

"Bridging the Gaps: Why Undergraduates' Perceptions of Sexual and Reproductive Health Matters"

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Commentary

Abstract

Sexual and Reproductive Health (SRH) is a major concern among youth, particularly among undergraduates. It primarily focuses on the use of contraceptives, prevention of sexually transmitted infections, protection from sexual and gender-based violence, and maintaining safe, healthy relationships. Undergraduates who are in the first year and often in a period of social transition are more vulnerable to unhealthy sexual relationships and adverse SRH outcomes. Persistent stigma surrounding open discussions, knowledge sharing, and seeking knowledge on SRH among undergraduates, along with prevailing myths and beliefs, further exposes the younger generation to misinformation and negative experiences. Further, the lack of awareness, lack of a reliable information system, insufficient formal education, inadequate supportive organisations and staff, and absence of prior knowledge on sexual health and reproductive health collectively contribute to dilemmas, discomfort, and misconceptions among the young generation as well. In Sri Lanka, several programmes address this issue and educate youth about it. This discussion will examine the perceptions of undergraduates regarding SRH, gaps and myths, why the universities need to take the lead in taking action, along with the implications.

Key Words: implications, perceptions, sexual and reproductive health, Sri Lanka, undergraduates

Introduction

The youth are at a pivotal stage of life and experience important stages of physical, mental, and emotional development. The unique vulnerabilities of this stage in life can place young people at risk of unwanted pregnancy, sexually transmitted infections (STIs), and sexual violence [1]. For many years, sexual and reproductive health (SRH) has been identified as a significant health concern globally [2]. SRH experiences and needs change dramatically during this time, and young people frequently lack access to appropriate, non-judgmental SRH services and information from providers trained in youth-friendly SRH care [3]. Worldwide access to appropriate, youth-friendly SRH services is often more limited for youth living in low-resource settings [4]. In Sri Lanka, SRH issues remain highly sensitive and frequently treated as taboo, resulting in limited open dialogue both in educational settings and at home. Consequently, one of the key factors contributing to SRH-related problems among youth is their hesitancy to express their concerns to a trustworthy adult [1]. In Sri Lanka, although school curricula cover biological aspects of reproduction, they rarely address important topics like contraception, consent, healthy relationships, or STI prevention comprehensively or practically. Nevertheless, school education on SRH plays a vital role in the enhancement of essential knowledge and decision-making ability to maintain their SRH [2]. Further, only 58% of the students are satisfied with current school-based SRH education, and the teachers are not confident in delivering related topics, while they prefer those topics to be delivered by an external party [1]. As a result of inadequate delivery of sexuality education within the secondary education system, many young adults may enter university with significant knowledge gaps,

misconceptions, and discomfort about SRH issues. In Sri Lanka, there is often a lack of information and access to SRH care, despite its importance from adolescence onwards [5]. Comprehensive SRH awareness helps to reduce these risks by promoting safe sexual behaviours, understanding consent, healthy relationships, and respect for personal boundaries. Furthermore, strong SRH literacy contributes to better mental health, gender equity, and long-term reproductive success. Against this backdrop, this discussion aims to highlight the importance of understanding and improving undergraduates' perceptions of SRH not only for their own health and well-being, but also for broader public health outcomes. By examining existing challenges and advocating for university-led interventions, this critique emphasizes its urgency.

Perceptions on SRH, its rights and why it matters?

Undergraduates' perceptions of SRH have a significant impact on how they understand their interpersonal relationships, healthy sexual relationships, and health-related decisions because of a lack of SRH education and awareness during their school years. This includes cultural and religious beliefs, myths, attitudes, and individuals' interpretations of aspects like STIs, contraception, and sexual behaviours as well [6]. A recent study conducted among Sri Lankan state university undergraduates found that when a person reaches 18 years of age, they perceive the freedom to engage in sexual relationships, while considering willingness to have sex as an important factor. Peer influence, exposure to social media, and persistent social stigma surrounding STIs contribute to adolescents underestimating their risk of acquiring an STI and holding misconceptions about

contraceptive methods, particularly the belief that contraceptive use may still lead to unwanted pregnancies and abortions [7]. However, fear of unintended pregnancy is a key motivating factor for many adolescents, especially university students, to use contraceptives such as condoms. Furthermore, in Sri Lanka, although the knowledge regarding contraceptives is relatively high, the data on the use of contraceptives among unmarried adolescents remains limited [3]. The other concern is having strong trust in the sexual partner, beyond thinking of personal sexual protection, and the development of a sense of invulnerability, along with this trust, it will lead to disastrous situations in their sexual relationship [8]. When discussing the perception of SRH rights among undergraduates, they know that 'awareness of rights helps not to exceed limits in a relationship. Knowing SRH rights can also be useful in helping those who suffer due to the violation of their rights [7]. Understanding how undergraduates perceive SRH is therefore critical, because correcting these misconceptions and reshaping attitudes is a critical step toward promoting safer behaviours, protecting student well-being, and improving public health outcomes within the university community and beyond.

