

ReproSex: International Journal on Sexual and Reproductive Health

The Future Is Now: Why Adolescents Must Be Central to Sexual and Reproductive Health Policy and Practice



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Dedication: This article is published in memory of Professor Iqbal H. Shah, keynote speaker at ReproSex 2024 and a valued member of the International Advisory Committee of ReproSex: International Journal on Sexual and Reproductive Health. His lifelong contributions to sexual and reproductive health research, policy and practice have left an enduring global legacy. The Editors and the ReproSex Editorial Team remember with deep gratitude his wisdom, generosity, encouragement and commitment to advancing evidence-informed sexual and reproductive health for all. His work and influence will continue to inspire future generations of researchers, practitioners, and advocates. May he rest in eternal peace.

Leading Article

Abstract

Adolescence is a decisive period for sexual and reproductive health policy, as the knowledge, norms, service access and early behaviours established during these years shape lifelong health and well-being. This article frames adolescence as both an age of opportunity and an age of vulnerability. It synthesises evidence from South Asia and Sri Lanka to discuss demographic importance, the impact of digital transformation, progress in reducing adolescent fertility, persistent gaps in knowledge and service access, and the need for a renewed action agenda. The paper argues for five key priorities: engaging adolescents earlier in life, strengthening sexual and reproductive health education, and harnessing digital platforms purposefully, explicitly including boys and young men, and developing context-specific adolescent-responsive services. The future of sexual and reproductive health policy depends on whether societies invest in adolescents before preventable harms become entrenched.

Key Words: adolescence, young people, sexual and reproductive health, South Asia, Sri Lanka, sexual and reproductive health education



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Introduction

In the era of digital transformation and artificial intelligence, adolescence must be understood as far more than a period of risk; it is a pivotal stage of expanding capacity, profound transition and immense opportunity [1]. This framing aligns with contemporary adolescent health scholarship, which recognises adolescence and young adulthood as key phases for human capital development, lifelong health, and intergenerational well-being [2-5]. In sexual and reproductive health (SRH), the stakes are especially high, because knowledge, norms, service access and early behaviours established during these years shape later fertility, relationships and health trajectories [2,4-6]. Building on this evidence base, the article argues that adolescent SRH policy in South Asia must move beyond a narrow protective model towards one that is enabling, evidence-based and responsive to the evolving needs of young people [1-6].

Adolescence as a strategic window

Adolescents are not a homogeneous group, and distinctions within age categories are important for policy and programme design. The World Health Organization defines adolescence as the period between 10-19 years, while more recent scholarship has argued for a broader age range of 10-24 years to better reflect social and developmental transitions [2,3]. Both perspectives converge on one point: the early adolescent years, particularly ages 10-14, are formative for the development of attitudes, relationships, body literacy and health behaviours [1-3]. Global adolescent health research has repeatedly demonstrated that investments during this phase produce benefits that extend into adulthood and across generations [2-5]. Young people should therefore be understood not only as beneficiaries of services but also as social actors whose agency and decision making capacities requires support and development [1]. This

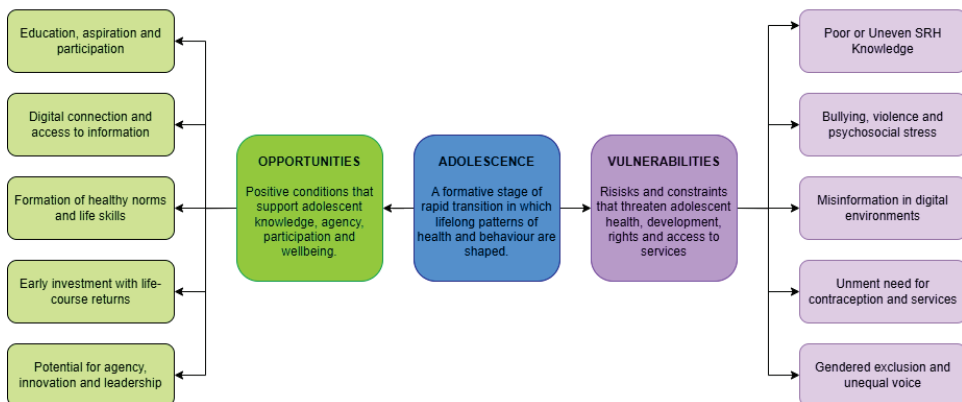


Figure 1. Conceptual framework linking adolescent opportunities, vulnerabilities and sexual and reproductive health trajectories.

