



**Democratic socialist republic of Sri Lanka**

**NATIONAL POLICY AND STRATEGY  
ON  
HEALTH OF THE YOUNG PERSONS**

Directorate of Youth, Elderly and Disabled Persons,  
Ministry of Health National and Indigenous Medicine,  
Sri Lanka.

2015



## List of Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
BMI	Body Mass Index
LDL	Low Density Lipoprotein
HIV	Human Immune Deficiency Virus
MRI	Medical Research Institute
NCD	Non Communicable Diseases
STI	Sexually Transmitted Infections
SRH	Sexual and Reproductive Health
UNICEF	United Nations Children's Fund
WHO	World Health Organization

## PREAMBLE

Adolescence, according to the World Health Organization (WHO), refers to the period of life between 10-19 yrs, youth refers to the period between ages of 15-24 while young person includes the age range from 10 - 24 years.


This policy focuses on young people. According to the estimated mid-year population for 2012 young people account for 4.8 million which is 24% of Sri Lanka's general population. In 2010, 2.7 million are reported to be attending school.

Young age could be seen as the second formative stage of life. The growth and development that has started during childhood takes a second initiative during this period: the life of an adolescent thus is one of transition, growth, exploration and opportunity. This period of life is considered as one of the most dynamic stages of human development. It is a time of marked physical, emotional, and intellectual changes, as well as changes in social roles, relationships and expectations. It is a time of redefining and developing relationships, with parents, family and peers. It is a period that needs to be understood in relation to the entire continue of the life span. The experiences of childhood have a significant impact on young persons, which in turn lays a foundation for the experiences in adulthood.

During this period, young people become physically and psychologically mature and develop their own identity. Many aspire to escape from the parent-controlled, house-dependent environment, to one with more freedom and the company of peers. The physical and psychological dynamism associated with young people makes them vulnerable to many risks that endanger their development and sometimes, even, their lives. The danger is exaggerated, when they are less informed, less experienced and are living in an unsupportive and rapidly changing environments. How successfully they face this transition period and proceed to adulthood in a healthy manner depends on many things such as knowledge on sexuality and reproduction, life skills, life styles, environment, culture and the support they receive from their families, communities and schools.

### **Emerging Issues among Young People in Sri Lanka**

According to the National Survey on Emerging Issues among Adolescent in Sri Lanka (UNICEF 2004), on average, most adolescents started using substances such as smoking alcohol and other abusive substances around 14 to 15 years of age. The prevalence of smoking among adolescent schoolboys and girls were 18 % and 6%, respectively. The prevalence of smoking among out -of-school adolescents was 42% while the current smoking prevalence was 23%.



Nearly a quarter (24%) of adolescent boys and 6 % of adolescent girls have ever used alcohol. The respective proportions for current alcohol use were 8% and 1% respectively. The prevalence of ever taking alcohol among out-of-school adolescents was 34% while the Sri Lankan prevalence of alcohol use was 19% then. About 2% of in school adolescents and 4% of out-of-school adolescents have tried some form of mood altering drug. (UNICEF 2004)


The overall knowledge among school - going adolescents between 14-19 year on matters related to reproductive health was less than 50%. Knowledge increased with age and socio-economic status. Less than 25% of adolescents had comprehensive knowledge on menstruation, risk of conception, in teenage and signs of pregnancy. Knowledge on STI and HIV/AIDS among adolescents was found to be poor. Less than 50% of adolescents had correct knowledge on HIV/AIDS. Only about 57% of adolescents had some awareness of the existence of sexually transmitted diseases in general.

A fair proportion of in school adolescents appear to be sexually active. Six percent of adolescents between 14-19 years old have experienced heterosexual intercourse while 10% reported having homosexual relations. As could be expected, there is a considerable gender variation in sexual experience. The prevalence of heterosexual experience was 14% among adolescent boys and 2% among girls. Heterosexual relationships were more common among out-of-school adolescents (22%) while 9% reported a homosexual experience. The majority who had heterosexual relations have had intercourse with their girl/boy friend but about 12% reported having sex with commercial sex workers. Only 32% of them reported using condoms during the last sexual act.

