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Social Capital and Adolescents Sexual Health Awareness: A Qualitative Sociological Study in Rural Sri Lanka

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ABSTRACT

Adolescent sexual health awareness is an important concern, particularly in rural communities where access to reliable information may be limited. This study examines adolescents' awareness of safe sexual practices from a sociological perspective using Social Capital Theory. A qualitative study was conducted in the Kumaragama Grama Niladhari Division, Hingurakgoda Divisional Secretariat Division, Polonnaruwa District, Sri Lanka. Data were collected through interviews with ten adolescent girls and one Public Health Midwife and analyzed using thematic analysis. The findings indicate that family relationships, school-based education, peer networks, digital media, religious institutions, and government health services influence adolescents' access to sexual and reproductive health information. Supportive family communication and professional health services facilitated access to knowledge, while restricted communication, limited sexuality education, cultural sensitivities, and online misinformation created information gaps. Drawing on bonding, bridging, and linking social capital, the study concludes that strengthening supportive social relationships and institutional connections can improve adolescents' access to reliable information and contribute to safer sexual and reproductive health practice.

1. Introduction

Adolescent sexual and reproductive health has become an important social concern because inadequate access to reliable information may increase young people's vulnerability to unintended pregnancy, sexually transmitted infections (STIs), sexual exploitation, and other reproductive health risks (WHO 2011; UNESCO 2018). Although sexuality has traditionally been regarded as a private and sensitive subject within Sri Lankan society, changing social conditions and the increasing availability of information through digital technologies have created a growing need to examine how adolescents obtain, interpret, and use sexual health information. Ensuring that adolescents have access to accurate and age-appropriate information about puberty, reproductive health, consent, personal safety, and safe sexual practices is therefore an important component of adolescent well-being.

Adolescence is a significant stage of human development characterized by biological, psychological, emotional, and social changes (Erikson 1968; Steinberg 2014). During this period, young people develop greater awareness of their bodies, identities, relationships, and sexuality. However, adolescents' understanding of sexuality is not shaped solely by biological development or individual experiences. Rather, it is influenced by the social environments in which they live, including families, schools, peer groups, religious institutions, communities, and media environments (Berger and Luckmann 1966; Giddens 1992). These institutions contribute to the socialization process through which adolescents acquire knowledge, values, expectations, and behavioral orientations related to sexuality and relationships.

In the Sri Lankan context, sexuality-related communication remains influenced by cultural norms, gender expectations, religious values, and concerns regarding morality and social reputation. Consequently, parents and other adults may experience discomfort when discussing sexuality and reproductive health with adolescents. Limited communication within families and communities can restrict adolescents' access to reliable information and may encourage them to seek knowledge through informal sources such as peers, social media, and online platforms. While these sources may provide opportunities for learning and information exchange, they may also expose adolescents to misinformation, incomplete knowledge, and unrealistic representations of sexuality (Subrahmanyam and Smahel 2011). Thus, the availability of information does not necessarily guarantee access to accurate or useful sexual health knowledge.

Schools represent another important institutional setting for adolescent sexual and reproductive health education. They have the potential to provide adolescents with standardized, scientifically accurate information and to reduce inequalities in access to health knowledge. However, sexuality-related education may be incorporated primarily within subjects such as Science, Health and Physical Education, rather than being provided through a comprehensive and continuous sexuality education framework. Consequently, adolescents' access to sexual health information may vary according to their educational experiences, curriculum exposure, teacher confidence, and institutional practices (UNESCO 2018). Government health institutions and community health programmes can also provide professional guidance and reproductive health information, but adolescents may differ in their awareness of and access to these services.

These differences in access to information suggest that adolescent sexual health awareness should not be understood solely as an individual-level outcome. Sexual health knowledge is socially acquired and distributed through relationships, networks, and institutions. From a sociological perspective, the concept of social capital provides a useful framework for understanding this process. Social capital refers broadly to the resources, information, support, trust, and opportunities that individuals can access through social relationships and institutional networks (Bourdieu 1986; Coleman 1988; Putnam 2000). In the context of adolescent sexual health, social capital can influence whether young people have access to trusted individuals, accurate information, emotional support, and professional services.

Putnam's (2000) distinction between bonding and bridging social capital is particularly useful for examining adolescents' social environments. Bonding social capital refers to close relationships among individuals who share strong interpersonal connections, such as family members and close friends. Bridging social capital refers to relationships that connect individuals with wider networks and opportunities, including schools and community organizations. Linking social capital, as developed in subsequent social capital scholarship, is also relevant because it refers to connections between individuals and formal institutions or actors with authority and specialized resources. In relation to adolescent sexual health, families may provide bonding support, schools and community networks may provide bridging opportunities, and health institutions may provide linking connections to professional knowledge and services.

The significance of social capital lies not simply in the existence of social relationships but in the quality and usefulness of the resources available through those relationships. A close family relationship may provide emotional security but may not provide accurate sexual health information if communication about sexuality is restricted. Similarly, peer networks may provide companionship and support but may be limited as

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sources of reliable sexual health knowledge when adolescents feel embarrassed or lack accurate information themselves. Digital networks may expand access to information but can also facilitate misinformation. Therefore, social capital may function as either a protective or constraining resource depending on the quality of communication, trust, accessibility, and reliability of information circulating through social networks.

Previous research has demonstrated the importance of supportive social environments, sexuality education, parent adolescent communication, peer relationships, and adolescent-friendly health services in promoting adolescent sexual and reproductive health (WHO 2011; UNESCO 2018). Within Sri Lanka, existing research has also identified challenges associated with adolescent and youth sexual and reproductive health, including limitations in sexuality education, communication, access to information, and appropriate services. However, comparatively limited sociological attention has been given to understanding how the social relationships and institutional networks through which adolescents obtain sexual health information function as forms of social capital, particularly within rural communities.

A further gap concerns the interaction between different sources of sexual health information. Adolescents may obtain knowledge from parents, siblings, teachers, friends, health professionals, religious organizations, and digital platforms. Yet these sources do not necessarily provide consistent, accurate, or equally accessible information. Moreover, the quality of adolescents' social relationships may influence whether they feel able to ask questions, seek clarification, and critically evaluate information. Rural communities may also differ from urban settings in terms of access to educational resources, health services, digital technologies, and community networks. A qualitative examination of adolescents' experiences can therefore provide a deeper understanding of how sexual health knowledge is socially acquired, shared, restricted, and interpreted.

Against this background, this study examines adolescents' awareness of safe sexual practices through a sociological analysis of social capital in the Kumaragama Grama Niladhari Division of the Hingurakgoda Divisional Secretariat Division, Polonnaruwa District, Sri Lanka. Particular attention is given to the roles of family relationships, educational institutions, peer networks, digital media, religious institutions, and government health services in shaping adolescents' access to sexual and reproductive health information. The study focuses primarily on adolescent girls' experiences and examines how bonding, bridging, and linking forms of social capital facilitate or constrain access to reliable knowledge.

The study is guided by the argument that adolescent sexual health awareness is not simply an individual outcome but a socially produced resource shaped by the strength, accessibility, and quality of relationships and institutional connections. In particular, the study proposes that social capital may operate as a protective resource when it facilitates trusted communication and access to accurate information, while weak or restricted social capital may create information gaps and increase reliance on unreliable sources. Understanding these processes is important for developing socially and culturally appropriate strategies to strengthen adolescent sexual and reproductive health awareness and reduce vulnerability to unintended pregnancy and related health risks.

Research Questions

The study addresses the following research questions:

1. What are the main sources of sexual and reproductive health information available to adolescent girls in the selected rural community?

2. How do family relationships, educational institutions, peer networks, digital media, religious institutions, and government health services influence adolescents' awareness of safe sexual practices?

3. How do bonding, bridging, and linking forms of social capital facilitate or constrain adolescents' access to reliable sexual and reproductive health information?

Research Objective

The main objective of this study is to examine how social capital influences adolescents' awareness of safe sexual practices and their access to reliable sexual and reproductive health information. Specifically, the study aims to identify the major sources of sexual health knowledge available to adolescent girls and to analyze how family relationships, educational institutions, peer networks, digital media, religious institutions, and government health services contribute to or constrain their access to such knowledge.

2. Literature Review

Adolescent sexual and reproductive health has received increasing attention in both international and Sri Lankan research because adolescence is a period in which young people experience major physical, emotional, psychological, and social changes. During this period, adolescents gradually develop an understanding of their bodies, relationships, sexuality, and responsibilities. However, having access to information does not necessarily mean that adolescents possess accurate or sufficient knowledge about sexual and reproductive health. The quality of information, the source from which it is obtained, and the social environment in which adolescents learn can all influence their understanding of sexual health.

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The World Health Organization (WHO, 2011) identifies adolescence as an important period for developing knowledge and behaviors that can influence health throughout the life course. Inadequate information about sexual and reproductive health may increase young people's vulnerability to unintended pregnancy, sexually transmitted infections (STIs), sexual violence, and other reproductive health concerns. Therefore, providing adolescents with accurate, age-appropriate, and understandable information is an important component of adolescent well-being.

Sexual health knowledge is not acquired only through formal education. Adolescents learn through interactions with parents, siblings, teachers, friends, health professionals, religious and community institutions, television, social media, and other digital platforms. These sources may provide different types and levels of information. Some may provide reliable and professionally guided knowledge, while others may provide incomplete, misleading, or inaccurate information. Consequently, understanding adolescent sexual health awareness requires attention not only to what adolescents know but also to how and through whom they obtain that knowledge.

