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Updated, with More Countries

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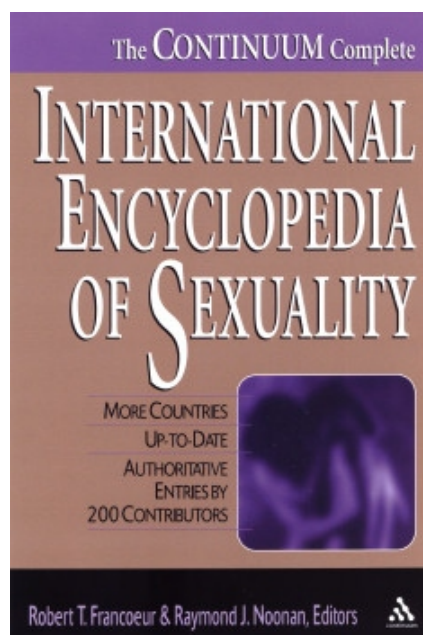
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" . . . a landmark effort to cross-reference vast amounts of information about human sexual behaviors, customs, and cultural attitudes existing in the world. Never before has such a comprehensive undertaking been even remotely available to researchers, scholars, educators, and clinicians active in the field of human sexuality."—Sandra Cole, Professor of Physical Medicine and Rehabilitation, University of Michigan Medical Center

2. The International Encyclopedia of Sexuality, Vol. 4 (Francoeur & Noonan, 2001)

" . . . a masterpiece of organization. The feat of successfully compiling so much information about so many countries into such a coherent and readable format defies significant negative criticism."—*Sexuality and Culture*, Paul Fedoroff, M.D., Co-Director, Sexual Behaviors Clinic Forensic Program, The Royal Ottawa Hospital, Ottawa, Canada

3. The Continuum Complete International Encyclopedia of Sexuality (Francoeur & Noonan, 2004)

" . . . [a] treasure trove. . . . This unique compilation of specialized knowledge is recommended for research collections in the social sciences . . . as well as a secondary source for cross-cultural research."—*Library Journal*, March 15, 2004, p. 64

" . . . a book that is truly historic, and in many ways comparable to the great sexological surveys of Havelock Ellis and Alfred Kinsey. . . . Many works of undeniable importance are intended to speak about human sexuality. But in this encyclopedia we hear the voices of a multitude of nations and cultures. With coverage of more than a quarter of the countries in the world, . . . not only will the *Continuum Complete International Encyclopedia of Sexuality* remain a standard reference work for years to come, but it has raised the bar of sexological scholarship to a rigorous new level."—John Heidenry, editor, *The Week*, and author of *What Wild Ecstasy: The Rise and Fall of the Sexual Revolution*

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Sri Lanka

(The Democratic Socialist Republic of Sri Lanka)

Victor C. de Munck, Ph.D.*
Comments by Patricia Weerakoon, Ph.D.

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Demographics and a Brief Historical Perspective

ROBERT T. FRANCOEUR

A. Demographics

Sri Lanka, formerly known as Ceylon, is a teardrop-shaped island about 18 miles (29 km) southeast of India in the Indian Ocean, between five and ten degrees north of the equator. It has a total area of 25,332 square miles (65,610 km²). Roughly the size of the state of West Virginia, Sri Lanka is 268 miles (432 km) along the north-south axis and 169 miles (272 km) at the island's widest point. The climate varies from a low mean temperature of about 60° F (16° C) in Nuwara Eliya, located in the central highlands, to a high of about 85° F (29° C) in Trincomalee on the eastern seaboard. Seasons are determined by the monsoon cycles rather than by temperature. The western portion of the island is wet and humid whereas the north and southeastern portions of the island are arid to semiarid. The northwest and southeast coasts receive 23.5 to 47 inches (60 to 120 cm) of rainfall per year, most of this coming during the winter monsoon between October and January. The south receives an average rainfall of 98.5 inches (250 cm), which is distributed throughout the year.

In July 2002, Sri Lanka had an estimated population of 19.58 million. (All data are from *The World Factbook 2002* (CIA 2002) unless otherwise stated.)

Age Distribution and Sex Ratios: 0-14 years: 25.6% with 1.05 male(s) per female (sex ratio); 15-64 years: 67.7% with 0.95 male(s) per female; 65 years and over: 6.7% with 0.91 male(s) per female; *Total population sex ratio:* 0.97 male(s) to 1 female

Life Expectancy at Birth: *Total Population:* 72.35 years; *male:* 69.83 years; *female:* 75 years. Sri Lanka has an



(CIA 2002)

extensive infrastructure of free state-run health services that support both traditional Aryuvedic and modern Western medical systems. There are more than 12,000 Aryuvedic doctors employed at health clinics throughout the country. In addition, there are approximately 500 hospitals, 4,000 doctors, and 10,000 nurses trained in Western medicine. In terms of medical care, literacy, and life expectancy, the quality of life in Sri Lanka is near that of a First World country even though it is a developing nation. The HDI (Human Development Index) aggregates measures of health, education, and standard-of-living indicators into a composite index. Comparatively, the United States has an HDI rank of .929, India a rank of .563, and Sri Lanka an HDI of .737, the highest in south Asia.

Urban/Rural Distribution: 22% to 77%

Ethnic Distribution: Sinhalese: 74%; Tamil: 18%; Moor: 7%; Burgher, Malay, and Vedda: 1%

Religious Distribution: Buddhist: 70%; Hindu: 15%; Christian: 8%; Muslim: 7% (1999 estimate)

Birth Rate: 16.36 births per 1,000 population

Death Rate: 6.45 per 1,000 population

Infant Mortality Rate: 15.65 deaths per 1,000 live births

Net Migration Rate: -1.39 migrant(s) per 1,000 population

Total Fertility Rate: 1.93 children born per woman

Population Growth Rate: 0.85%

HIV/AIDS (1999 est.): *Adult prevalence:* 0.07%; *Persons living with HIV/AIDS:* 7,500; *Deaths:* 490. (For additional details from www.UNAIDS.org, see end of Section 10B.)

Literacy Rate (*defined as those age 15 and over who can read and write*): 90.2% (*male:* 93.4%, *female:* 87.2%) (1995 est.). Education is free and compulsory from age 5 to 12. However, school dropout rates remain a problem and the median education level is estimated at five to nine years, with 40% of school-age children dropping out within nine years.

Per Capita Gross Domestic Product (*purchasing power parity*): \$3,250 (2001 est.); *Inflation:* 14.2% (2001 est.); *Unemployment:* 7.7% (2001 est.); *Living below the poverty line:* 22% (1997 est.)

B. A Brief Historical Perspective

The first literary reference to Sri Lanka is found in the Indian epic, the *Ramayana* written about 500 B.C.E. The epic

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tells the story of the Indian Prince Ram's 14-year exile from his homeland, Ayodhya. Accompanied by his wife, Sita, and his brother, Lakshman, the trio wandered through the north Indian forest. Ravenna, the demon king of Lanka, saw Sita and wanted her for his bride. Through magical treachery she abducted her and took her to the Island of Lanka. While she was there, she refused all his advances and was kept a prisoner. With the aid of Hanuman, the monkey-god, Ram went to do battle with Ravenna and eventually slew him. This epic has provided a mythohistorical basis for constructing a historiography of mutual enmity between Sri Lankan Tamils (of Indian origin) and the Sinhalese.

Unlike India, which has no tradition of historical writing, the Buddhist monks of Sri Lanka kept historical chronicles, the most famous of which is the *Mahavamsa* (the great dynasty or genealogy), written in the 6th century C.E. The *Mahavamsa* is a compilation of historical chapters, many of which center around the adventures of Vijaya, a Bengali prince who sailed to Sri Lanka in the 5th century B.C.E. and married the queen of the Vedas, Kuveni. Vijaya is acknowledged to be the primogeniture of the Sinhalese people.

Many of the other chapters in the *Mahavamsa* document the many Sinhalese Buddhist kings who rose up against Tamil conquerors. Aside from Vijaya, the central heroic figure in the *Mahavamsa* is King Duttugemunu, who, around 145 B.C.E., waged a 15-year war against the South Indian Tamil King Elara. Duttugemunu finally defeated Elara and is consequently considered a hero by the Sinhalese. The *Culavamsa* (or lesser dynasty) is a continuation of the *Mahavamsa*, and traces the history of Sri Lanka through the 18th century.

