



# 2024 International Conference on Sexual and Reproductive Health



# Conference Report



Your Voice, Your Rights

# **International Conference on Sexual and Reproductive Health**

"Universal Access to Sexual and Reproductive Health as a Right for All"

## **Conference Report**

Established in 1953, The Family Planning Association of Sri Lanka is a leading service provider and advocate of Sexual and Reproductive Health and Rights in Sri Lanka. The Association seeks to promote multiple aspects of reproductive health and improve the quality of life and well-being.

FPA Sri Lanka is an accredited member of The International Planned Parenthood Federation (IPPF).

ReproSex 2024: Conference Report

ISBN 978-955-8876-39-8

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# Introduction

The ReproSex 2024 International Conference on Sexual and Reproductive Health, held on November 5th and 6th, 2024, in Colombo, Sri Lanka, served as a pivotal platform for discussing and advancing sexual and reproductive health and rights (SRHR). Organized by the Family Planning Association of Sri Lanka, in collaboration with esteemed national and international partners, the conference brought together researchers, policymakers, healthcare professionals, activists, and community leaders to address critical issues in SRHR.

Under the theme "Universal Access to Sexual and Reproductive Health as a Right for All", ReproSex 2024 aimed to foster inclusive dialogue, exchange best practices, and develop innovative solutions to tackle global and regional challenges. With over 300 national and international participants, the event featured keynote addresses, plenary sessions, panel discussions, and interactive workshops covering 12 thematic sub-topics, including gender equality, youth engagement, family planning, digital health innovations, and policy advocacy.

This conference report captures the key discussions, insights, and outcomes of ReproSex 2024. It provides an overview of the sessions, research presentations, and recommendations aimed at strengthening policies and practices in SRHR. By documenting the contributions of experts and stakeholders, this report serves as a valuable resource for shaping future initiatives and ensuring that sexual and reproductive health remains a global priority.



# List of Abbreviations

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AI	- Artificial Intelligence
ART	- Assisted Reproductive Technologies
CSE	- Comprehensive Sexuality Education
COVID-19	- Coronavirus Disease
FPA	- Family Planning Association
GBV	- Gender-Based Violence
HFEA	- Human Fertilization and Embryology Authority
HIV	- Human Immunodeficiency Virus
HPV	- Human Papillomavirus
ICSI	- Intracytoplasmic Sperm Injection
IMSI	- Intracytoplasmic Morphologic Sperm Injection
IPPF	- International Planned Parenthood Federation
IPV	- Inactivated Poliovirus Vaccine
IUI	- Intrauterine Insemination
IVF	- In Vitro Fertilization
LGBTQIA+	- Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual
LNG IUS	- Levonorgestrel Intrauterine System
MSM	- Men who have Sex with Men
NGO	- Non-Governmental Organizations
PICSI	- Physiological Intracytoplasmic Sperm Injection
PGT	- Preimplantation Genetic Testing
PrEP	- Pre-Exposure Prophylaxis
PSA	- Prostate-Specific Antigen
SDG	- Sustainable Development Goals
SRH	- Sexual and Reproductive Health
SRHR	- Sexual and Reproductive Health and Rights
SRHRJ	- Sexual and Reproductive Health, Rights and Justice
STI	- Sexually Transmitted Infections
UNAIDS	- The Joint United Nations Programme on HIV/AIDS
UNESCO	- United Nations Educational, Scientific and Cultural Organisation
UNFPA	- United Nations Population Fund
WHO	- World Health Organization

## **Table of Contents**

Opening Ceremony.....	1
Plenary Sessions.....	3
Mini Symposia Sessions.....	13
Parrallel Sessions.....	29
Technical Highlights.....	37
Closing Ceremony.....	86
Feedback Report.....	87
Photo Gallery.....	90
Financial Report.....	103



# **Opening Ceremony of Reprosex Conference 2024**

The Reprosex Conference 2024 commenced with a grand and culturally rich opening ceremony at the Bandaranaike Memorial International Conference Hall, Colombo, Sri Lanka. The event, held in the esteemed Lotus Hall, was inaugurated with a warm welcome extended by traditional Kandyan dancers, setting the tone for an inspiring and dynamic conference.

The ceremony was elegantly compered by Ms. Sharon Mascarenhas and saw the presence of distinguished guests and esteemed dignitaries, including:

- Dr. Palitha Mahipala - Secretary, Ministry of Health, Sri Lanka (Guest of Honor)
- Ms. Manuelle Hurwitz - Director, Development and Impact Division, IPPF (Chief Guest)
- Prof. Indralal De Silva - Conference Chair, Reprosex 2024
- Dr. Iqbal Shah - Research Scientist, Department of Global Health and Population, Harvard University (Keynote Speaker)
- Ms. Aruni Marcelline - President, Board of Directors, FPA Sri Lanka
- Dr. Ruchitha Perera - Executive Director, FPA Sri Lanka
- Other distinguished guests and participants

The opening proceedings began with all attendees standing in unison for the Sri Lankan national anthem, followed by the traditional lighting of the oil lamp, a symbolic gesture of enlightenment and knowledge.

The Welcome Address was delivered by Ms. Aruni Marcelline, President of the Board of Directors, FPA Sri Lanka, highlighting the importance of the conference in advancing discussions on reproductive health and sexuality. This was followed by an address by Dr. Palitha Mahipala, Guest of Honor, who emphasized Sri Lanka's commitment to reproductive health and rights.

Prof. Indralal De Silva, Conference Chair, then took the stage to officially unveil the setting for the Reprosex Conference 2024, outlining the themes and objectives of the conference. To add a cultural touch to the occasion, a mesmerizing dance performance by the Ranga Gamage Performing Arts Foundation captivated the audience.

A significant moment of the ceremony was the official presentation of the conference proceedings, led by Dr. Ruchitha Perera and Prof. Indralal De Silva. The first publication of the conference proceedings was presented to:

1. Ms. Manuelle Hurwitz - Chief Guest
2. Ms. Aruni Marcelline - President, Board of Directors, FPA Sri Lanka
3. Dr. Iqbal Shah - Keynote Speaker



Following this, Prof. Indralal De Silva introduced the keynote speaker, Dr. Iqbal Shah, whose enlightening address on “Adolescence: The Age of Opportunities and Vulnerabilities” provided valuable insights into the challenges and prospects of adolescent reproductive health.

After another vibrant cultural performance by the Ranga Gamage Performing Arts Foundation, the Chief Guest, Ms. Manuelle Hurwitz, delivered a compelling speech on the global landscape of reproductive health and the role of partnerships in advancing the agenda.

The ceremony concluded with closing remarks by Dr. Ruchitha Perera, who expressed gratitude to all participants and emphasized the importance of collaboration in addressing reproductive and sexual health challenges. With this, the Reprosex Conference 2024 was officially inaugurated, paving the way for the commencement of the technical sessions.

**SECTION 1 :**

**PLENARY SESSIONS**



## **Plenary 1.1:**

# **Youth and Comprehensive Sexuality Education**

### **Session Description :**

Youth and adolescents today face complex and evolving Sexual and Reproductive Health (SRH) challenges, from early and forced marriages, unintended and teenage pregnancies, and unsafe abortions to the rapid spread of HIV, and a high prevalence of gender-based violence, including cyber violence. These issues are further complicated by social stigma, misinformation, and limited access to accurate and reliable information on SRH topics. These pressing challenges underscore the urgent need for Comprehensive Sexuality Education (CSE) that empowers young people with the knowledge and skills to make informed choices, take control of their health, and navigate relationships safely and responsibly.

This plenary session brings together leading voices in SRH to discuss the most critical challenges facing young people today and explore innovative and contextually relevant approaches to CSE. The discussion will address evolving legal frameworks and policies for CSE, emphasizing the essential role governments and civil society organizations (CSOs) play in fostering safe, inclusive, and diverse educational environments. The session will also highlight the importance of integrating culturally sensitive CSE into the national curriculum and creating programmes that engage youth meaningfully, giving them a voice in shaping the future of SRH education.

Panelists will share insights on new CSE approaches, such as digital health interventions, which respect cultural contexts while promoting sexual health literacy among youth. For example, mobile applications and online platforms are increasingly used to provide accurate information on SRH, ensuring that youth can access this vital information wherever they are. Additionally, interactive workshops and peer-led sessions will be discussed as effective ways to reduce stigma and foster open communication around SRH topics.

Participants will leave this session with a deeper understanding of how CSE can not only break down societal stigmas and reduce SRH-related risks but also equip youth to make informed decisions, build healthier relationships, and contribute to the overall health and well-being of future generations. This session is particularly valuable for stakeholders involved in youth-centred interventions, policymakers, educators, healthcare professionals, and advocates dedicated to advancing SRH for all.

**Hosted by Swedish Association for Sexuality Education (RFSU)**



## Plenary 1.1: Youth & Comprehensive Sexuality Education



*"In Sri Lanka, the subject of sexual education is very sensitive, with cultural barriers, religious opposition, and even resistance from politicians."*

**Mr. Dhammika Kodithuwakku – Head of Health and Physical Education Unit, National Institute of Education**

*"We consider universal standards, including the ITGSE guidelines, to ensure our learning materials align with global trends in sexuality education."*

**Ms. Ganga Dilhani – Director of Education (School Health and Nutrition), Ministry of Education**



*"Our goal is not only awareness but also behavior change communication, ensuring personal well-being through verified and accessible information."*

**Dr. Ganga Jayasena Tennakoon – Post Graduate Trainee in MD Community Medicine, Health Promotion Bureau**



*"Parents, once they know what we are going to talk about with their kids, actually feel relieved because they don't have to have the conversation themselves."*

**Mr. Hans Billimoria - The Grassrooted Trust**



*"There is already evidence - pilot studies to show that CSE, with an overarching wave of child protection and prevention of violence, has been working on the ground."*

**Ms. Shelani Palihadana, Attorney-at-Law**





## **Plenary 1.2:**

# **Gender Based Violence; National and International Perspectives**

### **Session Description :**

Gender-based violence (GBV) is a pressing social and public health crisis that affects millions worldwide, with severe implications for mental, emotional, and physical well-being. GBV encompasses a range of abusive behaviors, including forced marriage, controlling behaviour, emotional and economic abuse, as well as physical and sexual violence. This session, organized by the Sri Lanka Medical Association, aims to shed light on the prevalence, causes, and wide-ranging consequences of GBV, offering a comprehensive analysis from both national and international perspectives.

The panel will delve into the complexities of GBV, discussing not only intimate partner violence and sexual assault but also systemic abuse perpetuated through cultural norms, economic inequalities, and inadequate legal protections. By drawing on expertise from both local and global contexts, the panellists will provide a well-rounded view of worldwide GBV trends, with a particular focus on the challenges unique to the South Asian region. Additionally, the session will explore promising interventions currently being implemented to address these issues, both regionally and globally.

Attendees will gain valuable insights into recent research on GBV, as well as an understanding of the pivotal role healthcare professionals play in identifying, treating, and preventing these forms of violence. The discussion will emphasize the importance of multi-sectoral collaboration in developing effective prevention strategies and offering comprehensive support for survivors. In particular, panellists will highlight the roles of healthcare systems, law enforcement, and community-based organizations in creating a coordinated response to combat GBV.

This session is especially valuable for healthcare providers, policymakers, and advocates, as it will showcase best practices, identify gaps in existing approaches, and encourage dialogue on innovative solutions to reduce and ultimately eliminate GBV.

**Sponsored by the IPPF Humanitarian Programme, Organized by the Sri Lanka Medical Association (SLMA)**

## Plenary 1.2: Gender-based Violence: Local & International Perspectives



*"Gender is not binary; it's a flowing concept. We must ensure that everyone—women, men, and trans persons—are equally protected from gender-based violence."*

**Dr. Kalpana Apte - Director General,  
The Family Planning Association of India**

*"The GBV care centers, Mithuru Piyasa, served over 12,000 clients in 2023, and 7.3% of them were pregnant at the time they presented to the center."*

**Dr. Nethanjali Mapitigama - Consultant  
Community Physician, Ministry of Health**



*"Confidentiality, safety, and non-discrimination are the cornerstones of our approach to supporting survivors of gender-based violence."*

**Dr. Pramila Senanayake – International Consultant in  
Sexual & Reproductive Health**



*"We have been discussing this particular subject for decades now. We have formulated policies. We have introduced different strategies, different interventions, for decades, but still gender-based violence persists. It's a public health issue in many countries across the globe. So even in this age of artificial intelligence, driverless cars and reusable rockets, we are still discussing this age-old issue of gender-based violence."*

**Dr. Lahiru Kodituwakku - Chairperson,  
Policy and Strategy Committee of FPA Sri Lanka**





## **Plenary 2.1:**

# **Emerging Demographic Dynamics and SRHR in Asia**

### **Session Description :**

This plenary session will explore the shifting demographic trends and their profound implications on sexual and reproductive health and rights (SRHR) in selected countries in Asia including Sri Lanka, South Korea etc. With a focus on the fertility decline in Sri Lanka and South Korea, this session aims to unpack the challenges posed by these shifts and the potential policy responses needed to address them.

In the first presentation, Prof. Indralal will provide a comparative analysis of demographic trends in Sri Lanka and South Korea, where both countries have experienced dramatic declines in fertility rates. Sri Lanka has seen a significant reduction in births, dropping by 18% between 2019 and 2023, mainly due to economic recession. This decline is coupled with rising deaths and a growing trend of youth migration, all of which could contribute to a shrinking population and an ageing society. The speaker will delve into the complex interplay between these demographic drivers and their impact on the country's macroeconomic progress. The session will also highlight the changing sexual behaviours of Sri Lankan youth, emphasizing the rising incidence of premarital sexual activity. The presentation will explore the need for policies that address child care, health insurance, health financing, subfertility etc. while avoiding coercive measures, ensuring that women's autonomy is upheld.

In the second presentation, Prof. Kim will focus on South Korea's experience with its population control policies, which have dramatically reduced the total fertility rate (TFR) from 6.0 births per woman in the 1960s to a record low of 0.72 in 2023, which is noted to be the lowest fertility in the world. The speaker will examine the overshooting of family planning programmes, which contributed to this decline, and the government's subsequent policy shift to boost fertility rates. Despite efforts such as financial incentives and childcare support, the TFR has remained at an all-time low, threatening the country's labour force and economic stability. The presentation will analyze key factors that have inhibited fertility, such as housing costs, work-life balance challenges, and cultural norms, and will discuss the potential for population policy reforms aimed at reversing this trend.

Together, this session will provide valuable insights into the challenges and complexities of demographic changes to SRHR, offering key lessons for policymakers and practitioners in addressing the future of issues related to SRHR and sustainability.

**Hosted by the Population Association of Sri Lanka**

## **Plenary 2.1: Emerging Demographic Dynamics and SRHR in Asia**



*"Emerging demographic dynamics in Sri Lanka are being shaped by unexpected declines in fertility, increasing rates of divorce, and changing youth behaviors. These require comprehensive sexual education and evidence-based policies to address structural challenges."*

**Prof. Indralal De Silva - Emeritus Professor of Demography,  
University of Colombo**

*"South Korea's demographic trends show significant fertility declines despite government interventions, underscoring the importance of understanding cultural, economic, and policy-specific factors in addressing population challenges."*

**Prof. Jinhyun Kim – Professor of Health Policy,  
College of Nursing Seoul National University, South Korea**



*"You ask, then, how when the fertility rate is decreasing, why are you promoting contraception? We have to understand it is a sexual right. You can't decide my fertility rate. I have to decide about myself, and this is my body, not yours."*

**Dr. Janaki Vidanpathirana -  
Director of Planning, Ministry of Health, Sri Lanka**





## **Plenary 2.2:**

# **Innovative Approaches for Prevention and Testing for HIV**

### **Session Description :**

The 90-90-90 model, set forth by UNAIDS, aims to end the HIV epidemic by achieving three key targets: 90% of people living with HIV (PLHIV) should know their HIV status, 90% of those diagnosed with HIV should receive sustained antiretroviral therapy, and 90% of those receiving therapy should achieve viral suppression. While substantial progress has been made, achieving these goals requires innovative strategies, particularly in prevention, testing, and treatment access for key populations facing unique barriers to healthcare.

This session, sponsored by the SKPA 2 Project, will explore cutting-edge approaches to HIV prevention and testing, with a specific focus on differentiated service delivery models for HIV testing and biological prevention of HIV, such as Pre-Exposure Prophylaxis (PrEP). The session will examine how these approaches can be tailored and integrated into existing healthcare systems in Sri Lanka and other South Asian countries, particularly for populations with limited access to traditional healthcare services. The discussion will cover how to navigate practical barriers, engage local communities, and ensure sustainable implementation of these services.

Key topics include national and international perspectives on HIV epidemiology, advancements in self-testing technologies, biological prevention methods, and the integration of digital health tools to enhance testing accessibility. Panellists will also explore community-led interventions, which are essential for reaching marginalized groups, addressing cultural sensitivities, and overcoming stigma. This discussion will highlight the need for multi-sectoral collaboration to build robust frameworks that support comprehensive HIV prevention and testing strategies.

Participants will gain a deep understanding of how approaches such as PrEP and HIV self-testing can transform HIV prevention efforts, equipping stakeholders with practical insights to make a meaningful impact. This session is especially valuable for healthcare professionals, policymakers, community leaders, and advocates working in HIV/AIDS, as it offers actionable strategies to advance HIV prevention in South Asia. By the end of this session, attendees will have a clearer vision of how to integrate these innovative approaches into their work, fostering improved access, adherence, and outcomes for those most vulnerable to HIV.

### **Hosted by the SKPA 2 Project**



## **Plenary 2.2: Innovative Approaches for Prevention and Testing for HIV**



*"The future directions in terms of expanding PrEP and HIV self-testing require a well-aligned strategy to reach key populations, reduce their stigma, and ensure sustainability within our healthcare delivery system."*

**Dr. Vindya Kumarapeli - Director, National STD/AIDS Control Programme, Sri Lanka**

*"The last mile is the most difficult mile—though we've introduced innovations like HIV self-testing and community-based PrEP services, challenges in accessibility and stigma persist, making it hard to reach all populations effectively."*

**Dr. Sathya Herath - Public Health Specialist National STD/AIDS Control Program, Sri Lanka**



*"As an outreach worker and community member, I've seen how self-testing has provided privacy and empowered individuals, but accessibility outside urban areas remains a significant challenge that we must address."*

**Mr. Kawishka Chathuranga – Community Activist, Heart to heart Sri Lanka**



*"Nobody will be left behind. The government of Sri Lanka will be committed in future, when the economy improves and the health system strengthens, to ensure equal access to healthcare services."*

**Dr. Sujatha Samarakoon - Consultant Venereologist & Public Health Specialist**





## **Plenary 2.3:**

# **Termination of Pregnancy in South Asia: Context and Consequences**

### **Session Description :**

South Asia faces one of the highest maternal mortality rates globally, with nearly one in four maternal deaths occurring within the region. Unsafe abortions are a significant contributor to this mortality rate, accounting for approximately 13% of maternal deaths. Despite progressive changes in some areas, restrictive abortion laws, many of which date back to colonial times, continue to limit access to safe abortion services. This plenary session, hosted by the South Asian Regional Office of the International Planned Parenthood Federation, aims to shed light on the complex landscape of abortion care across South Asia and discuss ways to address the persistent barriers.

The session will begin with an overview of the legal, social, and cultural contexts influencing abortion access in South Asian countries, highlighting the disparities and challenges that women and marginalized groups face. Panellists will provide insights into the situation in countries where unsafe abortions account for 10-13% of maternal deaths, and some other countries where restrictive laws contribute to high maternal morbidity rates. In regions with more liberal laws, like India and Nepal, issues persist, including limited access to public facilities and the absence of safe abortion options during humanitarian crises.