In Sri Lanka, this issue is particularly significant because sexual and reproductive health remains a sensitive topic within many families and communities. UNFPA Sri Lanka has highlighted that many young people have inadequate knowledge of sexual and reproductive health and that embarrassment and silence among adults, including parents and teachers, can limit adolescents' access to appropriate information (UNFPA, 2017; UNFPA, 2019).

Therefore, this chapter reviews literature relating to adolescent sexual health awareness, sexuality and socialization, sexuality education, family communication, peer networks, digital media, health services, and the social and cultural environment. Particular attention is given to Sri Lankan research because the present study focuses on adolescent girls living in a rural community in Polonnaruwa District.

2.2 Adolescent Sexual and Reproductive Health Awareness

Adolescent sexual and reproductive health awareness refers broadly to young people's knowledge and understanding of issues related to puberty, reproductive processes, contraception, sexually transmitted infections, healthy relationships, consent, personal safety, and responsible sexual behavior. Awareness is important because adolescents need appropriate knowledge to make informed decisions and to recognize situations that may place their health or safety at risk. International literature suggests that adolescents frequently experience gaps between their interest in sexual health information and the information actually available to them. Although young people may have access to a large amount of information through digital technologies, the availability of information does not necessarily guarantee accuracy or understanding. Adolescents may encounter information from peers, entertainment media, social networking sites, and online communities where professional guidance is absent. Subrahmanyam and Smahel (2011) argue that digital environments have become important spaces in which young people explore relationships, identity, sexuality, and social interaction. These environments can create opportunities for adolescents to obtain information privately, particularly when they feel uncomfortable discussing sensitive issues with adults. At the same time, online information may be inaccurate, exaggerated, or influenced by commercial and entertainment interests.

Research conducted among school-going adolescents in Sri Lanka has identified significant gaps in sexual and reproductive health knowledge. A study of 2,020 school adolescents aged 16–19 found that fewer than 1% demonstrated satisfactory levels of sexual and reproductive health knowledge. (Rajapaksa - Hewageegana et al., 2015) . The same study reported that only 34% of participants had discussed sexual issues with their parents, while health professionals were identified as the preferred source of sexual information by 32% of participants (Agampodi et al., 2015).

These findings are important because they indicate that adolescents may have relationships with parents but may still have limited opportunities to discuss sexual health matters. The existence of a positive parent-child relationship therefore does not automatically mean that communication about sexuality takes place. The subject matter itself, cultural expectations, embarrassment, and fear of negative reactions may influence whether adolescents feel comfortable asking questions.

UNFPA Sri Lanka has similarly reported continuing gaps in young people's sexual and reproductive health knowledge. According to UNFPA, more than half of young people in Sri Lanka have lacked the knowledge required to make informed decisions about their sexual and reproductive health (UNFPA, 2017). This suggests that adolescent sexual health awareness remains an important area for research, particularly in communities where access to reliable information and supportive institutions may vary.

2.3 Sexuality, Socialization and the Cultural Environment

Sexuality is not only a biological phenomenon but is also influenced by social and cultural processes. Individuals learn how to understand their bodies, relationships, gender roles, and acceptable behavior through socialization. Berger and Luckmann (1966) explain that knowledge is constructed and reproduced through everyday social interactions and institutions. From this perspective, adolescents' understanding of sexuality develops through interactions with family members, peers, teachers, religious institutions, and wider society.

Giddens (1992) similarly emphasizes the social character of

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sexuality and intimate relationships. Sexuality is influenced by social expectations, gender relations, cultural values, and changing patterns of social interaction. Therefore, adolescents' sexual health awareness needs to be understood within the social environment in which they live rather than being treated simply as an individual level of knowledge.

Family is one of the earliest and most influential social environments in which children learn values and behavioral expectations. Parents and caregivers can influence adolescents' attitudes toward relationships, gender, responsibility, personal boundaries, and reproductive health. However, the extent to which parents communicate directly about sexual health may differ considerably between families.

In societies where sexuality is considered a private or sensitive matter, adolescents may receive indirect messages about sexual behavior rather than open explanations. In Sri Lanka, cultural expectations and embarrassment surrounding sexuality have been identified as barriers to open communication. UNFPA's discussion of sexuality education in Sri Lanka notes that young people may face confusing or conflicting messages about sexuality, while embarrassment and silence among adults can restrict access to appropriate knowledge (UNFPA, 2019).

Religion and community values can also influence how sexuality is discussed. Religious and cultural institutions may contribute positively by promoting responsibility, respect, self-control, and healthy relationships. At the same time, when sexual matters are discussed primarily through moral or disciplinary perspectives, adolescents may hesitate to ask practical questions concerning menstruation, contraception, pregnancy prevention, STIs, or consent. Thus, the social environment can influence not only the amount of information adolescents receive but also the way they interpret and use that information.

2.4 Adolescence and Sexual Health Knowledge

Adolescence is a period of transition between childhood and adulthood. Erikson (1968) considers adolescence an important stage in the development of identity, while Steinberg (2014) emphasizes the biological, cognitive, emotional, and social changes that occur during this period. These changes increase adolescents' need for appropriate information and guidance.

Sexual development is one part of this wider transition. Adolescents experience puberty-related physical changes while simultaneously developing greater awareness of relationships, attraction, identity, and social expectations. However, adolescents do not necessarily possess the knowledge required to interpret these changes accurately.

Knowledge is acquired through both formal and informal learning. Schools may provide structured information through science, health, and related subjects, while families may provide guidance based on personal experience and cultural values. Friends may exchange information through everyday conversations, and digital media may provide access to information outside the immediate social environment. The availability of multiple information sources can be beneficial because adolescents are not dependent on one institution. However, different sources may provide contradictory information. An adolescent may therefore have to decide which information to trust. This makes trust, communication, and the credibility of information sources important factors in understanding sexual health awareness.

A study conducted among Sri Lankan school adolescents demonstrates this complexity. Although most participants reported having good relationships with their parents, only a minority discussed sexual matters with them. Health professionals were preferred by a substantial proportion of adolescents as sources of sexual information ((Rajapaksa - Hewageegana et al., 2015). This indicates that adolescents may recognize the value of professional information while simultaneously experiencing difficulties in accessing or discussing sexual health information within their everyday relationships.

2.5 Sexuality Education and Adolescent Well-being

Sexuality education is widely recognized as an important component of adolescent health. It can provide information about puberty, reproductive health, relationships, consent, personal safety, contraception, and sexually transmitted infections. UNESCO (2018) describes Comprehensive Sexuality Education (CSE) as an educational process that addresses the cognitive, emotional, physical, and social dimensions of sexuality and relationships.

The purpose of sexuality education extends beyond biological information. Adolescents also require skills to communicate, establish personal boundaries, recognize unhealthy relationships, make informed decisions, and seek help when necessary. Therefore, effective sexuality education should provide both knowledge and practical skills.

In Sri Lanka, however, sexuality education has faced several challenges. UNFPA Sri Lanka reports that the national context has included gaps in school-based sexual and reproductive health education. A youth health survey reported that only 59% of students had received reproductive health education in school, while only around one-third considered existing teaching adequate for developing satisfactory knowledge about physical changes, pregnancy, and reproductive systems (UNFPA, 2023).

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The issue is not limited to curriculum content. Teachers' confidence and preparedness can also affect how sexuality-related subjects are taught. UNFPA Sri Lanka has reported that many teachers had not received sexual health training and that even trained teachers sometimes felt insufficiently prepared to discuss sexual and reproductive health issues with students (UNFPA, 2023).

This suggests that school-based education should be understood within the wider institutional environment. Even when information is included in the curriculum, adolescents may not receive comprehensive knowledge if teachers are uncomfortable, resources are limited, or opportunities for discussion are restricted.

2.6 Family Communication and Adolescent Sexual Health

Family communication is an important area of adolescent sexual health research because parents and caregivers can provide individualized information and emotional support. Unlike general information obtained through media or school lessons, family communication can respond directly to an adolescent's age, experiences, concerns, and social environment.

However, communication about sexuality is often more difficult than communication about other health issues. Adolescents may fear embarrassment, punishment, misunderstanding, or negative reactions from parents. Parents themselves may lack confidence or feel that discussing sexual matters encourages inappropriate behavior.

Recent Sri Lankan research provides important evidence regarding mother-daughter communication. Mataraarachchi et al. (2023a) studied 810 Sinhala adolescent girls aged 14–19 and found that 67.1% were willing to discuss sexual and reproductive health matters with their mothers, while 78.2% identified their mothers as their preferred source of sexual and reproductive health information. However, communication was more common regarding topics such as menstruation and personal boundaries than more sensitive issues such as unwanted pregnancy. Cultural barriers, fear of mothers' reactions, and mothers' lack of confidence were identified as important barriers.

This study is particularly relevant to the present research because it demonstrates that the family can be a trusted source of information while simultaneously being a setting in which certain topics remain difficult to discuss. Therefore, family relationships need to be examined not simply in terms of whether parents and adolescents have a good relationship, but also in terms of whether that relationship allows open communication about sensitive sexual health issues. A qualitative study of Sri Lankan's mothers also examined mothers' perceptions and concerns regarding sharing sexual and reproductive health information with adolescent daughters (Mataraarachchi et al. (2023b). The study highlighted the importance of understanding parents' own concerns and experiences when examining parent-adolescent sexual health communication.