Both the *Mahavamsa* and *Culavamsa* were written by Buddhist monks whose main objective was to recount the glories of Buddhist kings who fought against Hindu kings. Contemporary popular accounts of the current civil war in Sri Lanka frequently cite the battle between the Tamil invader, Elara, and Duttugemunu, who is depicted as the defender of Buddhism and the freedom of the Sinhalese people, as the basis for the civil war that has been ongoing since 1982. But the actual history of Sri Lanka does not support this contention. In fact, according to Tambiah (1986), most of Sri Lankan history is marked with cordial and extensive trading relations between Tamils and Sinhalese, with only rare outbursts of interethnic violence. In fact, the last Sri Lankan king ruled from the highland city of Kandy and was of Tamil descent. In 1815, he signed a peace treaty with the British colonial government and abdicated his throne.

Sri Lanka does have a caste system, but unlike India, it is not rooted in religious scriptures. Though caste did, and to some extent still does, serve as a basis of Sri Lankan local and national-level social organization, it has always been identified with material socioeconomic differences rather than the purity-pollution ideology that is the key ideological component of the Indian caste system. Further, there are only about 20 castes in Sri Lanka and the dominant caste is the Goyigamas, a farmer caste. Goyigamas constitute about 50% of the Sinhalese population. Unlike India, which has a Brahmin caste and uncounted other castes and subcastes, there is no Brahmin population in Sri Lanka and thus, there is no Brahmanical hegemony over the 20-some caste systems in Sri Lanka.

In 1505, the Portuguese landed on the west coast of Sri Lanka. The Portuguese considered Sri Lanka an important site from which to maintain their dominance over Indian Ocean trade. At the onset of the Portuguese period, there were three independent kingdoms in Sri Lanka, a Tamil kingdom in the northern peninsula of Jaffna, a Sinhalese kingdom on the west coast in Kotte (near Colombo), and an-

other Sinhalese kingdom in Kandy in the central highlands. The Kandy and Kotte kingdoms had been at war, and the Portuguese allied themselves with the weak king of Kotte, building a fort in Colombo and eventually annexing the Kotte kingdom.

The Dutch became interested in wresting control of the western seaboard from the Portuguese, and allied themselves with the Kandyan king. After a long campaign, the combined Kandyan and Dutch forces finally defeated the Portuguese in 1656. The Dutch inflated the cost of their war efforts and presented the Kandyan king a bill that he could not repay. Through this strategy, they gained control over the Kotte and, eventually, Jaffna. The main mark that the Dutch left on Sri Lankan society is the codification of a legal system that included both indigenous and Dutch laws.

The Kandyan kings searched for allies to oust the Dutch from Sri Lanka and approached the British in the late 1700s. However, the British and Kandyans argued over the terms of their alliance, and the British managed to expel the Dutch relatively quickly with little assistance from the Kandyans. In 1815, with the aid of Sinhalese rebels, the British conquered Kandy and gained sovereignty over the entire island.

Sri Lanka was seen as a minor outpost in the British Empire until the British began to plant coffee and other plantation crops in the mid 1830s. As these crops became extremely profitable, Indian Tamils were recruited as cheap labor to work the coffee, and later, tea, coconut, and rubber plantations. After a leaf blight that decimated the coffee plant, tea became the dominant export crop. Tea plantations dominated the hillsides of Sri Lanka and required a permanent labor force, mostly of Indian Tamils. By 1911, there were 500,000 Indian Tamils (12% of the population) working in Sri Lanka.

On February 4, 1948, Sri Lanka became an independent nation, approximately six months after India, and largely as a residual result of India's fight for independence. The Sri Lankan government was organized as a Westminster-style parliamentary democracy. In 1956, partially because of a rise in jingoism and increasing ethnic strife, politicians from all parties began to "play the ethnic card." Sinhala was made the official and national language; Tamil was made an official but not the national language. The Sinhalese-controlled government began to allocate more and more development funds to Sinhalese areas and less to the Tamil north and east. The government supported colonization schemes of underdeveloped areas, primarily located in Tamil and Muslim states in the northeast. Thousands of poor Sinhalese families were recruited to apply for permits to settle in these newly colonized areas. Tamils and Muslims saw this as a government-sponsored "religious-ethnic invasion" designed to make them minorities in their own states.

Acceptance to a university was based on a merit system that was eventually replaced by a quota system. The merit system had benefited the Tamils, who made up a disproportionate number of the professional class. The quota system benefited the Sinhalese majority, who felt that the Tamils had been given an undue educational advantage by the divide-and-rule policies of the British.

The period of the 1950s to the 1980s was marked by a feeling of increasing disenfranchisement by the large Tamil minority and increasing acrimony between the two groups. In the 1970s, Tamils began to form into political factions that called for an independent Tamil state (called Eelam) in the north and east of the island. Initially, there were numerous subgroups, but by the early 1990s, only one viable group was left, the LTTE (the Liberation Tigers of Tamil Eelam), referred to in the media as the "Tigers." The LTTE was founded in 1972 by its current leader, Velupillai Prabhakaran.

In 1983, riots broke out throughout the country, but the most severe were in Colombo, where the Pettah district (the market center), controlled mostly by Tamils and Muslims, was looted and many buildings razed. After the outbreak of hostilities, several hundred thousand Tamil civilians fled the island. As of mid-1999, approximately 66,000 were housed in 133 refugee camps in south India, another 40,000 lived outside the Indian camps, and more than 200,000 Tamils had sought refuge in the West. Many fled to Germany and Canada, where they were granted political refugee status. These refugees are now the primary source of financial support for the LTTE. Besides the hundreds of dead from the rioting and the destruction of property, perhaps the biggest blow to the collective psyche of Tamils was the bombing and destruction of the Jaffna library, which housed extensive collections on Tamil culture. Tamils considered this intentional "culturicide" conducted by the Sinhalese government to be a deliberate attempt to expel Tamil culture and history from Sri Lanka.

As of 2001, the ongoing civil war had left an estimated 80,000 dead. Both sides have committed terrible atrocities against civilian populations. The LTTE has recruited young boys and girls, and Tamil "Tigers" wear a necklace with a cyanide pill, attached to it like an amulet, to swallow if they are ever captured by the enemy. The war continues despite the fact that the majority of the population on both sides seems to want peace. The LTTE demands an independent state in the northeastern portion of the country and the government, while willing to discuss federation or regional autonomy, utterly rejects the idea of dividing the island into two independent states. Most Tamils, particularly those living in the north and northeast, doubt that they can ever be incorporated into the nation-state of Sri Lanka as anything more than second-class citizens.

1. Basic Sexological Premises

A. Character of Gender Roles

All researchers agree that Sri Lanka is a patriarchal country, however, the degree of patriarchy is in dispute. Many suggest that Sri Lanka is not nearly as patriarchal as other countries in South Asia; Anju Malhotra and Amy Ong Tsui write that, "in contrast to much of the rest of South Asia, Sri Lanka has a cultural heritage of relative gender equality in terms of later marriages, bilateral descent, daughter's value in the parental home, continued kin support following marriage and widespread access to education for women" (1999, 221). Since 1900 and probably earlier, Sri Lankans have practiced "late marriages" relative to India (de Silva, Stiles, & Gibbons 1993). In 1999, the mean marriage age for a Sri Lankan woman was 24.5 years of age and for a man it was 27.9 years of age.

Both Sri Lankans and researchers attribute the relative late age of marriage to difficulties in obtaining an adequate dowry for the bride. Brothers are expected to help contribute to the dowry fund and defer their marriages until all their sisters are married. Sisters are also expected to marry in order of their age. Once the family has accrued sufficient dowry funds for the first daughter, they must continue working to accrue a similar dowry for the next daughter. Dowry funds ideally consist of a house, rice paddy land, cash, jewelry, furniture, and other moveable goods. However, while the accumulation of a dowry fund is a family effort and may be a major factor in the late age of marriage, it does not explain why Sri Lankans should marry later than members of other South Asian nations where a dowry is also a prerequisite for most marriages.

