

# Population and Reproductive Health Policy

## Certification of Authorisation

The Population and Reproductive Health Policy of Sri Lanka - had been published by Ministry of Health, Indigenous Medicine in 1998. The Cabinet Ministers approved the Population and Reproductive Health Policy on 27<sup>th</sup> August, 1998

## Preamble

The population and Reproductive Health Policy for Sri Lanka for the next decade is presented at a finishing moment in its demographic transition. While on the one hand, enlightened population policies and programmers have contributed to the reduction in the rate of population growth and improvement of the quality of life of to the people, on the other, the changing demographic scenario has brought into focus a host of emerging issues that need to be addressed in the coming years.

2. The consequences of excessive population growth on social and economic development are well documented. Continued increase of population at the present rate would double our population to 37 million in about five decades and would continue to expand resulting in severe stress being placed upon the natural resources and environment and constraining the efforts to improve the quality of life of the people.

3. Therefore, while it is necessary to ensure that the current declining trend in fertility is maintained to reach a stable population size at least by the middle of the next century, it is important to address the crucial emerging population and reproductive health issues such as safe motherhood, sub-fertility, induced abortion, reproductive tract infections and sexually transmitted diseases, promotion of responsible adolescent and youth behavior, achieving gender equality, provision of health care and welfare services to the elderly, promotion of economic benefits of migration and urbanization while controlling their adverse effects, increasing public awareness on population and reproductive health issues and strengthening the infrastructure for implementation and coordination at national and sub-national levels.

4. By reproductive health is meant a state of complete physical, mental and social wellbeing in all matters relating to the reproductive system, its functions and processes. Reproductive health implies that couples are able to have a satisfying and safe sex life that they have the capability to reproduce and the freedom to decide responsibly on the number of children they may have.

5. The population and Reproductive Health Policy for Sri Lanka aims at achieving a higher quality of life for its people by providing quality reproductive health information and services, achieving gender equality, providing health care and social support for the elderly, promoting the economic benefits of migration and urbanization while controlling their adverse social and health effects and reaching a stable population size in the long term.

6. The following eight Goals constitute the population and Reproductive Health Policy of the government in the medium term. The policy statement is structured on the basis of a rationale for each goal each is accompanied by a set of illustrative strategies. The strategies for achieving the goals will be implemented through specific programmers which will be developed by the Task force mandated to formulate the Action plan on population and Reproductive Health.

7. In the action plan the roles and responsibilities of the national and sub-national administrations, NGOs including CBOs and the private sector will be identified. The development of mechanisms for coordination and the provision of adequate resources will be necessary in order that easy, affordable and convenient access to services is enabled to the general population.

## **Goal 1**

**Maintain current declining trends in fertility so as to achieve a stable population size at least by the middle of the 21st century**

### **Rationale**

Enlightened population policies and programmers since independence have contributed largely to high physical quality of life of the Sri Lankan population. However, Sri Lanka is still one of the most densely populated countries in the world. Hence maintaining the gains we have achieved in quality of life requires continuing effort in moderating the growth of population. The population of the country which is today 18.5 million increases annually at around 250000 persons i.e. at an annual growth rate of 1.3 per cent and if continued at that rate, the population is expected to double in about fifty years and will continue to expand. However, if fertility is reduced to replacement level within the next few years and maintained around that level, the population will grow slowly and stabilize at about 24 million around the year 2050.

### **Strategies**

- a) Continue to provide comprehensive family planning information, education, communication and services through government, NGO and private sector sources.
- b) Improve quality of service delivery to enable couples to decide freely and responsibly the number and spacing of their children.
- c) Focus attention on pockets of unmet need such as the urban slums, plantations, internally displaced populations, factory labor, and the underserved rural areas.
- d) Effectively reach the net additional to the reproductive age group (Estimated at 500,000 over the next ten years.)