Note: This conceptual framework illustrates adolescence as a formative period shaped simultaneously by opportunities and vulnerabilities that influence sexual and reproductive health trajectories. Opportunities refer to positive conditions that support adolescent knowledge, agency, participation and well-being, while vulnerabilities refer to risks and constraints that may undermine health, development, rights and access to services. The framework is interpretive and was developed by the author on the basis of the supporting literature cited in this article. SRH = sexual and reproductive health.

is particularly important in South Asia, where large youth populations coexist with rapid social change, expanding educational opportunities, delayed marriage and accelerating digital transformation [4,5].

This framing is summarised in Figure 1, which presents adolescence as a strategic window shaped by both opportunities and vulnerabilities. The figure highlights that adolescent SRH trajectories are not determined by individual behaviour alone, but by the interaction between enabling factors, such as education, digital access, healthy social norms and personal agency, and constraining factors, including limited SRH knowledge, violence, misinformation, unmet need for contraception and gender-based exclusion.

The digital age: opportunity and misinformation

As indicated in Figure 1, digital connectivity can function both as an opportunity and as a source of vulnerability in adolescent SRH. Digital transformation has reconfigured the information environment in which adolescents learn, communicate and make decisions about their health and well-being [1,4,7]. Evidence suggests that digital health interventions can improve sexual health knowledge, promote safer practices and increase access to services, particularly among young people who may avoid formal healthcare because of stigma, and concerns about confidentiality [7]. Yet, evidence from Sri Lanka indicates that young people often rely on friends, the internet and other informal channels for SRH information, with notable gender differences in information seeking pathways [8,9]. This reality provides both an opportunity and a challenge. While digital platforms can democratise access to information and services, they can also

facilitate the spread of misinformation, reinforce harmful social norms and widen inequalities between those who can distinguish credible sources and those who cannot [1,7-9].

Progress in South Asia and Sri Lanka

Policy debate must start by acknowledging progress. Across low- and middle-income countries, the past three decades have seen substantial declines in adolescent pregnancy and child marriage, alongside increased recognition of adolescent SRH in policy agendas [5]. Figure 2 presents an illustrative comparison of changes in adolescent fertility across selected South Asian countries, based on earlier and more recent data observations for each country. The figure indicates that adolescent fertility has declined across all countries presented, although the pace and level of decline vary considerably. Sri Lanka stands out for maintaining comparatively low adolescent fertility rates within the region, reflecting long-standing investments in education, family planning, and maternal health services [1,12,19].

Local evidence also suggests that adolescent and youth relationship patterns are evolving. Research among Sri Lankan youth has documented widespread romantic relationships and dating, increasing diversity in relationship experiences, and substantial variation in sexual behaviour and contraceptive use across population subgroups [10,11]. A subnational study of unmarried youth found that unprotected sexual intercourse remained common among a sizeable minority of sexually active young people and that disparities persisted across sectors and ethnic groups [11]. Studies synthesised in Sri Lankan SRH publications further demonstrates that knowledge

