ReproSex
Your Voice, Your Rights

2024 International Conference on Sexual and Reproductive Health

CONFERENCE PROCEEDINGS

NOVEMBER 5th - 6th, 2024 | COLOMBO, SRI LANKA

ReproSex

Your Voice, Your Rights

International Conference on Sexual and Reproductive Health

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

Conference Proceedings

5th and 6th of November, 2024

Bandaranaike Memorial International Conference Hall

Colombo – Sri Lanka

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 Proceedings

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This conference proceedings book represents the opinions and views of the individual authors. It does not represent the publisher, The Family Planning Association of Sri Lanka or its' donors, unless the context specifically defines it.


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Background

ReproSex 2024 stands as a beacon of knowledge, advocacy, and collaboration in the realm of sexual and reproductive health and rights (SRHR). As we embark on this transformative journey, we recognize the critical importance of addressing the multifaceted challenges and opportunities within the field of SRHR. From advancing reproductive rights and access to healthcare services to tackling societal taboos and inequalities, ReproSex 2024 aims to foster inclusive dialogue, catalyse innovative solutions, and drive tangible change. By convening diverse stakeholders, including researchers, policymakers, healthcare professionals, activists, and community leaders, this conference serves as a platform for sharing insights, exchanging best practices, and forging meaningful partnerships to promote sexual and reproductive (SRH) equity, dignity, and empowerment for all individuals and communities.

At the heart of ReproSex 2024 lies a commitment to holistic and rights-based approaches to SRH, grounded in principles of social justice, gender equity, and human rights. Recognizing the interconnectedness of various SRH issues, from family planning and contraception to HIV/AIDS and gender-based violence, this conference offers a comprehensive exploration of the complexities and intersections shaping SRHR landscapes worldwide. Through thematic tracks, workshops, panel discussions, and interactive sessions, participants will delve into critical topics such as the legal dimensions of SRHR, youth engagement, healthcare access, technological innovations, and advocacy strategies. By embracing diversity, fostering inclusivity, and amplifying marginalized voices, ReproSex 2024 strives to pave the way for a more just, equitable, and compassionate future in the field of SRH.

ReproSex 2024, hosted by The Family Planning Association of Sri Lanka with the invaluable support of esteemed technical partners, promises to be a landmark event in the landscape of SRH. Planned for November 5th and 6th, 2024, at the prestigious BMICH, this conference brings together a diverse array of national and international speakers, experts, and stakeholders dedicated to advancing SRH agendas. With an anticipated attendance of 300 national and international participants, ReproSex 2024 will offer a dynamic platform for dialogue, collaboration, and action across 12 sub-themes.

Theme

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

At **ReproSex 2024**, the theme "Universal Access to Sexual and Reproductive Health as a Right for All" highlights the critical need to address the persistent global disparities in SRH services. Despite advancements, millions of individuals, particularly women, adolescents, LGBTIQ+ communities, and marginalized groups continue to face obstacles in accessing essential SRH services due to socio-cultural stigmas, legal barriers, financial constraints, and limited healthcare infrastructure. Emerging trends such as telemedicine, digital health solutions, and integrated SRH services are providing new avenues to improve access, but these innovations must be scaled and adapted to local contexts to be truly effective. Achieving universal access is not only a matter of health but also of human rights, gender equality, and sustainable development, directly supporting the ***Sustainable Development Goals (SDGs),*** especially Goal 3 (Good Health and Well -being) and 5 (Gender Equality).

The focus must be on providing comprehensive and equitable SRH services to all, with particular attention to vulnerable populations, to reduce maternal and infant mortality and empower individuals to make informed decisions about their reproductive health. As we work toward these goals, the sub-themes of **ReproSex 2024** which delve into innovations in SRH services, policy challenges, gender equity, digital health interventions, and more will guide us in creating practical solutions and partnerships to achieve universal SRH access for everyone.

Sub-themes

Sub-theme 01: Navigating Complexity: Socioeconomic and Demographic Determinants of SRH

- Socioeconomic factors intersect with the broader SRH landscape
- Period poverty and its determinant in Sri Lanka including taxation on menstrual products
- Addressing the unique needs of marginalized populations, such as refugees and migrants, in SRH programming
- Examining the impact of disability on SRH access and rights
- The impact of the economic recession on SRH in Sri Lanka

Sub-theme 02: Beyond Boundaries: Safeguarding Rights and Dignity for All Gender Identities and Sexual Orientations

- Examining the prevalence and manifestations of gender-based violence, including intimate partner violence, sexual assault and harassment, child marriage, forced marriage, rape, incest and marital rape across diverse populations
- Strategies for prevention, response, and support, including legal protections, counselling services, and shelters for survivors of GBV
- Supporting initiatives to advance LGBTIQ+ inclusion in healthcare, education, employment, and other areas of public life

Sub-theme 03: Getting Ready for Generation Beta: Engaging Youth in SRH

- SRH concerns among youth and adolescents
- Developing and implementing innovative and culturally sensitive SRH education programmes
- Training educators and healthcare providers on delivering inclusive and accurate SRH information and services
- Integrating digital platforms and technology in SRH education initiatives
- Creating youth-friendly SRH clinics and services tailored to adolescents' needs

Sub-theme 04: Digital Horizons in SRH: Innovations for Access, Information and Advocacy

- Utilizing telemedicine, mobile health solutions, home delivery and self-care to expand access to SRH services
- Improving access to SRH services and information through digital health interventions and social media
- Technological innovations to support policy advocacy, social mobilization, social and behavioural change in SRH

Sub-theme 05: Access and Equity in Family Planning: Exploring Innovations and Challenges for Vulnerable Populations

- Innovative methods of modern contraception
- Socio-demographic and geographical disparities in family planning
- Exploring innovative approaches to address social and cultural barriers to family planning, including stigma, misinformation, and partner communication
- Challenges in access to emergency contraception for vulnerable populations, including survivors of sexual violence.

Sub-theme 06: Fertility Frontiers: Innovations and Disparities in Subfertility Solutions

- Global and national trends in subfertility prevalence, incidence rates, and demographic patterns, including age-related fertility decline and geographic disparities
- Latest advancements in Assisted Reproductive Technologies (ART)
- Barriers to accessing fertility care, including socioeconomic factors, geographical location, and healthcare infrastructure limitations

Sub-theme 07: Dynamics of Population and SRH: Navigating Challenges and Opportunities for the Next Decade

- Population and SRH; Opportunities and challenges for the next decade
- Impact of internal and external migration on SRH
- SRH challenges on population ageing: Unique SRH needs of ageing populations, menopause, and the elderly
- Effect of age of marriage, divorce, contraception, abortion and subfertility as determinants of fertility

Sub-theme 08: Insightful Inquiries: Monitoring, Evaluation and Strategic Research in SRH

- Establishing innovative methods of data collection mechanisms to capture information on SRH service utilization, accessibility, and quality
- Enhancing data visualization and dissemination strategies to communicate research findings effectively to diverse audiences
- Exploring innovative approaches to data collection, including digital health technologies, mobile applications, and geospatial mapping
- Conducting evaluations to assess the effectiveness of SRH interventions, programmes, and policies

Sub-theme 09: Uniting Against HIV and STIs: Innovations in Prevention, Testing and Care

- Innovations in HIV prevention including behavioural and biological interventions
- Latest developments in HIV and STI testing technologies, including rapid diagnostic tests RDTs), point-of-care testing (POCT), and self-testing kits
- Integrating HIV and STI services with other healthcare services, such as SRH, mental health and substance use treatment
- Impact of stigma and discrimination on HIV and STI prevention, testing and care-seeking behaviours
- Digital Health Innovations for HIV and STI prevention, testing and care
- Equity in HIV and STI Services: Addressing disparities and improving access

Sub-theme 10: Resilience in SRH delivery in Humanitarian and Climate Change Context

- Unique challenges faced by populations affected by humanitarian crises, including conflicts, natural disasters, and displacement, in accessing SRH services
- Best practices and innovative approaches for delivering SRH care in humanitarian settings
- Climate Change Impact, Adaptation and Mitigation in SRH: Integration of SRH and reproductive rights into climate change adaptation and resilience strategies
- Provision of disability-inclusive SRH services during emergencies

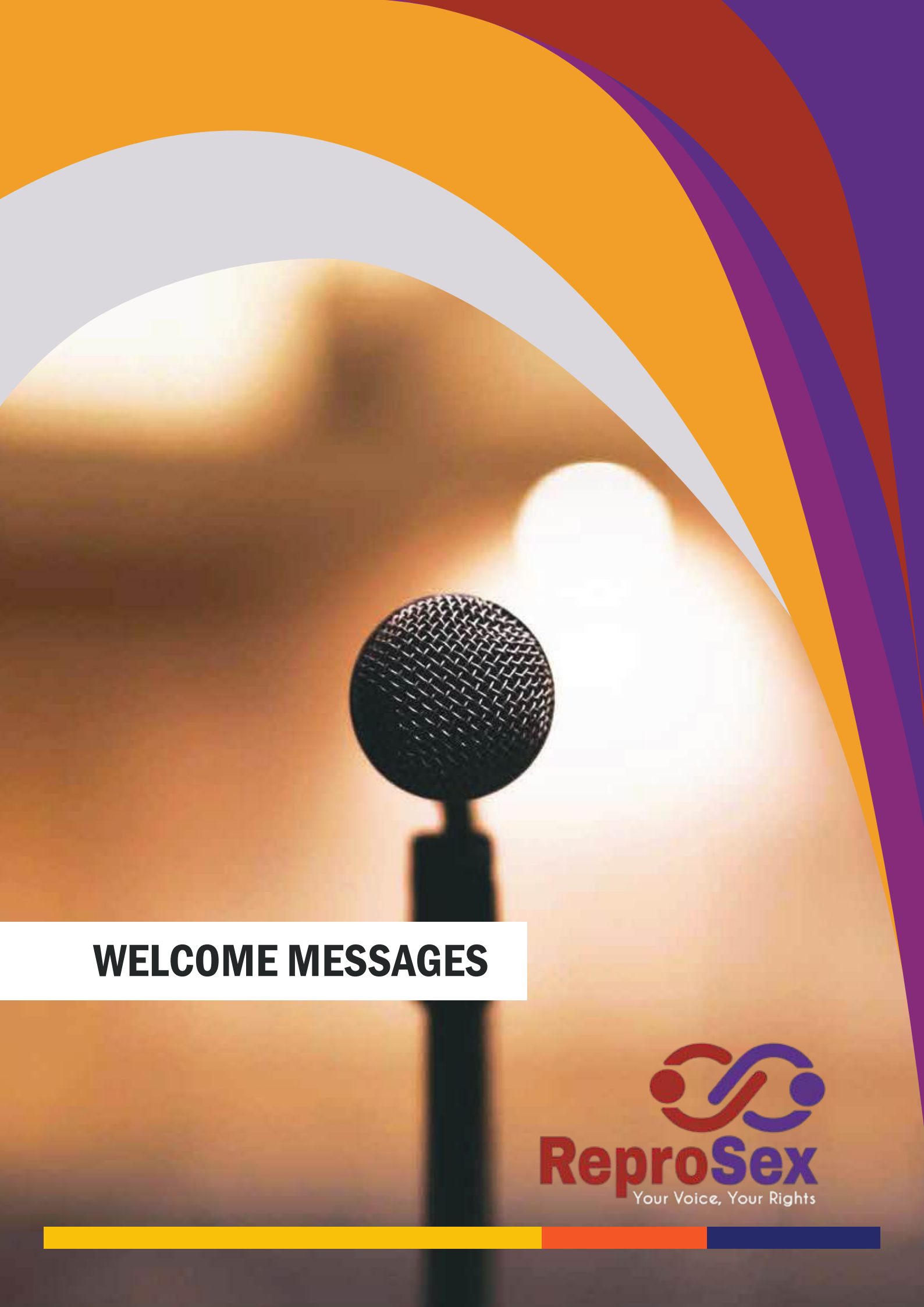
Sub-theme 11: Navigating Realities: Abortion Discourse in Sri Lanka

- Attitudes and beliefs surrounding induced abortion in Sri Lanka
- Availability and accessibility of medical abortion pills for Sri Lankan women
- Historical perspectives on abortion laws and regulations
- Socio-economic factors influencing abortion decisions

Sub-theme 12: In the Fight: Advancements and Challenges in Cervical, Breast and Prostate Cancer Prevention, Screening and Treatment

- Epidemiology of cervical, breast, and prostate cancers
- Assessing the efficacy and accessibility of screening programmes for cervical, breast, and prostate cancers
- Disparities in health-seeking behaviour related to cervical, breast, and prostate cancers
- Trends, commonly affected groups and risk factors
- Public health interventions to reduce the burden of disease

Contents



WELCOME MESSAGES

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Welcome Message from the Secretary, Ministry of Health

It is my great pleasure to welcome all delegates to ReproSex 2024, the International Conference on Sexual and Reproductive Health, being held at the Bandaranaike Memorial International Conference Hall (BMICH), Colombo, on the 5th and 6th of November 2024. This international conference marks a historic moment for Sri Lanka, as we host for the first time, a global gathering dedicated to advancing the field of Sexual and Reproductive Health (SRH). We are honoured to bring together leading experts, policymakers, and practitioners from around the world to exchange knowledge, explore innovative approaches, and develop strategies to address the critical SRH challenges we face today.

The theme of this conference speaks directly to the fundamental role that SRH plays in the well-being of individuals, families, and societies. SRH is a cornerstone of public health and human rights, touching upon issues such as maternal health, family planning, the prevention of sexually transmitted infections (STIs), and youth education. The discussions and outcomes from ReproSex 2024 will be vital in shaping the future of SRH both in Sri Lanka and globally.

In Sri Lanka, improving SRH outcomes remains a priority, especially for our younger population. Currently, one in four Sri Lankans is between the ages of 15 and 29, highlighting the urgency of equipping young people with the knowledge and resources to make informed decisions about their SRH. Despite progress in recent years, gaps still exist in access to comprehensive reproductive health education, particularly in schools. This is an area where we must focus our attention, and I am confident that the insights shared during this conference will contribute to developing more effective policies and programmes.

This event also underscores the importance of collective action. SRH is an area that requires the cooperation of many sectors, including healthcare, education, and government, as well as the support of international partners. By working together, we can create systems that ensure SRH services are accessible to everyone, regardless of their location or circumstances. It is especially important to prioritize the needs of vulnerable populations;adolescents, women, and those living in underserved areas,who often face the most significant challenges in accessing essential SRH services.

I would like to take this opportunity to commend The Family Planning Association of Sri Lanka (FPA Sri Lanka) for its outstanding contributions to improving SRH across the country. For seven decades, FPA has been at the forefront of delivering services, raising awareness, and advocating for SRH rights. Their efforts have been instrumental in shaping national policies and extending SRH services to those who need them the most. The ongoing partnership between FPA, the Ministry of Health, and other stakeholders has significantly contributed to the advancements we have seen in family planning, maternal health, and youth empowerment.

ReproSex 2024 serves as both a platform for knowledge sharing and a call to action. As we move forward, we must continue to work together to ensure that SRH is recognized as a priority at all levels of public health. This conference offers an excellent opportunity for all participants, whether from government, civil society, academia, or the healthcare sector to contribute to meaningful discussions, form new partnerships, and collaborate on innovative solutions. The work we do here has the potential to significantly impact the health and well-being of individuals, not only in Sri Lanka but around the world.

In closing, I would like to express my deepest gratitude to the organizers of ReproSex 2024 for their dedication and hard work in making this important event a reality. I also extend my sincere thanks to our international partners, whose collaboration and support have been invaluable. Let this conference inspire us all to reaffirm our commitment to improving SRH and to continue working toward a healthier, more equitable future for all.

Thank you,

Dr P.G Mahipala
Secretary
Ministry of Health

Welcome Message from the Director General, International Planned Parenthood Federation

It is my honour to extend my support for ReproSex 2024, the International Conference on Sexual and Reproductive Health, taking place in Colombo, Sri Lanka, on the 5th and 6th of November 2024. As Benjamin Franklin wisely said, "An investment in knowledge always pays the best interest." This gathering comes at a crucial moment for the global sexual and reproductive health and rights (SRHR) movement, as we face increasingly complex challenges and seek innovative solutions to ensure universal access to comprehensive SRH services in line with the 2030 Sustainable Development Goals (SDGs).

At IPPF, we remain deeply committed to advancing SRHR worldwide. Conferences like ReproSex 2024 are vital in achieving this mission. By bringing together thought leaders, practitioners, policymakers, and advocates from around the globe, we are creating an environment that fosters meaningful dialogue, cross-sector collaboration, and impactful change. The theme of this conference, "Universal Access to Sexual and Reproductive Health as a Right for All," along with its sub-themes on innovation, disparities, and solutions in SRHR, directly aligns with IPPF's "Come Together - 2028" strategy and its core commitment to "Innovate and Share Knowledge." The insights and outcomes from ReproSex 2024 will no doubt contribute to shaping the future of SRHR, not just in South Asia but on a global scale.

I would like to express my deepest gratitude to the organizers, led by The Family Planning Association of Sri Lanka, and to all partners involved in making this event possible. I am confident that the knowledge and experiences shared during these two days will inspire and empower all of us to strengthen our commitment to safeguarding sexual and reproductive rights, especially for the most vulnerable communities. As we move toward 2030 and beyond, let us continue to work together, innovate, and advocate for a world where SRHR is recognized, respected, and accessible to all. I wish you all a successful and impactful conference.

Warm regards,

Dr. Alvaro Bermejo
Director General
International Planned Parenthood Federation (IPPF)

Welcome Message from the Conference Chair, ReproSex 2024

It is with great pleasure and honour that I welcome you to **ReproSex 2024: The International Conference on Sexual and Reproductive Health**, a groundbreaking event that brings together a diverse group of scholars,practitioners, and policymakers from around the world to engage in critical discussions on Sexual and Reproductive Health and Rights (SRHR).This conference is a significant milestone for Sri Lanka , being the first of its kind in the country, and I am proud to serve as the Conference Chair for such a vital and timely gathering.

As a demographer by profession, I have spent much of my academic and professional career examining population dynamics and their impact on health and well-being, particularly in the area of SRHR. The field of SRH is undergoing rapid transformations in Sri Lanka and globally, and the demographic shifts we are witnessing today, such as ageing populations, declining fertility rates, and changing patterns of migration present both challenges and opportunities for addressing SRH needs in the coming decades. These shifts demand a renewed focus on SRH policy and practice, with special attention to ensuring that individuals across all age groups and socio-economic strata have access to SRH as a right.

ReproSex 2024 provides an invaluable platform for addressing these challenges. Over the next two days, we will engage in deep discussions on topics ranging from Family Planning, Subfertility to SRH issues related to youth and ageing populations. I am particularly excited by the diversity of participants, representing over 20 countries, who have come together to contribute their knowledge and insights. The 130 abstracts we received showcase the breadth of research being conducted in SRHR globally, and the selected presentations will no doubt provide new perspectives and innovative solutions that we can take forward in our respective fields.

I would like to take this opportunity to acknowledge the pivotal role played by The Family Planning Association of Sri Lanka (FPA Sri Lanka)**,** which has been at the forefront of advancing SRHR for over seven decades. Since its establishment in 1953, FPA Sri Lanka has been instrumental in shaping national policies and delivering essential SRH services across the country. Its contributions include pioneering efforts in family planning, maternal and child health, HIV/AIDS prevention, and comprehensive sexuality education. This conference is yet another testament to FPA Sri Lanka's leadership in this field, as it continues to drive innovation and inclusivity in SRH. On behalf of the Technical Committee, I extend my deepest gratitude to all our partners, sponsors, speakers, and participants who have made ReproSex 2024 possible. I look forward to the fruitful exchanges and meaningful connections that will emerge from this conference.

Prof. Indralal De Silva
Emeritus Professor in Demography
University of Colombo
Conference Chair (ReproSex 2024)

Welcome Message from the President, Sri Lanka Medical Association

It gives me immense pleasure to pen this message as the President of the Sri Lanka Medical Association for ReproSex 2024, International Conference on Sexual and Reproductive Health. I wish to congratulate The Family Planning Association of Sri Lanka (FPA Sri Lanka) for taking the bold step of organizing the first-ever International Conference dedicated to Sexual and Reproductive Health in Sri Lanka. This effort reiterates FPA's pioneering role and commitment as a leading advocate for the Sexual and Reproductive Health rights of the population of Sri Lanka.

SLMA, as the apex professional body of doctors in the country, is at the forefront of supporting continuous professional education of doctors and other allied health professionals which includes research and up-to-date knowledge on contemporary health matters. Further, as an advocacy platform, SLMA strives to shed light on important policy issues pertaining to public health like Sexual and Reproductive Health Rights, Sexual and Gender Based Violence and Comprehensive Sexuality Education etc.

Therefore, once we received the invitation to become a technical partner for ReproSex 2024, SLMA decided to wholeheartedly support the conference through its extensive pool of subject matter experts and rich experience working in the sphere of Sexual and Reproductive Health. This initiative would further consolidate our shared commitment and collaborative efforts towards preserving health rights and uplifting the standards of health and wellbeing of the public in Sri Lanka.

We look forward to the deliberations and wish the ReproSex 2024 Conference every success.

Dr. Ananda Wijewickrama
President
Sri Lanka Medical Association (SLMA)

Welcome Message from the President of the Board of Directors, The Family Planning Association of Sri Lanka

With the launch of a new strategic direction, the celebration of 70 years of progress, and the appointment of a new board in 2024, there is no better moment for The Family Planning Association of Sri Lanka (FPA Sri Lanka) to host an event like ReproSex 2024. This landmark international conference not only marks a milestone for FPA Sri Lanka but also serves as a vital platform for advancing sexual and reproductive health and rights (SRHR) in the country and beyond.

The unprecedented number of high-quality papers to be presented promises a rich exchange of ideas and perspectives. I am confident that ReproSex 2024 will create a welcoming environment for researchers, policymakers and academicians to engage freely and collaboratively.

This year's conference will explore a range of thematic areas, including navigating socioeconomic and demographic determinants of sexual and reproductive health, safeguarding rights and dignity for all gender identities and sexual orientations, and engaging youth in sexual and reproductive health. Topics will also cover innovations in access and advocacy, addressing disparities in family planning, and responding to challenges posed by humanitarian crises and climate change.

ReproSex 2024 provides an excellent forum for hearing from leading researchers, discussing innovative solutions, and identifying future health trends. By addressing these diverse aspects of health, we affirm our commitment to holistic care that considers the physical, mental, and social well-being of individuals.

As President of the Board of Directors, I am dedicated to ensuring that FPA Sri Lanka continues to lead in SRHR advocacy and practice.

I extend my warm greetings and heartfelt congratulations to the organizing committee and all participants. May this conference be a resounding success!

Mrs. Aruni Marcelline
President
Board of Directors
FPA Sri Lanka

Welcome Message from the Executive Director, The Family Planning Association of Sri Lanka

In 2023, the Family Planning Association of Sri Lanka launched its strategy for 2023-2028, titled 'Boldly Beyond Boundaries.' This initiative reflects our commitment to fostering partnerships, building alliances, driving innovation, and sharing knowledge across sectors to create opportunities for social progress.

A key focus of this strategy is innovation and knowledge sharing. With over 70 years of expertise in Sexual and Reproductive Health and Rights, FPA Sri Lanka is a leader in this field. To leverage this experience, we are hosting ReproSex 2024, the first international conference of its kind in Sri Lanka, aimed at elevating SRHR issues.

Our Monitoring and Evaluation unit has evolved into a highly advanced and influential part of the organisation, consistently conducting and publishing research that guides our initiatives.

ReproSex 2024 will convene leading experts, policymakers, and practitioners globally to address current challenges and emerging trends in SRH. We expect 350 delegates to participate in this dynamic forum, featuring a keynote speech, five plenary sessions, and 16 parallel sessions. The 130 abstracts received from 20 countries highlight the global significance of this initiative.

FPA Sri Lanka has a history of pioneering family planning efforts, and I am excited to lead our organisation in this groundbreaking conference. ReproSex 2024 is not just a milestone for us; it represents a critical advancement in the national and global dialogue on SRHR. Through collaboration, innovation, and shared knowledge, we are creating a future where every individual's health and rights are protected and empowered.

I look forward to the impactful discussions and solutions that will emerge from this significant event. I am confident that the partnerships and progress we build at ReproSex 2024 will serve as a foundation for future endeavours in SRHR and beyond. Together, we can make meaningful strides towards enhancing reproductive health and rights for all.

Dr. Ruchitha Perera
Executive Director
FPA Sri Lanka

Acknowledgements

The successful completion of the ReproSex 2024, International Conference on Sexual and Reproductive Health has been made possible through the collective efforts of numerous individuals and organizations who have devoted their time, expertise, and resources to this endeavour.

We extend our deepest gratitude to Dr. P.G. Mahipala, Secretary of the Ministry of Health, as well as the Family Health Bureau (FHB) and the Health Promotion Bureau (HPB) for their invaluable support. A special thank you to our technical partners, including the National STD/AIDS Control Programme (NSACP), the Sri Lanka Medical Association (SLMA), the International Planned Parenthood Federation (IPPF), the Centre for Cancer Research, the University of Sri Jayewardenepura, the Centre for Evaluation, the Menopause Society of Sri Lanka, and the Population Association of Sri Lanka (PASL), for their unwavering support and collaboration in organizing this event. We are also grateful to the National Science Foundation (NSF) for their support in promoting the event among researchers and scholars.

We recognize the generous contributions of all our sponsors, including IPPF, the Swedish Association for Sexuality Education (RFSU), Global Fund SKPA 2 Project funded through Health Equity Matters, Sri Lankan Airlines, the official travel partner, Centre for Poverty Analysis, the SELYN Foundation, Suretex Limited, Bangkok, Thailand, Olu Tropical Water, Hatton National Bank, and Wijeya Newspapers Ltd. the official print media partner. A special note of thanks to IPPF for their travel support, enabling over 30 international participants to attend the conference.

We are immensely grateful to all members of the Technical Committee and the abstract review panel for their expertise, guidance, and unwavering support. Their dedication was instrumental in shaping the high-quality content presented at this conference. Our sincere appreciation also goes out to all speakers, panellists, abstract presenters, and participants who contributed valuable insights, research, and discussions on critical issues in sexual and reproductive health (SRH). Our appreciation extends to the President, Board of Directors, and Technical Advisory Committee members of FPA Sri Lanka for their guidance and technical support. We are also deeply grateful to the conference sub-committees, session coordinators, FPA Sri Lanka staff, and dedicated volunteers, whose hard work and behind-the-scenes efforts were essential in ensuring the conference ran smoothly.

We acknowledge the invaluable contributions of our communications team, and editorial and design teams, who curated and prepared all conference materials, including this conference proceeding. Additionally, our sincere thanks to Owin Mark Entertainment, our event management partner, and Three Circles (Pvt) Ltd, our social media partner, for their robust engagement and expertise.

Finally, our heartfelt thanks go to all invitees, delegates, and attendees from around the world. Your participation has enriched the conference and fostered a global dialogue on the future of sexual and reproductive health. It is through such collaborative efforts that we continue to advance knowledge, shape policies, and promote a healthier, more inclusive world.

Mr. M. Suchira Suranga
Director (Organizational Learning and Evaluation)
On behalf of the Organizing Committee

CONFERENCE OVERVIEW

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Conference Overview

DATES AND VENUE OF CONFERENCE

5th and 6th November 2024
Bandaranaike Memorial International Conference Hall (BMICH)
Bauddhaloka Mawatha, Colombo 07, Sri Lanka

Conference Venue

Programme Features

Plenary Sessions

Well-known and distinguished speakers from academia, government, nongovernment, young people and development, and national and international partners from the Sexual and Reproductive Health sector will present on different thematic areas during the plenary sessions. These sessions serve as a unifying platform throughout the event. Each plenary session can accommodate over 300 participants and lasts for at least 45 minutes.

Mini-symposia

Mini-symposia sessions serve as supplements to the official conference program me by addressing critical issues on SRHR and the overarching theme. Mini-symposia sessions are hosted by development partners, civil society and private sector representatives. Each session can accommodate 150-200 participants and lasts for at least 60 minutes.

Parallel Sessions

Oral abstract presentations covering the 12 sub-themes are the main part of the conference programme. Speakers are allotted 15 minutes for their presentations, followed by a discussion period of five to ten minutes. The chair of each session facilitates the session and encourages the participants to ask questions.

