /accidents as the third leading cause for absenteeism.

Asthma has been the commonest reported chronic illness among the youth with 6.0% of reported Asthma prevalence for the total sample. Other commonly reported diseases were diabetes, epilepsy, heart diseases and mental illnesses.

Of the sample, 5.1% reported of visual disabilities, while 4.0% complained of hearing difficulties and 1.4% of walking disabilities needing some form of aids /correction. Of the present sample, 6.2% reported of injuries during the preceding 12 months which needed medical attention. Common types of injuries among youth were road traffic injuries (RTI) falls and sports related injuries and these findings were comparable with the results of Global School Health Survey (GSHS) in 2008. Motor cycle was found to be the main associated factor for RTIs where half of the youth reported to be either riding or travelling as a pillion rider.

Recommendations

- Health services should be more sensitive and youth friendly to support youth to overcome health issues and achieve full potential of their health and development.

- Causes for visual and hearing disabilities should be determined and corrected. Strengthening the school medical inspection should be considered and mobile medical camps for young persons should be encouraged.

- Introduction of an annual youth health checkup via healthy lifestyle centres will be a feasible model in addressing acute and chronic health problems among youth. For working youth, this can be incorporated as an annual health check -up at work settings.

- Youth specific strategies on Injury prevention need to be identified, introduced or incorporated in to existing packages of services. Nature of adolescence and youth need to be entertained by the programme planners in designing such preventive programmes on the foundation of 3 Es' (Education, Engineering and Enforcement*)* in order to have the youths' full compliance in injury prevention.

LIFE STYLES

Adolescence and youth are considered as important stages of life in the prevention of non-communicable diseases as most of unhealthy or risky behaviours either start or are reinforced during this stage of life.

The survey results revealed unhealthy trend of life style among present day youth confirming previous research. Nearly half of males and three fourths of females had not engaged in any manual work and 44% were engaged in sedentary activities for most of the days of the week.

Recommendations

- Need to explore the possibilities of designing, youth specific NCD prevention strategies taking in to consideration the distinct characteristics of each group and the socio cultural background. Adolescents and youth should be considered as one important target group in combating the impending NCD epidemic in Sri Lanka. Multiple service delivery models should be used to deliver services and key messages.

- Policy makers and programme planners should pay more attention in providing an environment which facilitate adaptation of a healthy lifestyle by youth.

- Information package on health and nutrition should be developed and delivered among out of school young persons to refresh their knowledge gained in school.

INFORMATION AND MEDIA

With regard to print media use, it was noted that weekend newspapers were popular among youth, irrespective of sex, age groups and strata. This could have been due to high availability of weekend newspapers at household level, or may be due to the presence of employment advertisements. Nearly one fourth of youth did not read newspapers regularly. It could be due to the increased use of electronic devices like smart phones and computers for obtaining information. The survey further revealed that one third of the sample lacked the knowledge on internet use while 17% (estate 70.2%) lacked facilities, warranting further efforts to increase IT knowledge and facilities. Nearly 80% of males and 60% of females were having their own mobile phone. Popular mobile networks among youth were Dialog, Mobitel, Airtel and Etisalat.

Recommendations:

- The possibility of using weekend newspapers as potential modes of disseminating information to youth should be explored.

- Major proportion of youth claimed to have access to mobile phones, which again can be used as a mode of communication.

- IT Knowledge among youth and necessary facilities need to be further strengthened via schools, vocational training courses and higher educational authorities.

- Mapping of schools with facilities for teaching IT should be carried out especially in the estate sector to enable identification of resource deficient areas to advocate relevant authorities.

KNOWLEDGE AND SKILLS ON SEXUAL AND REPRODUCTIVE HEALTH

In order to ensure sexual and reproductive health and well-being of youth, they should be equipped with necessary knowledge, skills and services. With the objective of assessing the ASRH knowledge, few basic questions were included in the questionnaire.