Changing the dietary habits of young people is mainly influenced by marketing strategies, peer pressure and factors of convenience. Missing breakfast, eating fast food with increased sugar, food additives and salt will cause metabolic syndrome leading to increased weight, high triglyceride, LDL and blood glucose levels in young age. These types of unbalanced dietary patterns cause nutritional deficiencies on one hand, and overweight and its repercussions on the other. 7-6 percent of urban adolescents between 11-19 years are found to be overweight (MRI 2001). Young people with unhealthy dietary habits are more prone to non communicable diseases like diabetes mellitus, hypertension, cardio vascular diseases and certain types of cancers in their adult life.

#### **Rationale for the National Policy on Health of Young People**

Health can be considered as an optimal state of wellbeing in all stages of life. By applying the broad definition of health, young persons are considered healthy



when they engage in healthy behaviors that contribute to a healthy lifestyle. They also should have capacity to thrive in spite of stresses in life and successfully engage during that period in developmentally tasks. Having skills to face day to day challenges and experience a sense of wholeness and well - being. Young people of this age are generally healthy, and yet several important public health and social problems start during these years. Developing healthy life styles among young people will directly influence prevention of non communicable diseases in their adult life.

With the end to the near 30 year conflict in the North and East, the fundamental requirement of an environment conducive for young people is being created. Peace, political stability, improved socio economic conditions and living standards are established in the country now. Special focus should be given to the youth of the North and the East as they have been distanced from the youth and general population in other areas. More research to explore specific health challenges is required in these areas.

Sri Lanka has ratified many international conventions such as the Geneva Convention Act, No. 4 of 2006 and also has passed many national ordinances and acts relevant to children and young people such as the Constitution of Sri Lanka, the Ten year Health Master Plan, the National Child Protection Act and the National Authority on Tobacco and Alcohol Act.

A Strong political commitment and multi-sectoral actions are needed to address the emerging issues related to the health of young people in Sri Lanka. A well - defined policy and a strategic plan will serve as a guideline to the Ministry of Health and other stakeholders of various governmental and non - governmental organizations to act in a coordinated manner.

The main areas addressed in this policy on health of young people responds to health problems, prevention of health - related issues and promotion of health of young people.

This policy is also coherent with several other national programmers and policies such as the National Policy on Maternal and Child Health, National Nutrition Policy of Sri Lanka, Population and Reproductive Health Policy, National AIDS Policy, The National Policy on Health Promotion and The National NCD Policy.

Having considered the National Survey on emerging Issues among Adolescents in Sri Lanka (UNICEF 2004) and other important documents that provide information and evidence related to young persons in Sri Lanka, the need arises to voice the challenges pertaining to youth in a significant manner. An urgent declaration on the position of the government related to matters and issues concerning the health

of young persons, it is recommended to undertake to uphold the following position as directive principles of the government policy on health of young people.

### **Guiding Principles**

The Government of the Democratic Socialist Republic of Sri Lanka ;

*Recognizes* that young people are an important part of the population that needs special consideration and resource allocation. A multi sectorial response is required to address their needs and meaningful participation in arriving at decisions related to economic and social development of the country.

*Recalls the* obligations as a signatory to many international conventions that address human rights, including sexual and reproductive rights of young people and other related documents.

*Emphasize* that gender and social equity and equality is an important pre requisite in all matters pertaining to young people.

*Recognizes* that young people who are vulnerable due to physical or mental disability, social deprivation (e.g. living on the streets, displaced, delinquents in institutional care, conscripted at war, victims of exploitation, parental migration), young people of separated parents, single parents, adopted children, orphans or due to status of employment deserve special attention.

*Convinced* that young persons have a right to access quality health services, to address their specific needs and issues, and that such services are delivered in a friendly, culturally, sensitive, non threatening and non- judgmental manner, while recognizing and respecting their sexual and reproductive rights.