Exhibition Stalls

The Exhibition Hall offers a valuable opportunity for all organizations, including national and international NGOs, international agencies, academic institutions, donors, governments, and private sector members, to showcase their images, services, and products to conference delegates, with attendance expected to exceed 350 people. The Exhibition Hall will be open for two days and is conveniently located within the main lobby of the conference hall, making it easily accessible to all delegates

CONFERENCE PROGRAMME

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Programme

Day 1 - 5th November 2024		
08.00-09.00	**Registration**	**Main Entrance**
Opening Ceremony		
08.50-09.00	**Arrival of Guests**	**Lotus Hall**
09.00-09.05	**National Anthem**	
09.05-09.10	**Lighting the Oil lamp**	
09.10-09.15	**Welcome Address: *Ms. Aruni Marcelline - President, Board of Directors, FPA Sri Lanka***	
09.15-09.20	**Address by the Conference Chair: *Prof. W. Indralal De Silva - Emeritus Professor of Demography, University of Colombo***	
09.20-09.30	**Address by the Guest of Honour: *Dr. Palitha Mahipala - Secretary, Ministry of Health, Sri Lanka***	
09.30-09.35	**Cultural Item 1**	
09.35-09.40	**Introduction of the Keynote Speaker: *Prof. W. Indralal De Silva - Conference Chair, ReproSex 2024***	
09.40-10.20	**Keynote Address: *Dr. Iqbal Shah - Research Scientist, Department of Global Health and Population, Harvard University***	
10.20-10.25	**Cultural Item 2**	
10.25-10.35	**Address by the Chief Guest: *Ms. Tomoko Fukuda-Regional Director, IPPF East and South-East Asia and Oceania Region and the South Asia Region***	
10.35-10.40	**Closing Remarks: *Dr. Ruchitha Perera - Executive Director, FPA Sri Lanka***	
10.40-11.00	**Tea Break**	**Main Lobby**
Academic Sessions		
11.00-11.45	**Plenary Session 1.1: Youth and Comprehensive Sexuality Education** ***Hosted by The Swedish Association for Sexuality Education (RFSU)*** Dr. Somolireasmey-Saphon Associate Executive Director, Reproductive Health Association of Cambodia Mr. Hans Billimoria - The Grassrooted Trust Ms. Anna Rambe - Senior International Programme Manager - The Swedish Association for Sexuality Education (RFSU) (Moderator)	**Lotus Hall**
11.45-12.30	**Plenary Session 1.2: Gender and Gender-based Violence** ***Sponsored by the IPPF Humanitarian Programme, Organized by the Sri Lanka Medical Association (SLMA)***	**Lotus Hall**

Dr. Pramila Senanayake - Consultant Community Physician
Dr. Kalpana Apte - Director General, The Family Planning Association of India
Dr. Nethranjali - Consultant Community Physician, Ministry of Health
Dr. Lahiru Kodithuwakku - Secretary, Sri Lanka Medical Association (Moderator)

12.30-13.30	**Lunch**	**Ruby Hall & Cinema Lounge**
13.30-15.00	**Parallel Sessions**	
	Parallel Session 1.1: Socio - economics Determinants of Sexual and Reproductive Health	**Lavender Hall**
	Sponsored by Selyn Foundation Prof. Indralal De Silva - Emeritus Professor of Demography, University of Colombo Prof. K. Karunathilake - Senior Professor in Sociology, University of Kelaniya.	
	Parallel Session 1.2: Safeguarding Gender Rights and Combating Gender-Based Violence	**Orchid Hall**
	Dr. Lakshman Senanayake - Consultant Obstetrician and Gynecologist Professor P Anuruddhi S Edirisinghe - Cadre Chair and Senior Professor, Head of the Department, Department of Forensic Medicine	
	Parallel Session 1.3: Engaging Youth in Sexual and Reproductive Health	**Tulip Hall**
	Dr. Harischandra Yakandawala – Former Medical Director, FPA Sri Lanka Dr. Chiranthika Vithana - Consultant Community Physician, Family Health Bureau	
	Parallel Session 1.4: Access and Equity in Family Planning	**Saffron Hall**
	Dr. Loshan Munasinghe - Consultant Community Physician, Family Health Bureau Prof. Aindralal Balasuriya – Dean, Faculty of Medicine, - Sir John Kotelawala Defence University (KDU)	
15.00-15.30	**Tea Break**	**Main Lobby**
15.30-16.30	**Mini-Symposium Sessions**	
	Mini Symposium Session 1.1: Child Marriage: Causes and Consequences	**Lavender Hall**
	Hosted by The Swedish Association for Sexuality Education (RFSU) Dr. Lakshman Senanayake - Consultant Obstetrician and Gynecologist Prof. Prathibha Mahanamahewa - Professor of Commercial Law, Faculty of Law, University of Colombo Ms. Hyshama Hamin - Co-Founder/MPLRAG Ms. Shanuki De Alwis - Activist (Moderator)	
	Mini-Symposium Session 1.2: Diversity and Inclusion in SRHR	**Orchid Hall**
	Hosted by International Planned Parenthood Federation(IPPF) South Asia Regional Office Ms. Soudeh Rad - President, Feminist SPECTRUM Ms. Nandini Thapa - Consultant at IPPF SARO (TRCWUD, India) Ms. Anaya Rahimi - Trans Activist/Intern-Gender & Inclusion at IPPF SARO Mr. Aritha Wickramasinghe, Equality Director, iProbono Ms. Tomoko Fukuda, Regional Director, IPPF ESEAOR and SARO (Moderator)	
	Mini-Symposium Session 1.3: Menopause and Ageing-Related Issues	**Tulip Hall**
	Hosted by the Menopause Society of Sri Lanka	

	Dr. Darshana Abeygunawardana - Consultant (Obstetrician & Gynecologist) Ms. Edna N. Mokaya - Senior SRH Technical Advisor, IPPF Humanitarian Programme Dr. Shiromali Dissanayake - Medical Officer Public Health Prof. Anuji Gamage – Professor in Public Health, Faculty of Medicine, Sir John Kotelawala Defense University (KDU) (Moderator).	
	Mini-Symposium Session 1.4: Advancement and Challenges in Cervical, Breast and Prostate Cancer ***Hosted by the Centre for Cancer Research, University of Sri Jayewardenepura*** Prof. Isha Prematilleke - Professor in Pathology, Department of Pathology, University of Sri Jayewardenepura Dr. Kanchana Wijesinghe -Senior Lecturer, Department of Surgery, University of Sri Jayewardenepura Diana Constanza Pulido Martínez, Global Technical Lead (Humanitarian), International Planned Parenthood Federation Prof. Maheeka Seneviwickrama - Director, Centre for Cancer Research, University of Sri Jayewardenepura (Moderator)	**Saffron Hall**

Day 2 - 6th November 2024		
09.00-09.45	**Plenary Session 2.1 - Emerging Demographic Dynamics and SRHR in Asia** ***Hosted by the Population Association of Sri Lanka*** Prof. Indralal De Silva - Emeritus Professor of Demography, University of Colombo Prof. Jinhyun Kim – Professor of Health Policy, College of Nursing, Seoul National University, South Korea Dr. Janaki Vidanapathirana - Director of Planning, Ministry of Health, Sri Lanka (Moderator)	Lotus Hall
09.45-10.30	**Plenary Session 2.2 : Innovative Approaches for Prevention and Testing for HIV** ***Hosted by SKPA 2 Project*** Dr. Vindya Kumarapeli - Director, National STD/AIDS Control Programme, Sri Lanka Mr. Indunil Dissanayake - Community Activist, Heart to Heart Lanka Organization Dr. Harjyot Khosa - Regional External Relations Director, IPPF SARO (Moderator)	Lotus Hall
10.30-11.00	**Tea Break**	**Main Lobby**
11.00-12.00	**Plenary Session 2.3: Termination of Pregnancy in South Asia: Context and Consequences** ***Hosted by International Planned Parenthood Federation (IPPF) South Asia Regional Office*** Ms. Nandini Mazumder – Assistant Coordinator, Asia Safe Abortion Partnership (ASAP) Dr. Sepali Kottegoda, Director Programmes - Gender and Political Economy and Media, Women and Media Collective Dr. Fariha Haseen, Associate Professor, Department of Public Health and Informatics, Bangabandhu Sheikh Mujib Medical University (BSMMU), Bangladesh Ms. Aishath Enas - Executive Committee Member (Maldives), South Asia Regional Youth Network, International Planned Parenthood Federation Ms. Melissa Cockroft– Global Lead for Abortion, International Planned Parenthood Federation (Moderator) Ms. Tomoko Fukuda, Regional Director, IPPF ESEAOR and SARO (Chair)	Lotus Hall

12.00-13.00	**Lunch**	**Ruby Hall & Cinema Lounge**
13.00-14.30	**Parallel Sessions**	
	Parallel Session 2.1: Dynamics of Population and Sexual & Reproductive Health	**Lavender Hall**
	Ms. Manuelle Hurwitz - Director, Development & Impact Division, International Planned Parenthood Federation Prof. Sunethra Perera - President, Population Association of Sri Lanka	
	Parallel Session 2.2: Uniting Against HIV and STIs	**Orchid Hall**
	Ms. Tomoko Fukuda - Regional Director, IPPF ESEAOR and SARO Dr. Ariyaratne Manatunge - Consultant Venereologist , National STD/AIDS Control Programme	
	Parallel Session 2.3: Sexual and Reproductive Health, Climate Change, and the Evolving Abortion Discourse	**Tulip Hall**
	Prof. Nishara Fernando - Professor of Sociology, University of Colombo Dr. Sujatha Samarakoon - Consultant Venereologist and Public Health Specialist	
	Parallel Session 2.4: Innovations in Cervical, Breast, and Prostate Cancer Prevention, Screening, and Treatment	**Saffron Hall**
	Prof. Sanath Lanerolle - Consultant Obstetrician & Gynecologist Prof. Maheeka Seneviwickrama - Director, Centre for Cancer Research, University of Sri Jayewardenepura	
14.30-15.00	**Tea Break**	**Main Lobby**
15.00-16.00	**Mini-Symposium Sessions**	
	Mini-Symposium Session 2.1: Menstrual Hygiene and Period Poverty	**Lavender Hall**
	Hosted by the CAAPP Project Ms. Nadhiya Najab – Senior Researcher, Centre for Poverty Analysis (CEPA) Dr. Asanthi Fernando Balapitiya – Deputy Director and Head of the Health Communication and Life Skills Unit, and the Media and Publicity Unit, Health Promotion Bureau, Sri Lanka Ms. Selyna Peiris (Attorney-at-Law) – Director, Selyn Foundation, Sri Lanka Dr. Rashmira Balasuriya – Technical Advisor, The CAAPP Project, The Family Planning Association of Sri Lanka (Moderator)	
	Mini-Symposium Session 2.2: Engaging youth Change Agents for SRHR in a Humanitarian Setting	**Orchid Hall**
	Hosted by the IPPF Humanitarian Programme Ms. Merlinda Santina Ximenes - Youth Volunteer, Indonesian Family Planning Association Ms. Manisha Shrestha - Youth Volunteer, Family Planning Association of Nepal Ms. Angelica Jovero Urot, Youth Volunteer, Family Planning Association of Philippines Ms. Achini Pahalawatte - Programme Coordinator, The Family Planning Association of Sri Lanka (Moderator)	
	Mini-Symposium Session 2.3: Improving SRH interventions through Equity - Focus and Gender - Responsive Evaluations	**Tulip Hall**
	Sponsored by the Centre for Poverty Analysis (CEPA) & Organized by the Centre for Evaluation, University of Sri Jayewardenepura	

	Dr. Soma De Silva - Former Regional Technical Advisor (M&E), UNICEF Regional Office Dr. Asela Kalugampitiya - Director, Centre for Evaluation, the Univerisity of Sri Jayewardenepura Dr. Mohamed Munas, Senior Researcher, Team Leader-Labour Migration, Centre for Poverty Analysis Dr. Arpita Das - Senior Technical Advisor (Learning & Impact), IPPF South Asia Regional Office (Moderator)	
	Mini-Symposium Session 2.4: SRHR and Subfertility ***Hosted by Sri Lanka College of Obstetricians & Gynaecologists (SLCOG)*** Prof. Athula Kaluarachchi - Professor of Obstetrics & Gynecology Dr. Milhan Batcha - Consultant in Subfertility & Specialist in Gynecology Dr. Udara Jayawardena - Consultant in Subfertility & Gynecology Dr. Chaminda Hunukumbure - Consultant Gynaecologist & Fertility Specialist Dr. Gayani Tissera - Senior Registrar in Reproductive Medicine, Ministry of Health (Moderator)	**Saffron Hall**

16.00-17.30	**Closing Ceremony, Cultural and Musical Event**	**Lotus Hall**
16.00 -16.05	**Arrival of the Guests**	
16.05 -16.15	**Address by - Mr. Chandima Gunawardena, Immediate Past President, Board of Directors, FPA Sri Lanka**	
16.15 -16.30	**Technical Highlights – ReproSex 2024, Ms. Manuelle Hurwitz - Director, Development & Impact Division, International Planned Parenthood Federation**	
16.30 -16.40	**Vote of Thanks, Mr. M. Suchira Suranga, Director (Organizational Learning and Evaluation), FPA Sri Lanka**	
16.40 -17.10	**Cultural Event**	
17.10 -19.00	**Musical Event**	

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CONFERENCE COMMITTEES

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Technical Committee

Prof. Indralal de Silva, Conference Chair, Emeritus Professor of Demography, University of Colombo, Sri Lanka

Dr. Lakshman Senanayake, Consultant Obstetrician and Gynaecologist

Prof. Athula Kaluarachchi, Consultant Obstetrician and Gynaecologist, University of Colombo

Prof. Sanath Lanerolle, Consultant Obstetrician and Gynaecologist, Castle Street Hospital for Women, Sri Lanka

Prof. P.R.N. Fernando, Professor in Sociology, University of Colombo

Dr. Ariyarathne Manathunge, Consultant Venereologist, Coordinator of Strategic Information Unit, The National STD/AIDS Control Programme, Ministry of Health, Sri Lanka

Dr. Loshan Moonasinghe, Consultant Community Physician, Focal Point of National Family Planning Programme, The Family Health Bureau, Ministry of Health, Sri Lanka

Dr. Ranjith Batuwanthudawe, Director, Health Promotion Bureau, Ministry of Health, Sri Lanka

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

Prof. Sunethra Perera, President, Population Association of Sri Lanka (PASL), University of Colombo, Sri Lanka

Prof. K.L.M.D. Seneviwickrama, Director, Center for Cancer Research, University of Sri Jayawardanapura, Sri Lanka.

Dr. Indu Bandara, Editor, Population Association of Sri Lanka (PASL), University of Colombo, Sri Lanka

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Dr. Darshana Abegunawardana, Consultant Obstetrician and Gynaecologist, Secretary, Menopause Society of Sri Lanka

Dr. Piyumi Perera, Consultant Venereologist, Sri Lanka College of Sexual Health and HIV Medicine

Dr. Ruchitha Perera, Executive Director, The Family Planning Association of Sri Lanka, The Family Planning Association of Sri Lanka

Prof. Prasad Sethunga, Director General, National Institute of Education (NIE)

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Dr. Nuzrath Nasoordeen, Director (Medical), The Family Planning Association of Sri Lanka

Mr. Amal Bandara, Assistant Director (Monitoring & Evaluation), The Family Planning Association of Sri Lanka

Abstract Review Panel

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Prof. Sanath Laneroll, Consultant Obstetrician and Gynaecologist, Castle Street Hospital for Women, Sri Lanka

Prof. Kumudu Wijewardene, Emeritus Professor of Community Medicine, University of Jayawardanapura, Sri Lanka

Prof. A. Balasuriya, Dean, Chair Professor in Public Health and Consultant Community Physician, General Sir John Kotelawela Defense University, Sri Lanka.

Prof. Dileep de Silva, Chair Professor of Community Dentistry, Head/Division of Community Dentistry, University of Peradeniya, Sri Lanka

Dr. Sujatha Samarakoon, Consultant Venereologist & Public Health Specialist

Prof. Upul Senerath, Chair Professor of Community Medicine, Faculty of Medicine, University of Colombo, Sri Lanka

Prof. Anuji Upekshika Gamage, Professor in Public Health / Specialist in Community Medicine, General Sir John Kotelawala Defence, Sri Lanka

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Dr. Nethanjalie Mapitigama, Consultant Community Physician, Former National Programme Manager (Gender and Women's Health), Family Health Bureau, Ministry of Health, Sri Lanka

Dr. Tayyaba Khatoon Shaikh, Technical Advisor (Organizational Learning & Evaluation), South Asia Regional Office International Planned Parenthood Federation (IPPF)

Dr. Harjyot Khosa, Regional External Relations Director, South Asia Regional Office, International Planned Parenthood Federation (IPPF)

Dr. Rajrattan Lokhande, Senior Monitoring & Evaluation Advisor - Humanitarian Technical Hub, International Planned Parenthood Federation (IPPF)

Dr. Darshana Abegunawardana , Consultant Obstetrician and Gynaecologist, Secretary, Menopause Society of Sri Lanka

Dr. M. Kamil, Head of Department (Economic Security), International Committee of the Red Cross (ICRC), Sri Lanka

Dr. Arpita Das, Senior Performance, Learning & Impact Advisor, South Asia Regional Office, International Planned Parenthood Federation (IPPF)

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

Dr (Ms). Nihal Said, Senior Advisor (Research & Partnerships), International Planned Parenthood Federation International Planned Parenthood Federation, Central Office, London

Dr. Leelani Rajapaksa, Consultant Venereologist, Independent Expert on STI, HIV care services and EMTCT of HIV and syphilis programme

Dr Niluka Gunathilaka, Consultant Community Physician, Office of Regional Director of Health Services, Anuradhapura

Dr A W P Indumini Gunathilake, Senior Registrar- Community Medicine, Epidemiology unit, Ministry of Health, Sri Lanka

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KEYNOTE SPEECH

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Keynote Speech

Adolescence : The Age of Opportunities and Vulnerabilities

A prominent figure in global reproductive health research, Dr. Iqbal Shah is a Visiting Scientist at Harvard T.H. Chan School of Public Health and a Research Fellow at Inselspital University, Bern. With a distinguished career at WHO, he's a trailblazer in reproductive health research, recognized for his transformative work on preventing unsafe abortion and building social science and operations research capacity in sexual and reproductive health. An award-winning scholar with over 100 published papers and six co-edited books, Dr. Shah is dedicated to improving the lives of women and girls worldwide. He continues to shape the field, focusing on family planning, abortion, infertility, and adolescent health.

One - sixth of the world's population - 1.3 billion are adolescents and their number continues to grow. Adolescence, ranging from ages 10 to 19, is a period of profound physical, social and cognitive changes. During this period of transition to adulthood, the experiences and behaviours acquired have a lasting impact on both individuals and societies. The economic miracles witnessed in South Korea, Singapore, Japan, Thailand, and most recently in Bangladesh and India, have been attributed to the "demographic dividend' resulting from expanding working age groups of young people.

Adolescents are growing up at a time of rapid political, economic, environmental and other changes. With 5.45 billion internet users and 5.17 billion social media users, over 66% of people now have access to digital resources. This development has revolutionized access to information and provided options not available hitherto. The emergence of artificial intelligence has further expanded the opportunities to explore knowledge but it also poses the risk of curtailing critical thinking and research. While opportunities to excel in education and work are now greater than ever,, their pursuit is shaped by policies, programmes and contextual facilitators and barriers.

Although adolescents are generally considered a relatively healthy age group, they still face several risk factors, including alcohol abuse, tobacco use, unhealthy diets, insufficient physical activity, bullying and violence. Adolescent girls are especially at high risk of unsolicited sexual advances, sexual violence, unsafe sex, early marriage, unintended pregnancy, abortion and unwanted childbearing.

In low and middle - income countries (LMICs), unmet need for modern contraception is 43% among adolescent girls aged 15–19 compared to 24% among women aged 15–49. Adolescents in LMICs have an estimated 21 million pregnancies each year, of which approximately 50% are unintended.Of these unintended pregnancies, 55% end in abortions, often performed in unsafe conditions, contributing to morbidity and mortality. The important pathway to women's empowerment, from education to employment. is in some contexts disrupted by marriage and pregnancy.

We provide an overview of the opportunities and risk factors affecting adolescent boys and girls, examining their sexual and reproductive health, highlighting the progress made in some respects and the challenges that remain. Using a life-cycle approach and focusing on countries in South Asia (Bangladesh, India, Nepal, Pakistan and Sri Lanka), we examine patterns of age at menarche, first marriage, sexual intercourse before age 15, sexual activity, marriage, first birth, induced abortion and age-specific fertility rates. We then examine the current use of any contraceptive method and that of modern methods, especially the condom as well as the unmet need for modern methods of family planning. This review draws on datafrom Demographic and Health Surveys (DHS),, supplemented by studies such as the seminal work: Sri Lankan Youth: Sexual and Reproductive Health.

The review indicates that adolescents are not a homogeneous group, either across different countries or within a single country. The intervention and strategies for adolescents, therefore, need to be context-specific. The need for sexuality education is a priority in all countries. In addition, pre-marital counselling should be mandatory to impart knowledge on family planning and birth spacing. Young men are often omitted in programmes and policies and their sexual health needs must also be addressed, especially for promoting responsible sexual relationships and safer sex. Addressing the unmet need of adolescents for family planning is both a public health and human rights imperative, and it falls within the remit of the government's policies and programmes.

In today's digitally connected world, digital interventions have become a powerful tool for delivering Sexual and Reproductive Health (SRH) services to adolescents. With theincreasing trend of internet and social media users worldwide, digital platforms provide a unique opportunity to reach young people with accurate, age-appropriate, and culturally sensitive SRH information. Adolescents increasingly turn to digital spaces for information on health and relationships, and many countries have responded by developing mobile applications, interactive websites, and social media campaigns addressingtopics such as contraception,sexual consent, STI prevention, and mental health. These platforms also often featurechatbots, telehealthconsultations, and peer-to-peer forums, enabling personalized support and breaking down barriers associated with stigma and limited access to traditional healthcare.

Globally, there is a growing trend of using artificial intelligence to enhance the user experience in SRH digital tools. These technologies providetailored content and enable anonymous, private consultations that feel safe and accessible for young people. As digital SRH programmes continue to evolve, we can expect future innovations to focus on further personalization and the integration of virtual reality for immersive educational experiences, ultimately making SRH resources more engaging, accessible, and effective for today's adolescents.

"Promoting and protecting the health and rights of young people is essential to building a better future for our world". [Dr Tedros Adhanom Ghebreyesus, Director-General of WHO said on 23 September 2024]

Dr. Iqbal Shah
Former Coordinator of Social Science Research on SRH at WHO
Principal Research Scientist
Harvard University

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PLENARY SESSIONS

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Plenary 1.1:
Youth and Comprehensive Sexuality Education

Date:	5th November 2024
Time:	11:00 AM to 11:45 AM
Venue:	Lotus Hall
Sponsored by:	The Swedish Association for Sexuality Education (RFSU)
Resource Persons	
Moderator / Chair:	**Ms. Anna Rambe**- Senior International Programme Manager - The Swedish Association for Sexuality Education (RFSU)
Panellists:	**Dr. Dr. Somolireasmey Saphon** - Associate Executive Director, Reproductive Health Association of Cambodia **Mr. Hans Billimoria**– Director, The Grassrooted Trust, Sri Lanka

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.

Plenary 1.2:
Gender Based Violence; National and International Perspectives

Date:	5th November 2024
Time:	11:45 AM to 12:30 AM
Venue:	Lotus Hall
Sponsored by:	Humanitarian Technical Hub, International Planned Parenthood Federation (IPPF)
Organized by:	Sri Lanka Medical Association (SLMA)
Resource Persons	
Moderator / Chair:	**Dr. Lahiru Kodithuwakku**-Secretary, Sri Lanka Medical Association (SLMA)
Panellists:	**Dr. Pramila Senanayake**-Consultant Community Physician **Dr. Kalpana Apte**- Director General, The Family Planning Association of India **Dr. Nethanjali Mapitigama** -Consultant Community Physician

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.

Plenary 2.1:
Emerging Demographic Dynamics and SRHR in Asia

Date:	6th November 2024
Time:	9:00 AM to 9:45 AM
Venue:	Lotus Hall
Organized by:	Population Association of Sri Lanka
Resource Persons	
Moderator / Chair:	**Dr. Janaki Vidanapathirana**: Director of Planning, Ministry of Health
Panellists:	**Prof. Indralal De Silva**– Emeritus Professor of Demography, University of Colombo **Prof. Kim JH**– Professor of Health Policy, College of Nursing, Seoul National University, South Korea

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.

Plenary 2.2:
Innovative Approaches for Prevention and Testing for HIV

Date:	6th November 2024
Time:	9:45 AM to 10:30 AM
Venue:	Lotus Hall
Sponsored by:	SKPA 2 Project
Resource Persons	
Moderator / Chair:	**Dr. Harjyot Khosa**- Regional External Relations Director, International Planned Parenthood Federation, South Asian Regional Office
Panellists	**Dr. Vindya Kumarapeli**-Director, National STD/AIDS Control Programme, Sri Lanka **Mr. Indunil Dissanayake -** Community Activist, Heart to Heart Lanka Organization

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.

Plenary 2.3:

Termination of Pregnancy in South Asia: Context and Consequences

Date:	6th November 2024
Time:	11:00 AM to 12:00 PM
Venue:	Lotus Hall
Sponsored by:	Hosted by the South Asian Regional Office, International Planned Parenthood Federation (IPPF-SARO)
Resource Persons Moderator / Chair:	**Ms. Melissa Cockroft –** Global Lead for Abortion, International Planned Parenthood Federation (Moderator) **Ms. Tomoko Fukuda,** Regional Director, IPPF ESEAOR and SARO (Chair)
Panellists:	**Ms. Nandini Mazumder** – Assistant Coordinator, Asia Safe Abortion Partnership (ASAP) **Ms. Aishath Enas -** Executive Committee Member (Maldives), South Asia Regional Youth Network, International Planned Parenthood Federation **Dr. Sepali Kottegoda,** Director Programmes - Gender and Political Economy and Media, Women and Media Collective **Dr. Fariha Haseen**, Associate Professor, Department of PublicHealth and Informatics, Bangabandhu Sheikh Mujib Medical University (BSMMU), Bangladesh

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.

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MINI - SYMPOSIA SESSIONS

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Mini - Symposia Session 1.1:
Child Marriage: Causes and Consequences

Date:	5th November 2024
Time:	15:30 PM to 16:30 PM
Venue:	Lavender Hall
Sponsored by:	Swedish Association for Sexuality Education (RFSU)
Resource Persons	
Moderator / Chair:	**Ms. Shanuki De Alwis**– Former Technical Advisor, South Asian Regional Office, International Planned Parenthood Federation
Panellists:	**Dr. Lakshman Senanayake**- Consultant Obstetrician & Gynecologist
	Prof. Prathibha Mahanamahewa- Professor of Commercial Law, Faculty of Law, University of Colombo
	Ms. Hasanah Cegu Isadeen- Lawyer & MMDA Activist

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.

Mini - Symposia Session 1.2:
Diversity and Inclusion in SRHR

Date:	5th November 2024
Time:	15:30 PM to 16:30 PM
Venue:	Orchid Hall
Hosted by:	South Asia Regional Office, International Planned Parenthood Federation (IPPF-SARO)
Resource Persons	
Moderator / Chair:	**Ms. Tomoko Fukuda**, Regional Director, IPPF SARO &East, South East Asia and Oceania Region (ESEAOR)
Panellists:	**Ms. Soudeh Rad**- President, Feminist SPECTRUM **Ms. Nandini Thapa**- Consultant at IPPF SARO (TRCWUD, India) **Ms. Anaya Rahimi**- Trans Activist/Intern-Gender & Inclusion at IPPF SARO **Mr. Aritha Wickramasinghe,** Equality Director, iProbono

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.

Mini - Symposia Session 1.3:
Menopause and Ageing - Related Issues

Date:	5th November 2024
Time:	15:30 PM to 16:30 PM
Venue:	Tulip Hall
Hosted by:	Menopause Society of Sri Lanka
Resource Persons	
Moderator / Chair:	**Prof. Anuji Gamage -** Professor in Public Health, Faculty of Medicine, Sir John Kotelawala Defense University (KDU)
Panellists:	**Dr. Darshana Abeygunawardana**-Consultant (Obstetrician & Gynaecologist) **Ms. Edna N. Mokaya**- Senior SRH Technical Advisor, IPPF Humanitarian Programme **Dr. Shiromali Dissanayake** - Medical Officer - Maternal and Child Health

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.

Mini - Symposia Session 1.4:

Advancement and Challenges in Cervical, Breast and Prostate Cancer

Date:	5th November 2024
Time:	15:30 PM to 16:30 PM
Venue:	Saffron Hall
Hosted by:	Centre for Cancer Research, University of Sri Jayewardenepura
Resource Persons	
Moderator / Chair:	**Prof. Maheeka Seneviwickrama**- Director, Centre for Cancer Research, University of Sri Jayewardenepura.
Panellists:	**Prof. Isha Prematilleke** - Professor in Pathology, Department of Pathology, University of Sri Jayewardenepura. **Dr. Kanchana Wijesinghe**-Senior Lecturer, Department of Surgery, University of Sri Jayewardenepura. **Dr. Diana Constanza Pulido Martínez**, Global Technical Lead (Humanitarian), International Planned Parenthood Federation (IPPF).

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.

Mini - Symposia Session 2.1:

Menstrual Hygiene and Period Poverty

Date:	6th November 2024
Time:	15:00 PM to 16:00 PM
Venue:	Lavender Hall
Hosted by:	Collective Action Against Period Poverty Project (CAAPP), The Family Planning Association of Sri Lanka
Resource Persons	
Moderator / Chair:	**Dr. Rashmira Balasuriya** - Technical Advisor, The CAAPP Project, The Family Planning Association of Sri Lanka
Panellists:	**Ms. Nadhiya Najab** - Senior Researcher, Centre for Poverty Analysis (CEPA) **Dr. Asanthi Fernando Balapitiya -** Deputy Director and Head of the Health Communication and Life Skills Unit, and the Media and Publicity Unit, Health Promotion Bureau, Sri Lanka **Ms. Selyna Peiris -** Ms. Selyna Peiris (Attorney-at-Law) – Director, elyn Foundation, Sri Lanka

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.

Mini Symposia Session 2.2:
Engaging Youth as Change Agents for SRHR in a Humanitarian Setting

Date:	6th November 2024
Time:	15:00 PM to 16:00 PM
Venue:	Orchid Hall
Hosted by:	Hosted by the Humanitarian Technical Hub, International Planned Parenthood Federation.
Resource Persons	
Moderator / Chair:	**Ms. Achini Pahalawatte**- Programme Coordinator, The Family Planning Association of Sri Lanka
Panellists:	**Ms. Merlinda Santina Ximenes**- Youth Volunteer, Indonesian Family Planning Association **Ms. Manisha Shrestha**- Youth Volunteer, Family Planning Association of Nepal **Ms. Angelica Jovero Urot**, Youth Volunteer, Family Planning Association of Philippines

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.

Mini - Symposia Session 2.3:

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

Date:	6th November 2024
Time:	15:00 PM to 16:00 PM
Venue:	Tulip Hall
Sponsored by:	Centre for Poverty Analysis (CEPA)
Organized by:	Centre for Evaluation, University of Sri Jayewardenepura
Resource Persons	
Moderator / Chair:	**Dr. Arpita Das**- Senior Technical Advisor (Learning & Impact), IPPF South Asia Regional Office
Panellists:	**Dr. Soma De Silva**- Former Regional Technical Advisor (M&E), UNICEF Regional Office
	Dr. Asela Kalugampitiya- Director, Centre for Evaluation, The University of Sri Jayewardenepura
	Dr. Mohamed Munas, Senior Researcher, Centre for Poverty Analysis (CEPA)

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.

Mini - Symposia Session 2.4: SRHR and Subfertility

Date:	6th November 2024
Time:	15:00 PM to 16:00 PM
Venue:	Saffron Hall
Organized by:	Sri Lanka College of Obstetricians & Gynaecologists (SLCOG)
Resource Persons	
Moderator / Chair:	**Dr. Gayani Tissera -** Senior Registrar in Reproductive Medicine, Ministry of Health (Moderator)
Panellists:	**Prof. Athula Kaluarachchi**- Professor of Obstetrics c & Gynaecology. **Dr. Milhan Batcha -** Consultant in Subfertility & Specialist in Gynecology **Dr. Udara Jayawardena**- Consultant in Subfertility & Gynaecology. **Dr. Chaminda Hunukumbure -** Consultant Gynaecologist & Fertility Specialist

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.

PARALLEL SESSIONS

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Parallel Sessions

1.1: Socio - economic Determinants of Sexual and Reproductive Health

This session highlights diverse aspects of reproductive health, focusing on social influences and the challenges faced by vulnerable populations. Six research presentations will explore critical areas, including unintended pregnancies, sexual dysfunctions, menstrual stigma, and disability-related barriers to sexual and reproductive health.

Session Co - Chair: **Prof. Indralal De Silva**, Emeritus Professor in Demography, University of Colombo.
Prof. K. Karunathilake, Senior Professor in Sociology, University of Kelaniya.

List of Abstracts

1. PREVALENCE AND FACTORS ASSOCIATED WITH SEXUAL DYSFUNCTIONS DURING PREGNANCY 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. 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

4. 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

5. EXPLORING DISABLED 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

6. FAMILY PLANNING UTILIZATION TRENDS IN WESTERN PROVINCE FROM 2017 – 2023
   Kumarasinghe RDKK - Non-Communicable Diseases Research Centre, University of Sri Jayewardenepura, Sri Lanka,

PREVALENCE AND FACTORS ASSOCIATED WITH SEXUAL DYSFUNCTIONS DURING PREGNANCY AMONG SRI LANKAN WOMEN ATTENDING AN ANTENATAL CLINIC IN A TERTIARY CARE HOSPITAL, COLOMBO, SRI LANKA

Rajapakshe RGCSK[1], Perera PADMP[1]

[1]National STD and AIDS Control Programme, Sri Lanka

Introduction

Sexual dysfunctions are considered as any difficulties people encounter during their sexual response cycle, from desire and arousal to orgasm. They are categorized into six types; disorders of desire, arousal, lubrication, orgasm, satisfaction, and pain. The sexual functions can vary from one person to another and within the same person situationally and it is not uncommon for someone to experience sexual dysfunctions at some point in their lives.

A satisfying sexual life contributes to overall physical and emotional health, while sexual dysfunctions can negatively impact daily life. The causes of sexual dysfunctions are multifactorial. Changes occurring during pregnancy exacerbate sexual dysfunctions with the third trimester often being the most challenging. Both partners may be affected, impacting their relationship.

Studies show that the prevalence of sexual dysfunctions during pregnancy ranges from 30% to as high as 90%. Despite its high prevalence, this issue is often overlooked due to social taboos and misconceptions about sex during pregnancy.

In Sri Lanka, the area of sexual health in pregnancy has not adequately been addressed due to many reasons.

Objectives

To find the prevalence and associated factors for sexual dysfunctions during pregnancy and to compare the types and prevalence of sexual dysfunctions in different trimesters of pregnancy.

Methodology

A descriptive cross-sectional study was conducted with the participation of 246 pregnant women who are 18 years old or older, all of whom had their pregnancies confirmed by ultrasound scan. Women with contraindications for vaginal intercourse and medical conditions affecting libido were excluded. The study was carried out at the antenatal clinics of Castle Street Hospital for Women from January 2024 to April 2024. A self-administered, pretested questionnaire was used as the data collection tool. It included sociodemographic data, details of current and previous pregnancies and the Female Sexual Function Index (FSFI) containing questions representing 6 domains of sexual functions; sexual desire, arousal, lubrication, orgasm, satisfaction and pain. In FSFI, each question is given a score ranging from 0-5. The scores for each domain were then multiplied by a factor to bring a similar weight to the final value and the final value was taken as the sum of all the domains. The cut-off mark between having normal sexual functions and sexual dysfunctions was taken as 28.1 points. The means of each domain score in different trimesters were then compared.

Data was collected by a trained data collector and the principal investigator and analysed by SPSS version 23. Categorical data were analyzed for percentages and numerical variables were analyzed for central tendency and measurement of variability with a 95% confidence interval. The chi-square test was used for univariant analysis and ANOVA was used for multivariate analysis.

Results

The mean age of the participants was 29.5 ± 5.2. Of all the women who participated in the study, 40(16%) did not report having sexual activity within the preceding 4 weeks from the time of study. Of them, 62.5% were in their 3rd trimester.

