Understanding Abortion in Sri Lanka

An Attitudinal Study

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UNDERSTANDING ABORTION IN SRI LANKA

AN ATTITUDINAL STUDY

January 2023

The Family Planning Association of Sri Lanka
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ABBREVIATIONS

FGD	-	Focus Group Discussions
A/L	-	Advanced Level Examinations
O/L	-	Ordinary Level Examinations
D&E	-	Dilation and Evacuation
OCP	-	Oral Contraceptive Pill
IUD	-	Intrauterine Device
LRT	-	Ligation and Recession of Tubes
SRHR	-	Sexual and Reproductive Health and Rights
NGO	-	Non-Governmental Organization
PAC	-	Post Abortion Care
MOH	-	Ministry of Health

ACKNOWLEDGEMENTS

This report is dedicated to the women who participated in the consultations that this report is based on. Their willingness and interest to engage in conversation and reflect openly about this subject was admirable and heartening.

We would like to thank Sparkwinn Research: Market Research and Consultancy solution for conducting the research during a very trying and challenging time because of the COVID-19 pandemic.

The report would not be possible without the support of Professor Kumudu Wijewardene, Senior Professor of Community Medicine at the University of Sri Jayawardenapura, for her invaluable help in overseeing the research and guiding the writing of the report. We would also like to thank Suchira Suranga, Director Organizational learning and Evaluation of The Family Planning Association Sri Lanka, for the quantitative analysis of the findings.

We wish to particularly thank Avanti Arseculeratne for the qualitative analysis and Suhashana Wijayaratna for compiling the research findings and writing the report

MESSAGE FROM THE EXECUTIVE DIRECTOR

It gives me pleasure to send this message on the launch of the report on Perceptions and Attitudes on Abortion, among diverse communities of Sri Lanka. The suggestion to conduct a survey of this nature came from a very eminent Sri Lankan, Professor Arulpragasam, who was instrumental in changing the restrictive law on Abortion in Ireland. It was also a recommendation that emerged from a group of Parliamentarians from the United Kingdom, who visited our Healthcare system a few years back. The recommendations from these parties point to the need to gauge the public views on a sensitive topic, as an important element for building our Advocacy Strategy around.

The research that was conducted on Perceptions and Attitudes on Abortion in Sri Lanka across the country was handed over to a recognized Market Research organization due to the volume of interviews involved. The interviews had to be done in a very restrictive environment amid the COVID-19 lockdowns that prevailed intermittently, in the last two years. This led to an unexpected delay in furnishing the final report and findings contained in this publication.

As indicated in the report, there are different views from diverse communities on the topic of Abortion, still verging on the traditional and cultural belief system of the country. FPA Sri Lanka, as the premier non-governmental organization working in the space of Sexual and Reproductive Health and Rights, in partnership with other agencies, firmly believes that a favourable legal environment for everyone's Sexual and Reproductive Health and Rights is a pressing and long-standing need of this country.

It is hoped that this research and its report will enrich the already existing body of publications on the topic of Abortion in Sri Lanka. It is also expected that it will inform the stakeholders and policymakers on how to move the agenda on improving the highly restrictive law on Abortion.

I wish to express my sincere gratitude to all those who contributed to this product and the donors, in particular, for their generosity. FPA Sri Lanka will remain committed to working on Sexual and Reproductive Health and Rights of everyone in Sri Lanka, as it has done for the last seventy years.

Thushara Agus
30th January 2023

EXECUTIVE SUMMARY

The aim of this study was to understand public perceptions of and attitudes towards abortion. The study includes 1081 survey interviews across all nine Provinces and 11 Focus Group Discussions (FGDs), each focused on predetermined key demographics. The insights gathered are further complemented by 4 interviews with key informants. The study revealed that, in line with research already conducted on this topic, participants' knowledge on abortion is limited and that there is strong opposition towards legalizing abortion among young and older individuals alike. The research also highlighted that cultural and religious influences, poverty, class and living in a rural area have a strong negative influence on accessing safe abortion.

The study reveals that even though the public is aware of what an abortion is (63 percent of survey respondents reported they knew what an abortion was), and that it is highly prevalent (in a mostly clandestine manner). Given the popularity of "at home" remedies for treatment within Sri Lankan households, many cited traditional methods used for abortion such as the use of certain types of leaves and food. Others were aware that women and girls use dangerous methods to abort as a result of the lack of knowledge on abortion methods and availability of services, and cited the use of alcohol, physical harm (such as falling from heights), and trans-vaginal insertion of objects such as wires to remove a pregnancy.