It was noted that knowledge with regard to basic physiology and common SRH issues related to adolescence and youth was not satisfactory, as nearly 50% were unaware about most of the basic aspects of SRH systems. They had adequate knowledge on their own SRH system, however had a very limited knowledge on SRH system of the opposite sex. Nearly 50% of male youth reported “don’t know” for items on menstrual cycle, while approximately 60-65% of girls reported “don’t know” for items on anatomy and physiology of male reproductive system. UNICEF (2004) survey reported of extremely poor knowledge on risk of conception and signs of pregnancy with less than 25% giving the correct answers. Although there were improvements with regard to percentage of correct answers, the present survey expected a greater majority to provide with accurate responses as they were older (15-24 years) compared to UNICEF survey sample (10-19 years), and 15.4% are married.

Significantly higher proportions of the estate youth, unmarried youth were providing incorrect or don’t know answers. It was interesting to note the myths and misconceptions were continued to occur among both married and unmarried youth. Significantly lower

portion of the estate and N-E youth provided correct answers on the myths, misconceptions and on emergency contraceptive pills.

With regard to life skills in SRH, a considerable proportion (39.8%) of the youth had favorable skills towards dealing with parental control and another 37.0% possess consensus generating skills with regard to parent-youth disagreements. It was also important to note that nearly 10% think that they should have the freedom to do what they want and another 8.4% had overconfident instincts which can drive themselves in to risk behaviours.

Nearly 56% of the youth seemed to be employing their assertive skills in negotiating with their partner. Nearly one fifth lacked the negotiation skills and obeyed their partner disregarding the negative consequences of such actions, and another 4.2% agreed with the partner just to sustain their relationship which again showed the abusive or unhealthy nature of the relationship. Only 34.9% took precautionary steps of informing parents about invitation for a date by an unknown person, got to know via a missed call which happens to be a predisposing incident for youth risk behaviours in today's context.

Decision Making is an important life skill which can immensely influence the future of youth. Nearly one third declared of taking important decisions on their own, as they were confident in doing so while half of the youth sought parental advice. Another 36.3% reported of discussing the situation with their parents and other adults to make a decision, indicating better skills in communication, negotiation and decision making.

With regard to knowledge on sexually transmitted infections (STI), more than half of the youth correctly understood the risk of STI even after a single sexual intercourse, however only 48.7% knew that genital ulcers could be a symptom of STI.

Present youth sample had a substandard level of awareness on HIV/AIDS, as 50%-60% youth provided accurate answers for most of the items. These items contained basic messages, hence a greater proportion of correct answers was expected. Youth were unaware about risk of HIV transmission from mother to child via breast milk (31.6% correct answers), and the availability of drugs to prevent mother to child HIV transmission (20.3% correct answers). GARP score was constituted to assess percentage of young women and men aged 15–24 who correctly identify ways of preventing the sexual transmission of HIV, and who reject major misconceptions about HIV transmission.

Youth were aware on the legal age of marriage (72.6%), and the fact that having sex with an under-aged person is an offence (74.2%). However less than 5% knew the minimum legal age that a person can give consent for sex. The reported proportions were significantly low among estate and N-E youth.

Sources of SRH information varied according to sex and subject, for eg. for puberty related information, males relied on friends while girls accessed parents. For sexual problems, males accessed friends and newspapers, and girls used newspapers. The communication experts need to be sensitive of this situation in designing IEC packages.

Majority had highlighted about mental stress, unexpected pregnancy and sexually transmitted diseases as possible consequences of rape. The police (46.5%), Public Health Midwife (22.2%), National Child Protection Authority (NCPA) hot line 1929 (21.6%) and General Practitioner (18.7%) were identified as sources of help in a case of rape. Although the government policy wants the public to access NCPA, it was highlighted by one fifth of the youth.

Recommendations:

- The results again highlight the need to improve SRH knowledge among adolescents and youth as a priority issue as suggested by the UNICEF survey (2004). Different teaching techniques to be introduced to teach the SRH as an important subject rather than another theory lesson targeting exams. Both males and females should be made aware of both systems.

- Innovative methodologies need to be identified, pilot tested and scaled up in providing key SRH information to different youth groups with a special attention towards the estate and N-E strata. As recommended by the UNICEF (2004) survey, skills on teaching SRH need to be strengthened.

- A selected age cohort of the school can be used to provide a session on comprehensive SRH information package by the primary health staff headed by the MOH. The delivery of the package can be monitored via routing information system with regard to coverage. In addition, public health staff should pay more attention to improve SRH knowledge with life skill development among marginalized and vulnerable youth.