Twenty-five women (12.5%) reported engaging in sexual activity without penetrative sex. Among them, 40% were in the first trimester, 10% in the second trimester, and another 40% in the third trimester.

According to the FSFI, 68% of pregnant women had scores lower than the cut-off mark for normal sexual functions. During the 1st, 2nd and 3rd trimesters, 56.5%, 67.7%and 76.8% of women showed low sexual function index scores respectively. Mean scores for desire, arousal, satisfaction, lubrication, orgasm and pain were significantly lower in the third trimester compared with 1st trimester. (p=<0.05) Primiparous women showed 64.3% as having sexual dysfunctions, whereas in multiparous women, the figure was 73.%.

Women with a degree-level education exhibited dysfunctions at 46%, compared to 72.9% among women educated up to Ordinary Level or Advanced Level. (P=0.003) Moreover, those engaged in occupations other than homemaking experienced lower rates of sexual dysfunction at 56.6%, whereas 74.6% of housewives reported sexual dysfunction. (p=0.007) Both those observations were statistically significant.

No significant association with sexual dysfunctions was found regarding age, religion, area of residence, duration of marriage, past obstetric history or comorbidities. (p>0.05)

Conclusion

This study found a high prevalence of sexual dysfunction among Sri Lankan pregnant women, especially in the third trimester. These findings align with findings from similar international research. Factors like education and occupation were associated with dysfunction, while medical history, marriage duration, and previous deliveries showed no significant links.

Recommendations

Further studies on sexual dysfunctions and associated factors among Sri Lankan women are warranted. Sexual health education should be integrated into the antenatal care package provided at all hospitals.

Keywords: Pregnancy, sexual dysfunctions, FSFI, Sri Lanka

MENSTRUAL STIGMA: AN ASSESSMENT OF THE SRI LANKAN PERSPECTIVE WITH A FOCUS ON INDIVIDUALS WITH ADVANCED LEVEL EDUCATION OR HIGHER

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Keywords: Stigma, Menstruation, Women, Health[1]

Introduction

Stigma marks individuals by indicating perceived flaws that detract from their identity (Goffman, 1963). Menstrual stigma (MS) deems menstruating persons as defective, reinforcing femineity's lower social status (Johnston-Robledo & Chrisler, 2020). In Sri Lanka, MS challenges hygiene and health, with 66% of girls unaware of menstruation until menarche (UNICEF, WaterAID, 2015). Historical beliefs considering menstrual blood as polluted and caste systems exacerbate the issue, while the 52% tariff on sanitary pads (Premachandra & Chadha, 2020) obstructs access to healthcare.

Objectives

Main: To understand the dynamics of MS among Sri Lankans with advanced level education or higher, analyzing beliefs, experiences, and responses across genders and age groups.

Specific:

1. Understanding stigmatising beliefs about menstruation among participants.
2. Examining how stigma shapes participants' experiences and engagements with menstruation.
3. Exploring participants' perspectives on and responses to MS, including resistance and reinforcement.

Methodology

This mixed-method study used 10 Zoom interviews, and 100 questionnaires distributed through social media in English and Sinhala. Quantitative data was analysed using STATA and Excel, while qualitative data was thematically analysed.

The population sample comprised Sri Lankans with advanced level education or higher. Convenience sampling was used, and the sample size was 100 questionnaire respondents and 10 interviewees.

The sample included individuals from the Western (27%), Eastern (5%), Northern (4%), Southern (12%), Sabaragamuwa (10%), North Central (5%), Central (14%), North-Western (17%), Uva (6%) provinces. Females (72%) and males (28%) were included, and 88% were below 40 years and 12% were above 40. Education varied, between bachelor's degrees (65%), postgraduate degrees (20%), and professional qualifications (13%).

Findings are not generalisable given the limited sample size and representation. Data collection upheld ethical standards of anonymity and consent, though formal ethical clearance was not obtained.

Results

Respondents demonstrated varied attitudes towards menstruation. 71% (n=71) believe it's acceptable for men to purchase menstrual products. This included 75% (n=21) of all males and 69% (n=50) of females. Additionally, 87% (n=87) believed menstruation should be discussed with men, while 10% remained unsure. Moreover, 76% (n=76) agreed that menstruation could affect mood, but 33% (n=9) of males, 13% (n=9) of females, 17% (n=2) of those above 40 and 11% (n=10) of those younger disagree.

Regarding experiences, most females felt more comfortable discussing menstruation with other females over male medical professionals, while men preferred female professionals. Older respondents reported more comfort discussing menstruation than younger ones, and males were slightly more comfortable using terms like 'menstruation' or 'period' than females. While 72% (n=72) felt menarche celebrations were unnecessary, participants over 40 (16%) were more in favour, compared to those under 40 (11%). Gender-wise, 10% (n=7) of females and 18% (n=5) of males support the celebrations. Menstruation-induced self-consciousness was significant, with 43% feeling highly self-conscious, and 32% feeling unattractive during menstruation. Furthermore, 49% of women would give a different reason to excuse themselves from social situations due to menstrual cramps. Moreover, many women recalled their menarche vividly but viewed celebrations as embarrassing.

Responses to MS varied, with 53% (n=53) saying MS is prevalent, and there were demographic patterns in those saying so. That is, 58% (n=52) of participants under 40 believed MS was prevalent, while only 16% (n=1) over 40 agreed. Further, more females than males believe MS is prevalent. Moreover, 13% (n=13) of respondents associate menstruation with the word "pure", and 20% (n=20) (all females) linked menstruation with strength, countering traditional beliefs that menstruation signifies impurity and weakness. Additionally, interviewees supported sex education to battle MS.

Conclusion

The study reveals gender and age disparities in attitudes towards menstrual stigma. Interviews with medical professionals suggest a decrease due to internet access, though younger professionals still see it as an issue. Older participants perceive reduced stigma, while younger ones recognise its persistence, reflecting societal changes. Younger generations, exposed to global movements, are shifting to open discussions, underscoring continuous efforts to improve the discourse and experience of menstruation.

Recommendations

Interventions should enhance internet-based education, promote open discussions among youth, and support movements normalizing menstruation while considering the age and gender of beneficiaries to effectively bridge perception gaps and improve menstrual health discourse.

IN-DEPTH ANALYSIS OF THE DRIVERS OF UNINTENDED PREGNANCIES AMONG ADOLESCENT GIRLS AND YOUNG WOMEN IN THE ATLANTIQUE DEPARTMENT OF BENIN

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Introduction

Unintended pregnancies form a major public health challenge in Benin, affecting many young women and girls. Between 2015 and 2019, 39% of pregnancies were reportedly unintended, with more than one-third estimated to have ended in abortion. In a country like Benin where safe and legal abortion services are hard to access, most of these abortions take place using unsafe methods. To reduce the high incidence of unsafe abortions, it is crucial to understand the underlying factors driving unintended pregnancies.

Objectives

This research aims to identify and analyse the main drivers of unintended pregnancies among women and adolescents in the Atlantique department of Benin. It seeks to shed light on the socio-economic, cultural, and educational factors that contribute to this phenomenon.

Methods

The data used in this article were obtained as part of a larger qualitative study on the social determinants of abortion and care pathways in Benin. The research was conducted in the Atlantique department of Benin, chosen because of its alarming reproductive health indicators, including a high unmet need for contraception and a high uptake of safe abortion services (SAA). The research team obtained the required ethical and administrative approvals. Data collection took place between February and August 2021, with participant observation in health centres and interactions with care providers and patients by four assistants trained in anthropology or sociology. Furthermore, multiple in-depth interviews were conducted with 41 women who had had an abortion experience. Study enrolment took place in health facilities where these women presented with complications from unsafe abortions and through snow-ball sampling. The interviews focussed on women's reproductive and relational histories including contraceptive use and pregnancy occurrence. For the present article, this data was analysed in-depth to understand the drivers of unintended pregnancies. The data was analysed using Dedoose software, using both a theoretical (deductive) and inductive approach to develop the coding scheme.

Results

Precarious socio-economic conditions combined with deeply inequitable gender norms form the root causes of young women's vulnerability to unintended pregnancies in Benin that manifest through different drivers. Firstly, adolescent girls and young women from disadvantaged backgrounds are often forced to support themselves or their families at a young age. This situation forces them to make difficult decisions, such as engaging in transactional sexual relationships in which they lack the power to negotiate contraceptive use to prevent getting pregnant. Secondly, inadequate access to

accurate information equally plays an important role. Our findings reveal that sexuality education, both at home and at school, is insufficient, and deeply influenced by harmful gender norms. Therefore, girls and boys in relationships lack information to sufficiently protect themselves. Furthermore, different levels of sexual coercion were found to play a role in the occurrence of several unintended pregnancies in our sample. On top of these factors, contraceptive use is extremely uncommon; young women who do use contraceptives are accused of being prostitutes. Also, other obstacles to contraceptive use were found, including fears of side effects and access constraints. Traditional alternatives are sometimes preferred because they are more accessible or can be used discreetly.

Conclusion

The drivers of unintended pregnancies in Benin are complex and intertwined. Limited access to sexuality education and contraceptive services and cultural and religious pressures influenced by economic, and gender inequalities, together contribute to a low uptake of modern contraceptives by adolescent girls and young women. This, in turn, leads to a high prevalence of unintended pregnancies and unsafe abortions within this group. Understanding these drivers and how they interact is essential to developing effective prevention strategies that are tailored to the needs of women and girls and help tackle the root causes of inequality.

Recommendations

To reduce the incidence of unintended pregnancies, it is crucial to strengthen sexuality education in schools, to support parents in their communication about adolescent sexuality, and to promote youth-friendly access to modern contraceptive methods. However, without addressing the gender inequitable norms that form the root causes of young women's vulnerability to unintended pregnancies, these interventions are unlikely to have a sustainable impact. In addition, targeted economic interventions are needed to reduce vulnerable women's dependence on transactional sexual relationships.

Keywords: Unintended pregnancies, drivers, sex education, contraception, gender norms, poverty, Benin

MENSTRUAL HYGIENE PRACTICES AMONG GCE ORDINARY LEVEL GIRLS' STUDENTS OF SCHOOLS IN KILLINOCHCHI DISTRICT, SRI LANKA: A CROSS - SECTIONAL STUDY

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Introduction

Menstrual hygiene is a vital aspect of adolescent health, impacting both physical well-being and educational opportunities. Despite its natural role in womanhood, menstruation is often shrouded in cultural taboos and misconceptions, leading to poor hygiene practices and increased health risks, such as infections. In low- and middle-income countries, particularly post-conflict regions like Sri Lanka's Northern Province, limited access to sanitary products, clean water, and adequate facilities worsens the issue. This research explores the menstrual hygiene practices and challenges faced by Ordinary Level schoolgirls in Kilinochchi, aiming to inform policy and provide insights to improve menstrual management. Addressing these concerns through education, infrastructure improvements, and policy reforms is crucial to ensure girls can manage menstruation without stigma or hardship. This study aims to bridge the knowledge gap and support future interventions in Kilinochchi, where economic constraints and a lack of menstrual hygiene awareness are common.

Objectives

To describe menstrual hygiene practices and analyze their relationship with sociodemographic characteristics among Ordinary Level (O/L) girls in Kilinochchi.

Methodology

The study utilised a descriptive cross-sectional design to examine menstrual hygiene practices among Ordinary Level (O/L) students in Kilinochchi District, Sri Lanka, over 4 to 5 months. It involved 82 schools with a total of 2,200 students. A sample size of 385 was calculated using a 0.05 margin of error, 95% confidence level, and an estimated proportion of p=0.5. Multistage cluster sampling was used to select students from 20 randomly chosen schools. Data was gathered via a structured, self-administered questionnaire, pretested with high reliability (Cronbach's alpha = 0.927), and an observation checklist for school facilities. Trained Development Officers conducted data collection with minimal disruption. Data analysis was performed using IBM SPSS Statistics Version 26.0, applying descriptive statistics and Chi-square tests. Ethical approval (P/03/01/2024) was granted by the Ethics Review Committee, Faculty of Medicine, University of Kelaniya, with parental consent obtained.

Results

The study reveals that 75.1% (n=289) of participating students are Hindu, with 73.5% (n=283) coming from families earning less than 25,000 Sri Lankan rupees per month. The average age of the students is 15.3 years, with a mean age at menarche of 12.97 years and an average menstrual period of 5.38 days. Most students have reached menarche, and menstrual cycles are typically shorter than 28 days. While 92.2%

(n=355) have access to covered toilets at home, only 24.4% (n=94) feel comfortable discussing menstrual hygiene openly. Although all students use sanitary pads, only 35.1% (n=135) change them frequently while at school due to inadequate water facilities and poor toilet cleanliness. Disposal practices vary, with 33.5% (n=129) disposing of used absorbents in bins, and 33.5% (n=129) opting to burn them. While 68.3% (n=263) report access to clean water and sanitation, 31.7% (n=122) face difficulties, particularly with water availability and toilet cleanliness. Additionally, 39.7% (n=7) of schools do not provide clean and functional toilets, and 58.8% (n=10) lack sanitary napkin dispensers. The chi-squared test revealed significant associations between access to clean water and sanitation facilities and menstrual hygiene practices: changing absorbents in school ($p = 0.002$), changing pads ($p < 0.000$), and disposal methods ($p = 0.018$). These findings indicate a need for improved facilities and educational resources regarding menstrual hygiene in schools.

Conclusion

The study reveals that menstrual hygiene practices among Ordinary Level students in Kilinochchi District, Sri Lanka, are shaped by cultural, religious, and socioeconomic factors. While 92.2% of students have access to covered toilets at home, issues remain with privacy, sanitation, and educational support. Economic limitations affect access to menstrual hygiene products, with sanitary pads being the preferred choice, but better education and facilities for both pads and cloths are needed. School infrastructure gaps, such as insufficient water supply and inadequate disposal facilities, underscore the need for urgent improvements in menstrual hygiene management.

Recommendation

Based on this study, to improve menstrual hygiene practices in schools, enhancing infrastructure is crucial, including clean, well-maintained toilets and proper disposal systems (Hettiarachchi et al., 2023). Reliable access to clean water, soap, and handwashing facilities is essential, along with regular upkeep. Comprehensive education programmes on menstrual health, product use, and stigma should be introduced (UNICEF, 2020). Support for low-income families should include providing affordable menstrual products, with NGO collaboration aiding this effort. Inclusivity is vital, ensuring facilities for students with disabilities. Integrating menstrual hygiene education into the curriculum and implementing policies for regular inspections will foster compliance and ongoing improvement (Afiaz & Biswas, 2021).

Keywords: Menstrual Hygiene Practices, Adolescent Girls, Cross-Sectional Study, Killinochchi.

EXPLORING DISABLED MALE VETERANS' SUBJECT POSITIONING AND GENDER IDENTITY CONSTRUCTION IN SEXUALLY INTIMATE RELATIONSHIPS

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Introduction

In the aftermath of the armed conflict in Sri Lanka, there has been extensive research on disabled war veterans of the Sri Lanka Army (SLA). However, despite this attention, there remains a glaring gap in research concerning these veterans' experiences relating to their sexual well-being in their post-conflict lives. This study explored how disabled veterans of the SLA, all of whom were men, construct their masculine identities within their sexually intimate relationships. This presentation will focus on how these men constructed nuanced subject positions given the influence of disability on their relational dynamics. Understanding these processes of masculine identity construction and maintenance is crucial for developing inclusive practices and supportive interventions that enhance veterans' sexual well-being in their intimate contexts.

Objective

The objective of the research was to critically interrogate how disabled veterans position their masculine subjectivity in terms of their sexual and intimate relationships.

Methodology

Qualitative in-depth life history interviews were conducted with 12 physically and sensory impaired, male veterans to delve into their experiences and perceptions within intimate relationships. Discursive psychology provided the theoretical framework, allowing for an analysis of how veterans discursively construct their masculine identities and negotiate meanings in relation to disability and sexual intimacy. The research was conducted with the approval of the Deakin University Human Research Ethics Committee (DUHREC).

Findings

Participants expressed three distinct types of masculine subject positions in relation to their sexual intimate relationships. One group of men maintained a traditional, dominant sense of their masculinity and role in their sexual encounters and relationships. The second group was less inclined to identify as dominant and viewed themselves as passive and diminished in their masculinity and role in sexual encounters and relationships. The third group, especially those facing diminished sexual function and impairment, prioritized emotional connection and companionship and downplayed the masculine role of being sexual initiators or aspiring to dominant masculinity. Importantly, these responses were not wholly fixed, and depending on different factors and contexts some men expressed more than one type. This demonstrates a fluidity reflecting the masculine identity's complexity. These various subject positions reflect the ways that disabled veterans negotiate and construct their masculine identities in the context of developing and maintaining their intimate and sexual relationships.

Conclusion

This study contributes innovative findings that increase our understanding of the dilemmas and problems that veterans of the Sri Lankan army who experienced

traumatic injury and impairment faced in their post-conflict identity work in relation to their sexuality. By recognizing and validating the diverse ways these men construct their post-traumatic masculine identities, society can move towards fostering more inclusive and supportive environments for disabled male veterans in their pursuit of fulfilling and meaningful intimate relationships.

Recommendations / Implications

Understanding the dynamics that manifest in disabled veterans' construction of these subject positions and their masculine identity and how they are maintained over time is crucial for developing tailored interventions that support disabled veterans in navigating their sexually intimate relationships. Education on disability and sexuality is crucial for disabled male veterans, as it helps address their unique experiences and challenges. Moreover, the insights gained from this population can inform broader discussions relevant to all disabled individuals. Such educational initiatives must be sensitive to differences in gender and sexual orientation, recognizing the need for further research and tailored approaches for disabled women and individuals of diverse genders and sexualities. Additionally, staff who work with disabled veterans and their partners should receive comprehensive training to ensure they can provide informed and empathetic support. This holistic educational framework will foster a more inclusive understanding of disability and sexuality for all.

Keywords : Disabled veterans, intimate relationships, discursive psychology, identity construction, subject positions.

Family planning utilization trends in Western Province from 2017 – 2023

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Introduction

Family planning (FP) methods plays a major role in maternal and child health globally by reducing unintended pregnancies and supporting sustainable population growth. In 2021, among reproductive age women (15-49 years) in Sri Lanka, 56.2% were using modern FP methods and 6.8% have an unmet need for FP. In Sri Lanka, a method mixes FP services are offered free of charge at the field level. Apart from the medical aspects, factors like accessibility, cultural attitudes, education and health care policies deeply influences the adoption of FP methods. Furthermore, economic opportunities also play a major role in this.

Objective

Aim of this study was to describe the FP utilization trends in Western Province from 2017 – 2023.

Methodology

A descriptive cross-sectional study was conducted using secondary data compiled at the Family Health Bureau based on monthly statement of Public Health Midwife (H524) from 54 Medical Officer of Health areas of the Western Province from 2017 to 2023. This included five health service areas namely three Regional Director of Health Services (RDHS) areas (Colombo, Gampaha, Kalutara), National Institute of Health Sciences (NIHS) Kalutara and Colombo Municipal Council (CMC). Percentage of eligible couples with unmet need of FP, percentage of eligible families using a modern method of FP, traditional methods of FP and modern FP methods by types are the indicators used to describe the trends. Correlation with national data was assessed using Spearman correlation coefficient.

Results

The percentage of eligible families using a modern method of FP showed an upward trend which was similar to the national average. The national average for the year 2017 was 58% and it increased to 60.2% by 2023. There was a high correlation ($r = 0.893$, $p = 0.01$) between the national and provincial data on percentage of eligible families using a modern method of FP. CMC showed the highest trend in par with the national average which was 60.6%. The lowest was seen in Gampaha (52.6%). The overall percentage of modern methods of FP showed an upward trend and the highest was seen in CMC from 48.3% in 2017 to 60.6% in 2023. However, Gampaha remained static over the five years which was 50.4% to 52.6%. The national average for traditional methods of FP remained static throughout the 5-year period (9.2%). The highest percentage was seen in CMC (11.9%) and lowest in Kalutara RDHS (10.1%). The downward trend was best seen in NIHS from 13.1% in 2017 to 10.9% in 2023. The percentage of eligible couples with unmet need of FP showed a decline in all areas which was similar to the national data. The national average was 5.4% and CMC showed the highest percentage of unmet need of FP

(9.4%). The lowest was observed from RDHS Kalutara (4.8%).

When analysed the modern FP methods, oral contraceptive pills (OCP) showed a downward trend in all areas. The highest was from Gampaha (8.4%) for 2023 and lowest from CMC 5.2% for the same year. The DepoMedroxy progesterone acetate (DMPA)showed an upward trend in all areas. The highest upward trend was seen in CMC from 5.5% in 2017 to 9.2% in 2023. The highest percentage of DMPA users were from Kalutara which was 9.4% for the year 2023. Surprisingly, Colombo RDHS remained static over the five years. Intra uterine contraceptive devices (IUCD)showed a downward trend in all areas. The highest percentage of IUCD users were from Colombo RDHS which was 11.1% and lowest in CMC 7.6% for the year 2023. Implants showed an upward trend in all areas. CMC showed the highest upward trend from 9.2% in 2017 to 13.5% in 2023. The lowest was seen in Gampaha (5.1%). Condom usage also showed an upward trend, and the highest was seen in CMC from 11.8% in 2017 to 15.9% in 2023. Lowest condom usage was from Kalutara (12.7%). LRT showed a downward trend, and the highest LRT users were from NIHS which was 13.3% in 2023 and lowest from RDHS Colombo 8.3%. Male sterilization is the lowest preferred FP method with the highest percentage of 0.06% in Colombo RDHS in 2017 to lowest percentage of 0.01% in all five Health areas in 2023.

Conclusion

In par with national trends, the modern FP usage has increased and unmet need for FP has decreased over 2017 – 2023 in Western Province. There is a statistically significant correlation between national and provincial data on usage of modern FP. Implants and DMPA showed an upward trend and IUCD and OCP showed a downward trend. Permanent FP method usage has declined. Traditional FP methods remain static.

Recommendations

Further research to find the reasons for usage of traditional FP methods to remain static and decline in IUCD and OCP to be carried out.

Keywords: family planning, Western Province, Sri Lanka, trend, unmet need

1.2: Safeguarding Gender Rights and Combating Gender - Based Violence

This session brings together a diverse range of studies examining sexual and gender-based violence (SGBV) across South Asia, highlighting both the challenges and protective factors within specific communities. This session will provide a comprehensive look at the intersections of gender, violence, and cultural attitudes across South Asia.

Session Co-Chair: Dr. Lakshman Senanayeke, Consultant Obstetrician & Gynecologist

Dr. Lahiru Kodithuwakku, Secretary of the Sri Lanka Medical Association

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EFFECTIVENESS OF SURVIVOR CENTERED MULTIPRONGED APPROACH FOR ADDRESSING SEXUAL AND GENDER BASED VIOLENCE IN BHUTAN

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Introduction

In Bhutan, sexual and gender-based violence (SGBV) against women and girls emerges as a pressing social concern, affecting the mental, physical, and social well-being of individuals. The National Commission for Women and Children in Bhutan reported in 2019 that an average of five women and children suffered abuse daily. During COVID-19 in 2020, there was a notable 53% increase in reported cases by Respect, Educate, Nurture and Empower Women (RENEW) and an overall increase of 36% in SGBV cases in Bhutan. RENEW has been implementing programmes on SGBV since 2004. RENEW provides numerous services under the broad categories of Prevention, Intervention and Reintegration.

Objectives

In 2018, RENEW adopted an innovative and holistic approach to address SGBV in Bhutan. To assess this approach a proof-of-concept study was undertaken to understand the contribution of selected activities under the project which led to the improvement in comprehensive survivor centred interventions and the creation of an enabling ecosystem to address SGBV.

The proof-of-concept aimed to explore whether a combination of RENEW's programme interventions constitutes an effective SGBV response mechanism.

Methodology

An exploratory qualitative study with a 360-degree approach was conducted to capture the voices of different stakeholders. The SGBV survivors were at the centre and community influencers, especially religious/faith-based leaders, and programme implementors were included in various layers of inquiry. Data for this qualitative study were collected through 58 narrative interviews (NI). The research team conducted NIs of 30 survivor women, 20 faith-based leaders who have engaged in a discourse on gender equality, inclusion and SGBV and 8 programme implementers. The analysis matrix was developed using both deductive and inductive approaches. In the first phase, deductive thematic analysis was employed to identify the main constructs and themes. In the second phase, an inductive approach was used to reveal emerging sub-themes. For ethical review, an administrative clearance letter was

Results

This study revealed a lack of awareness among women regarding their rights, particularly their sexual and reproductive rights before encountering RENEW. Traditional gender roles and societal norms were found to often dictate the roles and responsibilities of women, reinforcing the prevailing disparities in access to information and resources. Alcoholism and extramarital affairs of husbands were cited as common triggers for violence, highlighting the complex interplay of personal and societal factors that contributed to abusive behaviour. Faith-based leaders highlighted the detrimental effects of child marriage

and illiteracy and their correlation to chances of experiencing violence. The study underscored the significant impact of RENEW's comprehensive approach to addressing SGBV on women's well-being and agency, through engaging with various stakeholders to create an enabling environment. The contribution analysis technique was adopted to understand the effectiveness of RENEW's interventions, identify areas for improvement, and enable making evidence-based decisions about programme design. The testimonies of survivors highlighted the profound impact RENEW's programme has had on their lives. By prioritizing SRHR, this intervention promotes women's autonomy and agency and reproductive choices as part of the broader objective to reintegrate women back into their communities. It also provides livelihood trainings aimed at enhancing their skills and economic independence. By acquiring new skills and vocational training, women are empowered to generate income, pursue economic opportunities, and achieve financial autonomy. Faith-based leaders highlighted the importance of engaging more religious leaders and broadening efforts nationwide to reach a wider audience and maximise impact.

Conclusion

The study emphasizes the significant impact of RENEW's intervention activities in supporting survivors of SGBV through a comprehensive and holistic approach involving the engagement of different stakeholders. Faith-based leaders play a pivotal role in advocating against SGBV and promoting gender equality by raising awareness about its prevalence and detrimental effects. The proactive efforts of programme implementers have led to a positive shift in women's agency, rebuilding their lives and envisioning a future free from violence and oppression. Overall, an integrated approach promotes a supportive and empowering environment, enhancing inclusivity and a resilient society underscoring the importance of scaling up such initiatives to reach more individuals in need.

Recommendations

To enhance the impact in the future, initiatives need to focus on expanding outreach into rural areas with limited awareness of SGBV, raising public awareness of RENEW support services through targeted campaigns, offering additional livelihood training opportunities to empower survivors economically, integrating activities promoting mental well-being into programme offerings, turning survivors into advocates for programme promotion. Deepening engagement with men to foster understanding and respect for women's experiences and perspectives and more engagement with faith-based leaders. Implementing social and behavioural change communication strategies to promote gender equality and prevent violence within communities.

Keywords: Sexual and gender-based violence, survivor-centered approach, Prevention, Intervention, Reintegration

GUARDIANS OF SAFETY: PROTECTIVE FACTORS FOR INTIMATE PARTNER VIOLENCE DURING THE COVID - 19 PANDEMIC IN KALUTARA DISTRICT

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Introduction

Intimate partner violence (IPV) is a widespread yet preventable social and public health problem. Violence against women increases during every type of emergency (WHO, 2020). With increased stress and anxiety, economic hardship, isolation, increased consumption of alcohol and substance use, and confined living conditions, global and local studies investigated an intensification of prevalence in IPV victimization during the COVID-19 pandemic. Literature on IPV in Sri Lanka has predominantly concentrated on prevalence, magnitude, consequences, and societal attitudes. To decrease the likelihood of experiencing or perpetrating IPV, international studies have broadened their scope to explore protective factors such as economic independence, healthy relationship skills, and social support. As a proactive approach, studying protective factors in IPV offers opportunities for prevention, particularly during emergencies.

Objectives

The objective of this study is to identify and describe the protective factors that safeguarded married women from IPV by their husbands before and during the COVID-19 pandemic. Further, the study attempts to clarify the protective factors that remained effective both before and during the pandemic. Finally, the study seeks to sort the identified protective factors into different domains.

Methodology

This qualitative study preliminary employed seven key informant interviews (KIIs); a senior lecturer in Psychology and researcher on IPV, a medical doctor in '*Mithuru Piyasa'*, an inspector of Police in Child and Women Bureau, a counselling Officer in a Divisional Secretariat (DS), women development officer in a Divisional secretariat, and two Public Health Midwife. After the KIIs, purposive sampling was used to select participants for in-depth interviews. With the assistance of Counselling Officers at DS, ten married women in the 18-55 age category who have successfully mitigated IPV in typical times including the pandemic were selected from five DS areas in Kalutara District. The study followed the ethical and safety recommendations for intervention research on VAW and taking precautions to prevent COVID-19. Collected data from KIIs and in-depth interviews with participants were analyzed by thematic analysis.

Results

Collected qualitative data was sorted in to three potential themesb (1) Personal and economic well-being, (2) social skill competency, and (3) constructive communication strategies. 'Personal and economic well-being' theme consisted of positive developmental experiences, economic stability, and higher education level. The second theme 'social skill competency' elaborated codes of problem-solving, adaptability, cooperation, and boundary setting. The final theme

'constructive communication strategies' is based on four codes: reciprocal communication, constructive dialogue, empathy, and openness. Collected qualitative data was sorted into three potential themes (1) personal and economic In this study, codes related to 'personal and economic well-being' were recognized as protective factors against IPV even prior to the pandemic. Especially, economic stability, particularly having a permanent household income, emerged as a crucial protective factor during the COVID-19 pandemic. While women's higher educational levels and economic stability were significant, their effectiveness was influenced by the husband's relative economic position and education level. Social skill competency and constructive communication strategies demonstrated consistency as protective factors across both the pre-pandemic and lockdown periods. Further, adaptability, cooperation, and empathy were significant protective factors against IPV and strong predictors of marital well-being during the lockdown period. Constructive communication strategies including overlooking the occasional critical remark, forgiving hurtful behaviour, and avoiding expressions of blame, hostility, and contempt strengthened their role during the lockdown period. Among the three main themes, the first two are closely tied to the individual domain, whereas constructive communication strategies are more pertinent to the relationship domain.

Conclusion and Recommendations

This study identified positive developmental experiences, economic well-being, higher education, social skills, and constructive communication as key protective factors against IPV during the COVID-19 pandemic. It emphasizes the need for investment in healthy childhood development and highlights the importance of personal and economic well-being, alongside social and communication skills, in preventing IPV.

IPV prevention and management is a complex array of interconnected protective factors. The findings suggest that training in social skills, communication, and policies supporting financial stability are essential for building resilience and long-term IPV prevention, especially during crises. It is recommended to implement training programmes that enhance social skills and communication, develop policies to ensure financial stability and promote educational initiatives that support positive early development. In order, support initiatives, increasing educational attainment, and fostering positive developmental experiences from an early age can build resilience and contribute to long-term IPV prevention.

Keywords: intimate partner violence, protective factors, COVID-19 pandemic

BREAKING THE SILENCE: REVEALING GENDER - BASED VIOLENCE AMONG HIJRA AND TRANSGENDER COMMUNITIES IN BANGLADESH

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Introduction

Gender-based violence (GBV) remains a global pervasive issue affecting mostly women, girls and other marginalised communities, including hijra and transgender individuals. perpetuated by societal stigma and discrimination. These communities face multifaceted discrimination, leading to heightened vulnerability to violence and abuse.

Bandhu Social Welfare Society (Bandhu) envisions a society where people of all gender identities enjoy a quality life. As such, Bandhu works towards ensuring a dignified life for gender diverse population by protecting human rights, promoting a sustainable livelihood, improving access to quality health care, including SRHR & GBV, and enhancing access to social security and gender justice. Through Bandhu's substantive work, a legal unit titled Ain-Alap was established in 2013 to provide legal services to community members and safeguard their human rights via a dedicated helpline and by connecting them with other legal services available in Bangladesh. This study analyses reported GBV cases from Ain-Alap in 2023 among these communities, shedding light on prevalent forms such as discrimination, abuse, harassment, and various other manifestations.

Objectives

The objective of this study is to analyse reported cases of gender-based violence (GBV) among hijra and transgender populations, focusing on patterns of discrimination, abuse, harassment, and other forms of mistreatment by society. The study aims to shed light on the specific challenges faced by these communities and highlight the need for tailored interventions and support to address their unique vulnerabilities.

Methodology

A mixed-method analysis was used for this study, incorporating case studies and quantitative statistical data. The quantitative data was sourced from Bandhu's 'Ain Alap' unit, which documents cases involving hijra and transgender individuals in Bangladesh who have experienced gender-based violence across the country.

