"Exploring the perceptions and values of Sri Lankan Sinhalese Buddhist female youth regarding their sexual health: A qualitative descriptive study."

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(MPH)

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A thesis submitted to Auckland University of Technology in fulfilment of the requirements for the degree of Master of Public Health (MPH).

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Attestation of Authorship

"I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor used artificial intelligence tools or generative artificial intelligence tools (unless it is clearly stated, and referenced, along with the purpose of use), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning."

Signed:

Svethlana Siriwardena

Date: 11/10/24

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Purpose of Research

In respect to Sri Lankan female youth, to

- explore values regarding sexual health (SH)
- explore perceptions regarding sex education (SE)
- provide novel and first-time data for larger research projects.

Abstract

This qualitative descriptive study explores the perceptions and values of Sri Lankan Sinhalese Buddhist female youth concerning their sexual health (SH) and their previous experiences with secondary school-based sex education (SE) in Sri Lanka.

Participants were selected through purposeful and snowball sampling. In total 14 female youth participants in the age bracket of 18 to 25 were selected, and in-depth interviews were conducted, using a semi-structured interview guide. All participants were of Sinhalese Buddhist ethnicity from the city of Panadura in the Kalutara district, in the Western province of Sri Lanka; participants all hailed from low to middle income families and were either in tertiary education, employed, or unemployed.

The thematic analysis revealed three overarching themes. Firstly, “The importance of family expectations”, highlighting the role of the family in value formation around SH in participants, with a strong emphasis on family matriarchs. Secondly, “Sociocultural and religious expectations”, shedding light on the importance of cultural, religious, and societal norms, such as “virginity and purity”, “menstrual taboos” and “the role of women in family and society” as key drivers in the formation of SH values among female youth. And finally, “Barriers to accessing quality SE”, illuminating participants’ perceptions of prior SE in their schooling and their current challenges in accessing accurate SH knowledge and SH services.

This cohort of female youth perceived that they lacked an in depth understanding of SH knowledge and associated health risks. Furthermore, participants exhibited an openness to globalised sexual trends, such as “placing little value on rituals associated with menstruation”, “challenging the notion of virginity”, "exercising sexual independence and achieving equality in intimate relationships”, “having open conversations around SH”, and the need for “better informed SE”, while concurrently maintaining strong traditional ideals, particularly concerning attitudes towards “sexual promiscuity”, ”negative attitudes toward abortion”, and “extramarital intimacy”. The findings provided valuable insights into the intersection of cultural, religious, and gendered values for Sinhalese Buddhist female youth, within

an ever-evolving landscape of increasing exposure to modernity and information, through the Internet and social media.

Recommendations from this study focused on large-scale school SE reforms, including a review of the current school SE curricula, co-designed with multiple stakeholders, enhanced teacher SE training programmes, and the development of online platforms to complement in-school SE classes. Further, localised initiatives were advocated for, such as creating and disseminating appropriate SH information for both adults and female and male youth at the grassroot community level and establishing safe online and physical spaces for young women to discuss SH without fear of embarrassment or shame.

In conclusion, the current study recognised that it is crucial to tailor SE policies and school SH education to be culturally and religiously sensitive, acknowledging the coexistence of modern and traditional values. Furthermore, it is essential to recognise the importance of expanding future research to include other ethnic communities, genders, sexual orientations, and individuals from diverse socio-economic backgrounds. With large-scale research projects, based on these findings, utilising co-design approaches to develop focus group discussions, surveys, and in-depth interviews which will help advance a deeper understanding of the SH needs of youth in Sri Lanka.

Chapter 1: Introduction

1.1 Background

The sexual health (SH) of young people has been a growing area of focus in the field of primary healthcare education, research, and community health service delivery for many years. As described by the World Health Organization (WHO), SH is fundamental to the overall health and well-being of individuals, couples, and families, and to the social and economic development of communities and countries (WHO, 2024). SH, when viewed affirmatively, requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence (WHO, 2024). The ability of men and women to achieve SH and well-being depends on their access to comprehensive, evidence-informed health education about sex and sexuality; knowledge about the risks they may face and their vulnerability to adverse consequences of unprotected sexual activity; ability to access SH care; as well as living in an environment that affirms and promotes SH (WHO, 2024). In that respect, SH encompasses a multitude of differing and intersecting dimensions that must be considered to provide the youth population with substantial knowledge and skills to navigate sex and sexuality in an informed and safe manner.

This chapter will cover several key sections as follows. First, SH: A Global Priority for Sustainable Development Goals**:** will discuss how SH and gender equality are tied to the relevant Sustainable Development Goals agenda for 2030. Secondly, Defining Sex Education (SE): will examine the importance of comprehensive SE as it relates to providing scientifically accurate, information about human sexuality, relationships, and reproductive health. Thirdly, Defining Youth: will offer a description of youth, as defined by the WHO the significance of SH knowledge for youth populations, particularly in Sri Lanka, South Asia, and other Low- and Middle-Income Countries (LMICs). Fourth, South Asia: will provide an overview of the region, highlighting region specific SH issues. Fifth, Sri Lanka: will outline Sri Lankas geography, economy, demography, ethnic, and religious composition. Six, The Sinhalese: will focus on the Sinhalese ethnic population, their historical and present-day

relevance in Sri Lanka and their cultural and religious influences. Seventh, Theravada Buddhism and the Sinhalese: will examine how Theravada Buddhism shapes the sociocultural values and attitudes of the Sinhalese community, as well as its broader influence on Sri Lankan society. Eighth, SE Programs in Sri Lanka: will provide a comprehensive description of current school-based and out-of-school SE programs in Sri Lanka. Finally concluding with a chapter summary.

1.2 Sexual Health: A Global Priority for Sustainable Development

As defined by the WHO, SH is understood as a state of wellness comprising of physical, emotional, mental, and social dimensions (WHO, 2024). Furthermore, the United Nations (UN) agenda for 2030, sustainable development goals prioritise the importance of comprehensive SH knowledge, accessible to all populations.

Specifically, goal 3 – Good Health and Well-being – aims to ensure healthy lives and promote well-being, by improving access to SH services and SH education, based on a human rights framework, which can be considered fundamental to preventing poor SH outcomes (WHO, 2024).

Further, goal 5 – Gender Equality – aims to eliminate gender-based violence; harmful practices, such as child marriage and female genital mutilation; and ensure universal access to SH and reproductive rights. Promoting gender equality directly impacts SH by empowering individuals, particularly women and girls, to make informed decisions about their SH (WHO, 2024).

1.3 Defining Sex Education

Sex Education is defined as an age-appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic, non-judgmental information (Leung et al., 2019). It is a vital component of public health initiatives, aimed at promoting safe behaviours, preventing Sexually Transmitted Illnesses (STIs), and reducing the prevalence of unintended pregnancies, particularly among adolescents and young adults. It encompasses a range of educational

programmes and initiatives designed to provide individuals with accurate information about human sexuality, reproductive health, relationships, and sexual behaviours (Bleakley et al., 2006). In 2018 the United Nations Educational, Scientific and Cultural Organization (UNESCO) report, on the requirement of SE, highlighted that young people approach adulthood faced with conflicting, negative, and confusing messages about sexuality, often exacerbated by embarrassment and silence from adults. In many societies, attitudes and laws discourage public discussion of sexuality and sexual behaviour, and social norms perpetuate harmful conditions, such as gender inequality in relation to sexual relationships, family planning, and modern contraceptive use (UNESCO, 2018.). Furthermore, the importance of accurate and quality SE has been further emphasised by the global community as countries increasingly acknowledged the importance of equipping young people with the knowledge and skills to make responsible choices in their lives, particularly where they identified greater exposure to sexually explicit material through the Internet and other media (UNESCO, 2018.). However, most countries further identified the importance of adopting SE in local contexts and designed it to address factors such as beliefs, values, perceptions, attitudes, and skills within individual countries (UNESCO, 2018.).

1.4 Defining Youth

The WHO definition of "youth" is individuals between the ages of 15 and 24 years (WHO, 2024). This age group is considered a transitional phase between childhood and adulthood, encompassing adolescence and young adulthood. Further, "young people" refers to individuals in the 10–24-year-old age group (WHO, 2024). In the world today, approximately half of the population is under 25, out of which 1.8 billion young people live in low- and middle-income countries (LMICs) and many are experiencing poverty and unemployment (Nachiappan et al., 2022). Furthermore, in all regions young people are reaching puberty earlier, initiating intimacy at a younger age, and delaying marriage; therefore, young people in the present generation experience a lengthier gap between attaining puberty and marriage than in previous generations (Morris & Rushwan, 2015). Consequently, young people are left more vulnerable to negative SH outcomes if they are not provided with comprehensive, reliable, and accessible SE and services.

All youth populations are vulnerable to similar SH risks when navigating puberty and sexual activity, such as early pregnancy, difficulties accessing contraception and safe abortion, and high rates of HIV and STIs (Morris & Rushwan, 2015). However, differing youth populations also face varying challenges around SH-related issues due to their economic and socio-development resource environment, cultural and religious beliefs, social norms, and political and legal frameworks, within which they reside (Morris & Rushwan, 2015). In that regard, understanding the complexities of youth SH development among diverse populations is crucial, as the process of sexual awareness unfolds during this period and is influenced by contextual factors related to an individual's sexual desires, experiences, and identities (Deardorff et al., 2019). Further, these experiences are diversified by age, sex, marital status, schooling, residence, migration, sexual orientation, and socioeconomic status, among other characteristics (Morris & Rushwan, 2015).

Male and female youth have different levels of exposure to various sources of SE information which affects their SH knowledge. Female youth are commonly more at risk, as they have less access to information sources outside their homes, receiving a majority of their SH information from their mothers, siblings, or friends (Alquaiz et al., 2013). Additionally, young females face more barriers when navigating puberty, which further puts them at a greater risk within the spectrum of SH. Young females experience the discovery of sexual desires and the likelihood of engaging in sexual relationships, while at the same time experiencing puberty and the onset of menstruation (Alimoradi et al., 2023). Receiving information regarding puberty and menstrual health from peers and having a distant parent-adolescent relationship were found to be the most important predictive variables of poor SH among young females (Alimoradi et al., 2023). Furthermore, young mothers are seen to be at a disproportionate risk of complications at birth, of whom globally are largely concentrated in rural households (Williamson & Fund, 2013). Girls also face risks from unprotected and coercive sex, whilst the prevalence of gender-based violence also increases substantially as girls enter adolescence (Bhattacharjee et al., 2020). Abortion, is still considered a criminal offence in many parts of the world, and girls and young women are at a higher risk of negative health outcomes due to unintended pregnancies followed by unsafe abortions (Williamson & Fund, 2013).

1.5 South Asia

South Asia is a region in Asia that includes countries primarily located on the Indian subcontinent. It typically comprises India, Pakistan, Bangladesh, Nepal, Bhutan, Sri Lanka, and the Maldives. The region is known for its diverse cultures, languages, religions, and histories (Alam et al., 2024).

South Asia is home to approximately 2.08 billion people, accounting for about 25.3% of the global population (Worldometer- South Asia, n.d.). The median age in South Asia is 27.1 years, reflecting a predominantly young demographic (Worldometer- South Asia, n.d.). Economically, South Asia has demonstrated robust growth. In 2024, the region's Gross Domestic Product (GDP) expanded by 6.4%, surpassing previous forecasts. This momentum is projected to continue with growth rates of 6.2% annually in 2025 and 2026 (Overview, n.d.), positioning South Asia as the fastest-growing region among emerging markets and developing economies. South Asia has played a significant role in global cultural and economic development. Today, it is one of the most populous and rapidly developing regions in the world, with a dynamic blend of traditional and modern influences shaping its future (Overview, n.d.).

Within South Asia, widespread taboos and secular norms pose restrictions and barriers on young people from accessing accurate SH knowledge, whilst also restricting them from accessing SH services (Alam et al., 2024). In that regard, many young people in South Asia often have a poor understanding of SH, such as a lack of awareness of contraceptive use and STIs – partly because of limited access to SH services and reliable information (Biswas, 2021). The situation is exacerbated by taboos relating to gender and sexuality which limit SH communication between youth and adults (Alam et al., 2024). As a consequence of this, youth within this region tend to face several negative outcomes of sex, such as unintended pregnancy, STIs, sexual abuse, sexual coercion, and child marriages, as a consequence of the lack of accurate knowledge (Biswas, 2021). Furthermore, gender inequality within the South Asian region contributes to young girls suffering discrimination, particularly in terms of cross-sex communications around sexuality, son preference, and early marriage. (Alam et al., 2024).

Country-specific issues within the region can further be identified, which arise due to differing religious and cultural attitudes specific to countries within the region (Ravindran & Khanna, 2024). Differing religious and socio-cultural traditions and political ideologies within South Asian countries remain entwined and continue to have diverse effects on sexuality, reproduction, and gender (Ravindran & Khanna, 2024). Specifically in Sri Lanka, religious, cultural, and ethnic and socio-political identities strongly influence perspectives on sex and reproduction.

Image 1- Map of South Asia

(Colourful Southern Asia Map With Countries and Capital Cities, n.d.)

1.6 Sri Lanka

Sri Lanka is an island nation located in the Indian Ocean, just southeast of the Indian subcontinent, and is renowned for its stunning landscapes, rich history, and cultural diversity. The country's capital is Sri Jayewardenepura Kotte, and its largest city and commercial hub is Colombo. Home to around 22 million people, Sri Lanka's economy is classified as lower-middle-income, with an economy heavily reliant on services, industry, and agriculture ("Economic Statistics of Sri Lanka," 2024). Its GDP (Gross Domestic Product) in 2024 is estimated at $88.9 billion ("Economic Statistics of Sri Lanka," 2024), with a growth rate of approximately 2.3%. Key sectors include tourism, agriculture, manufacturing, and services. Sri Lanka's agriculture is dominated by tea, rubber, and coconut production, with tea being one of the nation's most important export commodities ("Economic Statistics of Sri Lanka," 2024).

Sri Lanka boasts a vibrant mix of ethnic groups (Wijesundere & Ramasamy, 2017). The ethnic and religious composition of Sri Lanka is a multifaceted landscape influenced by historical, social, and political factors (De Silva, 2019), which underscores the diverse nature of Sri Lankan society, which further evolved due to colonial impacts from the Portuguese, Dutch, and British empires, (De Silva, 2019). The Sri Lankan people identify themselves as members of one or another "ethnic" group – Sinhala, Tamil, Muslim, and Burgher being the most prominent. Roughly 74% of Sri Lankans are Sinhala, most of whom are Buddhist; 18% are Tamil and mainly Hindu; 7% are Muslims, and 1% are Burgher (Nisansa, 2019). The presence of four major religions (Buddhism, Hinduism, Islam, and Christianity) in Sri Lanka, along with the recognition of three official languages (Sinhala, Tamil, and English), echoes the diverse cultural and religious landscape of the country (Baniamin & Jamil, 2021). Buddhism is the predominant religion in Sri Lanka, followed by Hinduism, Islam, and Christianity (Baniamin & Jamil, 2021).

In the context of Sri Lanka, deep-rooted ethnic-religious and cultural perceptions and values have had a strong impact on all aspects of society, including sexuality and SH. Similar to many other countries in the South Asian region, social taboos, cultural beliefs, and stigmas have become major obstacles to providing formal SH education to Sri Lanka's young generation (Shahbaz, 2018). In that regard, young people in Sri Lanka are required to negotiate their sexual development and transition to adulthood within

the context of complex and competing traditional, social and cultural values while navigating an increasingly globalised society (Rajapaksa-Hewageegana et al., 2015).

Image 2- Map of Sri Lanka

(Sri Lanka and Part of Southern India, Political Map., n.d.)

1.7 The Sinhalese

The Sinhalese people of Sri Lanka are descendants of Indo-Aryans, who migrated to the island from Northern India around the fifth century BCE, and subsequently most adopted the Buddhist religion in the third century BCE after the religion was introduced to Sri Lanka from India. The Sinhalese language, also known as Sinhala, is an Indo-Aryan language and the mother tongue of the Sinhalese people. The Sinhalese people constitute the largest ethnic group in Sri Lanka and have played a significant role in shaping the cultural, political, and social landscape of the country (Nisansa, 2019). The cultural understanding of concepts such as spirituality and psychological well-being among Sinhalese Buddhists

in Sri Lanka reflects unique perceptions and practices that culturally identify the Sinhalese Buddhist community (Udayanga, 2021). The cultural beliefs, religious practices, and social norms among the Sinhalese people underscore the depth of their heritage and how these elements influence their daily lives, including the values they place upon the concept of sexuality and SH. Buddhism is also the state religion, and thus, the philosophical principles of Theravada Buddhism furnish a framework for the Sri Lankan society at large.

1.8 Theravada Buddhism and the Sinhalese

Theravada Buddhism, a branch of Buddhism largely practised in Sri Lanka mainly by the Sinhalese population, emphasises the original teachings of the Buddha, stressing the importance of the four noble truths and the noble eightfold path as key doctrines guiding ethical conduct, mental discipline, and wisdom within Buddhism (Dhammananda, 2002). This has had a marked cultural impact on the Sri Lankan Sinhalese population, which permeates into all aspects of life, including how the Sinhalese Buddhists view sex and sexuality (Jayawardena, 2002). The Sinhalese Buddhist community are deeply rooted in Buddhist teachings that emphasise moral conduct, mindfulness, and the sanctity of life (Yust, 2006). These religious and cultural underpinnings, profoundly influence attitudes towards sexuality, shaping norms and expectations related to sexual behavior, education, and health. The third Precept in Buddhist doctrine states that Buddhists should not engage in sexual misconduct, such as adultery and promiscuity, which can be seen as a negative expression of sexual stimulation (Yust, 2006). Sinhala women on one side are venerated as mothers, whilst, where their behaviour deviates from narrowly defined religious and moral norms, they are denigrated with equal fervour (Jayawardena, 2002). Thus, it is evident that moral obligations set out in the religious-cultural framework of Theravada Buddhism is deeply reflected on women and their sexuality within the Sinhalese Buddhist community in Sri Lanka, as well as within the larger Sri Lankan community, due to Sinhalese Buddhists occupying a 70% majority of the ethnic religious community within the country.

1.9 Sex Education Programmes in Sri Lanka

In Sri Lanka, a school-based adolescent Sexual and Reproductive Health (SRH) education programme has been provided for the last 40 years (Rajapaksa-Hewageegana et al., 2015). After the introduction of the first curricula in 1973, through subsequent years it has undergone reform and expansion (Rajapaksa-Hewageegana et al., 2015). In that regard, Health and Physical Education, Life Competencies and Citizenship Education, and Science are the three main subjects within the curriculum that have information pertaining to SH (Jayantha & Chandrakumara, 2022.).

Health and Physical Education can be considered the key subject in which SRH-related content can be found predominantly (Jayantha & Chandrakumara, 2022.), where maintaining health, preventing disease, child protection, forming relationships with others, growth and development, and acceptable behaviour are all covered in this subject. Additionally, the development of competencies linked to the human reproductive system is included in the curricula for grades 6 to11 in general science, and in biology for higher grades (Jayantha & Chandrakumara, 2022.).

In this context, school-based SE in Sri Lanka should ideally be an effective method for knowledge dissemination, given Sri Lanka's high literacy rate of 92% and nine years of compulsory schooling (Rajapaksa-Hewageegana et al., 2015). However, research has indicated that this potential has not been fully realised for Sri Lankan adolescents. Numerous studies have concluded that the current SRH education within the school system is largely ineffective, with many students lacking a thorough understanding of SH, reproductive health, and sexuality (De Silva et al., 2022; Kumarasinghe et al., 2022; Mataraarachchi, Pathirana et al., 2023; Rajapaksa-Hewageegana et al., 2015; Thalagala et al., 2014; Jayantha & Chandrakumara, 2022). Further, a large part of the curriculum focused only on anatomical and physiological aspects of SH, with complete exclusion of important issues such as psychosocial context of sex, social norms, gender rights, and relationship failures (Crowley et al., 2022). Indicating a clear discrepancy in the existing SE and SH programmes in Sri Lanka and the needs of the school-going population.

1.10 Structure of this research

This research thesis will start in chapter two by presenting an extensive literature review, which will attempt to analyse previous research on SH and related topics, specifically in relation to its effects on youth populations, literature from Sri Lanka, South Asia, and other LMICs was prioritised. Following this, chapter three of the thesis discusses the research methodology, including the ontological framework, participant recruitment methods, data collection techniques, data analysis methodology, rigour of the study and the ethical considerations. Further, chapter four provides the findings within which "themes and subthemes" are extensively presented and discussed. Subsequent chapters five and six provide a critical discussion of the findings in light of the literature regionally and globally, a discussion of the study strengths and limitations, and present recommendations derived from the research. These recommendations are categorised into "macro" recommendations, which are intended for national implementation, and "micro" recommendations, which are aimed at grassroots-level interventions, before concluding in chapter seven.

1.11 Summary

The following research was undertaken to address a significant gap within research conducted on SH within Sri Lanka, where the attitudes, perceptions and values held by female youth, regarding their sexuality and SH, had not previously been explored.

The following key research aims, will be explored within this context: What do Sinhalese Buddhist female youth value regarding their SH? and What perceptions do Sinhalese Buddhist female youth hold regarding SE? Through answering these questions, this research endeavors to contribute to further tailored SH and SE interventions and more expansive research on this topic within the Sri Lankan landscape, utilizing the findings of this study.

Chapter 2: Literature Review

2.1 Introduction

This chapter provides the background literature and context to the present research question on the perceptions and values of Sri Lankan Sinhalese Buddhist female youth regarding their SH.

Within the literature search, a number of related sub-topics were identified as follows. The impact of gender inequality on SH: within this section previous literature from Sri Lanka and other South Asian countries were explored around the impact of gender inequality and its effects on access to accurate SH education and services. Influence of Religion and Culture on SH: within this section literature discussing the influence of religion and culture on value formation in young people was explored, highlighting predominantly Buddhist countries. Influence of Buddhism in SH: research on the connections between Buddhism and its impact on value formation regarding SH was explored. Barriers to accessing SH education and services: under this sub-topic, research conducted on accessing SH information and services in Sri Lanka, South Asia and LMICs were explored. Barriers to the Effective Delivery of School-based SE: within this section, previous literature on educators' competency in imparting SE and related topics were explored, specifically within Sri Lanka, South Asia, and other LMICs. Family Influences on youth ' SH: in this section, literature discussing matriarchal and family influence on value formation in young females was explored. Peer influence on SH: literature exploring the impact of peers on SH perceptions was reviewed. Finally, The Influence of the Internet on SH Knowledge: within this section, literature exploring the "age of the Internet" and its substantial impact on young people in connection to sexual themes were explored.

2.2 Literature search strategy

” A review of MEDLINE, EBSCO, AUT library search engine and Internet search engines Google and Google Scholar were used to capture literature. The search terms used for this process included words and phrases as follows: “SRI LANKA”, “INDIA”, “NEPAL”, “MYANMAR”, “BANGLADESH”, “BHUTAN”, PAKISTAN”, “THAILAND”, “SOUTH ASIA”, “SOUTH EAST ASIA”, “SINHALESE FEMALES”, “YOUNG GIRLS”, “ADOLESCENTS”, “YOUTH”, “SEXUAL HEALTH”, “SEX EDUCATION”, “MENSTRUAL HEALTH”, “COMPREHENSIVE SEX EDUCATION”, “SEXUAL HEALTH AND RELIGION”, “BUDDHISM AND SEXUAL HEALTH”, “BUDDHISM AND GENDER” and “SEXUALITY EDUCATION”. Empirical literature published within a 20-year period from 2004 to 2024 were considered due to the acknowledged scarcity of evidence, whilst always giving precedence to the most recent publications. However, in exceptional cases, where recent research was not available, seminal publications older than 20 years were referenced. Grey literature and literature in languages other than English was excluded

2.3 The Impact of Gender Inequality on Sexual Health

Traditional gender norms significantly impact on perceptions and behaviours of sexuality and SH (Heise et al., 2019). In the context of South Asia, cultural expectations and gender norms often dictate social behaviours and interactions, and the sexual double standard has deep-rooted connections with broader issues of gender inequality within the region (Fikree & Pasha, 2004). Furthermore, gender exacerbates health disparities in the region, highlighting the heightened vulnerability of young South Asian women to many forms of discrimination. Factors such as stigma and cultural norms contribute to hindrances in discussing SH matters for young females, both within families and in healthcare settings (Rashid et al.,2024)). Additionally, the emotional aspects of shame and embarrassment surrounding SH topics deter young females from seeking help and information (Patel & Krachler, 2016).

In South Asia and other LMICs, female youth face significantly more barriers than male youth across all societal contexts. Inequalities arising from caste, class, religion, ethnicity, and severe gender-based discrimination hold back progress and development for the girl child (UNESCO, 2018.). Many LMICs

have yet to make significant progress in delaying marriage, childbearing, and narrowing gender disparities that put girls at risk of poor SRH outcomes (Santhya & Jejeebhoy, 2015). This disparity is largely due to pervasive cultural expectations that women are to be subservient within their natal families, workplaces, and marital households. Further, in most Asian cultures, traditional male and female gender roles typically create an imbalance in negotiating positions (Pachauri & Santhya, 2002). A mixed methods study conducted in Thailand on SE and its impact on Thai secondary school children discussed a double standard in expectations of girls and boys, where male teenagers were expected to aspire to be "smart boys", whose status depended on stories of sexual conquests, and female teenagers, traditionally, were expected to practise restraint, remain unaware about SH, and protect themselves as "sweet girls" (Vuttanont et al., 2006). In that regard, as discussed in the UNDP Human Development Report, gender disparities within South Asia are stated as being a crucial setback for overall development within this region (Sharma, 2003).

In Sri Lanka and other regional countries, female students were found to have less knowledge regarding their SH in comparison to their male counterparts. A national Youth Health Survey, carried out by the Family Health Bureau in Sri Lanka, indicated that the knowledge of SH among adolescents in Sri Lanka was overall not up to the expected standards, whilst girls had a lower understanding even in comparison to boys in their age group (Thalagala et al., 2014). More than 54.4% of the females were unaware that a pregnancy was possible during the first sexual intercourse experience, while only 53.3% knew that missing a period could be a sign of pregnancy (Thalagala et al., 2014). A systematic review conducted using surveys from 55 LMICs on SH rights of adolescent girls revealed that in many developing countries, adolescent girls, especially those who were socially isolated, were at a disadvantage, placing them at risk of poor understanding of SE, leading to poor SH outcomes (Santhya & Jejeebhoy, 2015). Compared to adolescent boys, adolescent girls were found to have limited networks of friends or access to safe, social spaces outside their homes and schools in which they were able to develop and strengthen peer support (Santhya & Jejeebhoy, 2015). Similarly, a Nepalese cross-sectional survey study on girls' knowledge of menstrual health concluded that respondents had an unsatisfactory level of knowledge on SH, and the level of knowledge was found to be associated with participants' gender, ethnicity, types

of family, number of close female friends, types of schools, and the mothers' education (Khanal et al., 2023). In that regard, it is critical to acknowledge gender disparities within LMICs and their effects on females' SH knowledge and accessibility to related SH services.

Whilst Sri Lanka is yet to completely eliminate gendered health disparities, within the context of health and education, Sri Lankan statistics have continued to show better outcomes compared to other countries in the region. When comparing the five South Asian countries – India, Nepal, Pakistan, Sri Lanka, and Bangladesh – Sri Lanka ranks the highest, with positive indicators for health, educational attainment, and survival for women (Gill & Stewart, 2010). Through decades of civil conflict and natural disasters, it has achieved areas of progress when it comes to gender equity and positive health outcomes. Sri Lanka's free, gender-equitable healthcare system, in which various levels of government have invested in a network of accessible and free healthcare services and universally accessible primary and secondary education, has been evidenced as a progressive means of improving women's health outcomes (Gill & Stewart, 2010). For instance, the percentage of child brides under the age of 18 years of age is under 2% in Sri Lanka, in comparison to 31% in India and 65% in Bangladesh, according to the UNDP Human Development Index 2016 (Verma et al., 2013). Pakistan and Nepal, in particular, ranked much lower, with particular disparities in women's reproductive rights, autonomy, and leadership (Verma et al., 2013). These countries are characterised by cultural norms and sanctions that produce power imbalances influencing women's sexual and reproductive roles in the household and in society (Gill & Stewart, 2010).

2.4 Influence of Religion and Culture on Sexual Health

Culture is defined as “a social domain that emphasises the practices, discourses, and material expressions which, over time, express the continuities of social meaning of life held in common” (James et al., 2015:53). In many cultures, religion serves as a fundamental governing factor in shaping and implementing social norms and values (Ponzetti, 2015).

Religion continues to play a significant role in shaping cultural practices and societal norms in most South Asian countries due to the region's deep-rooted religious affiliations (Robinson, 2017). Some of the world's oldest religions, including Hinduism, Jainism, Sikhism, and Buddhism, originated in South Asia, making religious values a dominant influence on socio-economic and political structures (Robinson, 2017). Furthermore, the interconnectivity of South Asian countries is evident through religious diffusion, such as the spread of Buddhism from India to Sri Lanka in the 3rd century BCE. This occurred when Mahinda Thera, the son of Emperor Ashoka of India, introduced Buddhism to King Devanampiya Tissa, who subsequently embraced and institutionalized it (Obeyesekere, 2017). As a result, Buddhism became the dominant religion, shaping Sri Lanka's moral values, governance, and way of life.

Thus, before the introduction of modernization and colonial influences, Sri Lankan culture was deeply rooted in religious values, primarily drawn from Buddhism and later from Hinduism, and Islam (Attanayake, 2003).Thus, teachings in Buddhist doctrine, profoundly influenced all aspects of Sri Lanka, particularly in art and architecture, cuisine, social and familial norms and cultural practices and rituals (Attanayake, 2003), these faiths shaped the country's traditions, societal structures, and daily life, including values surrounding female sexuality and reproduction.

Religious and cultural views were both a positive driver and a barrier for young people in the context of SE. Studies on religion and its impact on sex and sexuality revealed that greater personal devotion to a religion was positively associated with having fewer sexual partners outside a romantic relationship and that youth who are religious are less likely to be sexually active (Davidson et al., 2004) and more likely to consider virginity as important. This study further reiterated that those youth, however, are more inclined to engage in unprotected sex, if they do engage in intercourse (Davidson et al., 2004)

A study conducted in India reiterated cultural barriers to the introduction of SE into the national curriculum, as strict opponents to the curriculum argued for a ban on starting SE in schools on the grounds that it corrupts the youth and offended "Indian value systems", contending that it may lead to promiscuity, experimentation, and irresponsible sexual behaviour. It was further suggested that SE may be indispensable in western countries but not in India, with its rich cultural traditions and ethos (Tripathi

& Sekher, 2013). Similar sentiments were mirrored in Sri Lanka when, in 2019, the Sri Lankan Ministry of Education and the Ministry of Health jointly published a book, titled *Our Grade Seven Book* (Doopashika, 2020). The goal of publishing this book was to add a SRH curriculum to the teachings of seventh-grade students in Sri Lanka (Doopashika, 2020). However, since the publication of this book, a severe backlash was received from the community, specifically Buddhist monks, stating that the contents of the book had a negative impact on the Sri Lankan culture. Due to the backlash, the book was recalled (Doopashika, 2020). In that regard, it was understood from the literature that religion had both a positive impact as well as a negative impact on how populations perceive and engage with sexual matters, such as promoting ethical behaviour and social cohesion on the one hand, while potentially contributing to stigma, discrimination, and conflicts with modern secular values on the other.

2.5 Influence of Buddhism on Sexual Health

Theoretically, Buddhism recognises equality between men and women, and both sexes are charged with the duty of following the "Dhamma", translated to English as the "teachings of the Buddha". Buddhism notices all human beings as equal in dignity and rights, neutral of considerations such as caste, colour, race, creed and gender (Mitra, 2019). Further, Buddhism recognises rights and freedoms for both males and females equally (Mitra, 2019). Buddhism, in its most original state, takes up a very liberal view regarding gender equality. For instance, the Buddha allowed women into the order under the eight high ordinances to become a "Bikkuni" or nun; however, certain scriptures relate that female nuns, even though senior, were expected to show respect to male priests, even one's junior to them (Seneviratne & Currie, 1994). Further, Tsomo (2012) suggests that the ideas of Buddha may have been distorted because scriptures and texts were in the hands of males who interpreted them to support the patriarchal ideology of the time (Tsomo, 2012). This has led to the defacto exclusion of women from most Buddhist institutions, which was found to be challenging in Buddhist egalitarian theory (Tsomo, 2012).