Participants will hear from experts about ongoing efforts to transform public policies and legal frameworks to create a supportive environment for safe abortion services. These include the expansion of abortion self-care, task sharing, and advocacy initiatives that aim to reach underserved populations, particularly in rural areas and during times of crisis. The session will also cover the broader themes of stigma, religious opposition, and the impact of cultural values on abortion access. The panellists will explore how community-based approaches and multi-sectoral collaborations can help overcome these obstacles, ultimately improving access to safe abortion care for all.

By the end of the discussion, attendees will gain a comprehensive understanding of the current status of abortion services in South Asia, along with practical strategies for advancing reproductive rights. This session will be especially relevant for healthcare providers, policymakers, advocates, and community leaders who are working towards improving maternal health and ensuring safe abortion access throughout the region.

**Hosted by International Planned Parenthood Federation (IPPF)  
South Asia Regional Office**



## **Plenary 2.3: Termination of Pregnancy in South Asia; Context and Consequences**



*"Our policies need to reflect that power belongs back to the people. Medical abortion pills have revolutionized access to safe abortions, but political will remains absent to eliminate unsafe abortions completely. Without decriminalization and inclusive frameworks, marginalized groups will remain at risk."*

**Ms. Nandini Mazumder – Assistant Coordinator,  
Asia Safe Abortion Partnership (ASAP)**

*"Awareness and stigma are persistent barriers. Many women lack knowledge about legal access to services, and community misconceptions deter them. Provider attitudes also play a critical role; we need to transform their knowledge into nonjudgmental practices to ensure accessibility."*

**Dr. Fariha Haseen - Associate Professor,  
Department of Public Health,  
Bangabandhu Sheikh Mujib Medical University (BSMMU), Bangladesh**



*"Even with guidelines in place, stigma surrounding medical termination drives women to seek services abroad, often at high financial and emotional costs. Awareness remains alarmingly low among youth, highlighting the urgent need for comprehensive education and outreach."*

**Ms. Aishath Enas- Executive Committee Member (Maldives), South Asia  
Regional Youth Network, International Planned Parenthood Federation**



*"Criminalizing abortion in Sri Lanka negates the progress of our healthcare system. Women must have access to reproductive healthcare without penalties. Decriminalizing abortion is critical to complement our existing healthcare framework and ensure women's autonomy."*

**Dr. Sepali Kottegoda - Director Programmes, Gender and Political  
Economy and Media at Women and Media Collective**



*"Abortion is, in fact, one of the safest medical and surgical procedures when managed by trained individuals, including nurses and midwives, as has been recommended by the World Health Organization."*

**Melissa Cockroft  
Global Lead for Abortion with the International  
Planned Parenthood Federation (IPPF)**





The background of the slide is a marbled pattern in shades of red and white, creating a textured, watercolor-like effect.

# **SECTION 2 :**

## **MINI - SYMPOSIA SESSIONS**



## **Mini - Symposia Session 1.1:**

### **Child Marriage: Causes and Consequences**

#### **Session Description :**

Child marriage remains a pressing issue in South Asia, deeply embedded within social, cultural, and religious norms that perpetuate gender inequalities. This mini-symposium, hosted by the Swedish Association for Sexuality Education (RFSU), will provide an in-depth exploration of the causes and consequences of child marriage, particularly within Sri Lanka, while also drawing parallels to regional trends. Featuring a distinguished panel of experts, this session will delve into the multifaceted factors that contribute to child marriage, the harmful impact on young girls' physical and mental health, and the complex legal landscape that both restricts and enables child marriage.

The session will begin by examining the prevalence of child marriage across South Asia, with particular emphasis on Sri Lanka, where existing legal frameworks, such as the Muslim Marriage and Divorce Act (MMDA), continue to permit child marriage under specific conditions. Panellists will discuss the health consequences faced by young brides, including the increased risk of teen pregnancies, higher rates of maternal and infant morbidity and mortality, exposure to gender-based violence and marital rape, and long-term psychological distress.

The discussion will also cover the cultural, economic, and social forces that drive child marriage. Topics such as societal pressures, the influence of traditional values, and the role of religion in sustaining these practices will be explored, highlighting how community and familial expectations often outweigh the individual rights of young girls.

On the legal front, panellists will outline current laws impacting child marriage in Sri Lanka and discuss efforts for reform. The session will include insights into the MMDA and its implications, as well as the ongoing debate between supportive and opposing groups regarding amendments to raise the minimum age of marriage. The role of civil society organizations, activists, and government bodies in advocating for legal change and supporting affected individuals will also be a focus of the discussion.

Attendees will gain a holistic understanding of the complex and intertwined factors surrounding child marriage and the essential steps needed to combat this issue. This session is especially valuable for policymakers, legal professionals, activists, and healthcare providers dedicated to safeguarding the rights and well-being of young girls and addressing the societal norms that sustain child marriage practices.

**Hosted by Swedish Association for Sexuality Education (RFSU)**

## **Mini-Symposium Session 1.1: Child Marriage: Causes and Consequences**



*"Child marriage or child rights can never be excused in the name of religion, culture, or freedom of belief. The state has the foremost responsibility to protect the rights of all children."*

**Ms. Hyshama Hamin**  
Co-founder/MPLARG

*"Girls are not brides; they are not a commodity. They have every right as a human being."  
(Attributed to Hanna Godafa, a UNICEF National Ambassador to Ethiopia, used in his presentation to emphasize the need for global action.)*

**Prof. Prathibha Mahanamahewa**  
Professor of commercial law,  
Faculty of law, University of Colombo



*"As healthcare providers, we must always act in the best interest of the child, irrespective of marital status or societal judgment."*

**Dr. Lakshman Senanayake**  
Consultant obstetrician and gynecologist



**Ms. Shanuki De Alwis -**  
Former Technical Advisor, IPPF SARO





## **Mini - Symposia Session 1.2:**

### **Diversity and Inclusion in SRHR**

#### **Session Description :**

In South Asia, individuals with diverse sexual orientations, gender identities, and sex characteristics face significant marginalization due to conservative social norms, criminalization, and limited access to civil liberties. Similarly, sex workers and women who use drugs encounter overlapping vulnerabilities in a region where discrimination, violence, and systemic neglect increase their health risks and diminish their access to essential HIV, sexual, and reproductive health (SRH) services. As a result, marginalized communities, especially those experiencing multiple, intersecting forms of oppression such as sexism, homophobia, transphobia, and ableism, struggle to access the basic health and human rights that are integral to their well-being.

This session, hosted by the International Planned Parenthood Federation (IPPF), will bring together a diverse group of experts from across South Asia to confront these overlapping realities. Panellists will address how compounded discrimination uniquely affects vulnerable communities and identify practical strategies for promoting an inclusive, stigma-free environment that ensures all individuals can access essential health and human rights services. Against the backdrop of cultural and legislative challenges, panellists will explore the intersection of policies and programmes aimed at protecting the rights of LGBTQIA+ communities, sex workers, and women who use drugs, among others.

The session will delve into the potential of digital pathways and technology to reach the marginalized and navigate opposition, highlighting ways technology is used to enhance access to services and support for communities often left out of mainstream systems. It will discuss ongoing challenges in SRH programming, particularly for women who use drugs, and the continued fight for legal recognition and protection for transgender people, with a special focus on Pakistan's progress. The session will also examine how transgender community is organizing for legal reform and dignity in Sri Lanka, underscoring the importance of community-led movements in changing public perceptions and policy.

The panel aims to foster a deeper understanding of the complex, intersectional challenges faced by marginalized communities in South Asia's evolving sociopolitical landscape. By promoting policies and programmes that reflect intersectionality and reproductive justice, panellists will underscore the importance of incorporating the lived experiences of affected communities into policy discussions.

Additionally, this session will explore collaborative opportunities for countering the anti-gender movements that are prevalent in the region, emphasizing the need for decolonized approaches that recognize and address the region's unique cultural and historical context. By sharing best practices and regional progress, the discussion will empower participants to support initiatives that foster dignity, equality, and health rights for all marginalized groups, marking a vital step toward a more just and equitable society in South Asia.

**Hosted by International Planned Parenthood Federation (IPPF),  
South Asia Regional Office**



## **Mini-Symposium Session 1.2: Diversity and Inclusion in SRHR**



*"The key challenges are compounded of social stigma, legal inequities, and lack of awareness among healthcare providers. Transgender people in Pakistan are not getting SRHR services as per their basic needs, especially regarding hormone therapy, HRT, and transition surgeries."*

**Ms. Anaya Rahimi**  
**Trans Activist/Intern-Gender & Inclusion at IPPF SARO**

*"Being inclusive and respecting diversity is not just about inviting someone to the panel but really sitting down to ask, 'Who is being left behind? Who am I not seeing here?'"*

**Soudeh Rad**  
**President, Feminist SPECTRUM**



*"Despite legal reforms, the healthcare sector often perpetuates violence. For example, lesbian women have been subjected to forced vaginal examinations to 'prove' their sexual orientation. These examinations are conducted by healthcare professionals, which is a horrifying betrayal."*

**Mr. Aritha Wickramasinghe**  
**Equality Director, iPobrono**



*"Community-based organizations have consistently demonstrated success because they understand the lived realities of those they serve. Governments and larger institutions must learn from and invest in these grassroots efforts."*

**Sonal Giani**



**Silvester Merchant -**  
**Regional Community Engagement & Networks**  
**Lead IPPF SARO**





## **Mini - Symposia Session 1.3:**

### **Menopause and Ageing - Related Issues**

#### **Session Description :**

This session hosted by the Menopause Society of Sri Lanka, will explore the complex impact of menopause on women's lives and emphasize the need for supportive legal, policy, and programmatic changes. As countries like Japan, Germany, and Sri Lanka experience demographic transitions with increasing elderly populations, issues surrounding menopause and ageing have become increasingly significant. Women, who can spend up to 40% of their lives in post-menopausal years, face a range of health challenges, including cardiovascular disease, osteoporosis, cognitive decline, and reduced sexual well-being. Yet, in many countries, menopause is rarely discussed openly, and there are few dedicated services to address it. Legal, policy, and programmatic frameworks must therefore evolve to include comprehensive menopause care as an integral part of women's health services. Policies that support access to ageing-related issues such as hormone replacement therapy (HRT), counselling services, and osteoporosis screening can significantly enhance the quality of life for ageing women.

The role of civil society organizations (CSOs), academia, and government is crucial in advancing this agenda. CSOs play a pivotal role in raising awareness and advocacy, bridging the gap between affected communities and policymakers, and addressing the stigma surrounding menopause. They can mobilize resources and create networks that provide much-needed support services. Academia, on the other hand, is vital in conducting research that highlights the unique experiences of menopausal women across cultural and socio-economic contexts. This research can inform policy development, ensuring that legal frameworks and healthcare programmes address the needs of ageing women. Moreover, governments must prioritize ageing-related healthcare within national policy agendas, allocating adequate resources for training healthcare professionals, establishing menopause-specific health clinics, and integrating menopause management into broader ageing and health programmes.

In this session, panellists will emphasize the importance of cross-sector collaboration to foster meaningful change. The need for culturally sensitive, age-appropriate educational initiatives on menopause is paramount, alongside policy reforms that ensure affordable access to essential menopause-related health services. By focusing on an interdisciplinary approach, this session will highlight successful global models and encourage regional governments to create environments where menopausal women can access comprehensive care without stigma or barriers. Ultimately, the session advocates for an inclusive and proactive approach to menopause care, grounded in the principles of dignity, respect, and equality.

**Hosted by Menopause Society of Sri Lanka**

## **Mini-Symposium Session 1.3: Menopause and Ageing-Related Issues**



*"Menopause is not just a phase; it's a turning point where a woman deserves care, understanding, and empowerment to lead a productive and fulfilling life."*

**Dr. Darshana Abeygunawardana**  
**Consultant (Obstetrician and Gynecologist)**

*"The journey through menopause is deeply personal, but its impact ripples through families, workplaces, and communities—making awareness and support a shared responsibility."*

**Ms. Edna N .Mokaya**  
**Senior SRH Technical Advisor, IPPF Humanitarian Programme**



*"Menopause is a blessing in disguise—an opportunity for women to embrace freedom, maturity, and a renewed sense of self, provided society supports them along the way."*

**Dr. Shiromali Dissanayake**  
**Medical Officer-Maternal and Child Health**

**Prof. Anuji Gamage -**  
**Professor in Public Health, Faculty of Medicine,**  
**General Sir John Kotalawela Defence University**





## **Mini - Symposia Session 1.4:**

### **Advancement and Challenges in Cervical, Breast and Prostate Cancer**

#### **Session Description :**

This symposium brings together leading experts to discuss the advancements and challenges in the prevention, screening, and treatment of prostate, breast, and cervical cancers, with a special focus on low and lower-middle-income countries (LLMICs). These cancers represent some of the most common malignancies worldwide, causing significant morbidity and mortality. In LLMICs, including regions of Asia and countries like Sri Lanka, the burden of these cancers is particularly acute, exacerbated by limited access to screening, early detection, and comprehensive treatment options.

Globally, breast cancer remains the most common cancer in women, accounting for 2.3 million new cases in 2020. In many LLMICs, late diagnosis and limited treatment resources contribute to higher mortality rates. Similarly, cervical cancer, which is largely preventable through vaccination and regular screening, still claims over 340,000 lives annually, with 90% of cases occurring in LLMICs. Prostate cancer, the second most common cancer in men, poses unique challenges related to its diagnosis, particularly in regions with inadequate access to screening tools such as Prostate-Specific Antigen (PSA) testing.

During this symposium, three distinguished panellists will share their insights and experiences on cancer management and prevention, particularly in resource-limited and humanitarian settings. Prof. Isha Premathilake will open the session with a presentation on prostate cancer, emphasizing the critical role of PSA (Prostate-Specific Antigen) screening in early detection. She will also delve into the evolution of the Gleason grading system, a pivotal tool in assessing cancer aggressiveness and guiding treatment strategies. Prof. Prematillake will focus on how these tools and techniques can be applied effectively in low-resource settings, where access to comprehensive care is often limited.

Dr. Kanchana Wijesinghe will provide an overview of advancements and challenges in addressing another significant aspect of cancer management, exploring tailored approaches that align with the unique needs of low- and lower-middle-income countries (LLMICs). Her presentation will highlight strategies to enhance cancer care delivery, emphasizing the importance of innovative, context-specific solutions in overcoming infrastructure and resource constraints.

Dr. Diana Constanza Pulido will address the urgent and often unmet need for cervical cancer prevention in humanitarian contexts. She will discuss the challenges of screening and early intervention in these settings, where infrastructure and healthcare access are limited. Pulido will also explore the role of vaccines, community health initiatives, and mobile health solutions in reducing the cervical cancer burden, which remains disproportionately high in vulnerable populations.

**Hosted by the Centre for Cancer Research, University of Sri Jayewardenepura**

## **Mini-Symposium Session 1.4: Advancement and Challenges in Cervical, Breast and Prostate Cancer**



*"Prostate cancer is probably still underreported in Sri Lanka. While it's the fifth most common cancer here, in countries like the USA and UK, it's the top cancer in men. I still feel we are missing something."*

**Prof. Isha Prematilleke**  
Professor in Pathology, Department of Pathology,  
University of Sri Jayewardenepura

*"If detected early, breast cancer offers a near-normal life expectancy. But Sri Lankan women commonly present at stages two, three, or four, where survival rates drop significantly."*

**Dr. Kanchana Wijesinghe**  
Senior Lecturer, Department of Surgery,  
University of Sri Jayewardenepura



*"In humanitarian settings, the lack of infrastructure and prioritization for non-communicable diseases like cervical cancer makes it nearly impossible to sustain screening and treatment programs."*

**Dr. Diana Constanza Pulido**  
Global Technical Lead (Humanitarian),  
International Planned Parenthood Federation



**Prof. Maheeka Seneviwickrama** -  
Director, Centre for Cancer Research,  
University of Sri Jayewardenepura





## **Mini - Symposia Session 2.1:**

### **Menstrual Hygiene and Period Poverty**

#### **Session Description :**

This session aims to shed light on the pervasive yet under-addressed issue of period poverty in Sri Lanka and beyond. Hosted by CAAPP of The Family Planning Association of Sri Lanka, this session will bring together experts and advocates to explore the multifaceted challenges of period poverty and discuss pathways for sustainable solutions. Period poverty is a deeply rooted issue influenced by high taxation on sanitary products, limited accessibility in underserved areas, and inadequate water and sanitation infrastructure. These challenges are compounded by cultural stigmas surrounding menstruation, which prevent open discussions and perpetuate misinformation. The panellists will highlight national and community-level studies on menstrual health and hygiene management (MHM) in Sri Lanka, presenting data on the impact of limited access to menstrual products on education, employment, and health. The session will also address the role of reusable menstrual products and other sustainable solutions that can reduce both the economic burden and environmental impact of period products.

Conducting research to address period poverty is crucial for developing effective and sustainable solutions to this widespread issue. Period poverty not only impacts the physical health of menstruators but also hinders their education, employment, and overall quality of life. Research is essential for understanding the depth of these impacts and for identifying the most pressing needs of those affected. Particularly, there is a growing need for research on reusable hygiene materials, which offer an affordable and environmentally sustainable alternative to disposable products. By studying the effectiveness, accessibility, and cultural acceptability of reusable options, such as cloth pads and menstrual cups, researchers can provide insights into how these materials can be better integrated into communities. Additionally, focusing on reusable products can help reduce the financial burden on menstruators while minimizing the environmental impact of menstrual waste, making research on these materials essential for a comprehensive and sustainable approach to ending period poverty.

To effectively address period poverty, legal and policy reforms are essential. The panel will discuss necessary changes, such as reducing taxes on menstrual products, enhancing public health infrastructure, and incorporating menstrual health education into national curricula. Panellists will also advocate for increased government funding and the expansion of public health services to include free or subsidized menstrual products. Additionally, the session will emphasize the role of Civil Society Organizations (CSOs), women's advocacy groups, academia, and local activists in driving these changes. These stakeholders can promote awareness, dispel stigmas, and foster community-based initiatives, such as reusable pad-making workshops, to improve menstrual health outcomes.

**Hosted by the CAAPP Project**



## **Mini-Symposium Session 2.1: Menstrual Hygiene and Period Poverty**



*"One pad does not fit all; any solution must offer a range of reusable period products suited to the unique needs of each community."*

**Ms. Selyna Peiris**  
Director, Selyn Foundation, Sri Lanka

*"With our research, we tried to understand the awareness and perceptions about menstrual practices, the barriers in accessing products, and how cultural stigmas and limited wash facilities affect menstruators' lives."*

**Ms. Nadhiya Najab**  
Senior Researcher, Center for Poverty Analysis(CEPA)



*"Sri Lanka has taken steps such as free pad distribution, creating national standards for reusable pads, and developing a national guideline on menstrual health and hygiene to promote sustainable practices."*

**Dr. Asanthi Fernando Balapitiya**  
Deputy Director & Head of the Health Communication and Life Skills Unit and Media and Publicity Unit, Health Promotion Bureau, Sri Lanka

**Dr. Rashmira Balasuriya -**  
Technical Advisor, The CAAPP Project,  
FPA Sri Lanka





## **Mini - Symposia Session 2.2:**

### **Engaging Youth as Change Agents for SRHR in a Humanitarian Setting**

#### **Session Description :**

In humanitarian settings, addressing the sexual and reproductive health and rights (SRHR) needs of young people is critical for fostering long-term resilience, health, and well-being. Globally, over 168 million people are in need of humanitarian assistance, with around 20 million being adolescents and young adults. This mini-symposium focuses on the vital role of youth engagement in SRHR in crisis situations, exploring how youth can serve as powerful change agents and leaders in emergency response, recovery, and preparedness initiatives.