Results

The findings reveal 83 cases of gender-based violence (GBV) experienced by the hijra and transgender communities in Bangladesh in 2023 out of 208 rights violation cases documented. These cases were reported from eight divisional cities across the country. The incidents encompassed various forms of GBV, including discrimination, abuse/harassment, property and monetary disputes, domestic violence, the use of obscene language, assault/torture, and online harassment. The findings highlight an alarming rate of GBV (40% of all rights violations cases documented by the 'Ain Alap' in 2023), including physical, sexual, and psychological violence. Structural factors such as societal stigma, legal discrimination, and economic marginalization are identified as key drivers exacerbating the vulnerability of these communities.

The 'Ain Alap' unit responded to these 83 GBV cases by providing counselling, legal assistance, and other support. Survivors are between 18 years to 40 years old. Of these, 67 cases were resolved through mediation (leveraging the hijra community's traditional chain of command and support system), 5 cases were referred to a panel lawyer, local police station and counsellor, 4 cases were closed, and 11 cases remain unresolved. Bandhu has been working on GBV prevention by raising awareness, building capacity on GBV, referring to other agencies for emergency response, and establishing referral mechanisms with the Ministry of Women and Children Affairs of Bangladesh. Compared to the previous year (2022), the incidence of GBV in 2023 has slightly reduced from 44%.

Conclusion

The analysis of reported GBV cases highlights the multifaceted nature of the violence experienced by hijra and transgender populations in Bangladesh. Discrimination, abuse, harassment, and various forms of violence underscore the urgent need for targeted interventions and support mechanisms to address GBV in these communities. Efforts to combat GBV among hijra and transgender populations in Bangladesh must be comprehensive for both prevention and response strategies. Legal protections, counselling services, and shelters are essential components of support systems that must be strengthened. Moreover, advancing SOGIESC inclusion in healthcare, education, employment, and public life is fundamental to creating safer environments for these communities.

Recommendations

To address gender-based violence (GBV) against hijra and transgender individuals, it is crucial to strengthen legal frameworks with robust enforcement. Policy reforms, such as the 'Transgender Protection Act' and anti-discriminatory laws, are necessary to safeguard their rights. Expanding access to tailored support services, including counselling and shelters for survivors, is essential. Awareness campaigns should challenge societal stigma and promote the inclusion of hijra and transgender individuals. Additionally, advocacy is required to ensure that GBV against these populations is incorporated into government policies, which currently focus primarily on women and girls, leaving hijra and transgender communities vulnerable and inadequately supported.

Keywords: Gender-based violence (GBV), Sexual & Reproductive Health & Rights (SRHR)

EXPLORING THE EFFECTIVENESS OF AN AWARENESS VIDEO TO CHANGE ATTITUDES AND KNOWLEDGE ABOUT LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER+ COMMUNITY AMONG UNDERGRADUATES IN SRI LANKA

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Introduction

In Sri Lanka, the LGBTQI+ community which is approximately 12% (Mapping LGBTQI+ identities in Sri Lanka, 2012) of the population has been subjected to various challenges, prejudices and discrimination due to cultural, societal, and legal factors. The main reasons for this prejudice and discrimination are a lack of awareness and poor attitudes towards the LGBTQI+ community. This is not different in the university community and leads to psychosocial issues and academic-related issues in LGBTQI+ members within the university community. Hence, it is important to understand prevailing attitudes and knowledge regarding the LGBTQI+ community among undergraduate students in government universities in Sri Lanka and devise mechanisms to divert them in a positive direction.

Objective

This study aimed to uncover prevailing attitudes and knowledge gaps among university undergraduates and assess the outcome of targeted interventions (an awareness video) in enhancing understanding and acceptance.

Methodology

A mixed method which comprised pre and post-intervention study and in-depth interviews was used. The study population was university undergraduates in Sri Lanka. The sample was selected through convenient sampling. American Psychological Association ethical guidelines were followed throughout the study and informed consent was obtained prior to gathering data. The study began with a qualitative exploration through unstructured interviews with five (n=5) individuals who identified themselves with the LGBTQI+ community studying in eight government universities in Sri Lanka. This initial phase provided insights into the challenges and issues faced by the community, setting the groundwork for subsequent quantitative investigations. A sample of 150 (n=150) undergraduates representing eight government universities and diverse demographic backgrounds participated in the second phase. The primary objective of the second phase was to assess the baseline attitudes and level of knowledge of the LGBTQI+ community among university students. A self-administered questionnaire which was originally developed in Turkey consisted of 7 and 10 questions to measure attitudes and knowledge respectively was used at this phase. The third phase of the study was to develop an awareness video as an educational intervention to change attitudes and improve knowledge. This awareness video, which is 10 minutes long, was developed using existing scientific knowledge about the LGBTQI+ community. It includes definitions, myths, the etiology of LGBTQI+, and their rights. This video was given to the study sample who participated in the baseline survey to watch and follow. Post-intervention assessment was conducted after two weeks of the video intervention using the same questionnaire to determine the effectiveness of the

educational awareness video in changing attitudes and knowledge. Pre and post intervention data on the questionnaire were analyzed using a T-test. Additionally, 5 individuals who showed significant changes in knowledge and attitudes as well as 5 participants who didn't demonstrate much difference were interviewed using a semi-structured format. Qualitative data were analyzed thematically using NVivo.

Results

Results found that undergraduate LGBTQI+ members perceived their non-LGBTQI+ counterparts rejected them, were afraid to talk about their identity, were not willing to seek mental health support when needed, and did not participate in many extra-curricular activities due to the fear of rejection. Analysis of the score of the baseline data showed that undergraduates lack knowledge and have negative attitudes about LGBTQI+ friends. Post-intervention analysis indicated a notable increase in knowledge levels among participants regarding LGBTQI+ issues. However, changes in attitudes were not significant. suggesting that while educational interventions can enhance factual understanding, transforming deeply rooted attitudes requires sustained efforts and broader societal changes. This statistical finding was confirmed by the qualitative analysis as well.

Conclusions

The study concluded that structured interventions, such as educational videos, effectively enhance knowledge of LGBTQI+ persons among undergraduate students. However, significant shifts in attitudes necessitate prolonged educational campaigns and comprehensive societal changes. The findings underscore the complexity of altering attitudes towards marginalized communities within a relatively short timeframe.

Recommendations

Future research should consider expanding sample sizes and extending intervention durations to potentially achieve more substantial shifts in attitudes. This could provide insights into the sustained efficacy of educational interventions on attitudes towards LGBTQI+ persons. Furthermore, integrating cultural sensitivity and inclusivity into educational curricula is recommended to foster more inclusive environments. Findings further emphasize the importance of targeted interventions in promoting understanding and acceptance among future generations in culturally diverse contexts such as Sri Lanka. By addressing knowledge gaps and exploring ways to transform attitudes, this study lays the groundwork for fostering more inclusive educational environments and advancing societal acceptance of LGBTQI+, individuals.

Keywords: Attitudes and Knowledge about LGBTQ, Awareness video, Discrimination, undergraduates of Sri Lanka

HELP SEEKING BEHAVIOUR OF WOMEN FACING SEXUAL VIOLENCE BY INTIMATE PARTNERS IN SRI LANKA

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Introduction and background

Intimate partner violence is a social, economic and health concern affecting women around the world, irrespective of different backgrounds. In March 1993, the UN adopted the agreement to eliminate all forms of violence against women, leading many countries to adopt laws and strategies to curb the issue. Despite this, it persists and is difficult to eliminate. This is more so in the case of sexual violence. According to the Women's Wellbeing Survey (WWS) -2019 conducted by the Department of Census and Statistics, Sri Lanka, 20.4% of women have experienced physical and/or sexual violence and 6.8% sexual violence by a partner in their lifetime. Since sexual violence occurs in closed environments and is sensitive to be discussed in most cultural contexts such as Sri Lanka, many women suffer alone without seeking help, though help could reduce the negative impacts at least to a certain extent.

Objectives

This study aims to examine and provide a descriptive analysis as to: a) who among the victims of sexual violence seek help and who does not; b) if help is sought from which type of person/s or institutions/organizations it is sought and; c) analyse the association between selected characteristics of women and help-seeking.

Methodology

The study is based on secondary data using the WWS - 2019 conducted by the Deptartment of Census and Statistics. From the total study sample, there were 2100 ever-partnered women aged 15 years and above. Among them, 148 women reported facing sexual violence by an intimate partner during their life course. The study is an analysis of these 148 women. Data was analysed using the software SPSS and uni-variate and bi-variate analysis is used for descriptive examination. Chi-square tests are used to check the relationships between selected characteristics of the women and their help-seeking behaviour.

Results

Among the women, 79.7% have told someone about their intimate partner's sexually violent behaviour, while 20.3% have not told anyone. This 20.3% have also not sought help regarding violence from anywhere. Among them, 82.1% had an educational level of GCE/OL or below and only 17.9% had an education level above GCE/OLs. 54.1% of this group were engaged in household activities and did not work. This low education level and lack of employment (i.e. income) could make them vulnerable and dependent on their spouse, which can make them tolerate violent behaviour as choices are limited.

Among those who told someone about their partner's behaviour, 49.6% have sought help while 50.4% have not. Among those who sought help, the majority have discussed their partner's behaviour with a parent (63.0%) and 53.4% with a sibling. In addition, 52.1% have discussed with the police. This indicates that those who sought help had initially discussed their issue with both informal and formal sources. Of those who did not seek help, 36.5% discussed it with parents and 24.3% with a sibling. Among this group, the majority have approached an informal source. There is a possibility that informal sources may

prevent the victim from seeking help due to socio-cultural reasons. Chi-square tests were done to investigate whether there exists a relationship between the women's age, daily activity, education, employability and help-seeking behaviour and the results indicate that there is no significant relationship.

Conclusion

A relatively high proportion either do not seek help or if seeking, approach an informal source. Results also clearly indicate that associations cannot be drawn between the women's (selected) demographic and socio-economic characteristics and help-seeking. This indicates the possibility that women irrespective of their demographic and socio-economic status are likely to refrain from help-seeking, and thus lack of help-seeking is a common problem to all.

Recommendations

Since informal sources have an important part in help-seeking behaviour, it is essential that they, especially family members, are educated on the negative effects of sexual violence using mechanisms that reach them such as television or social media. It is also necessary that these informal sources are developed through community programmes as a link between the women and the formal help-providing agencies as women are unlikely to directly approach formal help. The informal networks should also be strengthened to connect victimised women so that they can form groups which would be stronger than individuals in seeking help. Since women of all characteristics are less likely to seek help, it is obvious that the vulnerability here connects more to gender than other demographic and socio-economic characteristics. It indicates that empowerment in certain aspects should therefore target 'women' as a whole.

Keywords: Gender; intimate partner, sexual violence, help seeking; empowerment

DECODING PERSPECTIVES: INSIGHTS OF GOVERNMENT MEDICAL OFFICERS IN SRI LANKA ON HOMOSEXUALITY - A CROSS - SECTIONAL ANALYSIS

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Introduction

Human gender and sexuality exist within a broad spectrum, continually shaped by cultural, social, and individual experiences. It may be dynamic and non-binary for some humans. Despite the increasing recognition of gender minorities, these communities often face significant social and healthcare challenges, including discrimination and marginalization, which contribute to health disparities and hinder access to quality healthcare. Doctors should know about homosexuality to provide inclusive and competent care, address unique LGBTIQ+ health challenges, and foster trust, leading to better health outcomes and patient satisfaction.

Objectives

To identify the knowledge on homosexuality among doctors employed under the Ministry of Health, Sri Lanka

Methodology

A descriptive cross-sectional study among medical officers who are employed throughout the country by the Ministry of Health, Sri Lanka was carried out using a Google forms based online data collection tool prepared using the Sex Education, Knowledge about Homosexuality Questionnaire (SEKHQ). Doctors who had not given email addresses to the ministry database and intern medical officers were excluded and simple random sampling was used.

Results

The total number of responders was 216 with 44.4%belong to the 35-44 years age group. Male and female composition is nearly equal with 2.3 % identified as

gender nonbinary doctors. The thirty-two "true or false" type questions directed toward knowledge on homosexuality yielded an average score of 13.54 out of 32 (range is 2 to 28, SD is 4.651 and 95% CI is 13.54 ± 0.620).

A score below 15 indicated poor knowledge, while a score above 16 considered good knowledge of homosexuality. The majority of participants (63.9%) scored less than 50% of the total marks. Knowledge was particularly low for some components of the questionnaire, with five questions receiving less than 20% correct answers, whereas only two questions had more than 80% correct answers.

There is a statistically significant association between a doctor's knowledge about homosexuality in relation to exposure to LGBTIQ+ patients or having LGBTIQ+ relatives and friends.

- For the doctors who had exposure to LGBTIQ+ patients, χ 2 = 5.394, df = 1, p= 0.007
- For doctors who have LGBTIQ+ friends or relatives, χ 2 = 7.258, df = 1, p= 0.020

Male doctors scored higher than females (14 vs. 12.99) and gender nonbinary doctors scored higher than gender binary doctors (15.2 vs. 13.5), though neither difference

was statistically significant.

Age, relationship status, ethnicity, and religion had no statistically significant relationship with participants' knowledge of homosexuality ($p > 0.05$). However, younger doctors, single individuals, those of Sinhala ethnicity, and atheists were more likely to score above the 50% cutoff.

Living in a Western country and attending school in the Colombo district, which is more urban and has a higher LGBTIQ+ population, were associated with higher knowledge scores about homosexuality, however these findings were not statistically significant.

Participants with formal training on LGBTIQ+ health had a smaller discrepancy between good and poor knowledge (51.5% poor knowledge) compared to those without training (66.7% poor knowledge), although this difference was not statistically significant.

Conclusion

The overall scores reflect poor knowledge about homosexuality among doctors, with most participants scoring below 50%. This indicates that even within the medical profession, knowledge related to same-sex is lacking. Participants with LGBTIQ+ friends, relatives, or patients had significantly better knowledge, suggesting that personal and professional exposure may enhance understanding. Male gender, younger age, atheism, and past residence in a Western country also positively correlated with higher knowledge levels.

Recommendations

The findings voice a call for the need to give more familiarity within our medical education to gender diversity as other countries have already begun to do.

Technical and formal training and education may improve clinicians' knowledge and confidence in providing optimal care for clients from same-sex communities. Notably, such training can also foster increased responsiveness, reduced discrimination, and enhanced confidence in providing care to LGBTIQ individuals.

Keywords: Homosexuality, doctors, Knowledge of homosexuality, LGBTIQI+, SEKHQ

1.3: Engaging Youth in Sexual and Reproductive Health

This parallel session delves into the critical aspects of sexual and reproductive health (SRH) education and access among adolescents and young adults in South Asia. The six presentations will discuss varying topics which highlight the importance of engaging youth in Sexual and Reproductive Health.

Session Co-Chair: **Dr. Harischandra Yakandawala** , Former Medical Director, FPA Sri Lanka

Dr. Chiranthika Vithana, Consultant Community Physician, Family Health Bureau.

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EVALUATION OF AN EDUTAINMENT 'SEXUAL AND REPRODUCTIVE HEALTH PROMOTION' PROGRAMME DELIVERED TO ADOLESCENT SCHOOL CHILDREN; 'RHYTHM TO LIFE'

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Introduction

Promoting sexual and reproductive health (SRH) among adolescents through innovative and effective interventions has emerged as a priority need as contemporary school children are facing serious challenges like risky sexual behaviours, online sexual harassment and exposure to sexually transmitted infections. Though several awareness programmes had been implemented in Sri Lanka, the expected outcome had not been achieved due to poor reception by students and lack of integration with existing public health networks. This warranted a new programme which suits the contemporary 'pulse' of adolescents and focused on key prevailing issues.

This edutainment programme was designed by a team led by a Public Health Specialist who had vast experience in working with adolescents, and was titled 'Rhythm to Life'. A Child and Adolescent Psychiatrist, an Obstetrician and a Psychiatrist were also involved in the designing stage. Several rounds of discussions with 'end users', who are adolescents were also held. The programme was designed as a 'music-based' edutainment programme which is delivered through a 'storytelling' model. The main target audience was Grade 9-10 school children as that was the most vulnerable age group for SRH issues.

The programme consists of 4-5 segments where each segment focuses on a particular objective/topic. The content was developed based on age and culturally-appropriate SRH content in the ten life skills introduced in the National Adolescent Health Programme. One or two popular, youth favourite songs are played in each segment to supplement the flow of discussion. There are three broad scripts for boys, girls and mixed schools. However, for each programme, the standard script is slightly adjusted considering the socio-cultural status of the student population and identified issues. A brief qualitative assessment is usually done before each programme to explore the prevailing issues in the specific school and the choice of songs. After each programme, a system is established and promoted in the school to confidentially forward SRH issues and problems to the school counsellor. A response system was also initiated while connecting the counselling teacher to an external support network including the area MOH and 'Mithuru Piyasa' the adolescent support service based in Government Hospitals.

Objective

This study intended to evaluate the outcome of 'Rhythm To Life', 'Sexual and Reproductive Health Promotion' programme delivered to adolescent school children in several Districts in the Western and Southern Provinces of Sri Lanka.

Methodology

Two evaluation criteria were used for programme evaluation; relevance and acceptance. An evaluation questionnaire was designed and distributed to participants after each session. This questionnaire consisted of a quantitative section and a qualitative section. The quantitative section consisted

of five items which assessed acceptance and relevance while responses given to the qualitative section were used to further elaborate two criteria. Participants were asked an open-ended question to share a few lines about their perceptions of the programme. Three programmes conducted during the first phase were selected for evaluation. This sample consisted of an urban boys' school, an urban girls' school and a semi-urban mixed school, located in the Colombo and Galle Districts. Descriptive analysis was done for the responses given in the quantitative section while qualitative information was subjected to thematic analysis.

Results

A total of 768 students were involved, including 376 males (48.9%) and 392 (51.1%) females. The majority (62.4%) of participants mentioned that they never took part in a similar programme in the school. However, among those who had participated in similar programmes before, 96.4% reported that this program was better compared to the previous ones. The majority (95.6%) acknowledged that this programme addressed most of the common issues encountered by adolescents and 90.2% reported gaining a good understanding of how to cope with those problems. According to 99.6% of participants, this programme was attractively presented. Following the thematic analysis of comments made about the perceived relevance and acceptance, several key themes emerged. Many had stated, *'very important programme', 'very useful to our life'*, and *'matched to present likings'* by highlighting the relevance of the programme to the contemporary interests of adolescents. The high acceptance of the programme was illustrated by comments like *'we had a great time', 'enjoyed a lot',* and '*not boring like other programmes'*

Conclusion

The 'Rhythm to Life' edutainment programme was found to be a relevant programme in addressing contemporary SRH issues among adolescents and it was highly accepted by participants. High acceptance made this programme a potential approach to delivering key SRH messages to this vulnerable population.

Recommendations

The 'Rhythm to Life' programme should be conducted across the country, with integration into the existing 'school health programme' being the ideal approach to ensure long-term sustainability. Further modifications can be done based on comments and emerging youth issues. Linking with existing adolescent-focused SRH services should be done to obtain the maximum outcome.

Keywords - Sexual and Reproductive Health, Adolescents

ADDRESSING NORMS RELATED TO SEXUAL AND REPRODUCTIVE HEALTH AMONG YOUTH IN ANURADHAPURA USING HEALTH PROMOTION PRINCIPLES

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Introduction

Sexual and reproductive health (SRH) is a basic right for all individuals. However, societal norms significantly impact youth's access to information and services, and their ability to make well-informed decisions about their health. In Sri Lanka, the youth population (aged 15-29) constitutes 23.2% of the total population. As youth approach stages of sexuality, marriage, and childbearing, they form attitudes and behaviours related to SRH that can have long-term consequences. Various factors, such as cultural, religious, educational, and media influences, shape norms associated with SRH. Understanding these norms and addressing barriers is crucial to improving SRH outcomes.

Objective

This study aimed to understand the societal norms related to sexual and reproductive health among youths and to address these norms to promote positive sexual and reproductive health outcomes.

Methodology

This research utilized a quasi-experimental approach with the Technical College in Anuradhapura as the intervention group (IG) and the Technical College in Polonnaruwa as the control group (CG). The study population consisted of youth who volunteered and met the eligibility criteria. The study was divided into three phases: pre-intervention, intervention, and post-intervention. Data was collected using a self-administered questionnaire from the intervention and control groups during the pre and post-intervention phases. Both quantitative and qualitative data analyses were performed to assess the effectiveness of the study. Focus group discussions were conducted with the IG to explore norms and beliefs related to SRH among youth. After the active engagement of members of the IG, several innovative discussions and activities were carried out interactively to enhance knowledge about reproductive physiology, gender, and contraceptives. Moreover, youth were strengthened to identify negative norms and beliefs that affect SRH. Each identified norm is addressed through culturally sensitive interventions, which include critical analysis of these norms with the participants. Participants were also empowered to identify changes in their SRH during the intervention.

Results

In this study, 70 youths aged 18 to 25 were in the IG and 68 were in the CG. All participants had completed their compulsory education. In the IG, 21.4% were male and 78.6% were female, while in the CG, 29.4% were male and 70.6% were female. All participants were unmarried. After the intervention, there was a significant improvement ($p<0.001$) in the knowledge of reproductive physiology, gender, and contraceptives in the IG compared to the pre-intervention phase. Compared to the CG, there were significant changes ($p<0.001$) in attitudes regarding menstruation (31.4% to 98.6%) and pregnancy (30.0% to 71.4%) in the IG. Furthermore, attitudes regarding contraceptive use also showed significant improvement in the IG (51.4% to 78.6%) compared to the CG. The use of condoms

significantly increased from 2.1% to 80.2% in the IG compared to the CG with a notable change ($p<0.001$). The preference for different types of contraceptive methods among youths also saw a significant increase ($p<0.001$), with 55.7% opting for condoms, 28.6% for emergency contraceptive pills, and 11.4% for injections in the post-intervention phase. Furthermore, gender norms shifted from 25.7% to 99.7% ($p<0.001$) in the IG and from 48.5% to 51.7% ($p>0.001$) in the CG. Norms related to intimate partner violence also changed, increasing from 15.7% to 94.3% in the IG and decreasing from 36.8% to 30.9% in the CG also saw a significant change between groups due to the intervention ($p<0.001$). Norms related to having multiple sexual partners were addressed, with a change from 27.1% to 100% in the IG and from 39.7% to 30.9% in the CG, showing a significant difference ($p<0.001$) between the groups due to the intervention. Norms regarding discussing SRH matters in public were addressed and showed a significant change with the intervention: from 18.6% to 91.4% ($p<0.001$) in the IG and from 8.8% to 14.7% ($p>0.001$) in the CG.

Conclusion

The study found that participants had limited knowledge about SRH matters, causing them to conform to societal norms related to SRH. However, their understanding of SRH more than doubled after the intervention. Additionally, participants who received the intervention acknowledged the existence of societal norms that are not acceptable. In comparison to the CG, the IG showed significant improvements in attitudes towards reproductive physiology ($p<0.001$), gender ($p<0.001$), and contraceptive use ($p<0.001$). The study highlighted that social norms influence SRH among youth. Empowering youth to recognize and address these norms through health promotion intervention by including youth-led activities effectively promoted SRH among young people in Anuradhapura.

Recommendation

This model can be recommended to address SRH norms among young people, especially in cases where engaging them for similar interventions was challenging.

Keywords : Sexual and Reproductive Health, Youth, Attitudes, Norms

THE IMPACT OF COVID - 19 ON THE DYNAMICS OF SEXUAL AND REPRODUCTIVE HEALTH EDUCATION AT GOVERNMENT SCHOOLS IN SRI LANKA

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Introduction

The provision of sexual and reproductive health (SRH) education in schools is a crucial long-term investment that shapes the future health and well-being of young people. However, the COVID-19 pandemic significantly disrupted this essential service, posing long-lasting, unprecedented challenges to the delivery of SRH education in schools.

Objectives

The primary aim of this survey was twofold: firstly, to elucidate the specific difficulties encountered in teaching SRH during the COVID-19 pandemic, and secondly, to assess the impact of the pandemic on the provision of SRH knowledge in schools.

Methodology

The online survey was conducted from August 2021 to February 2022, forming part of a larger study on the SRH of Sri Lankan youth across five selected districts. A cross-sectional study design was employed, involving 60 teachers from government schools who teach subjects incorporating SRH components to students from Grades 6 to 11. A convenience sampling method was used to select participants, specifically the snowball technique employed after obtaining their informed written consent. The survey was conducted using a Google form, which was disseminated among groups of government teachers via WhatsApp, Viber, and email. No personally identifiable information was collected during the survey to ensure the privacy and confidentiality of the participants. The collected data were summarised using graphical representations and tables. Associations were explored using Fisher's exact test, with a significance level set at $p < 0.05$.

Results

Out of the respondents, 81.7% were females (49) and more than 50% were teaching for 16 years or more (51.7%). Seventy per cent of teachers had 10 years or less experience in teaching SRH in schools. Before COVID-19, in 2019, only 55% of the teachers covered at least 75% or more of the SRH syllabus in their respective classes. However, in the year 2020, it dropped to 35%. Four in five teachers faced difficulties in delivering SRH content through online media and 45% of them were not satisfied with their online SRH teaching. Age and gender of the teachers were not significantly associated with facing difficulty in teaching SRH content online ($p=0.201$ & $p=0.618$ respectively). Seventy per cent of the SRH teachers believed that the students who would compete the grade 11 in schools in 2021/2022 would face issues in the future due to poor SRH inputs at schools.

In the year 2020, none of the school teachers from rural (0 out of 6) and estate sectors (0 out of 3) covered at least 75% of the SRH syllabus whereas 41.2% of the urban sector teachers covered the same ($p=0.027$). None of the SRH teachers outside the Western province covered at least 75% of the SRH syllabus (0 out of 15) whereas 35% of Western province teachers covered the same ($p<0.001$). Further only 1 in 9 teachers achieved the coverage of 75% of SRH content in boys-only schools in comparison

to 35.9% and 54.5% achieved the same in mixed and girls-only schools (p=0.096).

Conclusion

The COVID-19 pandemic has disproportionately affected the delivery of SRH education in the state schools, particularly those located outside the Western province and within the estate and rural sectors. A major concern that has emerged from this situation is the inadequate delivery of SRH education to boys.

Recommendations

The future strategies to enhance the delivery of SRH education should focus on improving teacher skills, with a particular emphasis on underserved estate and rural sectors, as well as schools outside the Western province. This targeted approach will ensure that all students, regardless of their location or gender, receive the necessary SRH education. Further, students who did not receive an adequate level of SRH education from schools, due to the COVID-19 pandemic and economic recession, are required to be educated via out-of-school programmes.

Keywords : Sexual and reproductive health, COVID-19, Schools, Education, Sri Lanka

RIGHT TO CONTRACEPTION: ANALYZING THE PATTERN AND PREDICTORS AMONG ADOLESCENT WOMEN IN INDIA

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Introduction

Contraception has been the subject of extensive research, as it is a crucial aspect of reproductive health and rights. In India, adolescents comprise around one-fifth of the population, and of them, a sizable percentage of girls get married before 18. Precise data is needed to track the advancement of adolescents' knowledge about contraception, involvement in the contraceptive decision-making process, the quality of family planning (FP) services, and the magnitude of unmet needs to support government initiatives and programmes. Moreover, from a rights perspective, an in-depth understanding of the barriers to contraceptive knowledge, use, and unmet needs is crucial as adolescent women continue to be vulnerable to adverse reproductive health outcomes.

Objectives

This study assesses the currently-married adolescent women's right to contraception through their 'exposure to FP messages,' 'autonomy in contraceptive decision-making,' 'informed contraceptive choice,' and 'unmet need for contraception.'

Methodology

The study used a sample of currently married women aged 15-19 (n=13,548) covered in the National Family Health Survey (2019/21). An informed consent procedure was followed, and only voluntarily consenting participants were interviewed. The predictor variables used in the analysis were years of schooling, mass media exposure, number of living children, religion, caste, household members, wealth quintile, place of residence, and region. Bivariate analysis assessed the independent relationship between predictors and outcome variables. Binary logistic regression examined the adjusted effects of predictor variables on outcomes. The variables for regression analysis were based on assessing multicollinearity among predictors using the Variance Inflation Factor (VIF) method. Sample representativeness was maintained by applying weights in the analyses. Stata (version 17) was utilized for the analyses, with a significance level set at 5%.

Results

Married adolescents' exposure to FP messages was inadequate (70%, n=9497). Every second modern spacing method user was without informed choice despite most (90%, n=3395) having autonomy in contraceptive decision-making, and 18% had an unmet need for FP. Educated adolescent women had higher odds of exposure to FP messages (OR =2.01, CI=1.76-2.31), autonomy in contraceptive decision-making (OR =2.02, CI=1.39-2.95), and unmet needs (OR: 1.46, CI=1.23-1.72) than their non-literate counterparts. Compared to women without any living children, the women with one or more living children had 1.5 times (OR =1.51, CI =1.21-1.90) higher chances of autonomy in contraceptive decision-making and 1.8 times (OR = 1.84, CI = 1.68-2.01) higher chances of unmet need for contraception. Compared to women from the general caste, those belonging to other backward classes had 1.2 times (OR = 1.20, CI = 1.05-1.37) higher chances of unmet need for contraception. The women who lived in households with five or more members had a 24% (OR =0.76) lesser

likelihood of autonomy in contraceptive decision-making. The women of eastern and northeastern had, respectively, 65% (OR =1.65, CI =1.02-2.67) and 85% (OR =1.85, CI =1.08-3.17) higher likelihood of autonomy in contraceptive decision-making compared to women of southern region. The women of eastern and northeastern had, respectively, 73% (OR =0.27, CI =0.15-0.48) and 61% (OR =0.39, CI =0.21-0.73) lower likelihood of informed contraceptive choice compared to women of southern region. Compared to women of southern region, the women of northern, central, eastern, northeastern and western had respectively, 30% (OR = 1.30, CI =1.07-1.58), 21% (OR = 1.21, CI = 1.02-1.45), 24% (OR = 1.24, CI = 1.05-1.47), 30% (OR= 1.30, CI = 1.06-1.58) and 55% (OR = 1.55, CI = 1.28-1.88) higher likelihood of unmet need for contraception. Women with exposure to FP messages had respectively 32% (OR = 1.32, CI = 1.02-1.71) and 74% (OR = 1.74, CI = 1.22-2.47) higher likelihood of autonomy in contraceptive decision-making and informed contraceptive choice, whereas 15% (OR = 0.85, CI = 0.76-0.94) lower likelihood of unmet need for contraception.

Conclusion

Exposure to FP messages is not universal among married adolescents. Every second modern spacing method user is without informed choice, although a majority have autonomy in contraceptive decision-making. Moreover, one out of every fifth married adolescents had an unmet need for FP. Socioeconomically weaker women continue to perform poorly in pursuit of their right to contraception. The right to contraception, which is crucial for achieving sexual and reproductive health (SRH) rights, is thus not fully achieved in the country.

Recommendation

Results suggest strengthening the existing policy measures targeting adolescent SRH and rights by targeting the identified vulnerable adolescents. Efforts to address identified barriers to the contraceptive rights of married adolescents will help achieve Sustainable Development Goals (SDGs)3 and 5.

Keywords: Adolescents, Contraception, India, Reproductive rights

SEXUAL AND REPRODUCTIVE HEALTH INFORMATION AND SERVICE NEEDS AND PREFERENCES OF YOUNG PEOPLE IN SRI LANKA: A SYSTEMATIC REVIEW

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Introduction

the number of young people in Sri Lanka is predicted to increase by over 10% from 4.7 million in 2012, to 5.2 million by 2032. However, in the health policies of many low-to-middle-income countries such as Sri Lanka, SRH is primarily conceptualised and implemented through the lens of family planning. For example, the Sri Lanka Family Health Bureau's (FHB's) principal national health survey, collects and analyses population-level data to generate indicators which inform programmes, policies, and services on areas such as reproductive and maternal health. However, when it comes to the SRH of young people who are out of school, the FHB only investigates the information and service needs of married couples who want to practice spacing between their children. As a result, there is a lack of knowledge at the governance level of what services and information sources are required to address the diverse SRH needs and preferences of both married, and unmarried young people in Sri Lanka. In particular, this includes the need to provide comprehensive sexuality education to young people, which according to the WHO, is a crucial aspect of a young person's health and survival, as it gives young people accurate, age-appropriate information about sexuality and their SRH.

Objectives

This study aims to synthesise and analyse the evidence on the SRH information and services needs and preferences of young people in Sri Lanka.