These findings support the importance of considering both sides of family communication. Adolescents' willingness to ask questions may depend partly on how parents respond, while parents' willingness to communicate may be influenced by their own knowledge, cultural beliefs, and perceptions of appropriate behavior.

2.7 Peer Relationships and Sexual Health Information

Peer groups become increasingly important during adolescence. Friends can provide emotional support, companionship, and opportunities to share personal experiences. Because adolescents may feel embarrassed when discussing sexuality with parents or teachers, peers can become an alternative source of information.

Peer communication can have positive effects when adolescents share accurate information or encourage one another to seek professional assistance. Peer networks may also reduce feelings of isolation by allowing adolescents to realize that others experience similar questions and concerns. However, peers are not necessarily reliable sources of sexual health information. Adolescents may share information based on personal assumptions, rumors, media content, or incomplete knowledge. As a result, peer networks can contribute both to knowledge sharing and to the spread of misinformation.

Research on peer education has shown that structured peer-based approaches can improve sexual health knowledge and attitudes among adolescents. For example, an intervention among adolescent girls found that peer education improved sexual health knowledge and attitudes compared with a control group.

This distinction between informal peer communication and structured peer education is important. Informal peer networks may provide immediate and accessible information, but structured peer education can improve the reliability of information by providing training and guidance. Therefore, peer networks should not simply be considered either positive or negative; their influence depends on the nature and quality of information exchanged.

2.8 Digital Media and Sexual Health Information

The rapid expansion of digital technologies has changed the ways adolescents search for and exchange information. Smartphones, social media platforms, websites, online videos, and messaging applications provide opportunities to obtain

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information privately and quickly. Digital media may be particularly important for sexual health because adolescents can search for sensitive information without directly revealing their questions to parents, teachers, or other adults. This may reduce embarrassment and create opportunities for independent learning.

However, the large amount of online information also creates challenges. Adolescents may have difficulty distinguishing between scientifically accurate information and misleading or inappropriate content. Social media can spread misinformation quickly, while entertainment content may create unrealistic expectations about sexuality, relationships, and body image.

Subrahmanyam and Smahel (2011) emphasize that online environments have become important spaces for adolescents' social interaction and identity development. This suggests that digital platforms should be considered part of adolescents' everyday social environment rather than treated simply as technological tools.

For the present study, digital media is particularly relevant because it can connect adolescents to information beyond their immediate rural community. At the same time, access to digital information may create new inequalities depending on internet access, digital literacy, family restrictions, and adolescents' ability to evaluate sources critically.

2.9 Health Services and Professional Sources of Information

Health professionals can provide adolescents with specialized and scientifically accurate information about reproductive health, contraception, STIs, menstruation, pregnancy prevention, and other health concerns. Government health institutions therefore have the potential to become important sources of support for adolescents. However, the availability of health services does not automatically mean that adolescents will use them. Adolescents may be concerned about privacy, confidentiality, embarrassment, cost, distance, or the possibility of being judged by health workers or other community members.

The Sri Lankan school-based study by (Rajapaksa-Hewageegana et al., 2015) found that health professionals were the preferred source of sexual information for 32% of respondents. This is significant because it indicates that adolescents may value professional sources even when communication through family and peer networks is more common.

UNFPA Sri Lanka has also emphasized the importance of youth-friendly sexual and reproductive health services and access to accurate information for young people (UNFPA, 2024). Therefore, the relationship between adolescents and health institutions should be considered as part of the wider social environment influencing sexual health awareness.

For adolescents living in rural areas, geographical accessibility may be especially important. The availability of services within or near the community can influence whether adolescents are able and willing to seek professional advice. Community-level health workers may therefore serve as important links between adolescents and formal health institutions.

2.10 Religious and Community Influences

Religious and community institutions are also relevant to adolescents' understanding of sexuality. Religious teachings and community expectations can influence ideas concerning relationships, marriage, gender roles, sexual behavior, and moral responsibility.

In many communities, religion may provide adolescents with values concerning respect, responsibility, self-control, and interpersonal behavior. Religious and community leaders may therefore contribute positively to adolescent well-being when they provide supportive and age-appropriate guidance.

At the same time, strong social expectations surrounding premarital sexuality may make adolescents reluctant to discuss sexual health openly. Where sexual matters are closely associated with morality or social reputation, adolescents may avoid asking questions even when they need information.

This issue is relevant to rural communities because social relationships can be relatively interconnected, meaning that concerns about privacy and community judgement may influence adolescents' willingness to seek information or services. Therefore, the role of community institutions should be considered alongside family, school, peer, and health-service influences.

2.11 Social Networks and Access to Sexual Health Information

The literature reviewed above demonstrates that adolescents obtain sexual health information through multiple social environments. Family relationships may provide emotional support and individualized guidance; schools provide formal education; peers provide opportunities for sharing experiences; digital media expands access to information; health institutions provide professional knowledge; and religious and community organizations contribute social and cultural values.

However, these sources do not operate independently. An adolescent may receive information about menstruation from her mother, reproductive health education at school, advice from friends, additional information through social media, and professional guidance from a health worker. These different sources may reinforce one another or provide conflicting

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messages. This means that adolescent sexual health awareness is influenced not simply by the number of information sources available but by the relationships connecting adolescents to those sources. Trust, accessibility, communication, and the reliability of information can determine whether a particular social connection becomes useful.

This perspective creates an important connection with Social Capital Theory, which is discussed in greater detail in Chapter 3. Rather than repeating the theoretical definitions in the present chapter, the literature suggests that social relationships can provide adolescents with access to information and support, while weak communication or restricted networks can limit such access.

International evidence also supports the relationship between social capital and adolescent sexual health. A study examining social capital and adolescent sexual risk behavior found that higher levels of social capital were associated with fewer sexual risk behaviors and more protective behaviors (McPherson et al. (2013) More recent research has also examined the relationship between social capital within families, schools, and neighborhoods and adolescent sexual behavior, demonstrating the relevance of social environments to adolescent sexual health (Cribb Fabersunne et al. (2024).

These studies provide support for examining adolescent sexual health from a sociological perspective. They suggest that health-related knowledge and behavior cannot be fully explained by individual characteristics alone because social relationships and community contexts also influence adolescents' opportunities, choices, and access to resources.

2.12 Social Capital and Adolescent Sexual Health: Review of Previous Research

The concept of social capital has been widely used to examine how social relationships, trust, networks, and community connections influence health and well-being. Bourdieu (1986), Coleman (1988), and Putnam (2000) provide major theoretical foundations for understanding social capital, although their approaches differ.

In health research, social capital has been considered important because individuals may gain access to information, emotional support, social norms, and institutional resources through their social networks. For adolescents, these networks can be particularly important because young people are simultaneously dependent on adults and increasingly connected to peer and wider social environments. Studies of adolescent health have demonstrated that supportive relationships and community connections can act as protective resources. Morgan and Haglund (2009), for example, found that social capital was relevant to young people's health, well-being, and health-related behaviors.

Research specifically linking social capital with sexual and reproductive health has also emerged. (McPherson et al. 2013) found associations between social capital and adolescent sexual risk and protective behaviors. More recent research has examined how social connectedness can influence the diffusion of sexual and reproductive health knowledge across communities (Koebe et al., 2024).

These studies indicate that social capital can be useful for examining the social conditions surrounding sexual health. Nevertheless, much of this research has been conducted outside Sri Lanka. There remains a need to understand how social relationships and institutional connections operate within the particular cultural and community context of Sri Lankan adolescents.

2.13 Sri Lankan Context of Adolescent Sexual Health

The Sri Lankan context contains several characteristics that make adolescent sexual health an important area of sociological research. Sri Lanka has achieved considerable progress in general health indicators and reproductive health services, but gaps remain in adolescents' access to accurate sexual and reproductive health information.

UNFPA Sri Lanka has reported that young people continue to experience limitations in sexual and reproductive health knowledge. The organization has emphasized the importance of comprehensive reproductive health education and youth-friendly services to support young people in making informed decisions (UNFPA, 2016; 2017).

The issue is also influenced by the social sensitivity of sexuality. Sexuality may be regarded as a private matter, and adolescents may be discouraged from openly discussing sexual issues with adults. This can create a situation in which young people receive fragmented information from multiple sources rather than systematic guidance. The findings of Mataraarachchi et al. (2023) are especially relevant because they show that adolescent girls may prefer mothers as sources of sexual and reproductive health information while still experiencing barriers to discussing sensitive topics. Similarly, Agampodi et al. (2015) demonstrated that although many Sri Lankan adolescents reported positive relationships with parents, only a minority discussed sexual issues with them.

Therefore, the Sri Lankan situation illustrates the importance of examining the difference between having social relationships and being able to use those relationships as sources of sexual health knowledge.

2.14 Research Gap

The literature reviewed in this chapter demonstrates that adolescent sexual health awareness is influenced by a range of

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individual, social, cultural, educational, and institutional factors. International research has highlighted the importance of sexuality education, family communication, peer networks, health services, and digital information. Sri Lankan studies have similarly identified gaps in adolescents' sexual and reproductive health knowledge and communication.

However, several gaps remain.