What is unique to Sinhalese dowry practices is that they serve as a form of "pre-death" inheritance in which the

dowry is legally transferred to the bride rather than to the groom's family (Tambiah 1973). McGilvray (1988) and de Munck (1996) also note that the dowry is legally transferred to the bride in Sri Lankan Tamil and Muslim communities, whereas in most of South Asia the dowry is transferred to the groom's family. In Sri Lanka, the bride retains legal control over the dowry but, on marriage, the groom acquires "proprietary" rights to the dowry funds. Malhotra and Tsui (1999) are correct in noting that relative to the rest of South Asia, there is greater gender equality in Sri Lanka, but part of that has to do with the wife's control over the dowry fund rather than the late marriages.

Nevertheless, nearly all researchers on gender roles in Sri Lanka have noted that patriarchal values pervade gender roles and relations in Sri Lanka. In a survey of 101 Sri Lankan Muslims and Sinhalese, all except one respondent said that it was "better to be born a man than a woman" (de Munck, n.d.). The main reason cited for this was that women are largely confined to the domestic compound while men control public spaces and places. Women often say that they are confined to the home like "frogs in a well." This phrase is common throughout South Asia as is evident by Patricia Jeffrey's (1979) book on gender in India, *Frogs in a Well*.

The ideal woman for Buddhists, Hindus, and Muslims is one who is obedient, modest, and hard working. She is seen predominantly in her role as mother rather than wife. In Sri Lanka, females, much more so than males, are evaluated according to a good-bad moral dichotomy. Any insinuation that a female has conducted herself immorally is enough to potentially ostracize her from the community and even her family (de Munck 1992; Hewammane & Brow 1999; Lynch 1999). Immoral behavior consists of suspicions of sexual immorality, flirting, cursing, disobedient behavior, drinking or smoking, and walking or being in places or areas where women should not be. Sri Lankans broadly conceive of national morality in terms of a rural-urban dichotomy, with traditional values (considered "good") upheld in the villages, and modern values, such as lack of sexual modesty by women (considered "bad"), associated with urban life.

The ideal man is seen in his roles as the breadwinner for his family and as involved in civic activities. Traditionally, a man was expected to make his living through farming and industry. After independence, work in the Sri Lankan civil service was (and remains) highly valued. In contemporary urban Sri Lanka, the ideal man should be educated and make his livelihood in a well-paid white-collar profession. An adult male should also strive to build a reputation as a civic leader through charitable public-service work. A man's reputation is gained through public works and, most importantly, through the collective reputation of his core female relatives (i.e., mother, wife, sister, and daughter). In this context, part of a man's moral duty (*dhamma*) is to serve as the moral guardian of his female relatives and to punish them for real or alleged violations. Economically, the ideal man should provide for his nuclear family and, if need be, his parents, brothers, and sisters. The ideal man provisions his family and also controls their behavior, particularly that of the family women.

B. Sociolegal Status of Males and Females

The law treats males and females equally except that women are usually granted custody of the children in the case of divorce. Divorce is very uncommon in Sri Lanka, with an annual average rate of 0.25% (Seager & Olson 1986). Virginity at the time of marriage is extremely important for a woman, but not for a man. Traditionally, the wedding sheet was displayed to the public the morning after, but this practice has been discontinued except in very tradi-

tional homes or rural areas. Nonetheless, the bride is expected to be a virgin and if it is known that she is not, it is next to impossible for her to marry into a family of the same status as her own.

Sri Lanka has made great strides in erasing the educational gap between men and women. Among the elite, the education of women has been seen as a means to obtain a groom from a good family, and after marriage, these highly educated women often do not pursue a career.

This is changing, however, and although the younger and elder generations retain the same moral worldview, the major difference between mothers and daughters, as noted by Malhotra and Tsui, is that mothers see a career for a female as something that is determined by the economic needs of the family, whereas daughters view a career as a personal choice. In their sample, 83% of all daughters thought that a woman should continue to work after marriage and 52% thought that they should continue even after having children (1999, 237). The increase in females going on to the university has been dramatic, rising from 42% of the student population in 1989 to 52% in 1999. It should be noted, however, that only an estimated 1% of Sri Lankans have access to the university and that most women work in low-status, low-paying jobs as housemaids and day laborers, and in the plantation and agricultural sectors.

A growing number of women find employment in the garment factories in the Free Trade Zones. Many obtain employment as servants and maids in the Middle East, sending money back to their natal homes. These jobs are generally reserved for young unmarried women, whose sexual-moral reputations are tarnished because they are not under the surveillance and control of male relatives. Thus, when they return after one to five years of work, they are often unable to find a suitable marriage prospect (de Soysa 2001). It has been suggested that mechanization of agricultural work has forced unmarried women in particular to look for new forms of work. The female rate of unemployment is 22%, twice that of males.

[Comment 2002: Another important area where women's rights are only recently being addressed is the plantation sector. The plantation women collectively number about a million residents who live and work on estates. Most of these are descendants of Indian laborers brought in by the British.

[Writing on the issue of reproductive and sexual health in the plantation sector of Sri Lanka, Morrell (2002) comments on the high incidence of incest, teenage pregnancy, and promiscuity in the estate sector. Further, a recent newspaper article reports that 230,000 estate-sector children are employed as domestic aides (Farook 2002).

[Morrell (2002) has suggested that a concerted effort is needed to understand why moral standards have disintegrated, and to then set in motion a system of changes that would arrest this predicament of decay. He continues that, fortunately for the plantation families, Dr. Indira Hettiarachchi, Director of Health and Women's Programs of the Plantation Housing and Social Welfare Trust, has been doing just that and much more. This process is supported by the estate workers union, the Ceylon Workers Congress (CWC).

[This moral dilemma involves improving maternal and child health services within the environment of plantation privatization, which began in 1976. Morrell (2002), quoting Dr. N. Vidiyasagara's article in *The Journal of the College of Community Physicians of Sri Lanka* (Millennium Supplement 2001), notes that from 1972 to 1975, infant mortality in the estate sector was 100 per 1,000 births. By the year 2000, this had been successfully reduced to 15 per 1,000 births. Morrell attributes much of this to the activi-

ties of UNICEF, and grants-in-aid programs from countries such as the Netherlands and Norway. (End of comment by P. Weerakoon)]

C. General Concepts of Sexuality and Love

Sexuality is considered a natural part of life. In a survey of 101 Sri Lankan males and females, 93% thought that women have a stronger libido or sexual drive than do men (de Munck, n.d.). Women's sexuality is considered dangerous and, for this reason, young women are not usually permitted to go out in public alone. They are typically accompanied by their mother or some elder, responsible female chaperone. Any occasion where a female is actually or suspected to be alone with a male is generally interpreted to be about sex.

Sri Lankan sexual foreplay is not very elaborate and does not involve kissing, which is considered unhygienic and disgusting. The missionary position is the most common for sexual intercourse, though it is also common for males to mount the female from the rear. The female-superior position is unusual except in the most Westernized families. Similarly, anal and oral sex are atypical and practiced mostly by very Westernized Sri Lankans. During sexual intercourse, a woman is expected to be the passive recipient and the man active. The duration of sex is not usually prolonged. Sri Lankans in general have a very Victorian attitude toward sex. Husbands and wives are not expected to engage in sexual intercourse when they are past 40 or 50 years old.

Traditionally, marriages were arranged and the preferred marriage partner was a cross-cousin (either the offspring of the mother's brother or the father's sister). Distant relatives of a marriageable age are also glossed as cross-cousins. Horoscopes of the prospective bride and bridegroom are compared to determine if they are psychologically compatible. The most important issue in arranged marriages is the negotiation over the dowry. The two families meet three or more times, often with village or religious leaders as mediators, to consider the dowry. The three key topics of these negotiations are, first, the determination of the respective status of each family; second, assertions about the virtues of the prospective groom and bride by their families; and third, the relative market value of the groom. The market value is determined by what the dowry rate is for prospective grooms from families of that particular socioeconomic status. If the groom has exceptional promise or character, the dowry is negotiated toward the upper limit of other members of that status niche. If the prospective bride has a good education and/or is known to be virtuous, modest, and obedient, then her family will negotiate a dowry for their benefit toward the lower limit. Both sides must first agree on the respective statuses of their families and these statuses must be perceived as being more or less equal. The prospective bride and groom both have "veto power" over their parents' selection of a mate. However, they must be circumspect in exercising this power and typically do so only if they find their parents' choice of a mate very disagreeable.