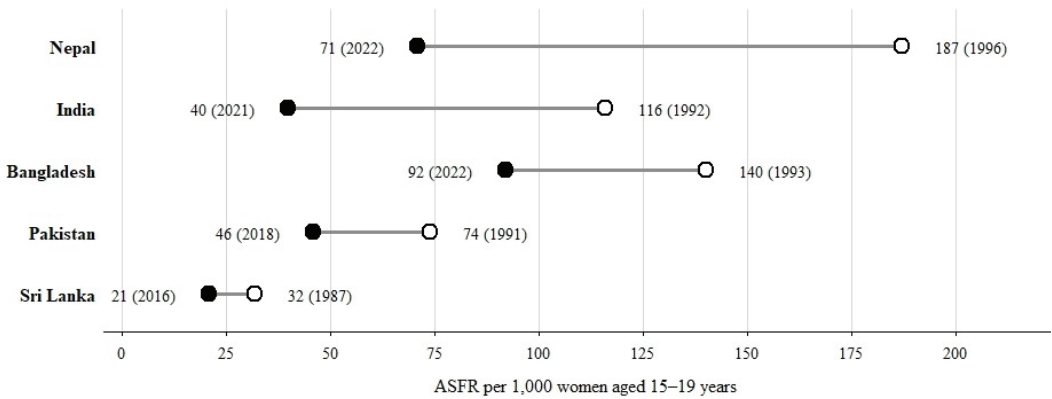


Figure 2. Illustrative decline in adolescent fertility in selected South Asian countries.

Note: Age-specific fertility rate (ASFR) per 1,000 women aged 15–19 years. Open circles indicate the earlier observation and solid circles indicate the most recent observation shown for each country; the connecting line illustrates the direction and magnitude of decline between the two time points. Values were reproduced from the keynote presentation delivered by Dr Iqbal H. Shah at ReproSex 2024 and aligned with cited secondary demographic sources. ASFR = age-specific fertility rate [1,12,19].

and contraceptive use vary according to age, sex and social context, rather than being distributed uniformly across the population [12–14].

Taken together, the regional and Sri Lankan evidence presents a mixed picture. While measurable progress has been achieved, particularly in reducing adolescent fertility and increasing policy attention to adolescent SRH, gaps and inequalities persist across multiple domains of adolescent SRH. Table 1 summarises the key evidence discussed in this section, linking each area of progress or continuing gap to its policy implication for adolescent SRH programming in South Asia and Sri Lanka.

Persistent and emerging vulnerabilities

Progress in averages does not eliminate vulnerability. Recent evidence from Sri Lanka continues to highlight major gaps in SRH knowledge among unmarried youth, including limited knowledge of pregnancy, contraception and sexually transmitted infections, despite the perceived value of

school-based SRH education [8,9]. These gaps are not confined to school-going adolescents. Research among female factory workers in Sri Lanka has also identified low levels of knowledge regarding emergency contraception and missed opportunities for pregnancy prevention, suggesting broader weaknesses in contraceptive literacy among young women outside formal educational settings [15].

Service access also remains a concern. A review of Sri Lankan studies identified persistent barriers related to privacy, confidentiality, acceptability and service design, while an earlier study revealed that adolescents often perceived available reproductive health services as insufficiently responsive to their needs [8,16]. At the same time, adolescents are exposed to broader threats that shape SRH indirectly, including bullying, violence and other psychosocial stressors. Multicountry analyses have shown that bullying victimisation and physical violence remain common among school-going adolescents, underscoring the need to address adolescent health

Table 1. Summary of progress and continuing gaps in adolescent sexual and reproductive health in South Asia and Sri Lanka

Theme	Evidence relevant to South Asia and Sri Lanka	Policy implication	Key sources
Adolescent fertility	Adolescent fertility has declined in South Asia, but the pace and level of progress remain uneven. Sri Lanka has generally maintained comparatively low levels within the region.	Regional progress should not obscure persistent pockets of vulnerability.	[1,5,12,19]
Relationships and sexual behaviour	Sri Lankan studies show widespread romantic involvement among youth and important subgroup differences in sexual behaviour and contraceptive use among unmarried young people.	Programming should reflect the realities of contemporary youth transitions rather than assume universal abstinence before marriage.	[10,11]
School-based SRH education	School-based SRH education exists and is valued by many young people, but knowledge gaps on pregnancy, contraception and STIs remain substantial.	Education must be more comprehensive, age-specific and gender-sensitive.	[8,9,13]
Family planning and contraceptive literacy	Knowledge and use of contraception are socially patterned, and unmet informational needs persist among young people and young married women.	Service design must combine information, confidentiality and practical access.	[14,15,20]