First, much of the Sri Lankan literature focuses on levels of sexual and reproductive health knowledge, attitudes, behaviors, or specific forms of communication. Although these studies provide valuable evidence, less attention has been given to the broader social networks through which adolescents obtain and interpret sexual health information.

Second, relatively limited attention has been given to the application of Social Capital Theory to adolescent sexual health within the Sri Lankan context. Existing social capital research suggests that relationships, trust, social networks, and institutional connections can influence health-related behaviors. However, there is a need to examine how these processes operate specifically in relation to adolescents' awareness of safe sexual practices.

Third, different sources of information are often examined separately. Family communication may be studied independently from school education, peer relationships, digital media, or health services. In everyday life, however, adolescents may move between all of these sources. A sociological study therefore needs to consider how these sources interact and how adolescents decide which sources to trust.

Fourth, there is a contextual gap concerning rural adolescents. Rural communities may have different patterns of social relationships, access to health services, educational resources, digital technologies, and community networks compared with urban settings. National-level findings may therefore not fully explain the everyday experiences of adolescents living in particular rural communities.

Finally, there is a methodological gap. Quantitative studies can identify levels of knowledge and patterns of communication, but they may not fully explain how adolescents experience these relationships, why certain topics are difficult to discuss, or how adolescents evaluate information obtained from different sources. A qualitative approach can provide a deeper understanding of these experiences by allowing adolescents to describe their perceptions and everyday realities in their own words.

The present study addresses these gaps by examining adolescent girls' awareness of safe sexual practices in the Kumaragama Grama Niladhari Division of the Hingurakgoda Divisional Secretariat Division in Polonnaruwa District. The study focuses on the social relationships and institutional connections through which adolescents obtain sexual and reproductive health information. Family, peer, school, digital, religious, community, and health-service relationships are examined as important components of adolescents' social environments.

The study therefore seeks to contribute to the existing literature by connecting adolescent sexual health awareness with the sociological concept of social capital. In particular, it examines how the availability, strength, trustworthiness, and accessibility of social relationships influence adolescents' opportunities to obtain reliable information about safe sexual practices. The theoretical interpretation of these relationships through bonding, bridging, and linking social capital is presented separately in Chapter 3.

2.15 Summary of the Literature Review

The literature reviewed in this chapter indicates that adolescent sexual health awareness is shaped by multiple and interconnected sources of information. Families, schools, peers, digital platforms, health institutions, religious organizations, and wider community networks can all influence adolescents' understanding of sexuality and reproductive health. Existing Sri Lankan research demonstrates that significant gaps remain in adolescent sexual and reproductive health knowledge. It also shows that adolescents may value parents and health professionals as sources of information while experiencing difficulties discussing sensitive sexual matters. Cultural expectations, embarrassment, limited parental confidence, inadequate sexuality education, and the quality of information available through informal sources can influence adolescents' knowledge and decision-making.

The literature further suggests that social relationships can function as important resources for health information and support. However, the usefulness of these relationships depends on trust, communication, accessibility, and the reliability of information exchanged. This provides a strong basis for examining adolescent sexual health awareness through a social capital perspective.

Accordingly, the present study focuses on adolescent girls in the Kumaragama Grama Niladhari Division and examines how their social relationships and institutional connections influence their access to sexual and reproductive health information. Chapter 3 develops the theoretical framework of the study by explaining Social Capital Theory and its relevance to the relationship between social networks and adolescent sexual health awareness.

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3. Theoretical and Conceptual Framework

3.1 Understanding Social Capital

This study uses Social Capital Theory as its main theoretical framework to examine how adolescent girls obtain information and develop awareness regarding safe sexual practices. Social capital generally refers to the resources, information, support, trust, and opportunities that individuals can access through their social relationships and networks (Bourdieu, 1986; Coleman, 1988; Putnam, 2000).

Bourdieu (1986) explains social capital in relation to the resources available through membership in social networks and relationships. Coleman (1988) emphasizes the importance of trust, communication, obligations, and social relationships in facilitating access to resources and information. Putnam (2000) focuses on networks, trust, and social norms that enable individuals to access social resources and participate effectively within society.

Putnam's distinction between bonding and bridging social capital is particularly useful for this study. Bonding social capital refers to close relationships among individuals with strong interpersonal connections, such as family members and close friends. Bridging social capital refers to connections that provide access to wider social groups, organizations, and opportunities. In addition, linking social capital refers to relationships between individuals and formal institutions or people with authority and specialized resources.

In this study, bonding social capital is mainly considered through family and peer relationships, bridging social capital through schools and community networks, and linking social capital through government health institutions and health professionals. Digital media is also considered as an important source through which adolescents can connect with wider information networks.

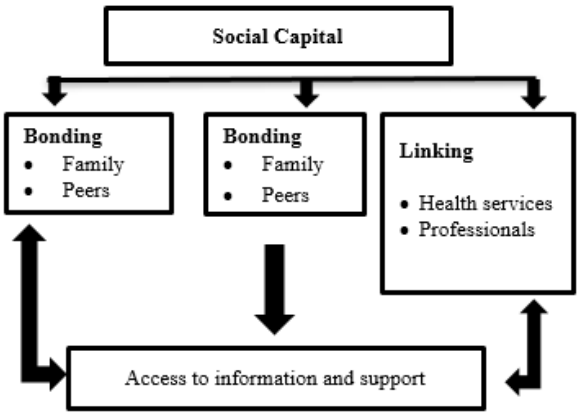


Figure 1 . Forms of Social Capital in the Study

Source: Developed by the researcher based on Bourdieu (1986), Coleman (1988), and Putnam linking (2000).

The figure illustrates the main forms of social capital considered in the present study and the social connections through which adolescents may obtain information and support.

3.2 Social Capital and Adolescent Sexual Health Awareness

Social relationships can influence adolescents' access to sexual and reproductive health information. Family and peer relationships may provide trusted spaces for communication and support. When adolescents can communicate openly with parents, caregivers, or close friends, they may have greater opportunities to ask questions and obtain guidance. However, limited communication, embarrassment, and social expectations may restrict the usefulness of these relationships. Schools and community networks can provide adolescents with wider opportunities to obtain information. Schools may provide formal health education and access to teachers and educational resources, while community networks may connect adolescents with additional social and educational opportunities. The usefulness of these connections may depend on the availability and quality of information and the willingness of adolescents to use these resources. Government health institutions and health professionals can provide specialized information and professional guidance. These connections are particularly important because health professionals may provide reliable information that is not available through family or peer networks. However, adolescents' use of health services may be influenced by accessibility, confidentiality, trust, and their awareness of available services.

Digital media has also become an important source of information for adolescents. Online platforms can provide access to information beyond the immediate family, school, and community. However, the reliability of information available through digital networks may vary. Therefore, digital media may provide both opportunities and challenges for adolescent sexual health awareness.

Religious and community institutions may also influence adolescents' understanding of relationships, values, gender expectations, and acceptable behavior. Their influence may differ according to the cultural and social environment of the community.

Overall, Social Capital Theory suggests that adolescents' sexual health awareness is influenced not simply by the availability of information, but by the quality of relationships, trust, communication, accessibility, and reliability of the networks through which information is obtained.

3.3 Conceptual Relationship of the Study

Based on Social Capital Theory, this study conceptualizes

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adolescent sexual health awareness as a socially influenced outcome. Adolescents obtain knowledge through different relationships and institutional networks rather than through a single source.

The study focuses on three forms of social capital. Bonding social capital is represented by family and peer relationships, bridging social capital by schools and community networks, and linking social capital by government health institutions and health professionals. Digital media is considered as an additional information network that may extend adolescents' access to knowledge beyond their immediate social environment.

The framework assumes that supportive relationships and accessible institutions can improve adolescents' opportunities to obtain reliable sexual and reproductive health information. Trust and open communication may encourage adolescents to seek information and clarify their doubts, while restricted communication or weak social connections may create information gaps. Similarly, unreliable information sources may affect the quality of adolescents' understanding.

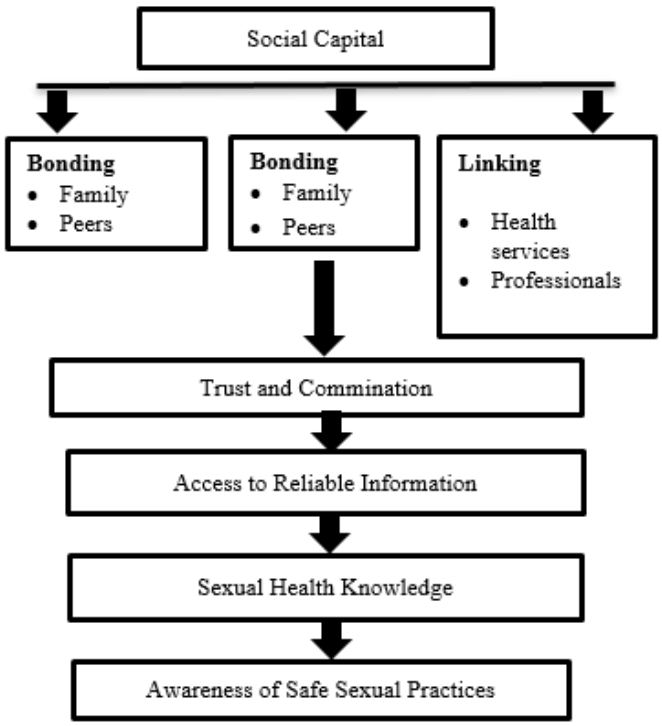


Figure 2: Conceptual Framework of the Study

Source: Developed by the researcher based on Bourdieu (1986), Coleman (1988), and Putnam (2000).