The discussion will cover youth participation in SRHR advocacy, preparedness plans, and the creative tools used to engage communities during emergencies. Panellists will explore practical approaches to youth inclusion, such as building trust within communities, developing culturally sensitive engagement strategies, and overcoming barriers to SRH services.

This session also emphasizes the importance of programmatic, policy, and legal changes required to strengthen youth engagement in SRHR within humanitarian frameworks. The conversation will highlight how civil society organizations, academia, and government entities can work together to advocate for youth-inclusive policies and ensure comprehensive SRH services reach marginalized communities. In light of the global demographic shift towards a younger population in many regions, the session underscores the importance of youth-led advocacy in shaping future humanitarian strategies.

Concluding with an interactive Q&A session and a Call to Action, attendees will reflect on their role in supporting youth leadership in SRHR and contributing to a future where young voices are central to humanitarian preparedness, response, and recovery. This session aims to foster dialogue among civil society, governments, donors, and humanitarian organizations, building a collaborative framework for advancing SRHR in crisis contexts.

**Hosted by the IPPF Humanitarian Programme**

## **Mini-Symposium Session 2.2: Engaging youth Change Agents for SRHR in a Humanitarian Setting**



*"Our approach ensures that no one is left behind. By engaging youth and collaborating with them, we can create a safer and more supportive environment where everyone is given the attention and services, they need during crises."*

**Ms. Angelica Jovero Urot**  
Youth Volunteer, Family Planning Association of Philippines

*"We tried to be their friend without discriminating against them, which was key to building trust within disaster-affected communities and engaging youth effectively."*

**Ms. Merlinda Santina Ximenes**  
Youth Volunteer, Indonesian Family Planning Association



*"It is never about youth, if it is without youth. Youth need a seat, a say, and shared accountability to truly lead in SRHR and humanitarian contexts."*

**Ms. Mahalakshmi**  
Youth Volunteer, Family Planning Association of India

**Ms. Achini Pahalawatte -**  
Programme Coordinator, FPA Sri Lanka





## **Mini - Symposia Session 2.3:**

### **Improving SRH Interventions through Equity - Focused and Gender - Responsive Evaluations**

#### **Session Description :**

Ensuring universal access to sexual and reproductive health (SRH) services remains a fundamental component of global health goals. Despite substantial progress, deep-seated disparities persist, influenced by gender, socioeconomic status, geographic location, and other factors. These inequalities frequently prevent marginalized and underserved populations from accessing essential SRH services, impacting their health and overall well-being. Conventional evaluation methods often fall short of capturing the diverse needs of these populations, inadvertently perpetuating inequities within SRH interventions. In response, Equity-Focused and Gender-Responsive Evaluations (EFGRE) have emerged as powerful methodologies to enhance the inclusivity and effectiveness of SRH programmes, especially for vulnerable groups.

This session will explore how EFGRE can identify and address disparities in SRH access, quality, and outcomes, with a particular emphasis on women, adolescents, LGBTQI+ communities, sex workers, and rural populations. By prioritizing these evaluations, programme implementers can better understand how SRH interventions impact different groups, acknowledge structural barriers, and tailor services to meet diverse needs. Such approaches go beyond surface-level metrics, addressing underlying societal dynamics, such as gender norms, power imbalances, race, age, and geographic disparities that influence SRH outcomes.

Dr. Arpita Das, Senior Technical Advisor for Learning & Impact at the IPPF South Asia Regional Office, will moderate the session. She will introduce the speakers and frame the significance of EFGRE in improving SRH outcomes. Dr. Soma De Silva, a former Regional Technical Advisor for UNICEF, will discuss equity-focused evaluations, highlighting the importance of addressing inequalities in SRH services, particularly for disadvantaged and vulnerable populations. Dr. Asela Kalugampitiya from the Centre for Evaluation will examine gender-responsive evaluations, emphasizing how SRH programmes affect men, women, and transgender people differently. Lastly, Dr. Mohamed Munas, Senior Researcher, Centre for Poverty Analysis, will explore how EFGRE insights inform policy-making and programme design, ensuring that SRH interventions are equitable and gender-sensitive.

Following these presentations, the session will open for a Q&A period, where Dr. Das will prompt speakers with pre-determined questions, followed by an interactive dialogue with participants. This forum aims to deepen participants' understanding of how EFGRE can improve SRH intervention effectiveness for marginalized groups.

**Sponsored by the Centre for Poverty Analysis (CEPA) & Organized by the Centre for Evaluation, University of Sri Jayewardenepura**



## Mini-Symposium Session 2.3: Improving SRH Interventions through Equity-Focus and Gender-Responsive Evaluations



*"Our focus should remain on marginalized communities, ensuring that no one is left behind in accessing essential SRH services."*

**Dr. Soma De Silva**  
Former regional technical advisor (M&E),  
UNICEF regional office

*"Gender-responsive approaches in evaluation are not just a preference—they are a necessity if we aim to achieve true inclusivity in healthcare systems."*

**Dr. Asela Kalugampitiya**  
Director, Centre for Evaluation,  
University of Sri Jayawardenepura



*"The integration of equity and gender considerations into program evaluations leads to more sustainable and impactful results."*

**Dr. Mohamed Munas**  
Senior researcher,  
Team leader-labour migration, Centre for poverty analysis



**Dr. Arpita Das**  
Senior performance, Learning and  
Impact advisor, IPPF-SARO





## Mini - Symposia Session 2.4:

### SRHR and Subfertility

#### Session Description :

Subfertility, commonly misunderstood and often neglected in public health discussions, poses significant psychological, social, and medical challenges for individuals and couples worldwide. As defined by the World Health Organization (WHO), subfertility is the inability to achieve a clinical pregnancy after 12 months or more of regular, unprotected intercourse. Globally, this condition affects a notable percentage of the population, yet its impacts remain under-acknowledged in the context of sexual and reproductive health and rights (SRHR). This session, Sri Lanka College of Obstetricians & Gynaecologists (SLCOG), aims to bring to the forefront the issues and advancements related to SRHR and subfertility, with insights from some of the field's leading experts.

Moderated by Dr. Gayani Tissera, Senior Registrar and Obstetrician & Gynaecologist at the Ministry of Health, Sri Lanka, the session will delve into a range of topics crucial to understanding and addressing subfertility within the SRHR framework. Panellists will explore advanced fertility management techniques, discussing the latest developments in in vitro fertilization (IVF) and fertility preservation methods, especially for women facing medical conditions or those who wish to postpone parenthood. The session will also cover male fertility management, shedding light on the unique challenges and available treatments for male-factor subfertility, which is an often overlooked aspect of family planning.

The speakers, including Prof. Athula Kaluarachchi, Dr. Milhan Batcha, Dr. Udara Jayawardena, and Dr. Chaminda Hunukumbura, will provide insights on best practices in fertility treatment, showcasing current innovations and techniques that offer new hope to those affected by subfertility. Beyond the medical perspective, the session will address the legal and policy landscape surrounding subfertility and SRHR, emphasizing the need for policy reforms that support accessible, affordable, and equitable reproductive healthcare. The role of the government and civil society organizations (CSOs) will be discussed, highlighting their responsibility to promote awareness, provide support, and advocate for comprehensive care options for individuals experiencing subfertility.

By the end of the session, participants will have a deeper understanding of the complexities surrounding subfertility and the importance of integrating it into the broader SRHR agenda. The discussion aims to inspire new strategies for advocacy and policy development, ensuring that subfertility receives the attention it deserves within the spectrum of reproductive health services. This collaborative dialogue will foster a more inclusive approach to family planning and reproductive health, with a focus on equity, innovation, and compassion.

**Hosted by Sri Lanka College of Obstetricians & Gynaecologists (SLCOG)**



## **Mini-Symposium Session 2.4: SRHR & Subfertility: Innovations in Assisted Reproductive Technology (ART)**



*"Even the simplest forms of ART remain relevant, but advancements in genetic testing and artificial intelligence are set to redefine the future of fertility care."*

**Dr. Udara Jayawardena**  
Consultant in Subfertility and Gynecology

*"The sad reality is that patients often age out of effective treatment due to lack of awareness and repetitive, ineffective interventions."*

**Dr. Chaminda Hunukumbure**  
Consultant Gynecologist and Fertility Specialist



*"Addressing fertility preservation early not only safeguards reproductive potential but provides psychological reassurance to patients battling serious illnesses."*

**Dr. Milhan Batcha**  
Consultant in Subfertility and Specialist in Gynecology



*"Fertility treatment is a big business, if you really look at it. People exploit. And people will do anything to have a pregnancy, so that's the sad part of it."*

**Prof. Athula Kaluarachchi,**  
Professor of Obstetrics and Gynecology



**Dr. Gayani Tissera -**  
Senior Registrar in Reproductive Medicine, Ministry of Health





**SECTION 3 :**

**PARALLEL SESSIONS**

## **Parallel Session 1.1: Socio - economics Determinants of Sexual and Reproductive Health**

**1. Prevalance and factors associated wth sexual dysfunctions during pregnanacy among Sri Lankan women attending an Antenatal clinic in a tertiary care hospital, Colombo, Sri Lanka**

**Sandun Rajapakshe – National STD/ AIDS Control Programme (NSACP), Sri Lanka**

**2. Menstrual stigma : An assessment of the Sri Lankan perspective with a focus on individuals with advanced level education or higher**

**Tirani Wijewickrama – Faculty of Arts, University of Colombo**

**3. Famly planning utilization trends in Western province from 2017 - 2023**

**Kumudu Sumedha Sanjeewani - Senior Lecturer, Department of Sociology, University of Kelaniya, Sri Lanka**

**4. Exploring diabled male veterans' subject positioning and gender identity construction in sexually intimate relationships**

**Kumudu Sumedha Sanjeewani - Senior Lecturer, Department of Sociology, University of Kelaniya, Sri Lanka**

**5. In-depth analysis of the drivers of unintended pregnancies among adolescent girls and young women in the Atlantique department of Benin**

**Comlan Christian – Association Béninois Pour la Promotion de la Famille (ABPF), Benin**

**6. Menstrual hygiene practices among GCE Ordinary level girls' students of schools in Killinochchi district, Sri Lanka : A cross - sectional study**

**Pakeerathan K. - Department of Public Health, Faculty of Medicine, University of Kelaniya, Department of Radiology, Teaching Hospital Jaffna**

**Sponsored by Selyn Foundation**



## **Parallel Session 1.2: Safeguarding Gender Rights and Combating Gender-Based Violence**

### **1. Effectiveness of survivor centered multipronged approach for addressing sexual and gender-based violence in Bhutan**

**Arpita Das – South Asia Regional Office, International Planned Parenthood Federation (IPPF)**

### **2. Exploring the effectiveness of an awareness video to change attitudes and knowledge about lesbian, gay, bisexual, transgender, queer+ community among undergraduates in Sri Lanka**

**Kanthi Hettigoda - Department of Psychology, University of Peradeniya**

### **3. Breaking the silence : revealing gender - based violence among Hijra and Transgender communities in Bangladesh**

**A. K. M Anisuzzaman - Bandhu Social Welfare Society, Dhaka, Bangladesh**

### **4. Guardians of safety : Protective factors for intimate partner violence during the COVID - 19 pandemic in Kalutara district**

**Chanika Dilhani - Faculty of Health Sciences, The Open University of Sri Lanka**

### **5. Help seeking behaviour of women facing sexual violence by intimate partners in Sri Lanka**

**Neranjala Sumathipala - Faculty of Arts, University of Colombo**

### **6. Decoding perspectives : insights of government medical officers in Sri Lanka on homosexuality - a cross-sectional analysis**

**Dr K. M. N. S. B. Kulathunge - Postgraduate /Institute of Medicine, University of Colombo**

## **Parallel Session 1.3: Engaging Youth in Sexual and Reproductive Health**

### **1. Right to contraception : Analyzing the pattern and predictors among adolescent women in India**

**Manas Ranjan Pradhan - International Institute for Population Sciences, Mumbai, India**

### **2. Addressing norms related to sexual and reproductive health among youth in Anuradhapura using health promotion principles**

**Dr. Manoj Fernando - Faculty of Applied Sciences, Rajarata University of Sri Lanka**

### **3. Effect of consanguineous marriage, child marriage and teenage pregnancy on pregnancy outcome : Evidence from India**

**Mr. S. Radhakrishnan - International Justice Mission**

### **4. Evaluation of an edutainment 'sexual and reproductive health promotion' programme delivered to adolescent school children : 'Rhythm to life'**

**Dr. Amila Chandrasiri - Regional Director of Health Services Office, Galle**

### **5. Sexual and reproductive health information and service needs and preferences of young people in Sri Lanka : A systematic review**

**Medhavi Weerasinghe - School of Public Health and Preventive Medicine, Monash University, Australia**

### **6. The impact of COVID-19 on the dynamics of sexual and reproductive health education at government schools in Sri Lanka**

**Dr. Malith Kumarasinghe – Ministry of Health Sri Lanka**



## **Parallel Session 1.4: Access and Equity in Family Planning**

### **1. Male involvement in family planning in a rural setting of Sri Lanka**

**Dr. (Miss) K A D N S Jayarathna - Family Health Bureau, Ministry of Health, Sri Lanka**

### **2. Unravelling the factors determining traditional family planning practices among ever married women in Sri Lanka**

**Mr. Migara Karunarathne - Faculty of Arts, University of Colombo**

### **3. Exploring service provider perspectives on LNG IUS deployment in FPA India clinics**

**Dr. Pallavi Sonu Vinarkar – Program Manager – Medical, Family Planning Association of India**

### **4. Overcoming the social cultural barriers for accessing family planning services by communities through informed choices in Noida slums, India**

**Ms. Tapasi Grahacharya - Family Planning Association of India Noida Project**

### **5. Knowledge and practice of contraceptive methods amongst reproductive age mothers attending a tertiary care hospital in northern Sri Lanka**

**Ms. Vaishnavy Gengatheeswaran - Faculty of Medicine, University of Jaffna**

### **6. Measuring reproductive autonomy among married youth in India : A new model**

**Dr. Lopamudra Paul – Pathfinder, India**

## **Parallel Session 2.1: Dynamics of Population and Sexual & Reproductive Health**

### **1. Addressing reproductive health challenges imposed by Thalassemia in the Maldives : Insights from she's outreach programme**

**Ms. Mariya Saeed - Society for Health Education, Maldives**

### **2. Knowledge on menopause among women - an online study**

**Dr. P.A.S.R Pathiratne - Ninewells Hospital**

### **3. Sexual and reproductive health challenges on population ageing : unique unmet needs of ageing populations, menopause and elderly**

**Saraswathi Jangam - Family Planning Association of India, Pune**

### **4. Unveiling the anti-choice agenda in India : mapping opposition groups, narratives and tactics and implications for marginalised communities**

**Vinitha Jayaprakasan and Ragini Bordoloi - Common Health India**

### **5. Assessing the adaptability of China's post-one-child policy subfertility strategies to Sri Lanka's reproductive healthcare framework**

**Mr. Hasala Maduhasya Bandara Wimalaratne - School of Medicine, Zhejiang University, China**



## **Parallel Session 2.2: Uniting Against HIV and STIs**

### **1. Bridging gaps, building futures : An innovative framework for comprehensive HIV and STI care in Punjab's key populations**

**Nisha Poojary - Family Planning Association of India**

### **2. Eliminating vertically transmitted HIV and Syphilis in Sri Lanka : The role of social determinants of health**

**AADNS Saparamadu - Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, United States**

### **3. Understanding the needs and experiences of transgender individuals : A mixed methods study of the Pune branch's integrated services**

**Pravin Sonawne - Family Planning Association of India**

### **4. The role played by social media influencers in fostering discourse on sexual and reproductive health**

**Ravendra Kumar R. K. - University of Colombo  
MKN Perera – Independent Researcher**

### **5. Sexual and reproductive health inequity faced by transgender youth : Transwomen and transmen**

**Abhishek - The Humsafar Trust, Delhi**

## **Parallel Session 2.3: Sexual and Reproductive Health, Climate Change, and the Evolving Abortion Discourse**

### **1. Experiences of unwanted pregnancies and abortion decisions in Benin : A qualitative analysis**

**Roger Wenceslas Tognisso - Gender equality consultant, Association Béninoise pour la promotion de la Famille**

### **2. A wholistic approach to responding to the sexual and reproductive health needs during protracted and emergency crisis in Afghanistan**

**Dr. Tayyaba K. Shaikh - Technical advisor-OLE-IPPF-SARO**

### **3. Exploring cultural, religions and legal barriers abstracting access to safe abortion in Sri Lanka**

**Ms. Sithmi Attanayake - Department of Sociology, University of Peradeniya**

### **4. Shattered consent : reproductive autonomy and legal challenges for rape survivors in Sri Lanka**

**Ms. Thamasi Konara - Faculty of Law, General Sir John Kotelawala Defence University**



## **Parallel Session 2.4: Innovations in Cervical, Breast, and Prostate Cancer Prevention, Screening, and Treatment**

**1. Quality of life among informal caregivers of patients with advanced cancer in palliative care at the Apeksha hospital, Maharagama, Sri Lanka**

**Siyambalapiti Mudalige Eranthi Bimalee Weeratunga - Faculty of Allied Health sciences, University of Ruhuna, Sri Lanka**

**2. Socio - demographic and economic determinants of health outcomes of breast cancer survivors in a lower middle-income country**

**Denagamagei S. S. - Centre for Cancer Research, University of Sri Jayewardenepura, Sri Lanka**

**3. Women's insights into obstacles in cervical cancer screening : Experiences from family planning association of India's intervention**

**Ms. Usha Radhakrishnan - Family Planning Association of India**

**4. Prevention, awareness and early detection of breast cancer using breast exam device : An observational study by family planning association India**

**Ms. Monika Dayama - Family Planning Association of India - Pune**

**5. Overcoming barriers to cancer screening : lessons from an integrated health services approach in Gwalior-India**

**Ms. Neelam Dixit - Family Planning Association of India**

**6. Collaborative approach for eliminating cervical cancer in rural communities : Evidence from Dharwad District, Karnataka, India**

**Dr. Rathnamala Desai - Family Planning Association of India – Mumbai**

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# **SECTION 4 :**

## **TECHNICAL HIGHLIGHTS**



# Navigating Complexity: Socioeconomic and Demographic Determinants of Sexual and Reproductive Health

## 1. Introduction

This section consolidates insights from various sessions that highlighted socioeconomic and demographic determinants of SRH. These sessions explored the intricate interplay between demographic changes, socioeconomic factors, and SRH. Experts provided valuable perspectives on policy implications, programmatic challenges, and recommended strategies to address these pressing issues.

## 2. Key points

SRH outcomes are influenced by complex demographic and socioeconomic factors. Key contributions from speakers included:

### 1. Demographic transitions

Emeritus Prof. W. Indralal De Silva, referencing data provided by Prof. Jinhyun Kim, highlighted how South Korea's fertility rates have declined drastically from over 6 children per woman in 1960 to 0.72 in 2022 due to factors such as delayed marriages, economic pressures, and evolving cultural norms. Despite substantial policy interventions, the success in reversing this trend has been limited.