Note: Selected evidence summarised from the keynote address and cited secondary literature to illustrate areas of progress, continuing gaps and policy relevance for South Asia and Sri Lanka. This table is interpretive rather than exhaustive and does not represent a systematic review. SRH = sexual and reproductive health; STI = sexually transmitted infection.

within a broader social ecology rather than relying solely on clinic-based responses. [17,18]. Adolescent SRH programmes often focus predominantly on girls, even though relationship formation, contraception, consent and the prevention of unintended pregnancy are inherently relational issues [4,5]. A sustainable and effective SRH agenda cannot overlook boys and young men, whose knowledge, attitudes, and behaviours are equally important.

A renewed agenda for action

A renewed agenda should include five linked priorities. First, interventions must begin earlier. Evidence from global adolescent

health and sexuality education research supports developmentally appropriate engagement before sexual debut, with content that builds progressively across age groups [2,3,6]. Second, sexual and reproductive health education must be comprehensive rather than limited to biological reproduction alone. High-quality programmes improve knowledge and can support safer behaviours without increasing sexual activity [6]. Third, digital strategy must become a deliberate component of adolescent SRH policy. Given that young people already use digital media as an information source, governments, non-governmental organisations and professional bodies should

Table 2. Priority actions, rationale and lead actors for a renewed adolescent sexual and reproductive health agenda

Priority action	Why it is needed	Lead actors	Indicative evidence
Start earlier (10-14 years)	Early adolescence is formative for attitudes, body literacy, relationship expectations and later SRH behaviour.	Schools, families, health systems	[1-3,6]
Strengthen Sexual and Reproductive Health Education	Evidence-based sexual and reproductive health education improves knowledge and supports safer behaviour without increasing sexual activity.	Education sector, curriculum bodies, professional associations	[6,8,9]
Use digital platforms purposefully	Young people already use digital media for information; credible digital pathways can improve reach and confidentiality.	Governments, NGOs, youth organisations, digital health providers	[1,7-9]
Include boys and young men	Pregnancy prevention, consent and safer relationships are relational issues; male exclusion weakens programme impact.	Programme designers, educators, community organisations	[1,4,5]
Design adolescent-responsive services	Privacy, confidentiality and acceptability remain major barriers to service use in Sri Lanka.	Health systems, service managers, counsellors	[8,16,20]

Note: Priority actions summarised from the keynote address and aligned with the cited evidence to support a renewed adolescent sexual and reproductive health agenda. The table is intended as a strategic synthesis for policy and programme consideration and does not represent an exhaustive framework. SRH = sexual and reproductive health; NGO = non-governmental organisation.

invest in accurate, youth-friendly web content, moderated digital counselling and referral pathways linked to confidential services [1,7-9]. Fourth, programmes must include boys and young men explicitly, while remaining attentive to the distinct vulnerabilities of girls and young women [4,5]. Fifth, service and policy design must be context-specific. Sri Lankan evidence repeatedly shows that knowledge, behaviour and access vary by sex, age, sector and social setting [9-14]. These five priorities are summarised in Table 2 as a practical action framework, linking each recommended action to its rationale, likely lead actors and supporting evidence. The table is intended to translate the preceding discussion on adolescent opportunities, vulnerabilities and service gaps into programme and policy directions for adolescent-responsive SRH action.

Building on the action areas summarised in Table 2, these priorities imply a broader shift in practice. Schools, families, community organisations and health systems should not assume that adolescents will confidently seek help through formal channels. They require respectful communication, privacy, non-judgemental care and consistent accurate information across the settings in which they live and learn [8,16]. In this sense, adolescent SRH is not a niche concern. Rather, it is a cross-sectoral investment in health, gender equity and future social well-being [2,4,5].