Furthermore, the images of the religious and historical females within Buddhism, such as virtuous wives and devoted mothers like "Yasodara deviya", translated to English as “Princess Yasodara”, who is

traditionally known as the wife of Siddhartha Gautama, the historical Buddha. Princess Yasodara, as described in Buddhist texts, suffered in silence after the prince left her and her son, in quest, to find the path to enlightenment as the Buddha (Jayasundara-Smits & Subedi, 2024). This act of selflessness and sacrifice has made the greatest impact on Buddhist women in Sri Lanka and has had a significant bearing on driving their perceptions on virtues of compassion, wisdom, and inner strength that are central to Buddhist teachings (Seneviratne & Currie, 1994). Up to the present-day, Sri Lankan Buddhists consider Princess Yasodara to be an ideal example of a woman, subordinate and respectful to males within her family and community. In this context, Sinhalese Buddhist females for generations follow customs and rituals on womanhood to emulate the image of "Yasodara deviya" (Jayasundara-Smits & Subedi, 2024).

The notion of impurity among women therefore tends to dominate the lives of many Buddhist women in Sri Lanka, although Buddha himself discarded ritual and sacrifice and emphasised the purity of the mind over the body (Seneviratne & Currie, 1994). Thus, it was evident that cultural rituals play an important role in female sexuality. For instance, during menstrual periods a woman is expected to conceal any symptoms of her state from the male members of her family and community. She should not frequent religious places and temples during her menses, nor attend religious ceremonies (Seneviratne & Currie, 1994). Similarly, a cross-sectional survey study on menstrual health in Nepalese females revealed that a predominant population of respondents experienced restriction to cultural activities during menstruation. The most commonly limited activity was attending and performing religious chants and activities (Mukherjee et al., 2020). Similar findings were observed in various other studies conducted in West Bengal, India; Chitwan, Nepal and; Kathmandu Valley, Nepal (Khanal et al., 2023). A study conducted in Myanmar, another predominantly Buddhist country, also found that young girls were severely penalised for engaging in sexual relationships before high school, and school teachers remained vigilant about any relationship development among students (Zaw et al., 2020). However, the rituals that concern female menstrual and reproductive rituals in Sri Lanka, such as ceremonies held at first menstruation, were similar to those held by other ethnic communities within the South Asian region and therefore depicted very little changes in differing ethnic and religious communities (Winslow, 1980). Therefore, the portrayal of those rituals around menstruation and other

areas of female sexuality had much to do with the regional cultural migrations, due to colonialism, globalisation, and other forms of sustained contact between cultures and had less to do with specific religious ideologies (Hüsken et al., 2024).

2.6 Barriers to accessing Sexual Health education and services

Previous research conducted on SH education and its impact on adolescents within this region highlighted a number of barriers experienced by young people, specifically female youth, when accessing SH services. Research conducted in Sri Lanka revealed that adolescents face substantial difficulties accessing services, such as contraception services, which were specifically offered only to married women, excluding the needs of unmarried sexually active women (Rajapaksa-Hewageegana et al., 2015). Further, availability, accessibility, acceptability, confidentiality, lack of publicity and visibility of available services were identified as the main barriers for young people when accessing SH services (Kumarasinghe et al., 2022). Similar sentiments were mirrored by an earlier 2008 Sri Lankan study on adolescents' knowledge on available SH services in Sri Lanka. Lack of confidentiality, youth friendliness and accessibility of available services were highlighted as barriers (Agampodi et al., 2008). In that regard, youth, irrespective of their place of residence within Sri Lanka (urban, rural or estate), believed that the lack of physical spaces to express their views and ideas on SH was a barrier, leading to a lack of acknowledgment of their SH concerns (Kumarasinghe et al., 2022).

Global studies also highlighted other barriers to accessing SH services. A study conducted in Tanzania revealed that stigma surrounding SH services acts as a deterrent for young people, with reports of excessive questioning, scolding and requirements to bring partners or parents to receive care at health facilities, serving as significant obstacles to access (Nyblade et al., 2017). Similarly, a qualitative study on accessing HIV prevention methods for South African girls revealed that negative attitudes of healthcare providers as contributing to poor access and utilisation of SH services, particularly among adolescent girls (Jonas et al., 2023). Further, a Ghanian study revealed that participants relied on school-based clinics for SH services; however, existing evidence on the effectiveness of school-based SH intervention programmes, in improving SH outcomes of students was found to be largely ineffective

(Mason-Jones et al., 2016). Findings from a study from Lao further suggested that a lack of awareness of SH services among adolescents is a major barrier to the utilisation of these services (Vongxay et al., 2019). Furthermore, all studies concluded that both adolescents and adults emphasised the importance of affordable, non-stigmatising sexual health services, as well as increasing youth awareness of these services, to ensure their optimal utilization.

2.7 Barriers to the Effective Delivery of School-based Sex Education

Previous research indicates that, in addition to the SE discrepancies, both within schools and in other training centres, there was a lack of educational preparation of the educators teaching SE content. A significant concern discussed within multiple studies conducted in Sri Lanka addressed the educator's lack of preparedness in imparting SH knowledge as a key failure (De Silva et al., 2022; Kumarasinghe et al., 2022; Mataraarachchi, Pathirana et al., 2023; Rajapaksa-Hewageegana et al., 2015; Thalagala et al., 2014; Jayantha & Chandrakumara, 2022).

Also in Sri Lanka, a qualitative study carried out with focus group discussions on adolescents on knowledge about SH services outlined that information on SH was deliberately made unavailable for them by their parents and their teachers (Agampodi et al., 2008). Furthermore, a survey conducted on school-going children in Sri Lanka revealed that nearly 40% of boys and girls preferred sexual information to be delivered by medical professionals, whilst only 10% preferred to learn about this subject from their school teachers (Rajapaksa-Hewageegana et al., 2015), reiterating a certain distrust that students had towards their school teachers around imparting SE. Furthermore, a qualitative study conducted on mothers on their communications with daughters regarding their SH, found that teachers themselves preferred the subject to be taught by an external person, due to their lack of self-confidence in delivering the content (Mataraarachchi, Pathirana et al., 2023). Similarly, a mixed method study conducted with educators and health providers revealed that no teachers provided information to students on contraceptives, while 25% of the teachers stated that they discussed the anatomy and

physiology of male and female reproductive systems, 25% on HIV/AIDS and other STIs, and only 12% on sexuality and gender norms.

Furthermore, a Sri Lankan study on health workers and educator collaborations revealed that some male teachers felt that providing SH knowledge to adolescents was inappropriate, believing that it encouraged students to engage in unsuitable behaviour that would put them at risk and bring them shame (Dawson et al., 2014). The attitudes of female teachers and male teachers were also similarly reflected in a Chinese study exploring adolescents' SE, which found that female teachers were more positive about teaching SE than male teachers. Equally, female teachers taught a greater number of SE content in comparison to male teachers (Xiong et al., 2019). Furthermore, a study from Nigeria focusing on teachers' perspectives on sexuality and SH education for learners with intellectual disabilities shed light on the importance of understanding teachers' attitudes and preparedness in delivering comprehensive and inclusive SE (Aderemi, 2013). Thus, the literature suggests that teachers' experiences, motivations, and perceived challenges in delivering SE provide valuable insights into areas that require attention and improvement.

2.8 Family Influences on youth Sexual Health

Previous research on female and youth SH in Sri Lanka and the South Asian region revealed that mothers and senior female family members were a considerable driver in inculcating SH-related perceptions and values in young females. A 2023 study on mothers' perceptions of communication with their school-going daughters on SH in Sri Lanka indicated that many mothers believed that it was important to provide SH information to their offspring. However, they also felt that communication on this subject was made easier, within the background of a school SE programme (Mataraarachchi et al., 2023). The study further concluded that most mothers limited their conversations to menstruation, preventing sexual abuse, and "abstinence-only SE" (Mataraarachchi et al., 2023). In a Sri Lankan study conducted with a self-administered questionnaire, 810 Sinhala adolescent girls discussed that their mothers often spoke to them regarding the menstrual cycle (88%), keeping body limits (94%), and preventing sexual violence (72.6%), whilst only a few mothers had discussed pregnancy and conception (34.7%), preventing unwanted pregnancy (38.6%), or homosexuality (21%) with their daughters

(Mataraarachchi, et al., 2023). This highlighted that concerns about the sexual security and chastity of daughters are the primary drivers of mother-daughter sexual communication in Sri Lanka, reflecting similar trends observed in other South Asian countries (Mataraarachchi, et al., 2023). However, a contrasting attitude was revealed in an earlier 2008 study in Sri Lanka using focus group discussions with adolescents on the topic of SH services, revealing that some adolescent girls felt that engaging in sex early and before marriage was not a problem for some parents, who allowed them to practise sex and thereafter proceeded to marry off their teenage daughters (Agampodi et al., 2008). This suggested that most Sri Lankan parents were keen on providing SH information to their adolescent children; however, they found that social taboos and embarrassment acted as significant barriers that prevented them from communicating with their adolescent children about SH matters (Agampodi et al., 2008).

Within the South Asian region, similar attitudes were realised. A Nepalese cross-sectional study conducted amongst young females on menstrual health revealed that the educational status of the mothers was one of the predictors for the level of knowledge among respondents (Khanal et al., 2023). A study carried out in Bangladesh in 2020 found that mothers who had had good media engagement, such as newspapers and television, had a high level of SH communication with their daughters (Zakaria et al., 2019). The study further concluded that, traditionally, daughters in Bangladesh had a trusting relationship with their mothers, as they spent more time in the home with their mothers and usually lacked credible access to information beyond the family, and because of this mothers and senior female family members were considered the primary source of SH knowledge (Zakaria et al., 2019). Furthermore, a cross-sectional study conducted in Iran on mothers' approaches in delivering SH information to their daughters further revealed that mothers with higher education levels had a more communicative and informed SE approach to their teenagers and also reported that their source of information about SE was credible, but the participants with a lower education level used less credible information sources. Further, Iranian families with female children were found to be more concerned about imparting SH knowledge to their children in comparison to families with male children (Nesfechi et al., 2023).

However, while mothers were the major primary SH educators for their daughters, there was a sense of fear, embarrassment and other negative emotions preventing youth from approaching elders for information around sex and SH. This attitude was mirrored by mothers in a 2023 Sri Lankan study examining “perceptions on communicating with daughters”, which revealed that some participants felt embarrassed and ashamed to discuss topics related to SH with their daughters (Mataraarachchi et al., 2023). Whilst some participants also felt that their daughters were "forever young" and teaching them about SH was deemed inappropriate (Mataraarachchi et al., 2023). Some mothers instilled a sense of fear around their daughters’ sexuality by warning them against romantic relationships and used indirect phrases such as “*unwanted things”, and “close contact”* to depict sex within a relationship, which also highlighted the mothers' embarrassment using sexual terminology (Mataraarachchi et al., 2023). This was emulated by another previous study conducted in Sri Lanka using focus group discussions around adolescents’ accessibility to SH services, wherein negative attitudes of parents, teachers, and society were recognised as a barrier by most adolescent girls, who reported that most of their mothers treated them like small kids, and therefore found it difficult to approach them regarding SH matters (Agampodi et al., 2008). Furthermore, a survey conducted on adolescent knowledge and attitudes towards accessing SH services in Sri Lanka reported that a high proportion of respondents had close parent–child relationships, although these were more likely with a mother than a father. However, a substantial minority of boys and girls (11% of the boys and 15% of the girls) reported that it was not easy to discuss matters of importance with their mother or their father (Agampodi et al., 2008).

A Ghanaian study revealed that young people tended to avoid conversations about sexuality with their parents due to feelings of shyness, a preference for discussing such topics with friends, and a fear of potential physical punishment for raising these subjects (Esantsi et al., 2015). Similarly, a study in Ethiopia found that parents' lack of interest and cultural taboos made it improper to talk about sexual matters, and feelings of shame acted as deterrents for young people to engage in discussions about SH with their parents (Ayehu et al., 2016). Moreover, in Tanzania, while secrecy in sexual relationships was culturally acceptable, excessive secrecy was found to be detrimental to young people's SH, emphasising the importance of open communication between parents and youth (Wamoyi et al., 2010).

In that regard the reviewed literature suggests that parents must also be considered an important group to target when delivering SE to children.

2.9 Peer Influence on youth Sexual Health

Another profound influence for young people's awareness regarding their SH needs was their peer groups. A 2009 mixed methods study on sexual vulnerabilities amongst youth in Sri Lanka revealed that in matters pertaining to sex, most adolescents preferred to communicate among themselves, revealing further that two-thirds of youth were more likely to communicate about sexuality with their peers (De Silva et al., 2009). Similar views were held by mothers when discussing their daughter's SH in Sri Lanka, revealing that daughters tended to share their thoughts and feelings with friends more, in comparison to them, which they considered a barrier, preventing them from having the ability to help their daughters around sexual matters (Mataraarachchi, et al., 2023).

The National Youth Health survey conducted in 2015 revealed three groups that young people would most likely approach to discuss sexual issues: parents at 34%, friends at 26%, or siblings at 14% (Rajapaksa-Hewageegana et al., 2015). However, there was a substantial difference in the male and female responses. Where almost half of the girls (45%) identified a parent as their most likely source of support, while very few (2.9%) of the boys did so (Rajapaksa-Hewageegana et al., 2015). In that regard, previous research shows that peer support was a significant component of perception building in young people, whilst also recognising the distinct difference between the preferences of girls and boys when seeking SH knowledge. Thus, peer-led study programmes have been increasingly recognised as a useful complementary asset to building SH knowledge among youth populations (Newman et al., 2022).

2.10 The Influence of the Internet on Sexual Health Knowledge

Within the literature search that was conducted, recent studies highlighted the evolving landscape in the Internet generation, where online platforms played a critical role in disseminating information, shaping attitudes towards sex, and influencing sexual behaviours among young people. In that regard, the Internet was considered a valuable tool for providing comprehensive and accessible SH knowledge. However, some research revealed that the increasing availability of the Internet was a deterrent to obtaining credible SH knowledge for many young people in Sri Lanka and other LMICs. Further, whilst globally the Internet has considerable impact on young people's accessibility to SH information, practical barriers still existed, specifically in LMICs where Internet accessibility is still considerably sparse (Baigry et al., 2023). Literature also suggested that adolescents and young people had a mistrust regarding the content available online, due to the abundance of "user-generated" unreliable information and content that was non-educational and focused on sexual advertising (Simon & Daneback, 2013). Thus, the literature suggests that the Internet is a significant contributor for SE dissemination in the future, if used appropriately, and if young people are directed to credible online resources, as well as the provision of global access.

2.11 Summary

The current review of the literature on values and perceptions informing SH within Sri Lanka, South Asia and other LMICs reveals a complex interplay of cultural, religious, and social factors. Previous literature underscores the influence of religious teachings, cultural background, traditional gender roles, and community expectations on shaping attitudes towards SH and education. The literature from Sri Lanka, South Asia, and other LMICs consistently highlighted a tendency towards conservative views held by parents and authorities, with a strong emphasis on modesty, purity, and the importance of familial reputation. These values often translated into a hindrance to open discussion on SH, resulting

in limited access to comprehensive SE. Also identified were considerable barriers in the current delivery for SH in secondary schools in Sri Lanka, with regard to resources, mode of delivery, and educational preparedness of the teachers.

However, the evolving social landscape increased exposure to global perspectives and the increasing accessibility to online knowledge can be seen as gradually fostering a shift in traditional views and providing potential pathways to more accessible and credible SH education, whilst also exposing youth to misleading inauthentic information. Younger generations demonstrate a growing awareness of the importance of SH, the lack of available knowledge, and the need for accurate and comprehensive SE. Despite this shift, significant barriers remain, including societal stigma, inadequate educational resources, and the persistent influence of conservative cultural and religious norms. Future in-depth qualitative research is needed to inform culturally sensitive educational approaches that align with personal values, while integrating religious and cultural ideals, ensuring that such initiatives are respectful and inclusive. Addressing this knowledge gap is crucial for fostering a balanced dialogue that honors cultural, religious, and familial beliefs while advancing female youth centred SH education reforms. From the literature review above, a clear gap is highlighted, on understanding female youths' values and perceptions regarding their SH within a Sri Lankan landscape.

Chapter 3: Methodology

3.1 Introduction

The following research aimed to gain an understanding of the perceptions and values held by Sinhalese Buddhist female youth regarding SH and existing SE within their environment in Sri Lanka.

The chapter begins by outlining the research title and aims. It then moves to the second section, which discusses the research paradigm and the ontological framework adopted for this study. The next part provides an in-depth examination of participant sampling, with several subheadings detailing the study setting, participant recruitment process, sampling method, and inclusion/exclusion criteria. Following this, the chapter delves into data collection, offering a thorough explanation of the data collection tool, insights from the pilot studies, and a clear description of the main interview process. The subsequent section focuses on data analysis, where Thematic Analysis is introduced, followed by a discussion on the translation process, and concludes with an explanation of the six-stage Thematic analysis process used to analyse the empirical data. The chapter continues with a section on rigour, outlining the steps taken to ensure research validity. Lastly, the chapter addresses ethical considerations, detailing the ethical approvals obtained and the ethical procedures followed throughout the study.

3.1.1 Research Title and Research Aims

Research title: "Exploring the perceptions and values of Sri Lankan Sinhalese Buddhist female youth regarding their sexual health: A qualitative descriptive study."

Purpose:

In respect to Sri Lankan female youth, to

• explore values regarding sexual health (SH)

• explore perceptions regarding sex education (SE)

• provide novel and first-time data for larger research projects.

3.2 Research Paradigm and Methodology

3.2.1 Research Paradigm

The philosophical paradigm adopted is an interpretivist ontological view, which seeks to understand the way situations are experienced and perceived, focusing on the subjective views of participants (Cuthbertson et al., 2019) and emphasising the importance of studying social phenomena within their religious, cultural, historical, and social contexts, whilst focusing primarily on "understanding the complex world of lived experiences from the point of view of those who live it" (McBride et al., 2022 ,p.125). Consequently, the study aligned with the understanding that participants' perceptions and values are inherently influenced by their social environment, underscoring the importance of individual objectivity.

3.3.3 Qualitative Descriptive Methodology

The methodology most appropriate for this research study was a qualitative descriptive methodology. The adoption of qualitative descriptive methodology within the interpretive paradigm aligns with subjectivist epistemology, emphasising the importance of understanding subjective experiences and socially constructed realities (Najem et al., 2023). This approach involves staying close to the data and utilising the language of the participants to describe their perspectives accurately (Sinfield, 2023). According to Sandelowski, qualitative description is characterised by its focus on providing a low-inference description of a phenomenon, thereby allowing researchers to stay close to the participants' accounts and experiences (Sandelowski, 2009). Further, the qualitative descriptive approach contrasted with other qualitative methodologies, such as phenomenology and grounded theory, which may involve deeper theoretical interpretations (Doyle et al., 2019). Instead, qualitative descriptive studies prioritize straightforward descriptions and are often employed when the goal is to understand the characteristics of a specific phenomenon without the need for extensive theoretical frameworks (Doyle et al., 2019). Therefore, qualitative descriptive methodology provided the ability to utilise concise and unadorned descriptions of participants' experiences. Furthermore, this methodology is determined by real-world

questions that are of specific relevance to policymakers and thus aim to inform decision-making and practice (Sandelowski, 2009), which was the conclusive aim of this research study.

3.3 Research Method

3.4 Participants and Sampling

3.4.1 Study Setting

Sri Lanka was chosen as the setting for this study, as I hail from a part of Sri Lanka and my aim was to focus the study within my native population. Further, on a personal level, the decision to conduct research within my own cultural and ethnic community was deeply influenced by my personal experiences growing up in a Sinhalese Buddhist family. During puberty and adolescence, I had only a vague understanding of menstruation, sex, and SH. The topic of SH was taboo in my family, rarely, discussed openly, which led me to rely on misinformation and self-study to gain a minimal understanding of the significance of SH, which I found to be confusing and challenging, navigating as a young girl.

Furthermore, during the initial literature review, a clear gap was identified in female-specific values and perceptions regarding their SH in this study setting. Previous studies conducted in Sri Lanka on the topic of SH did not highlight the Sinhalese Buddhist female viewpoints. Thus, my focus was on research within my motherland that had the potential to inform school-based SE programs and SH policy renewal with the aim of promoting comprehensive SH knowledge accessibility to all youth, with a specific focus on female youth within all Sri Lankan communities.

The research was conducted in Panadura, a town in the district of Kalutara in the Western province of Sri Lanka. Panadura has a population of 182,285 (Department of Census and Statistics, 2012), with a male population of 87,110 and a female population of 95,175 (Department of Census and Statistics, 2012).

The city of Panadura was selected as the study site, as it is located about 32 km south of the capital city Colombo on the western coastal belt of Sri Lanka (UN-Habitat et al., 2002). Panadura has played a

leading role in the Buddhist religious and cultural revival of Sri Lanka and has a strong religious and cultural connection with Buddhism, with 94% of the population of Panadura consisting of Sinhalese Buddhists (UN-Habitat et al., 2002). Due to its proximity to the capital, as well as its proximity to more rural areas away from the coastal belt, Panadura consists of an amalgamation of both low-income and middle-income families. Panadura was finalised as the location of participant recruitment also due to its proximity to the Colombo metropolitan area, which was convenient for me to recruit participants, and organise and conduct interviews, as I travelled from Colombo.

3.4.2 Participant Recruitment

Participant recruitment was conducted from December of 2022 to February of 2023 and was facilitated through the distribution of flyers designed in a simplified format, conveying the research topic and inclusion criteria in the native Sinhalese language of the target participants (Appendix 1 – Flyer in the Sinhalese language; Appendix 2 – Flyer as translated to English). In the study setting, the flyers were prominently displayed on notice boards within waiting rooms at a women's health center located in Panadura. The selection of this health centre was deliberate, considering its specialisation in women's health, ensuring that the majority of visitors and patients were female. This strategic choice aimed to create a comfortable and conducive environment for potential participants to engage with the research, given the sensitive nature of the study topic. In order to place the flyers within the healthcare facility premises, prior permission was gained from the Pandura provincial council (Appendix 3).

3.4.3 Sampling Method

Purposive sampling was used for participant selection. Purposive sampling, also known as judgement sampling, is a deliberate selection of participants based on specific qualities they possess, aligning with the aims and objectives of the research (Palinkas et al., 2013). This sampling technique involves the intentional selection of participants who can provide rich and relevant information related to the research questions (Campbell et al., 2020). Thus, purposive sampling was selected as the most

appropriate method of recruitment, as it provided the ability to choose the most suitable candidates to provide the most relevant data necessary for the study.

Due to the taboo nature and the perceived difficulties of participant recruitment for a study exploring SH, snowball sampling was also used to ensure that enough participants were recruited. Snowball sampling is a non-probability sampling technique that is particularly effective for reaching hidden or hard-to-reach populations (Johnson, 2014). Reling on initial participants to refer additional subjects, creating a "snowball" effect (Johnson, 2014). As such, participants were also asked to share details of the research study with anyone known to them, who fitted the inclusion criteria, if they wished to participate and if so, were provided with my contact details, to volunteer for participation.

Within the purposive sampling methods, "maximum variation sampling" was selected as the appropriate selection method. Maximum variation sampling as a technique within purposive sampling is used in qualitative research to ensure a diverse range of participants and experiences are included in the study (Douglas, 2022). This sampling method aims to capture a broad spectrum of perspectives, characteristics, or contexts related to the research topic, rather than focusing on numerical representativeness (Campbell et al., 2020). In the context of purposive sampling, maximising variation in age within the selected age range was deemed essential for capturing diverse perspectives. Consequently, participants were chosen based on their age, aiming for a balanced representation across the lower, middle, and upper age limits within the applied age bracket. This approach ensured a diversity of views on the research aims.

3.4.4 Inclusion and Exclusion Criteria

The inclusion criteria for this research were designed to align with the research title, focusing on Sinhalese Buddhist female youth in Sri Lanka. By concentrating on a single ethnic and religious group, the study aimed to gain in-depth insights into specific cultural and religious nuances, experiences, and perspectives within this community (Pires et al., 2003). This targeted approach minimises issues such as disparate qualitative data, language barriers, and sampling challenges that could arise from studying

multiple ethnic groups simultaneously (Pires et al., 2003). Additionally, focusing on one ethnic group allowed for a deeper exploration of the unique factors influencing perceptions, beliefs, and values within that community (Yates & De Oliveira, 2016). Sinhalese Buddhists were selected because they represent the majority demographic in Sri Lanka, holding significant cultural influence. Moreover, I as the primary researcher share an ethnic and religious background with the participants, being a Sinhalese Buddhist myself, which facilitated rapport-building and enhanced the understanding of cultural nuances, thereby improving the research process and data quality.

Further, the inclusion criteria for the participant selection were required to be of a specific age group, being 18 years of age to 25 years of age. This age group was particularly selected to capture data from female youth in late adolescence and early young adulthood. This helped in gaining insights into the unique experiences and challenges faced by females during this crucial developmental stage in their lives. By focusing on this age group, the researchers were able to explore critical aspects of well-being and behaviour that are pertinent to understanding the transition to adulthood from adolescence. Whilst also being able to reflect on their prior experiences in SE classes in their schooling. However, school going children under the age of 18 were excluded from this study, due to perceived challenges in obtaining parental or guardian consent, particularly for studies addressing sensitive topics like SH. The United Nations defines “youth” as individuals aged 15 to 24 (Ibargüen, 2004). In Sri Lanka, however, the National Youth Services Council (NYSC) extends this age range from 14 to 29 years of age (Ibargüen, 2004). Sri Lanka's "Age of Majority Ordinance" defines anyone below 18 as a "minor" or "child", who cannot provide autonomous consent (Vidanapathirana, 2016). For the purposes of this research, participants under the age of 18 were therefore excluded,

- **Inclusion criteria for the study**: Female youth in the age group of 18 to 25 years; Sinhalese Buddhist ethno-religious background; single female youth; female youth in relationships; married female youth and those in a civil union partnership.
- **Exclusion criteria for the study**: Female youth falling outside of the selected age range; females who are not Sinhalese Buddhist; female youth who are unable to communicate

experiences and opinions in an articulate, expressive, and reflective manner, due to any form of mental or physical disability.

The recruitment process yielded, 16 volunteers interested in taking part, out of which, seven participants, did not fit the inclusion criteria, as they did not fall into the age range and/ or did not come from a Sinhalese Buddhist ethnic background. Further, one participant did not answer my phone call to confirm the interview time and location. After which, six more participants were recruited, using snowball sampling, who were contacts of the volunteers that reached out to participate.

When recruiting participants through the snowball sampling method, I specifically sought volunteers in the lower range of the designated age group, as recruitment via flyers primarily attracted individuals in the higher range, limiting the effectiveness of maximum variation sampling. Snowball sampling proved beneficial in this regard, yielding five participants from the lower age range and one participant from the middle of the designated age range.

3.5 Data collection

3.5.1 The Data Collection Tool

A semi-structured interview guide (Appendix 4 – The semi-structured interview guide in Sinhala; Appendix 5 – Translated semi-structured interview guide in English) developed from the literature was employed to conduct the interviews, Semi-structured interview guides offer a flexible yet focused framework for conducting interviews (Oerther, 2021). Furthermore, semi-structured interviews are widely recognised as a valuable data collection method in qualitative research, allowing for a structured yet adaptable approach that accommodates individual participant differences (Kallio et al., 2016). Thus, a semi-structured interview guide provided a structured framework for the interview while allowing flexibility for participants to express their ideas. The semi-structured interview guide was informed by the preceding literature review, in particular research undertaken in similar settings. The research objectives and topics, or areas of interest that me and my supervisors deliberated as important to explore during the interviews were further considered. Finally, the interview guide was finalised to reflect the

research aims and the sampling criteria. Following development, the semi-structured interview guide was tested through two pilot interviews to ensure its effectiveness.

3.5.2 Pilot Studies

Pilot interviews play a crucial role in qualitative research as they serve to refine the interview process and ensure that the questions effectively elicit the desired information (Malmqvist et al., 2019). Conducting pilot interviews allows researchers to test their interview guides, assess the clarity of questions, and identify any potential issues before the main study (Malmqvist et al., 2019). Two pilot interviews were conducted in early December of 2022. The first pilot interview was conducted with a friend, who fell into the inclusion criteria and was aware of the study. The primary aim of the first pilot interview was to gain feedback, pilot the semi-structured interview guide, its effectiveness in the native language, to assess the interview duration, and for me to practise interview skills and build confidence in interviewing participants as a first-time interviewer. Further to that, a second pilot interview was conducted with one of the first recruited participants. This interview was conducted in the manner in which all other data collection interviews were anticipated to be conducted. Written and verbal consent was obtained, the participant was provided with an information sheet with information regarding the study, and the interview was audio recorded. The second pilot interview serviced to adjust and fine-tune technical issues around audio recording and to test the flow of the interview guide and my ability to create a comfortable and open conversation with the participant. After each pilot interview minor adjustments were made to the semi-structured interview guide.

3.5.3 Approach to the Main Interviews

The interviews were conducted face to face by myself. The personal nature of face-to-face interviews, mitigate issues of misunderstanding or miscommunication that may occur in less interactive formats, thereby enhancing the reliability of the data collected (Hilgert et al., 2016). In that regard, the interviews were predominantly conducted in a private room within a nursery school, in proximity to the health centre. This location was at convenient proximity to the health center and the Panadura town centre, ensuring ease of access for participants. A private secure room within the location guaranteed

confidentiality and minimised disturbances during the interview sessions. Furthermore, the predominantly female teaching staff and lower male traffic within the premises contributed to a comfortable and conducive environment for the participants. Verbal permissions were obtained from the nursery administration prior to the commencement of the interviews.

Furthermore, three interviews were conducted at the office of the "gramasewaka" translated as the "government official of the village office". This location was used as the secondary location for some of the interviews, as it was also a close commute for participants and offered privacy, as the interviews were conducted on the weekends when the office was closed to the general public. Permission to conduct some of the interviews in this location was obtained from the Panadura town council as well as from the government official stationed at this office.

Each interview lasted approximately one hour and was conducted by myself in the native Sinhalese language. All interviews were audio recorded, using a recording application on a mobile phone. Before the commencement of the interview, the research information sheet was provided for participants in the Sinhalese language, all queries with regards to the information sheet were clarified, research aims were reiterated and voluntary verbal and written consent were obtained from each participant. The semi-structured interview guide allowed flexibility for the conversation to flow naturally and initiated with broad, open-ended questions that encouraged participants to share their ideas and experiences in their own words, while myself as the interviewer practised active listening, with minimal interruptions. Follow-up questions were asked to delve deeper into specific topics or clarify responses. After the conclusion of every interview, a debriefing occurred, which provided the participants with the ability to clarify any statements or discuss issues. Further, a small “Koha” (gift), of Sri Lankan Rupees 10,000, equating to 30 NZD was given to each participant, at the conclusion of the interview, as an appreciation for providing their valuable time and participating in my research. All recorded information was transferred to a password-protected laptop device after the conclusion of each interview and erased from the mobile device.

Fourteen interviews were conducted with 14 participants. At the conclusion of the eleventh interview whereby a simultaneous iterative process of interviewing and analysis had occurred it was deemed that

data saturation was reached. Data saturation is essential for ensuring the validity and comprehensiveness of qualitative studies, as it indicates that the researcher has gathered sufficient data to understand the topic under investigation (Lewin et al., 2009). That is code saturation was achieved, where no new knowledge emerged from subsequent interviews. This is consistent with other researchers' findings that code saturation can be reached with small samples with 95% of the most salient ideas emerging by the tenth interview (Hennink & Kaiser, 2022). In that regard, after saturation, three more participants were interviewed to truly confirm data saturation.

3.6 Data Analysis

3.6.1 Thematic Analysis

Data analysis for this study utilised the six-phase method in thematic analysis as discussed by Braun and Clark (2021).