The conceptual framework shows the proposed relationship between social capital and adolescents' sexual health awareness. The study assumes that the strength and quality of adolescents' social connections influence their access to reliable sexual and reproductive health information. Strong relationships, effective communication, trust, and accessible institutions may support greater awareness, while limited communication, weak institutional connections, and unreliable information may constrain it. Therefore, Social Capital Theory provides a sociological basis for examining how family, peers, schools, community networks, digital media, and health institutions influence adolescent girls' access to sexual health information and their awareness of safe sexual practices. This framework will guide the analysis of the experiences of adolescent girls in the Kumaragama Grama Niladhari Division of the Hingurakgoda Divisional Secretariat Division, Polonnaruwa District.

4. Methodology

4.1 Research Approach

This study employed a qualitative research approach to examine adolescents' awareness of safe sexual practices and the social factors that influence their access to sexual and reproductive health information. A qualitative approach was appropriate because the study focused on participants' experiences, perceptions, communication patterns, and relationships rather than measuring awareness through numerical data (Creswell and Poth, 2018).

The study was guided by Social Capital Theory, particularly the concepts of bonding, bridging, and linking social capital ,with particular attention to family relationships, peer networks, educational institutions, digital media, community networks, and government health services. The qualitative approach enabled the researcher to understand how adolescents obtain information, which sources they trust, and how social relationships and institutional connections facilitate or constrain access to sexual health knowledge.

4.2 Study Area

The study was conducted in the Kumaragama Grama Niladhari Division, located within the Hingurakgoda Divisional Secretariat Division of Polonnaruwa District, Sri Lanka.

The study area was selected because it provided a suitable rural community setting for examining adolescents' access to sexual and reproductive health information through family, peer, educational, community, digital, and health-service networks. The area also provided an opportunity to examine different forms of social capital within the everyday social environment of adolescents.

The study focused specifically on this selected community and therefore aimed to develop a context-specific understanding rather than represent all adolescents in Sri Lanka.

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4.3 Study Population and Participants

The main participants of the study were adolescent girls living in the selected study area. In addition, one Public Health Midwife (PHM) was included as a key informant because of her professional involvement in community and reproductive health services.

A total of 11 participants were included in the study: 10 adolescent girls and one PHM. The adolescent participants provided information based on their experiences of obtaining and understanding sexual and reproductive health information, while the PHM provided a professional perspective on adolescent health information and access to community health services. The participants were selected purposively because they were considered relevant to the research objectives and were able to provide perspectives on adolescents' access to sexual and reproductive health information within the selected rural community.

Table 01: Distribution of Research Participants

Participant category	Number of participants	Selection method	Purpose of inclusion
Adolescent girls	10	Purposive sampling	To explore experiences and awareness of sexual and reproductive health information
Public Health Midwife	1	Purposive sampling	To obtain a professional perspective on adolescent health information and services
Total	11	Purposive sampling	To obtain participant and key-informant perspectives

Source: Field data, 2025.

4.4 Sampling Technique

Purposive sampling was used to select participants. This technique was considered appropriate because participants were selected according to their relevance to the research objectives.

The adolescent participants were selected based on the predetermined criteria of the study, while the Public Health Midwife was selected because of her professional role and experience in providing community-level health services. The use of purposive sampling enabled the researcher to obtain information from participants who could provide relevant experiences and perspectives regarding adolescent sexual and reproductive health.

4.5 Data Collection Methods

Data were collected through qualitative interviews with the 10 adolescent girls and one Public Health Midwife. Semi-structured interviews were used to provide a consistent set of key topics while allowing participants to describe their experiences, perceptions, and views in their own words.

A semi-structured interview guide was developed based on the research objectives, relevant literature, and the key domains of Social Capital Theory, including social relationships, trust, reciprocity, social networks, social support, and community participation The questions covered adolescents' sources of sexual and reproductive health information, communication with family members and peers, school-based information, digital media, access to health services, trusted individuals and institutions, and the role of social relationships in accessing health-related information. Follow-up and probing questions were used where necessary to clarify participants' responses and obtain further details about their experiences.

4.6 Data Analysis

The collected qualitative data were analyzed using thematic analysis. Thematic analysis was used to identify recurring ideas, patterns, and meanings within participants' responses.

The interview data and research notes were reviewed several times. Relevant information was identified and grouped into categories, which were then developed into broader themes according to the research objectives and Social Capital Theory.

The main areas considered during the analysis included sources of sexual and reproductive health information, family communication, peer relationships, school-based support, digital media, health-service access, trust, and institutional relationships. The perspectives of the adolescent participants and the Public Health Midwife were also compared to identify similarities and differences. The final themes were interpreted in relation to the research questions and the theoretical framework of the study.

During the data collection process, responses from the

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adolescent participants showed considerable repetition across the main areas of inquiry. As the interviews progressed, similar patterns and themes were repeatedly identified, while substantially new information became less frequent. Data collection continued until sufficient depth and repetition were achieved in the interview data. Saturation was assessed iteratively by reviewing emerging codes and recurring themes after each interview. During the final interviews, no substantially new themes relevant to the research objectives emerged, although participants provided further examples of existing themes. Therefore, the data were considered sufficient based on the depth and richness of the information obtained rather than solely on the number of participants.

4.7 Ethical Considerations

Ethical considerations were given particular attention because the study involved adolescents and sensitive sexual and reproductive health issues.

Participants were informed about the purpose of the study, the nature of their participation, and the use of the information provided. Participation was voluntary, and participants were informed that they could choose not to answer questions that made them uncomfortable.

Confidentiality and anonymity were maintained throughout the research process. Participants' names and identifying information were not included in the study report. Interviews were conducted respectfully and privately, and the collected information was handled carefully to protect participants' privacy.

The researcher maintained a non-judgmental approach throughout the interviews and respected the participants' right to express their views freely.

4.8 Limitations of the Study

The study has several limitations. First, the sample consisted of only 10 adolescent girls and one Public Health Midwife. Therefore, the findings represent the experiences of the selected participants and cannot be generalized to all adolescents or health-service providers.

Second, the study focused only on adolescent girls within one selected rural community. Therefore, the experiences of adolescent boys and adolescents from other geographical and social settings were not included.

Third, sexual and reproductive health is a sensitive topic. Some participants may have felt uncomfortable discussing certain experiences or may not have disclosed all information during the interviews.

Finally, the study relied on participants' self-reported experiences. Therefore, the findings may have been influenced by participants' willingness to share information, their ability to recall experiences, and their level of comfort during the interviews.

Despite these limitations, the qualitative approach provided an opportunity to obtain detailed, context-specific information about how adolescents access and understand sexual and reproductive health information through their social relationships and institutional networks.

5. Social Capital and Adolescent's Sexual Health Awareness

This chapter presents the findings of the study on adolescents' awareness of safe sexual practices and examines these findings through the perspective of Social Capital Theory. Particular attention is given to the ways in which adolescents obtain sexual and reproductive health information through family relationships, schools, peer groups, digital media, government health services, and religious institutions. The findings indicate that adolescents did not depend on a single source of information. Instead, their knowledge was developed through several social relationships and institutional connections. However, the availability and quality of information differed across these sources. Some relationships provided opportunities for open communication and reliable information, while others were limited by embarrassment, cultural expectations, lack of knowledge, or restricted access.

The findings are discussed according to the major forms and sources of social capital identified in the study.

5.1 Family as Bonding Social Capital: The Role of Close Relationships in Sexual Health Awareness

The findings indicate that the family, particularly mothers, was an important source of sexual and reproductive health information for some adolescent participants. Participants described receiving information from their mothers about puberty, bodily changes, growing up, and other matters related to adolescence.

From the perspective of Social Capital Theory, family relationships can be understood as bonding social capital because they are based on close interpersonal relationships, trust, emotional support, and shared experiences. These relationships can create a comfortable environment in which adolescents are able to ask questions and discuss personal concerns.

"My mother was the one who explained these things to me. She is a doctor, and before I became a teenager, she explained the changes that would happen and provided

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information about other related matters."
(Case Study 10)

This account shows that the family can function as a direct source of sexual and reproductive health knowledge. In this case, the participant received information before and during adolescence through communication with her mother. The mother's professional background may also have contributed to the participant receiving more accurate and detailed information.

However, not all participants experienced the family as an effective source of sexual health information.

"No. Our mothers do not explain those things. Also, they do not know how to explain them."
(Case Study 05)

This response shows that having a family relationship does not automatically ensure access to adequate sexual health information. Parents may experience difficulties when discussing sexuality because of limited knowledge, embarrassment, cultural expectations, or uncertainty about how to communicate sensitive issues with adolescents.

Therefore, the findings suggest that the value of family-based social capital depends not simply on the existence of close relationships but also on the quality of communication within those relationships. Where parents are able to communicate openly and provide accurate information, family relationships can act as a protective resource. In contrast, when communication is limited, adolescents may experience information gaps and may turn to other sources.

Overall, the family represents an important form of bonding social capital in relation to adolescent sexual health awareness. Strengthening parent–adolescent communication and creating a more comfortable environment for discussing puberty, reproductive health, personal safety, and relationships could increase the positive contribution of family relationships.