Conclusion

The central insight remains compelling: adolescence is simultaneously a period of opportunity and vulnerability [1]. The policy failure is not that risk exists, but

that institutions too often respond to adolescents only when risk becomes visible. A stronger policy and programme response must begin before risks become entrenched, engage more closely with adolescents' lived realities, and provide age-appropriate SRH education, confidential services, credible digital information and supportive family, school and community environments [1-9]. For South Asia, and for Sri Lanka in particular, the next phase of progress will depend on recognizing adolescent SRH not as a peripheral concern, but as a core public investment whose benefits will be realised across the life course and into future generations [2-5].

Ethical Approval

This article was developed from the keynote address delivered at the opening ceremony of ReproSex 2024: International Conference on Sexual and Reproductive Health, Colombo, Sri Lanka, 5–6 November 2024, together with the publicly available recording of that address. As the article does not report original research involving human participants, human tissue or identifiable personal data, ethics committee approval and informed consent were not required.

External Funding

No external funding was received for the preparation or publication of this manuscript. Support for ReproSex 2024: International Conference on Sexual and Reproductive Health, including its technical partners and sponsors, is acknowledged separately in the official conference proceedings. https://www.fpasrilanka.org/themes/custom/fpa_theme/assets/pdf/conference_proceedings.pdf

Conflict of interests

The author declares no conflict of interests.

Data Availability Statement

The full keynote speech underpinning this article is publicly available on the official ReproSex YouTube channel at: <https://www.youtube.com/watch?v=b572HwX2324>. No primary dataset was generated for this manuscript; the article is based on the keynote speech and the published sources cited in the reference list.

Statement on the Use of Artificial Intelligence Tools

This article was prepared on the basis of the keynote address delivered by Dr Iqbal H. Shah at ReproSex 2024. The Editors-in-Chief declare that ChatGPT (GPT-5.4 Thinking, OpenAI) was used exclusively for language refinement and clarity enhancement. All content was subsequently reviewed and approved by the Co-Editors of the ReproSex Journal, who assumed full responsibility for the accuracy, interpretation and integrity of the article.

Author Biography

Dr Iqbal H. Shah is a prominent figure in global reproductive health research. He served as a Visiting Scientist in the Department of Global Health and Population at the Harvard T.H. Chan School of Public Health and was also affiliated as a Research Fellow with Inselspital, Bern University Hospital. Over a distinguished career, including many years at the World Health Organization, he became internationally known for his influential work on unsafe abortion and for advancing social science and operations research in sexual and reproductive health. An accomplished and widely cited scholar, he authored more than 100 scientific papers and co-edited several books. His scholarship and leadership left a lasting mark on the fields of family planning, abortion, infertility and adolescent health.

Editor's Special Note: In Memory of Professor Iqbal H. Shah

ReproSex: International Journal on Sexual and Reproductive Health publishes this leading article in Volume 2, Issue 1, in memory of Professor Iqbal H. Shah, who passed away in Geneva, Switzerland, on 28 December 2025. This article was developed from the keynote address delivered by Professor Shah at the opening ceremony of ReproSex 2024: International Conference on Sexual and Reproductive Health, held in Colombo, Sri Lanka, on 5–6 November 2024. Professor Shah's association with ReproSex was both meaningful and generous. He served as the keynote speaker at the ReproSex 2024 Conference and as a valued member of the International Advisory Committee of the ReproSex Journal. Throughout the formative stages of both

the conference and the Journal, he extended thoughtful guidance, encouragement and intellectual support. His contributions strengthened the Journal's commitment to evidence-informed, rights-based and globally engaged scholarship in sexual and reproductive health. By publishing this article as the leading article of Volume 2, Issue 1, ReproSex honours Professor Shah's scholarly legacy and his personal generosity. His work will continue to inspire researchers, policymakers, programme professionals and advocates committed to advancing sexual and reproductive health and rights in Sri Lanka, South Asia and beyond. The full keynote speech on which this article is based is publicly available on the official ReproSex YouTube channel at: <https://www.youtube.com/watch?v=b572HwX2324>.

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