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சுவசிரிபாய
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சுகாதாரம் மற்றும் சுதேச வைத்திய அமைச்சு
Ministry of Health & Indigenous Medicine

General Circular No:- 01.25/2015

All Provincial Secretaries of Health
All Provincial Directors of Health Services
All Regional Directors of Health Services
All Directors/Officers in Charge of Medical Institutions
All Directors of Special programmes
Director, National Institute of Health Science
All Medical Officers of Maternal and Child Health
Chief MOH, Municipal Council, Colombo
All Medical Officers of Health
Presidents of Professional Colleges

Providing Sexual & Reproductive Health (SRH) Services to Adolescents

This is further to the DGHS circular on the same bearing Gen. Circular No: 02-29/2011 dated 07.03.2011.

Adolescents comprise one fifth of our population. Adolescence is a period of exploration and experimentation. Adolescents engage in various risk behaviors resulting in unexpected and unwanted consequences. Society expects them to grow in to responsible, productive and healthy adults. The majority of adolescents fulfill our expectations respecting cultural norms and societal values. However there is a minority, who need the specialized attention of service providers warranting secondary and tertiary prevention efforts.

We have observed several issues pertaining to legal aspects of health service provision for adolescents and legal clarifications were sought from the Attorney General's Department.

We would like to draw your attention to the following points highlighted by the Attorney General's Department by the letter dated 28.05.2013 bearing Reference No CH/CM3/353/10 the letter dated 26.01.2015 bearing Reference No: E-100/2014.

- Since non-disclosure of rape does not fall within the ambit of section 21 of the Code of Criminal Procedure Act and is therefore not punishable under section 199 of the Penal Code, healthcare workers including Medical Officers do not have a legal duty to inform law enforcement authorities of pregnancies among adolescents aged below 16 years, who access ASRH services.
- When providing reproductive health services to adolescents, **the best interest of the child** should be the basic concern of Medical Officers who provide such services. Decisions on best interest should be assessed by the Medical Officers on a case by case basis.

For example, the Medical Officer could consider providing Adolescent Sexual & Reproductive Health (ASRH) services to a minor (a person below the age of 18 years), if it is likely that such minor would begin or continue to engage in sexual intercourse which is detrimental to the physical or mental health of such minor, if such reproductive health services are not provided. Considering the norms of the country, the Medical Officer must take all reasonable measures to obtain parental/guardian consent prior to providing such services. However, where the Medical Officer is unable to obtain parental/guardian consent, reproductive health services should be provided even in the absence of parental consent, in the best interest of the child.

Adolescent Sexual & Reproductive Health (ASRH) Services in this document includes :Pre pregnancy care; Care for the pregnant mothers (antenatal care) ; Care during delivery (intra natal care); Care for lactating mothers including Post Natal care; Contraceptive /Family planning services; Post abortion care; Prevention, Care and management of STI and HIV/AIDS; Prevention, care and management of Gender Based Violence.

We are grateful for your support in providing equitable and adolescent-friendly health services for our young persons. For more details, please refer the "Guidelines for health staff on providing adolescent sexual and reproductive health services". Further information can be obtained from the Family Health Bureau (Tel: 0112692746).

Thank you,



Dr P.G. Mahipala

Director General of Health Services

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Cc: Secretary / Health & Indigenous Medicine