5.2 School as Bridging Social Capital: Access to Formal Knowledge

Schools were another important source of sexual and reproductive health information for the participants. The findings show that adolescents received some information through subjects such as Science and Health and Physical Education. However, the amount and depth of information varied according to the subjects studied and the educational experiences of individual participants.

From the perspective of Social Capital Theory, schools can be understood as bridging social capital because they connect adolescents with formal educational knowledge and wider institutional resources beyond their immediate family environment.

"I learned about those things through Health. Because of that, I know something about them."
(Case Study 05)

This response indicates that school-based health education provided the participant with an opportunity to obtain information that may not have been available through other social networks.

However, another participant described a more limited experience:

"I did not study Health and Physical Education. I do not know much about those things. I only know what was included in Science. We just studied the diagrams and labelled them. I do not really know beyond that."
(Case Study 07)

This response suggests that school-based knowledge was sometimes limited mainly to biological aspects of reproduction. Although learning about reproductive organs and biological processes is important, adolescents may also require knowledge about personal safety, healthy relationships, consent, protection from sexual and reproductive health risks, and appropriate sources of support.

The findings therefore indicate differences in the extent to which schools provided comprehensive sexual health information. Some participants benefited from Health and Physical Education, while others mainly received information through Science. As a result, access to school-based knowledge was not necessarily equal.

From a social capital perspective, this demonstrates that the strength of bridging social capital depends on the quality and accessibility of institutional resources. Schools have the potential to provide reliable and standardized knowledge, but this potential may be reduced when sexual health education is limited in scope or focused mainly on biological content.

Figure 03 illustrates how family and school relationships provide different forms of social capital. Family relationships can provide trust, emotional support, and personal guidance, while schools can connect adolescents with formal educational knowledge. The findings indicate that both forms are important, although the quality and availability of information differ across these settings.

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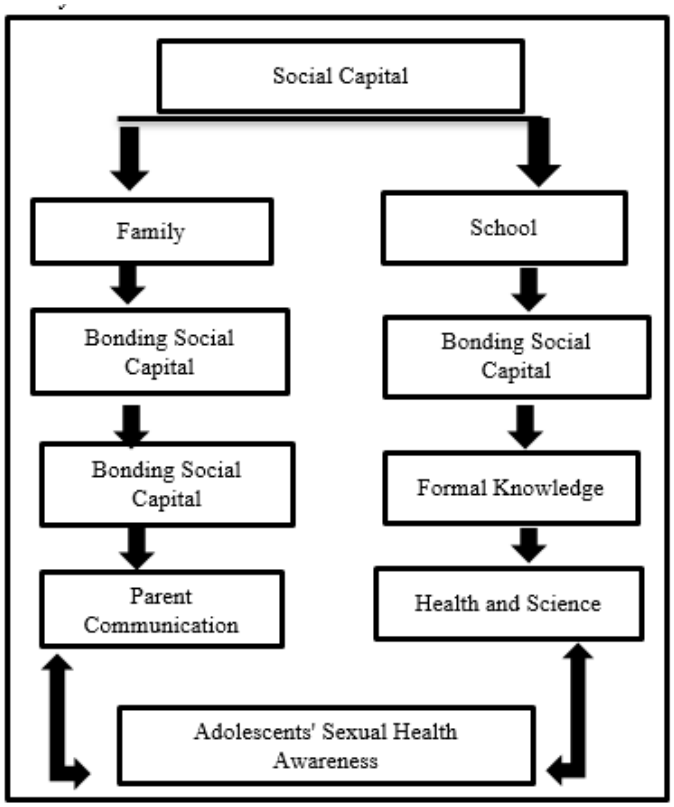


Figure 03: Family and School as Sources of Sexual Health Information

Source: Developed by the researcher based on the study findings and Social Capital Theory.

5.3 Peer Groups as Informal Social Networks

Peer groups become increasingly important during adolescence as young people develop relationships beyond their immediate families. Friends can provide companionship, emotional support, and opportunities to share experiences. From the perspective of Social Capital Theory, peer relationships can therefore be understood as informal social networks that have the potential to provide useful social resources. However, the findings indicate that peer groups did not function as a strong source of sexual and reproductive health information among the participants. Although adolescents had friendships and interacted regularly with peers, discussion about sexuality and relationships were often restricted because of embarrassment, fear, and social expectations.

"There were girls who were close to us, but we did not really talk about relationships. We were afraid to talk about those kinds of things. We did not discuss such things among our friends. We mostly talked about other things." (Case Study 01)

"There was nobody to provide us with proper knowledge. We did not discuss those kinds of things among friends. We felt afraid and embarrassed to talk about such topics." (Case Study 07)

These responses suggest that although peer networks were available, adolescents did not always feel comfortable using these relationships to exchange sexual health information. Gender expectations were also evident in the participants' responses.

"No, we do not talk about those things. We are girls, so we do not discuss such topics."
(Case Study 08)

This response indicates that cultural and gender expectations may influence what adolescent girls consider appropriate to discuss with their peers. Sexuality may be viewed as a private or inappropriate topic, limiting opportunities for information sharing. Therefore, the findings show that the existence of friendship networks alone does not guarantee access to useful sexual health information. Trust, openness, communication, and social acceptance are also important. Peer relationships may provide emotional support, but their contribution to sexual health awareness can remain limited when adolescents lack confidence or accurate knowledge to discuss sensitive topics.

Overall, peer groups represent an important but relatively underused source of sexual health information among the participants. Supportive educational and health programs could help adolescents develop the confidence and knowledge needed to discuss sensitive health issues responsibly rather than relying only on informal peer-generated information.

5.4 Social Media as Digital Social Capital: Access to Knowledge and Misinformation

The findings indicate that the internet and digital platforms have become alternative sources of sexual and reproductive health information for some participants. When information was limited within families, schools, or peer groups, some adolescents used digital sources to obtain additional knowledge. Digital platforms can be considered an emerging form of social capital because they connect adolescents with information and knowledge beyond their immediate social environments. However, access to digital information was not equal among all participants.

"We did not have a phone at that time, so I did not learn those things from the internet."
(Case Study 02)

This response demonstrates that access to digital information depends partly on access to technology. Adolescents who do not have personal devices or sufficient internet access may have fewer opportunities to benefit from online information.

"I learned many things through the internet. There were many things that I learned from there."
(Case Study 03)

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This experience demonstrates the potential of digital platforms to reduce information gaps. The internet allowed the participant to access information that may not have been sufficiently available through traditional sources. However, the findings also reveal a significant limitation of digital information.

"I learned from those websites. We thought that was what sexuality really meant." (Case Study 05)

This statement suggests that adolescents may sometimes accept information found online without being able to determine whether it is accurate, reliable, or scientifically appropriate. Consequently, digital access can provide opportunities for learning while also creating risks of misinformation.

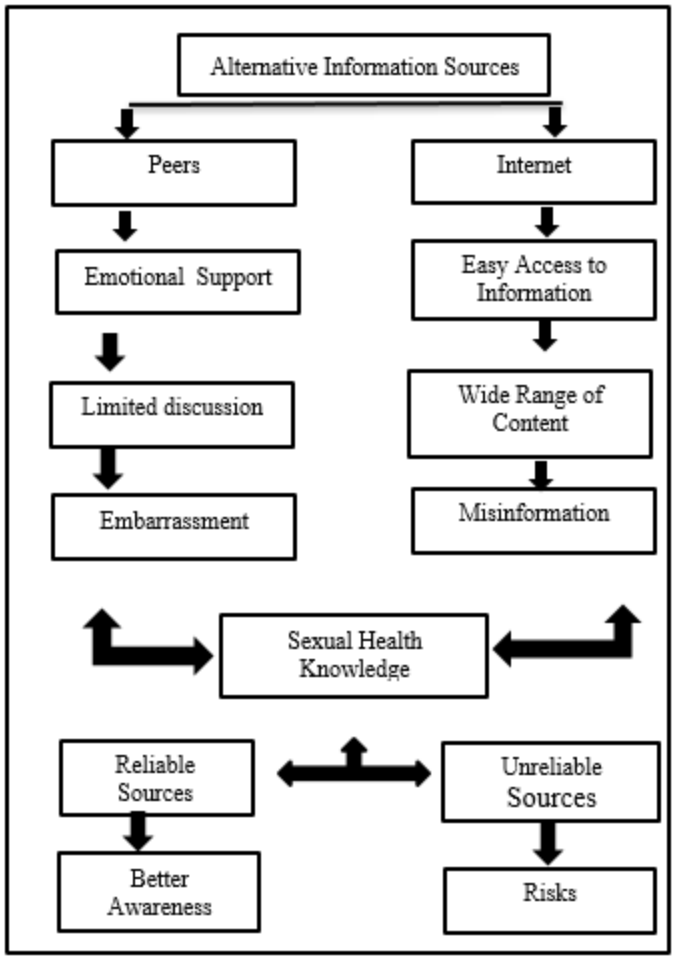


Figure 04: Digital and Informal Sources of Sexual Health Information

Source: Developed by the researcher based on the study findings.

Figure 04 demonstrates the dual role of informal and digital networks. These networks can expand adolescents' access to information, but their usefulness depends on the reliability of the information and the adolescents' ability to evaluate it.