In Sri Lanka, Prof. De Silva noted the ongoing decline in fertility rates, marriage rates, and rising divorce rates, driven by economic challenges, migration, and societal shifts. He stressed the urgency of addressing these demographic transitions to maintain a stable population structure. Following the presentation, Dr. Janaki Vidanapathirana highlighted the requirement for policy revisions to accommodate subfertility, child care, and insurance facilities for ANC/PNC, subfertility and child education.

### 2. Youth and vulnerable populations

Dr. Vidanapathirana emphasized the importance of engaging with youth to address their SRH needs. She identified gaps in sexual education and discussed the rising trend of multiple romantic affairs among young people in Sri Lanka, which has implications for mental health and marital stability.

Members from the audience, including Ms. Anaya Rahimi and others, raised concerns about the lack of data and focus on LGBTQIA+ issues, highlighting the need for inclusive policies to address their unique SRH challenges.

### 3. Family planning trends

Ms. Kaveesha Kumarasinghe presented trends in family planning utilization in Sri Lanka's Western Province, showing increased use of modern contraceptive methods while traditional methods remained static. She called for further investigation into cultural and systemic barriers affecting contraceptive adoption.

### 4. Menstrual and sexual health

Mr. Sandun Rajapaksha highlighted the high prevalence of sexual dysfunctions during pregnancy, which worsens in later trimesters due to misconceptions and limited partner involvement.

Ms. Tirani Wijewickrama discussed the persistence of menstrual stigma, even among educated populations, and emphasized the need for targeted education to normalize menstruation and address self-consciousness among menstruating individuals.

## 3. Legal implications

### 1. National level

Dr. Vidanapathirana discussed the impact of punitive laws against same-sex relationships and the misapplication of vagrancy laws, which obstruct SRH equity. She advocated for repealing these laws to align with global human rights frameworks.

Prof. De Silva noted the lack of affordable childcare facilities, structured child protection services, lack of subfertility programmes in the government sector which dissuade young couples from expanding their families. He further elaborated the requirement for more inclusive health insurance systems which cover subfertility, ANC/PNC services and child education.

### 2. International level

Several speakers, including Dr. Vidanapathirana, stressed the importance of adhering to global health standards and SDGs to foster partnerships and align national efforts with international objectives.

## 4. Program implications

### 1. National level



Dr. Vidanapathirana called for the implementation of rights-based comprehensive sexual education, integrated into school curricula. She emphasized the need for collaborative efforts between ministries, NGOs, and civil society to promote effective SRH education.

Audience members highlighted the piecemeal approach to SRH programs for marginalized groups and called for structured, long-term initiatives.

## 2. International level

Dr. Vidanapathirana and contributors from the audience advocated for international collaborations with organizations such as WHO and UNFPA to share best practices and resources, enabling low-resource countries to adopt effective SRH strategies.

## 5. Identified gaps in the area

- Dr. Vidanapathirana highlighted inadequate data collection on LGBTQIA+ populations and their SRH needs.
- Prof. De Silva identified a lack of mental health integration into SRH services, particularly for youth and marginalized groups.
- Members of the audience, including Ms. Rahimi, called attention to the absence of LGBTQIA+ voices in policy-making and research.

## 6. Key scientific findings

1. Prof. De Silva presented South Korea's low fertility rates and their limited success with policy interventions, emphasizing lessons for Sri Lanka.
2. Mr. Rajapaksha noted a 68% prevalence of sexual dysfunction during pregnancy, which worsens across trimesters, largely due to misconceptions and lack of partner engagement.
3. Ms. Wijewickrama revealed persistent menstrual stigma, even among educated Sri Lankans, indicating the need for targeted awareness programs.
4. Ms. Kumarasinghe identified an upward trend in modern contraceptive use but emphasized the need to address misconceptions about traditional methods.

## 7. Recommended policy changes

### 1. Expand access to SRH services

- Prof. De Silva and Dr. Vidanapathirana recommended establishing mobile units for contraception and menstrual health services in underserved areas.
- Mandate rights-based, comprehensive sexual education for all demographics.

## 2. Promote inclusivity

- Members of the audience and Dr. Vidanapathiarana called for repealing punitive laws against LGBTQIA+ individuals and ensuring their inclusion in SRH policies.
- Address gender inequities in SRH services through targeted community education.

## 3. Strengthen data and research

- Dr. Vidanapathiarana and others advocated for creating inclusive SRH databases to track health outcomes for all demographics.
- Promote research on region-specific SRH challenges, particularly for marginalized groups.

## 4. Enhance program delivery

- Dr. Vidanapathiarana and Mr. Rajapaksha suggested leveraging digital tools and AI to improve access to SRH information and services.
- Develop public-private partnerships to fund and sustain SRH programs.

## 8. Conclusion

The discussions highlighted the complexity of socioeconomic and demographic determinants influencing SRH. Addressing these challenges requires a multi-sectoral approach prioritizing inclusivity, evidence-based policies, and collaborative efforts. By advancing these strategies, Sri Lanka can better navigate its SRH challenges and align with global health goals.



# Beyond Boundaries: Safeguarding Rights and Dignity for All Gender Identities and Sexual Orientation

## 1. Introduction

This section consolidates insights from the conference sessions that highlighted safeguarding rights and dignity for all gender identities and sexual orientation. The discussions brought together experts, including Dr. Lahiru Kodithuwakku, Dr. Kalpana Apte, Dr. Nethanjali Mapitigama, and Dr. Pramila Senanayake, to address critical challenges and advancements in combating GBV, promoting LGBTQIA+ rights, and ensuring inclusive healthcare systems. The sessions highlighted systemic gaps, innovative practices, and actionable recommendations for creating equitable policies and programs.

## 2. Key points

The following key points were highlighted during the discussions:

### 1. Prevalence and forms of GBV

Dr. Apte emphasized that GBV remains a hidden pandemic, exacerbated by cultural norms and systemic barriers. She noted the severe underreporting of violence against marginalized groups, particularly transgender individuals, and stressed the multifaceted nature of GBV, including emotional, psychological, and socio-economic violence.

### 2. Barriers to HIV prevention and testing

Dr. Vindya Kumarapeli and Dr. Sathya Herath outlined Sri Lanka's progress in introducing PrEP and HIV self-testing, particularly during the COVID-19 pandemic. However, they identified significant challenges, including stigma, limited rural outreach, and the public's lack of awareness about these innovations.

### 3. Community mobilization

Dr. Apte and Dr. Senanayake shared examples of successful community-led interventions. Dr. Apte discussed pressure groups in India that proactively address GBV, while Dr. Senanayake emphasized the importance of community partnerships in Sri Lanka's GBV prevention and response efforts.

### 3. Legal implications

#### 1. National level

Dr. Mapitigama highlighted the cultural acceptance of intimate partner violence and the inadequacy of laws addressing GBV and LGBTQIA+ rights in Sri Lanka. She stressed the need for legal reforms to criminalize marital rape and protect survivors of violence.

#### 2. International level

Dr. Senanayake discussed the importance of aligning national efforts with global frameworks, such as the WHO's GBV prevention strategies and UNAIDS targets. She called for stronger international advocacy for laws that protect LGBTQIA+ individuals and ensure equal access to healthcare services.

### 4. Program implications

#### 1. National level

Dr. Mapitigama detailed Sri Lanka's Mithuru Piyasa program, which provides confidential support to GBV survivors. She also outlined plans for integrating GBV screening into maternal healthcare programs starting in 2025. Dr. Herath highlighted the success of PrEP delivery through community clinics in urban and suburban areas.

#### 2. International level

Dr. Apte emphasized the value of international partnerships for sharing resources and expertise. Dr. Kumarapeli discussed Sri Lanka's collaboration with the Global Fund to implement HIV self-testing and PrEP programs, showcasing the benefits of such alliances in addressing key health challenges.

### 5. Identified gaps in the area

#### 1. Data limitations

Dr. Apte noted that most studies focus on binary gender categories, neglecting transgender and non-binary populations.



## 2. Public awareness

Dr. Mapitigama highlighted low awareness of LGBTQIA+ rights and GBV prevention, particularly among youth and rural communities.

## 3. Resource constraints

Dr. Herath pointed out the overreliance on donor funding for programs like PrEP and HIV self-testing, which raises sustainability concerns.

## 4. Healthcare gaps

Dr. Senanayake identified the lack of diagnostic facilities and trained personnel in rural areas as a major barrier to effective GBV and HIV prevention.

# 6. Key scientific findings

## 1. Psychological impact of GBV

Dr. Apte described how emotional and psychological abuse severely undermines survivors' mental health and productivity.

## 2. Efficacy of PrEP

Dr. Kumarapeli presented evidence of PrEP's effectiveness in reducing HIV transmission among MSM and transgender individuals, though its utilization remains suboptimal.

## 3. Community models

Dr. Apte and Dr. Herath shared successful examples of peer-led and community-based interventions, which have increased service uptake and reduced stigma.

# 7. Recommended policy changes

## 1. Expand GBV and HIV programs

- Scaling up Mithuru Piyasa centers to underserved regions is crucial to ensure comprehensive support for GBV survivors, as emphasized by Dr. Mapitigama. Additionally, providing PrEP and HIV self-testing kits nationwide and integrating these services into existing healthcare infrastructure was highlighted by Dr. Herath as an effective strategy to improve accessibility and coverage.

## 2. Strengthen LGBTQIA+ legal protections

- The need to enact laws explicitly safeguarding LGBTQIA+ rights was emphasized by Dr. Senanayake, aiming to combat discrimination and ensure equality. Mandatory anti-discrimination training for law enforcement and healthcare workers was highlighted by Dr. Apte as essential for fostering an inclusive environment and improving service delivery for marginalized communities.

## 3. Promote education and awareness

- Introducing LGBTQIA+ rights and GBV prevention programs in schools and universities was recommended by Dr. Mapitigama as a means to address stigma and foster acceptance. Additionally, Dr. Kumarapeli emphasized the importance of using social media to raise awareness, combat stigma, and promote early detection of GBV and HIV.

## 4. Enhance data and research

- Developing inclusive national surveys to capture comprehensive data on LGBTQIA+ populations was highlighted by Dr. Apte to ensure their specific needs are recognized and addressed. Investments in region-specific research focusing on GBV and HIV patterns were emphasized by Dr. Herath as critical for designing effective interventions.

## 5. Ensure program sustainability

- The transition to domestic funding for PrEP and HIV self-testing was identified as essential by Dr. Kumarapeli to ensure the longevity of these programs beyond international donor support. Establishing public-private partnerships was proposed by Dr. Senanayake as a means to secure additional funding and technical expertise to sustain these critical initiatives

## 8. Conclusion

The conference underscored the critical need for collaborative, multi-sectoral efforts to safeguard the rights and dignity of all gender identities and sexual orientations. By addressing systemic barriers, enhancing legal protections, and promoting sustainable programs, stakeholders can create a more inclusive and equitable society. The insights shared by experts provide a roadmap for transformative change, ensuring that no one is left behind.



# Getting Ready for Generation Beta: Engaging Youth in SRH

## 1. Introduction

This section consolidates insights from discussions that highlighted youth engagement in SRH. Sessions featured contributions from several experts who provided valuable perspectives on SRH for youth in Sri Lanka. Their discussions highlighted the pressing need for policy reforms, programmatic interventions, and inclusive education to meet the evolving needs of young people.

## 2. Key Points

CSE was identified as a cornerstone for addressing youth SRH challenges. Mr. Kodithuwakku highlighted the structure of Sri Lanka's current school curriculum, which focuses on basic anatomy of reproductive systems, hygiene, and puberty but neglects crucial areas like safe sex practices, contraception, and sexual diversity. Ms. Dilhani elaborated on initiatives such as menstrual health voucher programs and the development of age-appropriate educational materials but emphasized that cultural and logistical challenges hinder their effectiveness.

Dr. Thennakoon shared insights on the "Let's Learn Life" digital campaign, which uses social media platforms to disseminate SRH information to youth, reaching over 1.6 million users in its first three months. However, she noted limited internet penetration and high data costs as barriers to broader engagement.

Mr. Billimoria brought attention to grassroots-level challenges, such as teacher reluctance and societal resistance, and advocated for enhanced training and support for educators to overcome these barriers. He also highlighted the lack of accessibility to high-quality SRH materials, especially in rural areas.

## 3. Legal implications

Dr. Janaki Vidanapathirana underscored the need for robust legal frameworks to ensure equitable access to SRH education and services. She emphasized integrating CSE into national education policies and aligning these with UNESCO's guidelines and WHO's reproductive health strategies.

Dr. Thennakoon discussed the importance of protecting the privacy of youth accessing digital SRH services and ensuring ethical handling of sensitive information. Additionally, Mr. Billimoria highlighted the need for legal reforms to address cultural resistance to SRH topics and protect teachers and students from backlash when discussing sensitive subjects.

## 4. Program implications

### 1. National level

Mr. Kodithuwakku emphasized the importance of incorporating SRH into the broader school curriculum and proposed making Health and Physical Education a mandatory subject from Grades 1 to 11. Ms. Dilhani advocated for scaling up teacher training programs and improving access to SRH services, especially for rural and underprivileged communities.

### 2. International level

Dr. Thennakoon highlighted the potential of international collaboration with organizations like WHO and UNICEF to share knowledge, resources, and best practices. Drawing from examples such as South Korea's demographic policies, Mr. Billimoria emphasized the importance of adopting innovative strategies to address societal and economic barriers to SRH education and services.

Globally, organizations such as the IPPF and UNFPA have emphasized the role of youth as change agents in SRH initiatives, particularly in humanitarian settings. Ms. Angelica Jovero Urot from the FPA of the Philippines shared her experience during the 2021 typhoon response, where youth volunteers played a critical role in providing SRH services and raising awareness about HIV, GBV, and maternal health. Ms. Melinda Santina Ximenes from Indonesia and Ms. Mahalakshmi from India also shared insights on using youth networks to build resilience and deliver SRH services during crises. Sri Lanka can benefit from adopting similar models, ensuring that youth-led SRH initiatives receive the necessary institutional support to drive sustainable change.

## 5. Identified gaps in the area

### 1. Curriculum and delivery

Mr. Kodithuwakku identified gaps in the current curriculum, including the omission of topics like contraception, gender diversity, and LGBTQIA+ issues. He also pointed out that teacher reluctance, due to cultural stigma and inadequate training, limits the effective delivery of SRH education.

### 2. Resource disparities

Ms. Dilhani noted the lack of adequate SRH resources and access to services in rural areas. Dr. Thennakoon discussed how limited internet penetration and high data costs hinder digital SRH campaigns from reaching underserved populations.

### 3. Advocacy and monitoring

Mr. Billimoria stressed the need for stronger advocacy efforts to overcome political and cultural resistance to CSE. He also emphasized the absence of robust systems to monitor the implementation and effectiveness of SRH programs.



## 4. Lack of Male-Centric SRH Interventions

Dr. Iqbal Shah pointed out that most SRH programs focus on young women, neglecting the concerns and responsibilities of young men in reproductive health matters.

## 6. Key scientific findings

### 1. Youth behavior

Data presented by Prof. Indralal De Silva revealed an alarming increase in early love affairs and premarital sexual behavior among youth, with many lacking access to accurate information on safe sex practices.

### 2. CSE impact

Dr. Vidanapathirana noted that comprehensive CSE can significantly reduce risks such as unintended pregnancies and STIs. However, existing abstinence-focused education limits its effectiveness.

### 3. Digital campaigns

Dr. Thennakoon highlighted the success of the "Let's Learn Life" campaign in engaging youth digitally, but she noted the need for further investment in expanding its reach and impact.

### 4. Declining adolescent fertility rates

Dr. Shah highlighted that across South Asia, including Sri Lanka, adolescent fertility rates have decreased due to increased contraceptive use and educational outreach.

### 5. Importance of Early Education

Dr. Shah further said that scientific data indicate that introducing SRH education between ages 10–14 yields the most significant behavioral impact, yet this is the age group least targeted in current curricula

## 7. Recommended policy changes

### 1. Expand and strengthen CSE

- Mr. Kodithuwakku recommended making CSE mandatory across all educational levels, with content aligned with UNESCO guidelines.
- Ms. Dilhani proposed developing multilingual and accessible resources to meet the diverse needs of students.

## 2. Enhance teacher training

- Mr. Billimoria emphasized the need for standardized training programs to equip educators with the skills to address sensitive topics effectively.
- Ms. Dilhani called for incentivizing teacher participation in such programs.

## 3. Improve community engagement

- Dr. Vidanapathirana advocated for workshops to address cultural barriers and foster parental support for SRH education.
- Mr. Billimoria emphasized the importance of involving community leaders in SRH advocacy efforts.

## 4. Expand SRH services

- Dr. Thennakoon suggested integrating youth-friendly SRH services into primary healthcare systems and leveraging digital platforms to reach underserved areas.
- Ms. Dilhani recommended providing subsidized services to ensure affordability.

## 5. Address LGBTQIA+ needs

- Mr. Billimoria stressed the importance of integrating LGBTQIA+ perspectives into CSE to foster inclusivity and reduce stigma.
- Dr. Vidanapathirana called for equal access to SRH services for LGBTQIA+ youth.

## 6. Strengthen monitoring systems

- Mr. Billimoria proposed establishing national databases to track the delivery and outcomes of SRH programs.
- Dr. Thennakoon highlighted the need for ongoing evaluation to ensure program efficacy.

## 8. Conclusion

The sessions underscored the urgent need for a comprehensive, inclusive, and culturally sensitive approach to youth SRH. By addressing identified gaps and implementing the recommended policies, Sri Lanka can empower Generation Beta with the knowledge, resources, and support they need for a healthier future. Collaborative efforts involving educators, policymakers, and communities will be crucial in achieving this vision.



# Digital Horizons in SRH: Innovations for Access, Information, and Advocacy

## 1. Introduction

This section consolidates the key discussions that highlighted digital horizons in SRH. It reflects the insights and recommendations shared by speakers who highlighted the challenges and opportunities in advancing SRH through innovative strategies.

## 2. Key Points

### 1. Comprehensive sexuality education and digital learning

Mr. Dhammika Kodithuwakku explained that while CSE is integrated into Sri Lanka's school curriculum, its implementation remains inconsistent due to cultural sensitivities. Digital platforms offer an opportunity to bridge these gaps

Ms. Ganga Dilhani emphasized the role of digital learning materials in supplementing school-based education. She noted collaborations with UNFPA and the Ministry of Health to develop age-appropriate digital content.

Dr. Ganga Thennakoon presented Sri Lanka's digital CSE initiative, "Let's Learn Life", which utilizes social media platforms like Facebook, Instagram, YouTube, Twitter, TikTok, and LinkedIn to provide age-appropriate sexuality education. While the campaign has reached over 1.6 million people, she pointed out that algorithm limitations and a lack of promotion funding have hindered engagement.

### 2. LGBTQIA+ inclusion and barriers to SRH services

Mr. Sylvester Merchant highlighted the systemic exclusion of LGBTQIA+ individuals from SRH services, particularly in South Asia, due to outdated legal frameworks and discrimination in healthcare settings. He emphasized that decriminalization efforts in Sri Lanka remain incomplete, preventing LGBTQIA+ individuals from accessing equitable healthcare services.

Mr. Aritha Wickramasinghe detailed the legal struggles of LGBTQIA+ individuals in Sri Lanka, including cases where healthcare professionals have conducted forced anal and vaginal examinations to "prove" homosexuality. He stressed that while some policy improvements have been made, such as police circulars discouraging these practices, systemic discrimination in healthcare persists.

LGBTQIA+ individuals and sex workers face systemic discrimination in healthcare as Mr. Wickramasinghe highlighted. Policies must explicitly protect gender-diverse individuals, and healthcare providers should receive training to reduce biases and improve service delivery.