*Ensures* privacy and confidentiality and there shall be no discrimination based on ethnicity, religion, caste, area of residence or any other divisions among young people for provision of related health services.

### **Vision**

Happy, healthy and skillful Sri Lankan Youth

### **Goal**

The overall goal of this policy is to mainstream concerns of the health of young people and to improve their health, safety and well-being.



## Strategy

### 1. Promote psychosocial and mental wellbeing

#### Rationale

The wellbeing of young persons is of importance as youth is a period of transition. The ability to successfully go through this transition would reduce the proneness to illness; anxiety, depression, eating disorders, substance use, violence, self-harm and suicide among young people. Young people are in need of the appropriate knowledge, life skills, an enabling environment and access to relevant services for their physical and psychosocial development.

**The government is committed to recognize the importance of the delivery of services that enable young people to be happy, healthy and lead productive lives.**

#### Major activity areas

- a. Provide opportunities for improving life skills.
- b. Empower community, parents and teachers to promote psychosocial wellbeing of young people.
- c. Prevent and manage psychosocial issues and mental illnesses.
- d. Prevent suicide, self-harm and provide counseling and support services for affected young people.
- e. Promote behavior change communication among young people and parents as well as society at large in dealing with issues of young people.
- f. Create a supportive environment for young people to develop total wellbeing.

## Strategy

### 2. Ensure an optimum level of nutrition and physical fitness.

#### Rationale

Nutrition and physical activity are the key components for promotion of physical wellbeing. These help ensure optimum growth and development, strength, energy and resistance to infections. Young age being a time of rapid physical growth, maintaining nutrition and reducing micronutrient deficiencies would help improve their health and help in optimizing the Body Mass Index (BMI).

The consequences of the physically inactive lifestyles lived by many young people are grave. In the long run, physical activity would reduce the proneness for chronic non communicable diseases including heart disease, diabetes mellitus, stroke, and osteoporosis. Engaging in regular physical activity from young age will also improve fitness, flexibility, balance and agility which are important in carrying out daily activities effectively throughout the life cycle. This also increases the productivity of the population and helps improve the economic development of the country. **Therefore, the need has been identified to promote better health among young people through optimum level of nutrition, physical activity and sports.**

#### **Major activity areas**

- a. Promote healthy eating habits for optimum nutrition.
- b. Regular monitoring, identification and management of young people with nutritional problems.
- c. Provide targeted micro-nutrient and food supplementation including screening facilities on nutrition related problems.
- d. Provide information and counseling services for affected individuals.
- e. Promote regular physical, recreational and sports activities.
- f. Create awareness and empowerment on common nutritional problems, health effects due to lack of physical activity and sedentary behavior.
- g. Emphasis regulation and enforcement of food.

#### **Strategy**

### **3. Ensure access to SRH (Sexual and Reproductive Health) education and services**

#### **Rationale**

Young people experience sexual developmental changes physically and mentally and have a tendency to engage in risk taking behaviors during this period. It is mostly through education that these young people can be empowered to improve their knowledge, attitudes and skills enabling them to develop positive behaviors. Poor access to information and services and lack of life skills to face sexual and reproductive health challenges among young people leads to stress, guilt, unplanned pregnancies, abortion, Sexually Transmitted Infections (including HIV/ AIDS) and



other negative consequences such as suicide. The socio-cultural atmosphere and myths surrounding.

Sexual issues are the main reasons for denial. **The government is committed to provide life skills based, age appropriate sexual and reproductive health education in a gender sensitive and culturally acceptable framework and to provide youth friendly reproductive health services.**

#### **Major activity areas**

- a. Build knowledge, understanding and life skills related to SRH among young people in schools and out - of-school settings
- b. Promote safe and responsible sexual behavior among young people who engage in such behavior.
- c. Provide targeted and age specific information in a culturally sensitive manner.
- d. Establish a multi - sectoral and multi - disciplinary coordination mechanism at national and sub national levels on health of young people.
- e. Build capacity of governmental, non - governmental and community based programme staff on health of young people and effective programme implementation.
- f. Promote active participation and leadership by young people in planning, implementation and monitoring of programmers.
- g. Ensure media disseminate information and support to deal with issues related to the health of young people in a responsible manner.
- h. Sensitizing service providers to avoid stigma.
- i. Ensure equal access of services and information to vulnerable groups.