Pre-marital sex amongst young couples is seen as one of the primary reasons people get abortions. The sociodemographic perceived to have the highest number of abortions are 16- to-18 year olds as a result of engaging in pre-marital sex. Extra-marital affairs are also seen as a primary reason for abortion. Although mentioned, only a few respondents were of the belief that financial and family issues, older age, weak pregnancies, and lack of family planning, were reasons why abortions took place. No mention of rape, incest and fetal abnormality was made. This is likely due to the perception that women and girls who seek abortions are irresponsible and promiscuous and hence, the reason for getting an abortion is more likely due to unintended pregnancies caused by pre-marital sex of extra-marital affairs. However, evidence shows that it is married women, over the age of 30 years, with at least one or two (living) children (of a very young age), who seek abortion services. Studies also show that there is a positive correlation between education levels, economic independence and the likelihood of an abortion.

Throughout the interviews, what was most apparent was the lack of formal sex education. Again, attempts were made in the past for education reform but were opposed by religious groups. Of those who expressed a need for education, it was mostly with the intention to instil fear as a deterrent to becoming sexually active. Mothers felt that even 14-to-15 year olds were "too young" to learn about sexual reproductive health and rights. University students reported receiving basic information on safe sex at the university level and saw university as a time of experimenting since they were away from parental supervision.

Many respondents felt that parents, mothers in particular, should take on the responsibility of educating their children, especially their daughters, on such matters. Awareness from parents should

mostly focus on the dangers of becoming sexually active outside of the confines of marriage. However, some parents felt ill-equipped to teach their children about sex and protection. Many parents believe that their young children access the internet and learn about sex and protection but pretend not to know about it. However, evidence suggests that adolescents have the lowest knowledge of contraceptives in comparison to other demographics. Indeed, awareness raising on family planning and the use of contraception done by the government through midwives are usually targeted at married couples. By doing so, an entire demographic of young, unmarried people are left without information on safe sex.

Women and girls who have had an abortion face a great deal of stigma and social sanctioning. Many believe that a woman or a girl who gets an abortion is at risk of 'ruining her future' not as a result of any possible health complications that may arise from getting an abortion, but due to the 'irreparable damage' it does to one's reputation. Women and girls who have had abortions are seen as unsuitable for marriage, not for the act of getting an abortion itself, but the fact that an abortion is indicative that she has engaged in pre-marital sex. Respondents believed that social sanctioning is much worse in the villages which is evident in the number of suicides among women and girls as a result of unintended pregnancies. Healthcare professionals are also seen to be judgmental of women and girls who have had abortions.

However, on the flipside, having children out of wedlock is also unacceptable, and respondents commented the child would also face huge amounts of social sanctioning as a consequence. Respondents mentioned that families and religious communities might not accept these children either. As such, marriage is seen as the best option to manage unintended pregnancies. If the girl is of a suitable age, then marriage would be better than committing a sin by getting an abortion. Marriage would also solve the issue of facing social sanctioning as a result of getting an abortion. Further, as society does not view women who have had an abortion as suitable wives, getting married to the father of the unborn child is seen as the only option.

Respondents, across the board, felt that the act of abortion went against their religion and was a sinful act. However, when presented with various scenarios, respondents felt that they could accept abortions in certain situations, citing when a doctor recommends it, rape, incest, fetal abnormality, the girl is underaged, the woman is too advanced in age, or if the pregnancy would result in mental health issues for the mother.

Research shows that medical abortions are quickly becoming the most common method of abortion in Sri Lanka given the increase in the availability of pills such as Misoprostol. However, very few respondents were familiar with Misoprostol. Only 29 percent of survey respondents knew what Misoprostol was. However, respondents from the Estate sector (41 percent of survey respondents) had relatively better knowledge of what Misoprostol was (compared to the respondent from the urban and rural sectors at 15 percent and 26 percent respectively), and even indicated that they knew of women who had used it.

