

A: I am currently on a committee working on family law reform. I hope that we will be able to recommend a law that will specifically guarantee an adolescent “age of discretion” above 16 years of age so that this group has the choice to make decisions on their health. Our research found that, though some court cases and criminal laws have recognized that an adolescent over 16 has decision-making rights, schools and hospitals are not aware that adolescents have this right as there is no specific legislation.

*Q: If abortion is legal in Sri Lanka, why is there such a high incidence of “back-street” abortions?*

A: Abortion is legal in an extremely limited situation (only to save the life of the mother) so there is a high incidence of illegal abortion in Sri Lanka. This is an area in which the laws are actually contributing to ill health and even death. The very limited access to legal abortion means that many young women and adolescents turn to back-street abortionists.

*Q: How can viewing this issue from a human rights perspective assist?*

A: We need to look at abortion in terms of the public health implications of unsafe abortions on the mother, not in terms of pro-life issues. Women should have the right to health, and viewing this issue from a human rights perspective can help. Some doctors and health

professionals are now planning to use the human rights framework in terms of women’s health to create support for law reform.

*Q: Do adolescents have access to contraception?*

A: Family planning has had success in giving adolescents access to contraception. It is now available in hospitals and they can also buy condoms over the counter. But, in cases of sexual violence such as rape, where young women or adolescents may need emergency contraception, they do not always obtain services. Teen pregnancy is also partly due to a lack of focus on sex education.

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*Q: What is being done to improve sex education in schools?*

A: There is a tremendous reluctance to take on sexual health because it is considered by some policy-makers to

be too culturally sensitive. At the same time, adolescents and young people are flooded with potentially harmful messages from the Internet and other sources which do not give proper information or encourage responsible sexual behaviour.

Our research recommended that sex education must be integrated in schools with sensitivity. The problem is that education authorities can produce teaching modules but teachers do not want to teach them. A nongovernmental organization with which I work is planning a project to train a group of teachers who understand adolescent problems and have the sensitivity and capacity to develop an effective school programme. One principal of a boys school asked us not to come to his school because his personal perspective was that sex education would give the boys the wrong ideas. Can you imagine how they would teach this subject with these attitudes?

*Q: Now that the assessment has been done, what is the next step?*

A: We hope that the Ministry of Health will take our report and the recommendations into account as they plan their responses. We also hope that this study will motivate other developing countries to integrate a human-rights based approach into health policy formulation and service delivery. ■

## Recent news from WHO

- The severe **earthquake** that struck Haiti and the Dominican Republic on 12 January 2010 has caused tens of thousands of deaths and left many more people injured. The 7.0 magnitude earthquake destroyed large parts of the Haitian capital, Port-au-Prince, including many hospitals and health facilities as well as United Nations buildings, and several urban centres elsewhere in the country.
  - WHO has deployed more than 20 experts including specialists in mass casualty management, coordination of emergency health response, logistics and the management of dead bodies.
  - WHO is leading the health cluster response; coordinating closely with local authorities, United Nations agencies and humanitarian partners in the response operations. An early priority was to assess the risks of communicable and other diseases in the aftermath of the earthquake.
  - Other health priorities include needs assessments, search and rescue, trauma care for badly injured survivors, restoring health systems, making sure hospitals are up and running, setting up field hospitals, treating HIV/AIDS patients and restoring water and sanitation.
- A **polio vaccine** that is 30% more effective was used for the first time in an immunization campaign held from 15 to 17 December 2009 in Afghanistan. The bivalent oral polio vaccine that protects against both surviving serotypes (types 1 and 3) was given to 2.8 million children aged less than five years in a campaign funded by the Government of Canada. Most of Afghanistan is polio-free: 28 out of the 31 children paralysed by polio in 2009 came from 13 highly insecure districts where up to 60% of children miss out on vaccination.

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