The findings therefore suggest that digital social capital has both positive and negative dimensions. The internet can help adolescents overcome information barriers, but unequal access to technology and exposure to unreliable content can reduce its protective value. Improving adolescents' digital health literacy and directing them towards reliable health information may therefore strengthen the positive contribution of digital platforms.

5.5 Government Health Services as Linking Social Capital

Government health services emerged as an important institutional source of sexual and reproductive health information and support. Unlike family and peer relationships, government health institutions connect adolescents with professional knowledge, specialized services, and formal sources of support.

From the perspective of Social Capital Theory, these relationships can be understood as linking social capital because they connect individuals with institutions and professionals who possess specialized knowledge, authority, and resources.

Participants referred to programs conducted through Medical Officer of Health (MOH) services. One participant explained:

"Through the MOH office, they conduct programs for those between 15 and 25 years. They discuss early pregnancy, drug addiction, and child abuse. They also provide books containing information about these topics."
(Case Study 04)

This indicates that community health programmer create opportunities for young people to receive information outside their immediate family and school environments. Topics such as early pregnancy and child abuse are particularly relevant to adolescent safety and well-being.

The role of health professionals was also highlighted by another participant:

"When doctors or health officers explain these things, we can understand them better because they explain scientifically and clearly."
(Case Study 05)

This response emphasizes the value of professional expertise. The participant's reference to scientific and clear explanations suggests that health professionals may be viewed as more trustworthy sources of information for sensitive health issues.

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The provision of printed materials was another useful aspect of these programs. Information provided through books or other educational materials allows adolescents to access knowledge beyond the immediate health programmer.

However, the findings also suggest that the existence of health services does not necessarily mean that all adolescents benefit equally. Awareness of available programs, accessibility, participation, and willingness to seek professional advice may influence whether adolescents use these services.

Therefore, government health institutions represent an important form of linking social capital. Where family communication is limited, school-based education is insufficient, or peer discussion are restricted, health professionals can provide an alternative source of accurate information and guidance.

Strengthening adolescent-friendly community health programs and increasing adolescents' awareness of available services could further improve the role of government health institutions in addressing gaps in sexual and reproductive health knowledge.

5.6 Religion as a Cultural Institution and Source of Social Support

Religious institutions had a relatively limited and inconsistent role in providing sexual and reproductive health information among the participants. Nevertheless, the findings indicate that religious settings can sometimes create opportunities for adolescents to receive health-related information when they are connected with qualified professionals.

"I attended a children's programs once, and a doctor came there and explained many things about us."
(Case Study 02)

This experience demonstrates that religious spaces can become supportive sources of knowledge when they provide opportunities for interaction with health professionals.

However, other participants reported that such programs were not available in their religious settings:

"No, there were no such programs at the temple."
(Case Study 01)

"In our religion, there were no such things. There were no programs like that."
(Case Study 03)

These contrasting experiences indicate that the contribution of religious institutions was not consistent across participants. While one participant had access to health-related information through a religious programme, others had not experienced similar opportunities.

From the perspective of Social Capital Theory, religious institutions can function as community-based social networks that provide trust, social connection, and support. However, their contribution to sexual health awareness depends on the types of activities and information made available within those settings.

Religious and cultural values may also influence adolescents' willingness to discuss sexuality openly. Therefore, religious institutions may be more effective when they collaborate with health professionals and community organizations to provide scientifically accurate and culturally appropriate information.

Overall, the findings suggest that religion should not be considered only as a restrictive influence on adolescent sexuality. Religious institutions have the potential to become supportive community networks when they create safe opportunities for adolescents to receive reliable health information. However, within the present study area, their direct contribution to sexual and reproductive health awareness remained limited.

5.7 Overall Findings in Relation to Social Capital

The findings demonstrate that adolescents' sexual and reproductive health awareness was shaped by several interconnected social networks rather than by one particular source of information. Family, school, peers, digital media, government health services, and religious institutions each provided different forms of access to knowledge and support.

Family relationships represented the strongest form of bonding social capital when communication was open and supportive. However, some participants experienced limitations in family communication, particularly when parents lacked knowledge or felt uncomfortable discussing sexuality.

Schools provided bridging social capital by connecting adolescents with formal educational knowledge. However, the findings suggest that school-based information was sometimes limited to biological aspects of reproduction, and access to broader sexual health education varied among participants.

Peer relationships were available but were not widely used for discussing sexuality because of embarrassment, fear, and gender-related social expectations. Digital platforms provided new opportunities for accessing information, but

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unequal access to technology and exposure to misinformation created limitations.

Government health services represented an important form of linking social capital because they connected adolescents with professional knowledge and institutional resources. Religious institutions had a less consistent role, but the findings indicate that they could become supportive networks when they collaborated with health professionals.

Overall, the findings support the central argument of Social Capital Theory that social relationships and institutional connections can provide valuable resources, but the existence of a network alone is not sufficient. The usefulness of social capital depends on trust, communication, accessibility, the quality of information, and the ability of adolescents to use the available resources.

Table 02 : The findings can therefore be summarized

Form of Social Capital	Main Social Network	Contribution to Sexual Health Awareness	Main Limitation
Bonding	Family	Trust, emotional support, personal guidance	Embarrassm-ent and limited parental knowledge
Bridging	School	Formal and scientific information	Limited or unequal sexuality education
Informal Networks	Peers	Emotional support and experience sharing	Fear and reluctance to discuss sexuality
Digital Networks	Internet/ Social media	Wider and independent access to information	Misinformation and unequal digital access
Linking	Governmen-t health services	Professional knowledge and health guidance	Limited awareness and access to programs
Community networks	Religious institutions	Social support and potential access to professional	Limited and inconsistent health programs

Source: Developed by the researcher based on the study findings.

The overall findings suggest that adolescents' awareness of safe sexual practices is influenced by the strength and quality of the social and institutional networks available to them. Supportive family relationships, effective school-based education, reliable digital information, professional health services, and appropriate community programs can strengthen adolescents' access to accurate knowledge. Conversely, restricted communication, limited educational opportunities, misinformation, and weak institutional connections can create gaps in sexual health awareness.

Thus, social capital can operate both as a protective resource and as a constraint. Where adolescents have trusted relationships and reliable institutional connections, social capital can support better access to sexual and reproductive health knowledge. Where these relationships are weak, restricted, or unable to provide accurate information, adolescents may become more dependent on less reliable sources.

The findings consequently demonstrate the importance of strengthening the social environments through which adolescents obtain sexual and reproductive health information. Rather than focusing only on individual knowledge, attention should also be given to improving communication within families, strengthening school-based education, developing adolescent-friendly health services, improving digital health literacy, and encouraging appropriate collaboration between community and religious institutions and professional health providers.

6. Discussion

This study examined adolescents' awareness of safe sexual practices by focusing on the role of social capital in shaping access to sexual and reproductive health information. The findings demonstrate that adolescents' knowledge is influenced not only by individual experiences but also by the social relationships and institutions within which they live. Family relationships, schools, peer networks, digital platforms, government health services, and religious institutions provided different opportunities for accessing information and support. However, the availability of these networks did not always result in equal access to reliable

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knowledge. The findings therefore support the argument that adolescent sexual health awareness is socially embedded and influenced by the quality, trust, accessibility, and reliability of social connections.

The findings particularly highlight the importance of bonding social capital within family relationships. For some participants, mothers were important sources of information about puberty, bodily changes, and reproductive health. This indicates that close family relationships can provide adolescents with trusted spaces for communication and guidance. However, not all participants experienced the family in this way. Limited parental knowledge, embarrassment, and difficulties in discussing sexuality restricted communication in some families. This suggests that, as emphasized by Coleman (1988) and Putnam (2000), social relationships become valuable resources only when they facilitate communication, trust, and access to useful information. Therefore, the existence of a close family relationship alone is insufficient to ensure adequate sexual health awareness.

Schools provided another important social environment through which adolescents could obtain sexual and reproductive health knowledge. The findings indicate that school-based information was mainly received through subjects such as Science and Health and Physical Education, but the depth of knowledge varied among participants. This suggests that schools have the potential to function as bridging social capital by connecting adolescents with formal and scientifically informed knowledge. However, when sexuality-related education is limited mainly to biological aspects, adolescents may not receive sufficient information about personal safety, healthy relationships, consent, responsible decision-making, and prevention of sexual and reproductive health risks. This finding is consistent with the broader emphasis of UNESCO (2018) on the importance of comprehensive and age-appropriate sexuality education. Thus, the effectiveness of schools as a form of bridging social capital depends on the quality and consistency of the educational opportunities provided. In rural schooling contexts, bridging social capital may remain underutilized because connections between schools and external sources of specialized knowledge, such as health professionals, reproductive health services, community organizations, and other formal institutions, may be limited. The findings suggest that adolescents' access to school-based information was largely dependent on the knowledge and willingness of teachers and the content available within the formal curriculum. Where schools have fewer opportunities to establish regular links with external health professionals and community-based services, adolescents may have limited access to diverse and specialized sources of sexual and reproductive health information. In addition, cultural sensitivity, embarrassment surrounding discussion of sexuality, and concerns about community or parental reactions may discourage schools from creating more open connections with external organizations. Consequently, although schools have the potential to operate as bridging social capital, this potential is not always fully realized in rural settings. Strengthening collaboration between schools, health professionals, and community-based institutions could therefore expand adolescents' access to reliable and diverse sources of sexual health knowledge.