Elopement is also a common way for young adults to circumvent their parents' choice of mates, and elopement is a common and often-accepted practice in rural areas. Sorensen (1993) has estimated that approximately 50% of the marriages in the two communities she studied were a consequence of elopement. The girl's parents will often help with the elopement. The couple will go to another community to marry, usually returning to their original community after a "cooling off" period of a month or two and then setting up residence with or near to the supportive parents. The prospective groom's family typically is incensed over elopement marriages, as they have lost all leverage to obtain an eq-

uitable dowry. The bride's family will usually provide a small dowry so as not to tarnish their reputation. Very poor families, on occasion, encourage their attractive daughters to surreptitiously flirt with a boy from a well-to-do family. If a boy falls in love with a girl, he may insist that his parents arrange a marriage between them or threaten to elope or even commit suicide (de Munck 1996). All of these possible non-normative strategies eventuate in the absence of a dowry or a drastic reduction in its value.

[*Comment 2002*: Newspaper advertisements have long been a source of spouse selection in Sri Lanka. Traditionally, marriages were viewed as a contract between two families, rather than two individuals, and usually involved a third party called the "matchmaker" or "marriage broker." The role of this person was to find a suitable son-in-law or daughter-in-law for the parents. The selection was based on existing cultural norms, such as caste, religion, family background, wealth, beauty, character, and, specifically, the horoscope.

[Dissanayake (1982) writes of the role of the newspaper "marriage columns" as strengthening and legitimizing the traditional value systems in spouse selection. This is apparent when the advertisements are compared over the past decade since 1990. It can be seen that the main differences lie in the increased educational qualification of the females and the fact that many of the advertisements are for persons already residing outside of Sri Lanka or hoping to do so in the future. Below are some examples of advertisements from 1993 and 2002. Some of these would be extremely puzzling to a Westerner unaware of the crucial role of family, caste, and social structure, but the advertisements do reflect the blend of modernization and the importance of family structure. It also appears that the "marriage broker" is being replaced by "email."

- [From the *Sunday Observer*, May 1993:

Looking for a bridegroom: "Colombo-based Govi [caste] Buddhist parents of good social standing seek educated professional executive or businessman preferably non smoker, teetotaler [does not take alcohol] between 26-29 years, 5' 10" or taller; for their only daughter, 24 years, 5' 3" very attractive, well mannered. Dowry available. Send all details with horoscope."

Looking for a bride: "Catholic Karawa parents seek educated, simple, pretty girl below 28 years for son, senior mercantile executive, earning over Rs 30,000 monthly. Kuja in 7 [horoscope]. Write all details with horoscope."

- [From the *Sunday Observer*, August 2002:

Looking for a bridegroom: "Influential Sri Lankan parents Canadian Permanent Residents, mother Govi Buddhist, father Hindu Vellala [caste], seek for their 27 yr old eldest daughter 5' 3", mild mannered, gentle, well brought up with Sri Lankan cultural values, studied up to O/L in a leading Colombo Convent, presently reading for an Administration Degree in a Canadian University and employed in Canada, a suitable qualified partner with the same qualifications residing especially in U.S.A. or Canada graduated in Medicine, Law, Research Sciences or Allied Fields. Apply with full particulars and horoscope contact Email [omitted]."

Looking for a bride: "Well connected Australia based Sinhala/Buddhist family of very substantial means seek for their professionally qualified son, tall, handsome, 29 years, a suitable bride from similar background. Apply with all details and horoscope. Email [omitted]." (*End of comment by P. Weerakoon*)

2. Religious, Ethnic, and Gender Factors Affecting Sexuality

A. Source and Character of Religious Values

As a religiously pluralistic country, Sri Lankans do not have a single collective religious source or character. Buddhist and Hindu religious values center on the concepts of *dhamma* and *karma*. *Dhamma* refers to adhering to the teachings of the Buddha as they guide you to behave compassionately and properly in your everyday life; *karma* is a theory of causation that refers to how the transmigration of one's soul through a cycle of birth, death, and rebirth affects one's present-day situation. Life is thought to consist of suffering, which is based both on bad actions (*pau*) and false attachments (*maya*) to people, status, and the things that comprise this world. Through following the teachings of the Buddha, one can acquire good karma (*punya karma*) that not only minimizes suffering, but can even make life pleasurable. The following saying from the *Dhammapada*, the sayings and sermons of the Buddha, shows how good actions can lead to a good life: "If a man does what is good, let him do it again and again. Let him find pleasure therein. Blissful is the accumulation of good." (Cited in Holt 1998, 190).

"Doing good" for Sri Lankan Buddhists is guided by five precepts: 1. abstaining from destroying life; 2. abstinence from taking what is not yours—which includes not neglecting one's social responsibilities, as well as theft; 3. abstinence from fornication—which is taken to refer to any sexual misconduct; 4. abstinence from speaking falsely—which includes gossip and "ill-mannered utterances"; and 5. abstinence from intoxicating liquors, which are "the cause of sloth" (Obeyesekere 1968, 27).

Hindus and Buddhists share the same overall worldview. But there are some differences, particularly in the practice of their respective religious specialists. In Hinduism, celibacy for *swamis* or *yogis* is not absolute as it is for Buddhist *bhikkus* monks. In Hinduism, eroticism and sexual control are inextricably linked, so that control heightens eroticism, as is evident in the *Kama Sutra* and also in the images and stories of Krishna and Siva. (O'Flaherty 1973). Buddhist mythology, on the other hand, is devoid of sexual imagery. The Buddhist monk, as his Catholic counterpart, is celibate and sexless. The symbolic neutering of the Buddhist monk is signified by having his hair shorn at the time of his initiation and keeping it shorn thereafter (Obeyesekere 1981).

The Muslim worldview is very different. The Koran offers a view of heaven as a sensual and hedonistic paradise. This is evident in the following passage taken from the Koran: "He will regard them with robes of silk and the delights of paradise. Reclining upon soft couches where trees will spread their shade around them, and fruits will hang in clusters over them. They shall be served with silver dishes, and beakers as large as goblets. . . . They shall dwell with bashful virgins whom neither men nor *jinn* [genie] will have touched before. . . . virgins as fair as coral and rubies" (Koran 1956, 18-20, Sura 37, 40-45).

Sri Lankan Muslims typically conceive of heaven as a libidinous world devoid of cultural controls: sex, food, drink, and comforts are there for the asking. The Koranic heaven is one created for men. It is unclear as to the position of women in heaven, as only *Hourlis*, the "bashful virgins," are mentioned.

B. Source and Character of Ethnic Values

Sri Lanka is an ethnically heterogeneous country. The dominant ethnic group is the Sinhalese, who comprise 74% of the population. The second largest ethnic group is the Tamils, who comprise 18% of the population. There are two

important subdivisions among the Tamils. The majority of Tamils, known as Ceylon Tamils, are concentrated in Jaffna, the northernmost province, along the eastern seaboard, and in the capital of Colombo. Ceylon Tamils have been in Sri Lanka possibly as long as, or longer than, the Sinhalese, having migrated across the Palik Straits, an 18.6-mile (30-km) stretch of ocean that separates Sri Lanka from the tip of India. The second group of Tamils, known as Indian Tamils, were brought to Sri Lanka in the late 19th and early 20th century as plantation laborers and to mostly work on the tea plantations in the central highlands.

Sri Lankan Muslims or Moors, constitute the third major ethnic group and comprise 7% of the population. The Moors trace their descent back to Arab traders who came and stayed in Sri Lanka and married local Tamil or Sinhalese women. While both Tamils and Sinhalese historians and politicians have claimed that Moors are really a sub-branch of their respective ethnic groups, Moors reject all such claims, asserting that they are the descendants of Arabic merchants who settled in Sri Lanka and eventually married Tamil or Sinhala women who had converted to Islam. Sri Lankan Moors view themselves as a separate ethnic group with distinctive social, religious, and cultural customs. Indeed, there are Moor families that claim descent to the Prophet Mohammed. Another 1% of Sri Lankans are Burghers (families of mixed Sri Lankan-European heritage), Malay (traders from Malaysia), and Vedas (tribal people).