## **Goal 2**

### **Ensure safe motherhood and reduce reproductive health system related morbidity and mortality**

#### **Rationale**

Maternal mortality levels in Sri Lanka are relatively low by South Asian standards. However, morbidity levels related to reproductive health still cause concern. Among the problems connected with reproductive health which will need to be addressed with increasing vigor in the future are:

- Anemia
- Sub-fertility
- Unwanted pregnancy
- Induced abortion
- Reproductive tract infection
- Sexually transmitted diseases
- HIV/AIDS
- Reproductive system malignancies  
(Breast, Pelvic and prostate cancers)

#### **Strategies**

- a) Expand reproductive health care services while improving its quality.
- b) Provide affordable, accessible and acceptable family planning services to protect against unplanned pregnancy.
- c) Promote family planning so that pregnancies do not take place too early in life or too late in life, are appropriately spaced and are not too many.

- d) Provide all men and women information, education, communication and counseling and access to safe and effective reproductive health care.
- e) Empower women to take responsible decision with regard to reproductive health care and ensure male participation in the process.
- f) Improve communication between men and women on issues of sexuality and reproductive health.

### **Goal 3**

#### **Achieve gender equality**

##### **Rationale**

Although a great deal has been accomplished in Sri Lanka in improving the situation of women and enhancing their role and status as equal partners with men, especially through providing equal access to education and employment in the public sector, there still remains much to be done to ensure equity and gender equality in areas such as access to employment in the private and unregulated sector and participation in decision making in politics and community affairs. Moreover, women's position in the family and community, their reproductive health and their participation in gender based violence and intimidation and harassment of women in the community. The full participation and partnership of both women and men in reproductive life, including shared responsibility for the care and nurturing of children is essential for the achievement of sustainable development. As women constitute nearly fifty per cent of the populations of the country, the removal of all impediments social, legal or institutional that stands in the way of their reproductive health, full development and advancement must be part of an effective population policy. Achieving change will require policy interventions that will improve women's access to secure livelihoods and economic resources raise social awareness and remove impediment to their full participation in public life.

##### **Strategies**

- a) Create an environment that is conducive to gender equality and for the full involvement of women in policy and decision making processes by incorporating in formal and non-formal education and public awareness programmes the concept of partnership and shared civic responsibilities.
- b) Review and change laws and practices that discriminate against women and assist them to realize their rights as citizens.

- c) Review and change laws and practices that is prejudicial to reproductive health of women and which deny the right to reproductive health.
- d) Initiate measures to improve women's ability to earn income beyond traditional occupations, achieve economic self-reliance and ensure women's equal access to the labor market
- e) Promulgate laws and policies and take other appropriate measures so that women can combine the roles of child bearing, breast feeding and child rearing with participation in the work force.
- f) Strengthen laws and enforcement procedures. So that violence and sexual exploitation against women are eliminated.
- g) Promote equal participation of women and men in all areas of family and household responsibilities including family planning and child rearing.

#### **Goal 4**

##### **Promote responsible adolescent and youth behavior**

##### **Rationale**

Adolescents and youth (aged 10-24 years) constitute 29 percent of the total population of Sri Lanka. The process of modernization and globalization will impose increasing strains on young persons in the future. Already, drug abuse, sexual harassment, and child prostitution, adolescent pregnancies and suicides are causing concern. There is the need to promote responsible caring attitudes towards each other, to young person of both sexes and promote responsible sexual behavior so that the effect of these social problems and others like STD, HIV/AIDS will be mitigated in the future.

##### **Strategies**

- a) Ensure adequate information on population, family life including ethical human behavior, sexuality and drug abuse in school curricula at the appropriate levels.
- b) Strengthen youth worker education by including information about drug abuse and sex related problems at vocational training centers, institutions of higher learning, work places, FTZs etc...
- c) Encourage counseling on drug and substance abuse, human sexuality and psycho-social problem especially by NGOs, CBOs and the National Youth Services Council.
- d) Promote informed constructive media coverage of youth related social problems.
- e) Promote productive employment opportunities for youth.

- f) Promote programmes including counseling to minimize the incidence of suicide among the youth.
- g) Provide the legal, familial and institutional support to mothers to protect their children from sexual abuse and harassment.