Thematic analysis is a method for systematically identifying, analysing, and reporting thematic patterns in the data; it helps in organising the data systematically and describing it in detail (Braun & Clarke, 2021). Further, thematic analysis was considered the most appropriate method of analysis for its flexibility, which can be used across a range of theoretical frameworks and research questions and for its ability to provide a nuanced account of the data (Braun & Clarke, 2021). Finally, thematic analysis is considered a good data analysis method for researchers with varying levels of experience, for its straightforward technique (Braun & Clarke, 2021). Which was ideal for a novice researcher such as myself.

The six-phase thematic analysis framework provided a structured approach to analyse the qualitative data, beginning with becoming acquainted with the data, followed by the creation of initial codes by using descriptions for certain data segments, after which forming initial themes, and subsequently, creating overarching themes, reviewing the themes for coherence, defining and naming the themes, and finally, presenting the findings in a comprehensive report (Braun & Clarke, 2021).

Within the coding process, Inductive coding method was utilised, as it was found to be the most appropriate coding method for the current study. As it was particularly useful in exploratory research where the aim is to discover patterns and themes that emerge organically from the data (Constantinou et al., 2017). Inductive coding is often employed in conjunction with thematic analysis, allowing researchers to develop a nuanced understanding of participants' experiences and perspectives (Constantinou et al., 2017).

Furthermore, the process of transcription and translation commenced soon after the first interview and continued simultaneously, together with data collection and developing codes were used to guide the direction of subsequent interviews.

3.6.2 Translation

At the initiation of the analysis process, the audio-recorded interviews, which were in the native Sinhala language, were translated carefully into English by myself, as I am fluent in both Sinhala and English languages. This process started with the transcribing of the source material verbatim in the source language, after which the transcribed data was translated into English. One of the primary challenges in translation was the potential loss of nuanced meanings and cultural contexts embedded in the original language (Chen & Boore, 2009). Thus, key strategies for effective translation in qualitative research that were used within this study were to provide untranslatable phrases in the original language, recognising language indexicality, use of brackets for explanations and back translation (Chen & Boore, 2009).

The technique of back translation involves translating a text that has already been translated into another language back into the original language (Smith et al., 2008). The process of back translation helped to maintain conceptual equivalence between the source language and English and to verify the accuracy and fidelity of the translation process, ensuring that the meaning of the original text was preserved during the translation process (Smith et al., 2008). In that regard, back translation of four of the translated interviews from English to the source language was conducted by another independent bilingual translator, proficient in both Sinhalese and English, in order to establish accuracy of the translated data, to avoid misinterpretations, and to ensure that the original message was conveyed with

accuracy, only minimal translation adjustment where needed. These strategies assisted in remaining close to the original data and maintaining rigor within the study.

3.6.3 Analysis

Phase 1: Familiarisation with the data –I familiarised myself with the available data by listening to the recorded interviews, making notes of key points and patterns. Information that seemed of interest was subsequently highlighted and notes were made accordingly. After which, the transcribed and translated data was read and re read multiple times, to capture nuanced insights.

Phase 2: Generating initial codes – The transcribed and translated data was read in-depth and descriptive codes were created using inductive code formation, after which short descriptive codes that were made to capture the essence of the relevant sentences were formed.

Phase 3: Searching for themes – All created codes were carefully examined and similar codes were grouped together. Meaningful patterns between codes were identified that related to the research title and its aims were identified. After this, an initial thematic map was created, which helped in identifying themes and overarching main themes. Fortnightly supervision meetings were held to discuss and debate the themes.

Phase 4: Reviewing potential themes – The themes created in phase 3 were reviewed by myself and the supervisors, and patterns and connections between formed themes were identified. During this time, the source material was also examined back and forth to refine overarching themes to accurately represent the data.

Phase 5: Defining and naming themes – The themes were defined to accurately convey the message behind the collection of codes representing the theme, after which the themes were named sufficiently to describe the overall theme.

Phase 6: Producing the report – A final analysis of the overarching themes and sub-themes took place. The analysed themes were written into the "Findings" chapter, and a clear flow was used in writing and numbering themes to convey a coherent message that reflected the research title and its aims as best as

possible. During this phase, the credibility of themes was further solidified by entering into the report rich extracts from the data.

3.7 Rigour

Rigour in qualitative research is a critical aspect that ensures the credibility, trustworthiness, and overall quality of the findings (Lincoln & Guba, 1985). It encompasses various strategies and practices that researchers employ to enhance the robustness of their studies (Morse, 2015). The current study took necessary steps to maintain credibility, transferability and dependability, to maintain rigour in qualitative research as described by Lincoln and Guba (Lincoln & Guba, 1985).

Credibility refers to the confidence in the truth of the findings (Lincoln & Guba, 1985). While, Dependability, pertains to the stability of the findings over time and across various conditions (Lincoln & Guba, 1985). To maintain credibility and dependability within this study, steps such as concurrent data collection and analysis, use of thick description, reflexivity and an audit trail were utilised (Lincoln & Guba, 1985).

Concurrent data collection and analysis – Concurrent data collection and analysis is a strategy used to maintain credibility and dependability in qualitative research, that allows researchers to gather and analyse data simultaneously, enhancing the depth and richness of the findings (Lincoln & Guba, 1985). In that regards ongoing data collection informed and refined the analysis process. Further, data collection was appropriately adjusted to reflect the findings as the process continued. This helped to adjust the proceeding data collection and to address key issues that arose during the study, leading to richer and more comprehensive findings. For this purpose, data collection and the initial phases of the thematic analysis process, such as the familiarisation with the data and initial code formation, occurred simultaneously.

Thick description – This method helps improve the rigor of qualitative research by providing rich contextual data that allows readers to fully grasp the complexity of the studied phenomenon. In that regard, in the current study, a detailed description was used when translating the data, direct quotes

from participants were used within the analysis, and words specific to the native language were preserved.

Reflexivity – Reflexivity is a critical concept to maintain rigour in qualitative research, that emphasises the importance of researchers reflecting on their own biases, perspectives, and influences throughout the research process (Bieler et al., 2020). This self-awareness is essential for understanding how a researcher's positionality can affect data collection, analysis, and interpretation (Bieler et al., 2020). Thus, reflexivity, helped me engage in ongoing self-reflection throughout the research process and recognise my own positionality within the study process. In that regard, a reflexive journal was maintained throughout the process of data collection by me, in order to critically examine my own role within the study and examine potential biases. This was taken to all interviews and I actively reflected on the interviews after the conclusion of each one.

Audit trail – An audit trail in qualitative research is a crucial practice that enhances the credibility, dependability, and overall rigour of the study. An audit trail involves systematically documenting the research process, including decisions made, data collection methods, and analytical procedures (Berger, 2013). Further, by providing detailed descriptions of the research process, research decisions and context, researchers enable readers to assess the applicability of the findings to other settings or populations (Berger, 2013). A detailed written record of all research decisions, including planning, participant recruitment procedures, data analysis, and any issues encountered, was meticulously kept and all steps taken and changes made were documented to enhance the transparency of the research study.

Transferability- Transferability in qualitative research refers to the extent to which findings from one study can be applied to other contexts or settings (Lincoln & Guba, 1985). Transferability emphasises the contextual richness of qualitative data and the importance of providing detailed descriptions that allow readers to assess the applicability of the findings to their own situations (Lincoln & Guba, 1985). To improve the transferability of the study to other study settings, several strategies were utilised. A thick description of data was used, with detailed descriptions including context. Further, direct quotations were used to illustrate findings and to capture the essence of the participants' experiences

and perspectives. Purposive sampling was utilised as the primary method of participant recruitment, which helped guarantee that the sample reflected the diversity and complex nature of the phenomenon being studied, enhancing the potential for transferability. Specifically, participants from varied ages within the sited age group were purposively selected to gain diverse perspectives around SH and their previous experiences going through school SE programs. Finally, a detailed methodological description was provided. A clear account of the research methods and procedures used in the study was provided, including methods used for participant recruitment, location description, data collection, and rationale for methods used for analysis.

3.8 Ethical Considerations

Ethical considerations are paramount in qualitative research, as they ensure the protection of participants' rights, dignity, and welfare throughout the research process. Ethical issues can arise at various stages of research, including study design, data collection, analysis, and dissemination of findings (Fletcher et al., 2019). Ethics approval for the research was sought from the Auckland University of Technology Ethics Committee (AUTEC) (application number, 22/322). Participant recruitment and data collection commenced actively after gaining ethics approval from AUTEC (Appendix 7). Locality permission for putting up flyers was sought from the Panadura Provincial Council.

Informed Consent and Voluntary Participation: One of the primary ethical considerations in qualitative research is informed consent. Researchers must ensure that participants fully understand the nature of the study, their role, and any potential risks involved before agreeing to participate (Fletcher et al., 2019). This process involves providing clear and comprehensive information about the research aims, methods, and how the data will be used (Fletcher et al., 2019). In that regard, all potential participants in the current study were provided with an information sheet discussing extensively, the overview and the purpose of the study, my information as the primary researcher, how the collected data will be used, description of voluntary participation and information regarding support available for participants (Appendix 6 – Information sheet in Sinhala; Appendix 7 – Translated information sheet in English). At

the initiation of each interview, the information sheet was discussed and any queries participants had, were further discussed and clarified.

After this, willing participants were asked to sign a consent form (Appendix 8 – Consent form in Sinhala; Appendix 9 – Translated consent form in English), and verbal consent was also gained at the beginning of each interview.

It was also made clear to potential participants that the study was completely voluntary, and therefore refusing to participate or withdrawing from the study while it was in progress without a valid reason was acceptable, and participants were informed that they were not obliged to provide any explanations or reasonings to withdraw from the study at any given time during the study.

Confidentiality and Anonymity: Confidentiality and anonymity are also critical ethical considerations in qualitative research. Measures to protect participants' identities and personal information, especially when dealing with sensitive topics such as SH was considered as paramount. This may involve anonymising data, using pseudonyms, and securely storing data to prevent unauthorized access and using confidentiality agreement forms (Fletcher et al., 2019). The confidentiality of the participants was carefully preserved during all stages of the study. Participants' names and identities were removed from the data analysis and data reporting process. With the awareness that the participants hailed from very tight-knit village communities, assurances of confidentiality were extended beyond protecting their names to also include the avoidance of using self-identifying statements and information. All individuals who were party to data analysis, such as the back translator, signed a confidentiality agreement form (Appendix 10 – Confidentiality agreement form in Sinhala; Appendix 11 – Translated confidentiality agreement form in English).

Minimisation of risk: The research team thoroughly considered the potential harm to the participants, especially due to the sensitive nature of the topics that were discussed. Potential harm, ranging from psychological, emotional, physical, social and reputational, was recognised (Sieber & Tolich, 2013). Appropriate steps were taken to minimise pain, stress, emotional distress, fatigue, embarrassment, cultural dissonance, and exploitation whilst conducting the study. During the interviews, some participants were clearly emotional, discussing extremely private details regarding their SH and lived

experiences. In instances such as this, I provided participants with the option to discontinue the interview or take a break if it was necessary. In all such instances, I regained verbal consent from the participants to continue with the interview.

Counselling: As the study involved the discussion of sensitive issues, which could lead to distress, free counselling services were offered to all participants after the interviews. This service was provided by a non-governmental Buddhist organisation in Sri Lanka (Dharmavijaya Foundation). All participants were able to access free continued counselling services either via phone, or in person in the Dharmavijaya Foundation premises in Colombo. In that regard, the research information sheet clearly stated the counselling service information and contact details, and the service information was reiterated verbally at the conclusion of each interview.

Chapter 4: Findings

The research study, as discussed in the methodology chapter, adapted an interpretivist ontological overview. Participants were recruited through purposive sampling and snowball sampling methods. The study conducted data collection through semi-structured interviews with 14 participants. The interviews focused on discussions around what Sri Lankan Sinhalese Buddhist females within the age group of 18 to 25 years value regarding their SH and their perceptions and experiences of SE programmes within the Sri Lankan school system.

Participant Demographics.

Table 1

Participant number	Age	Employment status	Education	Marital status	Religious Affiliation
Participant 1	19	Employed	Secondary school	Single	Moderate
Participant 2	20	Unemployed	Middle school	Married	Moderate
Participant 3	24	Unemployed	Tertiary education	Married	Moderate
Participant 4	23	Self employed	Secondary school	Married	Strong
Participant 5	18	Unemployed	Secondary school	Single	Moderate
Participant 6	20	Unemployed	Secondary school	Single	Strong
Participant 7	19	Unemployed	Secondary school	partnership	Strong
Participant 8	20	Unemployed	University entry	partnership	Strong
Participant 9	21	Employed	Secondary school	Single	Moderate
Participant 10	24	Student	Tertiary education.	Single	Moderate
Participant 11	23	Student	Tertiary education.	partnership	Moderate
Participant 12	25	Self employed	Tertiary education	Married	Strong
Participant 13	25	Student	Tertiary education	partnership	Moderate
Participant 14	18	Unemployed	Secondary school	Single	Strong

During the data analysis process, the inductive method was used to extract themes and sub-themes, with a focus throughout the data analysis on the research title and the aims of the study. Three common themes emerged, with several sub-themes categorised within each overarching theme. The relevant themes discussed the participants' values around the influence of family members on value formation about SH, sociocultural and religious expectations and, barriers to accessing quality SH information.

Themes and sub-themes

Table 2

Themes	Sub-theme
1. Importance of family expectations	1.1 Parents are valued as strong protectors, versus parents considered unapproachable. 1.2 Matriarchs are gatekeepers and first educators.
2.Sociocultural and religious expectations	2.1 Societal stigmatisation of menstruation. 2.2 Becoming a "loku lamayek" (big girl). 2.3 The importance of virginity before marriage. 2.4 Pregnancy out of wedlock is not accepted in our society. 2.5 Abortion is considered a sin in Buddhism. 2.6 "Boys can be given a good wash, and taken back into the house, but that's not the case for girls."
3.Barriers to accessing quality SH knowledge	3.1 School teachers are embarrassed to teach us; they need more training. 3.2 Stigma around accessing knowledge on STIs and contraception. 3.3 Increased exposure to the Internet has positive and negative effects. 3.4 Girls and boys must be taught SE together.

4.1 Theme 1: Importance of Family Expectations

Within the analysis, the influence of family and extended family on the research participants' values on sex and SH was highlighted. Participants discussed the importance of family members in their value formation around SH topics, such as menstruation, puberty, premarital sex, unintended pregnancy, contraception use, STIs, and abortion. Participants discussed that direct family and female relatives are the biggest influences for their worldviews on SH.

4.1.1 Parents Are Valued as Strong Protectors, Versus Parents Considered Unapproachable

Overall, the importance of parental opinions and adhering to advice and rules laid out for young unmarried girls was identified as being important to most participants. Expressing a strong belief that the parental figures had their best interests at heart by making statements such as "my parents know what's best for me". In that regard, they discussed the importance of their parents' advice on how they interact with the opposite sex and how they are to conduct themselves within society, especially after the age of puberty. Most participants expressed that their parents' advice regarding sex and SH highlighted complete abstinence until marriage. Thus, participants attitudes toward sexual activity closely reflected the same ideal. Most participants expressed that they practised abstinence until marriage.

Most participants were aware that, within society, their actions, especially sexual conduct, would directly affect their parents' reputation. Thus, it was evident that young girls felt a responsibility to uphold the reputation of their parents as a very important part of their own functioning within society. Hence, many participants reiterated that they did not submit to sexual desires and inappropriate conduct out of fear that it would bring disrespect to their parents.

"They are protective of me. I have never stayed even a single night away from home. The first time I stayed away from home was when I got a job and I had to go for a training. That was the first time I stayed away from home alone, without my parents. To tell you the truth, I haven't even stayed at my brother's house. Because my parents constantly told me, 'Don't go alone anywhere. People in the village will start talking and making up false stories', so when this happens, parents feel a lot of shame." (Participant 12, 25 years old, self-employed)

"Even from the time we are small, our parents tell us to be careful, protect ourselves and don't go anywhere alone with boys, but that's the extent of what parents tell us." (Participant 4, 23 years old, unemployed)

Half of the participants reiterated the important roles played by their parents in their lives as role models and protectors. In contrast, several participants expressed that they did not feel like they were able to open up to their parents, especially in regard to topics such as sex and SH. Participants expressed a fear of how their parents may react if confronted with questions around SH. Participants experienced being penalised by their parents and elders when enquiring about SH, which resulted in the termination of their freedom to attend school or preventing them from socialising outside the home. Thus, some participants discussed that any enquiry around sex and SH would, on most occasions, trigger their parents to assume that the child may be involved in socially unacceptable sexual conduct. Therefore, even in instances where parents had a close loving relationship, participants felt that some topics were out of bounds and not to be discussed, out of respect or fear for their parents. Further, discussing that their parents would not talk openly about topics around sex and SH in front of their children, as they were embarrassed. Participants further reiterated that their parents were culturally conservative in their conduct, and topics revolving around sex and physical affection were often not viewed as appropriate for children.

"Also, my mother is like a friend to me. I can discuss anything with her, but that's not the case with some of my other friends. Their parents are very strict, even if a boy asks them out, and the girl tells this to her parents. The parents will scold her. They will restrict her freedom, follow her around, and sometimes even remove them from class." (Participant 8, 20 years old, awaiting university entry)

"No, not at all … my mother never talks about such things. Anytime such a topic comes up, she will say, 'We never spoke about these things when we were young'." (Participant 2, 20 years old, unemployed)

"At home, we only see our parents fighting or arguing. We never see them being loving to each other. Our parents think it's ok for children to see them fighting, but it's bad for us to see them kissing each other." (Participant 13, 25 years old, university student)

4.1.2 Matriarchs Are Gatekeepers and First Educators

A sub-theme that emerged from the data involved the importance of family matriarchs in the participants' lives in shaping their values and perceptions around sex, sexuality, and SH. Most participants expressed that they approached their mothers, elder sisters, aunties, and grandmothers first when they experienced their first menstruation. In that respect, they provided the advice and support required for them as they experienced menarche. Further, grandmothers and senior female family members played a main role in making decisions around the cultural rituals that a young girl must carry out after reaching menarche. Participants expressed that after reaching menarche, mothers and other senior female relatives took on the role of initial family health and social educators on menstrual health, sexuality, and social conduct.

"Yes, I have been told that we shouldn't bathe during this time and all the cloths and pads we wear during this time should be collected and burnt after we get better. My grandmother told me this, and she also said that we shouldn't eat fried and oily food during this time." (Participant 6, 20 years old, unemployed)

"I think from the time a girl reaches puberty, the mother should slowly explain SH to them, in an age-appropriate way." (Participant 13, 25 years old, university student)

Most participants felt that their mothers would advise them, from the age of menarche, emphasising good feminine behaviour, highlighting the importance of being reserved. Most participants discussed that their mothers were their first confidants when they reached puberty, and they all reiterated similar

advice given to them at this integral stage of life by their mothers, wherein they were now a "loku lamayek", translated as "a big girl". They were expected to behave in a reserved, feminine manner, and were strongly advised to limit interactions with boys to platonic friendly relationships. The participants spoke of being given strict warnings around the negative consequences that may affect the whole family if a young female had sexual contact with the opposite sex. However, most, participants expressed gratitude towards the matriarchs in the family and expressed that their mothers, grandmothers, aunties, and elder sisters were a constant source of advice and protection.

"My mother is like a friend to me, so I can ask her anything and she even teaches me stuff, when I ask her. Recently I asked her about contraception because I didn't have much of an idea. She is the one who told me there are injections and all these other methods." (Participant 7, 19 years old, completed secondary education)

"She told me to be careful, otherwise I won't be able to face society. What she has said is, 'A girl should protect herself and mind her own protection.' What she believes is that if something happens to a girl, her life is over." (Participant 9, 21 years old, early childhood teacher)

However, few participants also discussed that their mothers were very conservative in their advice, and were unaware of changing cultural attitudes, and therefore failed to provide them with the support they required to navigate their sexual development. This caused them to turn to other people in the community to provide them with advice.

"My mother scolded me, saying that I am going to different places and getting unnecessary information that was not appropriate." (Participant 2, 20 years old, unemployed, discussing the backlash from her mother, when enquiring about contraception)

"My mother cried and cried when I told her about my boyfriend in university. She was inconsolable. She was worried because I was away from home, and that I might start living with this boy. I felt trapped and didn't know if I should end my relationship." (Participant 13, 25 years old, university student)

4.2 Theme 2: Sociocultural and Religious Expectations

Within the data collection, the cultural, religious, and societal influence on the participants when forming values around SH were discussed. Most participants felt that cultural expectations had a significant impact on how a young female is viewed in Sri Lankan society. Participants expressed that within their communities, the social, cultural, and religious entity played a strong role in shaping their lives, and therefore their views on sex and sexuality were strongly affected by their underlying Sinhalese Buddhist upbringing. Most participants discussed their strongly held beliefs around the Buddhist faith and built their lives around the teachings of the Buddha. Participants discussed how sociocultural and religious values had a strong influence on menstruation practices, puberty, and sexual behaviour.

However, participants also described the impact of cultural and religious values on their sexuality and identified that young females are affected by strong sociocultural barriers that restrict their societal interactions and access to gaining SH knowledge. Most participants reiterated that some cultural and Buddhist religious practices pertaining to their health and sexuality had a negative impact on their lives. They felt that older generations held on to cultural values, such as the importance of virginity, that were outdated and were not tolerable in the present day. However, religious values, such as negative perceptions towards abortions, remained very strong among the participants. Furthermore, participants overall expressed a negative attitude towards cultural values and felt that generational cultural beliefs were a hindrance to women in the present generation. Discussing these ideas as "parana adahas", translated to English as "old ideas", and were less relevant to their generation. However, participants had an overall positive attitude towards religious values and hesitated to question beliefs that stemmed directly from Buddhist teachings.

4.2.1 Societal Stigmatisation of Menstruation

Most participants discussed their experience in going through cultural and religious rituals as a young girl after reaching puberty, reiterating that these rituals were part of their life and normalised them as a part of their cultural upbringing. However, several participants discussed how certain cultural rituals associated with menstruation led to the societal stigmatisation of menstruation. For example, the religious perceptions that deemed menstruation as unclean and that during menstruation women were exempt from performing religious practices. Several participants expressed that this specific exception was unfair and not in keeping with the teachings of The Buddha. Participants criticised culture as the main driver of rituals that directly led to stigmatisation of menstruation and expressed the need to change these attitudes.

"When we have our monthly menses, teachers say, 'Don't sit close to the Buddha statue in the classroom.' She said on those days we are unclean, and we shouldn't sit close to the Buddha statue, and on those days, to swap with another student and sit away from the Buddha statue." (Participant 8, 20 years old, awaiting university entrance)

"Yes, people think a girl is unclean during this time. They are also not allowed to go to certain religious places. I think it's there in the religion as well, but mostly it's cultural. Even in Sri Lanka there are certain religious places that don't allow women to go in, like the Sri Dalada Maaligawa [temple of the tooths], but the tooth relic was brought to Sri Lanka by a woman, so it's sad that they demean women like that." (Participant 7, 19 years old, completed secondary education)

Further, participants expressed that due to the cultural stigmatisation of menstruation, from a young age, they are informed by their mothers and other female family members that menstruation is an extremely private part of their lives and therefore must not be discussed openly. Participants felt that such stigma around menstruation led to unnecessary curiosity from male peers. Leading to situations in which the participants and their peers were subject to embarrassment and ridicule, due to any accidental exposure of menstrual blood. Most participants reiterated lived experiences of such ridicule and shame and felt that the stigma around menstruation has a lasting negative impact on adolescent girls.

"That type of stuff can be seen in our culture. Especially in villages, it's very common that the girl should be very secretive about her periods, and it is something that needs to be handled in secret. So, I think it's important that everyone knows that menstruation is a normal thing and nothing to laugh about." (Participant 12, 25 years old, self-employed)

4.2.2 Becoming a "Loku Lamayek" (Big Girl)

A sub-theme that emerged was the participants' experience of reaching puberty and how this biological change was viewed by them, as well as how they were perceived by family and the community thereon. All participants described this transformation as becoming a "loku lamayek", which translates to English as becoming a "big girl". In that regard, participants reiterated that becoming a "big girl" meant that as soon as they started menstruating, they were no longer considered by society as children and were now women. They were culturally expected to change their behaviour to be less carefree and childlike and be more concerned about their feminine conduct and behaviour.

All participants stated that they were strongly advised to behave in a more feminine manner and to specifically refrain from close association with the opposite sex. Participants discussed how they were advised to be aware of their womanhood and to protect themselves from any vulnerable situations that could jeopardise their purity and reputation. Participants consistently discussed how they were advised to "be careful" and have only respectable interactions with boys, with a clear warning against any physical relationship with the opposite sex. Further, they were expected to behave in a demure manner and reduce unwanted interactions in society. On most occasions, such advice was given to participants by their mothers and other close female family members. However, most participants discussed feeling scared and confused at first menarche and during the onset of puberty, as they were worried about the changes occurring in their body, and the cultural and religious rituals that they were expected to adhere to whilst having no clear knowledge about menstruation. They were not provided with adequate information on the biological changes occurring during puberty, but nevertheless were expected to change the way they behaved in society.

"She also said that now you are a 'big girl' and to be more careful when associating with friends. Mainly, I was told to be careful. She said that I shouldn't go anywhere alone or behave recklessly and not to jump around and play too much. She said that now I need to behave and act like a girl. Later, when I was a little older, she told me to be careful when I associate with boys." (Participant 8, 20 years old, awaiting university entry)

"I did ask my grandmother, 'What's this becoming a big girl', and then she told me that I am still too small, and that she will tell me when I am bigger." (Participant 13, 25 years old, university student)

4.2.3 The Importance of Virginity Before Marriage

Most interviewees discussed virginity as a concept that played a major role in their lives and an important driver in how they interact with society. They expressed a strong need to protect their state of virginity to be a worthy wife to her future husband, discussing virginity as a marker of their character and their respectable upbringing. Most participants said they refrained from intimacy, even though they were in long term relationships, to protect their virginity. This was stated by participants as "dura diga yanna honda nehe", translated to English as "it's not good to take the relationship too far", or "hema deama pooja karanna oney nehe", translated to English as "you don't need to give away everything" and they spoke about how their virginity, or its loss, could impact their family's reputation within the community. Thus, discussing their awareness that within the cultural environment in which they reside, virginity carried significance and value, and they felt comfortable within this cultural expectation.

"These girls look for love outside, and then think everything is complete when a boy gives them this love, then eventually 'hema deama pooja karanawa' [gives away everything], thinking this boy loves them, it's such an immature thing, that is not real love. There is no one who loves you more than your parents, how can that compare to the love from someone you just met, where as your parents loved you since the day you were born." (Participant 12, 25 years old, self-employed)

Participants explained that growing up in a culture shaped by family and communal values, sex is viewed as a milestone ideally reserved for lawful marriage. As a result, many felt that a girl who engages in premarital sex is often seen as lacking good character and faces stigma and marginalisation, especially when seeking a marriage partner or expected to prove her virginity. In that regard, participants outlined the consequences of a girl who is unable to prove her virginity, both through lived

experiences and observations, on the mistreatment of women, when they were found to be not virgins at marriage. Participants discussed abuse, marginalisation, harassment and, on some occasions, divorce, if they failed to prove their virginity after marriage.

"But he had told his grandmother that I didn't bleed when we first had sex. After that, his family started treating me differently, so his grandmother told me, that 'this happens to every girl' and since it didn't happen to me, so she said that I must be a bad girl." (Participant 6, 20 years old, unemployed)

"Having the virginity makes girls be careful because they don't want to do something they will regret later. But like I said before, some girls are born without a virginity. In cases like that, after they get married, they may face a lot of problems from the family of the husband, especially the mother-in-law, because they will accuse her, saying that she was not a virgin when she married their son. So, I think there are two sides to this, I guess." (Participant 12, 25 years old, self-employed)

However, many participants also discussed the changing attitude around virginity, describing virginity as a culturally sanctioned outdated social construct that restricted their sexual freedom. With the changing societal values, exposure to globalisation and access to more online based information, interviewees reiterated that less importance is given to the concept of virginity in their generation. They also discussed that their male peers and partners also held similar views around virginity, and that an increasing number of men placed no importance on virginity when selecting partners, whilst reiterating that the value placed on virginity by men, had a direct relation to the level of education and the geographical location of individuals.

"Now the society is different, now there are people who are willing to marry girls who have done it before, but it isn't like that always, and we can't think like that and be reckless." (Participant 9, 21 years old, early childhood teacher)

"My parents don't consider it a big thing, and I feel that nowadays boys care less about virginity, but that's just what I think." (Participant 10, 23 years old, university student)

"I think, yes, there is somewhat of a less importance, and I think level of education has an impact on how people view virginity. Now, when we think about it, most of the time, parents are the ones who look for things like virginity in a girl. Boys actually don't place any importance on to this. It's always mainly the mother-in-law who wants to find out if the daughter-in-law is pure." (Participant 13, 25 years old, university student)

4.2.4 Pregnancy Out of Wedlock is Not Accepted in Our Society

Participants expressed strong ideals and moral values on pregnancy out of wedlock. Pregnancy out of wedlock was discussed by participants as a detrimental consequence, leading to societal marginalisation of girls who were found to be pregnant. Participants discussed how such individuals were removed from their families, removed from school, and were unable to build a career and find work or housing. The participants further explained that, from a young age, society instilled in them the belief that pregnancy out of wedlock is one of the most detrimental outcomes for an unmarried girl in Sri Lankan Sinhalese Buddhist society. Such an event, they were taught, not only ruins her life but also brings shame to her immediate and extended family, tarnishes the reputation of her school, and affects the standing of her entire community.

In most instances of unintended pregnancies, the girls were unaware of conception and were not informed on how to protect themselves from getting pregnant. In that regard, most participants discussed that one of the most important aspects of SH to be taught to young girls was methods by which a girl can conceive and how to use birth control, restating that whilst Sri Lankan culture stigmatises an unmarried pregnant girl, the same culture places barriers for young girls to access the necessary information to keep themselves protected.

"Well, if the school finds out, she will be removed from school. If something like that happens it does give a bad name to the school as well. Because it has a bad effect on their reputation." (Participant 9, 21 years old, early childhood teacher)

"I remember a girl got pregnant when she was thirteen years old. She faced a lot of abuse and everyone scolded her. That's why I feel it's good for school to teach these things as early as possible." (Participant 6, 20 years old, unemployed)

"And sometimes the girl might not know that there is a chance that she might get pregnant, but when a girl gets pregnant like that, society doesn't care that she didn't know. They will just say that she is a bad girl, she went like this and slept around. They will even inflate the story and stigmatise the girl and even her parents. Also, it's always the girl who will have the problem. She will be removed from school immediately as well, whereas the boy won't have any problem." (Participant 10, 23 years old, university student)

4.2.5 Abortion is Considered a Sin in Buddhism

Another sub-theme that emerged was related to the participants expressing strong Buddhist values around the preservation of all life as the core driver in their perceptions about contemplating abortion, reiterating that terminating a pregnancy was a sin according to the Buddhist religion and was equivalent to murder.

Furthermore, participants stated that pregnancy is a blessing and, even if the pregnancy occurs out of wedlock, there is a certain respect placed upon a woman who is carrying a child, as a barer of life and is therefore in a state of divinity. Therefore, the pregnancy should not be terminated, due to any circumstance. They said a girl must always consider other options, such as adoption, if she is unable to take care of her child.

Whilst participants described their awareness of society's negative treatment and marginalisation towards women and girls who get pregnant out of wedlock, they refused to consider the termination of a pregnancy as an acceptable solution. Participants' strong beliefs in the "sanctity of life" and the importance of preserving all living beings, rooted in the first precept of Theravada Buddhism, strongly influenced their views on abortion. However, several interviewees reiterated that, in the case of a very young girl getting pregnant, abortion may be her only option, as she is too young to have a child, which in turn will impact her entire life negatively. However, whilst this option was discussed, most participants felt that, even in this context, abortion must only be considered after all other options are exhausted.