Methodology

A systematic review of quantitative, qualitative, and mixed-methods studies on the SRH information and services needs of young people aged 10-24 years was carried out in 2024 according to the 'Preferred Reporting Items for Systematic Reviews and Meta-Analysis' guidelines. Electronic searches were conducted in Ovid Medline, Ovid Embase, Ovid Global Health, and Ovid PsycInfo. Relevant peer-reviewed journal articles published from 1968 to January 2024, were included in the review. The year 1968 was selected, as it was the year that the Sri Lanka FHB, a pivotal government initiative that signified an increased recognition of SRH within Sri Lanka's policy sphere, was founded. Two authors conducted the full-text screening, data extraction, and quality assessment independently. Data were extracted and analysed thematically.

Results

The database search yielded 1198 results, of which 16 papers met the inclusion criteria and were included in the review. Through our analysis, we identified that young people preferred to ask their mothers and peers for SRH information, as opposed to using more formal sources of information, such as resources at their schools (teachers and the school curriculum), and trained healthcare providers. Moreover, young people experienced barriers relating to availability, accessibility, and quality when accessing youth-friendly SRH health services. Some of these barriers included shyness or embarrassment to discuss topics such as menstrual health, inconvenient opening

hours, lack of awareness about youth-friendly clinics, costs of services, the limited number of clinics specialising in the needs of young men, and gaps in the SRH information provided by healthcare providers.

Conclusion

This systematic review aimed to analyse existing evidence to understand the SRH information and service needs and preferences of adolescents and young adults in Sri Lanka. One key finding was that young women were more likely to seek out SRH information compared to young men, commonly using informal information sources such as mothers and peers. On the other hand, the fear of judgement, the common practice of withholding SRH information from young people, and a shortage of accessible and inclusive youth-friendly SRH clinics, were some of the major barriers young women and men experienced when accessing information and services provided by schools/teachers and trained healthcare providers.

Recommendations

The education of parents and teachers, increased partnerships between key stakeholders to develop effective healthcare interventions, and the extensive promotion of available youth-friendly resources, could improve SRH information sources and services to better meet the needs of young people in Sri Lanka. Further, focused research within diverse communities holds the potential to better understand the complexity and nuances of the SRH information and service needs and preferences of young people, acknowledging there is no one-size-fits-all prescription to meet these needs. For example, studies need to be conducted with young people who are completing their higher education/vocational training, gender and sexually diverse people, and youth from different ethnic and religious backgrounds.

Keywords: Sexual health, reproductive health, information sources, health services, adolescent health, young adult health

EFFECT OF CONSANGUINEOUS MARRIAGE, CHILD MARRIAGE AND TEENAGE PREGNANCY ON PREGNANCY OUTCOME: EVIDENCE FROM INDIA

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Introduction

Women who bear children during their teenage years face increased risks to both their physical and mental health.. Irwan M. Hidayana (2016), explains that teenage pregnancy is associated with poor economic and social conditions. Teenage pregnancy has immediate and long-term impacts on health, education and the economy, he added. Poverty, lack of education, and lack of access to information and sexual and reproductive health services increase the likelihood of teenage girls becoming pregnant (Williamson 2012). Seven per cent of the women aged 15-19 have begun childbearing; 5 per cent of women have had a live birth and 2 per cent of women are pregnant with their first child (NFHS-5). Evidently, teenage childbearing is relatively higher in rural areas. Eight per cent of women in rural areas in the age group 15-19 have begun childbearing. One-third (32%) of the women have reported that the age at first union is below 18 years, which is considered as "Child marriage". Child marriage is one of the major factors affecting women's health which is prevailing in the northern states of India. Many studies revealed that consanguineous marriage also affects women's health. Many studies indicate that consanguineous marriages can lead to child deformities. Additionally, early marriage increases the likelihood of delivery complications and forces women into teenage childbearing. Children born to consanguineous parents are at a higher risk of being born with various biological deformities. Child marriage directly paves a way for women to become sexually active at a young age resulting in early childbearing.

Objectives

The paper aims to explore how the combination of consanguineous marriage, child marriage (marriage before the age of 18), and teenage pregnancy affects women's health. It examines how these factors increase health risks and contribute to negative outcomes in first deliveries, including child loss.

Methodology

NFHS-5 (2019-21) All India dataset is used for the study. There are 231445 women (aged 15-49) who got married before the age of 18 years and 11224 women from the age group 15-19, married before the age of 18 years. Further, there are 71509 who married within their relatives (consanguineous marriage) among women (aged 15-49) and the counterpart is 3099 women among the age group of 15-19. In this study, 2151 women have a combination of both child marriage and consanguineous marriage. The chi-square test is used to understand how these factors correlate with child loss. Using the above combinations, this paper attempts to study to compare child loss among these groups. Using SPSS 21, some statistical methods like Univariate, Bivariate including regression has been used.

Results

More than half (53%, 15407) of currently married women aged 15-19 have already begun childbearing. It is observed that 18 per cent of women aged 15-19 (946) with no schooling have already begun childbearing, compared with only 4 per cent of women who had 12 or more years of schooling (226). Around one-third of women

experienced child marriage. Of those who married a relative, 61.5 per cent married their first cousin. Teenage childbearing is higher among scheduled tribe women aged 15-19 years (9%, 8311) than the other three caste/tribe groups. North and north-eastern states are experiencing more teenage pregnancy; Tripura (22%, 70), West Bengal (16%, 1570), Andhra Pradesh (13%, 448), Assam (12%, 365), Bihar (11%, 1580), and Jharkhand (10%, 338) have higher levels of teenage pregnancy than other states. Among women (15-19) having combinations of consanguineous marriage, child marriage and teenage pregnancy, 19.3(210) per cent are experiencing first child loss (male child-11.8 (25), female child-7.5(16)). Therefore, logistic regression has been done with consanguineous marriage, child marriage and with demographic variables on the dependent variable child loss. The Hosmer and Lemeshow test is insignificant with Chi^2 (6, N=5462) = 10.258, p>0.05, which shows a good model.

Conclusion

Consanguineous marriage and child marriage individually increase health complications and the intertwined combination of these factors increases the probability of first child death. Thus, improving their poverty levels and education will help increase the age at which they marry. Simultaneously, creating awareness about the disadvantages of consanguineous marriages and early pregnancies will significantly benefit young women.

Recommendations

Though the laws on the minimum age for marriage are present, it is important to create an awareness of these issues, how they affect perpetually the health of a woman and the need to implement the law properly and ensure deterrence. Especially, in northern states we need to give focused attention because of the cultural practice of Gauna, which is associated with child marriage.

Keywords: Child marriage, Consanguineous marriage, teenage pregnancy, teenage childbearing, Child loss

1.4: Access and Equity in Family Planning

This session focuses on family planning and reproductive autonomy in South Asia, examining the roles of both men and women in various cultural and social contexts. There are six presentations, delving into various aspects of accessing Family Planning products.

Session Co-Chair: **Dr. Loshan Munasinghe**, Consultant Community Physician, Family Health Bureau

Prof. Aindralal Balasuriya, Dean ofthe Faculty of Medicine, Kotalawala Defense University

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MALE INVOLVEMENT IN FAMILY PLANNING IN A RURAL SETTING OF SRI LANKA

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Introduction

Traditionally, family planning programmes have focused mainly on women ignoring the crucial role played by men in the family's decision-making process. Historically, family planning was considered mostly a "women's affair" and men were rarely involved in receiving information or services related to reproductive health. Male involvement in family planning includes; men as clients in family planning services, men as partners in decision-making related to family planning, men in supportive roles with their partners to use contraceptives, and men as change agents for better reproductive health care and promotion of gender equity.

Objective

To describe the knowledge, attitude and practices of contraception among male spouses, to assess their involvement in family planning decision-making and its associated factors in the Medical Officer of Health area, Deraniyagala.

Methodology

A community-based descriptive cross-sectional study was conducted, from the 1st of August 2019 to the 1st of March 2020, among male spouses, those who were either legally married, customarily married or living in union with a woman belonged to the reproductive age group (15-49 years). The multi-stage cluster sampling method was applied to obtain the calculated sample size 512. A Public Health Midwife (PHM) area was considered as one cluster. There were 16 clusters and 32 participants were selected from each cluster randomly using the eligible family register of the relevant PHM area as the sampling frame. A pre-tested interviewer-administered questionnaire was used to collect the data. Data analysis was done with the Statistical Package for the Social Sciences (SPSS)version 23. Data were summarizedusing mean, and standard deviation, proportions and percentages.

Results

The response rate was 95.6%. The age of the male participants ranged from 21 to 52 years with a mean of 32.7 (SD = 6.5) years. The highest proportion (26.8%, n=130) belonged to the 35-39 age category, and there were 80.6% (n=391) Sinhalese, Buddhists. Out of the 485 male spouses who participated, the majority (98.1%, n=476) had ever heard about family planning. Regarding the benefits of family planning (FP) as mentioned by study participants; 53.8% (n=256) mentioned maintaining an adequate gap between pregnancies, 41.2% (n=169) preventing unwanted pregnancies, and 35.7% (n=170) limiting the number of children in the family.

The male condom was the highest known method (92.4%, n=440), followed by oral contraceptive pills (65.3%, n=311), hormonal implants (32.6%, n=155), and injectable contraceptives (17.6%, n=84). Only 5.04% (n=24) knew about emergency contraceptive pills. The mean number of contraceptive methods known by a male spouse was 2.5 (SD = 1.1), and there were 52.5% (n=255) who knew more than 3 methods. Only 74.8% (n=359) knew that all the FP services are being provided freely in Sri Lanka at the hospitals and MOH settings.

Among the male spouses, a low percentage (15.4%, n=63) were currently practising any contraceptive method. Out of the male spouses who were using FP methods, the majority (79.4%, n=50) were using condoms, 19% (n=12) were using natural/ traditional, and only 1.6% (n=2) of male spouses had undergone vasectomy.

In the overall assessment, only 33.1% (n=159) of male spouses had a satisfactory knowledge of family planning, whereas 56.9% (n=273) had a positive attitude towards family planning. The commonest reasons mentioned by the male spouses for not approving family planning were the fear of side effects (33.9%, n=40) and the risk of subfertility/ infertility (20.3%, n=24).

The majority (64.7%, n=262) of male spouses, showed a good involvement in decision-making related to family planning. A high percentage of males (92.2%, n=423) had discussed family planning with their spouses, out of those 44.3% (n=179) had discussed it for the first time after their marriage, and another 44.3% (n=179) after having their first child. Male spouse's residence (OR = 2.3; 95% CI: 1.4 – 3.9; p = 0.001), age (OR = 0.5; 95% CI: 0.3 – 0.7; p = 0.002), monthly income (OR = 0.6; 95% CI: 0.3 – 0.9; p = 0.016), age at marriage (OR = 0.6; 95% CI: 0.2 – 0.8; p = 0.002), duration married (R = 0.4; 95% CI = 0.3 – 0.7; p = 0.001) and the knowledge on family planning (OR = 2.2; 95% CI = 1.4 – 3.2; p < 0.001) showed statistically significant associations with their involvement in family planning decision making.

Conclusion

The majority of male spouses had unsatisfactory knowledge and a positive attitude towards family planning. A high percentage of them showed good involvement in decision-making related to family planning. Furthermore, the practice of contraception by males was poor.

Recommendations

Family planning services, information, education and communication need to target men more specifically to increase their knowledge and participation.

Key Words: Family planning, male spouse, decision making

UNRAVELING THE FACTORS DETERMINING TRADITIONAL FAMILY PLANNING PRACTICES AMONG EVER MARRIED WOMEN IN SRI LANKA

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Introduction

Effective family planning is influential in improving the well-being of both child and mother. Rising demands on family planning usage from all genders are due to delaying, spacing, or limiting the number of childbirths and size of the household. Globally family planning eliminates one-third of deaths related to pregnancy and nearly forty-five per cent of neonatal deaths. This is due to the suitable family planning interventions in the timing and spacing of pregnancies. However, compared to the modern methods, the traditional family planning (TFP) method's rate of failure is recorded as high. It can affect the health of the child and mother, especially teenage pregnancies, unexpected pregnancies, maternal deaths, abortions, premature births etc. Conversely, there has been an increase in pregnancies among older women due to most of the traditional methods being widely used by females in the older reproductive age group. Notably, it is important to emphasize that Sri Lanka has been documented as one of the nations that highly depend on TFP methods. Nevertheless, the motives for that were not statistically explored.

Objectives

Therefore, this research aims to identify and model the significant influencing factors on practices of Traditional Family Planning methods among ever-married women in Sri Lanka.

Methodology

To investigate the above research objective, secondary data was derived from the most recently published Sri Lanka (DHS) Demographic and Health Survey – 2016, consisting of a sample of 10,835 ever-married women. A binary logistic regression model was incorporated to capture the factors influencing the practices of Traditional Family Planning methods. The dependent variable has been developed as 1= traditional family planning users (TFP) and 2= modern family planning users (MFP) and independent variables have been selected under three categories; demographic, socio-economic and programmatic factors.

Results

According to the results, the overall predictive power of the logistic model is 82.9 per cent. Under the demographic factors - knowledge of family planning, women's ethnicity, decision to use family planning, women's religion, women's age, educational level of women, the number of children, under the socio-economic factors – occupation of spouse, occupation of women and wealth quantiles and under the programmatic factors - attending well women clinics and taking advice from public health midwives are the factors which significantly influenced the practices of TFP methods.

According to the odds ratio analysis, the likelihood of practising TFP is 2.613 times higher for women with moderate knowledge and 1.331 times higher for those with good knowledge compared to women with poor knowledge of family planning

Furthermore, the odds of practising temporary family planning (TFP) are 1.248 times higher among women employed in sales, clerical, machine-related jobs, and industry compared to unemployed women. When considering TFP practices by the number of children, the odds indicated that TFP practices among women having 1 to 2 children and childless are correspondingly 3.983 times and 1.423 times higher than the women who have 3 or more children. Additionally, the odds indicated that the women in the highest wealth quantile (odds - 1.237 times) and women in the lowest wealth quantile (odds - 1.204 times) are practising TFP than the women belonging to the moderate wealth quantile.

Conclusion

According to the results, it can be concluded that women's knowledge of family planning, women's level of education, number of children, women's occupation and wealth quantiles are mainly influencing practices of TFP methods. Therefore, the revealed factors are strongly evidence-based and geared towards providing a contemporary powerful solution. Consequently, the key female groups in need of contraceptive facilities and awareness can be targeted more resourcefully and effectively.

Recommendations

The Family Planning Association of Sri Lanka and The Family Health Bureau could organize family planning awareness sessions led by medical doctors and midwives, especially targeting women of reproductive age in Sri Lanka. Further, forming promotions and counselling sessions on modern contraceptive methods and organizing a variety of media awareness campaigns to dispel myths surrounding modern methods could be recommended.

Keywords: Binary regression model, Demographic and Health Survey, Ever-married women, Traditional family planning usage

EXPLORING SERVICE PROVIDER PERSPECTIVES ON LNG IUS DEPLOYMENT IN FAMILY PLANNING ASSOCIATION OF INDIA CLINICS

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Introduction

LNG IUS is a commonly used contraception with the added benefit of management of heavy menstrual bleeding. In clinical settings, the effectiveness of LNG IUS is high as it is used for contraception, and also prescribed for the treatment of endometriosis-related discomfort & menorrhagia. Even though it is multifunctional, little is known yet about how the service providers introduce modern methods of contraception in the community. According to NFHS 5 data, 2.1% used IUD/PPIUD and 56.5% of women of the age group between 15-49 years opted for modern methods of contraception. In India, contraceptives like injectables, oral pills, and Cu-T IUD are offered through the government health sector while LNG IUS is exclusively available in the private sector and is expensive. FPA India introduced LNG IUS in the contraceptive basket of choice in 2022 and has been provided with minimal charges to the beneficiaries.

Objectives

To assess the perspective of service providers and clients inserted with LNG IUS in FPA India clinics.

Methodology

FPA India has introduced LNG IUS service provision through its 15 clinics since 2022. A total of 655 clients were provided with LNG IUS till June 2024. The selection criteria of the clinic were based on the previous year's IUD performance indicator and branch-wise commodity need assessment data. The monthly service statistics data is collected from 6 clinics located in the states of West Bengal, Karnataka, Uttar Pradesh, Madhya Pradesh and Gujarat. In-depth interviews were conducted with 6 Medical Officers and 6 Counsellors to understand their strategies for the introduction of LNG IUS. Thematic analysis was done in this qualitative data using ATLASti V5. The information was recorded on the use of the method, counselling and follow-up process, and challenges with the clients.

Result

To increase awareness of LNG IUS availability, several community meetings were held. IEC on LNG IUS was developed. Capacity building of clinic staff including Counsellor and Medical Officer was undertaken. FPA India positioned LNG-IUS as a contraceptive method as well as a solution for clients experiencing Heavy Menstrual Bleeding (HMB) who also required contraception. Counsellors noted that clients initially showed reluctance towards the LNG IUS due to concerns about its placement in the uterus being similar to the IUD, necessitating multiple counselling sessions. These clients who had accepted LNG-IUS for dual purpose reported high satisfaction, citing a reduction in menstrual bleeding as a positive outcome. Medical officers reported that clients experienced ease with the insertion of the LNG IUS. During follow-up, clients appeared to be satisfied with their experience using the LNG IUS.

Conclusion

The efforts to raise awareness about the availability of the LNG IUS through community meetings were instrumental in

educating the public. LNG IUS has demonstrated significant effectiveness among the clients and is valued for its dual role in contraception and management of menstrual and gynaecological conditions, offering women a reliable, long-term solution with minimal daily management required.

Recommendation

Capacity building of service providers, enhancing counselling services and sharing positive outcomes can lead to the introduction of LNG IUS in the Indian family planning methods.

Keywords: LNG IUS, Contraception, Heavy Menstrual bleeding, IUD and Family Planning.

OVERCOMING THE SOCIAL - CULTURAL BARRIERS FOR ACCESSING FAMILY PLANNING SERVICES BY COMMUNITIES THROUGH INFORMED CHOICES IN NOIDA SLUMS, INDIA

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Introduction

New Okhla Industrial Development Authority is a systematically planned Indian city under the management of the NOIDA authority located within the Gautam Buddha Nagar district of Uttar Pradesh state and is considered to be a part of the National Capital Region of India. There are 153,474 households with a population of 637,272 as per Census 2011. This includes 33 notified slums housing 155,040 people as per the NUHM 2013-14, accounting for 24.13% of the urban population, which is on the rise.

The Family Planning Association of India has been working in the Noida slum for the last five years at 16 locations covering 2.4 Lakh populations. People are migrating to Noida slums from other states in search of livelihood. The slums of Noida house a large population of low-income and vulnerable individuals living in compromised housing and sanitation conditions, with limited access to health services, including family planning. Out of the total population, about 79% are migrants, living in rented houses as compared to 21% having their own houses. Knowledge of Sexual Reproductive Health is limited in the study population. The NFHS-4 indicates a 48.4% use of any modern FP methods by individuals of reproductive age and the total unmet need for family planning and spacing is at 7.2% and 3.7% respectively in the district.

Objectives

To increase the modern contraceptive prevalence rate by 30% from the baseline over a period of 60 months. To enable young people to make informed choices regarding contraception by overcoming the existing socio-cultural barriers.

Methodology

The intervention started with a baseline household survey in 2018, carried out in two stages: Mapping and House listing of 240,000 populations followed by an individual survey. A multi-stage cluster sampling technique was adapted for the selection of the respondents for the individual survey. Quantitative information was collected from 735 Women aged 15-49 years and 734 Men aged 15-54 years using structured questionnaires. The impact of the project was assessed in July 2023 through individual interviews, FGDs with the beneficiaries and by measuring the current awareness of family planning among the communities. The strategies adopted are demand generation for FP services among eligible couples through home visits, group sessions with women, couples and parents for promoting contraceptives, doorstep delivery of FP commodities, liaising with Government front-line workers for increasing access and referrals and imparting comprehensive sexuality education to youth and adolescents. Data collected in the baseline survey and impact assessment were used for this study.

Results

As per the baseline data, the mCPR rate was 28%, the unmet need for family planning was 38%. Among couples aged 20-24 years, only 7% used a contraceptive method. The socio- cultural barriers to family planning are religious beliefs regarding contraceptive

practices, refusal of a partner, parents and societal pressure for having children, low level of male involvement in FP and the perception that family planning is only a female affair. A total of 27,671 eligible couples have been reached through IEC, provided counselling and FP services either through doorstep service delivery or by accompanied referral through the government facilities. A total of 15,091 couples are using modern contraceptive methods. The mCPR has been increased from 28% to 54% as compared to the baseline. The number of contraceptive usage among 20 to 24-year-old couples has increased to 46% from 7% baseline data. The females in the community are now voluntarily accessing contraceptives and bringing their partners for counselling to the FPAI centre.

Conclusion

Strategies like doorstep delivery of contraception, couple counselling, mother-in-law and daughter-in-law confluences, providing Comprehensive Sexuality Education to adolescents, peer education, training of front-line workers, CBPs and Information, Education, Communications in the community on modern FP methods help to address the socio-cultural barriers and to increase access for FP methods. NSV/condom user male clients supporting as goodwill ambassadors will help promote male involvement in family planning.

Recommendation

Community mobilization is crucial for overcoming socio-cultural barriers and promoting family planning methods. Innovative approaches such as experience sharing by satisfied FP users in group sessions, individual counselling through home visits by CBPs, and couple counselling are important for addressing the socio-cultural barriers and increasing access to FP methods.

Keywords: Social-cultural barriers, Family Planning services, informed choices, Noida slums

KNOWLEDGE AND PRACTICE OF CONTRACEPTIVE METHODS AMONGST REPRODUCTIVE - AGE MOTHERS ATTENDING A TERTIARY CARE HOSPITAL IN NORTHERN SRI LANKA

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Introduction

attain their desired number of children and determine the spacing of pregnancies. The provision of contraceptives in Sri Lanka is primarily implemented through the efforts of the Sri Lankan government and various non-governmental organizations working in the country. Despite the vast number of implementations done to provide knowledge and accessibility to contraceptive methods, both induced abortions and unplanned pregnancies remain high in Sri Lanka. The purpose of this research is to obtain an idea about the knowledge of contraceptives amongst the general population of women and to obtain an idea about their perception and usage of contraceptive methods. The current study was done amongst the women whose children have been admitted to the paediatric wards in Teaching Hospital Jaffna. This population has been chosen mainly for easy access to a suitable population. As the majority of mothers in paediatric wards are of reproductive age and need contraceptive knowledge, this population was ideal for the study.

Objectives

To assess the level of knowledge and current practice of contraceptive methods amongst reproductive-age mothers attending a tertiary care hospital in Northern Sri Lanka.

Methods

A hospital-based descriptive cross-sectional study was conducted among 359 mothers. Ethical approval was obtained from the Ethical Review Committee, Faculty of Medicine, University of Jaffna. The data were collected using an interviewer-administered questionnaire. A systematic sampling method was used. Data were collected from November 2023 to February 2024. Mothers aged 16-49 who were in the paediatric wards during the data collection period were included, with the exception of mothers of critically ill patients and those with repeated admission during the data collection period. Data was analysed using SPSS, Chi-square test, Independent T-test and Correlation coefficient test.

Results

Of the total of 359 responses, the mean age of the participants was 33.7 years (SD=5.9 years). Most were followers of Hinduism (n=247, 68.8%). Almost all participants were aware of contraceptive methods (n=353, 98.3%). The majority were familiar with condoms (74.2%) followed by oral contraceptive pills (60.3%). Knowledge about commonly available contraceptives was assessed with 16 questions and was poor in the current study population (mean=5.82, SD=2.85). Only 56.1%(n=198) of respondents practised at least one contraceptive method, whereas sterilization (n=43, 11.8%) and implants (n=37, 10.4%) were the most practised methods. The most common reason for not using contraceptives was fear of side effects (n=56, 35.4%).

participant ($p < 0.01$), monthly income of the family ($p < 0.01$), and occupation of the user ($p < 0.05$). The use of at least one contraceptive method was significantly correlated with the number of children ($p < 0.01$), monthly income of the family($p<0.05$), and highest educational qualification of the partner ($p < 0.05$).

Conclusion

The current study revealed that even though a large number of people are aware of contraceptives, their overall knowledge about contraceptives is poor. There is a lack of knowledge regarding emergency contraceptives and contraceptives used for the prevention of STIs. Regarding practice, the current study revealed that a higher percentage of the population was currently using a form of contraceptive, and the failure of contraceptives was fairly low. The study also highlighted the socio-demographic factors affecting the knowledge and practice of contraceptive methods.

Recommendations

Education should be provided to eligible couples by relevant healthcare personnel regarding the side effects of contraceptives, emergency contraceptives, and the role of contraceptives in STI prevention. Steps must be taken to debunk the social taboos surrounding contraceptive usage at the community level. Involving modern techniques, such as social media campaigns, will be beneficial for attracting younger populations.

Keywords: Contraceptive knowledge, Reproductive age mothers, Northern Sri Lanka, Emergency contraception

MEASURING REPRODUCTIVE AUTONOMY AMONG MARRIED YOUTH IN INDIA: A NEW MODEL

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[1]Pathfinder, India

Introduction

It is important to understand young women's ability and decision-making power regarding their choices in reproductive health matters. A woman can control when to become pregnant when to use a contraceptive, and to continue a pregnancy if she has reproductive autonomy. Decision-making, freedom from coercion, and communication are the aspects of reproductive autonomy captured by the scale include a woman's power to control matters regarding contraceptive use, pregnancy, and childbearing. Under Youth Voices for Agency and Access (YUVAA) Programme which aims to scale up approaches "to increase contraceptive use among young married couples and first-time parents" in Bihar and Maharashtra states also works on positively shifting gender and social norms by delivering customized family planning messages to young couples. This programme also estimated the reproductive autonomy among young couples especially women in their project area.

Objective

This paper focuses on an assessment of reproductive autonomy among women in the project area. To estimate the reproductive autonomy among currently married women CMW 15-24 years) and the related factors influencing the practice of reproductive autonomy.

Methodology

A cross-sectional household survey was conducted with a structured interview questionnaire among 929 currently married women aged 15 to 24 years with parity 0 or parity 1 in both rural and urban areas in 10 project districts of Bihar as a part of the YUVAA project Baseline Survey in February 2020. This study followed the methodology by using a composite index and calculating alfa value by using 13 items covering three subdomains to measure reproductive autonomy: Freedom from coercion, Communication about FP, and Decision making related to FP. The responses for each statement were categorized as strongly disagree (1), disagree (2), agree (3), and strongly disagree (4). The estimates of internal consistency were: Cronbach's Alpha value of 0.861, items mean of 2.68, and item variance at 1.38.

Results

The study reveals that the freedom of coercion subscale consists of five statements about husbands' coercive acts during pregnancy and contraceptive use. The majority of CMW in both states felt that their husbands did not coerce them on contraception and pregnancy matters. Almost one-third of the CMW either agreed or was undecided about coerced situations. More than one-fourth of CMWs in Bihar agreed that their husbands would stop them if they wanted to use a method to prevent pregnancy. Participants from both states were assessed to understand interspousal communication on matters related to reproductive aspects. When the women were asked to respond with their extent of agreement for the statement "my husband would support me if I wanted to use a method to prevent pregnancy," 61% in Bihar and 81% in Maharashtra agreed, while 20% in Bihar and 8% in Maharashtra disagreed and around 12% undecided. The majority of CMW in both states reported their agreement

towards statements on interspousal communication about pregnancy and contraceptive use. The decision-making subscale has four questions that were asked to identify the person who has the most say in decisions. 40% in Bihar and 74% in Maharashtra reported that both husband and wife will decide jointly when they were asked "Who has the MOST say about whether you use a method to prevent pregnancy," regarding unplanned pregnancy joint decision (47%) followed by husband (34%), someone else (10%) and respondent alone (9%) reported in Bihar. Though 'respondent and husband jointly' reported having the final say on contraceptives and pregnancy-related issues, women alone have very little say in both states.

Conclusions

This clearly shows that though the reproductive autonomy score is on the higher side it also provides the opportunity to understand better, the couple dynamics played in the household. Still, we are far away from the desired women's reproductive autonomy, as women in rural Bihar also stated "I cannot delay the pregnancy, because if the whole family wants a child, and I am not ready, they will not accept my concern."

Recommendations

Programmes to work more towards woman's autonomy in decision-making solely on reproduction and use of their choice of FP methods.

Keywords: Reproductive autonomy, SRHR, new method to measure, women empowerment, programme planning

2.1: Dynamics of Population and Sexual and Reproductive Health

This session explores a wide range of reproductive health challenges, spanning from genetic disorders to ageing populations, and shifting fertility policies across South and East Asia. This session consists of seven presentations on varying topics demonstrating the dynamics of population and Sexual and reproductive health, offering valuable lessons for countries grappling with changing demographic trends.

Session Co-Chair: **Ms. Manuelle Hurwitz**, Director, Development & Impact Division, International Planned Parenthood Federation
Prof. Sunethra Perera, The President of the Population Association of Sri Lanka

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   Prof Kim - College of Nursing, Seoul National University

ADDRESSING REPRODUCTIVE HEALTH CHALLENGES POSED BY THALASSEMIA IN THE MALDIVES: INSIGHTS FROM AN OUTREACH INTERVENTION

Saeed M

Society for Health Education

Introduction

The Maldives, comprising 1,192 islands with less than 1% of the total geographical territory, supports a population of 515,132 spread across 200 isolated communities. Thalassemia and hemoglobinopathies have emerged as significant reproductive concerns, prompting the NGO of Society Health Education (SHE) to establish an outreach programme targeting education, volunteer screening of people between 12-35 years, and genetic counselling. This initiative aims to empower young adults to make informed reproductive choices to mitigate genetic risks.

Objectives

This study aims to evaluate the impact of SHE Maldives outreach intervention on addressing reproductive health challenges associated with thalassemia among people in the reproductive age group, young women and girls and children in the Maldives. Specific objectives include assessing the prevalence of beta globin variants, identifying high-risk islands, and evaluating the effectiveness of genetic counselling in facilitating reproductive decision-making.

Methodology

Secondary data from SHE's thalassemia screening initiatives include blood samples collected from 110,504 participants (1992–2015). The screening criteria included schoolchildren or adults below the age of 18 who voluntarily participated. Volunteers were required to be Maldivians, confirmed through their national ID card and fingerprinting. The quantitation of hemoglobin, HbA2, Hb F, and other abnormal Hb variants were assessed by HPLC. Molecular analysis was performed for the most common mutations in Southeast Asia for only 874 individuals either heterozygous or homozygous for these mutations using reverse dot blot hybridization. We screened 110,504 individuals for β-thalassemia between 1992 and 2015, which is 30% of the entire population. The genetic mapping, and advocacy efforts, were analyzed. Data from DNA studies and national health statistics were utilized to assess the prevalence of beta thalassemia and other hemoglobinopathies across different island communities.

Results

Population screening across all inhabited islands revealed a high prevalence of beta globin variants. The β-thalassemia carrier frequency was estimated to be 16.2%. The molecular diagnosis of 874 β-thalassemia carriers/major was performed for the most common seven mutations in Southeast Asia; of these, 139 patients were diagnosed as β-thalassemia major. This analysis showed that the most common mutations were IVS1 + 5G > C, (678; 77.6%), followed by the CD 30 (136; 15.6%).

Conclusion

The findings highlight the significant reproductive and psychological health challenges faced by carrier couples in the Maldives. High-risk islands with elevated incidences of Thalassemia was identified, underscoring the critical need for pre-conception genetic testing and counselling. Despite shifting cultural norms of consanguineous marriages, isolated island

communities exhibit higher genetic isolates, complicating the genetic landscape and necessitating targeted interventions.

Recommendations

To mitigate the impact of thalassemia, recommendations include expanding access to genetic counselling services, integrating psychological support within reproductive health programs, promoting early pre-conception screening, and advocating for comprehensive SRH policies. These measures aim to empower carrier couples and improve the overall reproductive outcomes in affected populations. Further investigation is required to monitor the long-term outcomes of carrier couples and refine intervention strategies.

Keywords: Thalassemi, hemoglobinopathies, genetic counselling, sexual and reproductive health, Maldives

KNOWLEDGE ON MENOPAUSE AMONG WOMEN - AN ONLINE STUDY

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Introduction

According to the WHO classification, menopause is a permanent cessation of menstrual cycles for 12 months. Perimenopause means "around menopause" and refers to the time during which your body makes the natural transition to menopause, marking the end of the reproductive years. Perimenopause is also called the menopausal transition. Women start perimenopause at different ages. The menopause affects all women, yet little information is known about it. Research on women reveals that women's knowledge of the menopause is severely lacking.