- SRH information should always be delivered coupled with relevant life skills education. Family life education, healthy relationships and gender should be intricately woven into the SRH awareness programmes for better results.

- Parenting programmes need to be introduced specifically targeting communicating with adolescents, negotiating with adolescents and youth and enhancing life skill development of young persons.

- Comprehensive HIV/AIDS awareness programmes to be conducted achieving wider population coverage. This should be done as specific programmes as well as integrated subject with other health awareness programmes.

- Specific attention need to be focused to incorporate Prevention of Mother to child Transmission (PMTCT) key messages in the HIV/AIDS Communication Package.

- Following Key points need to be incorporated in the SRH communication package to fill the existing knowledge gaps. Minimum legal age for consent for sex, indications and time frame of using emergency contraceptive pills, identification and management of close relationships of abusive nature, healthy use of mobile phones, symptoms and signs of conception, consequences of risky sexual practices, and more importantly how to say "No". Adverse consequences and sources of help following a rape, (including NCPA hot line -1929) should also be given publicity.

- Special effort should be taken by the health authorities in disseminating the SRH messages for youth in schools and in the estate and N-E sector.

- SRH communication package should use multiple methodologies to provide the SRH information as youth reach different information sources depending on the sex and subject.

- Since the school curriculum at present have inputs on SRH. A quick assessment of the current status should be carried out to identify the gaps to upgrade the curriculum.

- A comprehensive, high quality, age appropriate curriculum based sexuality education program should be planned with participation of school going children, parents and teachers. All components of SRH (maternal health, teenage pregnancy, GBV, HIV/AIDS) should be included.

DIET AND NUTRITION

Many individual, social and environmental factors have negatively influenced the physical activity and eating behaviors of youth. Individual factors like knowledge, attitude and skills play a major role in determining youth dietary behavior.

Majority were unaware about sources of iron and reasons for vegetable and fruit intake. Since the adolescents and youth should be given a proper insight to as why they should have a balanced diet and the importnace of certain food groups. A considerable proportion of youth consumed carbonated /cola drinks, pre-cooked food like and food with high salt. About 5.6% of youth were taking energy formulas. More boys and more urban youth were taking energy drinks and vitamins without medical advice. Of the sample 2.7% are vegans. Only 50% of the youth, have heard about BMI concept with a significant female predominance.

Recommendations:

- Present school curriculum contains considerable amount of information on nutrition including body mass index. These information should be delivered in a more practical and interesting manner.

- Nutrition communication package targeting youth should include messages on importance of a balanced diet, proper /healthy use of energy supplements, vitamins etc.

PSYCHOSOCIAL HEALTH

Youth violence is a problem that can impose permanent harmful effects on youth themselves and their family and communities. The survey asked about exposure to fights which required them to seek medical treatment during the preceding 12 months for which 2.3% answered positively with male and urban youth predominance, but no significant differences between religious groups or strata or schooling status.

It is of note that 83.1% of youth reported of having a happy mood during past two weeks. However significantly lower proportion of the estate youth reported of a happy mood. Reasons for worry differed according to sex, where boys were worried about finding a job, current job, relationship issues, while girls were worried about exams, parental conflicts /family disputes. The reported figures were comparable with that of 2004

UNICEF survey. Of the out of school adolescents of 15-19 of age, 25% mentioned nothing worried them at present whilst 25% worried about finding a job and 5% was anxious on youth-parent relationships.

Significantly more females had the feeling that their life is not worth living. Nearly one fifth of youth complained of feeling sad or helplessness and had stopped their routine work for a while. Of the total, 6.4% had felt like above for two weeks or more in a row, while 6.4% had seriously thought about committing suicide during the preceding 12 months, 4.0% had made plans and 2.9% sought some help. Significantly more youth who perceived that "family is not good or intolerable" had more suicidal feelings compared to youth who declared their family as "sweet and warm".

The Global School Health Survey (GSHS, 2008) conducted among students aged 13-15 years, revealed that nearly 10% of school going adolescents aged 13-15 years had seriously thought about suicide during the preceding 12 months. The lower proportion of suicidal thoughts among youth reported in the present study (6.4%) could be due to older age, compared to GSHS. [4]

Social capital plays a significant role in youth psychosocial health and development. It was appealing to see that 80.6% have reported that there was someone who would offer help (other than their parents) if they are in trouble irrespective of sex or age group. Males had rated friends, while females selected both friends and siblings as their social capital. Friends have been rated as the social capital after "parents" by the 10-19 year old out of school adolescents in UNICEF (2004) survey as well. Majority of female youth highlighted "Mother" while males mentioned "Friends" as the preferred person to talk about a personnel /private matter replicating the UNICEF (2004) survey findings.