Current gaps/ myths in SRH perceptions

Even though sexual and reproductive health is a significant factor among youth, especially for university undergraduates, a proper system to deliver the required knowledge to young people is currently not widely implemented or well-known in Sri Lanka [7]. The inadequacy of proper education on SRH reveals some perceived norms among youth, such as lifelong infertility due to contraceptives, the absence of STIs in familiar sexual partners,

the belief that STIs are manifested only through visible signs, and also the belief that intercourse cannot result in pregnancy during menstruation. [9,10]. Additionally, reliance on peers, pornography, or unreliable internet sources has contributed to distorted perceptions of sexual behaviours, body expectations, and relationship dynamics. Cultural stigma further reinforces the notion that discussions surrounding SRH are "embarrassing" or "immoral", discouraging students from seeking professional care or accurate information [11]. Collectively, these gaps highlight persistent myths and misconceptions that negatively influence SRH perceptions among university students.

Why must universities act?

Universities are an essential setting for SRH intervention because they have a significant influence on young adults' behaviour, health, and general well-being. Specifically, first-year students are the most vulnerable group due to rapid social transitions and being away from parents or guardians, they may explore new experiences within a context of unrestricted freedom, new social and peer relationships, and psychological stressors. Sexual consent, coercion, and rape are key terms that align with healthy sexual relationships. Legally, consent is defined as a person agreeing to participate by choice, with the freedom and capacity to choose [12]. However, it was found that university students' awareness of sexual consent, coercion, and rape is not satisfactory, which indicates the need for potential educational materials at the university level [2]. A study conducted in Sri Lanka among female undergraduates on romance, sex and coercion found that there was a dominance of male partners in their relationships, resulting in

coercion, which is unacceptable to female undergraduates [13]. Further, awareness of the risk of non-consensual sex among university students is also lower, while a high percentage of girls are subjected to victimization through verbal harassment, unwanted touch, fondling, and penetrative sexual intercourse [14]. Universities hence can become the most accessible and reliable setting for delivering accurate, evidence-based information because most Sri Lankan students arrive with little or no SRH knowledge [1,7], as well as strong cultural taboos that prevent open discussion. These cultural taboos will also be addressed in the presence of a multicultural community inside the university. Negative SRH perceptions have a direct impact on academic achievement, mental health, and long-term health outcomes that need to be addressed. Students who lack knowledge are more susceptible to STIs, unwanted pregnancies, unsafe abortions, sexual violence, and emotional distress, all of which have detrimental effects on both individual and societal health. Universities can empower students with knowledge, dispel damaging myths, promote healthy relationships, and lessen the stigma associated with SRH by stepping in early. Moreover, mentoring and guiding students to develop critical thinking skills and become better educated and informed on SRH will directly contribute to reducing unsafe sexual behaviours and abortions and prevent them from dropping out of university due to unplanned pregnancies. Attending to SRH needs is crucial to making sure that students flourish academically, socially, and emotionally in a secure and encouraging university setting. Further, it will empower people and save lives, which ultimately reduces healthcare costs and contributes positively to economic advancement in the country [7].

Practical solutions

As the cornerstone of the nation, the universities in Sri Lanka, possess a responsibility to develop necessary information systems ensuring the reliability and accuracy of SRH-related data. As a step forward in addressing this problem, the Family Health Bureau of Sri Lanka, has introduced a course, 'Adolescent Sexual and Reproductive Health', which is freely available on the website; (<https://erhmis.fhb.health.gov.lk/ebridge/course/index.php?categoryid=7>) for the relevant target groups to follow. [15]. The universities can make this course compulsory for completion during orientation programmes for freshers or can integrate suitable content by including sessions on SRH and sexual and reproductive health rights. As freshers are the most vulnerable group within a university, it is crucial to address this issue at the very beginning of university education based on the aforementioned factors [16]. Moreover, conducting continuous awareness programmes, workshops and online courses by field experts on this content will further enhance their knowledge and understanding of it. Directing students to follow such education programmes and strengthening the university medical centres to promote counselling services, HPV vaccination programmes, conducting SRH awareness programmes mainly on STIs and contraceptives, developing digital web portals to address the students' questions, and integrating SRH into the curricula of relevant faculties are some possible interventions to bridge the gap in this major concern.

Conclusion

SRH among university students in Sri Lanka remains a pressing public health issue that

requires urgent and targeted interventions. Due to a lack of formal education and societal stigma surrounding SRH, they are not well exposed to SRH information and services. Arranging workshops or awareness sessions with experts on sexual health education, sexual health researchers, professional counsellors and legal officers from the Bureau for the Investigation of Abuse of Children & Women, Sri Lanka can be incorporated into these programmes. Additionally, promoting counselling services and vaccination programmes are some of the essential steps to promote the individual's sexual health and well-being.

Ethical Approval

Ethical approval was not required for this commentary, as it is based solely on previously published literature and publicly available information and did not involve primary data collection from human participants or animals.

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