Objectives

To assess the knowledge on menopause among women aged under 40 years living in Colombo and to determine from where they gathered the information on menopause. This information will be useful in figuring out how best we can educate them regarding menopause.

Methodology

Using a Google questionnaire, a survey was created asking women under 40 about their knowledge of their opinions regarding menopause from January 2023 to December 2023. The questionnaire was a pretested questionnaire used in China. A free-text question with answers was analysed using Excel. A randomly selected sample of 225 women were questioned about their level of knowledge regarding menopause, their educational experiences learning about menopause, how knowledgeable women feel about menopause, how they had found information about menopause, the best places for menopause education and the importance of teaching men about menopause.

Results

The demographics of the 225 participants showed that the majority of participants 64%, 146/225) were between the ages of 21 and 30. The participants' average age was 25. The study found that 14% of women under 20, 26% of women aged 20-30, and 33% of women over 30 reported having some knowledge about menopause. The data suggests that as women get older, they tend to perceive themselves as having more knowledge about menopause. The study also showed that 12% of women under 20 felt they had basic knowledge about menopause, 23% of women aged 20-30 perceived themselves as having basic knowledge, and 46% of women over 30 reported having basic knowledge about menopause. The study also emphasized that among women under 20 years old, 37% reported that menopause was covered in their school education. In contrast, 16% of women aged 20-30 indicated it was addressed, while only 3% of women over 40 stated that menopause was included in their school curriculum. The data suggests that as women get older, they tend to perceive themselves as having more knowledge about menopause. This data suggests that younger women (under 20) are more likely to have learned about menopause in school, while it was far less likely to be covered in the education of older women, particularly those over 40.

Conclusion

According to this study, the majority of women under 40 know very little or nothing about menopause. The analysis showed that everyone should be taught about menopause in schools and this will help to lessen male ignorance. Effective menopause education in schools requires that it be comprehensive and given to every student. It is advisable to approach menopause education holistically, outside of the classroom. Menopause education should ideally be provided in the workplace, and through social media. Menopause education can only be properly provided throughout the life course by combining these approaches.

Recommendations

Effective menopause education in schools requires that it be comprehensive and given to every student. Local support groups should be introduced to help specifically women going through menopause where experiences can be shared, and support can be found. Introducing lifestyle changes, such as a balanced diet and regular exercise, as well as exploring options like acupuncture, yoga, or herbal remedies, may help ease the transition through menopause. Women must be educated by explaining the benefits and risks of hormone replacement therapy (HRT) to make informed decisions about managing symptoms. Introduction of mindfulness and relaxation exercises can help alleviate menopause symptoms and Counselling Therapy if menopause symptoms are impacting mental health.

Keywords: menopause education, menopause symptoms, menopause, perimenopausee

EFFECT OF THE SOCIAL STRATIFICATION ON GYNAECOLOGICAL MORBIDITY AND TREATMENT - SEEKING BEHAVIOURS AMONG OLDER ADULT WOMEN (AGED 45 AND ABOVE), INDIA

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Introduction

Women's gynaecological health needs are not limited to their reproductive years. Women are at risk of hormonal changes, gynaecological malignancies, and various genitourinary conditions as they approach menopause and beyond. This study examines the association between social groups, gynaecological morbidity (GM), and treatment-seeking behaviours (TSB) among older adult women (aged 45 and above) in India.

Methodology

The current study utilized nationally representative large-scale data from the Longitudinal Ageing Study in India (LASI-Wave 1), conducted in 2017–2018. The study is a collaboration between the International Institute for Population Sciences Mumbai, the Harvard T.H. Chan School of Public Health, and the University of Southern California. LASI provides a wide range of information on the population aged 45 years and above, including detailed information on chronic illnesses, symptom-based illnesses, demography, functional and mental health, household economic status, healthcare utilization, health insurance, work, employment, and retirement.

The LASI is a nationally representative survey covering 73,396 individuals aged 45 and above and their spouses, including 31,902 elderly individuals (aged 60 and above) and 6,880 oldest-old persons (aged 75 and above) from all states and union territories of India. The data was collected from 43,359 distinct households. The survey is envisioned to be conducted every two years for the next 25 years, making it the world's largest and India's first longitudinal ageing study. The LASI survey instrument comprises 4 survey schedules; household (HH), individual, biomarker surveys, and community schedules, and data collection by using computer-assisted personal interviewing (CAPI).

The study used a multistage stratified area probability cluster sampling design to select the respondents. The current study was conducted among 19,005 women aged 45-59 years to understand their GM and TSB. Bivariate and multivariate statistical techniques were carried out using the SPSS 20 version. National individual sample weight was used in this analysis. The LASI sample weight accounts for selection probabilities and is adjusted for nonresponse and post-stratification to accurately represent the population characteristics.

Results

The study findings indicated that about 3% of older adult Scheduled Caste/Scheduled Tribe (SC/ST) women (aged 45+) had uterine problems, compared to 2% of non-SC/ST women. Similarly, around 4% of older adult women from non-SC/ST groups experienced vaginal bleeding, compared to 3% of SC/ST women. About 15% of women had any type of gynaecological morbidity (GM), whereas, among them, 41% sought treatment for GM. Younger adult women (aged 45-49 and 50-54

Multivariate analysis findings show that the primary contributions of individual variables for this study are women's age, marital status, number of pregnancies, hysterectomy and years of schooling, living arrangement, religion and place of residence. The SC/ST-Non-SC/ST disparity in GM -1.2% percentage points (-0.0037). Of the -1.2 percentage points difference, 50.6 percentage points (-0.0021 difference, were explained by differences in the exposure variables included in our analysis. A negative contribution indicates that the particular determinant was narrowing the gap in the GM between SC/ST and Non-SC/ST and vice-versa. The largest factor for this difference is explained by the hysterectomy, religion, years of schooling and number of pregnancies which account for 0.0069, 0.0054, 0.0039 and 0.0031 (or 46.4%, 36.5%, 26% and 20.6%) in explaining the gap between SC/ST and Non-SC/ST in GM. In addition to this, women's age and place of residence explained about 16 per cent of the SC/ST and Non-SC/ST disparity in GM. All the variables significantly contributed to GM.

Conclusion

The study findings show that the social group is significantly associated with GM and TSB. SC/ST women revealed lower TSB for GM, which indicated their poorer social and economic status. Concerns about older adult women's sexual and reproductive health rights continue to be a taboo in many nations, receiving little interest from researchers and healthcare professionals, and remaining a "blind spot" in policy discussions. Furthermore, social stratifications impact people's health, disease patterns, and treatment-seeking behaviours. Each social group has different taboos, cultural practices, food habits and work activities that may impact their health and well-being.

Recommendations

Government and non-governmental organizations need to work together to reduce the gap between social groups. This strategy may increase health awareness and provide equal opportunities for everyone to access healthcare facilities, promoting healthy ageing through improved access to healthcare facilities.

Keywords: Gynaecology Morbidity, Treatment Seeking Behaviours, Social Groups, Older Adult Women i

SEXUAL AND REPRODUCTIVE HEALTH CHALLENGES ON POPULATION AGEING :- UNIQUE UNMET NEEDS OF AGEING POPULATIONS, MENOPAUSE AND ELDERLY

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Introduction

Sexual and reproductive healthcare encompasses a broad range of services for a safe and satisfying sexual life, as they enhance individual well-being. Meeting the unmet unique needs of SRHR can help us achieve complete health coverage for the ageing population. Ageing is one of the most significant global trends of the 21st century, which presents new and complex challenges for health symptoms and has important implications for the sexual and reproductive health of older people. Sustainable Development Goal 3 suggests that states should "ensure healthy lives and promote well-being for all at all ages". FPA India Pune Branch established in 1977, provides a range of SRH services through static clinics, satellite clinics and service sessions in the community. SRH needs of ageing populations, including those undergoing menopause and the elderly are often overlooked especially after attaining the desired family size.

Objectives

To describe the unmet Sexual and Reproductive Health needs of ageing populations between 45 – 60 years including those undergoing menopause and the elderly.

Methodology

The routine service statistics gathered at the FPA India Pune static clinic during January to December 2023 were used for the study. FPAI Pune static clinic provides clinical and non-clinical SRH services to over 7000 clients in a year. The study included 205 women aged 45-60 years of age who visited the FPAI Pune clinic for RTI/STI and Gynaecological related services. The selection of clients was based on their complaints, medical history, and the duration of their symptoms etc. delving into the personal history to understand unmet needs and emotional status was also taken into consideration. These clients were educated about their condition, presented with various options, and encouraged to select the one best suited to their needs and preferences. We obtained their consent for follow-up visits and check-ups.

Results

To describe the unmet Sexual and Reproductive Health needs of ageing populations between 45 – 60 years including those undergoing menopause and the elderly. The respondents for this study, in the age group 45-60 years had visited with complaints of severe low back pain, pain in the lower abdomen, dysuria, dyspareunia, vaginal dryness, vaginitis, severe weakness, feeling low many times, loss of appetite, loss of interest, etc. As a first step, we considered the client's menstrual, obstetric, and medical history, along with family history, personal history, upbringing, social exposure, educational levels, emotional status, and unmet needs. The study shows that 35% of women in the sample group are affected, with 20% experiencing stress-related symptoms and 40% of menopausal women found to be neglected regarding their sexual health and well-being. The frequency we can say is one in every six women is affected. All their medical issues were addressed and assessed, their gynaecological complaints were treated, they were educated on the use of personal lubricants for vaginal dryness, dyspareunia and their unmet issues were

discussed and wherever required, the partner was also involved. The use of personal lubricants opened new options for pleasure.

As clients gained confidence in our approach, they became FPAI clinic's ambassadors. A few challenges they faced in accessing services were; that they could not explain the problems openly, couldn't come to the hospital alone, lacked money to seek treatment, were scared to visit the hospital at first, and children had no time to attend respondents' needs due to their working schedule. We addressed their issues by implementing strategies such as prescribing long-term medication, scheduling follow-up visits based on the availability of their family members, and offering virtual follow-up options.

Conclusion

Women in the study group belonged to different backgrounds, education levels, different economic classes etc, yet there were challenges to the accessibility of services. One-fifth of women experienced gynaecological problems, with 20% attributed to stress-related physical changes. Additionally, 40% of menopausal women suffered from symptoms such as hormonal imbalances, hot flushes, and mood swings, often facing neglect from husbands and family members, which led to feelings of loneliness and increased stress.

Recommendations

It is recommended to develop targeted educational programmes and awareness campaigns to increase understanding of SRH issues specific to ageing populations, including menopause and the elderly as this would help in reducing stigma and empower individuals to seek care and timely support. Incorporate SRH services including regular screening and preventive measures, hormonal and non-hormonal treatment options, mental health support and counselling into routine healthcare for older adults to ensure comprehensive care.

Keywords: Ageing population, elderly, menopause, healthy ageing, sustainable development goals, SRH needs.

UNVEILING THE ANTI - CHOICE AGENDA IN INDIA: MAPPING OPPOSITION GROUPS, NARRATIVES AND TACTICS AND IMPLICATIONS FOR MARGINALIZED COMMUNITIES.

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Introduction

Sexual and reproductive health, rights, and justice (SRHRJ) are facing significant threats globally due to the concentrated efforts and substantial influence of well-funded anti-rights movements. These transnational networks disproportionately impact countries in the global South, a trend that has intensified following the reversal of Roe v Wade. This development has adversely affected the narrative around SRHR and abortion rights across multiple countries, contributing to the shrinking funding space necessary to counter disinformation and harmful anti-rights rhetoric. In India, despite having progressive abortion laws, multi-level stigma, poor health system accountability, and shrinking civil society space have heightened barriers to accessing SRHR, particularly abortion services, for marginalised communities and young people. CommonHealth, a pan-Indian coalition of activists, researchers, and grassroots organisations, conducted preliminary mapping of anti-gender and anti-abortion entities at both media and community levels, focusing on Southern, North-Eastern, and Western regions of India.

Objectives

The study aimed to systematically map and analyse the strategies employed by anti-choice and SRHR entities across various institutional levels, including media, policy, societal, and healthcare systems. The broad objectives were to understand the overall discourse surrounding anti-choice narratives and identify key players in India. This involved examining the themes, arguments, narratives, and framing tactics used by these entities, as well as their public outreach strategies and target audiences. The specific focus of the study was on mapping organizations, tactics, and international linkages, profiling the individuals and institutions actively working to undermine abortion rights in India.

Methodology

The study, conducted from September 2023 to August 2024, aimed to identify anti-abortion entities and trace their activities since 2018. Methods included continuous targeted keyword searching in English, Hindi, and Assamese on platforms like X and Google Social Search without sampling. The corpus of content sourced from tracked websites and social media platforms of organizations and individuals from the past five years was manually analysed without coding. Southern and Northeastern regions were chosen for media monitoring due to the high frequency of anti-abortion content during September 2023.

Regional consultations with grassroots organizations took place between January and August 2024 across 11 states, using semi-structured discussions to explore SRHR activities and anti-choice narratives.

Data from consultations were validated with evidence, and media and community findings were triangulated to reduce bias. A manual thematic analysis was conducted, and data integrity was ensured by cross-referencing relevant sources.

Results

Anti-abortion entities have co-opted women's and disability rights narratives, thus fragmenting inclusive feminist movement building. A growing concern is their focus on targeting younger demographics through social media, further digitalizing the anti-choice movement, and amplifying threats to SRHR. Alongside explicit, implicit opposition also bolsters anti-choice narratives, increasing stigma and reliance on unsafe abortion methods. This has compounding impacted access to stigma-free safe abortion services, and reliance on unsafe methods. Additionally, there is a lack of government accountability in addressing gaps in abortion service delivery and a deprioritization of abortion in family planning programmes, both in terms of information and access. This disproportionately affects marginalized and unmarried young people seeking abortion services amidst the stigma of premarital sex and a lack of information on SRHR services. Furthermore, there is a noticeable absence of an intersectional SRHR movement that prioritises strengthening abortion access for all, focusing on marginalised groups: queer individuals, caste minorities, sex workers, people with disabilities, young people, and those in under-represented geographical regions. This issue is intensified by anti-choice entities leveraging the rise of religious fundamentalism to promote their agenda to undermine reproductive rights.

Conclusion

The findings underscore the urgent need for targeted interventions to address the multifaceted barriers to abortion access. The fragmentation of inclusive feminist movements and the digitalization of anti-choice narratives highlight the evolving challenges in the SRHRJ landscape. Strengthening government accountability, ensuring comprehensive and stigma-free SRHR services, and fostering an inclusive, intersectional SRHR movement are crucial steps toward mitigating the adverse impacts of anti-choice entities.

Recommendations

To address these challenges, the study recommends enhancing government and health system accountability, fostering a more intersectional feminist movement, and advancing an abortion rights discourse through choice-affirming media content that highlights positive reporting of abortion. Strengthening the movement nationally and through transnational solidarity via cross-sharing and cross-movement spaces is essential for creating a robust and resilient SRHRJ framework for the next decade.

Keywords: abortion, anti-choice, opposition, SRHR, young people

ASSESSING THE ADAPTABILITY OF CHINA'S POST - ONE - CHILD POLICY SUBFERTILITY STRATEGIES TO SRI LANKA'S REPRODUCTIVE HEALTHCARE FRAMEWORK

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Introduction

The One-Child Policy in China, introduced in 1979, was a population control measure aimed at limiting most Chinese families to having only one child. The policy led to significant consequences, including an ageing population, gender imbalance, and various social issues. The "4-2-1 problem" emerged, where one child was responsible for supporting two parents and four grandparents, and single children often faced increased pressure and loneliness. Recognizing these demographic challenges and the resulting labour shortages, the government abolished the One-Child Policy in 2015, allowing all families to have two children, and further relaxed the policy in 2021 to permit up to three children.

In recent years, China has made strides in addressing subfertility challenges, evidenced by a current fertility rate of 1.707 in 2024, reflecting a 2.22% increase since 2015. In contrast, Sri Lanka's fertility rate in 2022 stood at 1.974, marking a 5.59% decline from 2015. China has made notable progress in the field of Assisted Reproductive Technology (ART), with over 1 million ART cycles per year, including in vitro fertilization (IVF) and artificial insemination, representing around 3% of the global total. The motivation for this thesis arises from the gap in the current literature, which lacks comprehensive insights into how Sri Lanka can draw from China's experience in addressing subfertility.

Objectives

This research aims to analyze the strategies China has employed to overcome subfertility challenges following the relaxation of its one-child policy and explore how these strategies can be adapted to address similar issues in Sri Lanka.

Methodology

A comprehensive literature review was conducted using PubMed and CNKI with the keywords: 'Assisted reproductive technology', 'ART', 'China', and 'Fertility', focusing on publications from 2015 onwards. 105 studies were selected and systematically categorized by themes including subfertility trends and demographic shifts, ART clinical outcomes, government policies on fertility treatments, and socioeconomic barriers. Insights from these themes were analyzed to identify improvements in ART services. Data on ART practices in Sri Lanka were gathered from sources like peer-reviewed journals, online libraries (PubMed, Wiley), and official websites (e.g., WHO.int). The data from both countries were subjected to a comparative analysis to identify the similarities and differences in their respective ART systems. These data were also used to identify the cultural and social norms surrounding infertility and ART in Sri Lanka. The analysis was used to build a framework specific to Sri Lanka's healthcare system.

Results

To enhance subfertility treatment in Sri Lanka, adopting successful strategies from post-policy China is imperative. Integrating Decision Support Systems (DSS) in In-Vitro Fertilization (IVF) can help clinicians make informed decisions by analysing large datasets and predicting outcomes. The incorporation of automation and advanced technology in sperm assessment can enhance accuracy and consistency. Implementing robust data management

systems like China's ART information system is crucial for policy and practice improvements. Incorporating reproductive healthcare into the national public health system and developing policies that encourage medical leave for infertility treatment is also vital. Early diagnosis and intervention for male infertility, often under-addressed, should be promoted. Additionally, training healthcare providers on the latest ART techniques and encouraging research and development will foster innovative solutions tailored to local needs, ultimately improving subfertility treatment success in Sri Lanka.

Conclusion

The study concludes by addressing the medical and legal gaps in ART in Sri Lanka, hence proposing a framework and actionable recommendations based on China's successful ART strategies. Tailored to suit Sri Lanka's unique cultural and social dynamics, these strategies offer a blueprint to improve the medicolegal framework and enhance subfertility treatments for better reproductive outcomes.

Recommendations

Central to these recommendations is the establishment of comprehensive national policies, supported by increased government funding, to make subfertility treatments more accessible. It is advisable to implement national and private insurance programmes that offer elective reimbursement and subsidies for individuals with specific needs. Enhancing the healthcare infrastructure is also pivotal, which includes setting up specialized fertility centres and providing ongoing training for healthcare providers. Moreover, fostering collaborations with Chinese universities and healthcare providers could facilitate a valuable exchange of knowledge. Additionally, culturally sensitive programmes and community engagement initiatives, such as public awareness campaigns, especially related to male infertility are essential to mitigate the stigma associated with subfertility. International collaboration could further introduce global best practices into the local context.

Keywords: One-child policy, Assisted Reproductive Technology (ART), Decision support systems in IVF, China family planning, Adaptation of China's ART advancements to Sri Lanka

OVERSHOOTING OF FAMILY PLANNING PROGRAMME AND POLICY SWITCH TO BOOST FERTILITY RATE: A CASE OF SOUTH KOREA

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Introduction

After the Korean War (1950-1953), the annual growth rate of the population had been more than 3%, mainly due to a sharp increase in fertility rate for a postwar baby-boom generation – total fertility rate (TFR) was 6 live births per woman in the late 1960s. The Korean government subsequently noted a tradeoff between a high fertility rate and economic development and therefore implemented an active policy to control fertility by the first five-year economic development plan (1962-1966).

The Korean population control policy was largely dependent on family planning programmes (FPP) such as contraceptive instruments. Men who underwent the procedure were exempt from reserve forces training and, tariffs were lifted on the importation of contraceptive pills etc. In 1963 a ten-year FPP (1962-1971) was introduced with a target population growth rate from 3.0% in 1960 to 2.0% in 1971. The programme provided women of childbearing age with the pills free of charge. The FPP continued actively throughout the 1980s and 1990s, the TFR diminished gradually. In the early 2000s, the government realized the risk of low TFR, when TFR fell below 1.5, and changed the population policy to boost TFR. However, it was too late, the TFR of Korea plunged to 0.72 live births per woman in 2023.

Objectives

This study aims to review the overshooting of family planning programmes and explore policy alternatives to reverse the lowest-low fertility that is currently observed in South Korea.

Methodology

First, a systematic review of literature was done on the evolution, expansion and overshooting of the FPP Korea. Second, fertility data was collected from the Korean Statistical Information Service database and several national surveys to assess fertility transition and regression models were used for the empirical analysis.

Results

The policy target was set at a TFR of two births and one birth per woman by the 1970s and 1990s respectively. As a result of the strong FPP implemented in Korea, TFR declined dramatically from 6.0 births in 1960 to 1.6 in the 1990s. In the first decade of the present century, the government recognized the various problems that emerged consequent to the observed ultra-low fertility. In the year of 2004, the Presidential Committee of Ageing Society and Population Policy was established, and policy alternatives to boost TFR were introduced but found to be ineffective, resulting in a TFR of only 0.72 live births per woman, which is noted to be one of the lowest-low fertility in the world now. Apart from the FPPs, induced abortion was informally done in clinics and hospitals. The national survey showed the rate of induced abortion per 1,000 women of child-bearing age per year was 53 in 1985, 26 in 2009, and 3.3 in 2020. However, a significant decline in the abortion rate was noted in present Korea due to the use of 'medical abortion pills', which is not captured in the abortion data. The increase in 'medical abortion pills' is noted to be linked to the high price needed to pay for

surgical abortion and fewer complications related to medical abortion.

Regression analysis showed that housing, childcare, after-school education, work-life balance for women, and telecommuting were significant factors inhibiting fertility. Recently the government decided to establish the "Ministry of Population Planning" to cope with the lowest-low fertility. Population policy reforms, based on the empirical evidence, are going to boost the lowest-low fertility by providing various incentives for reproduction including, motivating young couples to have children, financial incentives throughout the child's upbringing, offering paternity leave to combat gender norms, provision of childcare facilities, the introduction of new insurance schemes, etc.

Conclusion

It is uncertain whether the policy shift on boosting fertility in Korea will be successful in the long term. But ever-declining TFR will certainly be a disaster. The decline of the Korean labour force and economic progress is imminent. Lessons learned from the policy failures of the last many years in Korea suggest implications that the long-term overshooting effects of the FPP be essentially considered in the population policy planning and implementation with appropriate and effective incentives.

Recommendation

Population has two sides to the economic agenda - consumer and producer. Any FPP should consider the population as productive labour, as well as resource consumers in the early stage of economic development. Thus, fine-tuning a population policy is essential before the TFR approaches the 2.0 level in the process of rapid economic development.

Keywords: family planning, overshooting, ultra-low fertility, population policy, Korea

2.2: Uniting Against HIV and STIs

This session explores innovative approaches to addressing sexual and reproductive health (SRH) challenges, particularly in HIV and Sexually Transmitted Diseases, with a focus on key populations and marginalized communities. The six presentations in this session would navigate different aspects of SRH in relation to the risks of HIV and STIs among vulnerable communities.

Session - Co-chair : **Ms. Tomoko Fukuda**, Regional Director, International Planned Parenthood Federation

Dr. Ariyarathne Manatunga, Consultant Venereologist, National STD/AIDS Control Programme

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BRIDGING GAPS, BUILDING FUTURES: AN INNOVATIVE FRAMEWORK FOR COMPREHENSIVE HIV AND STI CARE IN PUNJAB'S KEY POPULATIONS

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Introduction

India faces significant challenges in controlling HIV and STIs among high-risk groups, with 2.1 million people living with HIV/AIDS. National AIDS Control Organisation (NACO) data reveals concerning HIV prevalence rates among People Who Inject Drugs (PWID) at 6.3% nationally, exceeding 15% in northeastern states, with Hepatitis C co-infection reaching up to 90% in PWID populations. Female sex workers (FSWs) face disproportionate risks, with HIV prevalence at 1.6% nationally, peaking at 7% in high-prevalence states including syphilis (2-10%), gonorrhoea (2-9%), and chlamydia (3-15%). Key contributing factors among PWID are needle sharing, inconsistent condom use, limited access to harm reduction services, and high-risk sexual behaviours. The intersection of injection drug use and sex work further amplifies risks, with HIV rates reaching 20-30% among female IDUs engaged in sex work.

Objectives

FPA India Mohali implemented Punjab State AIDS Control Society, three targeted intervention projects in the Mohali, Daddu Majra Colony and Ropar districts since 2005, among Key Population (KP) groups such as PWID, FSW, Men having Sex with Men (MSM) for HIV /STI prevention and to address their Sexual and Reproductive Health (SRH) needs. The study analysed the accessibility of different KPs for service uptake and the strategies that worked well. Tailored outreach strategies include recruiting staff from KPs, Mobile /outreach health sessions for service uptake and to improve access, social media and online platforms for outreach and education, comprehensive harm reduction services, including needle exchange programmes and opioid substitution therapy, mental health support, HIV/STI screening, treatment and counselling. Also, partnerships with local healthcare providers are essential to ensure a continuum of care and sustainability. The interventions addressed the gaps in KPs multiple identities and intersectionality issues including identity crises, and the availability of safe products.

Methodology

The study sample included primary data from the project from the year 2021-2023 of 2,000 KPs (600 PWID), 1,000 Female Sex Workers (FSW) and 400 Men Having Sex with Men (MSM) to analyse the best approaches and their impact on service uptake. The primary data includes only those who identified themselves as KPs, maintaining the confidentiality of the clients under this project. The KPs were aged 18-45 years and belonged to lower economic strata from the intervention sites.

Results

The project worked with 2,000 KPs from diverse groups and identities and visited them repeatedly to address their concerns. In three years, 21,171 interpersonal contacts were made through varied IEC interventions - home visits, follow-up and health sessions etc., This

resulted in 95% (1900) KPs out of 2000 attending regularly bi-annual STI and HIV screening sessions (24,000) Of 1900 KPs tested for HIV, 132 (7%) tested HIV-positive during these 3 years & linked to Antiretroviral Therapy (ART) services, 171 persons (9%) treated for STIs, and 220 persons provided mental health counselling. Condoms and clean needle syringes (Approximately 130,000 needles, 166,000 syringes, and 1.3 million condom pieces) were made available through peer networks to prevent infections.

Conclusion

A well-defined approach is a must to address the multiple vulnerabilities of a single client and its intersectionality. FPAI identified these gaps and designed interventions to address these gaps. Addressing stigma, creating a supportive environment maintaining confidentiality, and multiple vulnerabilities suggest greater accessibility of KPs to services. For example, a woman who uses drugs and engages in sex work to support her habit needs proper counselling and a provider who understands her multiple vulnerabilities. They need to be counselled to use protection methods such as Oral Pre-Exposure Prophylaxis (Oral PrEP) /Emergency contraceptives (EC) to protect themselves from HIV and pregnancy. Similarly, wives of PWID who use alcohol and substances and often engage in unprotected sex work should be encouraged to know their HIV status and reproductive health needs. Providing more information about Oral PrEP and discreetly used female-oriented contraceptives for female KPs and ensuring the availability and accessibility of self-care information and products can result in good health outcomes.

Recommendations

A well-defined approach is a must to address the multiple vulnerabilities of a single client and its intersectionality. FPAI identified these gaps and designed interventions to address these gaps. Addressing stigma, creating a supportive environment maintaining confidentiality, and multiple vulnerabilities suggest greater accessibility of KPs to services. For example, a woman who uses drugs and engages in sex work to support her habit needs proper counselling and a provider who understands her multiple vulnerabilities. They need to be counselled to use protection methods such as Oral Pre-Exposure Prophylaxis (Oral PrEP) /Emergency contraceptives (EC) to protect themselves from HIV and pregnancy. Similarly, wives of PWID who use alcohol and substances and often engage in unprotected sex work should be encouraged to know their HIV status and reproductive health needs. Providing more information about Oral PrEP and discreetly used female-oriented contraceptives for female KPs and ensuring the availability and accessibility of self-care information and products can result in good health outcomes.

Recommendations include a comprehensive understanding of intersectional vulnerabilities, integration of services, self-care services such as Oral PrEP, EC, and discreetly used contraceptives for women should be made available, accessible and provided in a non-judgmental, stigma-free supportive environment. Mental health support should be incorporated as a core component of the service package. Strong referral systems to link clients with rehabilitation services and ART centres and programmes to empower KPs economically will reduce their vulnerability. Advocacy efforts should focus on policies that recognize and address the multifaceted challenges faced by the key populations, promoting a holistic approach to their health and well-being.

Keyword: Integrated Health Services, HIV and STI, Sexual and Reproductive Health (SRH), Mental Health

ELIMINATING VERTICALLY TRANSMITTED HIV AND SYPHILIS IN SRI LANKA: THE ROLE OF SOCIAL DETERMINANTS OF HEALTH

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Introduction

Sri Lanka is the third country in the World Health Organization's South-East Asia Region to achieve dual elimination of mother-to-child transmission of human immunodeficiency virus (HIV) and syphilis. Investigations into Sri Lanka's process for achieving dual elimination have focused on strategic programming and effective clinical management. However, social determinants of health (SDoH) that contributed to Sri Lanka's dual elimination have not been examined.

SDoH are non-medical factors, forces, and systems shaping the conditions in which people are born, grow, work, live, and age that influence their health outcomes. Sometimes SDoH influence health outcomes more than medical factors. Therefore, discerning the role of SDoH is vital to comprehensively understanding how a certain health outcome - such as a child being born without HIV or syphilis was reached. Thoroughly understanding SDoH that influenced dual elimination in Sri Lanka will also offer other lower- and middle-income countries (LMICs) a menu of SDoH to choose to influence as they strategize how to attain dual elimination while contributing to their population's overall well-being beyond a disease or health outcome-specific lens.

Objectives

We aimed to identify the SDoH that contributed to the successful elimination of mother-to-child transmission of HIV and syphilis (dual elimination) in Sri Lanka in 2019.

Methodology

We created a comprehensive SDoH framework that contributed to dual elimination in Sri Lanka from 2013 to 2019. To do so, we adapted existing SDoH frameworks from the literature to encompass the SDoH specific to dual elimination in Sri Lanka. First, to capture all relevant SDoH in the comprehensive framework, the authors drew on programmatic and public health experience to identify relevant SDoH. Second, the authors conducted a systematic review to identify additional SDoH from the literature and find evidence to justify or refute each determinant's contribution to dual elimination in Sri Lanka. To conduct the systematic review, a search strategy comprising keywords was used to search databases including the US' National Center for Biotechnology Information, Scopus, Web of Science, Cochrane Library, and Google Scholar. Sources were included in the review if they were published in English after 1995 and included information about vertical transmission of HIV and/or syphilis in Sri Lanka. We identified and reported the SDoH with corresponding evidence or a strong rationale for applicability in the Sri Lankan context.

Results

The final, adapted SDoH framework consisted of over 45 determinants across the downstream, midstream, and upstream levels. Included SDoH had supporting evidence; strong rationale based on literature, theory, and/or authors' experience; and coauthors' consensus. Downstream determinants were divided into

sub-categories of health behaviour, health beliefs and attitudes in relation to a) mothers and b) babies, and individual risk factors.

Mid-stream determinants were sub-categorized into living conditions, working conditions, social environment, access to health care, and access to other services. Upstream determinants were sub-categorized into broad social factors and political and institutional factors.

Individual risk factors, specific midstream determinants, and political and institutional factors were believed to have significantly contributed to dual elimination. Downstream, individual risk factors included maternal infection status, presence of co-infections or co-morbidities, financial stability and access to services, diagnosis of HIV and syphilis, and disclosure of HIV or syphilis status. Midstream determinants in the social environment sub-category included family and community support, and community beliefs influencing health behaviours. Midstream determinants in the access to care subcategory included access to HIV and syphilis testing, access to maternal re-testing, proximity to health care facilities, health education, and availability of health promotion services. Midstream determinants in the access to other services sub-category included access to social support services. Political and institutional factors included national policies and guidelines on HIV and syphilis testing and treatment, legal rights to access health care, supply chain, health care worker training, and the role of global health organizations in funding and policymaking.