## 2. International level

International bodies like WHO, UNFPA, and UNESCO should develop standardized digital SRH education platforms adaptable to different cultural contexts according to Dr. Amila Chandrasiri. Sharing best practices can help nations improve SRH policies and implementation strategies.

Laws criminalizing LGBTQIA+ individuals and sex workers restrict access to essential SRH services as Ms. Giani and Ms. Rahimi mentioned. Global advocacy and policy reforms are needed to eliminate discrimination and promote equal healthcare access.

Contraceptive access and reproductive health must be prioritized in global development agendas as Dr. Pradhan mentioned. Increased funding and international support are essential to scale up SRH initiatives and community-based interventions worldwide.

## 5. Identified gaps in the area

### 1. Limited digital outreach to rural populations

Despite advancements in digital SRH education, rural communities remain underserved due to limited internet access and lack of localized content as Dr. Chandrasiri highlighted. Expanding rural-friendly digital initiatives is essential to ensure equitable access to SRH information.

### 2. Early marriage and teenage pregnancy

High rates of child marriage and adolescent pregnancies continue to negatively impact maternal health and reproductive autonomy as Dr. Radhakrishnan mentioned. Strengthening legal protections and education programs can help delay early pregnancies and improve health outcomes.

### 3. Inconsistent legal protections for LGBTQIA+ healthcare access

LGBTQIA+ individuals face systemic discrimination in healthcare due to ambiguous legal frameworks as Mr. Wickramasinghe highlighted. Stronger policies and enforcement are needed to ensure inclusive and non-discriminatory SRH services.

## 6. Key scientific findings

- Edutainment programs like “Rhythm to Life” significantly improve SRH awareness among youth as Dr. Amila Chandrasiri mentioned.
- Gender norms strongly impact contraceptive use, with women in patriarchal societies having less autonomy as Dr. Manas Pradhan stated.



Ms. Anaya Rahimi shared the struggles faced by transgender individuals in Pakistan, noting that digital SRH services focus primarily on HIV prevention, neglecting critical services like hormone therapy and transition-related surgeries. She criticized the poor implementation of Pakistan's 2018 Trans Protection Act, explaining that while the law guarantees rights on paper, transgender individuals continue to face discrimination when seeking healthcare services.

### 3. Contraceptive access and family planning challenges

Dr. Manas Ranjan Pradhan presented findings on adolescent contraception use in India, revealing that 70% of married adolescent women lack adequate access to family planning (FP) information. He identified low digital literacy, patriarchal norms, and limited healthcare access as key barriers.

Dr. Manoj Fernando discussed norms affecting SRH behaviors among Sri Lankan youth. His research demonstrated that digital and peer-led interventions can significantly improve knowledge and attitudes toward contraceptive use, reducing stigma and misinformation.

### 3. Legal implications

1. Mr. Hans Billimoria highlighted that teachers can refuse to teach SRH topics, limiting students' digital access to SRH education.
2. Dr. Ganga Thennakoon noted that legal restrictions continue to impact digital SRH campaigns, particularly for marginalized groups like sex workers and LGBTQIA+ individuals.
3. Ms. Sonal Giani emphasized the criminalization of sex work and LGBTQIA+ identities in South Asia, which restricts access to inclusive and non-discriminatory online SRH services.
4. Ms. Soudeh Rad criticized government restrictions on contraception and abortion access in Iran, calling for global advocacy against oppressive policies.

### 4. Program implications

#### 1. National level

Currently, teachers in Sri Lanka can opt out of teaching SRH topics, leading to inconsistent education as Mr. Billimoria highlighted. To address this, CSE must become legally mandatory, with specialized training programs for teachers to ensure scientifically accurate and stigma-free delivery.

The "Let's Learn Life" digital campaign has reached over 1.6 million people, but engagement remains low due to algorithm limitations and lack of funding as Dr. Thennakoon mentioned. Greater investment in targeted social media strategies and localized multilingual content is essential to expand reach, particularly in rural areas.

- Social media is an effective tool for SRH education but requires enhanced engagement strategies as Dr. Thennakoon highlighted.

## 7. Recommended policy changes

### 1. Make CSE legally mandatory in schools

CSE should be compulsory in all schools, ensuring consistent and scientifically accurate SRH education as Mr. Billimoria stated.

### 2. Expand digital SRH initiatives with increased funding

Greater investment in digital SRH campaigns is needed to enhance engagement, especially in rural areas as Dr. Ganga Thennakoon highlighted.

### 3. Ensure legal protection for LGBTQIA+ and sex workers

Stronger anti-discrimination laws must be enforced to guarantee equal healthcare access for LGBTQIA+ individuals and sex workers as Mr. Wickramasinghe mentioned.

### 4. Improve access to contraception and SRH services for youth

As Dr. Pradhan said policies should prioritize youth-friendly SRH services, ensuring wider access to contraception and reproductive health education.

## 8. Conclusion

The conference demonstrated the critical role of digital innovations in SRH education and advocacy. While technological advancements have expanded SRH accessibility, significant cultural, legal, and programmatic barriers persist. Strengthening national policies, expanding digital outreach, and enforcing legal protections are essential to ensuring SRH services are equitable and accessible to all individuals, regardless of gender, sexual orientation, or socioeconomic status. By leveraging technology, policy reform, and community engagement, countries can advance SRH rights, improving health outcomes and societal well-being globally.



# Access and Equity in Family Planning: Exploring Innovations and Challenges for Vulnerable Populations

## 1. Introduction

This section consolidates insights from various sessions that explored the challenges and innovations in ensuring equitable access to family planning, particularly for vulnerable populations. Topics ranged from male involvement in family planning to addressing socio-cultural barriers and leveraging innovations in contraceptive technologies.

## 2. Key points

Several key themes emerged during the conference, highlighting the importance of access and equity in family planning, particularly for vulnerable populations.

### 1. Male involvement in family planning

Dr. Nadeeka Jayarathna emphasized that family planning is traditionally considered a woman-centric responsibility, often excluding men. Her findings suggest that male involvement can enhance family planning outcomes by acting as decision-making partners, clients, and advocates. However, significant barriers, such as misconceptions about side effects and infertility linked to contraceptive use, persist. Dr. Jayarathna recommended strategies to increase male participation, including joint counseling for couples, targeting men in communication campaigns, and addressing widespread myths.

### 2. Traditional vs. modern family planning methods

Mr. Migara Karunarthna discussed the prevalent use of traditional methods in Sri Lanka, particularly among wealthier and educated populations. This preference often stems from misconceptions about modern contraceptive methods, including fears of infertility and cancer. He advocated for targeted awareness campaigns that address these myths, particularly among specific demographic groups.

### 3. Introduction of LNG IUS in India

Dr. Pallavi Sonu Vinarkar presented findings on the introduction of the hormonal LNG IUS in Indian clinics. While it provides effective contraception and treats conditions like heavy menstrual bleeding, its uptake is limited due to misconceptions and high costs. Dr. Vinarkar recommended capacity building among healthcare providers, community outreach to address fears, and increasing public sector availability to enhance accessibility.

## 4. Overcoming cultural barriers

Ms. Tapasi Grahacharya highlighted socio-cultural barriers in Noida slums, India, such as partner disapproval, gender norms, and the societal preference for male children. Strategies like community mobilization, peer educator programs, and sessions with influential family members significantly increased contraceptive prevalence from 28% to 54%.

## 5. Knowledge and practice disparities in Sri Lanka

Ms. Vaishnavy Gengatheeswaran identified significant gaps in the depth of contraceptive knowledge despite high awareness levels. Fear of side effects and cultural taboos were prominent barriers. Her recommendations included focused education on contraceptive side effects, emergency contraceptives, and STI prevention, using modern communication platforms to reach younger populations.

## 6. Reproductive autonomy in India

Dr. Lopamudra Paul explored reproductive autonomy among Indian women, revealing limited decision-making power and communication barriers due to entrenched gender norms. Interventions to address these issues include norm-shifting programs that empower women and promote equitable spousal communication.

## 3. Legal implications

The discussions underscored the importance of aligning family planning policies with international standards, such as the UN Sustainable Development Goals (SDG 3 and SDG 5), which advocate for health equity and gender equality. National legal frameworks should prioritize equitable access to diverse contraceptive options, address restrictive abortion laws, and ensure the protection of reproductive rights. Comprehensive policies are needed to combat misinformation and promote gender equity in family planning.

## 4. Program implications

### 1. National level

At the national level, integrating family planning education into existing healthcare programs is vital. Training healthcare providers to address gender dynamics, cultural barriers, and misconceptions can improve program effectiveness. Furthermore, enhancing public sector availability of long-term contraceptive options, such as LNG IUS, will increase accessibility for vulnerable populations.

### 2. International level



Globally, the sharing of innovative approaches, such as community-based interventions in Noida and the introduction of LNG IUS in India, can serve as models for similar contexts. Cross-country collaboration in addressing gender dynamics, leveraging data for evidence-based interventions, and developing gender-neutral family planning strategies can amplify the impact of such programs.

## 5. Identified gaps in the area

The conference highlighted several critical gaps in family planning:

- Limited male involvement in family planning discussions and decision-making.
- Insufficient awareness of modern contraceptive methods, particularly among rural and underserved populations.
- Persistent cultural taboos and misconceptions, such as fears of side effects and infertility.
- Inequitable access to long-term contraceptive options, such as hormonal IUDs, in public healthcare systems.
- Lack of targeted strategies for engaging specific demographic groups, including youth and high-risk populations.

## 6. Key scientific findings

### 1. Traditional methods

Traditional contraceptive methods are perceived as safer but have significantly higher failure rates than modern methods.

### 2. Modern methods

Options like LNG IUS are highly effective and offer additional benefits, such as treatment for heavy menstrual bleeding, but are underutilized due to lack of awareness and availability.

### 3. Socioeconomic factors

Education, income, and cultural beliefs heavily influence contraceptive choices, with wealthier and more educated groups often relying on traditional methods due to misconceptions.

### 4. Gender dynamics

Male dominance in decision-making and cultural constraints significantly limit reproductive autonomy for women.

## 7. Recommended policy changes

### 1. Gender-inclusive strategies

Develop policies that include men as active participants in family planning through targeted campaigns and joint counseling sessions. Promote gender-neutral education in healthcare initiatives.

### 2. Community-based interventions

Leverage peer educators, community-based providers, and testimonials from satisfied users to address cultural barriers and encourage contraceptive use.

### 3. Enhanced accessibility

Ensure the availability of affordable, modern contraceptive methods in public healthcare systems. Subsidize options like LNG IUS to reduce cost barriers for low-income populations.

### 4. Education and advocacy

Conduct nationwide campaigns to dispel myths about contraceptive methods. Focus on educating couples about side effects, emergency contraception, and the benefits of STI prevention.

### 5. Empowerment programs

Implement norm-shifting interventions to promote reproductive autonomy for women, including equitable decision-making and spousal communication.

## 8. Conclusion

The discussions highlighted the complexity of ensuring equitable access to family planning for vulnerable populations. Addressing these challenges requires a multifaceted approach that includes legal reforms, targeted interventions, and evidence-based policies. By prioritizing inclusivity, dispelling myths, and fostering innovation, Sri Lanka and other nations can achieve significant progress in family planning equity, improving reproductive health outcomes and aligning with global health goals.



# Fertility Frontiers: Innovations and Disparities in Subfertility Solutions

## 1. Introduction

This section consolidates insights from sessions that highlighted advancements, challenges, and potential solutions in addressing subfertility. Through discussions on ART, male and female fertility preservation, and emerging scientific innovations, experts examined ways to improve access, affordability, and outcomes for affected couples. This report provides an in-depth analysis of the key points discussed, identified gaps, program implications, scientific findings, legal issues, and policy recommendations.

## 2. Key Points

The symposium featured detailed presentations by Dr. Udara Jayawardena, Dr. Chaminda Hunukumbura, and Dr. Milhan Batcha, who collectively explored significant advancements and challenges in subfertility treatment.

### 1. Assisted reproductive technologies (ART)

Dr. Jayawardena highlighted the evolution of ART over the past four decades, tracing progress from basic IVF techniques to advanced methods like ICSI, PICSI, and IMSI. These advancements have significantly improved success rates for couples, particularly for those with male factor infertility.

He also introduced the use of embryoscopes for time-lapse imaging and PGT, which ensure the selection of genetically viable embryos. The importance of aligning embryo transfer with the "window of implantation" through endometrial receptivity analysis ERA was emphasized, along with the potential of AI and robotics in ART procedures.

### 2. Male factor infertility

Dr. Hunukumbura elaborated on the critical role of male factor infertility, accounting for 50% of infertility cases. He stressed lifestyle influences such as diet, obesity, smoking, and alcohol consumption as significant contributors. While ART solutions like ICSI have provided hope, he emphasized the need for broader education and preventive measures targeting lifestyle modifications.

He also detailed the role of antioxidants in managing oxidative stress and their potential in improving sperm parameters, while acknowledging the limitations of current evidence.

### 3. Fertility preservation

Dr. Batcha discussed fertility preservation techniques, particularly for cancer patients and individuals facing age-related fertility decline. He emphasized options such as oocyte and sperm cryopreservation, ovarian tissue freezing, and embryo freezing, highlighting their importance for those undergoing gonadotoxic treatments or delaying childbearing for personal or socioeconomic reasons.

Dr. Batcha also emphasized the psychological benefits of fertility preservation, noting that offering these options gives patients a sense of hope and motivation during their treatment journey.

### 3. Legal implications

Prof. Kaluarachchi addressed the lack of a comprehensive legal framework governing ART practices in Sri Lanka. He emphasized the need for regulation to standardize procedures, protect patient rights, and ensure ethical practices. While draft guidelines for ART centers have been developed, their implementation remains pending.

Dr. Batcha supported the call for a regulatory body similar to the UK's HFEA to oversee ART practices, ensure transparency, and address complex issues like embryo utilization.

### 4. Program implications

#### 1. National implications

At the national level, the urgent need for government intervention to make subfertility treatments more accessible and affordable was highlighted. It was pointed out that while few public hospitals offer limited services like IUI, the high costs of advanced ART procedures are prohibitive for most citizens. Establishing government-funded ART centers and integrating these services into public healthcare systems were proposed as essential measures.

Public awareness campaigns targeting rural and underserved communities were also emphasized to dispel myths, reduce stigma, and educate couples about subfertility and available treatments. Training programs for healthcare professionals specializing in reproductive medicine should be expanded to improve the quality of care.

#### 2. International implications

Dr. Jayawardena advocated for collaborative research efforts to address disparities in subfertility solutions in low-resource settings. Partnerships with international organizations were suggested to facilitate technology transfer, training, and knowledge sharing. Advocating for global standards in ART practices was deemed crucial to ensure consistent quality and ethical treatment across borders.



## 5. Identified gaps in the area

The symposium revealed significant gaps in public awareness, healthcare infrastructure, and regulatory oversight. Dr. Hunukumbura noted limited knowledge about subfertility and treatment options, particularly in rural areas, which contributes to delayed treatment-seeking behaviors. He also pointed out the prevalence of unregulated service providers exploiting patients with ineffective or unethical treatments.

Prof. Kaluarachchi and Dr. Tissera highlighted inadequate healthcare infrastructure, with the absence of specialized subfertility units in government hospitals forcing patients to rely on expensive private services. Additionally, there are no standardized protocols for managing complex cases, such as spinal cord injuries.

## 6. Key scientific findings

Dr. Jayawardena and Dr. Batcha presented several key scientific advancements that have improved subfertility outcomes:

- Advanced ART techniques such as ICSI, PICSI, and IMSI have addressed severe male infertility issues.
- Embryoscope technology and PGT have enhanced embryo selection and genetic viability, increasing the chances of successful implantation and reducing risks of genetic disorders.
- Combined fertility preservation techniques, such as oocyte and ovarian tissue cryopreservation, offer improved outcomes for cancer patients and others at risk of fertility loss.
- Lifestyle modifications, including healthy diets and smoking cessation, play a significant role in improving male fertility parameters.

## 7. Recommended policy changes

### 1. Legal and regulatory reforms

Prof. Kaluarachchi emphasized the immediate implementation of ART guidelines and the establishment of a regulatory body to oversee ART centers. Such measures are critical to standardize practices, ensure ethical treatment, and protect patient rights. Comprehensive laws addressing fertility preservation, embryo utilization, and patient confidentiality should also be enacted.

### 2. Expansion of public services

Dr. Tissera and Dr. Hunukumbura called for government funding to establish and maintain ART facilities in public hospitals. Subsidized treatment options will make these services accessible to a broader population. Training programs for healthcare providers in reproductive medicine should be prioritized to expand the pool of qualified specialists.

### 3. Standardized referral pathways

Dr. Hunukumbura proposed a streamlined referral system to guide patients through the subfertility treatment journey. Clear protocols for transitioning from basic to advanced treatments will ensure timely and appropriate care.

### 4. Public awareness and education

Dr. Jayawardena and Dr. Batcha highlighted the importance of nationwide campaigns to educate the public about subfertility, available treatments, and lifestyle factors affecting fertility. Efforts should focus on reducing stigma, dispelling myths, and encouraging early intervention.

## 8. Conclusion

The symposium underscored the urgent need for innovation, regulation, and equitable access to subfertility solutions. Addressing identified gaps through strategic policy changes and collaborative efforts will enhance the fertility healthcare landscape in Sri Lanka and contribute to global advancements in reproductive health.



# Dynamics of Population and SRH: Navigating Challenges and Opportunities for the Next Decade

## 1. Introduction

This section consolidates insights from sessions which highlighted the future challenges and opportunities in relation to population trends and SRHR. The discussions centered on addressing critical issues in demographic transitions, SRHR, and socioeconomic factors impacting populations in South Asia. Experts from diverse disciplines, including Prof. Indralal De Silva, Dr. Janaki Vidanapathirana, and Ms. Nandini Mazumder, shared perspectives on barriers, innovative approaches, and potential policy adaptations to navigate these challenges effectively.

## 2. Key points

Demographic transitions in South Asia, characterized by declining fertility rates and changing population structures, have profound implications for SRHR. For example, Prof. De Silva referencing data provided by Prof. Jinhyun Kim highlighted South Korea's fertility rate decline from over six children per woman in the 1960s to 0.7 in 2022, while Sri Lanka faces similar trends at a slower pace. Factors such as delayed marriages, increased trends of divorce rates, increased contraceptive use, increased trend of births, economic pressures, and migration were identified as significant drivers.

Unsafe abortion remains a major challenge, particularly in countries with restrictive laws like Sri Lanka, Bangladesh, and the Maldives. Ms. Mazumder praised Nepal's adoption of telemedicine for abortion services as a progressive model. Dr. Vidanapathirana emphasized rising rates of premarital sexual activity and the insufficient provision of SRH services among youth, which underscores the need for targeted interventions, especially for marginalized groups like LGBTQIA+ individuals.

## 3. Legal implications

Restrictive legal frameworks, often remnants of colonial-era penal codes, continue to criminalize abortion in many South Asian countries. Prof. Silva discussed Sri Lanka's Penal Code of 1883, which permits abortion only to save a woman's life. Such restrictions jeopardize women's health, perpetuate stigma, and deny bodily autonomy. Ms. Mazumder highlighted the need for advocacy efforts to decriminalize abortion, though these face significant resistance from conservative and religious groups. Evidence-based, rights-driven reforms are essential to align with international human rights standards.