#### **Strategy**

#### **4. Prevent young people from substance abuse**

##### **Rationale**

The government acknowledges the adverse effects of tobacco, alcohol and other mood altering substances on the population and the fact that initiation to

consumption takes place during young age. The use of substances is a contributing factor to accidents, suicides, violence, sexual abuse and the spread of STIs and HIV/AIDS among young people. Using substances in early life leads to chronic organ impairment in their adult life. These substances greatly impair mental abilities and physical skills and put a significant number of young people at a high risk of developing cancers, lung diseases, ulcers, heart diseases, Peripheral vascular diseases, malnutrition and liver diseases. The promoters of these substances use subtle and indirect methods to attract young people to regular use. No interaction, however remote, will be allowed between such promoters and young people in their formal settings. As declared by the National Authority on Tobacco and Alcohol Act, there shall be no advertising of tobacco, alcohol and other such substance in any form and also sale of tobacco products are prohibited to young people below 18 years of age.

**The government is committed to increase protective mechanisms and provision of relevant services.**

#### **Major activity areas**

- a. Generate awareness and concerns about the real extent of the harm.
- b. Reduce the attractiveness, symbolic value, subjective effect, and promoted privileges attached to substance use.
- c. Counteract foci that promote consumption of substances including tobacco and alcohol.
- d. Encourage and assist quitting and reduction of substance use.
- e. Provide medical interventions and rehabilitation for young people addicted to substances.

#### **Strategy**

### **5. Prevent young people from accidents, injuries and violence**

#### **Rationale**

During young age individuals develop their skills and capabilities by trying out new behaviors, and exploring new opportunities and relationships. They are more prone to injuries as they are more active, physically mobile and less mentally inhibited. In this age they are tempted to engage in high risk behaviors, anti - social activities, violence, crime, unsafe sexual behaviors and also use of substances. The subsequent

results may take the form of abuse including sexual abuse, road traffic accidents, homicide, suicide, self harm, domestic and gender based violence and injuries or death due to falls and drowning. Protective measures should include effective procedures for rehabilitation and socialization of victimized young people. **The state shall take all appropriate legislative, administrative, social and educational measures to protect young people from all forms of physical and mental violence and injuries.**

#### **Major activity areas**

- a. Prevent all forms of injuries including road traffic accidents and disabilities among young people.
- b. Prevent domestic and gender based violence and support young victims.
- c. Prevent all forms of abuse and neglect and support the affected young people and their families.
- d. Prevent homicides and other crimes and violence committed by and against young people.
- e. Awareness creation among the parents/ youth and all stakeholders.

#### **Strategy**

### **6. Strengthen capacity, partnership and networking among all stakeholders**

#### **Rationale**

The Programme on Health of Young People needs multi - disciplinary and multi - sectoral initiatives. Linkages with various stakeholders are very important for ensuring adequate resource allocation for the programme. All related sectors like education including universities, youth services, law and justice, social welfare, Non - Governmental Organizations, United Nations Organizations, Bilateral Organizations and donor agencies should make collaborative efforts to address the problems and issues of young people. Empowerment of all stakeholders can only be achieved through capacity building, which is imperative to successful interventions and making the policy a reality.

#### **Major activity areas**

- a. Develop partnerships with public, private and Non - Governmental sectors.
- b. Develop mechanisms for regular and sustained allocation of resources.

- c. Ensure integration of health of young people into existing health services and programmes.
- d. Establish a multi - sectoral and multi - disciplinary coordination mechanism at National and sub National levels on health of young people.
- e. Build capacity of governmental, non - governmental and community based programme staff on health of young people and effective programme implementation.
- f. Promote active participation and leadership by young people in planning, implementation and monitoring of programmes.
- g. Ensure media disseminate information and deal with issues related to the health of young people in an appropriate and responsible manner.