These ethnic groups are mostly divided along religious and linguistic lines; the vast majority of Sinhalese are Buddhists and speak Sinhala, an Indo-Aryan language. The vast majority of Tamils are Hindus and speak Tamil, a Dravidian language. A small but significant number of Tamils and Sinhalese, about 7% of the population, converted to Christian denominations (primarily Roman Catholicism). All Moors and Malays are Muslims, and Burghers are Christians. The Vedas, presumed to be the original inhabitants of Sri Lanka, live in dwindling numbers in the south-central and eastern forests. The Vedas adhere to a local mixture of Buddhist and folk beliefs and customs; they are reputed to possess powerful forms of magic.

The principle of *purdah* is general to the South Asian subcontinent and was brought by Muslims from Central Asia who entered and eventually conquered most of the Indian subcontinent by the 17th century. *Purdah* is an Islamic custom that refers to the concealment of women and sexual segregation. All religious and ethnic communities in Sri Lanka practice it to varying degrees. Ethnic groups can be ranked in terms of the degree of adherence to the principle of *purdah* as follows, from strict to lenient: Muslims, Tamil (Hindus), Sinhalese (Buddhists), and Burghers (Christians).

Intercaste and interethnic marriages are legally sanctioned, but sociomorally sanctioned against. Intercaste or interethnic marriages are most likely to occur among the Westernized elite, where occupational status and Westernization have diminished the cultural force of ethnic and religious identities. Both intercaste and interethnic marriages are exceedingly rare and constitute less than 1% of all marriages. When they do occur, both sides of the family may ostracize the couple.

All ethnic groups in Sri Lanka are strongly against premarital and extramarital sex and view both acts as immoral. Not only the individual, but the entire family—and sometimes the community or ethnic group—is also held culpable for immoral sexual behavior. For this reason, pre- or extramarital sexual activity should always remain secret or private, for once it becomes public knowledge, foes can use this information to sully social as well as individual reputations.

3. Knowledge and Education about Sexuality

A. Government Policies and Programs

There is no systematic sex education in Sri Lanka although efforts have been made to develop sex education classes since the late 1980s. Advanced biology or general science courses in high school do provide information on how sexual intercourse is performed, but any additional information is at the discretion of the teacher. Most Sri Lankans acquire their knowledge about sex from their peers and, occasionally, through movies and magazines. Parents are embarrassed to broach the topic of sex with their children, and children typically respond with a shudder of disgust when asked to consider their parent's sexuality. It is for these reasons that the government has been considering implementing sex education courses in public schools in recent years.

B. Informal Sources of Sexual Knowledge

The primary informal sources of sexual knowledge are gossip, jokes, and stories told by peers. Most sexual knowledge is obtained through what James Scott (1991) referred to as "hidden transcripts," that is, stories or information disseminated in secret between friends. Because of the cramped sleeping quarters among the poor and in most rural homes, children have occasion to observe married adults in *flagrante delicto*. In this way, children obtain first- and second-hand information on sexual dimorphism and gendered sexual practices.

4. Autoerotic Behaviors and Patterns

Masturbation is considered unacceptable for girls, but is an acceptable practice for males. Most males learn about masturbation in their early teens, and it is not uncommon for boys to engage in male mutual masturbation, oral, and anal sex. It is also not considered abnormal for teenage males to practice interfemoral sex (one boy inserts his penis between the thighs of another boy), popularly called "cubbing." Among themselves, teenage boys will remark teasingly on the thighs of another boy, suggesting that these boys are potential partners for cubbing. While mutual masturbation and interfemoral sex are condoned as a "hidden transcript" of teenage male sexual life, such practices are expected to stop at the time of marriage. If they continue after marriage, peers will express strong disapproval, and may conjecture, pejoratively, that he is a homosexual.

5. Interpersonal Heterosexual Behaviors

A. Children and Adolescents

Except in the Tamil areas, Sri Lankans typically do not construct walled domestic compounds. Rural Sinhalese homes are usually made with sun-baked brick, with tile or elephant grass for the roofing. The house compound is an open area that extends into a garden plot where manioc, banana, coconut, and vegetables are grown. Whenever possible, rice fields are adjacent to the homes, while the *chena* (or swidden) fields (where mainly maize, millet, sesame, and long beans are grown) are usually located in more remote areas of secondary scrub. In rural areas, the mud streets, footpaths, cultivation fields, scrublands, rivers, reservoirs, irrigation channels, forestlands, and garden compounds are places where children meet, work, and play. Parents are usually not overly concerned about the safety of their preadolescent children. Urban areas are, of course, much different. Homes in middle- to upper-class neighborhoods are usually protected by a fence or wall, and children are usually watched by parents or servants.

Rural children and adolescents have plenty of opportunities to meet and play away from the watchful, prying eyes of parents or other adults. Because most villages, except for those created through development projects, are comprised of dense and overlapping networks of kin, children tend to have great license to roam, and they are monitored very casually by the community as a whole. In the rural context, it is much easier for children and adolescents to experiment with sex. The frequency of sexual play by preadolescent children is hard to directly verify. Adults acknowledge that their adolescent children are “naturally” interested in sex and therefore they must be guarded, but there are no such concerns for preadolescent children.

Adolescent children are watched over by parents or guardians, but they are frequently given work, such as taking the goats or cattle to grazing lands, guarding the *chena* and paddy fields from birds and other predators, or fetching water or goods from a store. It is acknowledged by adults that when adolescents are engaged in such chores, they will flirt, display their genitals, and engage in sex play.

After menarche, parents severely limit the movement of their daughters and begin to consider prospective bridegrooms. A girl should be chaperoned by an adult if she is to go out in public, and she is to avoid all interactions with boys. The one exception to this rule is that girls are permitted to talk, and even flirt, with their male cross-cousins. For example, most rural Sri Lankans bathe at public wells or locations along a river or stream bank. Boys and girls will seek out public spots to bathe where a cross-cousin of the opposite sex is bathing, provided that there are other people present. The strictures of *purdah* are relaxed for adolescent cross-cousin interactions because of the preference for such marriages and the hope that one's child will not only agree to an arranged marriage with a cross-cousin, but will eagerly consent to the marriage. Social structure, cultural norms, and individual affections are intended to dovetail by relaxing the rules of *purdah* for cross-cousin interactions.

In urban areas, middle- and upper-class girls are expected to continue with their education. For such families, the goal of marrying their daughter to a cross-cousin has been replaced with the goal of marrying her to a doctor, lawyer, or engineer. Girls from middle- to upper-class families are encouraged to become proficient at English and English literature. The dowry transactions of the urban professional and elite differ substantially from that of the poor and rural peasants. In the former, the prospective groom is expected to bring socioeconomic prestige to the marriage, while the prospective bride brings nurturance, propriety, and high culture to the marriage. Of course, money, housing, and land are important components of the dowry transaction, but it is the prestige brought to the marriage by the prospective groom or bride that must first be settled and accepted by both families before the dowry negotiations over valued resources begins.

In urban areas, love affairs are not uncommon in high school. These are usually intensely romantic relationships and involve passing notes to one another, clandestine meetings often arranged with the help of friends, and handholding or kissing. They seldom lead to receptive-penetrative sex and seldom endure. Such romances are accepted and encouraged, and are even sources of prestige among high school or college peers, but they remain unacceptable to the parents of the lovers. The couple and their friends generally think of such romances as “young love” and do not expect them to lead to sexual intercourse. For urban females from Westernized families, kissing and handholding are daring but acceptable forms of premarital sex, but any form of receptive-penetrative sex, heavy petting, or oral sex is consid-

ered morally and socially wrong. However, the intensity of an idealized “young love” relationship can lead to tragedy if the relationship does not eventuate in marriage. The breakup of such adolescent love relationships has long been a leading cause of suicide in Sri Lanka.

B. Adults

For a woman, all receptive-penetrative forms of sex should occur within the realm of marriage. While monogamy is both the law and the norm in Sri Lanka, Muslims are permitted to marry up to four wives, though they rarely do. Yalman (1967, 108-114) noted that polyandry and polygyny, though rare, were historically practiced among the Sinhalese, and he reported four cases of polyandry and two of polygyny at one of his fieldwork sites in 1956. At my rural fieldwork site, there was one polyandrous household. In both Yalman's and my own fieldwork case, the polyandrous marriages were not registered and were among poor rural farmers. Modern-day polygamy in Sri Lanka is a result of dire economic circumstances rather than a product of social norms.