## 4. Program implications

### 1. National level

Dr. Vidanapathirana advocated for strengthening healthcare systems to ensure widespread access to contraceptives and non-judgmental services, particularly in rural and underserved areas. Community engagement through partnerships with local organizations, as suggested by Ms. Mazumder, can help address cultural barriers and foster trust in SRHR programs.

### 2. International level

Internationally, collaboration with organizations like WHO can help achieve global SRHR targets. Ms. Mazumder highlighted Nepal's telemedicine model for abortion services as a valuable example for other countries. Cross-border partnerships to share resources, knowledge, and innovative tools are vital to addressing gaps and ensuring progress across the region.

## 5. Identified gaps in the area

Several gaps hinder effective SRHR implementation in South Asia. Prof. De Silva noted the lack of comprehensive data on LGBTQIA+ needs and insufficient research on sexual violence. Dr. Vidanapathirana emphasized limited access to affordable services in rural areas. Cultural stigmas and biases among service providers, as highlighted by Ms. Mazumder, deter individuals, especially unmarried women and marginalized groups, from seeking SRHR services. Additionally, fragmented policies fail to address the lifecycle of SRHR needs holistically.

## 6. Key scientific findings

### 1. Fertility decline

Economic pressures, delayed marriages, and increased contraceptive use drive declining fertility rates. Prof. De Silva's analysis of South Korea's policies to boost fertility referencing data provided by Prof. Kim highlights the difficulty of reversing such trends.

### 2. Unsafe abortion

Unsafe abortions contribute to maternal mortality in the region. Despite medical advancements, restrictive laws and stigma prevent widespread access, as noted by Ms. Mazumder.

### 3. Youth vulnerability

Premarital sexual activity among youth is increasing, often without adequate knowledge or protection, heightening their vulnerability to SRHR challenges, as emphasized by Dr. Vidanapathirana.



## 7. Recommended policy changes

### 1. Decriminalization of abortion

Reform penal codes to permit abortion on broader grounds, including contraceptive failure, rape, incest, and personal choice, as advocated by Prof. De Silva.

### 2. Enhance CSE delivery

Mandate comprehensive, age-appropriate sexuality education in schools, focusing on rights, consent, and inclusivity. Dr. Vidanapathirana highlighted the need for advocacy efforts to overcome cultural and political resistance.

### 3. Inclusive healthcare policies

Design programs addressing the diverse needs of marginalized groups, including LGBTQIA+ individuals, rural populations, and persons with disabilities, as suggested by Ms. Mazumder.

### 4. Improve accessibility

Subsidize contraceptives, expand telemedicine services, and establish quality childcare facilities to reduce economic barriers, as recommended by Dr. Vidanapathirana.

### 5. Promote research and monitoring

Invest in comprehensive data collection and research on SRHR trends, focusing on vulnerable demographics, as noted by Prof. De Silva.

### 6. Strengthen healthcare infrastructure

Expand diagnostic and treatment facilities, train healthcare providers, and integrate AI-assisted tools to improve service quality, as recommended by Dr. Vidanapathirana.

## 8. Conclusion

The conference underscored the urgency of addressing SRHR challenges through inclusive, rights-based, and evidence-driven approaches. Collaborative efforts involving governments, international organizations, NGOs, and communities are essential to dismantle stigmas, enhance education, and align policies with evolving demographic and reproductive health dynamics. By embracing these changes, South Asia can ensure a healthier and more equitable future for its populations.

# Insightful Inquiries: Monitoring, Evaluation, and Strategic Research in SRH

## 1. Introduction

This section consolidates insights from various sessions that highlighted monitoring, evaluation and strategic research in SRH. The discussions highlighted the importance of data-driven approaches, addressing legal and social barriers, implementing effective programs, and promoting equity and inclusivity in SRH services. The conference brought together various experts, practitioners, and researchers to discuss the gaps in the area and recommend policy and program changes.

## 2. Key points

The conference emphasized the necessity of comprehensive data collection and rigorous evaluation to understand the complexities of SRH issues. Key points included:

1. Disaggregated data is essential to understand the varying needs of different demographic groups, including gender, social class, religion, and economic status. This point was raised by multiple speakers including Dr. Arpita Das when discussing equity in evaluations, and Dr. Soma De Silva when discussing the six criteria of development interventions.
2. Equity-focused and gender-responsive evaluations (EFGRE) are necessary to identify disparities and understand the reasons behind them. These evaluations go beyond mere metrics and delve into the lived experiences of individuals, as noted by Dr. Das.
3. Both qualitative and quantitative data are needed to provide a holistic view of SRH challenges and inform effective program design. Qualitative data can provide more nuanced insights into why certain interventions succeed or fail, as mentioned by Dr. Das.
4. Monitoring and evaluation must be context-specific and focus on the actual impact of programs, not just outputs. For instance, measuring the use of condoms, and not just distribution, a point made by Dr. Mohammed Munas.
5. Program managers should use evaluation findings for improved planning and implementation, and donors should provide adequate time and resources for comprehensive evaluations, emphasized by Dr. Munas.
6. It was also noted by Dr. De Silva that competent evaluators are crucial for the successful implementation of the six criteria for successful development intervention, and that there is a lack of such professionals, especially in the South Asian region.
7. There is a need to focus on downstream determinants as well as upstream determinants in evaluations, as highlighted in the research by Dr. Nalaka Kulathunga.



### 3. Legal implications

Discriminatory laws against marginalized groups such as sex workers and the LGBTQIA+ community need to be repealed to ensure an enabling environment for all, a point highlighted by Mr. Anisuzzaman regarding the challenges faced by the transgender community.

Punitive laws that violate human rights, such as those criminalizing same-sex relationships and the vagrants ordinance, must be abolished, as noted by Dr. Kanthi Hettigoda when discussing the challenges faced by the LGBTQIA+ community in Sri Lanka.

Restrictive abortion laws were a recurring concern, highlighting the need for decriminalization to protect women's reproductive rights and health, as discussed by Ms. Thamashi Konara. The Penal Code in Sri Lanka, for example, criminalizes abortion except in cases where the mother's life is threatened.

There is a need to address the opposition to decriminalizing abortion that comes from social, cultural, and religious barriers, as noted in the discussion after Ms. Vinitha Jayaprakasan's presentation.

The need to consider human rights frameworks when implementing policies and programs, learning from countries like China that have made progress in subfertility care, but did not follow a human rights approach when implementing the one child policy, was noted by Ms. Manuelle Herwitz when discussing Mr. Hasala Wimalaratne's presentation on China's subfertility strategies.

### 4. Program implications

#### National and international level

The conference highlighted several implications for SRH programs at both national and international levels:

National programs should incorporate comprehensive sexuality education into school curricula to educate young people about SRH, as highlighted by Dr. Asanthi Balapitiya when discussing menstrual health and hygiene education, and by Mr. Dhammika Kodithuwakku when discussing the need for teacher training on CSE.

Programs should focus on community engagement, ensuring that communities are part of the planning and implementation process, as discussed by Ms. Merlinda Santana Ximenes when describing how to engage youth in disasters.

Mobile clinics and outreach programs are essential to reach remote and marginalized communities.

Digital platforms and social media can be leveraged to provide SRH education and reach a broader audience, as noted by Dr. Ganga Jayasena, and Ms. Kalara Perera and Ms. R. K. Ravendrakumar regarding social media influencers. However, the quality and accuracy of information shared through these platforms should be ensured, and it should not trivialize sensitive topics.

There is a need for training programs for health workers and service providers to ensure they can deliver quality and non-judgemental SRH services, as noted by Dr. Kulathunga.

Collaborative efforts and partnerships among various stakeholders, including governmental and non-governmental organizations, are crucial for the successful implementation of SRHR programs.

Programs must be sensitive to cultural contexts and adapt to the specific needs of different populations.

The importance of male involvement in family planning and SRH programs was emphasized by Prof. Maheeka Seneviwickrama.

It was noted that program managers have a vital role in ensuring access to SRH services, and that they should use evaluation findings to make programs more effective.

Cross-border collaborations are needed to share best practices and resources, especially in fighting anti-choice movements as mentioned by Ms. Jayaprakasan.

There is a need for sustainable programs that continue even after a crisis, as was emphasized by Ms. Santana Ximenes regarding engaging youth in disaster response.

## 5. Identified gaps in the area

Several gaps in SRH were identified, including:

Lack of comprehensive sexuality education in schools, with existing programs often focusing solely on abstinence, a point made when discussing the challenges of teaching menstrual hygiene in schools.

Underreporting of gender-based violence cases due to stigma, fear, and a lack of trust in formal systems, as highlighted by Dr. Das.

Insufficient focus on men's health and their role in reproductive health, as highlighted by Prof. Seneviwickrama.

Specific needs of marginalized communities, such as LGBTQIA+ individuals, are not adequately addressed, as highlighted in the research by Dr. Hettigoda and Mr. Anisuzzaman.

There is inadequate data on the lived experiences of individuals using SRH services, and often a lack of a human rights approach.

There is a lack of integration of SRH services with other healthcare services, for example in the area of maternal health.

Lack of resources and infrastructure, particularly in rural and remote areas.

The need for competent evaluators and quality evaluations is not always met, as noted by Dr. De Silva.

Poor coordination among different organizations and government bodies that work on SRH.

Lack of resources for addressing issues such as menopause, as noted by Prof. Anuji Gamage.

Limited access to safe and legal abortion services for women, and a need to change the legal landscape around abortion, as highlighted by Ms. Konara.



A lack of structured programs for elderly women, who also experience GBV.

The gender binary nature of reporting GBV needs to be addressed.

Gaps in referral pathways for survivors of GBV and inadequate resources at the community level.

## 6. Key scientific findings

Several scientific findings were highlighted:

Modern family planning methods are increasingly adopted, but the use of traditional methods remains stagnant, as noted by Dr. Loshan Munasinghe.

Unsafe abortions are a significant cause of maternal deaths, highlighting the importance of access to safe abortion services.

HIV is on the rise among young men, particularly MSM. PrEP is a highly effective preventative measure that needs to be scaled up, as highlighted by Dr. Sujatha Samarakoon.

Social determinants of health are crucial for preventing mother-to-child transmission of HIV and syphilis, as shown in the research by Dr. Kulathunga.

There is a need to understand the root causes of intimate partner violence by addressing the underlying factors in society as highlighted by the study presented by Ms. Neranjala Sumathipala.

## 7. Recommended policy changes

Based on the discussions and findings, the following policy changes were recommended:

1. Decriminalize abortion to ensure women's reproductive rights and safe access to abortion services, as advocated by Ms. Konara.
2. Repeal discriminatory laws that affect marginalized communities and ensure they have the same access to SRH services as all other citizens, a point also noted by Mr. Anisuzzaman.
3. Include comprehensive sexuality education in the school curriculum, including topics like sexual orientation, gender identity, and responsible sexual behavior, as highlighted by multiple speakers such as Dr. Balapitiya and Mr. Kodithuwakku.
4. Prioritize quality data collection that is disaggregated to identify which groups are being left behind in accessing SRH services, as suggested by Dr. Das.
5. Increase male involvement in family planning programs, and remove gender bias in SRH programs and services.
6. Address biases among service providers through training and sensitization to provide non-judgmental care.

7. Advocate for policy changes with decision makers and politicians to increase access to SRH services and strengthen the laws for the protection of vulnerable populations.
8. Develop counter strategies that address stigma and misinformation around abortion, and develop strategies for safe abortion.
9. Invest in further research to understand the root causes of issues like gender-based violence and low fertility rates, including qualitative and quantitative research, as suggested by Dr. Kulathunga.
10. Increase funding for SRH services and research, and improve community support for people accessing such services.
11. Strengthen referral pathways and support networks for survivors of GBV and focus on providing survivor-centered care.
12. Promote cross-border collaborations to share knowledge and best practices.

## 8. Conclusion

The conference underscored the critical need for a holistic approach to SRH that integrates evidence-based research, legal reforms, comprehensive programs, and community participation. Achieving equitable SRH outcomes requires addressing discriminatory practices, changing cultural and social norms, and strengthening data systems to monitor the impact of interventions and to ensure no one is left behind. The key policy recommendations point toward decriminalizing abortion, repealing discriminatory laws, and improving access to comprehensive sexuality education for all.



# Uniting Against HIV and STIs – Innovations in Prevention, Testing, and Care

## 1. Introduction

This section consolidates insights which highlight the innovations for HIV and STI prevention, testing and care. The sessions brought together experts and community representatives to discuss advancements in HIV and STI prevention, testing, and care, with a focus on inclusive approaches to addressing the needs of key populations. Programmatic innovations, legal and policy implications, and strategies for sustainable implementation were addressed by them.

## 2. Key points

Innovations in prevention and testing

### 1. Introduction of PrEP

Dr. Sujatha Samarakoon highlighted Sri Lanka's adoption of WHO-recommended PrEP as a preventive measure for high-risk groups, including MSM, transgender individuals, and sex workers. PrEP services are now available through both STD clinics and community-based models.

### 2. Traditional vs. modern family planning methods

Dr. Sathya Herath discussed the rollout of oral and blood-based self-test kits, which increased accessibility and privacy. These tools proved especially valuable during the COVID-19 pandemic, enabling uninterrupted testing.

### 3. Community-driven approaches

Mr. Kawishka Jayasekara emphasized the role of NGOs and peer-led initiatives in expanding the reach of prevention programs, including awareness campaigns and PrEP distribution.

### 4. Youth engagement

Dr. Vindya Kumarapeli addressed the rising incidence of HIV among individuals aged 15–24, underscoring the importance of education and promoting safe practices.

## Challenges identified

1. Dr. Herath noted limited geographic access to services in rural areas.
2. Dr. Samarakoon highlighted persistent stigma and misconceptions about PrEP and HIV testing.
3. Reliance on donor funding, such as the Global Fund, for program sustainability was flagged as a critical issue by Dr. Kumarapeli.

## 3. Legal implications

National and international legal contexts

### 1. Discriminatory laws

Ms. Anaya Rahimi, a trans activist, pointed out that existing laws stigmatize key populations, creating barriers to healthcare access and perpetuating inequalities. Dr. Herath emphasized the need for revising these laws to foster inclusivity.

### 2. Human rights framework

Dr. Kumarapeli stressed the importance of integrating human rights principles into health policies to ensure equitable access for marginalized groups.

### 3. Policy alignment

Internationally, adherence to global standards like the UNAIDS 95-95-95 targets and WHO guidelines ensures consistency with broader public health objectives. Dr. Samarakoon also emphasized the integration of privacy and ethical considerations in digital health initiatives.

## 4. Program implications

### 1. National level

1. The National Strategic Plan (2023–2027), as presented by Dr. Kumarapeli, includes formal recognition of PrEP and HIV self-testing, aiming to integrate these innovations into routine healthcare delivery.

2. Collaborations with community-led organizations are critical for scaling up access to services and reducing stigma, as emphasized by Dr. Herath.



## 2. International level

1. Regional partnerships in South Asia can facilitate knowledge sharing and the adoption of best practices. Dr. Samarakoon underscored the importance of such collaborations.
2. Global funding mechanisms, such as the Global Fund's support, play a vital role in sustaining and expanding HIV prevention programs in resource-limited settings, as highlighted by Dr. Kumarapeli.

## 5. Identified gaps in the area

### 1. Data and research deficiencies

1. Limited representation of transgender and bisexual populations in epidemiological research, as noted by Ms. Rahimi.
2. Insufficient data on downstream determinants, such as individual barriers to testing and care, highlighted by Dr. Herath.

### 2. Infrastructure and outreach challenges

1. Rural and underserved areas lack adequate facilities and trained personnel for HIV testing and care, as pointed out by Mr. Jayasekara.
2. Outreach efforts often struggle with maintaining confidentiality and overcoming cultural stigma, as emphasized by Dr. Herath.

## 6. Key scientific findings

### 1. Epidemiological trends

1. HIV prevalence in Sri Lanka remains low overall but is rising among young men aged 15–24, according to Dr. Kumarapeli.
2. Self-testing programs have demonstrated high feasibility, acceptability, and effectiveness in reaching marginalized populations, as shared by Dr. Herath.

### 2. Program outcomes

1. PrEP and self-testing initiatives have shown promise in reducing new infections and increasing early diagnoses, as noted by Dr. Samarakoon.

2. Digital platforms like knowforsure.lk have been effective in delivering self-test kits and educational resources, as highlighted by Dr. Kumarapeli.

## **7. Recommended policy changes**

### **1. Expand screening and prevention programs**

1. Enhance the availability of PrEP and self-testing kits nationwide, particularly in rural areas, as recommended by Dr. Herath.
2. Promote community-driven outreach programs to generate demand for HIV prevention services, as emphasized by Mr. Jayasekara.

### **2. Address legal and social barriers**

1. Repeal discriminatory laws that hinder access to healthcare for key populations, as advocated by Ms. Rahimi.
2. Implement educational campaigns to combat stigma and misconceptions about HIV prevention and testing, as suggested by Dr. Samarakoon.

### **3. Secure sustainable funding**

1. Transition from donor dependency to domestic financing for PrEP and testing programs, as highlighted by Dr. Kumarapeli.
2. Develop public-private partnerships to ensure consistent resource allocation, as suggested by Dr. Herath.

### **4. Strengthen data collection and infrastructure**

1. Establish integrated national databases to track testing, treatment, and outcomes, as proposed by Dr. Herath.
2. Increase the number of diagnostic facilities and trained healthcare providers, as recommended by Dr. Kumarapeli.

### **5. Build community capacity**

1. Train healthcare workers to deliver inclusive and stigma-free services, as emphasized by Dr. Herath.



2. Empower community-led organizations to take a central role in program implementation and monitoring, as highlighted by Mr. Jayasekara.

## 8. Conclusion

The conference highlighted the need for innovative, inclusive, and sustainable strategies to combat HIV and STIs in Sri Lanka. By addressing legal and structural barriers, expanding access to preventive tools, and fostering regional and global partnerships, Sri Lanka can strengthen its response and serve as a model for other low-prevalence countries. Collaborative efforts are essential to achieving the UNAIDS 95-95-95 targets and ensuring no one is left behind in the fight against HIV and STIs.

# Resilience and Response: Sexual and Reproductive Health in Humanitarian Crises and Climate Change

## 1. Introduction

This section consolidates insights from various sessions that highlighted SRH in humanitarian crises and climate change. Esteemed speakers from various countries and disciplines shared insights on the challenges and innovative strategies in SRH delivery, focusing on youth engagement, gender-based violence (GBV), inclusivity, and resilience. Experts provided valuable perspectives on policy implications, programmatic challenges, and recommended strategies to address these pressing issues.

## 2. Key points

The conference brought forth diverse perspectives on SRHR resilience:

### 1. Youth engagement

Ms. Achini Pahalawatte, a program coordinator at the FPA Sri Lanka, emphasized the critical role of youth in SRHR during crises. Her session highlighted IPPF's "Come Together Strategy" and the importance of youth-led initiatives like peer counseling and partnerships with local governments. Ms. Angelica Jovero Urot from the Philippines shared her experience in engaging adolescents through discussions on SRHR and distributing safety kits during typhoon recovery efforts. Ms. Melinda Santina Ximenes from Indonesia and Ms. Mahalakshmi from India further illustrated innovative approaches such as thematic discussion groups and youth-led programs tailored to local needs.

### 2. Addressing GBV

Dr. Arpita Das presented Bhutan's "RENEW" program, which utilizes a survivor-centered approach involving screening, legal aid, vocational training, and community action groups. The program's holistic framework demonstrated success in reintegrating survivors into society and reducing violence. Dr. Kanthi Hettigoda highlighted the need for awareness interventions, citing a video-based study in Sri Lanka that improved attitudes toward LGBTQIA+ issues among undergraduates.