"Well, abortion I feel … I am closest to my grandmother, and with that influence. Even if it's ok to do it or bad to do it, I think it's a sin … if a being is waiting to be born, I believe it's a sin, to stop that life from seeing the world." (Participant 2, 20 years old, unemployed)

"I don't like abortion, but if you get pregnant at a young age, most people go for an abortion, because unlike in other countries, here people will say lots of stories. I don't have anything else to say about that. I mean it's a sin. If two people willingly went ahead and did it, in that scenario I don't approve of it at all." (Participant 7, 19 years old, completed secondary education)

"So, hmmm, it's like this, I don't think having an abortion is a good thing, but if a pregnancy happens when a girl is in school or something like that, I think in such a situation it is ok, but overall, I don't condone it. I think it's similar to killing somebody who is alive. I think it's a sin." (Participant 4, 23 years old, unemployed)

4.2.6 "Boys Can Be Given a Good Wash, and Taken Back Into the House, But That's Not the Case for Girls"

A sub-theme that emerged related to the participants' awareness of the gendered difference in their treatment within society compared to their male counterparts. Multiple participants reiterated that they did not share the same freedoms as their male counterparts, including freedom of sexual expression and seeking SH information.

The participants felt that they experienced harsher judgement and constantly felt burdened to uphold a standard of purity, which was not required of their male peers. A common cultural statement, "pirimi lamaiwa, hoadala geta ganna puluwang, eath geanu lamainta ehema behe", translated to English as "boys can be given a good wash, and taken back into the house, but that's not the case for girls" was used by participants to describe the societal double standard on the treatment of male and female children. Participants discussed how, for them, as girls, if their reputation was tarnished, they were to suffer the consequences and their reputation would not recover; however, male family members were allowed to behave in a less than desirable manner and would still be cleared of the consequences and respected within the family and community. Participants reiterated that girls often bare societal blame

when faced with negative consequences of sexual activities, whilst their male partners are often not held accountable.

This cultural expectation was viewed as having both positive and negative effects. Participants felt protected within their family unit and felt a deep respect towards their families for providing them with this protection and considered it good parenting. They were aware of their role in upholding the reputation of their family; however, they were critical of the lack of similar expectations from male family members. Nevertheless, participants felt that the excessive protection and limitation of their societal freedoms made them less aware of society, and they were unable to gain experiences and knowledge on sex and SH compared to their male partners, making them more vulnerable to negative outcomes of sex compared to men in their age category.

"In one way it's a good thing that those restrictions are there. Then the girl knows to be careful. You know there is a phrase if it's a son, you can just wash their legs and take them into the house, but you can't do the same with daughters." (Participant 12, 25 years old, self-employed)

"But girls can't make mistakes alone, boys are a part of it too, but later boys will penalise girls for these mistakes when they want to get married. They participate in doing bad things with girls, but then look for the perfect girl. I think there is a double standard in our culture, and this is wrong." (Participant 8, 20 years old, awaiting university entry)

"In our society, the blame always goes to the girl. The boy is always not blamed." (Participant 9, 21 years old, early childhood teacher)

4.3 Theme 3: Barriers to Access Quality SH Knowledge

Within the data collection, participants discussed a number of barriers within their cultural and religious environment that prevented them from accessing quality SH education. The taboo nature of sex-related topics within their society prevented open discussions about sex and SH. Cultural and religious restrictions on the dissemination of SH knowledge, coupled with school teachers' embarrassment and societal stigmatisation, created barriers for young females in accessing reliable information, leaving

them vulnerable to misinformation. The negative attitudes towards contraception use, the cultural marginalisation of individuals with STIs, and the ridicule and judgement from male peers emerged often as reasons that prevented the participants from seeking out knowledge on SH. Participants identified that this cultural attitude towards sex, sexuality, and SH had a detrimental effect on young females' ability to acquire correct information and in turn protect themselves from negative outcomes of sexual activity.

4.3.1 School Teachers are Embarrassed to Teach Us; They Need More Training

A sub-theme that emerged was participants' experiences around secondary school teachers' lack of ability in disseminating SE-related topics.

Participants discussed that female school teachers avoided SE lessons because of embarrassment, especially in the presence of male students. Therefore, participants felt that they were required to self-learn this content, which was not often successful. Furthermore, participants felt that the avoidance of SE teaching by their teachers increased unnecessary curiosity around sex in young children, leading to unintended consequences, such as exposure to pornography and in some instances sexual abuse.

Whilst most participants felt that school teachers lacked the competence to teach culturally taboo topics, such as SE, teachers in after-school "extra classes" were described as more open and confident in teaching about sex and SH, which was found to be valuable information that helped them navigate their sexual relationships. Furthermore, participants who had a university level education were more aware of SH, as university lecturers were far more competent in teaching SH-related topics in comparison to school teachers. Therefore, youth who had no other external educators, nor tertiary education and prior school teachers who lacked training in teaching SE were seen to be extremely vulnerable to sex-related negative health outcomes.

However, some participants further discussed that they were most comfortable discussing topics around SH with their school teachers compared to external educators. These participants had confidence in their school teachers and expressed that if school teachers were more self-assured and open to discussing SE and SH, it would greatly improve school children's understanding of this topic.

"Well, I think, whatever is required is already there in the school curriculum. I think the problem is that the teachers don't teach it properly. Whatever kids need to know appropriate to their age is already there in the curriculum, they just don't teach it." (Participant 7, 19 years old, completed secondary education)

"In school when we talk in relation to this topic, boys start laughing and make jokes. So, since our teacher is also young, she also gets shy to discuss this topic." (Participant 4, 23 years old, unemployed)

"Teachers in tuition classes [extra classes] teach it without any shyness. They will say, 'This topic is important for both boys' and girls' and that 'it's important for your future, so that you don't get into trouble in the future'. But some parents don't like that teachers teach such things. There have been instances when parents have come and complained." (Participant 8, 20 years old, university student)

"Because, in our society and our parents' generation, they feel very ashamed and embarrassed to talk about it with their kids. So, the best thing is for teachers to teach SH because students can be free to ask questions from their teachers. So, in some way, if this education is provided to kids, there will be fewer girls getting pregnant, at a young age." (Participant 13, 25 years old, university student)

4.3.2 Stigma Around Accessing Knowledge on STIs and Contraception

A sub-theme that emerged was the stigma associated with STIs and contraception use. Participants expressed that they were largely unaware of specific types of STIs, methods of transmission, symptoms, and treatment options. Further, participants discussed a general unawareness of contraception methods. Participants highlighted that conversations around both contraceptive methods and STIs were stigmatised within society and were not discussed within the school SE curriculum. Thus, young unmarried women who enquired about such topics were looked upon as "bad girls".

The majority of participants expressed the value of sex sanctioned within marriage and expressed great value in monogamous relationships. Therefore, whilst some participants expressed that they were currently on birth control, all these participants were married and said that contraception use was only appropriate for married women for the purpose of family planning. Furthermore, the unmarried

participants felt that either their knowledge on contraception was not adequate or that it was not something they needed to be aware of until marriage. In that regard, they showed little interest in discussing contraception and were unaware of most contraceptive methods, including barrier methods, such as condoms, and discussed condoms as "that thing that comes in packets".

Further, diseases that are transmitted by intimacy were also considered a representation of bad character and often an indicator of women or men who are sexually involved with multiple partners, which was clearly identified as such in the Sinhalese language as "samaaja roga", directly translated into English as "social diseases". Participants reiterated that this stigma in turn created a significant barrier to accessing information about, and treatment for, STIs. Furthermore, participants discussed that some treatment providers, such as medical personnel, stigmatise and humiliate patients who seek treatment for STIs and create a hostile clinical environment.

"Yes, I have heard from here and there about 2 or 3 illnesses. Well, when you don't stay with one person and start going around with many people, then this will happen." (Participant 7, 19 years old, completed secondary education)

"For you to get a disease like that sexual intercourse needs to happen, so it's not just getting pregnant that can happen due to sex, you can also get a disease. Even in that case it's called a social illness, and again it's difficult to face society, especially in diseases like AIDS, because you will get other diseases easily if you have AIDs, then you will get completely shunned from society." (Participant 10, 23 years old, university student)

"No one told me about contraception, not even when I went to the hospital. No one said, 'You can put this, [in reference to an intra uterine device] because you're so young.' If they said that, I wouldn't have ended up in this situation. They just discharged me, that's it, they never told me anything about contraception." (Participant 6, 20 years old, unemployed)

"But I know some girls who just take whatever their boyfriends give them. One time a guy and a girl came to the pharmacy, which was also weird because usually girls don't come to buy these pills. Then the guy bought the morning after pill and two Panadols, and right in front of us, the boy gave it to the

girl and she drank it. It happened in front of all of us. That was really sad. We all spoke about it later." (Participant 11, 23 years old, nursing student)

4.3.3 Increased Exposure to the Internet Has Positive and Negative Effects

Several participants discussed the importance of mainstream media and the Internet as a source of SH education.

They held both positive and negative attitudes towards the increase in Internet accessibility after the COVID pandemic. They discussed younger generations who now had the ability to self-educate on SH-related topics and gain more awareness around contraception use, pregnancy, and STIs without the embarrassment of asking adults and teachers. Participants discussed that the younger generation had increased accessibility to the Internet compared to their own age group, giving them more freedom to explore SH information without the fear of judgement and ridicule. Participants further expressed that the Internet is a good source to educate one's self, learn about sex, and make informed decisions in an environment in which sex is an unspoken subject.

However, even with increased access to the Internet, they expressed a sense of fear and embarrassment to search for sex-related topics, even discreetly, as they were culturally expected to stay away from exploring these topics. Furthermore, they expressed the detrimental aspects of providing children with unrestricted access to the Internet and that it could be a gateway to the corruption of children with sexually explicit content. This was assumed to be a driver for young school children to experiment with inappropriate sexual activity and a barrier to providing young people with realistic and healthy expectations around sex.

Although the impact of mainstream media was generally considered minimal, several participants highlighted specific programmes related to SH. They noted that these programmes provided valuable information about STIs and available treatment options. Additionally, participants emphasised the significant reach of mainstream media, especially in areas without Internet access, making such programmes crucial in delivering SH education to underserved communities.

"Yes, there is a lot of unwanted stuff as well, but there are a lot of things that we don't know about as well. Especially about what sex and sexual culture is like in Western countries, how it differs from sexual culture in Sri Lanka, and how some things, if done in this country, can be considered wrong, even if its normal in another country. Most things like that I learnt from Facebook pages." (Participant 4, 23 years old, unemployed)

Now kids are always on YouTube, only a few letters need to be wrong on the search bar, and kids will get unnecessary videos popping up, then these kids watch these. So, I think, the Internet should be used to make kids aware that it is not good to watch such videos. Parents and teachers must constantly keep an eye on their kids' phones. The biggest responsibility is on the parents' side. They need to pay close attention to their kids." (Participant 12, 25 years old, self-employed)

"There is this programme that goes on TV called the '33rd room'. This programme talks about STIs, and I think these kinds of programmes are good in spreading awareness to the public about sex and STIs." (Participant 13, 25 years old, university student)

4.3.4 Girls and Boys Must be Taught Sex Education together

Within the data collection, a sub-theme that developed was the need for both boys and girls to be taught SE together. Participants discussed the importance of boys being educated on girls' SH vice versa, as they felt this would be the best way to eliminate deep-rooted cultural SH attitudes that negatively affect women.

Participants felt that it was important that their male peers were also provided with education around menstruation, virginity, contraception, pregnancy, and STIs. They felt that this knowledge would greatly eliminate the stigma young girls experience as they go through puberty and enter into sexual relationships with men. Participants reiterated that the misconceptions around SH affect both genders and, when entering into sexual relationships, the unawareness around SH can be detrimental. Furthermore, to alleviate the stigma surrounding menstruation, young boys should be made aware of menstruation as a normal biological function of the female reproductive system. Participants believed that much of the shame and embarrassment young girls experience during menstruation arises from unwelcome ridicule and judgement by those who are uninformed about the process.

"Boys and girls should learn everything. Like if there is a brother and sister in a family, the mother will never let the brother know that the sister is menstruating. That type of stuff can be seen in our culture. It's very common that the girl should be very secretive about their periods. So I think it's important that everyone knows that menstruation is a normal thing and nothing to laugh about." (Participant 12, 25 years old, self-employed)

"Boys and girls should be taught together because eventually a man and woman will get together. So both genders should learn about the SH of females and males." (Participant 7, 19 years old, completed secondary education)

"Yes, I think parents should teach their sons that it's a normal thing that happens to girls and if you see any stains on a girl's cloths that you shouldn't laugh and make her uncomfortable. I think boys should be given some knowledge like that." (Participant 4, 23 years old, unemployed)

4.4 Summary

The findings highlighted distinct perceptions and values held by Sri Lankan Sinhalese Buddhist female youth concerning sex, SH and SE, structured into three overarching themes. The first theme, "Importance of Family Expectations", underscored the profound influence of parental guidance. Participants expressed a strong adherence to family norms, particularly around sexual behaviour following puberty. Family honour was seen to be deeply intertwined with their sexual conduct, emphasising abstinence until marriage. Maintaining their parents' reputation emerged as a significant personal responsibility, reflecting the heavy familial expectations placed upon them. However, participants also faced challenges around approaching parents to discuss, SH topics, and felt scared, embarrassed and ashamed, feeling that parents were therefore not a reliable source for SH information.

The second theme, "Sociocultural and Religious Expectations", delved into sociocultural and religious influences, particularly around menstruation, puberty and sexual rites of passage. These rituals, while normalised, often leading to societal stigmatisation, particularly regarding virginity, which was tied to family honour and marriage prospects. This value was seen to be especially strong in rural areas, though

attitudes were found to be changing among the educated and urban populations. Participants noted that severe stigma linked to pregnancy out of wedlock, led to extreme societal marginalisation. Further, abortion was largely rejected, attributed to Buddhist teachings on the concept of “sanctity of life”. Additionally, participants identified a sexual double standard, where men face fewer consequences for culturally inappropriate sexual behaviour, compared to women. Despite these challenges, the protection that they received from their family was emphasised and was welcomed by most participants. Therefore, culture and religion were seen as having both positive and negative impacts on young Sinhalese Buddhist females, values, attitudes and perceptions regarding their sexuality and SH.

The final theme, "Barriers to Accessing Quality SH Knowledge", highlighted the inadequacies of SE in schools. Teachers’ discomfort in addressing sensitive topics was seen to contribute to young women’s lack of comprehensive SH knowledge, often leading them to rely on unreliable sources like peers, partners, and pornographic websites. Stigmatisation further complicated access to healthcare, especially when accessing information and healthcare services around STIs and contraception. Although the Internet was acknowledged as a potential SH education platform, participants expressed concerns about cultural judgement and exposure to inappropriate content. Furthermore, advocating for inclusive future SE that educates both genders on each other’s SH to foster understanding and healthier interactions.

In summary, the study findings reveal that Sri Lankan Sinhalese Buddhist female youth face significant challenges in balancing familial expectations, sociocultural, and religious expectations, whilst also facing barriers to accessing quality SH knowledge, highlighting the need for comprehensive and inclusive SE that bridges these gaps and supports healthy sexual development.

Chapter 5: Discussion

5.1 Introduction

This qualitative descriptive research study aimed to explore perceptions and values held by Sri Lankan Sinhalese Buddhist female youth regarding SH, perceptions held by Sri Lankan Sinhalese Buddhist female youth regarding current SE programmes, with an overarching goal to establish a foundation to improve SE services in Sri Lanka. The findings served to address the research aims and provided valuable insights into the complex interplay of sociocultural, religious, and familial influences on the participants' attitudes towards SH and SE.

Three overarching themes were identified through the findings. The first theme, "The Importance of Family Expectations", explored familial dynamics and its importance in value formation and perception building for female youth within Sri Lankan Sinhalese Buddhist communities. The second theme, "sociocultural and Religious Expectations", discussed the interconnecting cultural and religious factors impacting young females' standing within Sri Lankan society and its effects on their sexuality and, by extension, their SH. The third theme, "Barriers to Accessing Quality SH Knowledge", discussed the barriers faced by female youth when accessing SH knowledge and SH services. Within this theme, barriers due to social stigma around STIs and contraception, the lack of preparedness of prior school-based SH educators, the changing influence of digital media and barriers caused by gender-based SH knowledge, were explored. The overarching themes were identified after grouping several sub-themes, revealing a coherent pattern with a unified underlying thread.

The findings revealed that deep-rooted cultural, religious, gender-specific, and familial factors influence young Sinhalese Buddhist women's belief systems and perceptions. The study findings highlighted the evolving nature of values across generations, with a visible shift towards more globalised values and a subtle rejection of certain historical traditions and values that young women within the study setting identified as being "parana adahas", translated to English as "old ideas". In that regard, intergenerational

transmission of traditions and the infiltration of global influences suggested a complex interplay between tradition and modernity in shaping the SH values of young females within the study setting.

5.2 Influence of Family

5.2.1 Valuing familial support and guidance

Participants highlighted the role of family members in shaping their perceptions on various SH topics. Furthermore, participants expressed a strong belief in the importance of parental opinions and adherence to advice and rules laid out by their elders. They saw their parents as strong protectors, with a belief that their parents, especially their mothers, knew what was best for them. This finding was supported by Kao and Martyn (2014), who found that parental expectations and traditional values act as protective factors for adolescents in making decisions related to SH in migrant Taiwanese communities, indicating the strong influence of parental expectations on adolescents' sexual behaviours (Kao & Martyn, 2014). Similarly, the influence of family expectations on South Asian individuals was seen as a significant factor in shaping their values and perceptions, particularly regarding sensitive topics such as SH as revealed in a qualitative study conducted on South Asian communities (Sharma et al., 2020).

5.2.2 The Role of Female Family Members in Shaping Young Girls' Understanding of Sexual Health and Puberty

Further, results from this study identified that within the family unit, female family members played a significant role as first educators for young girls around SH. Within the family and extended family unit, senior female family members, particularly mothers, elder sisters, aunts, and grandmothers, played a significant role in shaping the opinions of young girls regarding puberty, menarche, and sexuality. These findings aligned with previous research conducted within Sri Lanka, indicating mothers as being the preferred source of primary educators for SH information (Mataraarachchi et al., 2023). These findings were consistent with a cross-sectional study done on a group of junior high students in Malaysia, which revealed that most girls agreed that their mothers were the first person to provide information on puberty and sexual issues (Shams et al., 2017). Similarly, a qualitative study from Jamaica on the influence of mothers on the sexual beliefs of their daughters revealed that mothers'

influences on adolescent girls' sexual beliefs and behaviours provided insights into the impact of maternal influences on daughters, emphasising the role of maternal behaviours and communication on adolescents' attitudes towards SH (Hutchinson et al., 2012). In that regard, it was apparent that the present study and previous studies reflected similar sentiments around the influence of female family members particularly mothers, in providing essential knowledge around SH for young females. Additionally, novel data from the current study highlighted the access parents have to their children within the home environment and the ability for parents to oversee the interactions young girls have with society at large, putting parents and close family members in an ideal position to impart valuable knowledge and life skills to young people, especially around topics that were considered taboo and rarely discussed in society.

However, the informal SE provided by mothers and other female family members to their daughters primarily revolved around menstrual hygiene, establishing body boundaries, limiting associations with the opposite sex, and remaining abstinent until marriage. The discussions often refrained from talking about more taboo topics like sexual activity, contraception use, conception, abortion, and STIs. Consequently, participants in this study exhibited a more limited understanding of these subjects compared to their understanding of menstruation and upholding body boundaries. These findings were also mirrored in the Sri Lankan research conducted by Mataraarachchi et al., (2023) on perceptions held by mothers regarding their daughters' SH, where most mothers discussed discomfort in discussing topics related to sexual activity and preferred imparting exclusively "abstinence-only education" to their daughters (Mataraarachchi et al., 2023). Similarly, a qualitative study conducted in Iran discussing maternal views on SH topics with their adolescent daughters revealed that most participants disagreed with the need for comprehensive SE for girls, and, instead, they believed that information provided by mothers should be limited to menstruation and puberty (Shams et al., 2017). Furthermore, a community-based, cross-sectional study done in Myanmar involving 112 pairs of mothers and adolescent daughters revealed similar trends. Communication on SH was narrow, infrequent, and delayed, with only limited topics discussed (Noe et al., 2018). Therefore, the emphasis of mother-daughter communications around SH, within Asian cultures, was found to predominantly revolve around sexual morality, with less focus

given to imparting knowledge about SH and safe practices. However, research revealed that, in contrast, mothers in more Westernised cultures, such as the United States, provided more comprehensive SE and focused on providing information about safe sexual practices (Nguyen, 2021).

5.2.3 Negative Impact of Family Influence

However, a dichotomy emerged, with some participants feeling they could not open up to their parents at all about SH topics. Fear of parental reactions and experiences of being penalised for asking questions contributed to a sense of unapproachability. Similar results were explored in a descriptive cross-sectional study conducted among a sample of 810 Sri Lankan Sinhalese adolescent girls, where it was found that culturally sanctioned taboos surrounding sex and sexuality led young people to avoid approaching adults (Mataraarachchi, Pathirana et al., 2023). Similar to the present study, it was also identified that young girls felt a lack of confidence in their parents to discuss topics concerning sex and outcomes of sexual activity (Mataraarachchi, Pathirana et al., 2023). A study conducted in Myanmar exploring the communication barriers between mothers and daughters mirrored similar results, with socio-cultural barriers, shame, and insufficient time devoted to discussions being identified as factors creating communication barriers between parents and adolescents (Noe et al., 2018). Similarly, in Western study settings, adolescents displayed parallel sentiments. In a qualitative study conducted in the United States, with focus group discussions with 74 college students discussing their first experience of intimacy, most participants revealed they felt uncomfortable and had very little conversation about sex or sexuality in their homes and what minimal discussion that was had was generally deemed unhelpful and, in many cases, even harmful (Goldfarb et al., 2015). Hence, it is apparent that, despite parents being viewed as guardians, certain barriers, such as fear, judgement, and a lack of confidence, persist, hindering young people from seeking information on SH from their parents. Given that discussions about sex are often regarded as private and personal and challenging to articulate, it can be considered crucial to prioritise the delivery of essential SH information in an approachable manner that minimises shame and embarrassment and encourages questioning with family members.

5.3 Sociocultural and Religious Expectations

5.3.1 Cultural perceptions and rituals tied to female sexual maturation

Culture, religion, and societal expectations emerged as a significant driver, shaping the value formation of young females in the study setting. The current study highlighted the impact of cultural and religious rituals and traditions surrounding key aspects of menarche and sexuality, such as menstruation, reaching puberty, and the concept of virginity. These themes were closely tied to communal values regarding sex and gender roles. Notably, within the study setting, Buddhist cultural values played a mitigating role, forming many of these attitudes. Cultural Buddhist values that overarch civil society within the study setting were found to influence young females' perceptions and values regarding SH, such as virtue, respect towards elders, purity, self-preservation and sanctity of life, were highlighted. Furthermore, ritualistic behaviours pertaining to the Sinhalese Buddhist culture were highlighted within the data, as being important aspects of life, particularly those pertaining to female sexuality.

5.3.2 Menstrual Taboos and Evolving Attitudes

Participants alluded to undertaking rituals pertaining to reaching menarche, which were loosely tied to Buddhist cultural values, such as the ritual of isolation at first menarche and the avoidance of participating in Buddhist worship and ritualistic activities during menstruation. Deborah Winslow's article, "*Rituals of First Menstruation in Sri Lanka*" (1980), uncovered parallels in the expectations placed on Buddhist young girls reaching puberty. Within the Buddhist culture, menstruation was perceived as a stage in a woman's life when she is considered impure. Winslow described this viewpoint, noting that a Buddhist woman is seen, at a certain stage, as infertile and pure, possessing the power to bless and cure, while at other times, she is viewed as potentially dangerous, with unpredictable powers for new life (Winslow, 1980). Similarly, a systematic review on "Menstrual Taboos in Sri Lanka" echoed these sentiments, revealing that, according to Sinhalese Buddhism, women were deemed polluting, and women's menstrual blood was believed to possess destructive powers, referred to as "killa" (Handapangoda et al., 2016). Consequently, within the study setting, young women, to a varying degree, were led to believe that menstruation was unclean and should be kept a secret.

In contrast, the present study uncovered a shift in the attitudes of female youth, who were reluctant to adhere to such rituals and considered them untrue, specifically, resisting practices that hinder them from engaging in religious rituals during menstruation, with one participant, stating, "If Lord Buddha was also born of a woman, I refuse to believe he ever made claims that menstruating women are unclean, participants discussed this as follows “These are all tales spun by old men *(Participant 7, 19 years old, completed secondary education)*" .Their strong belief remained that these rituals were more rooted in cultural norms than in the philosophical principles of Buddhism.

Similarly, a significant number of literature from diverse cultures and religions, specifically South Asia, South East Asia, and Africa, discussed menstruation as being considered a state of impurity, where menstruating women were expected to refrain from participating in religious activities and were considered unclean during menstruation (Jarrah & Kamel, 2012; Khanal et al., 2023; Mukherjee et al., 2019). In a study from India discussing menstrual taboos and female subordination, participants reported they were not allowed to visit temples or other religious sites while menstruating. However, within this study, all participants supported this restriction, as they believed that female bodies were polluted during this time and that entering sacred places would anger their gods and bring bad luck to their families (Richa & Cristina, 2018). Additionally, similar attitudes towards menstruation were also identified in a cross-sectional study conducted in Lebanon, where 389 post-menarcheal schoolgirls aged 13–19 years were interviewed, out of which 30% of school-going girls perceived menstrual blood to be dirty (Santina et al., 2012). Furthermore, a qualitative study conducted in Kenya on school girls' experience with menstruation revealed that girls expressed fear, shame, and confusion associated with menstruation, which was discussed as largely linked to cultural factors, causing young females to feel embarrassment and concerned about being stigmatised by fellow students for being dirty and impure (McMahon et al., 2011).

5.3.3 Cultural Expectations and Knowledge Gaps Surrounding Menarche in Sinhalese Society

Participants in the current study held firm opinions regarding the significance of reaching menarche. Within the study setting, the transition from childhood to womanhood was marked by becoming a "loku

lamayek" or a "big girl" after experiencing their first menstruation. The participants noted conflicting messages from adults, discouraging childish playfulness while expecting young girls to adopt a more reserved demeanor and reduce interactions with the opposite sex. In contrast, a study within India reported harsher sanctions for young girls attaining puberty, where, after her first menstrual period, demarcated the end of her childhood, which increased her responsibilities at home, end of formal education, and in some areas, the initiation of marriageable age (Richa & Cristina, 2018). However, data from the current study indicated that within this study setting female youth after puberty were expected to keep body boundaries and reduce interactions with the opposite sex, whilst none of the participants discussed termination of education or the probability of child marriage.

Despite these expectations, participants expressed a lack of understanding behind the advice they received. Consequently, young girls were not adequately informed about puberty or the origins of menstrual blood, yet when they became a "big girl", there was a cultural expectation to make substantial lifestyle changes following the onset of menarche. In that regard, most participants discussed that, whilst they were made to undergo cultural rituals, they were not provided adequate explanations for this new life change. Similar attitudes were expressed in a descriptive cross-sectional study conducted in Jordan around attitudes of school-going girls about their menstruation, where the majority of the girls felt that they were not adequately informed or prepared for menstruation (Jarrah & Kamel, 2012). A similar outlook was observed in a literature review conducted on menstrual hygiene and menstrual health among adolescent girls in LMICs, which revealed that girls in many LMICs enter puberty with knowledge gaps and misconceptions about menarche, unprepared to cope with it, and unsure of when and where to seek help (Chandra-Mouli & Patel, 2017). In that regard, within this study, it was evident that young girls were aware of menarche as a cultural turning point in their lives, where they were now considered as "loku lamayek" ("a big girl") and understood the expectation that came with this title. However, participants had only a vague understanding of the reasons for this biological change and were unaware of the significant alterations in their reproductive systems, leading to confusion, fear and broad misconceptions.

5.3.4 Cultural and Religious Views on Premarital Pregnancy and Abortion

Premarital pregnancy and abortion evoked strong sentiments within the study participants. All participants regarded premarital pregnancy as the most negative outcome of casual sex, leading to lifelong negative circumstances, such as discontinuation of education, ostracization from families, societal marginalisation, and economic failure. While the majority expressed disapproval, some participants conveyed sympathy for individuals in such situations, attributing their predicament to a lack of knowledge or disregard for societal norms, which they believed had led to a pregnancy detrimental to both the child and the mother. Similar sentiments were discussed in a qualitative study done in Malawi investigating social consequences of unwanted pregnancy and unsafe abortion. Interviewees identified the impact of unwanted pregnancy and unsafe abortion to be greatest on young women, with social and cultural consequences including early marriage and expulsion from school (Levandowski et al., 2012). Furthermore, similar views were displayed in narrative research conducted in South Africa, with pregnant teenage girls, who discussed unintended teenage pregnancy as having disturbed the equilibrium in their lives, highlighting the importance of finding ways of working with youth to realise their right to choose when and how to have a baby (Nkala-Dlamini, 2021). However, in contrast, a qualitative study conducted in India discussing determining factors for abortion in cases of unintended pregnancies, revealed that women's non-agricultural work and increased level of education were associated with an increased propensity to abort, while agricultural work was associated with a decreased propensity to abort. Further, the cultural phenomena of son preference, particularly in Northern regions of India, increased women's acceptance of abortion (Bose & Trent, 2005).

In that regard, within this study, another sub-theme was the participants' rejection of abortion. Abortion elicited uniformly strong negative attitudes among all participants. This was in contrast to existing data on induced abortion within Sri Lanka, which estimates that 500 illegal induced abortions were performed daily, in Sri Lanka (Thilakarathna, 2018). The consensus was that abortion is not socially acceptable, with religion emerging as the predominant driver of this value system. Participants overwhelmingly linked their disapproval of abortion to their religious beliefs, emphasising the significant role faith played in shaping their attitudes towards this sensitive issue. Similarly, a study conducted on attitudes and knowledge of induced abortion within Sri Lanka discussed that 91% of the

participants believed that induced abortion was immoral and a further 94% were unaware that abortion was illegal within Sri Lanka (Perera et al., 2011). These views were mirrored by Bessey (2017) who discussed that traditional Buddhism condemns abortion, citing the importance of the first of the Five Precepts in Buddhism that forbade killing (Bessey, 2017). Similar views were expressed by participants in a qualitative research study conducted in rural Thailand, with Buddhist participants discussing abortion decision-making, describing abortion as a life-destroying act and constituted a serious sin (Whittaker, 2002). However, participants discussed that there are different levels of sin depending upon the circumstances and intentions with which the act is performed (Whittaker, 2002). In that regard, it was apparent that the Buddhist religion, as opposed to culture, was a large driver in forming values around abortion within this study setting as well as in other predominantly Buddhist countries. However, Keown (2014) further discussed that Buddhism is less prescriptive in its ethical-religious rules than the Abrahamic traditions, and thus Buddhist monastics would rarely be called upon for advice or guidance by laypeople on matters of abortion or other forms of family planning (Keown, 2014). Nevertheless, despite the presence of restrictive laws criminalising abortion in Sri Lanka, a significant number of abortions take place each year within all communities (Thilakarathna, 2018). Thus, given the understanding that unintended premarital sex is seen as detrimental for women within this study setting, and in an environment where ethical values and legislation condemn the termination of pregnancy, it becomes crucial to arm young women with necessary information on safe sex and the prevention of unwanted conception during intimacy.

5.3.5 Shifting Attitudes on Premarital Sex and Virginity

A significant number of participants attributed immense value to the importance of maintaining a state of purity until marriage. The majority viewed engaging in sexual activity before marriage as culturally unacceptable. Consequently, the act of remaining a virgin until marriage was not only considered important but also seen as a marker of a girl with high personal worth. Similar results were produced by a nationwide survey conducted in Myanmar focusing on contraception use among youth, where results indicated that within the Myanmar culture, Buddhist religion and traditional norms played an important role in preventing premarital sex among never-married youth (Lun et al., 2021). However, in

contrast to these perceptions, research on premarital sexual activity within Sri Lanka indicated a notable deviation. A study conducted by UNICEF in Sri Lanka revealed that 6% of school-attending 14–19 years olds reported having engaged in heterosexual intercourse. The mean age of first intercourse was 15 years for boys and 14 years for girls (Kumarasinghe et al., 2022). Of the youth population, around 38% were in an intimate relationship and on average they started these relationships around 17 years of age (Kumarasinghe et al., 2022). Similar results were also elicited in a 2018 study, which revealed that over 10% of school children and more than 20% of out-of-school adolescents were reported to be sexually active (Chandradasa & Rathnayake, 2018). These statistics are proportional to the sentiments expressed by some participants in this study, who considered virginity an outdated concept not aligned with current generational beliefs, highlighting a discernible shift in attitudes pertaining to premarital sex.