Extramarital sex is extremely rare for wives in intact marriages, yet, it is not uncommon for husbands to visit brothels or seek out impoverished widowed or divorced women (usually those with children to support). In the area where I worked, such women were called “keeps” (using the English term) rather than “prostitutes” (“*ganika*” or “*vesi*”). In addition to money, a man would bring clothes, cooking utensils, and other gifts to his “keep” in return for sexual favors.

6. Homoerotic, Homosexual, and Bisexual Behaviors

Heterosexual sex is the only socially acceptable form of sex when someone is married. Homosexual sex is considered dirty and sinful; however, it is a common practice for unmarried males to engage in homoerotic and homosexual behaviors. These are not considered by the participants as homosexual acts, but as natural sexual outlets. Homosexual acts occurring between monks was documented in early Buddhist chronicles, where it was referred to as *pansalkeliya* (“temple game”). However, homosexuality is explicitly forbidden for monks.

In modern Sri Lanka, homosexual acts between men are illegal and are punishable by 12 years in jail, according to the 1883 penal code, sections 365 and 365a, which is still in effect. Lesbian sex is not acknowledged in the law. Until recently, the above discriminatory law had not been enforced, but the rise in “sex tourism,” particularly of European homosexuals and pedophiliacs, has led the criminal system to apply this penal code more frequently, and consequently, there has been a dramatic rise in convictions (Fernando 2002).

Sherman de Rose, a gay activist in Sri Lanka, founded the first gay rights group called Companions on a Journey. With support from the Dutch government, the group bought a house in a wealthy section of Colombo and opened a meeting center for Sri Lankan gays, called the Drop-in Centre. The two primary missions of the center are to decriminalize homosexual acts and to increase AIDS awareness. In 2001, a second gay rights group was formed, primarily of young adults, and there has been an annual gay rights convention in Sri Lanka since 1998 as a result of growing gay rights activism. In a 1999 interview, de Rose noted that the law against homosexuality was being used to justify beatings and extortion of gays and lesbians by the police. He also noted that there is substantial evidence that men have been thrown out of their houses and fired from their jobs solely as a consequence of their sexual orientation.

Until recently, there has been no acknowledgement of lesbianism or gender-conflicted females in Sri Lanka. This is gradually changing and there are now two "lesbian awareness" groups in the Colombo area. The first Sri Lankan national lesbian convention was held in January 2000 with an estimated attendance of 150 people. According to one of the organizers, lesbians "are generally accepted if they are financially independent and come from upper-middle-class backgrounds." However, lesbianism is not accepted for women from lower socioeconomic backgrounds.

Rural women often come to the Colombo area in search of work at one of the many factories in Sri Lanka's Free Trade Zones. After they are hired, they live in nearby dormitories for a couple of years and then return home. The dormitories are popularly thought to be dens of lesbianism, prostitution, and casual sex, and on their return home, the women are often stigmatized and unable to marry, despite having saved money expressly for this purpose.

7. Gender Diversity and Transgender Issues

Ponnaya is derogatory slang for transvestites and very effeminate males. In male-to-male penetrative-receptive sex, such as interfemoral sex, *ponnayas* tend to take the passive role. There are an estimated 300 transvestite sex workers in Sri Lanka (Ratnapala 1999, 14). Transvestites are also said to find work as "makeup experts" or to work in bridal or fashion stores. Sri Lankan society does not condone public displays of gender switching or cross-dressing unless it is part of a village or religious ritual. Westernized mothers will frequently dress their young preschool-age boys in dresses, but this practice is discontinued when the boy enters school. In rural areas, boys and girls under the age of 5 or 6 usually just wear a t-shirt and no clothes from the waist down, except for a string that is intended to ward off the "evil eye" (*as wah*).

8. Significant Unconventional Sexual Behaviors

A. Coercive Sex

Rape

Rape is defined by the penal code as sexual intercourse without the consent of the woman. If she is under 12 years of age, consent does not serve as a mitigating factor. Punishment for rape is up to 20 years in prison. The incidence of rape has increased every year from 1986, when it was 291, to 1996 (the last year for which data are available), when it was 716 (Fernando 2002). However, rape is notoriously underreported, as few women are willing to take the risks of humiliation and a prolonged difficult court case. If it becomes public knowledge that a woman was raped, there is a high probability that her family will be disgraced and will, in turn, cast her from the household. Chronic communal violence and interethnic hostilities have also led to higher incidences of rape across ethnic boundaries. In January 2002, for the first time, Sinhalese soldiers were brought to court for charges of raping a Tamil woman and were convicted.

[*Comment 2002*: Female victims of sexual assault are most often admitted to a gynecological ward and first seen by a gynecologist. The women are most often deprived of a prompt and appropriate forensic examination because of the lack of facilities in most rural hospitals and the lack of knowledge of many of the attending doctors. In addition, the clinician may be reluctant to be involved in a criminal investigation. Most of the rape victims are also deprived of psychiatric help. (*End of comment by P. Weerakoon*)]

Sexual Harassment

Until 1995, sexual harassment was not considered a crime except if it included physical violence. Public sexual harassment, such as a male pressing up against a woman and simulating intercourse on a bus, pinching, or making lascivious remarks, are all referred to as "Eve teasing." These behaviors had become so prevalent that in 1995, the government added section 345 to the penal code, stipulating that all offenses that violated the modesty of a woman were now punishable by a jail sentence. Such behaviors included any form of sexual harassment at workplaces, during public transport, or at any other public place.

Child Sexual Exploitation

Sexual exploitation in Sri Lanka has been closely linked with the sex-tourist industry. In 2001, an organization called Protecting Environment and Children Everywhere (PEACE) was established with the goal of protecting Sri Lankan children from sexual exploitation. PEACE is affiliated with the End Child Prostitution in Asian Tourism campaign and supported through the United Nations. In 1980, it was estimated that there were 2,000 boys between the ages of 6 and 14 involved in prostitution (Seneviratne 1995, 10). Some of the boys are self-employed, but most are either sold into prostitution by their parents or lured by older boys, taxi drivers, hoteliers, or employees of hotels and guesthouses. Current estimates of the number of child sex workers are inconsistent, ranging from an estimated (and likely false) high of 30,000 to a low of 1,500 (Ratnapala 1999, 15). The latter figure seems to be the most accurate, as it is a result of extensive and careful study.

Young girls are also lured into prostitution. Abeyesekera (1991) offers a case study of a 15-year-old girl who had become separated from her family in Kandy and was abducted by a man who brought her to Colombo. There, she became a prostitute, and as her appearance declined, so did the conditions under which she worked. She was sold repeatedly, moving from one brothel or pimp to another until she was 60. Blind from a venereal disease, her left leg amputated, and part of a stable of beggars, she had, in effect, been a slave from childhood through the rest of her life.

[*Comment 2002*: Apart from the familial abuse common in every society, Sri Lanka appears to be particularly vulnerable to sexual exploitation. Sri Lanka is well known for its boy child pedophile activity, especially of 10- to 15-year-olds (Seneviratne 1996). One hundred fifty thousand mothers work in the Middle East as housemaids, leaving children more vulnerable to abuse from relatives and neighbors (Weeramunda 1996). One hundred thousand child domestics are at high risk of physical/sexual abuse from their employers, though further research is needed to confirm this. Boys at boarding school and other children in residential care, especially children with disabilities, are more likely to be vulnerable to sexual abuse from house parents (Weeramunda 1996). Street children needing food and shelter are probably at greater risk, though further research is needed to confirm this.

[Seneviratne (1996), in her book, *An Evil Under the Sun*, emphasized that, historically, children in Sri Lankan society have been much loved. She says that although prostitution has been in existence for hundreds of years, the sexual use of young children has only developed recently. "Boy prostitution has been available in cities by organized groups for locals, but organized prostitution of boys for foreign clients is a recent phenomena."

[Weeramunda (1996) conducted a survey with schoolchildren in three schools in Kalutara District situated near tourist hotels. Of those interviewed, 87 of the children (3%)

said they had had sexual relationships with tourists. Nearly two thirds of children being sexually exploited were male, 12% had their first sexual encounter at 10 years, and the majority were between 12 and 14 years old. None of the children saw the sexual encounters as a “*rakkshaw*” or job, and surprising to Weermunda, 80% attended school regularly and did not “play truant” or drop out of school.