The findings also indicate that peer relationships, despite being important during adolescence, were not strong sources of sexual health information for many participants. Fear, embarrassment, and gender-related expectations limited open discussion about sexuality and relationships. This demonstrates that having a friendship network does not necessarily mean that adolescents can use that network to obtain reliable information. From a social capital perspective, the usefulness of a network depends on the nature of interaction and the resources that can be exchanged through it. Peer relationships may therefore provide emotional support and companionship while remaining limited as sources of accurate sexual health knowledge. This finding further demonstrates how cultural expectations surrounding sexuality can influence the circulation of knowledge among adolescents.

Digital platforms have created an additional and increasingly important source of information. Some participants used the internet to obtain information that was not easily available through family, school, or peer networks. In this sense, digital environments can expand adolescents' social and informational connections beyond their immediate communities. However, the findings also demonstrate two important limitations: unequal access to digital technologies and exposure to unreliable information. Adolescents who have limited access to phones or the internet may not benefit equally from digital resources, while those who rely on unverified online information may develop inaccurate understandings of sexuality. Therefore, digital access should not automatically be considered a form of protective social capital. Its value depends on the reliability of information, digital health literacy, and the ability of adolescents to distinguish trustworthy sources from misleading content.

Government health services provide an important example of linking social capital. Health programs conducted through MOH services and interactions with health professionals created opportunities for adolescents to access specialized knowledge and institutional support. Participants indicated that professional explanations were easier to understand and considered more credible. This demonstrates the importance of connections between adolescents and institutions that possess specialized knowledge and authority. In situations

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where family communication is limited or school-based education is insufficient, health professionals can provide an important alternative source of reliable information. However, the findings also suggest that the existence of health services alone does not ensure that adolescents will use them. Awareness, accessibility, participation, confidentiality, and trust are important in determining whether these institutional connections become meaningful resources.

Religious institutions appeared to have a more limited and inconsistent role in providing sexual and reproductive health information. Although some participants had opportunities to receive health-related information through programs conducted in religious settings, others reported having no such experiences. This suggests that religious institutions may have potential as community-based social networks, but their contribution depends on the type of programs available and their willingness to create connections with qualified health professionals. Rather than viewing religious institutions only as restrictive influences, the findings suggest that they may become supportive social resources when they facilitate access to appropriate and scientifically accurate health information within culturally acceptable settings.

The findings can also be understood through Foucault's (1978) perspective, which emphasizes that sexuality is shaped through systems of knowledge, social practices, and institutional forms of power. In the present study, adolescents' ability to discuss sexuality was influenced by social expectations concerning what can or cannot be openly discussed. Feelings of embarrassment, gender expectations, cultural values, and institutional practices affected the movement of sexual health information between adolescents and their social networks. Thus, limited awareness cannot simply be understood as a lack of individual interest or responsibility. It is also connected to the social conditions under which knowledge is communicated, restricted, or accessed.

Overall, the findings support the central argument of Social Capital Theory that social relationships and institutional connections can provide important resources for individuals (Bourdieu, 1986; Coleman, 1988; Putnam, 2000). However, the study also demonstrates that social capital does not automatically function as a protective resource. Strong family relationships may exist without open communication, friendship networks may not provide reliable knowledge, schools may provide only limited information, and digital networks may increase exposure to misinformation. At the same time, supportive families, comprehensive school education, reliable digital resources, professional health services, and appropriate community programs can strengthen adolescents' access to accurate information.

Therefore, adolescent sexual health awareness should be understood as a socially produced and socially distributed resource rather than simply an individual outcome. The findings suggest that strengthening communication within families, improving comprehensive sexuality education in schools, increasing adolescent-friendly health services, promoting responsible digital health information, and creating appropriate community-based opportunities for discussion may help reduce information gaps. In this way, stronger and more reliable forms of bonding, bridging, and linking social capital can contribute to improving adolescents' awareness of safe sexual practices and reducing their vulnerability to sexual and reproductive health risks.

7. Conclusion

This study examined adolescents' awareness of safe sexual practices through a sociological analysis of Social Capital Theory. The findings demonstrate that adolescents' sexual and reproductive health awareness is not simply an individual outcome but is shaped by the social relationships, institutional connections, and cultural environments through which they obtain information and support.

The study found that family, schools, peer networks, digital platforms, government health services, and religious institutions provided different opportunities for adolescents to access sexual and reproductive health information. However, the availability and usefulness of these sources varied among participants. Supportive communication within families and access to reliable institutional information created opportunities for greater awareness, while limited communication, embarrassment, cultural expectations, restricted educational opportunities, and unreliable information sources created information gaps.

The findings further demonstrate the relevance of bonding, bridging, and linking social capital to adolescent sexual health awareness. Family and close relationships can provide trusted support and guidance, while schools can connect adolescents with formal educational knowledge. Government health institutions and health professionals can provide linking social capital by connecting adolescents with specialized knowledge and professional services. Digital and peer networks can also expand access to information, although their effectiveness depends on the reliability of information, accessibility, trust, and adolescents' ability to evaluate the knowledge they receive.

The study therefore concludes that improving adolescent sexual health awareness requires more than providing information at the individual level. It requires strengthening the social environments through which adolescents obtain and interpret knowledge. Supportive parent–adolescent communication, comprehensive and age-appropriate

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sexuality education in schools, accessible adolescent-friendly health services, reliable digital health information, and appropriate community-based support can strengthen adolescents' access to accurate knowledge and guidance.

Overall, the study demonstrates that social capital can function as both a protective and a constraining resource in relation to adolescent sexual health awareness. Strong and supportive social relationships can increase access to reliable information and guidance, while weak communication and limited institutional connections can contribute to knowledge gaps. Strengthening positive forms of social capital across families, schools, health institutions, communities, and digital environments can therefore contribute to creating a more supportive social environment in which adolescents are better able to understand sexual and reproductive health, seek appropriate guidance, and make informed decisions regarding their well-being.

8. Limitations of the Study

This study has several limitations that should be considered when interpreting its findings. First, the study was conducted within a single Grama Niladhari Division in Polonnaruwa District. Therefore, the findings reflect the particular social and cultural context of the selected community and cannot be generalized to all adolescents in Sri Lanka.

Second, the study included only ten adolescent girls and one Public Health Midwife. Although this sample was appropriate for obtaining qualitative insights, it represents a limited range of experiences. The study also focused only on adolescent girls, and therefore the experiences of adolescent boys were not included.

Third, sexual and reproductive health is a sensitive subject, and some participants may have felt uncomfortable or hesitant when discussing personal experiences and opinions. As a result, some information may not have been fully expressed during the interviews.

Finally, the study focused mainly on social relationships, institutional connections, and access to sexual health information. Other factors, such as socioeconomic conditions, digital access, media exposure, and wider community inequalities, were not examined in detail.

Despite these limitations, the study provides a context-specific sociological understanding of how social capital influences adolescents' access to sexual and reproductive health information and awareness of safe sexual practices.

9. Recommendations

Based on the findings of the study, the following recommendations are proposed to strengthen adolescents' awareness of safe sexual practices and improve their access to reliable sexual and reproductive health information.

9.1 Family Sector

1. Strengthen parent–adolescent communication by providing parents with guidance on how to discuss puberty, reproductive health, relationships, and personal safety with adolescents in an open and supportive manner.

2. Improve family-based sexual health knowledge so that families can function more effectively as a form of bonding social capital and provide adolescents with reliable information and emotional support.

9.2 Education Sector

1. Strengthen comprehensive sexuality education within schools by addressing not only biological reproduction but also puberty, personal safety, healthy relationships, consent, decision-making, and prevention of sexual and reproductive health risks.

2. Strengthen teacher training to improve teachers' knowledge and confidence in communicating about sensitive sexual and reproductive health issues in age-appropriate and culturally sensitive ways.

3. Ensure equal access to sexual health education across schools, particularly in rural communities where access to alternative sources of information may be limited.

9.3 Health Sector

1. Strengthen adolescent-friendly health services through MOH offices and other relevant government health institutions.

2. Improve professional communication with adolescents by promoting confidential, respectful, non-judgmental, and adolescent-friendly approaches to sexual and reproductive health education.

3. Increase awareness of available health programs through schools, families, and community organizations so that adolescents are aware of where they can obtain professional guidance.

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9.4 Digital Media and Peer Networks

1. Develop digital sexual health literacy to help adolescents identify reliable online information and recognize misinformation.

2. Provide reliable online resources containing age-appropriate and scientifically accurate sexual and reproductive health information.

3. Introduce guided peer education programmes through schools and communities, with appropriate support from trained teachers or health professionals.

9.5 Community and Institutional Collaboration

1. Strengthen collaboration among families, schools, health institutions, community organizations, religious institutions, and relevant government authorities to provide consistent and reliable sexual and reproductive health information.

2. Strengthen bonding, bridging, and linking social capital together by improving family communication, school-based education, community networks, digital resources, and access to professional health services.

3. Reduce information inequalities by giving particular attention to adolescents who have limited access to supportive family relationships, educational resources, digital technologies, or professional health services.

Overall, a coordinated social approach involving families, educational institutions, health services, communities, and responsible digital platforms can strengthen the social environment in which adolescents obtain sexual and reproductive health knowledge. Such an approach can contribute to improving adolescents' awareness of safe sexual practices and supporting informed and responsible decision-making.

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