## **Goal 5**

### **Provide adequate health care and welfare services for the elderly**

#### **Rationale**

It is expected that by the year 2005 the percentage of the population over the age of 60 will be 11 per cent and would continue to increase due to the changing population age structures. Service to cater to this increasing population of the elderly will need to be provided not only by institutional sources but also through familial structures. This is necessary due to the changing structure and functioning of the nuclear family.

#### **Strategies:**

- a) Encourage the private sector, NGOs, CBOOs and the local community to provide community care and services to the elderly.
- b) Initiate social security schemes for the elderly not already covered by EPF, ETF, etc..
- c) Provide incentives to families to care for the elderly at home.
- d) Provide appropriate training for out of school youth awaiting employment to enable them to take care of the elderly at home.
- e) Provide special care of the elderly in the state health care system.
- f) Establish a cadre of community health nurses with responsibility for the care of the elderly.

## **Goal 6**

### **Promote the economic benefits of migration and urbanization while controlling their adverse social and health effects**

#### **Rationale**

Enlightened social development policies pursued over the past five decades have resulted in a situation where the rural to urban migration and urbanization have been relatively low. Nevertheless, the pace of urbanization in the future is expected to increase with the growth of small cities. According to United

Nations projections, the proportion of population living in urban areas in Sri Lanka is expected to increase to 43 per cent by the year 2025. As a result, increased environment pollution, changes in occupational and consumption patterns and life styles would contribute to greater health and social problem. It is also likely that the present trends of Sri Lankans going abroad for employment will continue. Such persons and those family members left behind need to be adequately prepared to face the change in life-styles.

**Strategies:**

- a) Strengthen the legal framework and provide environmental sanitation and reduce pollution.
- b) Establish mechanisms to impart health education to populations living in urban areas.
- c) Provide family planning and reproductive health counseling and services at work places and in the community at locations and times convenient to the user.
- d) Promote counseling on adolescent and youth related social problems.
- e) Provide international labor migrants support to acquire the requisite social skills and attitudes to face new situations both at the destinations and on return.
- f) Provide families of female migrant workers with the necessary support so that their young children can be taken care of while the mother is abroad.
- g) Ensure the physical protection of displaced women and children against exploitation, abuse and all forms of violence.
- h) Create an enabling environment for economic investment to take place in small towns and in rural areas so as to encourage the redistribution of population.

**Goal 7**

**Increase public awareness of population and reproductive health issues**

**Rationale**

There is the need to keep public, private and the NGO sector authorities the state and the decentralized agencies of administration like provincial councils, pradeshiya sabhas, other local authorities and private and NGO organization supplied with up-dated disaggregated data on the population situation and information on emerging population and development and reproductive health issues. The threat of the spread of STDs, HIV/AIDS, and other social problems, requires that the general population too, are continually informed and educated that reproductive health problems are preventable and dependent on

individual behavior patterns. The overall aim must be to induce a sense of individual and community responsibility and promote preventive health services including reproductive health.

### **Strategies**

- a) Utilize the service of decision makers and opinion leaders like parliamentarians, other political leaders and religious leaders for advocacy.
- b) Encourage policy oriented and operating research in to population and reproductive health problems. Government agencies, NGOs and academic community should be supported in such research and survey activities.
- c) Publish and disseminate widely in the national languages updated information on population and reproductive health issues. A focal point for such dissemination should be regularly supplied with such publications.
- d) Encourage use of media both electronic and print of public discussion of population and reproductive health issues.
- e) Set in motion a process of continuous research, evaluation, dissemination and feed-back.

### **Goal 8**

**Improve population planning and the collection of quality population and reproductive health statistics at the national and sub national levels**

#### **Rationale**

With the devolution of powers to sub-national authorities, regional planning unit will need to be provided with adequate data and skilled manpower to facilitate planning and decision making at the local level.

#### **Strategies:**

- a) Strengthen the existing national and sub-national institutions for collection of timely, relevant and reliable data on population and reproductive health.
- b) Establish populations units at sub-national levels.
- c) Strengthen national and sub-national planning unit in population planning activities.



d) Encourage utilization of information for improved programmer planning and implementation.