### 3. Sexual diversity and inclusivity

Mr. A.K.M. Anisuzzaman from Bangladesh outlined systemic barriers faced by hijra and transgender communities, proposing targeted legal frameworks and inclusion campaigns. Dr. Nalaka Kulathunga's study revealed gaps in LGBTQIA+ knowledge among Sri Lankan medical officers, advocating for structured training to address biases.



## 4. Protective factors against IPV

Ms. Chanika Dilhani's research identified economic stability, adaptability, and communication as key protective factors for women against IPV during the pandemic. Similarly, Ms. Neranjala Sumathipala's findings on help-seeking behavior underscored the reliance on informal support systems, emphasizing the need for accessible formal mechanisms.

## 3. Legal implications

The discussions called for robust legal reforms:

### 1. LGBTQIA+ rights:

- Dr. Kulathunga advocated for anti-discrimination laws and a Transgender Protection Act to safeguard marginalized groups.
- Integration of LGBTQIA+ health education into medical curricula was emphasized by multiple speakers.

### 2. GBV legislation:

- Dr. Das highlighted the need for survivor-centered frameworks that streamline reporting and legal aid.
- Establishing legal protections for youth and their inclusion in policy-making were recommended by Ms. Pahalawatte.

## 4. Program implications

### 1. National level

Speakers emphasized scalable programs:

- Dr. Das proposed extending Bhutan's "RENEW" model to regions with high GBV prevalence.
- Ms. Ximenes and Ms. Mahalakshmi highlighted the value of digital tools for SRH education and local collaborations to enhance program reach.

## 2. International level

- Mr. Anisuzzaman advocated for cross-border collaborations to share best practices and resources.
- Ms. Pahalawatte suggested integrating SRHR services into international humanitarian frameworks, supported by global funding and technical expertise.

## 5. Identified gaps in the area

Speakers collectively identified the following gaps:

- Youth representation: Ms. Pahalawatte noted the absence of youth in decision-making bodies.
- Cultural barriers: Ms. Jovero Urot and Ms. Ximenes highlighted resistance to discussing SRH in conservative settings.
- Systemic issues: Dr. Das pointed to limited funding and a lack of intersectional approaches in addressing SRHR needs.

## 6. Key scientific findings

### 1. Behavior change communication

Dr. Hettigoda's video intervention study demonstrated improved knowledge but underscored the need for sustained efforts to shift attitudes.

### 2. Livelihood programs

Dr. Das showcased how vocational training for GBV survivors reduced recidivism and fostered economic independence.

### 3. Faith-based leaders:

Religious leaders' involvement in Bhutan's SRHR programs, as discussed by Dr. Das, facilitated greater acceptance and participation.



## 7. Recommended policy changes

### 1. Enhancing youth leadership

- Equip young volunteers with training and leadership skills, as suggested by Ms. Pahalawatte and Ms. Jovero Urot.
- Provide mental health support for youth responders to address burnout.

### 2. Scaling survivor-centered approaches

- Expand livelihood programs for survivors, as recommended by Dr. Das.
- Launch campaigns targeting the root causes of GBV, emphasizing community action.

### 3. Advancing LGBTQIA+ inclusivity

- Conduct sensitivity training for healthcare providers, per Dr. Kulathunga.
- Integrate LGBTQIA+ health services into mainstream healthcare systems.

### 4. Strengthening crisis preparedness

- Develop culturally sensitive referral systems, as proposed by Ms. Jovero Urot and Ms. Ximenes.
- Embed SRHR in national disaster risk reduction strategies.

### 4. Strengthening crisis preparedness

- Invest in longitudinal studies to evaluate SRHR program impact, as noted by Dr. Das.
- Establish data repositories to inform evidence-based policymaking.

## 8. Conclusion

The conference underscored the importance of integrating SRHR into humanitarian and climate resilience strategies. By addressing identified gaps, fostering inclusivity, and implementing evidence-based interventions, the speakers provided a roadmap for creating a responsive and equitable SRHR framework. The insights and recommendations shared by Ms. Pahalawatte, Ms. Jovero Urot, Ms. Ximenes, Ms. Mahalakshmi, Dr. Arpita Das, Dr. Kanthi Hettigoda, Mr. Anisuzzaman, and others emphasize the collective effort required to build resilience in SRHR delivery, ensuring no one is left behind in times of crisis.

# Navigating Realities: Abortion Discourse in Sri Lanka

## 1. Introduction

The discourse on abortion in Sri Lanka is shaped by complex intersections of legal, cultural, and healthcare frameworks. As a country with restrictive abortion laws, the challenges women face in accessing safe and legal abortion services are compounded by social stigma and systemic barriers. This section provides an in-depth exploration of the key points discussed during the conference session on this topic. It analyzes the legal and programmatic implications, identifies gaps, highlights scientific findings, and offers policy recommendations to advance reproductive rights and healthcare in Sri Lanka.

## 2. Key points

Abortion in Sri Lanka is criminalized under Sections 303 and 304 of the Penal Code of 1883, permitting the procedure only when the mother's life is at risk. This restrictive framework forces many women to resort to unsafe abortions. Cultural and religious norms further exacerbate the stigma surrounding abortion. The session highlighted several critical issues, with insights provided by key speakers:

1. **Social stigma:** Dr. Sepali Kottegoda emphasized the societal stigma surrounding abortion, particularly for unmarried women and adolescents, noting how this inhibits open dialogue and access to safe services.
2. **Healthcare barriers:** Dr. Fariha Haseen discussed the judgmental attitudes of healthcare providers and the limited access to medical abortion pills, which often drive women toward unsafe practices.
3. **Advocacy challenges:** Ms. Nandini Mazumder highlighted the resistance faced by efforts to decriminalize abortion, stemming from entrenched cultural and religious beliefs.
4. **Youth vulnerabilities:** Ms. Aishath Enas pointed out the lack of accurate SRH education, which leaves adolescents ill-prepared to make informed decisions about their reproductive health.

## 3. Legal implications

The restrictive abortion laws in Sri Lanka stem from colonial-era penal codes, which have not evolved to align with modern healthcare practices or human rights standards. The criminalization of abortion:

1. Forces women to seek clandestine and often unsafe abortions, as noted by Dr. Kottegoda.
2. Contradicts the principles of reproductive justice, which emphasize bodily autonomy and access to healthcare, a point stressed by Ms. Mazumder.



3. Creates legal ambiguity for healthcare providers, deterring them from offering even permissible services due to fear of prosecution, as highlighted by Dr. Haseen.

Decriminalizing abortion and updating the legal framework to include broader exceptions, such as cases of rape, incest, and fetal anomalies, are critical steps toward achieving reproductive justice.

## 4. Program implications

### 1. National level

1. Service Expansion: Dr. Kottegoda advocated for expanding post-abortion care services within the public healthcare system to mitigate the impact of unsafe abortions.
2. Provider Training: Dr. Haseen emphasized the need for training programs to reduce biases and equip healthcare providers with knowledge about safe abortion practices.
3. Education Campaigns: Ms. Enas highlighted the importance of awareness campaigns targeting communities to reduce stigma and encourage informed decision-making.

### 2. International level

1. Global Collaboration: Ms. Mazumder suggested partnerships with international organizations such as the WHO to adopt evidence-based practices and guidelines.
2. Resource Sharing: Insights from Nepal and Bangladesh, shared by Dr. Haseen, demonstrated how liberalized abortion laws and improved healthcare outcomes could serve as models for Sri Lanka.
3. Policy Advocacy: Ms. Mazumder stressed the role of international advocacy in supporting local efforts to reform restrictive laws and enhance access to SRH services.

## 5. Identified gaps in the area

1. Data Limitations: Dr. Haseen noted the lack of comprehensive data on abortion practices, maternal mortality, and healthcare access, which limits evidence-based policymaking.
2. Awareness Deficits: Ms. Enas highlighted low awareness of legal rights and available services, particularly among vulnerable populations.
3. Infrastructure Shortfalls: Dr. Kottegoda emphasized the inadequacy of healthcare facilities and trained professionals in rural areas.
4. Cultural Barriers: Ms. Mazumder identified deep-seated cultural and religious beliefs as significant obstacles to open discussions about abortion and SRH.

## 6. Key scientific findings

1. WHO Guidelines: Dr. Haseen referenced WHO findings that abortion is one of the safest medical procedures when conducted under proper medical supervision.
2. Impact of Liberal Laws: Ms. Mazumder cited evidence from Nepal, showing that liberalizing abortion laws significantly reduces maternal mortality and improves access to care.
3. Medical Innovations: Dr. Kottegoda discussed the efficacy of mifepristone and misoprostol for medical abortion and the barriers to their availability in Sri Lanka.
4. Social Determinants: Dr. Haseen noted how stigma and gender norms significantly impact women's ability to access SRH services.

## 7. Recommended policy changes

### 1. Decriminalize abortion

Amend the Penal Code to permit abortion in cases of rape, incest, fetal anomalies, and contraceptive failure, as advocated by Ms. Mazumder and Dr. Kottegoda.

### 2. Improve accessibility

Ensure the availability of medical abortion pills through regulated channels and subsidize costs to enhance affordability, a point emphasized by Dr. Haseen.

### 3. Enhance provider training

Develop comprehensive training programs to reduce provider biases and improve service delivery, as suggested by Dr. Haseen.

### 4. Expand SRH education

Implement comprehensive sexuality education in schools to address stigma and improve understanding of reproductive rights, a recommendation by Ms. Enas.



## 5. Promote inclusivity

Design SRH programs that cater to marginalized groups, including adolescents, LGBTQIA+ individuals, and persons with disabilities, as highlighted by Ms. Mazumder.

## 6. Invest in research

Conduct longitudinal studies to understand abortion practices, healthcare barriers, and the societal impact of restrictive laws, as stressed by Dr. Haseen.

## 8. Conclusion

Addressing the abortion discourse in Sri Lanka requires a multifaceted approach that includes legal reform, cultural shifts, and systemic improvements in healthcare. Decriminalizing abortion, improving service accessibility, and enhancing public awareness are vital to reducing maternal mortality and ensuring reproductive justice. Collaboration among policymakers, healthcare providers, civil society, and international organizations is essential to navigate these realities and advance reproductive rights in Sri Lanka

# **In the Fight: Advancements and Challenges in Cervical, Breast and Prostate Cancer Prevention, Screening and Treatment**

## **1. Introduction**

This subsection consolidates insights from two significant sessions: Mini Symposium 1.4 and Parallel session 2.4, held under the theme "In the Fight: Advancements and Challenges in Cervical, Breast, and Prostate Cancer Prevention, Screening, and Treatment." These sessions aimed at addressing critical issues in cancer prevention, screening, and treatment. Experts from various disciplines shared perspectives on tackling these challenges in low- and lower-middle-income countries. The discussions provided a platform to explore disparities in healthcare access, innovative management approaches, and potential policy adaptations to combat these pressing health issues effectively.

## **2. Key Points**

Cervical, breast, and prostate cancers are among the leading causes of morbidity and mortality globally. The burden is particularly high in low- and lower-middle-income countries, where limited resources exacerbate the challenges. Cervical cancer alone accounts for over 340,000 annual deaths worldwide, with 90% occurring in low-income nations. Breast cancer, the most common cancer in women globally, is increasingly prevalent in Sri Lanka, with around 6,000 new cases reported annually. Prostate cancer, although less frequent than the other two, is often underdiagnosed in Sri Lanka, with most detected cases being high-grade cancers.

Professor Maheeka Seneviwickrama emphasized the need for robust screening programs and highlighted the epidemiology of these cancers in low-resource settings. Professor Isha Prematillake elaborated on the challenges of prostate cancer diagnosis in Sri Lanka, stressing the importance of PSA testing despite its limitations. Dr. Kanchana Wijesinghe discussed the alarming rise in breast cancer cases and the importance of early detection through self-examination and clinical breast examinations. Dr. Diana Constanza Pulido provided a global perspective on cervical cancer, outlining the need for HPV vaccination and high-performance screening tests.

## **3. Legal Implications**

On a national scale, legal frameworks play a crucial role in ensuring equitable access to cancer prevention and treatment services. Dr. Diana Constanza Pulido highlighted the importance of policies mandating HPV vaccination and regulating the quality of cancer screening methods. She also discussed the need for patient privacy laws to accommodate the increasing use of AI and digital technologies in diagnostics, ensuring ethical handling of sensitive medical data.



Internationally, adherence to global health standards and commitments, such as the World Health Organization's cervical cancer elimination strategy, is essential to align national efforts with global objectives.

## 4. Program Implications

### 1. National Level

National healthcare programs need to focus on expanding access to essential diagnostic and treatment facilities. Professor Isha Prematillake recommended incorporating cancer screening and prevention into primary healthcare services, such as deploying mobile diagnostic units equipped with mammogram facilities and PSA testing in rural areas. Dr. Kanchana Wijesinghe suggested enhancing breast cancer awareness campaigns to promote self-examinations and clinical checks.

### 2. International Level

Internationally, collaboration with organizations like WHO is vital to achieve global targets such as the 90-70-90 strategy for cervical cancer. Dr. Diana Constanza Pulido emphasized the need for sharing resources, knowledge, and innovative tools like the iBreast Exam device across borders to enable low-resource countries to adopt best practices. Partnerships with NGOs and private-sector players, as highlighted by Dr. Monika Dayama, can provide the funding and technical expertise necessary to sustain these programs.

## 5. Identified Gaps in the Area

Several critical gaps were identified in addressing cervical, breast, and prostate cancer. Professor Isha Prematillake noted the lack of integrated databases for tracking diagnostics, treatments, and outcomes, while Dr. Kanchana Wijesinghe emphasized infrastructure deficiencies, particularly the shortage of diagnostic facilities in rural areas. Cultural barriers and misconceptions about cancer screening, as discussed by Dr. Diana Constanza Pulido, discourage timely detection and treatment. Dr. Neelam Dixit highlighted resource constraints that limit the availability of affordable screening tools and therapies, leaving vulnerable populations underserved.

## 6. Key Scientific Findings

The symposium shed light on several key scientific findings:

- Prostate cancer cases in Sri Lanka show a predominance of high-grade cancers compared to Western countries, as detailed by Professor Isha Prematillake.
- Breast cancer diagnoses in Sri Lanka commonly occur at later stages, resulting in lower survival rates, as highlighted by Dr. Kanchana Wijesinghe.

- HPV vaccination significantly reduces cervical cancer incidence, but cultural and logistical barriers hinder widespread adoption, as emphasized by Dr. Diana Constanza Pulido.
- The iBreast Exam device was demonstrated to be an effective tool for early breast cancer detection in low-resource settings, offering portability, non-invasiveness, and ease of use, as presented by Dr. Monika Dayama.

## **7. Recommended Policy Changes**

### **1. Expand screening programs**

- a. Deploy mobile diagnostic units for mammograms and PSA testing in underserved regions, as suggested by Professor Isha Prematillake.
- b. Mandate HPV vaccination for all eligible children and ensure equitable distribution, as advocated by Dr. Diana Constanza Pulido.

### **2. Address socioeconomic barriers**

- a. Subsidize cancer screening and treatment costs for low-income populations, as recommended by Dr. Neelam Dixit.
- b. Develop public-private partnerships to secure funding for cancer care initiatives, as highlighted by Dr. Rathnamala Desai.

### **3. Improve awareness campaigns**

- a. Engage community leaders and leverage social media to dispel myths and encourage early detection, as emphasized by Dr. Kanchana Wijesinghe.
- b. Design targeted education campaigns addressing gender-specific barriers to screening, as suggested by Dr. Diana Constanza Pulido.

### **4. Enhance data and research:**

- a. Establish national cancer registries with uniform reporting standards, as highlighted by Professor Isha Prematillake.
- b. Invest in research focusing on region-specific cancer patterns and outcomes, as noted by Dr. Diana Constanza Pulido.

### **5. Strengthen healthcare infrastructure:**



- a. Increase the number of diagnostic facilities and trained technicians across the country, as recommended by Dr. Kanchana Wijesinghe.
- b. Integrate AI-assisted diagnostic tools into tertiary care centers for improved accuracy, as suggested by Professor Isha Prematillake.

## 8. Conclusion

The symposium highlighted the urgent need for comprehensive strategies to tackle the growing cancer burden. Early detection, equitable access to treatment, and robust public health initiatives are crucial to improving cancer outcomes. Collaborative efforts involving governments, international organizations, NGOs, and communities are essential to address these challenges effectively and achieve meaningful progress in cancer prevention and care.

## **Closing Ceremony of Reprosex Conference 2024**

*The Reprosex Conference 2024 concluded with a memorable closing ceremony held in the Lotus Hall of the Bandaranaike Memorial International Conference Hall, Colombo, Sri Lanka. The ceremony marked the successful completion of insightful discussions, knowledge sharing, and collaborative engagements on reproductive health and sexuality.*

As the distinguished guests arrived, the atmosphere was filled with a sense of accomplishment and camaraderie, reflecting the productive sessions that took place during the conference.

The proceedings began with an address by Mr. Chandima Gunawardena, Immediate Past President, Board of Directors, FPA Sri Lanka. He expressed appreciation for the contributions of participants, speakers, and organizers, acknowledging their role in making the conference a success. His speech emphasized the importance of continued advocacy and research in reproductive health.

Following this, Mr. Kunle Adeniyi, Country Representative of UNFPA Sri Lanka, delivered a comprehensive summary of the Technical Highlights of Reprosex 2024. He provided an insightful recap of key discussions, emerging themes, and significant findings, reinforcing the conference's impact on advancing the global discourse on reproductive and sexual health.

The Vote of Thanks was delivered by Mr. M. Suchira Suranga, Director of Organizational Learning and Evaluation, FPA Sri Lanka. He extended heartfelt gratitude to all attendees, speakers, sponsors, and organizing teams for their dedication and support in making the conference a resounding success.

Adding a touch of cultural vibrancy, the closing ceremony featured a Sri Lankan Traditional Dance Performance, celebrating the rich heritage of the host country and creating a festive atmosphere.

The event concluded with a Musical Segment, where the dance floor was opened to all attendees. This lively and engaging finale provided an opportunity for participants to relax, celebrate their collective achievements, and strengthen the bonds of collaboration forged during the conference.

With this, the Reprosex Conference 2024 officially came to a close, leaving a lasting impact and setting the stage for future initiatives in reproductive and sexual health advocacy and research.