Conclusion

The final, adapted SDoH framework consisted of over 45 determinants across the downstream, midstream, and upstream levels. Included SDoH had supporting evidence; strong rationale based on literature, theory, and/or authors' experience; and coauthors' consensus. Downstream determinants were divided into SDoH, including individual risk factors, social environment, access to care, access to other services, and political and institutional factors, have significantly contributed to dual elimination in Sri Lanka. Documenting these SDoH as a framework adds to the literature capturing Sri Lanka's process and contextual factors that led to successful dual elimination.

Recommendations

The adapted SDoH framework should be refined as part of knowledge management and documentation of the lessons learned from Sri Lanka's dual elimination journey. Other LMICs seeking to emulate Sri Lanka's success with dual elimination could employ the adapted SDoH framework to identify modifiable SDoH to target in their contexts. Addressing these SDoH would also contribute to broader health, economic, and social development beyond dual elimination.

Keywords: HIV, syphilis, elimination, vertical transmission, social determinants of health

SEXUAL AND REPRODUCTIVE HEALTH INEQUITY FACED BY TRANSGENDER YOUTH: TRANSWOMEN AND TRANSMEN

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Introduction

Youth, including transgender individuals (transwomen and transmen), often have limited access to sexual and reproductive health services. Given that the promotion of their human rights through youth-friendly care is yet to be broadly implemented in India, this has an impact on the ability of these communities to access SRHR services, including HIV/STD prevention or care. Stigma and discrimination faced in healthcare settings particularly impede access to healthcare services including SRHR services. Young individuals are particularly concerned about their identity to be disclosed and sexual practices to be discussed in detail by healthcare providers.

Objectives

We implemented a virtual SRHR intervention for the population and reviewed available contextual evidence of barriers to services for youth transgender individuals to provide recommendations on expanding strategies to improve access to HIV/STD prevention and care with this population. Experiences of implementing a complete virtual intervention, including a risk assessment tool, provided contextual understating, barriers to services successful outreach and services delivery mechanisms to the population for increasing access to HIV and other allied services.

Methodology

We implemented a virtual SRHR intervention for the population and reviewed available contextual evidence of barriers to services for youth transgender individuals to provide recommendations on expanding strategies to improve access to HIV/STD prevention and care with this population. Experiences of implementing a complete virtual intervention, including a risk assessment tool, provided contextual understating, barriers to services successful outreach and services delivery mechanisms to the population for increasing access to HIV and other allied services.

The Humsafar Trust, India, is implementing a Global Fund1 supported HIV prevention and treatment service(s) linkages intervention "NETREACH". While the outreach to the key and affected population is done completely in virtual mode, a comprehensive assessment of the risk and vulnerabilities is facilitated on a virtual platform for community individuals to facilitate self-risk assessment and increase overall health-seeking behaviour in the longer run. The prevention model is designed to complement the first 90 (increased testing of unreached population) of the global UNAIDS goals which is also an integral part of the National AIDS Control Program (NACP) of the National AIDS Control Organization (NACO), Government of India.

NETREACH virtual outreach strategies have been designed considering the privacy and autonomy of vulnerable populations. A platform has been developed which facilitates HIV Risk Assessment and connects clients with a range of services delivered at government and private facilities. Community-led outreach strategies use different social media and dating platforms to share HIV prevention and service information. Assessment indicators on virtual platforms include condom usage

practices, sexual partners, presence of STIs, engagement in commercial sex, usage of chemicals/other stimulants during sexual acts, and needle and syringe-sharing practices.

Results

Since its inception in April 2021, only 889 young (18-24 years) transgender-identified individuals were reached through the programme using virtual platforms and dating applications. When this is compared to the other key and affected population groups such as men who have sex with men, female sex workers, and drug users, there is a vast difference in the outreach itself which is 49,280. Of the total reached, 889, only 132 individuals (14.8%) conducted the risk assessment, whereas the risk assessment was conducted by 15939 individuals (32.2%) in other groups. The HIV reactivity rate among young transgender individuals was found to be 5.5% compared to 3.3% among other groups.

Conclusion

While the youth transgender-identified individuals are at higher risk of sexually transmitted infections such as HIV among others, the available literature and our experiences of implementing the NETREACH interventions suggest a much lower self-perceived risk, lower health-seeking behaviour and engagement in multiple-risk factors such as drug use and sex work. Mental health conditions of the population in the age group are also severe due to gender incongruence. Lack of sex education and physical changes coupled with gender identity-related issues fuel mental and physical health issues. Stigma and discrimination faced in different settings such as family, educational institutions, and healthcare facilities, further deter them from accessing SRHR services.

Recommendations

Addressing challenges related to SRHR among youth transgender populations needs a multi-pronged strategy. Strategies could include: Policy, Legal Reforms: Advocacy for the protection of rights to SRHR services free from discrimination - Transgender People Youth-friendly healthcare services: Developing a culturally competent, inclusive, affirming healthcare environment for gender non-conforming adolescents. Unity: Implementing comprehensive, accurate, age-appropriate sex education programs that are inclusive and address the needs of transgender youth. Community Engagement: Mobilizing transgender communities through establishing peer support networks and capacitating them as advocates. HIV/STD Prevention: The promotion of HIV and STD testing, treatment, and prevention programs that are both accessible and affordable for transgender youth. In so doing, they will promote thriving and health among one of the most vulnerable communities in our society by multilevel reductions in barriers to SRHR services for youth-transgender populations that disproportionately experience HIV/STD burden.

Keywords: Youth, HIV, Discrimination, Healthcare access, Sex Education

UNDERSTANDING THE NEEDS AND EXPERIENCES OF TRANSGENDER INDIVIDUALS: A MIXED - METHODS STUDY OF THE PUNE BRANCH'S INTEGRATED SERVICES.

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[1]Family Planning Association of India.

Introduction

Transgender communities in India face significant challenges in accessing comprehensive healthcare services, especially gender affirmation services. These barriers stem from deeply rooted societal stigma, discrimination, and a lack of knowledge among healthcare providers, often resulting in delayed or refused care. As awareness about gender transition services grows, many transgender individuals seek to access these services. However, the scarcity of facilities with specialized expertise, combined with prohibitively high costs and limited availability in urban centres, creates a dangerous situation.

Faced with these obstacles, many transgender people resort to self-medication, particularly for hormone therapy, without proper medical supervision. This practice can lead to severe health complications. Self-administered hormone therapy can result in various issues, including Cardiovascular problems, Liver damage, increased risk of certain cancers due to hormonal imbalances, Bone density loss, and Mental health issues, including mood swings and depression. FPA India Pune Branch offers Sexual and Reproductive health services to Transgenders since 2008, such as HIV/STI testing, STI treatment and referrals. In recent times based on the needs of trans individuals, the FPA India Pune branch introduced Gender affirming services such as laser hair reduction (2021) and Hormonal Replacement Therapy (2023). A series of capacity-building workshops were done at the staff and community level to develop this integration of Sexual Reproductive health and Gender affirming as the one-window approach model.

Objectives

Document the range and volume of services provided- HIV testing, Gender affirming services – laser hair reduction, hormone therapy, to evaluate client satisfaction and feedback. Assess the effectiveness of the one-window approach/integrated model in improving health outcomes such as behaviour change and mental health conditions and identify challenges and areas for improvement.

Methodology

The study was done with 750 transgenders as all registered TGs were catered with awareness sessions through one-to-group and one-to-one sessions from Pune city and outskirts. The quantitative and qualitative data was collected through client exit interviews, follow-up surveys, data recording, triangulation and analysis. Local ethical committee inputs were considered for sampling however were restricted to not more than 750. 45 Transgender interviews are considered to depict the level of expectation Vs satisfaction for health services, mental health support through counselling as well as other additional services like livelihood programmes.

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data was collected through client exit interviews, follow-up surveys, data recording, triangulation and analysis. Local ethical committee inputs were considered for sampling however were restricted to not more than 750. 45 Transgender interviews are considered to depict the level of expectation Vs satisfaction for health services, mental health support through counselling as well as other additional services like livelihood programmes.

Results

By the end of 2023, the response for laser hair reduction services gradually increased to 750. Notably, 80% of transgender individuals utilizing this service come from lower economic strata, with a monthly income of up to Rs. 15,000. Many of them are engaged in professions such as begging and sex work, and reside in slum areas. The age category ranges from 18 years to 55 years with a mean age of 26. 70 % of clients are below the age of 29 years. The education varies from illiterate to postgraduate. <15% are postgraduates and graduates.

The uptake of SRH services increased for HIV Testing from 50% (202) in 2021 to 58% in 2023. Four clients who tested HIV positive were linked to ART centres, Similarly, STI /RTI services increased from 152 (49%) in 2021 to 53% in 2023. Along with the SRH and specialized Gender Affirmation services, the community members also received services on mental health and other social protection services. Twenty three TGs were supported to get a Gender Certificate and Identity Cards. The integrated service delivery at an SRH setting has shown significant improvement in TGs' public life and they realized the importance of mainstream jobs. They approached FPAI to enhance their skills in employable jobs. Forty TGs were linked with an NGO for skill development opportunities. 12 transwomen and 6 transmen got employment in the local Municipal Corporation and Safety and Security Department as security guards. Four TGs applied for higher education and eight have completed their formal education.

Conclusion

Addressing the special needs of the trans community in a stigma-free environment where they are treated with dignity and respect. Integrated services under one roof save time and reduce costs. Invest in building the capacity of staff in areas such as laser and hormone therapy to better attract and serve the community. Forge linkages and partnerships for sustainability.

Recommendations

Healthcare providers need to understand the unique needs of each key population and be trained to provide gender-sensitive services. Educate the community on the importance of accessing services in the healthcare setting rather than taking self-medication. Identify the unique skills of the community and provide an opportunity for them to mainstream in society and to lead a dignified life. Advocate for inclusion in employment and establish a referral network to ensure a continuum of care. Integrate LGBTQIA+-inclusive healthcare training for service providers and organize targeted awareness campaigns to reduce stigma. These approaches improve health outcomes and quality of life for the trans community.

Keywords: HIV, LGBTQIA+ , STI /RTI services and TG

DIGITAL INNOVATIONS IN SEXUAL AND REPRODUCTIVE HEALTH: ACCESS, INFORMATION, AND ADVOCACY WITH THE FAMILY PLANNING ASSOCIATION OF NEPAL

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Introduction

The landscape of Sexual and Reproductive Health (SRH) services is evolving rapidly due to technological advancements. Traditional barriers like geographic, financial, and social challenges highlight the need for innovative solutions. Digital health interventions (DHIs) are revolutionizing SRH service accessibility and delivery. In Nepal, the Family Planning Association of Nepal (FPAN) leads these innovations, using technology to overcome geographic, financial, and sociocultural barriers.

Objectives

This study explores the transformative potential of digital health interventions in SRH. It aims to assess how telemedicine, mobile health solutions, home delivery services, and self-care tools impact SRH accessibility, quality, and patient autonomy. Additionally, it examines the role of digital platforms in supporting policy advocacy, social mobilization, and behavioural change in SRH, ultimately seeking to understand how these technologies improve healthcare delivery and outcomes.

Methodology

A mixed-methods approach was used, combining qualitative and quantitative data. The study reviewed FPAN's digital health initiatives, gathering feedback from 440 female clients via surveys, interviews, and focus group discussions. Case studies provided insights into practical applications, and key performance indicators (KPIs) like service accessibility, user satisfaction, and health outcomes were measured to assess intervention effectiveness.

Results

FPAN's telemedicine services have significantly improved access to SRH consultations in remote areas, resulting in a 40% increase in patients using the platform. This has reduced travel costs and time by 50%, while follow-up care for chronic SRH conditions has risen by 30%. Feedback from 80 clients (18%) reflects high satisfaction, with many appreciating the efficiency and care received, which has improved continuity and reduced the need for in-person visits.

Mobile health initiatives have also been transformative, reaching over 100,000 users with critical information on contraception, menstrual health, and STI prevention. Notably, 70% of app users regularly track menstruation, and 60% of SMS recipients have improved contraceptive adherence. Moreover, 29% (n=128) of clients reported that these tools helped them overcome barriers to traditional healthcare services.

FPAN has delivered over 20,000 contraceptive packs and 5,000 STI and pregnancy test kits in the last year, with 85% (n=374) of recipients valuing privacy and convenience. Self-care tools accessed by 50,000 users have promoted early detection and self-management of SRH issues, though 20% (n=88) experienced challenges due to low digital literacy or internet access.

FPAN’s digital innovations have also supported a 25% increase in service access during emergencies, benefiting marginalized groups, including disabled female clients.

Conclusion

In conclusion, FPAN's digital health innovations have significantly expanded access to SRH services, particularly for marginalized groups such as individuals with disabilities, LGBTIQ+ communities, and those in disaster-prone areas. Telemedicine services have proven effective in reducing travel costs and time while increasing continuity of care for chronic SRH conditions. Mobile health initiatives have reached over 100,000 users, improving contraceptive adherence and breaking barriers to traditional healthcare for nearly 30% of clients. The home delivery of SRH products, such as contraceptives and testing kits, has been highly valued for its privacy and convenience by 85% of recipients. Despite these advancements, challenges such as the digital divide and low digital literacy persist, with 20% of users experiencing difficulties accessing or using the tools.

Efforts have also been vital during emergencies like floods and landslides, providing essential SRH care to the clients, including disabled female clients even in emergency camps. While the benefits of these digital innovations are clear, addressing disparities in technology access and improving digital literacy are critical to ensuring equitable utilization of these services. With continued investment in these areas, digital health initiatives hold great potential for further enhancing SRH care and inclusivity.

Recommendations

To enhance its digital health innovations, it should focus on improving internet connectivity and access, particularly in remote and disaster-prone areas. Strengthening digital literacy programs will empower marginalized groups, such as individuals with disabilities and LGBTIQ+ communities, to better utilize telemedicine and self-care tools. Tailoring services to meet specific needs while ensuring privacy and accessibility is crucial for inclusivity should also monitor its digital services, use feedback to address barriers, and continue advocating for inclusive SRH policies, especially in emergencies.

Keywords: SRH, Digital healthcare, Humanitarian, LGBTIQ+, telemedicine

THE ROLE PLAYED BY SOCIAL MEDIA INFLUENCERS IN FOSTERING DISCOURSE ON SEXUAL AND REPRODUCTIVE HEALTH

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Introduction

In the contemporary digital landscape, social media has morphed into a chameleon. Once designed to foster connections and archive memories, it has now evolved into a vibrant agora where individuals disseminate information and raise awareness on a plethora of societal issues. Sexual and Reproductive Health (SRH) is a critical aspect of human life but conversations on the subject have been shrouded in societal taboos, particularly in the South Asian region. In the modern day and age, social media platforms have garnered increasing attention as potential spaces for fostering more open discussions on SRH. While existing literature has examined the role played by social media in disseminating information on SRH and public health in general, the present study addresses the limited understanding of how social media influencers facilitate discourse on SRH in the region by creating content exclusively dedicated to sharing information and raising awareness on the subject.

Objectives

This research aims to examine the ways in which social media influencers create content focusing on SRH as a means of engaging social media users in the larger discourse on SRH, with a special focus on the South Asian context.

Methodology

The study is based on qualitative data gathered through a manual content analysis of ten South Asian social media influencers focusing on SRH. This analysis is complemented by a literature review of secondary sources on the subject. Data has been exclusively gathered from 'Instagram', a popular social networking platform. Largely purposive in its approach, this study collected data through a manual keyword search and a careful examination of followers lists of prominent SRH influencers until a total of ten influencers was reached. It must be noted that although some influencers may reside outside the South Asian region, they were selected based on their South Asian identity.

Results

In the process of collecting primary data for the study, the researchers realised that there is a very limited cohort of influencers dedicated to creating content on SRH in South Asia. Most influencers deal with topics such as sexual pleasure, menstruation, pregnancy, protection and contraceptives and sexually transmitted diseases which may not capture the full scope of SRH-related concerns, especially those faced by men and queer communities who have not been adequately represented in the discourse on SRH. It also appeared that almost all influencers were educated English-speaking women from a specific stratum of society, which shows that content creation on this subject is largely reserved for a particular group of individuals. This prompts critical inquiry into the target audience of the content and the agency and resources required to discuss this topic. The content creators have employed various techniques to effectively engage with the users among which the use of visual aids appeared to be a prominent trend. The comments section revealed identifiable patterns in audience engagement. The reception largely fell

within the positive/negative dyad with women engaging more constructively and positively than men. For instance, inappropriate sexual quips made by certain individuals reflect underlying biases and negative attitudes towards SRH education amongst the larger population.

Conclusion

This study sheds light on the fact that although several South Asian influencers actively engage with the topic of SRH, substantial shortcomings and prejudices persist. Although influencers play a commendable role in destigmatizing the topic of female sexuality, SRH is primarily framed as a woman's concern. As content creators engage less with the SRH concerns of men and queer communities, the content may not cater to wider audiences. A significant limitation of this study is that the sex-ed influencers identified by the researchers were predominantly of Indian origin. This restricts its generalizability to the broader South Asian context. Moreover, the purposive approach to data collection limits this study further as it may give way to unintentional biases.

Recommendations

To create a more robust and inclusive environment for the dissemination of information on SRH on social media it is important to initiate changes at the policy level. This can be complemented by initiatives to empower potential influencers such as workshops and public discussions. Collaborating with influencers with diverse gender identities is important in addressing the lacuna in representation and content. Additionally, existing influencers can be encouraged to incorporate content specifically targeted towards SRH concerns of men and sexual minorities. It is also important to promote influencers from diverse backgrounds to create content that resonates with a wider audience. Fostering online communities and networks can create a space for knowledge sharing, best practice exchange, and resource collaboration on SRH across South Asia.

Keywords: discourse, influencers, social media, SRH

2.3: Sexual and Reproductive Health, Climate Change, and the Evolving Abortion Discourse

This parallel session delves into the complex interplay between sexual and reproductive health needs, reproductive rights, emergencies and cultural barriers with a global perspective. The six presentations in this session highlight the nexus between SRH and climate change and different aspects of reproductive health rights and abortion care.

Session - Co-chair : **Prof. Nishara Fernando**, Professor of Sociology from the University of Colombo

Dr. Sujatha Samarakoon, Consultant Venereologist and Public Health Specialist

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ADDRESSING THE SEXUAL AND REPRODUCTIVE HEALTH NEEDS OF POPULATIONS AFFECTED BY THE 2023 EARTHQUAKE IN NEPAL

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Introduction

A 6.4 magnitude earthquake struck in Jajarkot District of Nepal on 3 November 2023, followed by hundreds of aftershocks, including one measuring 5.8 magnitude on 6 November 2023. The earthquake impacted over 62,000 households across 13 districts, claiming 154 lives (101 in Jajarkot and 53 in Rukum West), injuring 366 people and incurring significant damage to health and social infrastructure. In response to the crisis, relief and recovery efforts were initiated in the affected areas. The Family Planning Association of Nepal (FPAN), a leading national NGO and member of the International Planned Parenthood Federation (IPPF), plays a crucial role in providing Sexual and Reproductive Health (SRH) services across Nepal. Equipped with service providers trained in Minimum Initial Service Package (MISP) for SRH in humanitarian settings, FPAN responded to the urgent need for SRH services in the affected areas. With support from the SPRINT project, FPAN organized 46 SRH camps in Jajarkot and Rukum West between November 2023 and February 2024, offering a comprehensive range of SRH services to impacted populations.

Objectives

To assess the utilization of SRH services in the aftermath of the earthquake.

Methodology

Service data from 46 mobile SRH camps conducted in the earthquake-affected districts of Jajarkot and Rukum West, Nepal, between November 2023 and February 2024, were recorded in FPAN's service database using the DHIS2 platform. The data were subsequently extracted and analyzed using the Statistical Package for Social Sciences (SPSS), with descriptive statistics used to present the results. The mobile camps offered a wide range of comprehensive SRH services, including long-acting reversible contraceptives (LARCs)- implants, and intrauterine contraceptive devices (IUCDs), obstetric and gynaecological services such as antenatal and postnatal checkups; pelvic exams; cervical and breast cancer screening and counselling; management of pelvic organ prolapse with ring pessaries; and menstrual health services. Additionally, the camps offered screening, counselling, and referral services for gender-based violence (GBV). Syndromic assessment and management were used for the treatment of sexually transmitted infections (STIs). All services were provided after obtaining the informed consent. Limitations: The data was collected from a camp-based setting, and the absence of the use of structured tools limited the potential for further statistical analysis.

Results

The mobile SRH camps served a total of 7,322 individuals, including 6,338 women, 983 men, and 1 person identifying as other, delivering 55,689 SRH services overall. Of these, 6,122 individuals (6,114 women and 8 men) received services under the MISP, with a total uptake of 28,871 MISP services. Between January and February 2024, there was a significant increase in SRH service uptake, with a 97% rise among women and a 19% rise among men compared to the November to December 2023 period. Overall, SRH services uptake saw a 96%

increase, and Client Years of Protection (CYP) rose by 143%. The age groups with the highest service uptake were 25-29 and 30-34 years. Specific service areas also saw a notable increment: uptake of gynaecological services rose by 107%, obstetric services by 194%, specialized services (GBV counselling and screening) by 96%, and STI services by 60%. MISP services increased by 77%. Within the three months following the earthquake, 567 individuals received LARCs (557 implants and 10 IUDs). Additionally, the uptake of syndromic management of STIs increased by 49%, with large numbers of cases managed for vaginal discharge syndrome (3,230) and lower abdominal pain syndrome (2,764).

Conclusion

The significant rise in the utilization of SRH services within three months following the earthquake highlights the critical need for SRH services in humanitarian settings. The timely availability and accessibility of these services, particularly through the implementation of MISP, were crucial in addressing the needs of women and vulnerable groups. By ensuring access to essential SRH services, including contraceptive options, STI management, and GBV support, the mobile camps helped prevent unintended pregnancies, unsafe abortions, and the spread of STIs, underscoring the vital role of SRHR in the aftermath of a disaster.

Recommendations

To address the continuing high demand for SRH services, it is essential to maintain and integrate comprehensive SRH services, including LARCs and STI management, into regular primary health services. The high uptake of services highlights the effectiveness of the MISP and underscores the need for enhanced preparedness for the future. Investing in scaling up services and providing targeted training are crucial as is developing youth-friendly service packages to meet the needs of the large number of young users.

Keywords: Earthquake; Sexual & Reproductive Health; Minimum Initial Service Package; Humanitarian Setting; Nepal

A WHOLISTIC APPROACH TO RESPONDING THE SEXUAL AND REPRODUCTIVE HEALTH NEEDS DURING PROTRACTED AND EMERGENCY CRISIS IN AFGHANISTAN

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Introduction

In Afghanistan, the provision of Sexual and Reproductive Health (SRH) services faces significant challenges exacerbated by protracted conflict and natural disasters/ acute crises. The Afghan Family Guidance Association (AFGA), a Member Association of the International Planned Parenthood Federation, is a leading sexual and reproductive health (SRH) service provider in Afghanistan both in protracted and sudden emergency humanitarian situations. The SRH services including maternal, newborn, child health, psychosocial support, and sexual and gender-based violence (SGBV) are an integral part of the core programmes and the Minimum Initial Service Package (MISP) during humanitarian settings. AFGA ensures comprehensive SRH services through a client-centred approach and well-trained service providers. The country's restrictions and cultural barriers complicate access to essential SRH services such as family planning, maternal health care, and services for survivors of sexual violence.

Objectives

i. To support ten static clinics, 85 Family Health Houses (FHHs), 19 mobile clinics, and 120 community outreach midwives (COMs) in 11 provinces to ensure quality and timely SRH and MISP service provision in protracted and sudden-onset crisis situations in Afghanistan during 2021-2023.

ii. To enhance access to essential services like family planning and maternal healthcare, ensuring a continuum of service despite the restrictions through localised and community-based approaches.

iii. Strengthening health systems, empowering communities especially women, girls and adolescents to access SRH services, through close monitoring of evidence - based impact, and ensuring accountability to diverse population needs.

Methodology

AFGA delivers comprehensive SRH services across Afghanistan through static clinics, FHHs, mobile clinics, and COMs in 11 provinces during protracted crises. In acute crises, AFGA conducts need assessments in collaboration with the UN, humanitarian agencies and provincial health authorities. Strategies involve adapting mobile clinics, deploying well-trained response teams, and engaging community elders through educational campaigns. AFGA used routine programme data for protracted crises and specific data collection forms by mobile clinics for sudden-onset crises. Considering this programmatic crisis-intervention reaching all crises-affected populations, ethical clearance is not applicable. Data from four responses was reviewed, namely

a) Earthquake in Herat
b) Paktika floods in Logar,
c) Floods in Baghlan and Ghor, and
d) Afghan returnees from Pakistan in Nangarhar and Ghazni provinces.

The DHIS2-Tracker was used for data compilation, aggregated data was summarized and MSI Impact tool v 2.0 was

used to generate impact indicators. AFGA has well-established safety - security tracking and support mechanisms, trained healthcare providers, project management teams, and emergency preparedness and response guidelines. Robust monitoring tracks service utilization, health outcomes, and operational challenges to inform adaptive programme management.

Results

Since 2021-2023, AFGA served approximately 1.7 million clients, delivering 7.4 million SRH, MCH and MISP services in protracted and acute crises. Through its robust SRH and MISP programs, AFGA has generated around 0.22 million CYPs, averted 0.1 million unintended pregnancies, 43,696 unsafe abortions, 134 maternal deaths, 870 child deaths and saved 3.8 million GBP direct healthcare costs to families and healthcare systems*. Benefiting over 85,298 clients, including 12,735 clients treated for STIs, 27,965 condoms distributed, 802 complicated pregnancies were identified for timely referrals, 33,939 clients received short and long-acting reversible contraceptives, 59% were first-time users, 212 received post-abortion services.

Impact Indicators	2021	2022	2023	2021-2023
Couple Years of Protection (CYPs)	78,273	70,691	70,175	2,19,139
Unintended pregnancies averted	37,596	32,494	34,919	1,05,009
Unsafe abortion averted	15,644	13,521	14,531	43,696
Live births averted	7,084	6,123	6,579	19,786
Maternal deaths averted	51	42	41	134
Child deaths averted	312	269	289	870
*Direct healthcare costs saved (GBP)**	13,70,607	11,84,626	12,73,037	38,28,270

*Costs saved to families and health care systems on pregnancy-related care (e.g. ANC, safe delivery, treatment of complications including PAC). The default estimate for costs saved are based on "full coverage" - i.e. all women needing care receive it.

Conclusion

Providing comprehensive SRH services through various outreach approaches during protracted and acute crises for affected populations is lifesaving. Preparedness, and well-planned programme implementation is crucial in responding to the needs of marginalised and crisis-affected populations in remote and hard-to-reach areas. Service mapping and working collaboratively with partners help in amplifying work and avoid duplication. Ensuring timely and quality MISP implementation and expanding to comprehensive services is essential for under-served disaster-affected populations. There is a need to establish a resilient and sustainable SRH service delivery system capable of effectively responding to emergencies.

Recommendations

A holistic approach, working across the disaster management cycle for the dual crisis response is effective for sustainable and early recovery. Strengthen the local institutional capacities and preparedness implemented in close coordination with the stakeholders for the provision of comprehensive SRH services. Provision of integrated and client-centred approach for lifesaving SRH services to the crisis-affected population in required.

Keywords: Humanitarian, Sexual Reproductive Health (SRH), Minimum Initial Service Package (MISP), comprehensive SRH.

EXPERIENCES OF UNWANTED PREGNANCIES AND ABORTION DECISIONS IN BENIN: A QUALITATIVE STUDY

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Introduction

Benin faces a high rate of unintended pregnancies, which regularly result in abortions carried out under precarious and illegal conditions. Unintended pregnancies and the resulting abortions are often influenced by a combination of social, cultural and economic factors. Restrictive laws, social stigma and cultural pressures complicate the decision-making process for women regarding unintended pregnancies, exposing them to risks to their health and well-being. While recently the law that regulates access to abortion in Benin has been amended (in 2021), expanding the grounds on which abortion is allowed, many of the challenges identified in our research will not change automatically and need to be understood and addressed to reduce the number of unsafe abortions in Benin.

Objectives

The objective of this study, conducted before the amendment of the abortion law in Benin, was to explore the decision-making processes of women facing unintended pregnancies in the Atlantique department in Benin, to understand the factors that influence their choice to have an abortion, and the factors that influence the choice of abortion method (safe or unsafe).

Methods

The data used in this article were obtained as part of a larger study of the social determinants of abortion and care pathways in Benin. The research was conducted in the Atlantique department, chosen because of its alarming reproductive health indicators, including a high unmet need for contraception and a high uptake of safe abortion services (SAA). The research team obtained the required ethical and administrative approvals. Data collection took place between February and August 2021, with participant observation in health centres and interactions with care providers and patients by four assistants trained in anthropology and sociology. In-depth interviews were conducted with 41 women who had had an abortion experience, as well as 21 of their relatives and 10 of their partners. The data was analysed using Dedoose software, using both a theoretical (deductive) and inductive approach to develop the coding scheme.

Results

The study sheds light on the complexity of unintended pregnancy-related decisions and the influence of various socio-economic, cultural, and relational factors on these decisions. We focused our analysis on three domains: (i) Reasons for maintaining the unwanted pregnancy: Reasons include failed abortion attempts, deterrent influence from relatives, and fear of the social and medical risks of abortion. Some women are forced to keep their pregnancies as punishment or because they do not know the clauses of the abortion law. (ii) Motivation for the abortion decision: Lack of preparation for motherhood is a major reason, related to socio-economic conditions. Furthermore, abandonment by the partner, social and religious norms, as well as professional aspirations were decisive factors. The stigma

regarding premarital pregnancies also influences abortion decisions, as does the fear of repeating previous experiences and keeping unwanted pregnancies. (iii) People involved in decision-making: Partners and relatives play an important role in decision-making, with some supporting the decision to have an abortion, and others opposing it. In some cases, women are subjected to reproductive coercion by their partners or families.

Conclusion

The decision to have an abortion among women and girls in Benin is influenced by complex factors, including economic, social, and cultural pressures. Despite a recent change in the law governing access to abortion, stigma, unequal gender norms, and power relations between adolescent girls and parents make the decision-making process about unintended pregnancies and abortion particularly difficult, increasing the risks to girls and young women resorting to unsafe abortion. Understanding these dynamics is crucial to developing interventions that respect women's reproductive rights and improve their access to safe and legal health care.

Recommendations

Now that the abortion law has been amended in Benin, additional efforts are recommended to address abortion stigma and raise awareness among communities about the importance of supporting women in their reproductive choices, to reduce stigma and the social and gender-related pressures related to abortion. Based on the experience that not all health workers allowed to perform abortions are willing to do so, continued training of health care providers and the establishment of an appropriate referral system in the event of a conscientious objection are recommended. Educational programs on reproductive health and contraception also need to be strengthened to prevent more unintended pregnancies.

Keywords: Abortion, unwanted pregnancies , abortion decision, socio-economic factors, stigma, Benin

MEASURING ABORTION STIGMA AS A DETERRENT TO UNIVERSAL ACCESS TO SAFE AND LEGAL ABORTION

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Introduction

Stigma has been identified as a potential influencer and risk factor for the well-being of women who decide to have an abortion. Many research studies highlighted the issue of abortion-related stigma. However, little can be found on measuring abortion-related stigma except for the Individual Level Abortion Stigma Scale and Abortion Provider Stigma Scale - for individual-level stigma; and the Stigmatising Attitudes, Beliefs and Actions Scale for community-level stigma. Both of those scales are based on psychometric properties and self-reporting methodologies. This small-scale, self-supported research is an attempt to demonstrate the potential to develop a single-valued index to measure the level of stigma related to abortion in a community, region or country and thus to provide a base for comparison and targeted intervention.

Objectives

The main objective of this research study is to develop a standardized global tool to gather evidence on and demonstrate how stigma and discrimination impacts the lives of people who seek, support, undergo or provide abortion; and indicate the level of abortion-related stigma in a community, region or country at a given time.

Methodology

A desk review of abortion-related stigma research findings and the tools used for data collection was conducted. Two sets of interview guidelines – one for the providers and another for young women were developed. 16 providers, and 112 young women aged between 18 and 36 years (of whom 35, i.e. 31 per cent disclosed having experienced at least one induced abortion) were interviewed. Respondents were identified using purposive sampling due to limited resources. Thematic analysis of the responses by age, religion, and direct or indirect experiences (for the 112 respondents) was performed and the factors and components that propagate abortion-related stigma were identified, grouped, weighted and scored. The final index measure is proposed as a unique number to indicate the level of abortion-related stigma in a country or region at a glance.