Of the sample 8.1% reported that they had experienced feelings of being discriminated regardless of their age or sex. The reported proportion was significantly higher among the estate youth and among lower socio economic group. The commonly cited perceived reason was their income level followed by sex.

Recommendations:

- Empowering parents about the influence of families towards youth mental wellbeing is important and should be incorporated in to communication packages on parenting

[4] Global School Health Survey (2008): Available at http://www.cdc.gov/gshs/countries/seasian/index.htm

- Since friends and parents were commonly accessed by the youth for help with suicidal feelings, youth health / mental health programme planners need to look for innovative approaches in strengthening peer support and parent support as youth suicide prevention strategies

- Need to reinforce the positive determinants of psychosocial wellbeing of the youth such as family connectedness, youth-parent relationships, social capital, engage in social /community activities

- Youth specific, evidence based mental health care services should be made available for young persons.

SUBSTANCE ABUSE

The survey explored ever use and use during the preceding week (current use) of smoking, betel chewing and alcohol use. Ever and current smoking in the present sample were 30.5% and 17.6% for male youth and 1.6% and 0.7% for female youth respectively. Significantly more non-schooling male youth (23.9%) were reported smoking during the preceding week.it is noted that 4.3% of schooling youth reported on smoking during the preceding week.

The respective figures for ever and current smoking for schooling boys were 18% and 6% while for out of school boys 42% and 23% in the UNICEF (2004) survey. The present current smoking rates were comparable to the previous 2004 UNICEF survey data. Chewing betel with tobacco during the preceding week was 6.3%. Caring family was significantly associated with lower current use of tobacco.

Significantly more non-schooling males had used alcohol ever (43.4%) and during the preceding week (13.8%) compared to schooling males (17.0% and 2.6%). UNICEF (2004) survey figures for ever and preceding week alcohol intake among non-schooling males were 48.9% and 12.7% respectively. Both ever use (14.7%) and current use (3.9%) of alcohol were significantly higher among the rural youth.

In summary, it was evident that the current use of tobacco and alcohol had remained unchanged during last 10 years.

Reasons such as “don’t feel like using those as they do not give such kick as they claimed to be”, “parental disapproval”, “and “disapproval by religious norms” were cited as factors for refusal of invitations for substance use by the present sample (among those who had refused them) irrespective of sex or schooling status. With regard to other additive substances, Babul was the most commonly tried substance among the males while urban and rural youth had used Ganja (cannabis) and Madana Modaka (Canabis based product) and Babul (areca nut from India) in significantly higher proportions.

Recommendations:

- Innovative methodologies are needed to prevent adaptation of youth risk behaviours with regard to substance use since the current smoking prevalence as well as alcohol use remained unchanged at 23% since 2004.

- Parenting programmes focusing on the importance of parental supervision and caring family atmosphere in the prevention of youth risk behaviours related to substance use should be promoted.

- Substance use prevention programmes should not only be delivering the facts and figures but focus in life skill development with special emphasis on improving assertive skills “How to say No”.

VIOLENCE IN RELATIONSHIPS: RAPE, GENDER BASED VIOLENCE AND INTIMATE PARTNER VIOLENCE

The survey explored about the past experience on rape among youth, for which 2.9% answered affirmatively with significantly higher proportions in the urban and rural strata. Neighbors, relatives, strangers were abusing youth irrespective of their strata or schooling status. The reported figures were lower compared to UNICEF survey in 2004 which revealed a rate of 10% among out of school adolescents.

With regard to gender based violence, significantly more females reported of unpleasant experiences of gender based harassment in public places predominantly among the urban and rural strata and among non-school going group. Youth complained about setting barriers on having relationships with others, and blaming /scolding /insulting and physical violence by the partner as evidence for intimate partner violence.

Recommendations:

- Importance of Life skill development is again to be re-emphasized on identification the perpetrator early, as most of them are either neighbours or relatives.