While the preservation of sexual purity until marriage remained a strong factor in romantic relationships, changes to traditional values around premarital sex were clear, with some young women embracing sexual liberation and challenging traditional views on virginity, as discussed by a subset of participants in this study. Statistical data on romantic relationships and dating patterns in Sri Lanka revealed that 85% of Sri Lankan youth were actively involved in romantic relationships (De Silva et al., 2022). The research also indicated an upward trend over the years, accompanied by a growing gap between puberty and marriage for Sri Lankan Sinhalese women (De Silva et al., 2022), highlighting the importance of empowering unmarried girls, to focus on enhancing their life skills and negotiation abilities, which can be considered crucial in preventing unwanted pregnancies and STIs (De Silva et al., 2022). Similar sentiments were mirrored by participants in a survey conducted in Tamil Nadu, India, discussing knowledge and attitudes towards SH and common sexual practices. Many participants discussed being comfortable with the notion of premarital romantic sexual relationships, signaling a shift from an earlier largely conservative attitude towards a more liberal and `Western' outlook (Mukherjee et al., 2019). Cross-sectional studies conducted in Iran on premarital dating and sexual encounters produced contrasting results, with attitudes on the importance of preserving virginity for

women prior to marriage regarded as the driver of conservative attitudes towards sexual encounters before marriage in Iranian cultures (Motamedi et al., 2016).

Furthermore, participants cited not only the preservation of strong value systems instilled in them but also the use of virginity as a method to shield themselves from the negative outcomes of sexual activity, indicated by a participant describing the importance of virginity: "Having the virginity, makes girls careful, because they don't want to do something they will regret later *(Participant 10, 23 years old, university student)*." These outcomes included the social and economic implications of unintended pregnancy, STIs, and abortion. This was mirrored in an Indonesian cross-sectional study with adolescent Muslim participants, which concluded that the value of virginity had a relationship with adolescent attitudes towards maintaining good reproductive health (Mindiono, 2022). A similar sentiment was observed in a study conducted in Zimbabwe, focusing on virginity, culture, and gender inequalities among adolescents. Through focus-group discussions and in-depth interviews with boys and girls aged 16 to 19 years, the results revealed that adolescent girls actively invested in and used virginity as a status marker to prevent unwanted consequences of sex, advance their education, and build status within society (Matswetu & Bhana, 2018). However, most participants also felt that within the patriarchal structure in the current study setting females were disproportionately affected by the expectation of virginity, whilst their male counterparts were not required to uphold the same standard.

The influence of male peers on young female perceptions of their sexuality was highlighted through several sub-themes within the study. In this context, the perspectives of young females on sex, sexuality, and SE were found to be profoundly influenced by male attitudes towards female sexuality. This phenomenon aligned with a broader trend observed not only in South Asian countries but also in other global regions, where social interconnections take precedence over women's autonomy, emphasising kinship systems and associated gender structures (Mumtaz & Salway, 2009). Young females, in this context, were influenced by societal and cultural values imposed upon them by society, especially their male counterparts. Starting from the onset of puberty, girls actively seek validation, whether consciously or unconsciously, from males within their society. The present study largely indicated the influence of male peers around the stigma and embarrassment surrounding menstruation and menstrual

blood, discussing life experiences of shame and extreme embarrassment due to menstrual accidents, which led to girls feeling the need to be hyper secretive regarding their menstrual cycle and menstrual hygiene. A qualitative study conducted in India focusing on boys' knowledge of menstruation revealed that most boys were largely unaware of the biology of menstruation. Consequently, their perceptions were shaped by cultural taboos and rituals, with some openly displaying a negative attitude towards menstruation and viewing it as a “disease”, endorsing the notion that girls should be isolated during this time (Mason et al., 2017).

5.3.6 Gendered Expectations of Female Sexuality and Sexual Double Standards

Furthermore, the influence of male peers on the value placed on the virginal state of young females was discussed in the sub-theme “The importance of virginity before marriage”. Participants discussed that the ability to find a marriageable partner was largely dependent upon a young girl's ability to prove her purity. In that regard, participants had the perception that their value within society was dependent on their sexual purity. Similar sentiments were observed in a cross-sectional study conducted in Ethiopia on "Traditional values of virginity and sexual behaviour in rural Ethiopian youth". The study indicated that men's preference for marrying women who were virgins served as a significant influencer for females to preserve their virginity (Molla et al., 2008). In that regard, negative attitudes expressed by the opposite sex regarding menstruation, premarital sex and virginity were identified as significant drivers shaping how young girls perceive their sexual awakening. However, some study participants highlighted a shift in male perceptions within the new generations. They observed that male peers who were more educated and less bound by traditional values had little concerns regarding their partners state of virginity. This suggested a changing dynamic in which evolving educational backgrounds and modern perspectives among male peers contribute to altering traditional gender norms and expectations.

Moreover, participants conveyed a perception in which their male counterparts enjoyed considerably more freedom to explore and acquire knowledge on SH without facing societal stigma and marginalisation. Describing this disparity, one participant articulated, "Boys can do whatever they want, and they will always be welcomed back into the family; it's not the same for us *(Participant 12, 25*

years old, self-employed)". This sentiment reflected a perceived gender-based double standard in societal expectations and acceptance regarding SH exploration. These perceptions were mirrored by other research within South Asia, which discussed a significant gender inequality between males and females, where females faced stigmatisation and marginalisation when experiencing negative outcomes of sex, such as pregnancy and STIs, whilst males were still accepted into society and their families devoid of any ostracism (Gautam et al., 2018). A similar sentiment was found in a cross-sectional study conducted in Ghana on factors associated with SH stigma among adolescent girls (Hall et al., 2018). Further, a literature review conducted on sexual attitudes and double standards revealed that certain cultures, such as that of Japan, were more likely to endorse the traditional double standard that sex is more acceptable for men than for women (Fugère et al., 2008). These findings supported the participants' perception of cultural and gender disparities in freedom to gain experiences, explore SH knowledge and participate in sexual practices. In that regard, females within this study setting were more harshly judged for enquiring about SH compared to their male peers.

5.4 Barriers to Accessing Quality Sexual Health Knowledge

5.4.1 Teacher Preparedness and Student Perceptions

Perceptions of the current school SE structure and its delivery in Sri Lanka were discussed in the research, overall, participants perceived the present SE taught in schools as minimal and not practically helpful. With participants believing that teachers were inadequately prepared or trained to impart knowledge regarding SH. These findings resonated with previous studies conducted in Sri Lanka discussing adolescent perceptions of reproductive health services, where both female and male participants expressed a lack of trust in teachers regarding SH matters (De Silva et al., 2022; Kumarasinghe et al., 2022; Mataraarachchi, Pathirana et al., 2023; Rajapaksa-Hewageegana et al., 2015; Thalagala et al., n.d; Jayantha & Chandrakumara, 2022). Similar attitudes were expressed by a cross-sectional research study conducted with undergraduates in state universities in Sri Lanka, discussing, knowledge and attitudes, on sexual rights, revealed that lessons on SH were not taught

properly in schools, which was described by participants as a taboo subject, that most teachers were reluctant to teach (Perera & Abeysena, 2022). Furthermore, a survey conducted on the knowledge and attitudes towards SH and common sexual practices among college students in Tamil Nadu India revealed that participants often relied on friends as their primary source of information about sex, and not educators, leading to various misconceptions about SH (Mukherjee et al., 2019).

In contrast, research revealed that, in Western countries, SE was far more visible; however, research also suggested that even in Western societies, comprehensive SE remained inconsistent (Bishop et al., 2020). A mixed-method study conducted in the United States on school-based sexuality education experiences across sexual minority individuals found that SE often omitted information about "actual sex" and centred messages around disease prevention, implying that all sex was dangerous and unhealthy (Bishop et al., 2020). This was comparable to sentiments shared by some participants in the current study who perceived that the minimal SE present in the current school curriculum predominantly concentrated on anatomical definitions of reproduction and neglected to offer practical and psycho-social knowledge about SH. Which, participants discussed as follows; how does a girl get pregnant; what happens when a girl starts menstruating and; what is virginity. Despite this perception, majority of the current participants expressed trust in their school teachers as the most comfortable educators with whom they were able to openly converse, in comparison to external educators. Which was in contrast to the findings from a survey conducted on school-going children in Sri Lanka, which revealed that nearly 40% of boys and girls preferred sexual information to be delivered by medical professionals, whilst only 10% preferred to learn about this subject from their school teachers (Rajapaksa-Hewageegana et al., 2015). Nevertheless, participants in the current study, acknowledged the concern that their school teachers currently lacked the necessary skills to effectively impart SE.

5.4.2 Stigma Surrounding STIs and Contraception

Furthermore, the study highlighted a significant gap in the participants' knowledge of specific SH topics, particularly regarding STIs and contraception use. Participants were aware of the presence of STIs in the community but lacked understanding of the types of STIs, methods of transmission, and treatment. Their overall attitude towards STIs reflected a perception that these infections were "samaaja roga",

translated to English as "communal diseases", contracted by individuals who are sexually promiscuous in society, with multiple sexual partners, who were described as "bad women". This description and terminology reflected the prevailing stigma and misconceptions surrounding STIs in the community, which mirrored results from previous studies emphasising the importance of abstinence and monogamous relationships. The lack of knowledge regarding STIs was further apparent, in the 2014 youth health survey conducted by UNICEF, which revealed that out of 2020 youth only 6% of the total sample could identify a means of preventing transmission of an STI (Rajapaksa-Hewageegana et al., 2015). In contrast, a qualitative study conducted in Vietnam revealed different misconceptions about the causes of STIs, including attributing them to factors such as bad hygiene, engaging in sexual activity during menses or soon after childbirth, and multiple childbirths or abortions (Lan et al., 2009). For example, a study in Ethiopia found that knowledge about STIs among college students was variable, emphasising the importance of educating students about SH and safe practices to prevent and control STIs (Subbarao & Akhilesh, 2017). This highlighted the diversity of misconceptions about STIs, the overall lack of knowledge and stigma surrounding them, creating a significant barrier to access knowledge and health services around STIs.

In addition, the research underscored a substantial deficiency in perceived knowledge concerning contraception. Although most participants acknowledged modern contraceptive methods for family planning, there was a prevalent belief that contraception was solely necessary for married women. Notably, the study revealed alarmingly low awareness among participants regarding barrier methods of contraception. The discussion on this topic elicited visible embarrassment, with condoms being colloquially referred to as “that thing that comes in a packet”. Moreover, participants expressed concerns that possessing extensive knowledge about contraception might adversely affect their respectability. Similar results were mirrored in previous research conducted within Sri Lanka regarding contraception use. Survey-based research conducted on school-going children revealed that 24% of adolescents who were sexually active had ever used condoms and only 17% had used condoms at last sexual intercourse (Rajapaksa-Hewageegana et al., 2015). Furthermore, hospital-based studies conducted in two hospitals within Sri Lanka involving pregnant adolescents similarly reported low

contraceptive awareness and overall lack of contraceptive usage, largely attributable to a lack of knowledge and fear of side effects (Rajapaksa-Hewageegana et al., 2015). A 2011 Sri Lankan study on knowledge and attitudes on induced abortion discussed that the majority of participants (42%) found difficulties in purchasing contraception from the pharmacy due to issues related to cost, privacy, accessibility, and sociocultural acceptance, which led to noncompliance (Perera et al., 2011). Further, a survey conducted by UNICEF, on SE, conferred a critical gap in existent knowledge on contraception, especially in Africa and Asia, regarding where to obtain and how to use a range of modern contraceptive methods, including condoms and emergency contraception, and further, where to go for STI, or HIV testing services (UNESCO, 2018). Comparable attitudes were elicited in a qualitative study conducted in the United States around double standards on SH, which revealed that women carrying condoms elicited a negative response from female peers (Smith et al., 2007). In that regard, excessive knowledge around contraception, specifically in unmarried women, was considered as a mark of a low-value female, engaging in undesirable sexual interactions. The findings therefore underscored the need for targeted educational interventions to dispel stigma and misconceptions about contraception, addressing cultural norms, religious restrictions, and fear of side effects as crucial for promoting accurate knowledge and positive attitudes towards contraception (Memon et al., 2023; Masanabo et al., 2020).

5.4.3 Internet Access and Its Impact on Adolescent Sexual Awareness

The increase in Internet accessibility in Sri Lanka after the COVID-19 pandemic elicited both positive and negative attitudes among participants, particularly concerning SE and awareness. Participants expressed positive attitudes towards the ability of younger generations to self-educate on SH-related topics and gain awareness about contraception use, pregnancy, and STIs through the Internet without the fear of judgement and ridicule. The Internet has provided a platform for individuals to seek information on sensitive topics with a perceived level of anonymity, which has been particularly beneficial for adolescents. However, despite the positive aspects, participants also expressed a sense of fear and embarrassment in searching for sex-related topics, as they were culturally expected to stay away from exploring these topics. Similar results were elicited in a qualitative study from Scotland with adolescents on their perceptions on using the Internet to search for SH information. Socio-cultural

barriers faced by adolescents when searching for SH information on the Internet were highlighted, such as fear of being observed, creating a sense of reservation about accessing SH information on social networking platforms or through smartphone applications (Patterson et al., 2019).

Further, participants from the current study revealed concerns regarding providing school children with unrestricted access to the Internet, viewing it as a potential gateway to exposure to sexually explicit content and unreliable SH information. Similarly, a cross-sectional study conducted in Nigeria exploring the effect of the Internet on the sexual behaviour of undergraduates, revealed that the widespread availability of the Internet via mobile devices, led to an increase in the consumption of sexually explicit content, raising concerns about its influence on sexual behaviour, (Asekun-Olarinmoye et al., 2014). Whilst a prospective survey of South Korean school children also revealed comparable results, discussing the rapid increase in Internet sites presenting unlimited opportunities for online inappropriate sexual exposure, posing significant risks to children and adolescents (Cho, 2016). In that regard, the present research mirrored these findings, where participants felt that increased exposure to online information had both positive and negative effects and a further detrimental effect on traditional value systems.

5.5 Summary

Exploring the perceptions and values of young Sri Lankan Sinhalese Buddhist females on SH beliefs and behaviours and their experiences with attending school SE classes, it was apparent that these were shaped by numerous influencing factors throughout their life stages, spanning childhood, pre-puberty, puberty, and finally adulthood. The overarching themes were as follows" "Importance of Family Expectations", "Sociocultural and Religious Expectations", and "Barriers to Accessing Quality SH Knowledge". The themes and the sub-topics discussed important drivers of perception building and value formation for female youth within the study setting. The themes and sub-topics were unpacked and critiqued, and comparisons were made with similar research from Sri Lanka, South Asia, and globally.

Within the theme of “Family Influence,” three sub-topics were explored. The first, "Valuing Familial Support and Guidance," highlighted the positive impact of family support on young girls' understanding of SH. The second, "The Role of Female Family Members in Shaping Young Girls’ Perceptions of Sexual Health and Puberty," examined how senior female relatives influence girls' views on sexual maturation. Lastly, the third sub-topic, "Negative Impact of Family Influence," addressed how certain familial perceptions can have a restrictive or detrimental effect on SH awareness.

Within the theme “Sociocultural and Religious Expectations,” six key sub-topics were realised. “Cultural Perceptions and Rituals Tied to Female Sexual Maturation”, explored the influence of cultural and religious rituals on young women’s sexual growth. The second sub-topic, “Menstrual Taboos and Evolving Attitudes”, examined the persistent stigma surrounding menstruation and identified changing mindsets regarding menstruation. Further, “Cultural Expectations and Knowledge Gaps Surrounding Menarche in Sinhalese Society”, investigated young females’ understanding of menarche and the societal expectations tied to this transition. The third sub-topic, “Cultural and Religious Views on Premarital Pregnancy and Abortion”, highlighted the strong cultural and religious attitudes toward pregnancy outside marriage and the deeply ingrained perspectives surrounding abortion. The fourth sub-topic, “Shifting Attitudes on Premarital Sex and Virginity”, explored evolving societal views on virginity, intimate relationships before marriage, and the gradual shift from traditional to more liberal perspectives. Lastly, “Gendered Expectations of Female Sexuality and Sexual Double Standards”, explored the disparities in societal attitudes toward male and female sexuality, emphasizing the unequal expectations and restrictions placed on women in contrast to their male counterparts.

Within the theme **“**Barriers to Accessing Quality Sexual Health Knowledge,” three key subtopics were examined. “Teacher Preparedness and Student Perceptions**”**, explored educators effectiveness in delivering SH education and students' attitudes toward the quality of the present SE syllabus. “Stigma Surrounding STIs and Contraception**”** addressed the negative perceptions surrounding STIs and the use of contraception, particularly the social stigma associated with contraceptive use before marriage. Lastly, “Internet Access and Its Impact on Adolescent Sexual Awareness**”** discussed how increased

internet accessibility has reshaped adolescent sexual knowledge, highlighting both its benefits in self-education and its potential risks in exposing youth to misinformation and explicit content.

In that regard, it was possible to compare and contrast, with previous research and research from other countries, with both similar and dissimilar cultural and religious fabrics. However, the current research was able to delve further into female perceptions and values that were unique and novel to Sri Lankan Sinhalese Buddhist female youth, regarding their SH and sexuality.

Consequently, identifying these influences can be considered crucial in delivering effective SE to female youth in Sri Lanka. Influences such as cultural expectations, religious values, community and familial connections, and the broader collectivist societal attitudes are seen as pivotal elements that impact the effectiveness of SE. Understanding and addressing these influences are essential in fostering a comprehensive understanding and knowledge within Sri Lankan youth regarding SH. However, it became evident that participants within this study setting tended to combine traditional values and modernity and were not inclined to outrightly reject their cultural, social, and religious values. Instead, they expressed a readiness to adapt and evolve these values to better align with the needs of their generation.

5.6 Strengths and Limitations

5.6.1 Strengths

Qualitative Descriptive Methodology: The qualitative descriptive methodology used in this study stands out in its ability to produce detailed, contextually sensitive data, which is specifically useful in research studies on public healthcare, as it offered simplicity, flexibility, and utility in diverse healthcare contexts (Doyle et al., 2019). Further, it utilised participants' experiences and observations, which in turn depicted real-world understandings (Doyle et al., 2019). Furthermore, this methodology allowed the data to be presented in simple everyday language, which was easy to decipher and therefore is accessible to a wider audience.

Homogeneous Cohort: The study was conducted exclusively with participants hailing from a Sinhalese Buddhist background. In that regard, using a homogeneous cohort enabled the extraction of in-depth data (Jager et al., 2017). Therefore, by focusing solely on a specific ethnic group, researchers were able to delve deeply into the unique religious, cultural, social, and historical aspects that shape the experiences and perspectives of one community (Phenice et al., 2009), in the context of this research, the Sinhalese Buddhist ethnoreligious community. This targeted approach allowed for a more nuanced understanding of the community's needs, challenges, and strengths, leading to more tailored and effective interventions (Fry et al., 2020). The choice was, therefore, deliberate and aimed at pinpointing distinct values and perceptions held by this specific ethno-religious group within the study setting.

Focus on Young Females: This research study focused on recruiting only female participants in the young adult age group (18 to 25 years of age). This specific focus on examining perceptions and values of female youth regarding their understanding around SH was intentional, as a clear gap was identified in previous research conducted within this area. Young females globally encounter unique challenges related to SH, such as the initiation of menarche, menstrual health, unintended pregnancies, contraception use, and STIs (Punjani et al., 2022). Therefore, exclusive research on female youth enabled a targeted examination of the social, religious, cultural, and psychological factors shaping their SH perceptions and experiences. In that regard, the research was able to identify unique perceptions and values held by female youth, allowing for future SE curriculum reform to have a more needs-based approach, designing prevention strategies to reduce SH risks.

Semi-Structured Interviews: This study utilised a semi-structured interview guide, which allowed participants to provide detailed, thoughtful answers, offering deeper insights into their thoughts, feelings, and experiences. The lack of predefined answer choices enabled participants to express themselves freely, leading to more nuanced responses (Nel et al., 2018). Additionally, the flexible nature of the semi-structured guide allowed researchers to explore new themes that emerged during the research process (Nel et al., 2018). This flexibility is a key strength of the study, as it empowered participants to share information with minimal restrictions, enriching the data with their personal observations and experiences.

Tailored Focus: By concentrating exclusively on SH rather than sexual and reproductive health, the study was able to explore SH issues in depth, recognising that sex and sexuality exists independently of reproduction, with an understanding that sex often occurs, in the present generation, without reproductive intent. This provided a focused examination of key SH concerns for modern generations.

5.6.2 Limitations

Limited focus - The study focused on Sinhalese Buddhist females alone, therefore limiting the study's broader applicability. Although this cohort represents a majority of the Sri Lankan population, it does not reflect the diversity of other ethnic and religious communities within Sri Lanka. Future research should include participants from diverse ethno-religious backgrounds, such as Sinhalese-Catholic/Christian, Tamil-Hindu, Tamil-Catholic/Christian, Muslim-Islamic, Burgher and other minority groups to gain a more comprehensive understanding of SH across Sri Lanka.

Exclusion of current school-attending female youth- This limitation stemmed from the fact that the perceptions and values of current schoolgirls, particularly regarding their experiences with school-based SE programs, were not explored. All participants in the present study were over the age of 18, therefore the changing perceptions and values of younger, school-going female youth were not examined. Future research should therefore explore the attitudes of both male and female youth still attending school, as well as those who have recently completed secondary education, to gain a more comprehensive understanding of youth perceptions and values regarding SH and SE.

Exclusion of Male and LGBTQ Perspectives: Male perceptions and perceptions of LGBTQ individuals were not explored in the current study. It is clear that perceptions concerning all genders are relatively intertwined and have a combined effect on how young people view their sexuality. Furthermore, in order for a study of this nature to have broad generalisability, perceptions and values pertaining to males and other sexual minorities must also be thoroughly explored.

Narrow Scope of SH Topics: The semi-structured interview guide employed in this study was limited in its scope, primarily addressing fundamental SH issues relevant to female youth, such as menstruation, virginity, unintended pregnancies, abortion and contraception. The study design did not delve into

deeper aspects of SH and sexuality, such as coercion, sexual abuse, consent, or same-sex relationships, etc. As a result, the data gathered reflects only commonly discussed SH topics, offering a narrow view of the full spectrum of SH-related perceptions and values within the Sinhalese Buddhist community. Future research should therefore adopt broader and more in-depth research designs to explore complex SH issues, which are equally as important as the topics discussed in this study.

Lack of Reproductive Health Focus: Myself and my supervisors regarded reproduction as a distinct field with its own complex subtopics, warranting separate investigation. This separation allowed for an in-depth exploration of SH factors. However, the exclusion of reproductive health can be seen as a limitation, given that SH and reproductive health are closely interconnected. Issues such as unintended pregnancies, abortion, and contraception significantly influence both SH and reproductive health, underscoring the importance of addressing these topics together for a more comprehensive understanding.

Limited Geographic and Socioeconomic Representation: Most participants in the study belonged to low to middle-income families, suggesting that their experiences may not fully represent those of rural, grassroots-level Sri Lanka. These participants likely had better access to online platforms and a wider range of SE resources due to the study settings proximity to the Capital of Sri Lanka, therefore, facing fewer barriers compared to more remote populations. As a result, this research cannot be considered a definitive reflection of the attitudes and perceptions of female communities in rural Sri Lanka. Further research in these specific rural settings is necessary for a more comprehensive understanding.

Small Sample Size: The research study was conducted on a small scale, and although it highlighted a substantial gap in existing studies, particularly regarding female centred values, and perceptions about SH, the data may not be extensive enough to support definitive policy recommendations.

Chapter 6: Recommendations

The primary objective of the current research was to comprehensively understand the values and perceptions held by female youth regarding sex and SH and the barriers they faced when accessing quality SE. The findings identified three overarching themes: “Importance of Family Expectations; within this theme, family influence on the formation of young girls' worldviews regarding SH was explored.” Sociocultural and Religious Expectations”; within this theme societal drivers affecting how young girls within the study setting view sexuality were explored. “Barriers to Accessing quality SH Knowledge; within this theme barriers that have the most impact on preventing young girls from acquiring accurate SH knowledge and SH services were explored. The emphasis was based on recognising that young females possess specific needs and are disproportionately affected by SH-related health issues and societal stigmatisation. In this regard, recommendations are focused on macro-national level policy reformulation and grassroots community-level micro recommendations.

6.1 Macro Recommendations

6.1.1 Co-designing the School Sex Education Curriculum

The research study revealed that Sinhalese Buddhist female youths’ perceptions and values around SH were greatly influenced by family ties, cultural expectations, religious beliefs, and social restrictions. In that regard, when considering SE reformulation, the co-design of the school SE curriculum can ensure that SE within Sri Lanka will be inclusive and relevant to all stakeholders. Co-design is a collaborative design methodology that emphasises the active involvement of various stakeholders, including end-users, in the design process (Lam & Pitsaki, 2018). Adolescents, parents, community leaders, religious leaders, health professionals, educators, policymakers, and various other stakeholders must collaborate to co-design meaningful future SE curricula.

The curriculum must respect cultural and religious sensitivities but also address important SH topics. This requires input from cultural and religious leaders to ensure the curriculum is respectful yet

informative, aiding in dispelling myths and misconceptions. Within this, it is important to recognise the sensitivities around discussing sexuality and SH in traditional conservative settings.

This collaborative effort of co-design is not merely about gathering user feedback; but involves users as equal partners in the design process, thereby enhancing the relevance and applicability of the final product or service (Lam & Pitsaki, 2018). A co-design project will work collaboratively to identify the goals of the SH curriculum, specifically identify gaps in student knowledge and cultural and religious implications. This stage can be conducted through workshops, meetings, and brainstorming sessions, during which participants will analyse concepts for the reformed curriculum. Such collaboration will reflect a concerted effort to provide comprehensive SH education. It is apparent from the current study findings that multiple influencing stakeholders and community members can provide important input into changes in SE policy reform.

In order for co-design of the curriculum to be effective, resource allocation by the governing bodies is essential, such as funding of workshops and meetings. Furthermore, effective methods of communication must be ensured to consider feedback and frank open exchange of ideas amongst all participants within the co-design team.

6.1.2 Holistic Approach to Sex Education Curriculum content

Within this study, a point that emerged spanning several sub-themes was an understanding that young females were largely deprived of psychosocial and sexual health promoting information on sex and SH well-being; for example, many participants felt that they were unaware of the methods of conception, types of contraception, methods of its use, sex before marriage, navigating healthy sexual relationships, and methods of STI transmission. It was clear that young women faced barriers to accessing this crucial information, which subsequently led to inaccurate information being transferred to young women by their peers, sexual partners, or via the Internet and other media sources.

Therefore, SE must go beyond a traditional educational approach into an active learner participation approach, which in turn will have a strong focus on life skill development over mere knowledge acquisition. In that regard, SE curriculum reform must go beyond biological aspects of SH and must

also consider the input of psychosocial understanding on SH. In addition, it is important to include discussions about psychosocial and sexual norms and cultural factors relating to broader aspects of relationships and vulnerability, such as gender, sexual autonomy, power inequalities, coercion, pornography, and socio-economic factors.

6.1.3 The Sex Education Must Be Age-appropriate and Scaffolded

The results of this research suggest that the early and age-appropriate introduction of SH education in school children is a particular necessity. In that regard, the curriculum should be meticulously tailored, ensuring that early primary school SE places a strong emphasis on menstrual health, menstrual hygiene, dispelling misconceptions surrounding menstruation, and fostering a comprehensive understanding of male and female puberty. Conversely, secondary school SE should pivot towards safe sexual practices, conception, contraception, awareness of STIs, and psychosocial sexual norms. Scaffolding is a concept used in various fields, particularly in education. It refers to the support provided to learners or participants to help them achieve higher levels of understanding and skill acquisition by scaffolding new knowledge to previous knowledge (Bird et al., 2021). This scaffolding of SE will contribute to building necessary life skills for school-going children to tackle SH issues as they move from childhood, prepubescence, puberty, adolescence, and young adulthood.

6.1.4 Focus on Gender Equality and Empowerment

SE must also Include educational content that addresses gender, gender inequalities, sociocultural stigmas, and emphasises the importance of mutual respect, consent, and equitable relationships. Empower female and male students by providing knowledge and skills needed to make informed decisions about their SH.

6.1.5 Development of Complementary Online Platforms for Sex Education

SH reform should leverage platforms, such as the Internet, to disseminate SH knowledge to students as a complementary learning platform in addition to the traditional in-class curriculum. Given the increasing prevalence and widespread use of the Internet, particularly since the onset of the COVID-19 pandemic, it will likely continue to play a major role as a knowledge provider in the future. In light of

this, reforms must contemplate the development of carefully curated websites and study programmes that will provide complementary educational material to the traditional curriculum that students can access online. This could be undertaken through WhatsApp links, YouTube videos or SH websites. Further, the platforms can be developed in Sinhalese, Tamil, and English to cater to all student population countrywide.

This approach will provide young people with a secure and private study platform, mitigating issues such as feelings of embarrassment. These online platforms, will provide students with the opportunity to access information securely, clarify queries, and explore SH resources. Moreover, these platforms can serve as a gateway to connect students with SH services, offering a convenient and confidential avenue for seeking support and guidance within a culture where sex and related topics are considered extremely taboo. Furthermore, this initiative can give young people a chance to learn to use online platforms accurately, discourage them from visiting sexually explicit sites, and learn responsible use of the Internet.

Complementary SH education websites can be developed as a collaborative effort with Ministries of Education, Ministries of Health, and website developers within ethical and frameworks.

6.1.6 Comprehensive Training and Skill Development for School Teachers

To transform SH education into an effective tool for young people, educators must undergo comprehensive training and skill development to teach SH topics confidently and without embarrassment. In this context, teacher training becomes imperative. Tailored training programmes and workshops should be developed, aligning with the specific requirements of the student population. These initiatives aim to equip educators with the necessary knowledge, communication skills, and confidence to address topics related to SH in a manner that is both informative and conducive to open and respectful dialogue. By investing in teacher training, the education system can play a pivotal role in enhancing the quality and impact of SH education to empower young people.

Workshops should be organised by the Ministry of Education, countrywide, in collaboration with NGOs. These workshops can follow a structured plan with a clear objective of instilling confidence in

school teachers to openly deliver SE without causing confusion or undue fear and embarrassment among students. The workshops should adopt a participatory approach, incorporating group discussions to tackle teachers' challenges, explore their attitudes around SE, identify uncomfortable topics, and foster open dialogue, to enhance their effectiveness in teaching SE.

6.2 Micro Recommendations

6.2.1 Improving Parents' Knowledge of Sexual and Reproductive Health

Family and communal attitudes play a significant role in shaping the SH perceptions of young females. Moreover, cultural and religious values, primarily transmitted by senior female family members, contribute to these perceptions. To address these issues, educating adults – particularly mothers and fathers – on specific SH topics and dispelling misconceptions, particularly those surrounding menstruation, menstrual hygiene, and virginity, is crucial.

The distribution of booklets on adolescent SH, addressing key issues in a manner that is both clear and resonates with local understanding and dialects is a critical component of effective SH education.

The SH literature must be in the native Sinhalese, Tamil, and English languages; the content must be simple and easily understood, avoiding medical and biological jargon; and must focus on providing clear information that parents can then disseminate to their young children. Furthermore, the literature should consider cultural and religious values and dispel common misconceptions and stigma within the local communities.

Booklets are the most effective medium for knowledge distribution to parents, as its easily accessible to individuals in grassroots communities, as internet literacy and accessibility of the internet is still low. However, other mediums, such as online platforms, can also be considered as secondary methods of knowledge dispersion, especially to communities in more urban areas, where Internet facilities are more widely available. In this regard, booklets can be introduced to parents during school parent-teacher

meetings, during school health checks, in local medical clinics, GP clinics, and hospitals, and can also be delivered to parental households by community midwives.

Participatory workshops can be organised for parents at the community level, within schools, with the participation of midwives and health educators. These workshops should aim to be collaborative in nature, which will be a platform to foster active participation by parents and professionals and facilitate active discussions around adolescent SH. These workshops should promote inclusivity by providing a platform for all participants to contribute ideas and perceptions, regardless of their background, expertise, or position. This fosters a sense of equality and encourages diverse perspectives around SH and helps promote accurate SH education in previous generations.