#### **Strategy**


#### **7. Strengthen research, monitoring and evaluation**

##### **Rationale**

Research is an integral part of evidence - based policy development, planning and service delivery. The availability of national level representative information on issues related to the health of young people in Sri Lanka is very limited. As a major component of the general population of Sri Lanka comprises of young people it is important to have scientific information supporting the development of national level planning especially in the current development environment existing in the country. This is important to ensure appropriate use of resources at every level. A proper monitoring and evaluation mechanism is vital for a sustainable national programme and also mainstreaming such systems will help establish the programme at national and sub national levels.

##### **Major activity areas**

- a. Identify research needs and gaps on issues related to young people and mobilize adequate funding to carry out scientific and action based research.
- b. Develop an evidence based planning mechanism for the health of young people.
- c. Develop a comprehensive plan of action with wide participation of all stakeholders and young people.
- d. Mainstream monitoring and evaluation of all youth health programmes.



**Strategy**

**8. Youth Friendly Health Services (YFHS).**

**Rationale**

Youth Friendly Health Services refer to provision of information, basic counseling and clinical services that young people require and rightfully deserve, provided by competent personnel in a youth friendly environment/ setting, ensuring participation of young people.

These services meet the needs of young people effectively. They ensure inclusion of all young people while delivering an essential package of services that are accessible, acceptable and appropriate. These services are equitable and do not discriminate against any young person on grounds of gender, ethnicity, religion, disability , social status or any other.

**Major activity areas**

**a. Create enabling environment for establishing YFHS**

- (I) Proper definition of YFHS.
- (II) Awareness and promotion of YFHS through various mechanism at different levels. (Individual, family and other communities.)
- (III) Building positive attitudes about YFHS with people.

**b. Establishing YFHS centers**

- (I) Mapping the resources.
- (II) Proper set of standard guidelines for YFHS centers.
- (III) Empowering the existing YFHS centers.
- (IV) Provision of facilities to access YFHS centers.

**c. Sustainability of YFHS**

- (I) Government monitoring agency.
- (II) Develop a proper referral system.
- (III) Promote partnerships with UN agencies, NGOs and etc.

## Strategy

### 9. Young persons with special needs - Ensure health and wellbeing of young people with special needs

#### Rationale

For young person with special needs to live in dignity, and with equal rights and opportunities it is important to enhance the quality of life. These young people will have variable personal factors like age, gender, health conditions, personality etc., social factors, attitudes of others and society, cultural factors (superstitions associated with special needs, perceiving them as bad luck and environmental and physical barriers, inaccessibility to education and public services, restrict participation in activities that limit them when carrying out certain activities in daily life. The necessity to assist the young persons with special needs is therefore imperative to overcome these issues.

#### Major activity areas

- a. Strengthen and upgrade existing health and other services to meet the needs of young people with special needs.
- b. Ensure cooperation and coordination with other sectors/ stakeholders in the provision of Services for young people with special needs.
- c. Empower the community to provide the relevant services and ensure sustainability of services.
- d. Empowering community, parents and teachers particularly through effective parenting during Adolescence.

#### Acknowledgments

The following institutions contributed for the success of the National Policy and strategy on health of the young persons.

1. Ministry of Health
  - (a) Family Health Bureau
  - (b) Health Education Bureau
  - (c) National STD/AIDS Control Programme

- (d) Nutrition Division
- (e) Mental Health Unit
- (f) Non communicable diseases Unit
- (g) Epidemiology Unit
- (h) Youth Elderly & Disable Directorate for youth, elderly and Disabled

2. Ministry of Education
3. National Education Institute
4. Ministry of Sports
5. Ministry of Youth Affairs
6. Ministry of Mass Media and Information
7. Dangers Drug Control Board
8. United Nations Population Fund
9. United Nations Children's fund
10. World Health Organization
11. United Nations Programme on HIV/AIDS
12. Family Planning Association Sri Lanka
13. Drug & Alcohol Information Center