- Gender sensitization and healthy relationships need to be integrated to adolescent sexual and reproductive health programs.

SEXUAL BEHAVIOR

The survey asked about sexual activities during the preceding year. One third of total sample answered affirmatively with one fifth of the unmarried youth. Significantly higher proportions of the urban and rural youth reported of such activities. Masturbation, vaginal intercourse and watching pornographic films were the common activities cited, while anal, oral, vaginal and intra-crural sex activities were significantly prevalent among non-school going group.

Majority, had their first sex with their regular partner or spouse. Other partners were girl/ boyfriend, relative /friend, casual partner or commercial sex worker. Significantly higher proportions of males were engaged in all above irrespective of age or strata or schooling status. Majority (78%) of the youth reported of never engaging in sexual intercourse in their life and only 20.2% declared as having sex ever. This norm, ”abstinence till marriage” should be further reiterated and promoted.

Of the total, 14.7% have had sex during the preceding year (being sexually active) with significantly higher proportions among the non-school going youth, urban and rural youth. It was noted that 1.3% of school going youth admitted of having sexual practices during the preceding year. About 85% of the sexually active youth were having one sexual partner, 7.2% had two while 3.2% had three or more sexual partners. Having multiple partners was significantly higher among the males, non-schooling youth and non N-E strata youth. More male youth reported of having sex with same sex partners.

The UNICEF survey (2004) reported of heterosexual relationship among 14% boys and 2% girls and 10% having homosexual relationships. The difference could have been due to the differences in age group and presence of married youth in the present sample. Of the unmarried youth, 7.0% were sexually active regardless of strata, while majority have had

sex with their boy /girlfriend. This figure correspond with 2004 UNICEF survey, where 6% of in-school adolescents reported of ever having sex.

The survey explored about the assertive skills of the youth. Nearly 10.3% divulged as having being invited for sex. Of those who had such invitations, 63.2% revealed refusal ever in their life. The reported proportions were higher among females compared to males, regardless of age groups or strata.

The reasons for such refusal were explored to have a better understanding on factors contributing to assertive skills among young persons. Reported reasons were societal disapproval on pre-marital sex, need to pursue higher studies, and the risk for STI/HIV and pregnancy. Female youth highlighted fear of losing virginity after societal disapproval.

Recommendations:

- Primary, secondary and tertiary prevention strategies in delaying sexual relationships among youth should be strengthened. Communication messages should re-iterate the importance of abstinence till marriage as the "gold standard". For the minorities who adopt risk behaviours despite SRH education, should be targeted with secondary preventive measures like life skill development and contraceptive services, diverting attention to education, employment or other methods of entertainment.

CONTRACEPTIVES AND PREGNANCY DETAILS

With regard to use of condoms, 4.5% of total youth and 30.4% of currently sexually active youth, had reported of using condoms during the preceding year during sexual intercourse with spouse /regular partner, boy /girlfriend and commercial sex partner. Nearly one fifth of the boys who had used condoms during the previous year, had used them when having sex with commercial sex partners. The common reasons were for non-use of condoms by sexually active youth were practicing another contraceptive method (20.8%), expecting a child (16.3%) and other reasons (13.7%), non-availability of condoms (3.8%) and unawareness (3.1%) irrespective of their strata. Of the sexually active youth, 9.0% of youth had taken emergency contraceptive pills during the preceding month.

The use of contraceptives was explored as a proxy indicator on knowledge, attitudes and practices on contraception among youth. Of the total youth, 5.2% were using a contraceptive method at present. The said proportion among those who have a live-in/cohabiting partner was 44.2 % while that for sexually active (have had sexual intercourse during the preceding year) youth, was approximately one third with

significantly higher proportions among females. Nearly 40.7% of sexually active and married youth were practicing a contraceptive method at present which highlights a low prevalence compared to DHS (2006/7). Popular methods of contraceptives were oral contraceptives followed by DMPA injections.

Of the sample, 14.6% had past pregnancies while 4.2% were pregnant at the time of survey irrespective of strata. This was in contrast to the Demographic Health Survey (DHS) conducted in 2006/2007 findings which revealed 6 %of girls of 15-19 years have given birth or currently pregnant[5]. The observed differences could be due to exclusion of the Northern Province and the sample consists of ever married women in the DHS. The DHS (2006/7) revealed of 10% estate adolescent girls have begun child bearing, compared to 14.2% in the present sample.