Such workshops can be organised within school premises after school hours and can be facilitated by trained teachers who are well known to parents and are able to guide the workshop skillfully.

6.2.2 Establishment of Student support Groups in Schools

To empower young females, the establishment of girls' groups within schools can be considered. These groups would provide a platform for girls to engage in group discussions, facilitated by female teachers and community health workers, fostering an environment free from judgement. The discussions within these groups can focus on varying SH topics and adopt a participatory approach.

Organising these group discussions periodically from pre-puberty to school leaving age can contribute significantly to creating a safe space for girls to address concerns and explore topics that may be challenging to discuss in larger, mixed-gender settings. This initiative aims to promote open dialogue, and knowledge-sharing, enhancing their understanding and empowerment in the realm of SH.

Such group sessions will be low in cost to organise and will be part of the existing school co-curricular activities. Similar groups can also be organised for male students, where specific topics that are relevant for male sexual maturation can be discussed, facilitated by male teachers. However, it is important that, in order to adhere to cultural attitudes within the community, approaching religious leaders, parents and other community leaders, prior to commencement of these group discussions is recommended.

Chapter 8: Conclusion

The current study focused on exploring perceptions and values held by Sri Lankan Sinhalese Buddhist female youth regarding their SH. The aims of the study were to explore values and perceptions held by female youth regarding their SH, the perception of female youth regarding SE, and to extract novel findings that will provide a platform for improved SE interventions. Conclusively, the study revealed that participants exhibited openness to globalised concepts related to SH while concurrently maintaining traditional ideals, particularly concerning attitudes towards sexual promiscuity and extramarital intimacy. It underscored the necessity for any policy reform in SE to approach the matter with nuance and recognition of the importance of cultural, religious, and traditional value systems.

In that regard, instead of imposing Westernised perspectives on current school and youth-based SE programmes, there is a crucial need to strike a careful balance. This entails recognising the liberalisation of SE while respecting the unique identity of Sri Lankan young people, who hold their own values and perceptions surrounding sex and SH. This emphasises the importance of developing both primary and secondary school interventions for SH education that is diverse and gender inclusive, and policies that are culturally, religiously, and socially sensitive, acknowledging the coexistence of modern and traditional values within the community to ensure relevance and acceptance.

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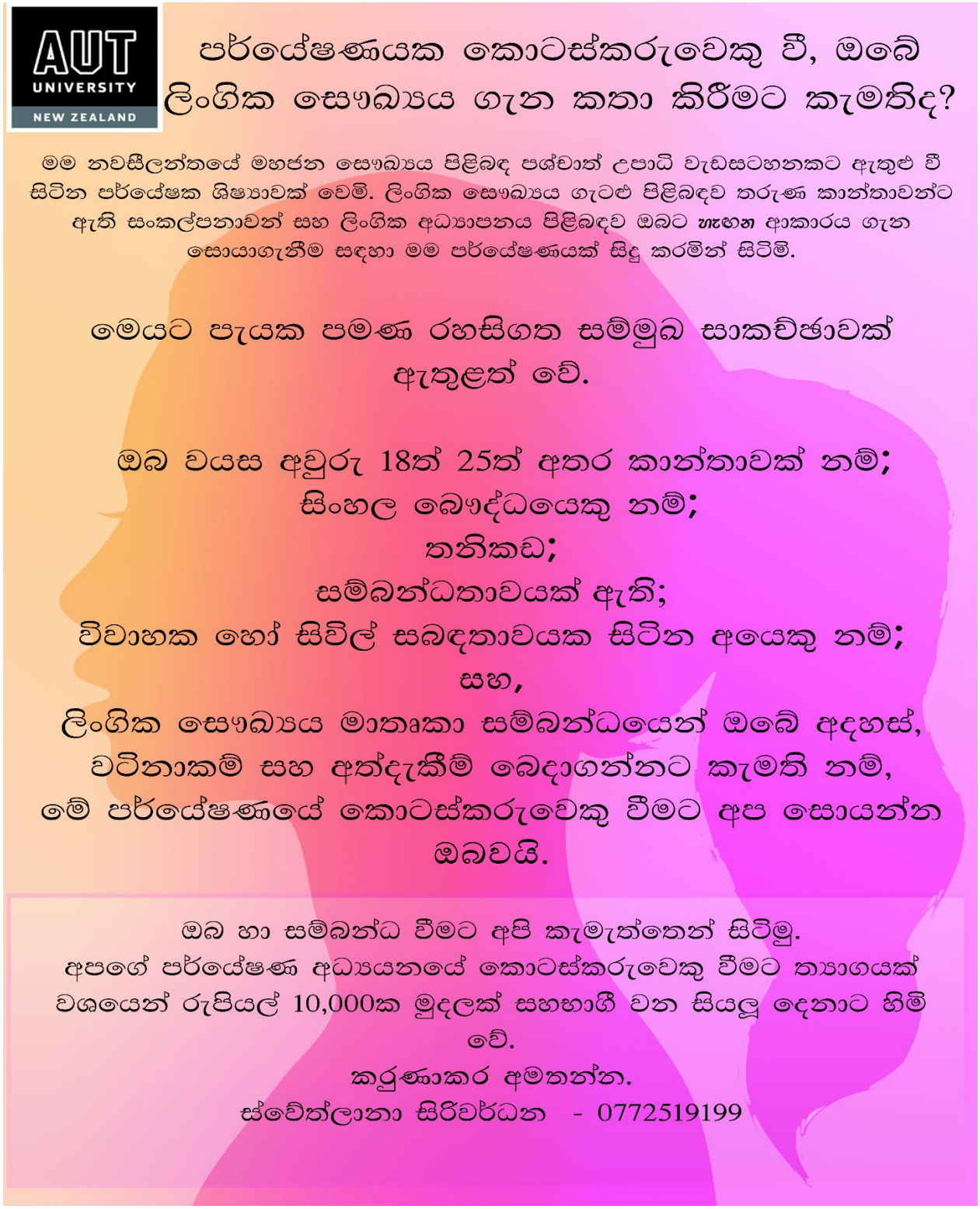
Appendices

Appendix 1 – Participant recruitment flyer (Sinhala)



Appendix 2 – Participant recruitment flyer (English)

Appendix 3- Letter of permission from Panadura Provincial Council, for displaying of flyers

පානදුර ප්‍රාදේශීය සභාව
බස්නාහිර පළාත

பனதுரா பிரதேச சபா
மேல் மாகாணம் - இலங்கை

Panadura Pradeshiya Sabha
Western Province - Sri Lanka

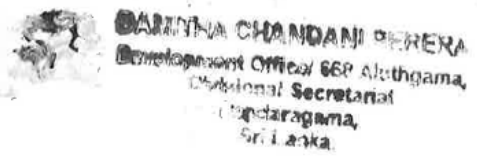
මගේ අංකය
எண்
My no

ඔබේ අංකය
எண்
Your no

දිනය
தேதி - 07/10/22
Date

Herewith permission granted for participant recruitment at the Panadura Pradeshiya Sabha Health Centre and for conducting interviews within the premises of the Health Centre. For a masters degree research on sex education and sexual health of female youth.

Primary researcher - Dr Svethlana Siriwardena



ලිපිනය
පානදුර ප්‍රාදේශීය සභාව,
ගාල්ල පාර,
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Appendix 4- Semi structured interview guide (Sinhala)

ව්‍යාපෘති මාතෘකාව: ***"ශ්‍රී ලාංකීය සිංහල බෞද්ධ තරුණියන්ගේ ලිංගික සෞඛ්‍යය පිළිබඳ අවබෝධය සහ වටිනාකම් ගවේෂණය කිරීම: ගුණාත්මක විස්තරාත්මක අධ්‍යයනයකි."***

ව්‍යාපෘති අධීක්ෂක: ***ආචාර්ය ජලාල් මොහොමඩ් (ප්‍රාථමික අධීක්ෂක) සහ***

මහාචාර්ය එලනෝර් හොල්රොයිඩ් (ද්විතියික අධීක්ෂක)

පර්යේෂක: ***ස්වේත්ලානා සිරිවර්ධන***

අර්ධ-ව්‍යුහගත සම්මුඛ සාකච්ඡා නියමුව

1. ලිංගික සහ ප්‍රජනන සෞඛ්‍යය ගැන ඔබේ ප්‍රජාවේ තරුණියන්ගේ අදහස කුමක්ද? එය තරුණ ගැහැනු ළමයින්ට වැදගත් දෙයක්ද? එසේ නම්, ඒ ගැන ඔබට විස්තර කළ හැකිද?

2. ඔබේ ප්‍රජාවේ ගැහැනු ළමුන්ට ලිංගික සහ ප්‍රජනන සෞඛ්‍යය පිළිබඳව විශේෂ අවබෝධයක් තිබෙනවාද?

3. මේ දේවල් ගැන ඔබට ඇති අවබෝධය කෙසේද?

a. ඔසප්වීම

-ඔසප්වීම සම්බන්ධයෙන්, විශේෂයෙන් ඔබේ පළමු ඔසප්වීම සිදුවන විට, ඔබට ඒ ගැන කිසියම් අවබෝධයක් තිබුණාද?

b. ලිංගික සබඳතා.

c. උපත් පාලන ක්‍රම භාවිතය.

d. අනපේක්ෂිත ගැබ්ගැනීම්.

e. ලිංගිකව සම්ප්‍රේෂණය වන රෝග.

f. ගබ්සාව.

4. අතීතයේ දී ඔබ මෙම අවබෝධතාවයන් ලබා ගත්තේ කොහෙන්ද සහ කෙසේද? එය විධිමත් ද නැතහොත් වඩාත් අවිධිමත්ද?

a. දෙමාපියන්ගෙන්

b. පවුලේ සාමාජිකයන්ගෙන්

c. සම වයස් අයගෙන්

d. සහකරුවන්ගෙන්

e. පාසලෙන්

f. ප්‍රකාශනවලින් (පොත්, සඟරා)

g. අන්තර්ජාලයෙන්

h. වෙනත්

5. **ලිංගික සහ ප්‍රජනන සෞඛ්‍යය පිළිබඳව ඔබට දැන් ඇති අවබෝධය සමඟ, දැනට පවතින හෝ මතුවට පැවතිය හැකි ලිංගික සම්බන්ධතා ගැන ඔබට විශ්වාසයක් දැනෙනවාද?**

6. **ලිංගික සහ ප්‍රජනන සෞඛ්‍යය අධ්‍යාපනය ලබාදීමේදී වඩාත් වැදගත්ම හරය ලෙස ඔබ සලකන්නේ කුමක්ද?**

7. **පාසල් සමයේදී ඔබට ලිංගික සහ ප්‍රජනන සෞඛ්‍යය ගැන කුමනාකාරයේ හෝ අදහස් තිබුණාද?**

a. ඔසප් සෞඛ්‍යය

b. උපත් පාලනය

c. ලිංගිකව සම්ප්‍රේෂණය වන රෝග

d. ගැබ් ගැනීම

8. **ලිංගික සහ ප්‍රජනන සෞඛ්‍යය අධ්‍යාපනය ලබා ගැනීමට උත්සාහ කරනවිට ඊට බාධක තිබුණු බව ඔබට දැනෙනවාද?**

9. **ඔබ පාසැල් යන කාලයේදී දැන සිටියේ නම් හොඳ බවට ඔබට සිතෙන ලිංගික සහ ප්‍රජනන සෞඛ්‍යය පිළිබඳ කාරණා මොනවාද?**

10. **ලිංගික සහ ප්‍රජනන සෞඛ්‍යය අධ්‍යාපනය ලබාගැනීමට හොඳම ක්‍රමය ලෙස ඔබට හැඟෙන්නේ කුමක්ද? එය ලබා දිය යුත්තේ කවුරුන් විසින්ද, සහ එය කළ යුත්තේ කුමන මාධ්‍යයක් හරහාද?**

11. **ලිංගික සහ ප්‍රජනන සෞඛ්‍යය සම්බන්ධව දැන සිටීමෙන් ඔබට ප්‍රයෝජනවත් යැයි සිතෙන්නේ කුමන ආකාරයේ දේවල්ද?**

12. **අවසාන වශයෙන්, මට ඔබේ පසුබිම පිළිබඳ ප්‍රශ්න කිහිපයක් ඇසිය හැකිද? එහෙත් ඒවා ඔබේ අනන්‍යතාවය හෙළි කරන ඔබේ නම ආදී දේවල් නොවේ.**

a. ඔබේ වයස කීයද?

b. ඔබ රැකියාවක් කරනවාද, එසේ නම්, ඔබේ රැකියාව කුමක්ද?

c. ඔබේ අධ්‍යාපන පසුබිම කුමක්ද?

d. ඔබේ අධ්‍යාත්මික සහ/හෝ ආගමික විශ්වාසයන් ඔබ පැහැදිලි කරන්නේ කෙසේද?

e. ඔබේ පුද්ගලික සම්බන්ධතා තත්ත්වය කුමක්ද?

Appendix 5- Semi structured interview guide (English)

Project title: ***"Exploring the perceptions and values of Sri Lankan Sinhalese Buddhist female youth regarding their sexual health: A Qualitative Descriptive Study."***

Project Supervisor: ***Prof. Eleanor Holroyd (Primary Supervisor) and Jalal Mohammad (Secondary Supervisor)***

Researcher: ***Svethlana Siriwardena***

Semi-structured interview guide

13. **What do young girls in your community feel about sexual and reproductive health? Is it important to young girls? If so, can you elaborate?**

14. **Do girls in your community have any particular perceptions regarding sexual health?**

15. **What perceptions do you have regarding**

    g. Menstruation

    -Did you have any perceptions regarding menstruation, particularly when you had your first menstruation?

    - were, you made aware of menses, by anyone, before you reached puberty? If so, what did they tell you?

    h. Virginity
    - This addition was made because, from all the interviews so far, a common theme which emerged was purity and virginity, and its cultural importance to young women within this community

    i. Contraception use

    j. Unintentional pregnancy

    k. Sexually transmitted illnesses

    l. Abortion

16. **Where and how did you gain these perceptions in the past? Was it formal or more informal?**
    i. Parents

    j. Family members

    k. Peers

    l. Partners

    m. School

    n. Tuition class teachers – 2 participants informed me that they gained an understanding about SH from teachers at extra classes outside of school

o. Publications (books, magazines)

p. Television programs

q. The internet

r. Other

17. Do you feel confident within sexual relationships now or any that you may have in the future, with your present perceptions regarding SRH?

18. Do you feel confident about engaging in sexual intimacy or sometimes do you feel confused about it? Would you be able elaborate about how you feel during sex?

19. What would you consider as the most important values in teaching sexual health education?

20. When you were in school did you have any ideas regarding SH topics?

e. Menstrual health

f. Contraception

g. Sexually transmitted illnesses

h. Pregnancy

21. Do you feel that you had barriers when trying to access SH knowledge?

22. What do you wish you had known about SH, when you were in school?

23. What do you feel is the best way to learn about SH? Who should deliver it and through what medium?

24. What kind of things would you feel is beneficial to you to have known regarding SH, when you were in school?

25. Finally, can I ask you a few questions about your background, but not your name or anything specific that could identify you?

f. What is your age?

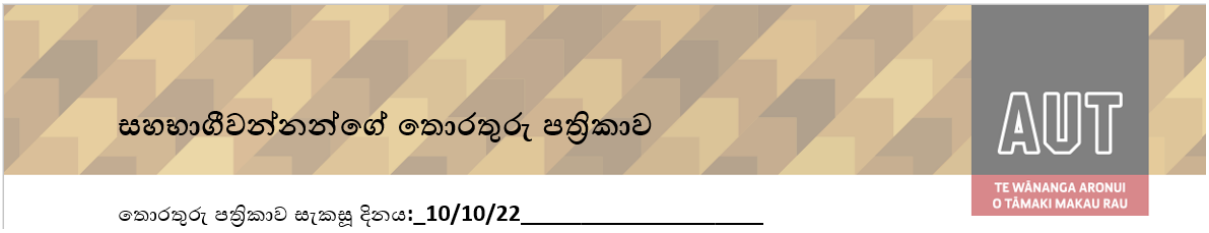
g. Are you employed, if so, what is your work?

h. What is your educational background?

i. How would you describe your spiritual and / or religious beliefs?

j. What is your relationship status?

Appendix 6- Research information sheet (Sinhala)



ව්‍යාපෘති මාතෘකාව

“ශ්‍රී ලාංකීය සිංහල බෞද්ධ තරුණියන්ගේ ලිංගික සෞඛ්‍යය පිළිබඳ අවබෝධය සහ වටිනාකම් ගවේෂණය කිරීම: ගුණාත්මක විස්තරාත්මක අධ්‍යයනයකි.”

ආරාධනාවයි

ආයුබෝවන්!

ස්වේත්ලානා සිරිවර්ධන වන මම, දැනට නවසීලන්තයේ පදිංචිව අධ්‍යාපනය ලබමින් සිටිමි. මේ වනවිට මම ඕක්ලන්ඩ් විශ්ව විද්‍යාලයේ, මහජන සෞඛ්‍යය ක්‍රියා පිළිවෙළ පිළිබඳ පශ්චාත් උපාධියක් හදාරමින් සිටිමි. මහජන සෞඛ්‍යය සේවය සහ ප්‍රජා වෛද්‍ය සේවය ගැන මා තුළ ඇත්තේ දැඩි උනන්දුවකි. එමෙන්ම ශ්‍රී ලංකාව මහජන සෞඛ්‍යය ක්ෂේත්‍රය තුළ අත් කරගෙන ඇති ප්‍රගතිය පිළිබඳව නිරන්තරයෙන් ආඩම්බර වූයෙමි.

කාන්තාවකගේ ජීවිතයේ අවශ්‍යම අංගයක් ලෙසින් මට හැඟෙන වනිතා සෞඛ්‍යය අංශය, විශේෂයෙන් ලිංගික සෞඛ්‍යය ක්ෂේත්‍රය, වැඩිදියුණු කිරීමට මම දැඩි උනන්දුවක් දක්වමි. මා විශ්වාස කරන්නේ, තමන්ගේ ලිංගික සෞඛ්‍යය අවශ්‍යතාවයන් පිළිබඳ දැනුවත්ව සිටීම, සමීප සම්බන්ධතාවයන් පැවැත්වීමේ ප්‍රතිඵල වශයෙන් ඇතිවන අනවශ්‍ය සහ ඍණාත්මක සෞඛ්‍යයමය විපාකයන් වළකන අතරවාරයේම, එයාකාරයේ සම්බන්ධතාවයන් විඳීමට ඇති හොඳම මාර්ගයයි. එබැවින්, ඔසප්වීම, උපත් පාලන ක්‍රම භාවිතය, අනවශ්‍ය ගැබ් ගැනීම්, ගබ්සා සහ ලිංගිකව සම්ප්‍රේෂණය වන රෝග පිළිබඳව කාන්තාවන් සහ ගැහැනු දරුවන් දන්නේ කුමක්දැයි පර්යේෂණ අධ්‍යයනයන් තුළින් පළමුව හඳුනාගෙන සිටීම වැදගත් බව මම විශ්වාස කරමි.

එබැවින්, සම්මුඛ සාකච්ඡාවට ස්වෙච්ඡාවෙන් ඉදිරිපත් වීම මඟින් මගේ පර්යේෂණයේ කොටස්කරුවෙකු වීම පිළිබඳ සලකා බැලීමට මම ඔබට ආරාධනා කරන අතර, එහිදී අපට ඔසප්වීම, උපත් පාලන ක්‍රම භාවිතය, අනවශ්‍ය ගැබ් ගැනීම්, ගබ්සා සහ ලිංගිකව සම්ප්‍රේෂණය වන රෝග පිළිබඳව ඔබට ඇති අවබෝධය සහ වටිනාකම් පිළිබඳව සාකච්ඡා කළ හැකිය. පර්යේෂණය පුරාවට ඔබ නිර්ණාමිකව සිටිනු ඇති අතර, ඔබගේ ජීවදත්ත භාවිතා නොකරනු ඇත. පර්යේෂකයා මම වන බැවින්, ඔබේ ලිංගික සෞඛ්‍යය පිළිබඳ තොරතුරු සාකච්ඡා කිරීම සඳහා ඔබට පහසු, දෙදෙනාටම එකඟ විය හැකි, පුද්ගලික ස්ථානයක සම්මුඛ සාකච්ඡාව පැවැත්වීමට මම කටයුතු කරමි. මෙම සම්මුඛ සාකච්ඡාව ඉතා සාමාන්‍ය අයුරින් පවත්වනු ඇති නිසා, ඔබට ඉතා නිදහසේ කතා කිරීමට හැකියාව ලැබෙනු ඇත.

ඊට අමතරව, මෙම පර්යේෂණය සඳහා ඔබේ සහභාගීත්වය ස්වේච්ඡාවෙන් සිදුවන බැවින්, ඔබට ඕනෑම අවස්ථාවක, ඕනෑම හේතුවක් නිසා හෝ හේතුවක් සඳහන් නොකර වුවද එයින් ඉවත් විය හැකිය. ඔබ මෙම පර්යේෂණයට සහභාගී නොවීමට තීරණය කරන්නේ නම්, එමඟින් ඔබට කිසිදු අවාසියක් සිදු නොවනු ඇත. තවද, සම්මුඛ සාකච්ඡාවෙන් පසුව ඔබ මෙම පර්යේෂණයෙන් ඉවත් වීමට තීරණය

කරන්නේ නම්, ඔබ විසින් ලබා දුන් තොරතුරු පර්යේෂණය සඳහා භාවිතා නොකරන ලෙස ඔබට ඉල්ලා සිටිය හැකිය.

මෙම පර්යේෂණය සිදු කරනු ලබන්නේ මහජන සෞඛ්‍යය පිළිබඳ මගේ පශ්චාත් උපාධි නිබන්ධනයේ කොටසක් ලෙසිනි. මෙම පර්යේෂණය තුළින්, කාන්තාවන් තම ජීවිතයේ අතිශය වැදගත් කොටසක් සම්බන්ධයෙන් දරන අදහස් වඩාත් හොඳින් අවබෝධ කරගැනීමට මම බලාපොරොත්තු වන්නෙමි. එම නිසා, මෙම පර්යේෂණයේ සොයාගැනීම්, ශ්‍රී ලංකාව තුළ මෙම විෂය තව දුරටත් අධ්‍යයනය කිරීම සඳහා දායක වනු ඇතැයි මම අපේක්ෂා කරමි. එමෙන්ම මෙම පර්යේෂණයේ මූලිකාංග, සුදුසු ශාස්ත්‍රීය සෞඛ්‍යය සහරාවල පළ කිරීම සඳහා යොමු කිරීමටද අවස්ථාව පවතී.

කරුණාකර මෙම ලේඛනය කියවා, ඔබ මේ පර්යේෂණයට සහභාගී වීමට කැමතිදැයි තීරණය කිරීමට කාලය ගන්න. ඔබට ගැටළුවක් ඇත්නම්, හෝ, පර්යේෂණය පිළිබඳව සහ එයට සහභාගීත්වය සඳහා ඔබේ යෝග්‍යතාවය පිළිබඳව සාකච්ඡා කිරීමට බලාපොරොත්තු වන්නේ නම්, කරුණාකර මා හා සම්බන්ධ වීමට මැළි නොවන්න.

මෙම පර්යේෂණයේ අරමුණ කුමක්ද?

ශ්‍රී ලාංකික තරුණියන් සම්බන්ධයෙන්;

- ලිංගික සෞඛ්‍යය සම්බන්ධ වටිනාකම් ගවේෂණය කිරීම (SH).
- ලිංගික අධ්‍යාපනය පිළිබඳ අවබෝධය ගවේෂණය කිරීම (SE).
- ප්‍රතිපත්ති ගොඩනැගීම සඳහා නිර්දේශ ඉදිරිපත් කිරීමේ හැකියාව සහිත, වඩාත් විශාල පර්යේෂණ ව්‍යාපෘති සඳහා වේදිකාවක් සැපයීම.

මා හඳුනා ගත්තේ කෙසේද සහ මෙම පර්යේෂණයට සහභාගී වීමට මට ආරාධනා කරන්නේ ඇයි?

ඔබ නිර්ණායක සපුරා ඇති බැවින්, මෙම පර්යේෂණය සඳහා සහභාගී විය හැකි අයෙක් ලෙස ඔබව හඳුනාගෙන ඇත.

එම නිර්ණායක මෙසේය.

- වයස අවුරුදු 18ත් 25ත් අතර කාණ්ඩයේ කාන්තාවන්
- සිංහල බෞද්ධ ජනවාර්ගික පසුබිම
- තනිකඩ කාන්තාවන්; සබඳතාවයක් පවත්වන කාන්තාවන්
- විවාහක තරුණියන් සහ සිවිල් සම්බන්ධතාවයක සිටින අය

ඔබට මෙම පර්යේෂණයට සහභාගී වීමට නොහැකි වන හේතු:

- පර්යේෂකයා වන මම, ස්වේත්ලානා සිරිවර්ධන, ඔබ සමග අතීතයේ හෝ වර්තමානයේ දී කුමනාකාරයේ හෝ පුද්ගලික හෝ වෘත්තීමය සම්බන්ධතාවයක් පවත්වා තිබීම.

මෙම පර්යේෂණයට සහභාගී වීමට මම එකඟ වන්නේ කෙසේද?

මා සමඟ සම්බන්ධ විය හැකි ආකාරයන් පහත දක්වා ඇත. ඔබ මේ පර්යේෂණයට සහභාගී වීමට උනන්දුවක් දක්වන්නේ නම්, කරුණාකර මා සම්බන්ධ කරගන්න. ඔබ සහභාගී වීමට කැමති නම් ඔබට එකඟතාවය පළ කරන ෆෝරමයක් අත්සන් කිරීමට සිදුවනු ඇති අතර, එය සම්මුඛ සාකච්ඡාව කිරීමට පෙර හෝ සම්මුඛ සාකච්ඡාව පැවැත්වීමට පෙර දිනයක රෝහලේදී හෝ ඔබ අතට ලබා දීමට හැකිය.

මෙම පර්යේෂණය සඳහා ඔබේ සහභාගීත්වය ස්වේච්ඡාවෙන් සිදුවේ (එය ඔබගේ තීරණයයි) එමෙන්ම ඔබ එයට සහභාගී වීමට තීරණය කළද එයින් ඔබට වාසියක් හෝ අවාසියක් සිදු නොවේ. මෙම අධ්‍යයනයෙන් ඔබට ඕනෑම අවස්ථාවක ඉවත් විය හැක. ඔබ අධ්‍යයනයෙන් ඉවත් වීමට තීරණය කරන්නේ නම්, ඉන්පසු ඔබට අයත් බවට හඳුනාගත හැකි දත්ත ඉවත් කිරීම හෝ නොකඩවා භාවිතා කිරීමට ඉඩ දීම යන තෝරාගැනීම් ඔබට ලබා දෙනු ඇත. කෙසේ වෙතත්, සොයාගැනීම් සකස් කළ පසු, ඔබේ දත්ත එයින් ඉවත් කිරීම කළ නොහැකි වීමට ඉඩ තිබේ.

මෙම පර්යේෂණයේදී කුමක් සිදුවේද?

පර්යේෂණය සඳහා පර්යේෂකයා වන මා සමඟ ඔබට සම්මුඛ සාකච්ඡාවකට සහභාගී වීමට අවශ්‍ය වනු ඇත. සම්මුඛ සාකච්ඡාව මිනිත්තු 60කට ආසන්න කාලයක් පැවැත්වේ. සම්මුඛ සාකච්ඡාව දෙදෙනාම එකඟ වූ ස්ථානයකදී පැවැත්වෙනු ඇති අතර, එහි පුද්ගලිකත්වය ඇති බැවින් ඔබට නිදහසේ කතා කිරීමට හැකි වනු ඇත.

අපගේ සාකච්ඡාව හඬ පටිගත කිරීමේ උපකරණයක් (රෙකෝඩරයක්) භාවිතයෙන් පටිගත කරනු ලබන අතර, සම්මුඛ සාකච්ඡාව අතරවාරයේදී මම සටහන් කිහිපයක් ලියා ගනිමි. ඔබෙන් විවෘත-ප්‍රශ්න කිහිපයක් අසනු ලබන අතර, එමඟින් ලිංගික සෞඛ්‍යය හා සම්බන්ධ මාතෘකා ගැන ඔබට ඇති අවබෝධය සහ වටිනාකම් පිළිබඳව සාකච්ඡා කිරීමට හැකියාව ලැබෙනු ඇත. ඔබ මා සමඟ සාකච්ඡා කිරීමට කැමති මොනවාදැයි තීරණය කිරීමේ නිදහස ඔබ සතුය. සම්මුඛ සාකච්ඡාව අවසානයේ, ඔබ පවසන ලද ප්‍රධාන කරුණු මම නැවත සඳහන් කරනු ලබන අතර, ඔබ ලබා දී ඇති තොරතුරු සම්බන්ධයෙන් ඔබට සිදු කිරීමට අවශ්‍ය ඕනෑම වෙනස්කමක් පිළිබඳව ද මම සටහන් කර ගන්නෙමි.

අපගේ සම්මුඛ සාකච්ඡාවෙන් පසු, මම හඬ පටිගත කිරීම් පිටපත් කර ගනිමි. ඔබගේ අනන්‍යතාවය අපගේ පටිගත වූ සම්මුඛ සාකච්ඡාව තුළ අඩංගු නොවනු ඇති අතර, මෙම පර්යේෂණය පුරාවට ඔබගේ පුද්ගලිකත්වය සහ රහස්‍යභාවය පවත්වාගෙන යනු ඇත. ඔබගේ එකඟතා ෆෝරමයේ දක්වා තිබූ ආකාරයට, එම තොරතුරු අදාළ කාර්යය සඳහා පමණක් භාවිතා කිරීමට මම පොරොන්දු වෙමි. මාගේ ප්‍රාථමික සහ ද්විතියික පර්යේෂණ අධීක්ෂකවරුන් සහ මම පමණක් ඔබේ දත්තවලට ප්‍රවේශය ඇති එකම පුද්ගලයින් වනු ඇති අතර, මෙම පර්යේෂණයේ කොටස්කරුවෙක් ලෙස ඔබ ලබා දුන් තොරතුරු සඳහා තෙවන පාර්ශවයකට ප්‍රවේශය නොලැබෙනු ඇත.

මෙහි ඇති අවදානම් තත්ත්වයන් සහ අපහසුතාවයන් මොනවාද?

සම්මුඛ සාකච්ඡාවේදී ඔබේ ලිංගික සෞඛ්‍යය හා සම්බන්ධ සංවේදී මාතෘකා සාකච්ඡා කෙරෙනු ඇත. ඔබ විසින් මින් පෙරදී වෙනත් කිසිවෙකුට හෙළිදරව් කර නොතිබිය හැකි ඔබගේ ජීවිතයේ මෙම අංශයන් පිළිබඳ සාකච්ඡා කිරීමේදී ඔබට අපහසුවක් සහ ලජ්ජාවක් දැනිය හැකිය. ඊට අමතරව, සමහර අවස්ථාවලදී ඔබේ ජීවිත අත්දැකීම් නැවත මෙනෙහි කිරීම ඔබට පීඩාකාරී විය හැකිය.

මෙම අපහසුතාවයන් සහ අවදානම් තත්ත්වයන් සමනය කරගන්නේ කෙසේද?

ඔබට පීඩාකාරී ලෙසින් දැනෙන මාතෘකා ගැන කතා නොකර සිටීමට, හෝ, කිසිදු හේතු දැක්වීමකින් තොරව ඕනෑම අවස්ථාවක සම්මුඛ සාකච්ඡාවෙන් සහ/හෝ අධ්‍යයනයෙන් ඉවත් වීමට හැකි අතර, පර්යේෂණ ව්‍යාපෘතිය සඳහා ඔබගේ අඛණ්ඩ සහභාගීත්වයට එයින් කිසිදු අයුරකින් බලපෑමක් සිදු නොවේ. මීට අමතරව, අතීත සිත් රිදවන කාරණා පිළිබඳව කතා කිරීම ඔබට තව දුරටත් පීඩාවක් ගෙන දේ නම්, මගේ පර්යේෂණ අධ්‍යයනය සමඟ සහයෝගයෙන් ක්‍රියා කරන උපදේශන සේවාවක් සමඟ ඔබට නොමිලේ සම්බන්ධ විය හැකි අතර, ඔවුන් විසින් දුරකථන මාර්ගයෙන් හෝ පුද්ගලිකව ඔබට උපදේශන සැසි හයක් නොමිලේ ලබාදෙනු ඇත.