[Miles (2000) assessed attitudes using a self-administered questionnaire with schoolchildren aged 13 to 17 years in four schools in a high-risk beach area of Sri Lanka (Moratuwa). He reports that 10% of children said they had done sexual things, 8% with other children their age, 5% with adults, and 6% with adults for money. He further reported that most children felt it was not acceptable for children to do sexual things with adults and appeared to be strongly against the damage they felt it could do to children and their communities. (*End of comment by P. Weerakoon*)]

B. Adult Prostitution/Sex Workers

There is a long history of prostitution in Sri Lanka. A number of Buddhist Jataka tales, whose oral sources go back to 500 B.C.E., concern sex workers. A 13th-century text on social conditions speaks of “*vesya*” (prostitutes). Extraordinarily beautiful women could become socialized as courtesans (*ganika*) to serve the king. They would be trained in the “sixty-four womanly arts” and socialized to be cultured and provide sexual satisfaction to men of high rank.

Present-day Sri Lanka has a population of approximately 15,000 adult male and female sex workers (Ratnapala 1999, 71); the vast majority are in the Colombo area. Most of their clients are Sri Lankans, but tourists are the target clientele that have spurred the rapid and extraordinary growth of the sex industry. For example, during my first visit to Sri Lanka in 1979, I saw no sex workers in Colombo. By 1982, they were not only present, but I was frequently hailed by pimps and male and female sex workers alike when walking along main streets in downtown Colombo.

There are an estimated 1,050 rural adult sex workers (Ratnapala 1999, 15). These sex workers mostly live in rural market towns, either in a hotel or rented house where they receive their clients. The clients are generally other villagers, town merchants, traders who are coming for the weekly market, and soldiers.

Ratnapala (1999, 84) estimated that the average sex worker has six clients per day, but barely makes sufficient money to meet their subsistence costs. Sex workers typically hail from very poor families. Only about 15% are educated up to the fifth year and mostly are married women, women who have a child out of wedlock, or who have been deserted by their husbands and are “single” but not able to marry. In a random sample of 100 female sex workers living at brothels, Ratnapala (1999, 10) found that 46 were married, 16 were deserted by their husbands, and the remainder (38) were single. Twenty-eight were between 18 and 25 years of age, 42 were between 26 and 30 years of age, and 30 were between 30 and 35 years of age. The majority of these sex workers did not voluntarily choose their profession, but were forced into it by dismal economic circumstances or were coerced into it, sometimes by their husbands.

9. Contraception, Abortion, and Population Planning

A. Contraception

In a study of 500 Sinhalese Buddhist women in a southern town, Padma Karunaratne (1995) found that 17.4% of her sample used modern methods of contraception (i.e., the Pill, IUD, and condoms). Twelve-and-a-half percent of fe-

males opted for sterilization compared to only 0.8% of males; 21.8% used rhythm, 3.8% used withdrawal, and 2.6% used some other method of contraception. Thus, 58.8% of the adult female population used some form of contraception. However, the choice of when to use contraceptives differed substantially from that of Westerners. Women seldom chose to use any form of contraception prior to the birth of their first child. Only after the first child was born or the desired family size was reached did most women decide to adopt some form of birth control.

Husband and wife are typically too “*lajay*” (“shy”) to discuss birth control methods. Aside from the Victorian cultural norms that inhibit couples from discussing contraception with each other, the three factors that most impede the use of birth control methods among married couples are:

1. neither men nor women are instructed in the way modern contraceptives work, so that they then use them improperly;
2. rumors about the harmful effects of a particular contraceptive may spread without impediment, as no one will know enough to refute them; and
3. most doctors at family planning clinics are males, and women are often too embarrassed to ask them about contraceptive options.

Better education about contraceptive use, and directing male or female patients to doctors of their own sex to discuss sensitive matters, would help increase the use of contraceptives.

B. Abortion

Abortion is illegal in Sri Lanka unless the pregnancy threatens the life of the mother. Since 1970, members of Parliament have sought to pass amendments to liberalize the law on abortion, thus far to no avail.

It is impossible to obtain accurate figures on abortion rates in Sri Lanka, but in a 1997 newspaper article, Dr. Nafis Sadik estimated that 500 abortions were performed daily (*Catholic World News* 1997). Dr. Sriani Bansayake, Medical Director of Sri Lanka’s Family Planning Association, estimated that, in 2001, between 765 and 1,000 abortions were performed daily. Since almost all of these abortions are carried out illegally, they are performed in unhygienic conditions with improper equipment and by untrained medical doctors. The women undergo agonizingly painful abortions that often lead to “death or serious injury” (Bansayake 2001). A study on reproductive health estimated that 12% of all maternal mortalities are a consequence of unsafe abortions (cited in *Saturday Magazine* 2002, 4).

In an article in a Sri Lankan newspaper magazine, Namini Wijedasa (2002) offered a description of an abortion clinic in a residential area of Colombo. The clinic was advertised as a maternity clinic run by a Western-trained medical doctor and his staff. The nurse is said to obtain only the first name of the patient, who gives her a “consultancy fee” of 200 rupees. The pregnant woman is told to come back the following day for a “womb wash.” The fee for an abortion ranges between 5,000 to 15,000 rupees—a fee that is beyond the reach of the average Sri Lankan. As maternity/abortion clinics run by medical doctors are usually ignored by the police, well-to-do Sri Lankans do have abortion options denied poorer Sri Lankans, a point brought out by many Sri Lankan pro-choice activists. Professor Indralal de Silva, for instance, wrote: “When the rich need an abortion—whether it is illegal or not—they will have access to safe abortion[s]. . . . However, for the poor, the chance of having a safe abortion is still relatively less satisfactory” (Wijedasa 2002, 6).

C. Family Planning

Modern-day Sri Lankans generally favor small families. This is reflected in the dramatic decline of the fertility rate from 5.3 children in 1980 to an estimated 1.9 in 2001. Much of this decline is because of the convergence of two modernizing processes: More married women are working and more women are receiving high school and college degrees. The societal image of women is gradually being reshaped from a traditional one, where to be a successful adult woman meant only to be a mother, to one where women choose to find their sense of identity in their occupation, as well as through their family.

Padma Karunaratne (1995) found that the increased "empowerment of women" in Sri Lanka has led to increased control over reproductive choices. Empowerment is reflected by the comparatively high levels of education Sri Lankan women enjoy, the deferred age of marriage, "egalitarian welfare measures adopted by successive governments" (Karunaratne 1995), and the new economic opportunities afforded by multinational companies locating factories in Sri Lankan Free Trade Zones and domestic work opportunities abroad (Gamburd 2001). In a study of 500 women in a southern rural town, Karunaratne noted that 90% had some formal schooling and lived within 5 miles (8 km) of a government-subsidized family health clinic. Even in this rural town, the vast majority of women had access to both public education and public health facilities.

A demographic and health survey conducted by UNESCO in 1993 showed that about 96% of adolescents between the ages of 15 and 19 had some knowledge of contraception. Family planning is an accepted and well-received practice in Sri Lanka, and recent studies indicate that adolescent populations have greater knowledge of modern contraceptive methods than do their elders (UNESCO Case Study–Sri Lanka 2002, 1, 6).

10. Sexually Transmitted Diseases and HIV/AIDS

A. Sexually Transmitted Diseases

Syphilis, gonorrhea, and nongonococcal infections are the most common sexually transmitted infections. Studies indicate that 88% to 97% of Sri Lankan adolescents (depending on whether it is an urban or rural sample) are aware that infections could be sexually transmitted, but only between 47% and 52% knew that condom use could prevent the transmission of HIV (UNAIDS 2002).

B. HIV/AIDS

No cases of HIV infection were found in testing for HIV/AIDS at an antenatal clinic in Colombo for 1990, 1993, 1995, and 1996 (UNAIDS 2002, 3). The Sri Lankan government estimated that by January 2001, there had been 89 deaths attributed to AIDS. Definite HIV-positive cases totaled 358, and 119 people had been diagnosed with AIDS. Because it is difficult to collect accurate statistics on a highly stigmatized disease, government officials believe that as many as 8,500 people may be infected with HIV (Samath 2001). United Nations projections estimate that by 2005, as many as 80,000 may be infected with HIV/AIDS, mostly because of the growth of the sex-tourist industry. It should also be noted that, at present, the Centers for Disease Control (1997, 1) does not consider HIV/AIDS to be of epidemic proportions in Sri Lanka: "The AIDS epidemic has yet to present overwhelming problems in Sri Lanka; AIDS cases are far less common there than they are in other Asian countries."