Recommendation:

- The findings highlights the necessity of enhancing the awareness and services on contraceptive including emergency contraceptive pills among youth

- Health authorities need to adopt target group specific messages and methodologies in enhancing contraceptive use among youth groups.

HEALTH SERVICES

The survey assessed the concerns of youth on their preferred ways of health services. Nearly half of the youth (51.3%) reported they need specialized health services while 28.6% reported that they can get their health services from the Medical Officer of Health and his field health staff. The most preferred opening times were Sunday mornings and evenings.

Recommendation:

- Youth requests specialized health services opened during weekends. It is high time that health authorities should pay attention and make adolescent / youth health services function at youth friendly opening hours.

- It is important to use multiple methodologies of service delivery in complimentary manner, as one model will not be able to reach all target groups.

[5]Demographic and Health Survey(2006/7) , Department of Census and Statistics ,Colombo, Sri Lanka. Available at http://www.statistics.gov.lk/social/DHS%20200607%20FinalReport.pdf

4 REFERENCES

1. Demographic and Health Survey (2006/7), Department of Census and Statistics, Colombo, Sri Lanka. Available at http://www.statistics.gov.lk/social/DHS%20200607%20FinalReport.pdf

2. Census of Population and Housing 2012 Key Findings, Department of Census and Statistics, Ministry of Finance and Planning, Colombo, Sri Lanka. Available at: www.statistics.gov.lk

3. Global School Health Survey report (2008), Available at http://www.cdc.gov/gshs/countries/seasian/srilanka.htm

4. Mitchell, J. A., Rodriguez, D., Schmitz, K. H., and Audrain-McGovern, J. (2013), Greater screen time is associated with adolescent obesity: A longitudinal study of the BMI distribution from Ages 14 to 18. Obesity, 21: 572–575. doi: 10.1002/oby.20157

5. National Survey on Emerging issues among Adolescents in Sri Lanka (2004) , UNICEF, Sri Lanka, Available at http://www.unicef.org/srilanka/Full_Report.pdf

6. Sri Lanka National Human Development Report: Youth and Development: Towards a more inclusive picture, (2014) , available at, http://www.lk.undp.org/content/dam/srilanka/docs/localpublications/

7. WHO (2010), Global recommendations on physical activity for health, Available at http://www.who.int/dietphysicalactivity/publications/recommendations5_17years/en/

8. Berge, J. M., Wall, M., Larson, N., Loth, K. A., and Neumark-Sztainer, D. (2013). Family functioning: Associations with weight status, eating behaviors, and physical activity in adolescents. *Journal of adolescent health*, *52*(3), 351-357.

9. McGorry, P., Bates, T., Birchwood, M., (2013) Designing youth mental health services for the 21st century: examples from Australia, Ireland and the UK, *The British Journal of Psychiatry*, 202 (s54) s30-s35; DOI: 10.1192/bjp.bp.112.119214

10. Youth Risk Behavior Surveillance—United States, (2013) , *MMWR* 2014;63(SS-4). Available at http://www.cdc.gov/healthyyouth/data/yrbs/results.htm

11. Wang, M.-T. and Fredricks, J. A. (2014), The Reciprocal Links Between School Engagement, Youth Problem Behaviors, and School Dropout During Adolescence. *Child Development*, 85: 722–737. doi: 10.1111/cdev.12138

12. Schargel, F., and Smink, J. (2014). *Strategies to help solve our school dropout problem*. Routledge.

13. De Silva I., Karunathilake K., Perera R. (2009) Patterns of sexual vulnerability among adolescents and youths in Sri Lanka, *Asian Population Studies*, 5 (1) , pp. 41-59.

14. Dawson, A. et al. (2012,) Health and Education Sector Collaboration in Adolescent Sexual and Reproductive Health in Sri Lanka. A situational analysis and case study of the Kalutara District, *Human Resources for Health Knowledge Hub*, Sydney, Australia

For inquiries:

Adolescent Health Unit,
Family Health Bureau,
231, De Saram Place,
Colombo 10.

Tel: 011 2692746
email: ahunit.fhb@gmail.com

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