<u>උපදේශන සේවාව සම්බන්ධ කරගැනීමට තොරතුරු පහත දැක්වේ:</u>

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ලිපිනය: ධර්මවිජය පදනම,

අංක 380/7, සරණ පාර, බෞද්ධාලෝක මාවත,

කොළඹ 07,

ශ්‍රී ලංකාව.

මෙයින් අත්වන ප්‍රතිලාභ මොනවාද?

ඔබ වැනිම තවත් තරුණියන්ට ලිංගික සෞඛ්‍යය ගැටළු විසඳා ගැනීමට වඩාත් හොඳින් සූදානම් වීම සඳහා උපකාර කිරීමට අපේක්ෂා කරන මෙම අධ්‍යයනය සඳහා ඔබ විසින් වටිනා තොරතුරු ලබා දෙනු ඇත. මෙම ප්‍රතිලාභ ක්ෂණිකව නොලැබෙන නමුත්, එය මඟින් ශ්‍රී ලංකාවේ ගැහැනු දරුවන්ට සහ කාන්තාවන්ට වඩාත් යහපත් අනාගතයක් සඳහා මඟ සකසනු ඇත. එපමණක් නොව, මෙමඟින් ඔබට මේ මාතෘකාව සම්බන්ධව ඔබ දරන අදහස් පිළිබඳව, කිසිදු විනිශ්චයකට ලක් නොවී, විවෘතව සහ නිදහස්ව කතා කිරීමට අවකාශය සැලසෙනු ඇත.

තවද, මෙය මගේ මහජන සෞඛ්‍යය ක්‍රියා පිළිවෙළ පිළිබඳ පශ්චාත් උපාධියේ කොටසක් වන බැවින්, මෙම පර්යේෂණයෙන් මට ද ප්‍රතිලාභ අත්වේ.

මගේ පුද්ගලිකත්වය ආරක්ෂා වන්නේ කෙසේද?

ඔබේ පුද්ගලිකත්වය සහ රහස්‍යභාවය පර්යේෂණ කණ්ඩායමට අතිශයින් වැදගත්ය. ඔබේ තොරතුරු, සම්මුඛ සාකච්ඡාවේ දත්ත, අත්සන් කරන ලද එකඟතා ෆෝරම සහ ඔබව සම්බන්ධ කරගත හැකි තොරතුරු සියල්ල ගබඩා කර, එකිනෙකින් වෙන්ව තබාගනු ඇත. එම තොරතුරු ඉලෙක්ට්‍රොනික උපාංගයක ගබඩා කර තබන්නේ නම්, එය මුරපදයක් මඟින් සුරක්ෂිත කර තබනු ඇත. ඔබේ තොරතුරු සඳහා ප්‍රවේශ විය හැකි වන්නේ මටත්, මගේ ප්‍රාථමික සහ ද්විතියික පර්යේෂණ අධීක්ෂකවරුන්ටත් පමණක් වන අතර, ඒවා සඳහා ප්‍රවේශ වන්නේ මෙම පර්යේෂණයේ අරමුණු සඳහා පමණි. කලින් සඳහන් කළ පරිදි, ඔබේ තොරතුරු සඳහා තෙවන පාර්ශවයකට ප්‍රවේශය ලබා නොදෙනු ඇත.

මෙම පර්යේෂණයට සහභාගී වීමේ පිරිවැය කොපමණද?

මෙම පර්යේෂණය සඳහා ඔබට වැය වනු ඇත්තේ ඔබේ කාලය පමණි. එයට සම්බන්ධ වීමට ඔබ තීරණය කරන්නේ නම්, ඔබට මා සමඟ මිනිත්තු-60ක සම්මුඛ සාකච්ඡාවකට සහභාගී වීමට සිදු වේ. සම්මුඛ සාකච්ඡාව සිදු කරනු ලබන ස්ථානයට සහ ආපසු යාමට ඔබට දරන සියලු වියදම් ඔබට ආපසු ලබා දෙනු ලැබේ. ඊට අමතරව සම්මුඛ සාකච්ඡාව අතරවාරයේදී ඔබට කෙටි ආහාරයක් සහ පානයක් සපයනු ඇත. අවසාන වශයෙන්, ඔබේ කාර්යබහුල කාලසටහනෙන් වටිනා කාලයක් ලබා දෙමින්, සහ වඩාත් වැදගත් ලෙසින් ඔබේ අභ්‍යන්තර අවබෝධයන් සහ වටිනාකම් බෙදාගනිමින්, මගේ පර්යේෂණ අධ්‍යයනයේ කොටස්කරුවෙක් වීම වෙනුවෙන් ත්‍යාගයක් ලෙස ඔබට රු.10,000ක් හිමිවනු ඇත.

මෙම ආරාධනය සලකා බැලීමට මට ඇති අවස්ථාව කුමක්ද?

ඔබට මෙම තොරතුරු පත්‍රිකාව ලැබුණු පසු, මෙම තොරතුරු සලකා බැලීම සඳහා දෙසතියක කාලයක් ඇත, කෙසේ නමුත්, ඔබේ තීරණය ඊට පෙර ගන්නේ නම්, කරුණාකර මා සම්බන්ධ කරගන්න. පර්යේෂණය සඳහා ඔබට සහභාගී වීමට ඇති හැකියාව පිළිබඳ පැහැදිලි කරගැනීමට යමක් ඇත්නම්, කරුණාකර දුරකථනය ඔස්සේ මා හා සම්බන්ධ වීමට මැළි නොවන්න. ඔබට යමක් පැහැදිලි කරගැනීම සඳහා මා හා සම්බන්ධ වීම, ඔබට පර්යේෂණයට අනිවාර්යයෙන් සහභාගී වීමට සිදුවන හේතුවක්

නොවේ. කලින් සඳහන් කළ ආකාරයට, මෙයට සහභාගී නොවීම නිසා ඔබට කිසිදු ආකාරයකින් වාසියක් හෝ අවාසියක් සිදු නොවේ.

මෙම පර්යේෂණයේ ප්‍රතිඵල පිළිබඳව මට දැනගන්නට ලැබේවිද?

ඔබගේ සම්මුඛ සාකච්ඡාව අවසන් වූ පසු, එහි සාරාංශයක් ඔබ වෙත කියවා දෙනු ඇති අතර, එම අවස්ථාවේදී ඔබට සපයන ලද තොරතුරුවල වෙනස්කම් හෝ නිවැරදි කිරීම් කළ හැකිය.

දත්ත විශ්ලේෂණයෙන් සහ පර්යේෂණයේ නිගමනයන්ගෙන් පසුව, ඔබගේ දායකත්වය පර්යේෂණයේ ප්‍රතිඵලයට බලපෑ ආකාරය ඔබට දැකගත හැකි වන ලෙසින්, ප්‍රතිඵලවල සාරාංශයක් වට්ස්ඇප් (WhatsApp) ඔස්සේ ඔබට එවමි.

මෙම පර්යේෂණය පිළිබඳ මට ගැටළු ඇත්නම් මා කුමක් කළ යුතුද?

මෙම ව්‍යාපෘතියේ ස්වභාවය සම්බන්ධයෙන් කිසියම් ගැටළුවක් ඇත්නම්, එය පළමු අවස්ථාවේදීම ව්‍යාපෘති අධීක්ෂකට දැන්විය යුතුය:

ආචාර්ය ජලාල් මොහොමඩ් (මහජන සෞඛ්‍යය දෙපාර්තමේන්තුව, ඕක්ලන්ඩ් තාක්ෂණික විශ්ව විද්‍යාලය)

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මෙම පර්යේෂණය පිළිබඳ වැඩිදුර තොරතුරු ලබාගැනීම සඳහා මා සම්බන්ධ කරගත යුත්තේ කාවද?

කරුණාකර මෙම තොරතුරු පත්‍රිකාව සහ එකඟතා ෆෝරමයේ පිටපතක් ඔබේ ඉදිරි භාවිතය සඳහා ළඟ තබාගන්න. ඔබට පහත දක්වා ඇති ක්‍රමවලට පර්යේෂණ කණ්ඩායම සම්බන්ධ කරගත හැකිය:

පර්යේෂක සම්බන්ධ කරගත හැකි ආකාර:

ස්වෙත්ලානා සිරිවර්ධන

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ව්‍යාපෘති අධීක්ෂක සම්බන්ධ කරගත හැකි ආකාර:

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ඕක්ලන්ඩ් තාක්ෂණික විශ්ව විද්‍යාලයේ ආචාර ධර්ම කමිටුව විසින් අනුමත කරන ලදී, ***type the date final ethics approval was granted***, **AUTEC** යොමු අංකය ***type the reference number***.

Appendix 7- Research information sheet (English)

Date Information Sheet Produced:_10/10/22_____

Project Title

"Exploring the perceptions and values of Sri Lankan Sinhalese Buddhist female youth regarding their sexual health: A Qualitative Descriptive Study."

An Invitation

Greetings

Ayubowan

Hello, my name is Svethlana Siriwardena, I am currently living and studying in New Zealand. At present I am undertaking a Master in Public Health programme at The Auckland University of Technology. I am extremely passionate about public health care and community medicine. I have always been very proud of the strides Sri Lanka has taken within the public health sphere.

I am very passionate about improving women's health especially in the area of sexual health, which I feel is an integral part of a woman's life. Knowing, your sexual health requirements, I believe is one of the best ways to prevent unwanted and negative health outcomes that occur as a result of engaging in intimate relationships, while also enjoying these relationships. Therefore, I believe that, it is important through research studies to first identify what women and girls are aware of in regards menstruation, contraception use, unintended pregnancies, abortion and sexually transmitted illnesses.

Therefore, I invite you to consider being a part of my research by volunteering to participate in an interview, in which we can discuss your perceptions and values regarding menstruation, contraception use, unintended pregnancies, abortion and sexually transmitted illnesses. Your name and details will remain confidential, throughout the research, your bio data will not be used. As I am the researcher, I will conduct the interview in a mutually agreeable private venue, which will be a comfortable place for you to discuss information regarding your sexual health. The interview, will be held in a very casual manner, which will give you the ability to talk very freely.

Further, your participation in this research is voluntary, and you can withdraw at any time for any reason or without providing a reason. You will not be disadvantaged in any way if you do not choose to participate in this research. Further, if you do decide to withdraw from the research after the interview, you can request that the information you provided not be used in the research.

This research, is undertaken as a part of my Master in Public Health thesis. Through this research, I hope to understand better the views women hold regarding a very important part of their lives. Therefore, I hope the findings from this research will contribute to studying this subject further in Sri Lanka. There is also a potential that elements of this research will be submitted for publication to appropriate academic health journals.

Please take the time to read this document and decide whether you would like to participate in this study. Should you have any questions or wish to discuss the research and your appropriateness for participation, please feel free to contact me.

What is the purpose of this research?

In respect to Sri Lankan female youth to;

- Explore values regarding sexual health (SH).
- To explore the perceptions regarding sex education (SE).
- To provide a platform for larger research projects, that could make recommendations for policy development.

How was I identified and why am I being invited to participate in this research?

You have been identified as someone who can take part in this research, as you met the inclusion criteria.

The inclusion criteria are as follows.

- Women in the age group of 18 to 25 years
- Sinhalese Buddhist ethno-religious background
- Single women; women in relationships
- Married young women and those in a civil union

Please note, that you are unable to take part in this research if:

- I, Svethlana Siriwardena, as the researcher have had any personal or professional relationship with you in the past or presently.
- You fall outside of the selected age range (18 to 25)
- You are not a Sinhalese Buddhist
- If you are unable to communicate experiences and opinions in an articulate, expressive, and reflective manner, due to any form of mental or physical disability.

How do I agree to participate in this research?

My contact details are provided below. If you are interested in participating in this study, please contact me. If you're interested in participating, you will need to sign a consent form, which I can hand over to you before the interview or at the hospital prior to the day of the interview.

Your participation in this research is voluntary (it is your choice) and whether you choose to participate will neither advantage nor disadvantage you. You can withdraw from the study at any time. If you choose to withdraw from the study, then you will be offered the choice between having any data that is identifiable as belonging to you removed or allowing it to continue to be used. However, once the findings have been produced, removal of your data may not be possible.

However, please note, after you contact me, I will select you depending on your age. As the research will require participants across the age group. Therefore, when you contact me after reading this information sheet and you are happy to take part in the research study. I will take your contact details and contact you if you are suitable to proceed.

What will happen in this research?

The research will require you to attend an interview with myself as the researcher. The interview will run for approximately 60 minutes. The Interview will take place at a mutually agreed upon location, in which there will be privacy and you will be able to freely converse.

Our discussion will be recorded using a voice recording device, and I will take some notes during the interview. After, you have agreed to take part in the interview and have read and signed the consent form. You will be asked a few open-ended questions, which will give you the ability to discuss your ideas, regarding perceptions and values you hold, in regards to sexual health topics. You will have the freedom to decide, what you would like to discuss with me. At the end of the interview, I will reiterate the main points that you have discussed and take notes regarding any changes you would like to make regarding the information you have provided.

Following our interview, I will have the audio recordings transcribed. Your identity will not form any part of our recorded interview, and your privacy and confidentiality will be maintained throughout this research. I undertake to only use the information for the purpose as stated in your consent form. My primary and secondary research supervisors and myself will be the only people that have access to your data and no third parties will have access to the information that you have provided as part of this research project.

What are the discomforts and risks?

The interview will discuss sensitive topics relating to your sexual health. You may feel uncomfortable and shy discussing these areas of your life, that you may never have disclosed to anyone previously. Further, in some instances recalling your lived experiences, will be distressing to you.

How will these discomforts and risks be alleviated?

You can choose not to talk about subjects that you find distressing, or withdraw from the interview and/or the study at any time, without any explanation and this will in no way affect your continued participation in the research project. In addition, if talking about previous upsetting issues, will cause you to feel distressed further, you can contact a free counselling service, that is collaborating with my research study, who will be able to provide you with six free counselling sessions via phone or in person.

The contact information for the counselling service is as below:

Phone: (+94)11-2698870

E-Mail: dharmavijayalk@gmail.com

Address: Dharmavijaya Foundation,

No 380/7, Sarana Road, Bauddhaloka Mawatha,

Colombo 07,

Sri Lanka.

Further, if you do have any further concerns or clarifications regarding your sexual health, you can contact the “Family Planning Association Sri Lanka”, the contact details of which is below.

Phone: (+94)11 255 5455

E-Mail:
fpa@fpasrilanka.org
info@fpasrilanka.org

Address: 37/27 Bullers Lane, Colombo 7, Sri Lanka.

What are the benefits?

You will be providing valuable information to this study, that hopes to help young women like you to be better prepared to navigate sexual health issues. However, the benefits will not be immediate, but it will pave the way to a better future for young girls and women in Sri Lanka. Furthermore, it will give you an opportunity, to talk openly and freely regarding your ideas on this topic, without any judgment.

Further, I will benefit from this research, as it will be a part of my Master in Public Health program.

How will my privacy be protected?

Your privacy and confidentiality are of the utmost importance to the research team. This includes any discussion about abortion, same sex relationships, prostitution etc. All information that you provide will be in confidence and will not be shared with any third parties. Your information, interview data, signed consent forms and your contact details will all be stored and kept separately from each other. If the information is stored electronically this will be password protected. Only my primary and secondary research supervisors and I, will have access to your information and this will only be accessed for the purpose of this research. As mentioned no third parties will be given access to your information.

What are the costs of participating in this research?

The only cost to you taking part in this research is your time. If you choose to take part, you will take part in a 60-minute interview with me. All costs incurred by you for transportation to the interview location and back, will be reimbursed to you. You will also be provided with a snack and a beverage during the interview. Finally, as a thank you for being a part of my research study, for giving your valuable time from your busy schedule, most importantly sharing your most intimate perceptions and values, you will receive Rs 10,000, as a gift.

What opportunity do I have to consider this invitation?

You have up to two weeks to consider this information once you have received this information sheet however if you make up your mind earlier, please contact me. Should you need to clarify anything pertaining to your potential involvement in the research please feel free to contact me on my phone. There is no obligation for you to participate in the study should you need to contact me to clarify anything. As mentioned earlier, please be aware that your non participation will in not advantage or disadvantage you in any way.

Will I receive feedback on the results of this research?

You will be read back a summary of your interview after it's over, at this point you are able to make changes or corrections to the information you provided.

Following the analysis of the data and conclusion of the research, I will send you a summary of the results through WhatsApp, so that you can see how your contribution has affected the research results.

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should notify in the first instance to the Project Supervisor:
Dr Jalal Mohammed (Department of Public Health, Auckland University of Technology)

jalal.mohammed@aut.ac.nz

+6499219999 Ext.5248

Whom do I contact for further information about this research?

Please keep this Information Sheet and a copy of the Consent Form for your future reference. You are also able to contact the research team as follows:

Researcher Contact Details:

Svethlana Siriwardena

hkc8713@autuni.ac.nz

+94772519199

Project Supervisor Contact Details:

Dr Jalal Mohammed (Department of Public Health, Auckland University of Technology)

jalal.mohammed@aut.ac.nz

+6499219999 Ext.5248

Approved by the Auckland University of Technology Ethics Committee on *type the date final ethics approval was granted*, AUTEC Reference number *type the reference number*.

Appendix 8- Informed written consent form (Sinhala)

◂ දැනුම් එකඟතා ෆෝරමය

ව්‍යාපෘති මාතෘකාව: ***"ශ්‍රී ලාංකීය සිංහල බෞද්ධ තරුණියන්ගේ ලිංගික සෞඛ්‍යය පිළිබඳ අවබෝධය සහ වටිනාකම් ගවේෂණය කිරීම: ගුණාත්මක විස්තරාත්මක අධ්‍යයනයකි."***

ව්‍යාපෘති අධීක්ෂක: ***ආචාර්ය ජලාල් මොහොමඩ් (ප්‍රාථමික අධීක්ෂක) සහ***
මහාචාර්ය එලනෝර් හොල්රොයිඩ් (ද්විතියික අධීක්ෂක)

පර්යේෂක: ***ස්වේත්ලානා සිරිවර්ධන***

- ○ _____ දිනැති තොරතුරු පත්‍රිකාවේ මෙම පර්යේෂණ ව්‍යාපෘතිය පිළිබඳව සපයා ඇති තොරතුරු මම කියවා තේරුම් ගත්තෙමි.
- ○ ඊට අදාළව ප්‍රශ්න ඇසීමට සහ පිළිතුරු ලබා ගැනීමට මට අවස්ථාවක් ලැබුණි.
- ○ සම්මුඛ සාකච්ඡාව අතරවාරයේදී සටහන් ගන්නා බවත්, සාකච්ඡාව හඬ පටිගත කර, පිටපත් කරන බවත් මම තේරුම් ගෙන සිටිමි.
- ○ මෙම අධ්‍යයනයට සහභාගී වීම ස්වේච්ඡාවෙන් (මගේ තීරණය මත) සිදුවන බවත්, මට කිසිදු ආකාරයක අවාසියක් නොමැතිව ඕනෑම අවස්ථාවක මෙම අධ්‍යයනයෙන් ඉවත්වීමට හැකියාව ඇති බවත් මම දනිමි.
- ○ මම අධ්‍යයනයෙන් ඉවත් වුවහොත්, මාගේ යැයි හඳුනාගත හැකි සියලු දත්ත ඉවත් කිරීම හෝ ඒවා නොකඩවා භාවිතා කිරීමට අවසර දීම යන තෝරාගැනීම් මා හට හිමිවන බව මම දනිමි. කෙසේ වුවත්, සොයාගැනීම් සකස් කිරීමෙන් පසුව, මගේ දත්ත ඉවත් කිරීම කළ නොහැකි විය හැකිය.
- ○ මෙම පර්යේෂණයට සහභාගී වීමට මම එකඟ වෙමි.
- ○ පර්යේෂණයේ සොයාගැනීම්වල සාරාංශයක් ලබා ගැනීමට මම කැමැත්තෙමි (කරුණාකර පිළිතුර සලකුණු කරන්න): ඔව්○ නැත○

සහභාගීවන්නාගේ අත්සන:
.....

සහභාගීවන්නාගේ නම:
.....

සහභාගීවන්නා සම්බන්ධ කරගත හැකි ආකාර (සුදුසු නම්):

……..

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……..

දිනය:

ඔක්ලන්ඩ් තාක්ෂණික විශ්වවිද්‍යාලයේ ආචාර ධර්ම කමිටුව විසින් අනුමත කරන ලදී _____

AUTEC යොමු අංකය _____

සටහන: කරුණාකර මෙම ෆෝරමයේ පිටපතක් ලඟ තබාගන්න.

Appendix 9- Informed written consent form (English)

Informed Consent Form

Project title: ***"Exploring the perceptions and values of Sri Lankan Sinhalese Buddhist female youth regarding their sexual health: A Qualitative Descriptive Study."***

Project Supervisor: ***Dr Jalal Mohammed (Primary Supervisor) and Prof. Eleanor Holroyd (Secondary Supervisor)***

Researcher: ***Svethlana Siriwardena***

- ○ I have read and understood the information provided about this research project in the Information Sheet dated _____.
- ○ I have had an opportunity to ask questions and to have them answered.
- ○ I understand that notes will be taken during the interviews and that they will also be audio-taped and transcribed.
- ○ I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without being disadvantaged in any way.
- ○ I understand that if I withdraw from the study then I will be offered the choice between having any data that is identifiable as belonging to me removed or allowing it to continue to be used. However, once the findings have been produced, removal of my data may not be possible.
- ○ I agree to take part in this research.
- ○ I wish to receive a summary of the research findings (please tick one): Yes○ No○

Participant's signature:
.....

Participant's name:
.....

Participant's Contact Details (if appropriate):

……..

……..

……..

……..

Date:

Approved by the Auckland University of Technology Ethics Committee on _____

AUTEC Reference number _____

Note: Please retain a copy of this form.

Appendix 10- Confidentiality agreement form (Sinhala)

රහස්‍ය ගිවිසුම

ව්‍යාපෘති මාතෘකාව: ***"ශ්‍රී ලාංකීය සිංහල බෞද්ධ තරුණියන්ගේ ලිංගික සෞඛ්‍යය පිළිබඳ අවබෝධය සහ වටිනාකම් ගවේෂණය කිරීම: ගුණාත්මක විස්තරාත්මක අධ්‍යයනයකි."***

ව්‍යාපෘති අධීක්ෂක: ***ආචාර්ය ජලාල් මොහොමඩ් (ප්‍රාථමික අධීක්ෂක) සහ***

මහාචාර්ය එලනෝර් හොල්රොයිඩ් (ද්විතියික අධීක්ෂක)

පර්යේෂක: ***ස්වේත්ලානා සිරිවර්ධන***

- පිටපත් කිරීම සඳහා මා හට ලබාදුන් සියලු තොරතුරු රහසිගත ඒවා බව මම දනිමි.
- ටේප් හෝ හඬ පටිගත කිරීම්වල අන්තර්ගතය සාකච්ඡා කළ හැක්කේ පර්යේෂකයන් සමඟ පමණක් බව මම දනිමි.
- මම පිටපත්වල කිසිදු කොපියක් තබා ගැනීමට හෝ තෙවැනි පාර්ශවයකට ඒවා සඳහා ප්‍රවේශ වීමට ඉඩ ලබා දීමට කටයුතු නොකරමි.

පිටපත් කරන්නාගේ අත්සන :.....

පිටපත් කරන්නාගේ නම :.....

පිටපත් කරන්නා සම්බන්ධ කරගත හැකි ආකාර (සුදුසු නම්):

……..

……..

……..

……..

දිනය:

ව්‍යාපෘති අධීක්ෂක සම්බන්ධ කරගත හැකි ආකාර (සුදුසු නම්):

……..

……..

……..

……..

*ඕක්ලන්ඩ් තාක්ෂණික විශ්වවිද්‍යාලයේ ආචාර ධර්ම කමිටුව විසින් අනුමත කරන ලදී:*_____

***AUTEC** යොමු අංකය:*_____

සටහන: පිටපත් කරන්නා විසින් මෙම ෆෝරමයේ පිටපතක් ළඟ තබාගත යුතුය.

Appendix 11- Confidentiality agreement form (English)

Confidentiality Agreement

Project title: ***"Exploring the perceptions and values of Sri Lankan Sinhalese Buddhist female youth regarding their sexual health: A Qualitative Descriptive Study."***

Project Supervisor: ***Dr Jalal Mohammed (Primary Supervisor) and Prof. Eleanor Holroyd (Secondary Supervisor)***

Researcher: ***Svethlana Siriwardena***

- ○ I understand that all the material I will be asked to transcribe is confidential.
- ○ I understand that the contents of the tapes or recordings can only be discussed with the researchers.
- ○ I will not keep any copies of the transcripts nor allow third parties access to them.

Transcriber's signature : .....

Transcriber's name : .....

Transcriber's Contact Details (if appropriate):

……..

……..

……..

……..

Date:

Project Supervisor's Contact Details (if appropriate):

……..

……..

……..

……..

Approved by the Auckland University of Technology Ethics Committee on:_____

AUTEC Reference number:_____

Note: The Transcriber should retain a copy of this form.

Appendix 12- AUTEC ethics approval

16 December 2022

Jalal Mohammed
Faculty of Health and Environmental Sciences

Dear Jalal

Re Ethics Application: **22/322 Exploring the perceptions and values of Sri Lankan Sinhalese Buddhist female youth regarding their sexual health: A Qualitative Descriptive Study."**

Thank you for providing evidence as requested, which satisfies the points raised by the Auckland University of Technology Ethics Committee (AUTEC).

Your ethics application has been approved for three years until 16 December 2025.

Non-Standard Conditions of Approval

1. Include in the Information Sheet (for the person granting access permission to the researcher) to include what the researcher is asking permission for (e.g. put up flyers, use rooms etc).

Non-standard conditions must be completed before commencing your study. Non-standard conditions do not need to be reviewed by AUTEC before commencing your study but please send through a copy for file.

Standard Conditions of Approval

1. The research is to be undertaken in accordance with the Auckland University of Technology Code of Conduct for Research and as approved by AUTEC in this application.
2. A progress report is due annually on the anniversary of the approval date, using the EA2 form.
3. A final report is due at the expiration of the approval period, or, upon completion of project, using the EA3 form.
4. Any amendments to the project must be approved by AUTEC prior to being implemented. Amendments can be requested using the EA2 form.
5. Any serious or unexpected adverse events must be reported to AUTEC Secretariat as a matter of priority.
6. Any unforeseen events that might affect continued ethical acceptability of the project should also be reported to the AUTEC Secretariat as a matter of priority.
7. It is your responsibility to ensure that the spelling and grammar of documents being provided to participants or external organisations is of a high standard and that all the dates on the documents are updated.
8. AUTEC grants ethical approval only. You are responsible for obtaining management approval for access for your research from any institution or organisation at which your research is being conducted and you need to meet all ethical, legal, public health, and locality obligations or requirements for the jurisdictions in which the research is being undertaken.

Please quote the application number and title on all future correspondence related to this project.

For any enquiries please contact ethics@aut.ac.nz. The forms mentioned above are available online through http://www.aut.ac.nz/research/researchethics

(This is a computer-generated letter for which no signature is required)

The AUTEC Secretariat
Auckland University of Technology Ethics Committee

Cc: hkc8713@autuni.ac.nz; Eleanor Holroyd

Appendix 13- Data management plan

AUCKLAND UNIVERSITY OF TECHNOLOGY ETHICS COMMITTEE (AUTEC)

Guide for drafting a Data Management Plan

DEFINITION & PURPOSE:

A data management plan describes how researchers are collecting, storing, and managing the use of data collected as part of their research. It describes how data is being stored now and in the future. It describes who has access to the data and for what purposes. It records the conditions under which the data was collected. It describes who has control over access to the data.

Data collected as part of research undertaken by Auckland University of Technology (AUT) students or staff will normally be stored on AUT premises in a specified location. It is to be returned to the participants or destroyed once it has been kept for a minimum of six years. Health data is to be kept for a minimum of ten years.

AUT Staff and Students are recommended to read the Library's advice about Research Data Management and Te Mana Raraunga - Principles of Maori Data Sovereignty

The following questions are provided as prompts for writing the plan. You need to use them taking into account the context of your project.

Project title and brief description:

Title: "Exploring the perceptions and values of Sri Lankan Sinhalese Buddhist female youth regarding their sexual health: A Qualitative Descriptive Study."

In respect to Sri Lankan female youth the current research aims to;

- Explore values regarding sexual health (SH).
- To explore the perceptions regarding sex education (SE).
- To provide a platform for larger research projects, that could make recommendations for future policy development.

This study intends to explore the perceptions and values of Sri Lankan Sinhalese Buddhist female youth regarding SH and how these perceptions have been influenced by existing SE.

The study will be conducted via a qualitative descriptive (QD) methodology. With participants selected through purposive sampling and snowball sampling. Approximately 10 female youth within the age bracket 18 to 25 will be selected until data saturation is achieved. All participants will be of Sinhalese Buddhist ethnicity from the city of Panadura in the Kalutara district, in the Western province of Sri Lanka.

A semi structured interview guide will be used in the data collection process, which will then be analysed using thematic analysis.

Evidence shows that a lack of understanding in the area of SH, has had substantial impact, physically, emotionally and economically on Sri Lankan females. Therefore, this study will attempt to shed light on a very important, but culturally sensitive topic. This is intended to pave the way to further explore the topic

of SH in Sri Lanka, and provide a guiding framework to how this must be reformed to better cater to Sri Lanka's female youth.

Primary Researcher

Svethlana Siriwardena

Supervisors or other researchers

Dr Jalal Mohammed (Primary Supervisor)

Prof Eleanor Holroyd (Secondary supervisor)

Who will have the primary responsibility for the data at the different stages of its life cycle?

Svethlana Siriwardena

What is the nature of the data being collected and produced?

Audio recorded interview data will be collected during the interviews. A digital audio recorder will be used to record the data (digital data). The data will be collected in the native language of the participants, which is the Sinhalese language. After the data collection, the data will be transcribed verbatim, manually by the primary researcher, in the source language.

As the study analysis and results will be presented in the English language, the data transcribed in the source language will be translated to English, within the analysis process. Wherein, codes and themes identified in the source language will be translated into English. In that regard as a bilingual researcher, the primary researcher will translate the data into the English language. A professional translator will be utilised only to translate certain words that may not be familiar to the primary researcher, data sets will not be exposed to a translator. Translation of themes will occur within the analysis process, after themes are initially identified in the source language

There will be approximately 10-15 qualitative interviews of 60-minute (median) duration. Data will be recorded on two devices during the interview. Raw interview data will not change once collected unless the participant wishes to remove any part after they review the written transcript for accuracy and intent.

Where are you collecting data?

The face-to-face Interviews will be conducted in Sinhalese, the native language of the participants. The interviews will be conducted in the most appropriate location, in a Sri Lankan health setting, which will cater to safeguarding confidentiality, as well as providing a comfortable environment for participants. Thus, several locations, such as a private room in a hospital; a room in a general practitioner clinic; and a room in a school will be selected as the most practicable location for participants for data collection.

What are the data storage plans?

During the data collection leg in Sri Lanka, data will be collected through audio recording on a mobile phone, after which the data will be transferred to a password protected OneDrive folder, as soon as the interview is completed and the audio recording will be deleted from the mobile phone.

During analysis data will be stored securely in the password protected OneDrive folder. Once the interview and transcriptions are complete, all digital materials will be stored in the OneDrive folder, and a backup password protected hard drive.

During the retention period, digital data in the hard drive will be in a locked cabinet in the secondary supervisors' office on the AUT campus. Where it will remain stored for a period of 6 years.

Participant information, socio demographic information, informed consent forms and all other hard copy materials will all be securely kept in a brief case with a password, after which it will be kept in a locked cabinet in the secondary supervisors' office on the AUT campus. Where it will remain stored for a period of 6 years.

No data will be stored on a mobile phone. However, may be used to record data during the interview, which will be transferred to a password protected laptop and a password protected hard drive. During the data collection process, the phone screen will time out to lock after a few minutes of non-use. The phone is locked and can only be opened with the primary researcher's pin code. Further, the data will be deleted from the mobile phone as soon as data is transferred to OneDrive.