Objectives

The main objective of this research study is to develop a standardized global tool to gather evidence on and demonstrate how stigma and discrimination impacts the lives of people who seek, support, undergo or provide abortion; and indicate the level of abortion-related stigma in a community, region or country at a given time.

Results

The providers interviewed were all aware of the legal provisions of abortion in their states and country (India) and mostly supportive of the need for safe and legal abortion. However, two providers interviewed said that they would opt for conscientious objections if offered a choice, as “this [abortion] is not a nice job to do”.

Among the 112 young people, overwhelming similarities of responses among those who disclosed having had an abortion ever (35, i.e. 31 per cent) indicated a high level of moral dilemmas, self-doubts

and a sense of guilt following the abortions. Most of them remember signing '*a paper giving consent*' but only 4 individuals partially remembered what was written on the paper they signed. All but two interviewees remember an initial consultation where the process was explained. Three reported having a separate counselling session where their mental health status was assessed or questioned. Ninety four per cent expressed that they felt 'stigmatized' by one or more people they discussed/encountered during the process of having an abortion, including family members, friends, intimate partners and providers.

Overall, awareness about legal provisions seemed low (22 per cent being able to articulate the provisions), 36 per cent associated having an abortion with some sort of 'sin' (religious or otherwise) and 78 per cent agreed that the role of partners/family members is critical in relieving the 'guilt' or 'doubt'.

10 thematic areas were identified to collect and categorize data and weighted as per the significance based on the most to least significant factors as identified by the responses.

Conclusion

This exploratory study generated rich data and first-hand experience-sharing from women who have experienced abortions directly or indirectly. Some of the providers expressed moral dilemma indicating chances of propagating stigma while many of the young women themselves expressed judgemental attitude. If an abortion-stigma index can be agreed on and applied globally, it has the potential of a global advocacy tool to demonstrate the level of stigma in a community, region or country to implement safe abortion awareness programmes using a more focussed approach and thus utilizing scarce resources in a targeted intervention.

Recommendations

This study needs to be scaled up and re-piloted using a re-adjusted tool with a wider sample size. The draft tool is simple enough to be used by community workers with minimum training to collect data within a short period of time. If validated and endorsed by a global forum, this could be a standardised composite indicator to use for advocacy purposes.

Keywords: Abortion, Stigma, Index, India, Research

SHATTERED CONSENT: REPRODUCTIVE AUTONOMY AND LEGAL CHALLENGES FOR RAPE SURVIVORS IN SRI LANKA

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Introduction

Motherhood is a beautiful phase in a woman's life which comes with a right to choose whether or not to reproduce, including the right to decide whether to carry or terminate an unwanted pregnancy. According to Section 303 of the Penal Code of Sri Lanka, induced abortion is a criminal offence which could result in imprisonment of three years or a significant fine. The only exception for abortion within the Sri Lankan domestic legal framework is when the mother's life is at risk. This paper attempts to discuss the impact of the right to reproductive choice from criminalizing abortion for rape victims under the Penal Code of Sri Lanka.

Objective

The objective of this research is to make effective recommendations to protect the right to reproductive choice of pregnant rape survivors in Sri Lanka through effective legal and procedural reforms.

Methodology

The qualitative research methodology was mainly adopted in this research. In-depth analysis of the primary sources of law such as domestic laws, judicial decisions, and international treaties was carried out under doctrinal research methodology.

Results

The International Federation of Gynecology and Obstetrics (FIGO) states that abortion or abortus is the process of the birth of a fetus before the fetus is viable or able to live outside the uterus, which is defined as 20 weeks of pregnancy or a fetal weight less than 500 grams.

In Sri Lanka, abortion constitutes a criminal offence under section 303 of the Penal Code where the only exception is provided for the purpose of saving the life of the mother. The Penal Code as amended in 1995, under section 363, rape refers to a forced sexual penetration by a man towards a woman without her consent. Considering these legal provisions, an induced abortion is considered as a criminal offence even for a rape victim. In situations such as this, along with the trauma of rape, rape victims are also traumatized with the burden of carrying out an unwanted pregnancy. This is what causes the victim to reject the existence of the fetus growing in her womb which creates a negative impact on both the mother and the unborn baby.

In 1995, an amendment to allow abortion law for specific instances like rape, incest or fetal abnormalities was forwarded to the Cabinet of Ministers in Sri Lanka which was unsuccessful. In 2012 and 2022, there were attempts to amend the existing legal clauses pertaining to abortions which turned out to be a failure. Therefore, up until today, the Sri Lankan government has failed to decriminalize abortion in cases of pregnancies resulting from rape.

WHO defines reproductive health as the state of complete physical, mental and social wellbeing, in all matters relating to the reproductive system which comes with the right of women to choose whether or not to reproduce, including the right to decide whether to carry or terminate an

unwanted pregnancy. International human rights instruments includingthe Convention Against Elimination of All Kinds of Discrimination Against Women (CEDAW) expressly and impliedly recognize the right to reproductive choice. Being a state party to these international instruments, Sri Lanka is bound to remediate the reproductive rights of women. Even though the Sri Lankan government has initiated different policy reforms toward ensuring the reproductive rights of women, due to different political and social barriers, legalizing abortion for rape victims was never a success.

Conclusion

Sri Lanka is a signatory State to CEDAW and other human rights treaties. This creates an obligation to ensure the effective implementation of rights set out under these instruments, including CEDAW's General Recommendation 35. Forced pregnancy and motherhood of rape victims can be defined as a form of cruel and degrading treatment. After a critical analysis of the above-mentioned legal provisions, it can be observed that despite various attempts to reform the existing law, the Law of Abortion in Sri Lanka has remained an untouched area. Therefore, it can be concluded that the denial of abortion to rape survivors needs to be reformed to ensure the right to reproductive choice of women in Sri Lanka.

Recommendations

After an in-depth analysis of the existing international and national obligations, the main recommendation is to decriminalize abortion in cases involving victims of rape. Therefore, section 303 of the Penal Code of Sri Lanka must be amended accordingly. In addition, supplementary measures must be accompanied by policy reforms to ensure the safe termination of unwanted pregnancies of rape victims.

Keywords: Abortion, Right to Reproductive Choice, Rape Victims

EXPLORING CULTURAL, RELIGIONS AND LEGAL BARRIERS ABSTRACTING ACCESS TO SAFE ABORTION IN SRI LANKA.

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Introduction

Safe abortion access is essential for women based on sexual reproductive health and the rights of women. In most of the countries, including Sri Lanka, there are significant legal, social and cultural restrictions against accessing safe abortions. This issue is more complicated by deeply rooted cultural and religious beliefs. This research aims to identify and understand the socially constructed determinants that abstract access to safe abortions in Sri Lanka, especially focusing on cultural, religious, and legal influences. By understanding these determinants, this study aims to raise awareness of policy and advocacy efforts which work to improve access to safe abortion services in the country.

When discussing the situation in Sri Lanka, the law is very strict and safe abortion is only permitted if the mother's life is at risk. This law is highly influenced by the Sri Lankan culture and religious beliefs. Accordingly, abortion is considered morally unacceptable and has a societal stigma.

Objectives

To identify the cultural, religious, and legal determinants that obstruct access to safe abortions in Sri Lanka.

Methodology

A qualitative study design is used in this study to get a deeper understanding of the socially constructed determinants. The necessary data was collected through semi-structured interviews with academics researching sexual and reproductive health and rights (SRHR), medical professionals, legal experts, activists working for SRHR, and psychologists, who were selected through purposive sampling. The analytical strategy used was thematic analysis which helped in analysing the data and identifying the patterns, and themes.

Results

The research findings show how cultural and religious beliefs influence in shaping attitudes of Sri Lankan society, towards access to abortion. It is viewed as a social stigma and morally unacceptable, leading women to seek unsafe abortion services due to strict laws, which results in numerous negative outcomes. There is a legal barrier with restrictive laws which prevents mothers from accessing safe abortion services. According to the penal code, abortion is allowed only if the mother's life is at risk and in any other case, the woman will be imprisoned. This penal code was introduced in 1883 and has not been amended for 141 years.

The cultural norms, values and gender roles, also affect stigma surrounding abortion. A woman's decision regarding an abortion could lead to pressure and restrictions from family, especially the spouse. Some women resort to unsafe abortions due to pressure from their partners, while contrarily, others who need safe abortions may avoid the procedure due to family pressure. Most of the negative attitudes and social stigma around safe abortion are created by different religious beliefs and institutions. At this point, either the woman goes beyond all these determinants and chooses abortion, or she is bound to these determinants and continues her pregnancy. It ultimately will create a negative impression on the woman, which will make her suffer socially, economically, and psychologically. For example, lack of family support and lack of

access to proper post-abortion care.

Moreover, other than religion, and gender roles, many other determinants such as education and awareness, and economic conditions immensely affect accessing abortion services. The lack of sex education and misinformation about reproductive health exacerbates the issue, indicating that schools do not provide proper sex education and that open conversations on the topic are lacking. With a lack of education, there is a higher tendency where women to opt for unsafe abortions, unsafe sex and even unplanned pregnancies. Further, when discussing economic conditions, women go for unsafe remedies, such as using different herbs, and various customs to remove the foetus, due to economic difficulties and based on economic capacity, some would go for illegal abortion, paying for the service of a medical practitioner, who is not well trained and without proper care. In both instances, there are many negative impacts on women.

Conclusion

The study reveals that cultural, religious, and legal determinants obstruct access to safe abortions in Sri Lanka. These barriers create a stigmatized and restrictive atmosphere for women's health and limit their reproductive rights. Addressing these issues requires a comprehensive understanding of various determinants that influence abortion access in the country.

Recommendations

According to the research findings, it is essential to provide culturally sensitive sex education, especially in schools, among women and youth. Additionally, the penal code needs to be reformed and liberalized to align with contemporary societies, rather than following the same penal code implemented when Sri Lanka was a British Colony.

Keywords: Abortion Access, Social Determinants, Sri Lanka, Reproductive Health and rights

2.4: Innovations in Cervical, Breast, and Prostate Cancer Prevention, Screening, and Treatment

This parallel session explores innovative and community-centred approaches to cancer prevention, screening, and care, particularly focused on breast and cervical cancer in underserved populations. The six sessions consist of topics surrounding cervical and breast cancer screening, early detection, prevention and treatment.

Session - Co-chair: **Prof. Sanath Lanerolle**, Consultant Obstetrician and Gynecologist

Prof. Maheeka Seneviwickrama, Head of Department Community Medicine, University of Sri Jayawardenapura

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PREVENTION, AWARENESS AND EARLY DETECTION OF BREAST CANCER USINGi BREAST EXAM DEVICE: AN OBSERVATIONAL STUDY BY FAMILY PLANNING ASSOCIATION INDIA

Dayama M[1], Joshi S[1], Sonawne P[1]

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Introduction

Breast cancer, the most frequently diagnosed cancer worldwide remains a universally challenging public health problem. In India, in the year 2023, 220000 new cases of breast cancer were reported. It is the second most common cause of death among women worldwide. Nearly 70% of women are diagnosed with breast cancer in late cancer stages. Early detection of breast cancer makes treatment less costly, thus improving the survival rate and overall lowering the burden of the disease. Early screening and detection are the only most effective intervention to prevent deaths due to breast cancer worldwide. iBreastexam - a cost-effective, portable, radiation-free, painless and handy mammography device, that enables to identification of breast lumps early. This device has helped reach women at their doorsteps within the community.

Objective

To determine the feasibility of deploying iBreast exam device in outreach settings for breast cancer screening in urban slums.

Methodology

A cross-sectional, observational study design of community women from 7 urban slums of Pune City to review awareness level, early screening, diagnosis, treatment and referrals of breast cancer. Mobile clinic outreach team reached out to clients aged 20 to 60 years, through breast cancer screening camps from October 2023 to March 2024. The sample size was more than 150. Exclusion criteria were pregnant and lactating women. Structured surveys were conducted prior to screening. A convenience sampling method was used. Informed written consent was taken from all women prior to screening. We employed a structured questionnaire for all women, both those with complaints and those without, to assess family history, previous lumps, pain, nipple discharge, and any long-term hormonal medication use. We used the iBreastExam machine for screening, which is an ultra-portable, radiation-free device and provides instant results with an easily sharable report. A total of 164 women underwent breast screening through the iBreast device.

Results

The feasibility of using iBreast device in urban slums showed a good response. Most women hesitated initially but later on, came forward for screening. Out of 164 women screened for breast cancer by the iBreast device, 14 women were found with abnormal findings, indicating a possible abnormality warranting further evaluation. All 14 were further referred for mammography. Mammography confirmed a mass in 6 women (bilateral cyst, Fibroadenoma, necrosis, benign microcalcification). All 6 are currently seeking treatment in private and public hospitals. Malignancy was not detected among them.

Conclusion

In this review, we concluded that with the help of the iBreast exam machine, which is affordable and scalable, we can detect breast cancer at a very early stage.

Screening camps created a positive influence on the slum community. Women are now aware of screening through the iBreast device and there is an unmet need to conduct more screening programmes in the slum community. We need to encourage women to come forward for early detection by creating awareness about its importance. Counselling services before and after the screening camps play an important role in further evaluation and management.

Recommendation

Breast cancer has become a critical public health issue. Awareness among the community is still a challenging part. We should conduct community outreach and awareness programmes. Proper monitoring and evaluation of screening outcomes is important. The acceptance of breast cancer diagnosis and intentional delay of treatment are substantial issues that need attention.

Keywords: Breast Cancer, Mammography, iBreast exam, Ultra-Portable, Scalable, Malignancy

OVERCOMING BARRIERS TO CANCER SCREENING: LESSONS FROM AN INTEGRATED HEALTH SERVICES APPROACH IN GWALIOR- INDIA

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Introduction

Cervical and breast cancers pose significant health challenges in India, contributing substantially to cancer-related morbidity and mortality. Recent statistics from the Indian Council of Medical Research reveal alarming figures: cervical cancer is the second most common cancer among Indian women, with 96,922 new cases diagnosed annually, while breast cancer has become the most prevalent, with 178,361 new cases reported yearly. These statistics underscore the urgent need for effective prevention and early detection strategies. Despite the high incidence rates, screening for these cancers remains disappointingly low in India. The National Family Health Survey-5 (2019-21) reported that only 1.9% of women aged 30-49 years had ever undergone cervical cancer screening, with breast examination rates at a mere 0.9%. Several factors influence these low screening rates, includes socioeconomic status, education , cultural barriers, tobacco use, and parity. When detected at an early stage, cervical and breast cancers have high cure rates and require less intensive treatment, resulting in better quality of life for patients and reduced healthcare costs.

Objective:

Recognizing the critical need for improved cancer screening services, the Family Planning Association of India (FPA India) Gwalior branch in Madhya Pradesh integrated breast and cervical cancer screening into its existing sexual and reproductive health services. The primary objective was to improve access to cervical cancer prevention services for women, women in sex work, to reduce disease burden and save lives. This integration aimed to reach a wider population of women who might not otherwise seek cancer screening services by offering these screenings alongside other reproductive health services and overcome access barriers.

Methodology:

This program designed to target 1800 (every year 600) women from low socio economic background who are vulnerable to STI/RTI infections from urban & rural villages from Guna and Morar in Gwalior every year. Comprehensive and multi-faceted awareness raising sessions and backed by screening sessions in the clinic /outreach to enabled women to access this services.Two clinics of FPAI Gwalior were equipped to provide cervical and breast cancer screening services using Visual Inspection with Acetic Acid (VIA) and Clinical Breast Examination (CBE). Training was provided to FPAI Doctors, nurses, and community health workers in screening techniques, communication, and proper referral procedures. Established collaborations with local cancer hospitals and Cancer specialists to ensure further care investigation or treatment. Special efforts were made to reach women in sex work through peer educators to identify women at the early stages of cancer and to provide treatment. Awareness about availability of Human papillomavirus vaccines (HPV) was also promoted among parents of young children in schools and in the outreach.

Results:

The programme exceeded its target of screening women (1800) for Cervical and Breast Cancer and screened total 2,667 women, including 350 sex workers, over three years from 2021 to 2023. Of 2, 667 screened, 284 women were found to have positive results and were referred for further care. Further diagnosis revealed that 200 clients were diagnosed with squamous cell carcinoma, while 84 clients showed symptoms of adenocarcinoma. Of 350 women in Sex Work, 10% (35 women) had infections which shows vulnerability and lack of awareness among this group. Financial constraints were identified as a significant barrier to accessing follow-up care and treatment and it was address by the staff by identifying donors for clients. Awareness sessions conducted in schools with parents of young children resulted in 56 children receiving the HPV vaccine, demonstrating the potential for cancer prevention efforts

Conclusion:

The integration of cervical and breast cancer screening into existing sexual and reproductive health services proved to be an effective strategy for improving access to these crucial preventive services as it is easier to convenience women when they access services in the clinic if accurate information and counselling provided.This opportunity will not be possible if it is done in a standalone screening session. If good referral linkage for further treatment backed by financial assistance is assured, the acceptance rate and continuity of treatment is guaranteed.

Recommendations::

The integration of cervical and breast cancer screening into existing sexual and reproductive health services proved to be an effective strategy for improving access to these crucial preventive services as it is easier to convenience women when they access services in the clinic if accurate information and counselling provided.This opportunity will not be possible if it is done in a standalone screening session. If good referral linkage for further treatment backed by financial assistance is assured, the acceptance rate and continuity of treatment is guaranteed.

Keywords: Vaccine, Screening Cervical and Breast Cancer, Visual Inspection with Acetic Acid (VIA), Clinical Breast Examination (CBE), integration

QUALITY OF LIFE AMONG INFORMAL CAREGIVERS OF PATIENTS WITH ADVANCED CANCER IN PALLIATIVE CARE AT THE APEKSHA HOSPITAL MAHARAGAMA, SRI LANKA

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Introduction

Cancer is a leading cause of death worldwide. In the year 2022, there were close to 20 million new cancer cases including nonmelanoma skin cancers (NMSC) together with 9.7 million deaths from cancer including NMSC. In Sri Lanka, similar tendencies in morbidity and mortality have been reported in patients with cancer. According to the WHO definition, Palliative Care (PC) is a method that expands the quality of life (QoL) of patients and their families facing the difficulties associated with life-threatening illness through the prevention and relief of suffering using early identification, impeccable assessment, and treatment of pain, and other problems like physical, psychosocial, and spiritual. Such patients with advanced cancer are generally cared for by their family members; hence, considered informal caregivers (ICs) in Sri Lanka due to not having proper/formal training in caregiving.

Informal caregivers (ICs) are the individuals accountable for patient care at home carrying out precise instructions provided by their treating healthcare personnel and engaging in many duties (such as activities of daily living and instrumental activities of daily living). ICs have a significant role in the care and recovery of cancer patients. As cancer patients, caregivers also have the same requirement to fulfil their basic needs while fulfilling the needs of patients with cancer. Owing to unmet needs, all domains of the QoL of ICs would be impacted. Further, negative psychosocial effects could occur for those who provide care for people with advanced cancer, and those with low resilience may be at greater risk. Due to the caregiver burden, caregivers are at risk of impairment of their QoL.

Currently, QoL has become a remarkably important consideration in human life when suffering from different chronic health conditions and life-threatening illnesses, as well as for the remaining life while a cure is not a realistic outcome. Improving the quality of life (QoL) of such stakeholders is a key aspect of PC in addition to the concerns of respective patients.

Objectives

This study aimed to assess QoL among ICs of patients with advanced cancer in palliative care attending the Open Patient Department (OPD) at the Apeksha Hospital, Maharagama (AHM), Sri Lanka.

Methodology

This cross-sectional study was conducted using conveniently selected 422 ICs who are attending the OPD (e.g., PC unit, oncology, and/or oncosurgery clinics) at the AHM, Sri Lanka. An interviewer-administered questionnaire was administered to collect data. ICs were asked to complete socio-demographic and clinical profiles such as age, gender, marital status, general health conditions, comorbidities, and social/family support. QoL was assessed using the validated WHOQOL-BREF scale; higher scores indicated higher QoL (each score ranged between 0-100). Ethical approval was

granted by the Ethics Review Committee, Faculty of Medical Sciences, University of Sri Jayewardenepura, Sri Lanka. Data analysis was done using SPSS. Descriptive statistics were used to analyze data such as frequencies, means, and standard deviations.

Results

The mean age (±SD) of the ICs was 43.13 (±14.92) years. The majority (43%) of ICs were in the age group of 18-38 years, female (51%), married (81%), educated up to secondary level (77%), currently working (54%), and earned income between Rs. 10,000-50,000 (39%). Of the sample, 46% had self-reported good health. However, 82% reported emotional strain due to caregiving while 79% stated financial strain owing to the current financial crisis. Perceived social support of ICs was moderate (42%) and obtained adequate family/friend support (53%). Total time spent on caregiving was less than three years (54%) and 48% of ICs were caring for their parents.

The mean age of the care recipients was 57.90 (±12.22) years; 70% of care recipients were female and prominent cancers were breast, followed by thyroid and uterus. The overall QoL among ICs was at a lower level (89.23±12.30). Further, lower physical (26.56±12.30), psychological (20.64±3.23), social (10.03±1.60), and environmental (24.76±3.72) aspects relevant to QoL were revealed.

Conclusion

The study reported important findings regarding the QoL of informal caregivers of patients with advanced cancer. QoL was lower and the physical QoL of ICs fairly desirable than other QoL domains. The findings of this study would let the health authorities understand the current levels of QoL among ICs who are from different socio-economic backgrounds in Sri Lanka.

Recommendations

Sri Lankan healthcare professionals must take necessary measures to improve the QoL of ICs while considering the QoL of patients with advanced cancer which can potentially impact the health outcomes of patients. Further, it recommends necessary support provision by healthcare staff to minimize the different strains and assess the areas of need to achieve a better QoL for ICs.

Keywords: Cancer, Informal caregivers, Palliative care, Quality of Life, Sri Lanka

Socio-demographic and economic determinants of health outcome of breast cancer survivors in a lower middle-income country

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Introduction

Breast cancer has a high global prevalence affecting millions of women each year. In Sri Lanka, breast cancer is diagnosed annually in nearly 3000 women. Breast cancer diagnosis and management can have a profound impact on a woman's physical and mental well-being. Although early detection by regular screening leads to better breast cancer prognosis, sociodemographic and economic factors can significantly influence the mental health, sleep health, and quality of life of breast cancer survivors. Therefore, understanding the and economic determinants of these health outcomes in breast cancer survivors is important to predict adverse health outcomes and inform a holistic long-term management of breast cancer.

Objectives

This study aimed to describe sociodemographic and economic determinants of health outcomes among breast cancer survivors in Sri Lanka.

Methodology

A cross-sectional study was conducted among 407 breast cancer survivors registered at the National Cancer Institute, Maharagama, Sri Lanka. They were identified from the clinic registers and consecutively recruited. Data was collected by trained pre-intern medical officers using an interviewer-administered questionnaire and a data extraction sheet. The health outcomes that were investigated included sleep problems assessed by the Pittsburgh Sleep Quality Index (PSQI), depression, anxiety, and stress assessed by 21 item Depression Anxiety Stress Scales (DASS)- 21, pain assessed by visual analogue scale (VAS; rated from 0 to 10), and fatigue assessed by Chalder Fatigue Scale (CFS). Key sociodemographic and economic determinants included age, ethnicity, religion, marital status, house ownership, education level, current living arrangements and financial status. Scoring of the scales were carried out as per the recommended guidelines and the health outcomes were dichotomised using relevant scale thresholds: sleep problems using PSQI ≥9, depression using >9 for the DASS depression scale, anxiety using >7 for DASS anxiety scale, stress using >14 for DASS stress scale, pain using >1 for VAS, and fatigue using >4 for CFS. Logistic regression models were used to investigate the association between the sociodemographic and economic determinants and health outcomes. Ethical clearance to conduct the study was obtained from the Ethics Review Committee of the Faculty of Medical Sciences, University of Sri Jayewardenepura (No. 30/21).

Results

The mean age of the participants was 57.7 years (SD=10.2), only 35.5% were educated up to GCE A/L or beyond, 48.6% had a self-perceived low financial status, and

13.6% were currently employed. Sleep problems were reported by 25.8%. The prevalence of depression, anxiety, and stress were 39.3%, 25.1%, and 29.7%, respectively. Pain was experienced by 80.3% while fatigue was reported by 78.4%. Higher risks for sleep problems were seen among non-Buddhists (OR= 2.2, CI 1.1, 4.5) and those not living in their own homes (OR= 3.2, CI 1.1, 8.9). Anxiety was higher in those who have not completed secondary education (OR=1.8, CI 1.1, 3.0) and when not living with spouse/children (OR=1.7, CI 1.01, 2.8). Patients who had not completed secondary education were at a higher risk of experiencing pain (OR=1.8, CI 1.1, 3.1) and fatigue (OR= 1.8, CI 1.1, 3.0). None of the exposure factors investigated were associated with depression or stress.

Conclusion

Some sociodemographic and economic determinants are important risk factors for poorer health outcomes among breast cancer survivors.

Recommendations

Additional prospective studies are needed to confirm the causal nature of the associations that we detected. These findings could inform clinical management of breast cancer, which could screen for sociodemographic and economic risk factors early and consider them in the long-term management plan of breast cancer survivors.

Keywords: Social determinants of health, breast cancer, fatigue, sleep quality, DASS

WOMEN'S INSIGHTS INTO OBSTACLES IN CERVICAL CANCER SCREENING: EXPERIENCES FROM FAMILY PLANNING ASSOCIATION OF INDIA'S INTERVENTION

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Introduction

Cervical cancer screening is crucial for early detection and prevention of cervical cancer. The World Health Organization's'90-70-90' targets by 2030 represent 70% of women to undergo cervical cancer screening (CCS) by the age of 35-45. The proportion of CCS among women aged 30-49 yrs is 1965 per 100,000 women indicating low uptake of CCS in India. Though women face difficulties in accessing CCS, women consider several other factors that can hinder their participation in screening programmes.

Objective

To understand various factors which deter women from undergoing cervical cancer screening in the operational areas of Family Planning Association of India (FPA India)

Methodology

FPA India operates through 44 Branches/projects and provides a range of sexual and reproductive health services. In 2023, FPAI provided CCS to nearly 20,000 women by visual inspection with acetic acid (VIA), or PAP smear test. In this study, 10 branches were selected randomly from the list of branches by adopting a criterion of more than 300 CCS. A qualitative approach was used for the study. A total of 24 in-depth interviews were conducted with healthcare providers including a counsellor; programme team, and outreach team. The respondents were selected by convenience sampling technique considering 8 counsellors, 8 programme officers/ Branch in-charge and 8 outreach workers. Thematic analysis was carried out to identify key themes related to reluctance among women in participating CCS. ATLASti V5 was used for data analysis. Since this is programme data, standard ethical considerations were adhered to during data collection.

Results

The study identified several factors which restrict women undergoing CCS in India. There is a lack of awareness regarding CCS, and myths and misconceptions exist among women who reside in rural areas, who are poor and marginalized with low literacy levels. The stigma around the word 'cancer' is a concern among many women. Those who are asymptomatic believe that they are in good health condition and feel there is no need to undergo CCS at this time. There is fear about the consequences in case she tests positive - family's/ community's response, treatment options, affordability, and accessing services. Self-stigma, shyness and anxiety about gynaecological exams, privacy, sample collection, fear of pain and embarrassment contribute to the reluctance. There is also concern about the service provider, and hesitance to undergo CCS if done by a known person from the vicinity. The experience shared by women who underwent CCS matters a lot. While using AI-enabled devices, there is a fear that the cervix images may be shared inappropriately on social media. Cultural/ religious beliefs also discourage women. Concerns about privacy and confidentiality during screening procedures in outreach settings are also one of the deciding factors. The lack of family support or an accompanying person to visit the facility is a significant concern for those undergoing CCS.

Conclusion

The study highlights key obstacles identified, such as lack of awareness, cultural beliefs, accessibility issues, self-stigma, fear of consequences in case of positive results and lack of family support. By emphasizing the importance of destigmatizing discussions surrounding cervical cancer and fostering a supportive environment for screening, we can empower women to make informed decisions about their reproductive health, thereby promoting acceptance and increasing the uptake of cervical cancer screening.

Recommendation

Improving cervical cancer screening in India requires a multi-faceted approach that addresses cultural, economic, and systemic barriers. The recommendations include nationwide awareness campaigns about the importance of CCS; community engagement in collaboration with community leaders, local NGOs and healthcare workers; informing young girls and boys about the importance of vaccination & screening through School Programmes; improving access to screening services by deploying mobile screening units to remote and rural areas; training healthcare providers; subsidize screening costs; establish referral linkages and strengthen follow-up and treatment. By adopting these comprehensive strategies, India can significantly improve cervical cancer screening rates and outcomes.

Keywords: Cervical cancer screening, women's perception, VIA, PapSmear, self-stigma

COLLABORATIVE APPROACHES FOR ELIMINATING CERVICAL CANCER IN RURAL COMMUNITIES: EVIDENCE FROM DHARWAD DISTRICT, KARNATAKA, INDIA

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Introduction

Globally, cervical cancer is the fourth most common cancer in women though preventable and curable. Approximately 90% of cervical cancer deaths occur in low to middle-income countries. In India, cancer is the third most common cancer and the second leading cause of death. In 2020 the World Health Organization outlined a clear pathway, with 90-70-90 targets to eliminate cervical cancer by 2030. Family Planning Association of India (FPAI) is a national-level NGO working on sexual and reproductive health and rights. FPAI Dharwad branch adopted three pillars elimination initiative of vaccination, screening and treatment. Rural areas face significant barriers to screening, vaccination and treatment, due to lack of awareness, misconceptions, and cultural beliefs. Engaging diverse stakeholders is crucial for improving cervical cancer prevention.

Objective

To assess the feasibility and effectiveness of collaborative approaches engaging diverse stakeholders and creating a sense of responsiveness in cervical cancer prevention.

Methodology

FPAI-Dharwad Branch located in Dharwad district has been providing a range of Sexual and Reproductive Health (SRH) services for over 50 years, serving about 1 lakh persons every year. The branch initiated cervical cancer screening and treatment of precancerous lesions for women along with SRH services 2 years back. Awareness of prevention created a demand for HPV vaccination by parents in Baad village situated in Dharwad Taluka of Dharwad District. The corporate donor of the same village was the major donor of HPV vaccines. The other stakeholders were approached to support the 3 pillars- screening, vaccination and treatment of precancerous lesions for elimination of cervical cancer in rural settings. In this way, resources were mobilized for screening, vaccine and treatment from stakeholders, corporates, parents, service providers, schools, community leaders, CSOs, youths and media by creating a pitch deck, approaching potential donors, negotiating terms and conditions, completing due diligence and maintaining donor relations. A single-dose HPV vaccine as recommended by the Strategic Advisory Group of Experts on Immunization (SAGE) was given to girls aged 9-14 years to enable more girls to be vaccinated. The screening with visual inspection with acetic acid along with a pap smear was also done to reach a higher sensitivity. The treatment of precancerous lesion was treated through cryo and LEEP surgery. Various strategies were adopted to bring together various stakeholders to support this cause to meet the demand for HPV vaccination and screening with a collaborative approach.

Methodology

Stakeholders' participation in resource mobilization and sensitizing parents created community ownership at all levels. Ensuring community participation, the vaccination drive was rolled out in 2 schools and 3 villages of Dharwad Taluka, which are

remote villages. A total of 180 girls were vaccinated, and 712 women were screened. Among screened cases, 52 (7%) cases were positive by visual inspection with acetic acid test. With further diagnosis, out of these 52 cases, 9 (17%) cases with precancerous lesions were treated.

Conclusion

This intervention informs the development of targeted interventions, education programmes, and multi-stakeholder participation to improve HPV vaccination acceptance and reduce cervical cancer disparities in rural settings. Parents and adolescents expressed concerns about safety and efficacy, while healthcare providers emphasized the importance of vaccination. Community leaders highlighted the need for cultural sensitivity and education.

Recommendations

Develop targeted education programmes addressing safety, efficacy, and benefits. Create community ownership by engaging community leaders and healthcare providers to increase the efficacy of the community-based intervention. Through a culturally sensitive and accessible patient education programme, village women gained knowledge of cervical cancer prevention and treatment. This programme serves as an adaptable model for other marginalized populations to increase client understanding and informed consent, and to address issues that pertain to underutilization of health care services. The screened and vaccinated beneficiaries become model champions and sources of referrals.

Keywords: Rural settings, diverse stakeholder engagement, cervical cancer prevention, multi-partner initiative, stakeholder

POSTER PRESENTATIONS

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