Opinions on legalizing abortion are in contrast to opinions on 'accepting' abortion. Only 28 percent of survey respondents were in favor of legalizing abortion. Not many saw abortion from a rights-based

perspective but felt abortions could be legalized in the case of rape, incest and fetal abnormality. Attempts have been made in the past to reform abortion law but have been thwarted mainly by religious groups or revised to a degree that it does not reflect contextual realities. Attitudes towards abortion were influenced by respondent's perception of who was getting abortions- they felt legalizing abortions would give young people too much freedom and increase the number of young, unmarried girls engaging in risky sexual behaviour.

Respondents were of the belief that people would also become more irresponsible given that they have the backing of money to access abortion services if abortion became legal. There is a perception that lower income and vulnerable communities tend to face more difficulty in accessing abortion services and suffer harsher consequences, be it legal consequences or social consequences. In comparison, wealthier people have the ability to travel to any part of the country or even abroad to access abortion services. Their wealth allows them to access higher quality services, reducing their risk of complications.

The study found that media is a popular method of finding information. Many reported seeing information related to sex, contraception and abortions through the media with 78 percent of survey respondents citing television as the most popular method. From online media, Facebook is the most popular method (at 35 percent). Liberal attitudes towards legalizing abortion are highest among young people (aged 18-24 years) who use social media daily. Those who use traditional media (such as television, radio, newspapers etc.) hold more conservative views on legalizing abortion and are older. Conservative views on abortion are high amongst those who use Facebook daily as it is popular across all age groups. Some still learn about sex, abortion and contraception from family and village elders. Rural areas seem to have less access to accurate information, and this is evident in the high rate of abortions that take place in rural areas as a result.

Alternatively, respondents felt a better preventative approach would be to supervise their daughters at all times. Many mentioned that they do not let their daughters leave home unaccompanied, or even stay at home alone. Their activity on social media is monitored, including their online classes during COVID-19. Parents are watchful of their son's friends and monitor calls, especially if it's a boy calling their daughter. The entirety of this responsibility to supervise their daughters falls on mothers. While 76 percent of survey respondents were of the belief that an unintended pregnancy was the responsibility of both the female and the male, explicit and subliminal messaging from FGD respondents clearly hold women as more responsible- mothers for protecting their daughters and daughters for protecting themselves. Even in cases where the father or male relative sexually abuses a child, mothers were seen a partly responsible as men "cannot be trusted"- a sentiment that upholds a culture of victim-blaming.

1 INTRODUCTION AND BACKGROUND

According to the World Health Organization (WHO), abortion is defined as termination of pregnancy prior to 20 weeks' gestation. Abortion could be a medical intervention, for instance, medication or surgical procedures, or it can occur as a miscarriage. When an abortion occurs spontaneously, it is called a miscarriage, whereas it is often called an induced abortion when it is brought on intentionally (WHO, 2021).

The World Health Organization demonstrates that 4.7-13.2% of maternal deaths in each year can be attributed to unsafe abortions. According to their estimations, 30 women die for every 100 000 unsafe abortions in developed countries and 220 deaths per 100 000 unsafe abortions in developing regions. (WHO,2021).

Data from a survey, more than two decades old, estimates that in Sri Lanka about 125,000-175,000 abortions i.e. close to 700 abortions take place per day (Abeykoon, 2009), with an abortion rate of 45 per 1000 among women of reproductive age (Asia Safe Abortion Partnership, 2010). In 2016, the Ministry of Health reported that 658 abortions are carried out daily in Sri Lanka (Meyler, 2018).
Unsafe abortions contribute to close to one fourth of the maternal deaths in Sri Lanka (Asia Safe Abortion Partnership, 2010) and Post-Abortion Care guidelines attribute 10-13 percent of maternal deaths to unsafe abortion. A large proportion of women in the earlier studies were those who were married and had children. But now, we do perceive widespread usage of pills (misoprostol) across a range of geographic and demographic profiles. We also feel a slight shift in trend, to safer methods and outcomes because of widespread availability of OTC medical abortion pills. (Eliminating Unsafe Abortion through Self-Care Interventions in Asia: Situation in Sri Lanka)

Unlike other countries, abortions amongst unmarried, adolescents are few (0.1%) in Sri Lanka. The Demographic Health Survey (DHS) 2016 reports that in a decade (2006-2016), the contraceptive prevalence rate in the country has declined from 70 to 64.8 percent, and the unmet need for contraception is at 7.5 percent among currently married women in the reproductive age group (Ministry of Health, Nutrition and Indigenous Medicine, 2016). As a result, a vast majority (94%) of abortions were among married women, especially urban women, with two or more children (Asia Safe Abortion Partnership 2010).