All data will be permanently deleted six years after the thesis research has been completed. All manually noted data, consent forms, information sheets, socio demographic information and other hard copy information, will be shredded by the primary supervisor at AUT and disposed of into a confidential document bin.

What are the ethical requirements for your data?

Participants made aware of the study through a flyer that will be displayed in a women's hospital. Participants, that meet the entry criteria will be invited to contact the primary researcher. The researcher will describe the purpose and process of the study to potential participants. Those that meet the criteria will be sent a digital copy of the information sheet via WhatsApp. The participants will be ensured confidentiality of the data, and no identifiable information will be obtained. Participants will be identified by fictious names. The primary researcher will de-identify the data.

All identifiable information will be deleted from the transcribed data. Further, data will be permanently destroyed or deleted after 6 years by the primary researcher.

Furthermore, the participants withdrawing from the study will be able to choose whether to have their data removed or kept within the research, within 2 weeks of interview completion. If they choose to request data be removed from the research study, the relevant data will be destroyed by the primary researcher.

What consultation has occurred around the management of your data?

My supervisors (Dr Jalal Mohammed and Prof. Eleanor Holroyd) have been actively involved in all aspects of my research development and therefore the design and implementation of my data management system.

How is your data being organised and what documentation and metadata is being used?

AUT OneDrive will be used to store the researcher's data, and these folders will be shared with supervisors using SharePoint so that they can both access the same files. All files will be saved using a Participant-date-month-year convention e.g., Particiapnt1-30-04-2022. This will be updated once data becomes available. Transcribed data will be typed and coded in Microsoft (MS) Word. The data will then be transferred to an MS Excel file once codes are condensed into subthemes and themes. Upon reading, the

supervisors will prefix the date with their initials to indicate this readership. The password-protected folders will be named according to the study phase.

All abbreviated variable names created for analysis will be recorded alongside the full variable definition, in a data dictionary for the research.

Although no official Metadata and documentation standards or schemas will be employed in this research, standardisation of language, spelling, and date format, will be overseen by the researcher and both supervisors.

When changes are made to documentation, version numbers will be implemented to the file name e.g., Data Analysis-V1.

What are the plans for data sharing and access?

The primary researcher's supervisors will have access to the data files through OneDrive online data sharing platform. There will be no sharing of raw data outside the researcher as raw data could lead to identification of participants. Only, primary researcher and the supervisors will have access to data.

What are the plans for managing any breaches of privacy or confidentiality?

Primary researcher and supervisors will have access to data and information. The office of Prof. Eleanor Holroyd (secondary supervisor) has a locked cabinet for the storage of all hard copies of notes and forms. Back up, electronic data will also be stored in a hard drive that will be password protected, which will also be stored in a locked cabinet in the secondary supervisor's room at the AUT campus.

Before the Interviews begin, we will discuss the confidentiality of information. Information sheets will also emphasize and highlight this to inform potential participants. Pseudonyms will be used to protect participants privacy.

If a breach occurs, the primary researcher will immediately discuss with supervisors and will contact the AUTEC committee and the Privacy Commissioner for notifiable breaches. This will be done in writing as soon as the breach is identified.

What are the plans for data preservation and archiving

All recordings will be in mp3 format. Along with the audio, the transcripts of the interviews will be saved in Microsoft Word and themes will saved as Microsoft excel, in addition to the audio. Future accessibility will be assured by all sensitive information and data will be securely saved on AUT-managed devices and accessible only to the supervisory team and primary researcher. An encrypted backup file ensures the protection of information and data. However, data will only be archived for a period of 6 years, after which, it will eventually be destroyed.

What are your main data challenges? Who can help?

The supervisors (Dr Jalal Mohammed and Prof. Eleanor Holroyd) will provide support for the safety of data management. Furthermore, there will be post-graduate workshops on training, with regards to data management in qualitative research.

What University policies are relevant to your project? Have you read and understood them?

Auckland University of Technology code of conduct for research. This describes the research vision and values, definitions, principles, and standards for research conduct which includes responsibilities and standards.

Further the primary researcher has read and is familiar with section 18 of AUTEC's data management guidelines.

Don't forget to update your data management plan regularly:

Date for next **review**

Appendix 14- Section of the initial coding process

English translation of eighth interview Participant 8

PR- Ok, to start, would you be able to tell me what kind of perceptions do you and maybe your friends have about SH? Do you think its important for girls in your community?

P- Within my friends, we don't talk about diseases, mainly girls talk about boyfriends and stuff like that, other than that, friends don't talk a lot about SH.

PR- Ok, you said, most of the conversation revolves around boyfriends, so do those conversations involve intimacy and things like that?

P- No, not really, when they tell you know they are hiding something, they don't tell you everything especially went it comes to sexual things.

PR- Do you think that's because of how sex is viewed in society?

P- Well, I guess so, everyone grows up in different environments. Sometimes a friend might think that, if they tell something, then they might tell that to other people. In the least, most girls don't even say that they are going to meet their boyfriend, they might say it after a few weeks. That kind of shows that, girls are scared that if they say something, it might be told to other people.

PR- So, what I gather is, there is some sort of stigma in society around having boyfriends, do you think that's correct?

P- Actually, in todays society, not having a boyfriend, seems to be abnormal. If a girl doesn't have a boyfriend, the question is "why doesn't she have a boyfriend". Now, if we take a class, about 90% of them have boyfriends, some have 2 or 3 boyfriends as well. Before, everyone used to talk about the girls who have boyfriends, but nowadays, people talk about the girl who is single, wondering why she doesn't have a boyfriend.

PR- Ok, so do you think most of these affairs are with parental consent?

P- Most are not, nowadays, parents don't really care that much, unlike those days. Before, parents used to be constantly behind there daughters, but now its not like that. It seems like girls have too much freedom nowadays.

PR- So are you talking mainly about school going girls?

P- Yes, this is even before ordinary level classes. There are many girls who start affairs from about the time they are in year 9. Some teachers have confronted them, but they never get caught to parents.

PR- So, would that mean that, children, from about year 9 in school maybe exposed to intimate relationships?

P- Yes, this is according to when I was in school, I guess now, they start in about year 6, that's what I hear. These days, all the shows that go on tv, show things like this. So from a young age, kids are distracted with these things and they don't pay much attention to their studies. Its like, they just need to see a boy, and these girls, want to somehow manipulate him into an affair. This has happened many times with my girlfriends. So from this, you understand that, girls pay more attention to affairs.

PR- Ok, so if I ask you, while in school, do kids have some understanding about what SH is?

Svethlana Siriwardena

Svethlana Siriwardena
355. Discussions around SH are not common.

Svethlana Siriwardena
356. Girls fear that their sexual experiences maybe disclosed, if they discuss it with friends.

Svethlana Siriwardena
357. In today's generation it is uncommon for girls to be single, unlike in generations before.

Svethlana Siriwardena
358. Parents are less involved in their daughters life's nowadays.

Svethlana Siriwardena
359. Girls have more freedom now.

Svethlana Siriwardena
360. School children start affairs at a much younger age now compared to earlier generations.

Svethlana Siriwardena
361. School affairs are largely not condoned by educators and parents.

Svethlana Siriwardena
362. Media, encourages dating and affairs, at a much younger age.

P- Well, at the beginning they don't have much of an understanding. But as kids come to year 10, 11, kids start to be more inquisitive about this topic. They start reading books, and later find clips on YouTube. So they search about stuff, and then talk about sexual stuff with their close friends, they say things like "today, I found this information, in this book".

PR- So, do you think these girls mainly search for pornographic material or for actual SH related things?

P- Its mainly bad things, they rarely search for SH information. Mostly watching bad films and so on, can't really say, many kids look for health information. In our school science book, we have this chapter, but teachers don't teach it, they casually overlook that chapter and move on. So then when this happens, children wonder why the teacher didn't teach this chapter and get more inquisitive. Actually, if the teacher taught this topic, kids won't be so inquisitive to search for inappropriate things.

PR- Ok, so if I ask you, what kind of perceptions do you have regarding menstruation?

P- My understanding is that it's a normal thing.

PR- Ok, how about when you first got your period, what kind of idea did you have then?

P- When it first happened, I had no idea. I was very small. I told my mother first, I called her and showed her. Then my mother is the one who told me what it is and taught me, before that I had no idea.

PR- Do you remember what she taught you, about what was happening?

P- She said, that this happens to all girls, and its nothing to worry. She also said it happens it will happen every month. Also, she said it happens to only girls and it doesn't happen to boys. She told me not be scared, because at that time I was scared. She told me that it happens to her as well.

PR- Ok, did she give you any advice?

P- She told me that I shouldn't eat any oily food. She also said that now you are a "big girl", and to be more careful when associating with friends. Mainly she said to be careful, she said that I shouldn't go anywhere alone, or behave recklessly and not to jump around and play too much. She said that now I need to behave and act like a girl. Later, when I was a little older she told me to be careful when I associate with boys.

PR- So did you wonder why she was saying things like that?

P- No I didn't, she explained to me what it meant. She said, its important for your future, when you have children. She said, this is given to a woman, to birth a child into this world. So even though I was small, I understood, that it was something important. Actually, to tell you the truth, after that I didn't even go and cuddle too much with my father, as I did before. That much, I listened to my mother's word and was careful.

PR- Ok, so you know, in our culture, sometimes there is a perception that girls are unclean when they are on their period.

P- Well, no one at home said that, but there was such a perception in school. When we have our monthly menses, teachers say, don't sit close to the Buddha statue, in the classroom. She said, on those days we are unclean, and we shouldn't sit close to the Buddha statue, and that on those days,

Svethlana Siri... 363. Young students have no SH
Svethlana Siri... 364. Children use books and the
Svethlana Siri... 365. The internet is used mainly to
Svethlana Siri... 366. Teachers avoid teaching the topic
Svethlana Siri... 367. Well taught SE, will make children
Svethlana Siri... 368. Menstruations is normal.
Svethlana Siri... 369. Mothers are first educators about
Svethlana Siri... 370. Mothers advice daughters on
Svethlana Siri... 371. After becoming a "big girl", girls
Svethlana Siri... 372. Children are informed that
Svethlana Siri... 373. School teachers also promote the
Svethlana Siri... 374. Girls are advised to stay away from

to swap with another student and sit away from the Buddha statue. Other than that, I have never heard anyone use the word "unclean" like that.

PR- So, was your school a mixed school, did your teacher, talk about menstruation openly like that?

P- No, my school is a girls only school, that's why she was open to saying that. Because, it was a girl's school, I have also seen so many girls, become big girls, at the same time. Lots of girls are very inquisitive, I became a "big girl" very early, so I saw how other girls were so excited. Some girls, even if they see something on the school uniform, that's enough for them to get worried, because they don't have any experience, they think its blood, they run to the teacher. Then the teacher says "no you all have got scared for no reason". I think, at that age kids are just waiting to see, who will become a "big girl" next.

PR- Ok, so I guess, even for the girls, who are not given any idea about menstruation at home. When they see this happening to their friends, they do get an idea?

P- Yes, like when a girl, becomes a "big girl", she will come back to school in about 2 or 3 weeks, her friends will ask her, "what happened", "what did you eat", "how did you stay", "who stayed with you", and so on. Then, everyone gets to know, what happened and how it will happen to them also. It becomes a normal thing and all the girl's kind of get prepared for it.

PR- Ok, so in your opinion, do you thing boys, in your age group, also have some idea about menstruation, or do you think they are unaware that this change is happening to their peers?

P- I think they do, even though school teachers don't teach it, tuition class teachers, teach it. Teachers, in classes (tuition), teach it without any shyness, they will say "this topic is important for both boys and girls" and that " its important for your future, so that you don't get into trouble in the future". But some parents don't like that teachers teach such things, there have been instances, when parents have come and complained, saying that, the things being taught, can be heard on the streets, because the teacher uses a microphone. So, the teacher, in those instances, stop talking through the mice and just say it normally, so that parents don't make complaints. Boys, really want to learn about these things as well, they ask more questions than girls, about stuff like menstruation. The teacher, answered all the questions, without being shy at all, that gave us all the knowledge we needed around this topic. The teacher, took about 4 days to teach all of it, from that I realised that boys are also really keen to learn about SH.

PR- Would you say that what was taught to you in the tuition classes really helped expand the knowledge of you and your friends?

P- Yes, very much. One day, a girl in the class had a stain on her dress, a boy was the one who saw this and told her, that there was a stain on her dress. No one laughed or made fun of her. The girl later thanked that boy. I think, that was all because, the teacher, took the time to teach us about menstruation, if not, boys who have no proper idea, will laugh about it and make unkind remarks.

PR- Can you remember when you had this class?

P- It was during O level tuition (ordinary level), I feel that, that class helped shape my future so much, because it made us so much more aware about SH. Even about boys, and what they want girls to do sometimes and so on, I guess, if we hadn't been taught like that, we may have ended up in a lot of unfortunate situations.

PR- How about in school, did the school teacher, teach this topic as well?

Svethlana Siriwardena
375. Conversations with friends help girls be prepared for when they attain puberty.

Svethlana Siriwardena
376. Tuition teachers, educate children on SH topics, with less embarrassment and shyness, compared to school teachers.

Svethlana Siriwardena
378. SH, is a topic that must not be discussed in public spaces.

Svethlana Siriwardena
377. Parents strongly oppose, children from gaining knowledge about SH topics.

Svethlana Siriwardena
379. Male peers are interested in learning about female related SH topics, as much as girls.

Svethlana Siriwardena
380. Accurate knowledge on SH, helps reduce the stigma around sex and SH.

Svethlana Siriwardena
381. Girls perceive that good knowledge around SH, can have a strong positive impact on their future.

Svethlana Siriwardena
382. Girls are safer within sexual relationships, when armed with accurate SH knowledge.

P- No, not at all, its there in our text books, but the teacher just passes that chapter. Students ask, "why?", but they just don't touch that chapter.

PR- So, why do you think that is? If the teachers in your tuition class can teach SH, why can't the school teachers?

P- I don't know, if its because the school teachers are shy, really don't know. Even if students ask a question, they don't answer, I mean we get questions about SH, for our exams, but they just don't answer. So, students also stop asking questions from school teachers. Even though, I went to an all-girls school, the teacher didn't teach us. I feel that we were lucky, because our tuition class teacher taught us. But the kids who didn't have someone to teach them, would be exposed to so many bad experiences, because they have no education about SH.

Also, my mother is like a friend for me, I can discuss anything with her, but that's not the case with some of my other friends. Their parents are very strict, even if a boy asks them out, and the girl tells this to her parents. The parents, will scold her, they will restrict her freedom, follow her around and sometimes even remove them from class.

PR- Ok, then can you tell me, what kind of perceptions do you have around intimate relationships?

P- I don't recommend being together like that before marriage. In our culture, it is considered wrong, and if you do it, you will face many problems. People even commit suicide, because of this. Within our culture, doing this before marriage, is something you can't do. If you do it, you will face many problems and your whole life will be ruined.

I also think in our culture, girls ae supposed to be pure, till they get married.

PR- Ok, so do you feel, that its fair that girls have to be pure until they get married, do you have any ideas on that?

P- I think it's a good thing, if girls are given too much freedom, don't know what will happen. So its good that its like that.

PR- Ok, so when it comes to men, do you feel its ok for them to have more freedom?

P- No, I think boys also should have restrictions. It's not fair that girls have all the restrictions, actually, thinking about it, it's like a punishment we get, before marriage and it's kind of not fair. Boys have more freedom than girls, they don't have a lot of care about how they act. But girls can't do mistakes alone, boys are a part of it too, but later boys will penalise girls for these mistakes, when they want to get married. When, they go to get married, they look for a girl who is pure. They, participate in doing bad things with girls, but then look for the perfect girl. I think there is a double standard in our culture, and this is a wrong thing in our culture. So, I think boys and girls should have the same type of freedoms.

PR- Ok, do you think, lots of school kids these days, have affairs, at a younger age?

P- Yes, lots of small school girls these days start affairs. They start affairs with a lot older boys. Boys that are 20, 21, like that befriend (Yalukaraganawa), girls who are like 9 and 10 years old. So these girls, do have an understanding, they think love, is these things (sexual activities). They, think that these boys really love them and that they will never leave them, so a lot of them go in the wrong direction. At least, if these girls, start affairs with boys in their same age, that would be better, because then their ideas will be the same, then at least, you can imagine, that its true love. But,

Svethlana Siri... 383. School teachers are emotionally

Svethlana Siri... 384. Parents who have a friendly

Svethlana Siri... 385. Children and parents, do not often

Svethlana Siri... 386. Parents, reprimand daughters, if

Svethlana Siri... 387. It is culturally unacceptable to

Svethlana Siri... 388. Extra marital sex can affect a

Svethlana Siri... 389. Girls need to remain pure and

Svethlana Siri... 390. Girls cannot grasp excessive

Svethlana Siri... 391. Girls are restricted and don't have

Svethlana Siri... 392. Girls are reprimanded more than

Svethlana Siri... 393. A double standard in the way

Svethlana Siri... Youth start relationships at a much

Svethlana Siri... Feel like most girls are manipulated by

when guys, who are like 21 and 22, start affairs with girls who are 10, 11 years, they will really get ruined.

PR- So, how do these school girls meet older boys?

P- Mainly, its at tuition classes, these girls, come from home saying that they are going for classes, but then they go off with these boys. Or sometimes, when the parents drop them off at class, they act like they are going to class , then when the parents leave, they go out with these boys, and come back, when the classes finish. This has happened, to girls in my friend group as well.

PR- So have you had friends, who had started affairs with older boys?

P- Yes, I had a friend, at that time we were 15 years old. The boy, she got friendly with, was 29 years old. That had happened through the phone, it was a wrong number, that had come to her phone, and eventually they started talking and started an affair. The boy used to come to the town and that how they used to meet. So, this went on for about 2 or 3 years, then, don't know, if something had happened, but she came to school and was crying, when we asked her "why" she was crying. Then, she said that, that boy had lied to her and left her, we asked her if something happened, but she said no, but she cried a lot. We, tried to console her by saying that, he was too old for her and that anyway it wouldn't have worked out. But, she cried a lot, saying that "he ruined my life", it seemed like she regretted, something that had happened between them, but we didn't go to ask, because we didn't want her to mentally be stressed out more. Actually, I told her, when she started this affair, I told her, don't message unknown guys, and also, she was messaging through her mother's phone, because we didn't have any phones back then. I told, her "what if you get caught, sending messages to an older guy", she then told me, "Ok ok, I will stop", but she hadn't.

All these things go on the TV, they think the love stories that go on television dramas are real, that's what is wrong.

PR- So, you think that nowadays, the television programs that are shown, give a wrong perception, to young girls about relationships?

P- Yes, now most teledramas show, things like how girls and boys starting loving each other, nothing of use, goes on TV anymore, nothing educational, most of the time only teledramas go on the TV. These give the wrong influence to school children, and they fantasise about having such affairs, so as soon as someone, asks them out, they just say yes.

PR- Ok, what about contraception, do you have any perceptions around that?

P- Not really, I don't know about contraception.

PR- Have you heard about it at all, maybe from school friends or relatives?

P- For, birth control I have heard, you drink some pills, but other than that I don't know anything else. I haven't searched for it as well.

P- I think having birth control is good, then a child doesn't get abandoned. Just, for two people's happiness, another life won't suffer, some people kill the baby, throw the baby in the river or leave them, so when you think about that, I think it's better, if people used birth control.

PR- Ok, then how about unintended pregnancy, do you have any perception s around that?

Svethlana Siriwardena
394. Girls in the present generation are more sociable, that expose them to unwanted sexual relationships.

Svethlana Siriwardena
395. Media, impacts girls' perceptions around love.

Svethlana Siriwardena
396. Television programs predominantly show, false realitie about love.

Svethlana Siriwardena
397. Young females have minimal awareness around contraception.

Svethlana Siriwardena
398. Birth control use is a good thing, its better than having an unintended pregnancy.

P- I have heard about stuff like this in school. When we were in year 10 a girl in year 12, we heard was pregnant, then we heard that she was removed from school. Then we heard that she had got rid of the baby.

PR- How, do you feel about the fact that this girl was removed from school?

P- So that's what happens, when there is a rumour like this, the school investigates and finds out if the girl is really pregnant, then they remove her from school. Actually, in our school, they used to have a committee, during the time school is over, there are people from this committee, around the school, at the bus stand and on the road. We don't know that they are people from the committee, they watch, to see, if school girls are talking with boys. The biggest issue is, girls cannot, talk to boys and loiter, while wearing the school uniform. If this happens, they will take a photo and show it to the disciplinary committee. Then, they bring this girl, in front of the committee and warn her, they tell her, not to do stuff like that, they say "this is not the time for this" and they say that we cant behave this way especially while wearing the school uniform. They, tell us to respect the school and respect the uniform. So kids are really scared to talk to guys are behave badly, while wearing the uniform. But, there are kids who, still do stuff, they don't care, if they get caught. Kids, who were in year 6 and all were caught like this, having affairs with boys.

PR- Ok, so if they find out a girl is pregnant, how will they react?

P- They will directly remove her from school, they will also, write about this in her leaving certificate. So, she won't be able to go to any other school as well. Because, any school, will check the previous schools leaving certificate, when they enrol a student. So as soon as they see this, they will not enrol her. So, that will be the end of her school education.

PR- So, do you think, most girls who become unintentionally pregnant, do you think, they were aware of how they got pregnant?

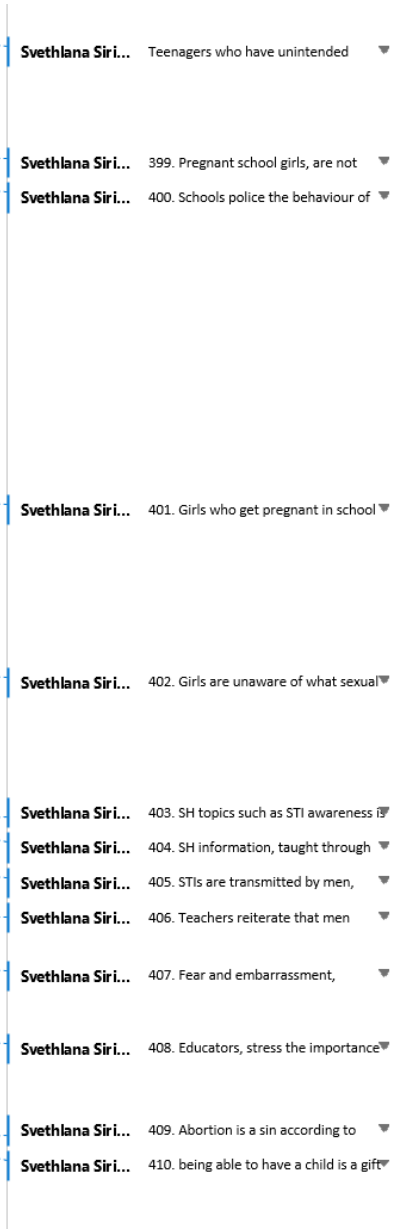
P- Some know that if they sleep with a boy that they will get pregnant. But some don't know that there is something called birth control. Some, think, that sleeping with someone (ekathuweemak), is not the way a girl gets pregnant, they think, it happens some other way, so they think they have nothing to worry about.

PR- Ok, then how about STIs, do you have any ideas around STIs?

P- In our tuition class, they taught this, but I can't remember much, I remember only very little. In our text book, there were many diseases like this, and our tuition teacher taught us, but now I can't remember any of the names. Our teacher said that there are some men, who go with different women, and they have disease, and when these men sleep with them, they get these diseases too. The teacher also said that, there are some people, who may manipulate school kids to come with them, maybe to go for a walk or something like that. Then, they will take you to some room and sleep with you and then spread these diseases. He said that, then we can't even visit a doctor, he said "you will realise, it will be so embarrassing", if you go to a hospital, he said that, they will scold you and ask "where did you go to get this disease", so he said, we need to protect ourselves from this type of diseases. He said, that while we are at school and until we get married, we need to protect ourselves, that we have got a brain to think about these things and be careful.

PR- Ok, so moving forward, what are your perceptions around abortion?

P- Mmmmm, according to our religion, according to Buddhism, I think that doing that is a sin. Not everyone can be a mother, it's a god given gift, that's what we believe. So many women who cant



have children in this world suffer so much, in this world and in this country, when you think of that, I feel that aborting a child is not a good thing. But, if a small kid, becomes pregnant, I guess there is no choice but to abort. But still, I feel that, even if it's a kid, if she becomes pregnant, now she is a mother, even if she is not married, she is still a mother. So thinking about that, I feel it might be better, to have the baby, then give the baby to someone who needs it, this would be better than aborting the baby.

PR- Ok, then as you know, we develop our perceptions about many things from what we hear in surrounding and our community, can you tell me, have you had discussions about SH, with your parents?

P- With my father I have never spoken about these things, but when we had this lesson in our tuition class, I came home and told my mother, I said, that our teacher, taught all these things that we hadn't known about, and I gave her my book to have a look. She, looked and didn't say it was wrong that he taught us these things. But other than that I have never discussed SH with my parents. I sometimes I feel that my mother knows that I know about these things, maybe that's why she doesn't say anything. She also always says that, I am really smart and that I won't get into trouble like that. She says that I know how to behave, where ever I go, so she says that she is not worried about me. She also knows that, even if a boy asks me out, that I will come home and tell her.

PR- How about with your other female relatives, maybe from sisters or aunties, have you discussed SH?

P- My younger sisters have asked me stuff, and I have told them from the knowledge that I have. Elder sisters never talk about this stuff.

PR- Ok, how about with friends, you did discuss this before, can we elaborate on that?

P- Like I said, most girls don't openly talk about things like this, they are scared that, that we might tell other people. So girls tend to keep, stuff like this to themselves.

PR- Ok, how about from a boyfriend, do you have a boyfriend?

P- Yes, he is the one I still have.

PR- Ok, so have you discussed about sex and SH, with him?

P- No he is not like that, we started going out since year 10, he has always said, that I must study hard to make my parents dreams come true. That's what he always says, he says we have a long time to go, and we have to get to a good place. He always tells me to study, unlike other boys, who tend to disrupt the studies of their girlfriends, by telling them to come out with them and so on, he is not like that. He always tells, that we must have patience and says that I have only a little more to go to finish my studies, he tells me that we shouldn't meet too often, and tells me I should attend all my classes. Even if we meet, it is on the days that I don't have classes. But some boys are not like that, they harass the girlfriends, asking them to be sexual with them. I have a friend who is like that, she says her boyfriend always bothers her, saying he wants to be more intimate, and he doesn't stop asking. I think I am lucky in that way.

PR- Ok, how about books and magazines, and stuff like that, have had a chance to read and learn about SH, from these?

P- I have heard friends talk saying, "they saw a book like that", stuff like that.

PR- So, are these more of pornographic material?

Svethlana Siri... 411. Abortion can be considered if the

Svethlana Siri... 412. Regardless of marital status,

Svethlana Siri... 413. Adoption is better than aborting a

Svethlana Siri... Young girls rarely speak to fathers on

Svethlana Siri... Teachers in extra classes, are more ap

Svethlana Siri... 414. Parents, assume that children ga

Svethlana Siri... 415. Mothers place a trust on their

Svethlana Siri... 416. Younger girls may look to older

Svethlana Siri... 417. Young girls, rarely talk to their

Svethlana Siri... 418. Boyfriends want to delay sexual

Svethlana Siri... 419. Some boyfriends harass their

Svethlana Siri... 420. Girls may consider it lucky to be

P- Yes, I heard them talking about it, then the other friend said, “can you bring it”, but because you cant bring stuff like that to school, I think she brought it to our tuition class and gave it to the other girl. That’s the first time I heard that there are books like that. That girl, actually went down a wrong path, she had four boyfriends at once.

PR- Ok, then how about the internet. I think the internet became popular, when you might have been in school. I guess now it’s even more popular. Have you been able to gain any knowledge and perceptions from the internet?

P- Actually I haven’t really searched for anything on YouTube about SH, I don’t know whether other girls have. But some girls have said, I watched these things on the internet, it was all bad things. Mainly, this kind of discussions happen in the tuition class, and rarely at school. After hearing those things, I told to myself, that I will never look at those things. So I didn’t go on the internet to look for anything regarding sex. But, I don’t know, if other girls, look for anything educational on the internet.

PR- Ok, how about any other areas, where you might have gained a perception about SH, maybe TV programs?

P- Once, I remember a program went about SH, I remember watching that. It was a short program, about half an hour. But it didn’t go into much detail, it was mainly the same things that was in our text books. It had nothing much that I already knew.

PR- Ok, so moving on, now, with all the knowledge you have gained around SH, do you feel confident, if you get into a sexual relationship?

P- Yes, I think so. I always think, if I live correctly, nothing bad will happen. So, I try my best to live correctly. Also, I think, the idea of being careful and protecting myself, is really imprinted in my brain. That, until my parents one day get me married, I need to protect myself, so I feel that, I am confident in myself, in how I should be.

PR- Ok, so today, we spoke about many areas of SH, out of that, in your opinion, what do you feel is the most important thing to teach young girls?

P- Hmmmm, its important to teach them about STIs, and even sex and getting pregnant. Actually, I think all these things are very important for girls to know, in their life. If they can learn these things from a young age, I think that will be very important.

PR- So, do you feel that school kids should be taught sex education, early. Maybe from year eight or so?

P- Yes, I think so, from that time onwards, it’s good to teach little by little. Because, anyway by the time there in year 9, 10, kids anyway start to get inquisitive and start searching for these things. That was like that even when I was in school and it’s still like that. Otherwise, they start searching for information and don’t find the right information and find unnecessary things. So, if they a taught these things much earlier, they are well prepared and won’t be so inquisitive to search for unwanted things.

PR- Ok, so in your opinion, what do you think is the best way to teach sex education. Do you feel that boys and girls should be taught together?

P- I think boys and girls should be taught together, then girls can see what kind of questions boys ask about SH, especially about girls SH. Same way boys will see how girls respond to their SH. Because,

Svethlana Siriwardena
421. Girls have very little exposure to sexually explicit material.

Svethlana Siriwardena
422. Young girls who may explore and view sexual explicit material may be considered as “bad girls”.

Svethlana Siriwardena
423. The internet is perceived as a place where vulgar sexual content is present, therefore, some girls refrain from using the internet to explore SH topics.

Svethlana Siriwardena
424. A disgust of sexually explicit material, prevents girls from educating themselves on SH.

Svethlana Siriwardena
TV programs don’t provide much knowledge

Svethlana Siriwardena
425. Young girls are instilled with the value of protecting their purity until marriage.

Svethlana Siriwardena
426. Knowledge around conception and STIs, are important for girls.

Svethlana Siriwardena
427. Girls feel that its important to learn SE early in life.

Svethlana Siriwardena
428. Children should be taught about sex, before they start getting inquisitive about sex and sexuality.

Svethlana Siriwardena
429. Children. Unaware about SE, will find wrong information from other sources.

Svethlana Siriwardena
430. Its important that boys and girls be taught SE together.

of how I experienced SH being taught at my tuition class, with the teacher teaching us altogether, I feel that will be the best way. And I think, its important that they teach everything properly, without leaving things out, from having sex to everything, without any shyness.

PR- Ok, so in our society another perception is that, if we teach children these things, there is a chance the children will get more interested in having sex, what is your opinion about that?

P- Yes, there is a chance of that happening, but if they don't teach, I feel the chance of kids getting involved in such things will be more. And then, they won't have any idea to protect themselves either. So overall I feel its best to teach kids everything.

PR- Ok, I think we discussed a lot of things. So lastly, ask you a few questions?

PR- How old are you?

P- Now I am 20

PR- Are, you working now?

P- At the moment, after school I am waiting to join university, to become a teacher.

PR- Ok, when it comes to religion, are you a very religious person?

P- Yes, I am very religious, I try my best to live by the Buddhist philosophy.

PR- Ok, and currently you are in a partnership?

P- Yes

PR- Ok, thank you so much for sharing your ideas and thoughts with me, I appreciate it so much.

Svethlana Siriwardena
431. Its important that teachers, are open when teach SE without any shyness.

Svethlana Siriwardena
432. Teaching SE, may cause children to be more promiscuous, but it is worse for children to be unaware of SH.