# **SECTION 5 :**

# **FEEDBACK REPORT**

# **Feedback Report: Reprosex Conference**

## **Event Schedule and Time Management**

*The conference received feedback from 267 attendees, with 127 participants finding the event schedule effective in terms of time management, indicating a well-organized program.*

## **Session Engagement and Content Relevance**

*The most well-received session was Plenary Session 1.1: Youth and Comprehensive Sexuality Education, with 57 attendees identifying it as their favorite. Additionally, 64.23% of participants stated that the event met their expectations in terms of content relevance.*

## **Satisfaction with Topics Covered**

*The average satisfaction rating for the topics covered during the event was 53.08%, indicating room for improvement in ensuring content aligns with attendee expectations and interests.*

## **Likelihood of Recommendation and Future Attendance**

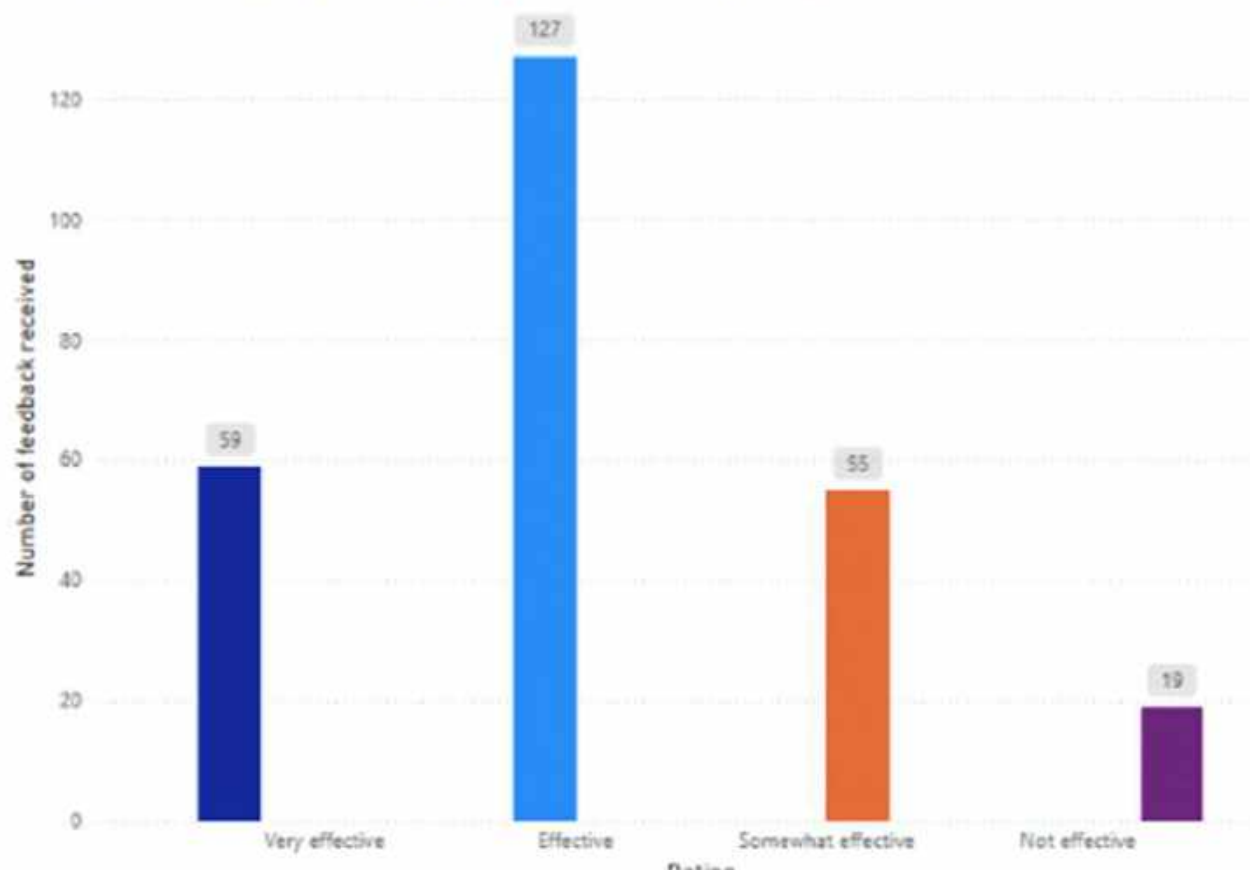
*A total of 149 attendees rated a 5 on a scale of 1 to 5 (with 5 being "definitely") for recommending Reprosex to a colleague or friend. Furthermore, 182 participants confirmed they would definitely attend future Reprosex events based on their experience this year*

## **Overall Impact and Net Promoter Score (NPS)**

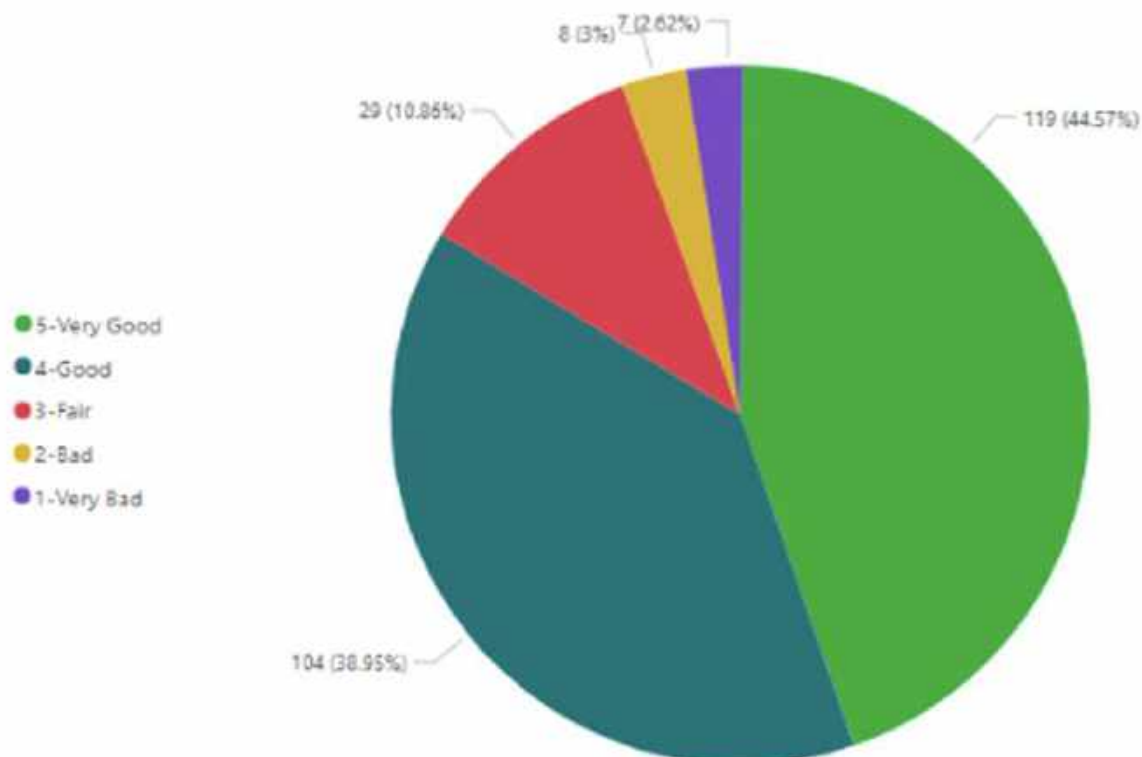
*The conference achieved a Net Promoter Score (NPS) of 43.24, reflecting strong advocacy for the event. While the content relevance and satisfaction scores suggest areas for improvement, the high likelihood of recommendations and future attendance highlights a successful and impactful event.*



How effective was the event's schedule in terms of time management?



How satisfied were you with the topics covered during the event?







**SECTION 6 :**

**PHOTO  
GALLERY**



































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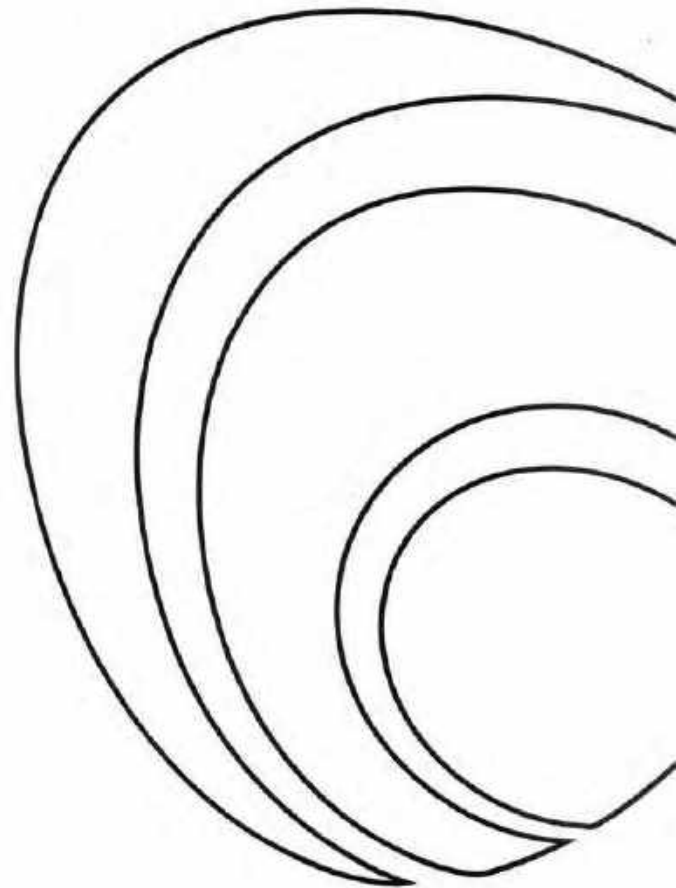


**SECTION 7 :**

**FINANCIAL  
REPORT**

# THE FAMILY PLANNING ASSOCIATION OF SRI LANKA

ReproSex-2024; International Conference on  
Sexual & Reproductive Health



Now, for tomorrow



## AGREED UPON PROCEDURES REPORT ON FINANCIAL REPORT OF REPRO-SEX EVENT AUDIT

### TO THE MEMBERS OF THE GOVERNING BOARD OF THE FAMILY PLANNING ASSOCIATION OF SRI LANKA

#### Purpose of this Agreed-Upon Procedures Report

Our report is solely for the purpose of assisting The Family Planning Association of Sri Lanka ("the FPASL") in determining the Financial Report for the Repro-Sex Event is prepared in accordance with the accounting records of The Family Planning Association of Sri Lanka requirement and may not be suitable for another purpose. This report is intended solely for FPASL, and should not be used by, or distributed to, any other parties.

#### Responsibilities of the Engaging Party and the Responsible Party

FPASL has acknowledged that the agreed-upon procedures are appropriate for the purpose of the engagement.

FPASL is responsible for the subject matter on which the agreed-upon procedures are performed.

#### Practitioner's Responsibilities

We have conducted the agreed-upon procedures engagement in accordance with the Sri Lanka Standard on Related Services (SLSRS) 4400 (Revised), Agreed-Upon Procedures Engagements. An agreed-upon procedures engagement involves our performing the procedures that have been agreed with FPASL, and reporting the findings, which are the factual results of the agreed-upon procedures performed. We make no representation regarding the appropriateness of the agreed-upon procedures.

This agreed-upon procedures engagement is not an assurance engagement. Accordingly, we do not express an opinion or an assurance conclusion.

Had we performed additional procedures, other matters might have come to our attention that would have been reported.



### *Professional Ethics and Quality Control*

We have complied with the ethical requirements and the independence requirements in accordance with the Code of Ethics issued by CA Sri Lanka (Code of Ethics).

Our firm applies Sri Lanka Standard on Quality Control (SLSQC) 1, Quality Control for Firms that Perform Audits and Reviews of Financial Statements, and Other Assurance and Related Services Engagements, and accordingly, maintains a comprehensive system of quality control including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

### **Procedures and Findings**

We have performed the procedures described below, which were agreed upon with FPASL, on the Financial Report of the Repro-Sex Event.

The procedures performed by Bakertilly Edirisinghe and Co. is not constituting an audit, or a review made in accordance with Sri Lanka Auditing Standards and consequently, no assurance will be expressed.

	<b>Procedures</b>	<b>Findings</b>
1)	Verification of Actual Costs, Receipts, and Supporting Documentation.	Verified actual costs and supporting receipts, ensuring all payments were appropriately documented and matched with event-related expenses. No discrepancies were noted, and all approvals were in place. Disclosed under note 02 to the Statement of Financial Report.
2)	Verification of Revenue Collection and Sponsorship Agreements.	Reviewed all revenue streams, including ticket sales and sponsorship contributions. Verified receipts against bank statements and sponsorship agreements.
3)	Participant Registration and Attendance Reconciliation.	Attendance exceeded expectations, with higher participation than initially estimated. All registrations were properly recorded and reconciled with event records. Disclosed under note No. 1(6) to the Statement of Financial Report.





4)	Review of Procurement Process and Vendor Payments.	Examined procurement procedures to ensure compliance with internal policies. Reviewed vendor contracts, invoices, and approvals. All payments were processed correctly, with timely disbursement, and procurement guidelines were followed appropriately.
5)	Review of Compliance with Internal Policies and Documentation Standards.	Ensured adherence to FPASL's internal policies, event guidelines, and financial controls. All relevant procedures were followed, and documentation was properly maintained without any compliance concerns. Performed a test of control to ensure the internal control effectiveness.
6)	Verification of Volunteer and In-Kind Contributions.	Reviewed contributions from volunteers and in-kind sponsors, including Sri Lankan Airlines, Wijaya Newspapers, and Olu Water. Verified documentation supporting these contributions, ensuring they were appropriately recorded and utilized for the event. Disclosed under note No. 3 to the Statement of Financial Report.

*Edirisisinghe*

**Edirisisinghe & Co.**

**Chartered Accountants**

**Colombo**

21-Feb-2025



The Family Planning Association Of Sri Lanka  
National SRH Conference - ReproSex 2024  
Statement of Financial Report

		Amount in LKR
For the event held on 5th & 6th November 2024	Notes	
Fund received	Note 01	17,294,752
Total income		17,294,752
Expenditure incurred	Note 02	(17,277,679)
Fund Surplus		17,073

All values are in Sri Lanka Rupees, unless otherwise stated. Figures in brackets indicate deductions.

The Statement of Financial Report for the ReproSex Event has been prepared based on the verification of income and expenditures related to the event. Our audit included examinations of supporting documentations and financial records to ensure accuracy and completeness in reporting.

The Management is responsible for the preparation and presentation of these financial Reports.

Signed for and on behalf of the Management by,

  
Dr. Ruchitha Perera  
Executive Director

  
Zaroocha Farook  
Senior Manager- Finance

The notes form an integral part of these financial statements.

21-Feb-2025

Page 01





The Family Planning Association Of Sri Lanka  
National SRH Conference - ReproSex 2024  
Statement of Financial Report

Fund Summary Details	2024	
	LKR	LKR
<b>Total Fund Received (Note 01)</b>		
1. The Family Planning Association Of Sri Lanka	6,200,000	
<b>Donor Contribution</b>		
2. IPPF	5,305,000	
3. RFSU	2,307,000	
4. SKPA	1,500,000	
5. CAAPP	89,031	
6. Registration fees (Local & Foreign)	619,621	
7. Other Sponsorships (vendors & service providers)	1,274,100	
<b>Total</b>	<b>17,294,752</b>	<b>17,294,752</b>
<b>Total Expenditure (Note 02)</b>		
1. Promotional expenses	3,286,020	
2. Conference package- Venue, Lunch & Refreshments	6,508,541	
3. Event Management Services	4,280,000	
4. Conference proceeding books & Other stationeries	1,058,591	
5. Resources and other volunteer's payments	743,600	
6. Expenses on special invitees (Foreigners)	1,122,428	
7. Transport Expenses - Local	91,698	
8. Event security payments & Miscellaneous	186,800	
<b>Total</b>	<b>(17,277,679)</b>	<b>(17,277,679)</b>
<b>Balance Fund</b>		<b>17,073</b>



Note 01 - Total Fund Received

Donor Details	Actual Funds Received
	LKR
1. <b>FPA Sri Lanka</b>	
The Family Planning Association Of Sri Lanka	5,000,000
Monitoring and Evaluation Budget- 2024	1,200,000
<b>Total</b>	<b>6,200,000</b>
2. <b>IPPF</b>	
Sprint - Humanitarian Hub (USD 5000) Sponsorship (Note 04)	1,440,000
Sprint - Levis project contribution	1,000,000
IPPF SARO - (USD 10,000) Sponsorship	2,865,000
<b>Total</b>	<b>5,305,000</b>
3. RFSU Donor project	2,307,000
4. SKIPA Sponsorship	1,500,000
5. CAAPP -French Embassy Sponsorship	89,031
6. Registration Fees - Local & Foreign	619,621
7. <b>Other Sponsorships (vendors &amp; service providers)</b>	
CEPA-The Centre for Poverty Analysis Sponsorship	500,000
Seylan Foundation Sponsorship	400,000
Suretex Ltd - (USD 1000) Sponsorship	289,100
HNB Sponsorships	50,000
Academy of finance Sponsorship	35,000
<b>Total</b>	<b>1,274,100</b>
<b>Grand Total</b>	<b>17,294,752</b>

21-Feb-2025

Page 03





**Note 02 - Total Expenditure**

Activity No.	Activities	LKR
<b>1</b>	<b>Promotional expenses</b>	
1.1	Development & Managing Communication, & Promotional Plan	1,610,000
1.2	Other promotional Expenses	518,170
1.3	Newspaper advertisements (Wijaya)-In-Kind Contributions (Note 03)	-
1.4	T-shirts	150,000
1.5	Conference Delegate pack(Conference bag, note book, note pad box with papers, Pen, Docket)	1,007,850
	<b>Total</b>	<b>3,286,020</b>
<b>2</b>	<b>Conference package- Venue, Lunch &amp; Refreshments</b>	
2.1	Venue	2,099,801
2.2	Lunch & Refreshments	4,290,900
2.3	Extra water Bottles-In-Kind Contributions (Olu) (Note 03)	-
2.4	Other meals and breakfast	117,840
	<b>Total</b>	<b>6,508,541</b>
<b>3</b>	<b>Event Management Services</b>	
3.1	Charges for managing the event	4,280,000
	<b>Total</b>	<b>4,280,000</b>
<b>4</b>	<b>Conference proceeding books &amp; Other stationeries</b>	
4.1	Conference proceeding books (Rs.1,614 ×500 Books)	807,000
4.2	Other stationery ,designing & printings	251,591
	<b>Total</b>	<b>1,058,591</b>
<b>5</b>	<b>Resources and other volunteers payments</b>	
5.1	Volunteers travel allowance	51,000
5.2	Gift vouchers for panellists, session chairs, technical committee members, and abstract reviewers.	617,600
5.3	Compere Charges - 2 Persons	75,000
	<b>Total</b>	<b>743,600</b>
<b>6</b>	<b>Expenses on special invitees (Foreigners)</b>	
6.1	Ticket charges & accommodation for keynote speaker	791,011
6.2	Technical committee expenses	331,417
6.3	Sri Lankan Air Lines - in-Kind Contributions (Note 03)	-
	<b>Total</b>	<b>1,122,428</b>
<b>7</b>	<b>Transport Expenses - Local</b>	
7.1	Travelling Expenses	91,698
	<b>Total</b>	<b>91,698</b>



**Note 02 - Total Expenditure (Continued )**

Activity No.	Activities	LKR
8	Event Security payment & Miscellaneous	
	8.1 Event Security payment , Ushering team expenses & Miscellaneous	186,800
	<b>Total</b>	<b>186,800</b>
<b>Grand Total</b>		<b>17,277,679</b>

**Note 03 - ReproSex Event Sponsorship & In-Kind Contributions**

Voluntary Contributors	LKR
Sri Lankan Air Lines sponsorship-Tickets for Key note speaker	800,000
Wijaya news paper sponsorship- News Articles	434,668
Olu sponsorship - water bottles	120,000
	<b>1,354,668</b>

**Disclosure Note 3 – Sponsorship & In-Kind Contributions**

The sponsorship and In-Kind contributions mentioned above were made voluntarily by third parties, and these expenditures were not incurred by FPASL. However, these third parties have incurred these contributions on behalf of the Reprosex Event. As these contributions were not processed through FPASL's financial records, they are not reflected in the financial statements. Instead, this disclosure is made solely for transparency purposes.

**Note 04 - Fund Receivables**

Donor Details	LKR
Sprint - Humanitarian Hub (USD 5000) Sponsorship	1,440,000
	<b>1,440,000</b>
<b>Total Receivables</b>	<b>1,440,000</b>



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