Almost all Sri Lankans are aware that condoms can prevent HIV/AIDS and other sexually transmitted diseases,

but few use them because of the cultural emphasis on monogamy and the belief that condoms reduce sexual pleasure. In a 1997 study of condom use, 44.4% of males in Colombo and 26.3% of males in Matale, a rural area on the southern tip of Sri Lanka, reported using condoms in their "most recent intercourse of risk" (UNAIDS 2002, 9). Zero percent of the women reported using condoms. Sri Lankan females are unlikely to engage in what they perceive to be "risky sex"; thus, their sexual behaviors are confined to monogamous relations. The reason why more men in Colombo than Matale used a condom is a result of the general belief that HIV/AIDS was brought to Sri Lanka by tourists and is mostly confined to the sex-tourism industry. Sri Lankan males consider themselves more at risk with Colombo sex workers than with Matale sex workers, because the former are more likely to have had sex with a tourist.

[Update 2002: UNAIDS Epidemiological Assessment: The available HIV/AIDS data for Sri Lanka indicate that extensive spread of HIV had not occurred as of the year 2001. HIV testing among antenatal clinic attendees was conducted in the capital, Colombo, in 1990, 1993, 1995, and 1996. No evidence of HIV infection was detected. Outside Colombo, HIV testing of antenatal clinic women took place in various sites, including Anuradhapura, Badulla, Galle, Kandy, Kurunegala, and Ratnapura, at various times between 1990 and 1996. As in Colombo, no evidence of HIV infection was found among the antenatal clinic women tested at that time. Among sex workers tested in Colombo from 1990 through 1998, evidence of HIV infection was found in only one site, in 1993, where 0.2% of the sex workers tested were HIV-positive. Outside Colombo, sex workers were tested for HIV infection in Kandy, Anuradhapura, Galle, Kurunegala, Ratnapura, and Badulla between 1993 and 1998. Evidence of HIV infection was found in only one site, Kurunegala, and only in 1995, where 0.5% of sex workers tested were HIV-positive.]

[The best estimate of HIV prevalence in Sri Lanka, as of the end of 2001, is about 4,800. There are insufficient studies and data on the patterns and prevalence of HIV-risk behaviors in Sri Lanka to suggest that the potential for epidemic or more-extensive spread of HIV is very low. More systematic sentinel HIV surveillance needs to be developed, with primary emphasis on high-risk groups. In addition, baseline behavioral surveillance studies/surveys need to be implemented as soon as possible. Support for HIV/AIDS/STD programs needs to be expanded and focused on high-risk groups.]

[The estimated number of adults and children living with HIV/AIDS on January 1, 2002, were:

Adults ages 15-49:	4,800 (rate: < 0.1%)
Women ages 15-49:	1,400
Children ages 0-15:	550

[An estimated 250 adults and children died of AIDS during 2001.]

[At the end of 2001, an estimated 2,000 Sri Lankan children under age 15 were living without one or both parents who had died of AIDS. (*End of update by the Editors*)]

11. Sexual Dysfunctions, Counseling, and Therapies

Since the 1980s, a number of nongovernmental organizations (NGOs) have been established to counsel women and children who are the victims of rape, sexual exploitation, violence, or harassment. In 1986, the Women's Development Centre was established to address issues such as rape and domestic violence. The Bar Association of Sri Lanka, the Sri Lankan Women Lawyers' Association, and

various other organizations offer free legal aid to women and children. In addition to free legal aid, two associations—the Women's Development Centre and Women in Need—also provide free counseling services.

In Sri Lanka, as in most countries, HIV/AIDS evokes anger and contempt among the populace rather than compassion or understanding. Dr. Kamilaka Abyeratne, a 66-year-old female doctor who contracted AIDS through a blood transfusion, was the first Sri Lankan to go public with the disease. She has been instrumental in reducing the stigma associated with AIDS and also has worked to create AIDS-awareness programs. AIDSline is a telephone counseling service started in January 2000 by the Coalition for Care, Education, and Support Services (ACCESS). ACCESS is operated by trained volunteers and is open four hours a day from 4 p.m. to 8 p.m. AIDSline also provides free advice and guidance to callers seeking information on HIV/AIDS and other sexual matters. The service is available to both heterosexuals and homosexuals.

[*Comment 2002*: Reliable figures for the incidence and prevalence of sexual dysfunctions are not available for Sri Lanka. Sex therapy is usually offered by psychiatrists and psychologists attached to psychiatric units in larger hospitals. De Silva and Rodrigo (1995), working in a sexual dysfunction clinic run as a part of the psychiatric clinic in Kandy (hill country Sri Lanka), reported that the clients were almost exclusively male, largely complaining of erectile dysfunction and premature ejaculation. In their clinic, female problems were rare and usually referred by gynecologists. These were few and related to unconsummated marriages and dyspareunia. Other professionals working in the area, however, report a high proportion of couples presenting with unconsummated marriages (Weerakoon 1987), many of these being because of vaginismus. All of these women were virgins and most believed that first sexual intercourse was a very traumatic experience, always accompanied by bleeding, and often associated with significant genital trauma. This myth is common among young people in Sri Lanka.

[It is common in Sri Lanka for practitioners of Ayurvedic medicine and folk remedies to advertise their services and products (De Silva & Dissanayake 1989), with prominent advertisements in national language papers (Sinhalese and Tamil newspapers). These advertisements advertise treatment as well as imply causation for the conditions. Some of the lead lines in these advertisements translate as:

- Do you suffer from Impotence? Try our remedy today.
- Do you suffer from nocturnal emission?
- Are you losing precious semen with your urine?
- Instant (premature) ejaculation? Do not suffer any more.
- Sexual debility—there is a cure.

[The Ayurvedic remedies offered in this way are usually herbal preparations, both for oral ingestion and external application. The folk practitioners offer various "mystical" remedies. Many of the practitioners emphasize the supposed role of semen loss in the genesis of sexual "debility" and dysfunction, both in their advertisements and in their consultation. The "excessive" loss of semen, through masturbation, wet dreams (nocturnal emissions), spermatorrhoea (interpreted as cloudiness of the urine), and frequent coitus in youth and early adult life are claimed to cause many diseases and disabilities. These would include, in addition to erectile dysfunction and premature ejaculation, a whole range of other physical and mental symptoms. These beliefs, which are widespread, derive from the Ayurvedic theories of the composition and value of semen. The result is that many men present with serious concerns, often tinged with guilt about

their sexual desire and behavior. This syndrome has been reported in several Asian countries, e.g., the Dhat syndrome in India (Bhatia & Malik 1991).

[In Sri Lanka, the condition has been called the "Loss of Semen Syndrome." De Silva and Dissanayake (1989) assessed 28 consecutive males attending a sexual dysfunction clinic in Sri Lanka with such fears and symptoms. They reported that the four main groups of symptoms were:

- Physical symptoms, such as aches and pains, and/or mental symptoms, such as poor memory and concentration,
- Specific sexual dysfunctions,
- Anxiety about present or future sexual functioning (often associated with impending marriage and first sexual intercourse), and
- Direct complaints about the excessive loss of semen.

[They pointed out that many of the patients do not complain directly of a sexual problem; instead, they present with anxiety and depression or vague symptoms such as "general weakness," "sleep problems," and aches and pains—disclosing the sexual dysfunction in the course of a general history. (*End of comment by P. Weerakoon*)]

12. Sex Research and Advanced Professional Education

Recently, there has been an increase in research on sexology in Sri Lanka. Most of this research is concerned with medical, epidemiological, or sex exploitation and criminal issues. A number of studies were established and planned through the International Center for Research on Women. There have also been a number of studies that were a result of a collaborative effort between the University of Connecticut Health Center, the Institute for Community Research, in the United States, and the Center for Intersectoral Community Health Studies and the University of Peradeniya in Kandy, Sri Lanka. The Family Planning Association of Sri Lanka is also active in studying and disseminating information on sex education, effective contraception methods, safe-sex practices, pregnancy, delivery, and abortion. The Sri Lankan Ministry of Health, in collaboration with UNICEF, has initiated a multimedia campaign on HIV/AIDS. PEACE (Protecting Environment and Children Everywhere) is the main organization that does research and publicizes information on the sexual exploitation of children in Sri Lanka.

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