In Sri Lanka, the Penal Code of 1883 criminalises abortion under Section 303 and 304, except if conducted for saving a woman's life. Indictments under the law have been rarely reported (De Silva, 2019). However service providers are liable for penalties, including imprisonment up to three to seven years and a fine, and the woman who undergoes abortion in contravention of legal stipulations can also be subjected to punitive measures (Centre for Reproductive Rights, 1992). The punishment varies depending on the gestational age, whether the woman has induced her own miscarriage, whether the woman's consent has been obtained and whether the procedure caused the death of the woman. Medical fraternity, nongovernment organizations (NGOs) and women's rights activists have been consistently lobbying and advocating for change in abortion law, mostly asking for limited consideration in the statute (Ramya Kumar, 2013).

Unsafe Abortion is a contentious issue, locally and internationally, with opposition coming from diverse groups and stakeholders. The only other country in the South Asian region that has a restrictive abortion law as the one that exists in Sri Lanka is Afghanistan. Globally there has been a shift in thinking on abortion with some countries liberalizing their laws on abortion.

Religious influences have a major role to play on legalising abortion. Although the Catholic community constitutes less than a tenth of the country's population, its church holds a sway over abortion-related legal and policy decisions. The church has openly condemned abortion and doctors from the community are vehemently opposed to abortion legalisation. The other religious communities such as Buddhist, Hindus and Muslims are not so vocal about their views.

The existing literature in Sri Lanka seems to confirm the belief that abortion is a taboo and stigmatized process. However, this belief may have changed given the changes in attitudes of young people who have access to information through the internet and other sources.

The Family Planning Association of Sri Lanka undertook this study to find out if the attitudes and values of the public, especially young people, have changed towards abortion. Since abortion is illegal there is a dearth of information surrounding abortion however with women accessing medical abortion drugs (the drug is illegally brought into the country) there is information that the numbers of unsafe abortion are decreasing. It was assumed that with the increase of medical abortions, wide access to the internet and information on abortion, young people in general would have changed values and attitudes on abortion.

2 METHODOLOGY

2.1 Research Objectives

The purpose for which this report was commissioned is to understand the attitudes and values of the public with regards to abortion.
The objectives of this study are as follows:

1. To understand the attitude or perception towards abortion
2. To understand public perceptions and attitudes towards abortion under restricted conditions/setting
3. To find out if the public is aware of and understands the laws in Sri Lanka on abortion
4. To understand knowledge of public on abortion and practices related to Illegal abortions
5. To understand current levels of awareness/knowledge regarding the contraceptive methods in Sri Lanka
6. To understand if there are specific groups of the population that would be interested in legalizing abortion

2.2 Research Questions

This research report presents findings addressing the following abortion-related research questions:

1. What is the level of awareness about birth control/contraception methods?
2. Who is currently using birth control/contraception methods?
3. What are the commonly used contraceptives?
4. Who is aware about abortions due to contraceptive failures?
5. What comes to the community mind when they hear the word 'abortion'?
6. How easy is it to get an abortion in Sri Lanka according to the community point of view?
7. What is the community knowledge about the 'Abortion Law' in Sri Lanka?
8. Are there changes in perception towards abortion, and if so, how should the law be changed?

2.3 Research Design and Methods

Data was collected through primary sources of surveys as well as interviews and focus group discussions using open ended questions that were semi-structured. Researchers also collected information through key literature and secondary sources. The survey and the focus group discussions were designed to capture information across multiple themes, including attitudes towards abortion, birth control methods, contraceptive failures, laws on abortion and stigma faced by women after going through abortion. Focus group discussions were done in order to understand the emotions, perceptions, attitudes and behavior towards the subject in a qualitative way, and surveys were used to collect quantitative data to complement the qualitative findings.

This research study was carried out among males and females in all the provinces in Sri Lanka covering different background of communities by age, ethnicity, gender and religion.

2.4 Sampling, Recruitment and Data Collection Methods

Due to the COVID–19 restrictions, conducting face to face interviews were challenging. Therefore, the data collection methods were adapted into telephone and zoom interviews. 150 sample points were randomly selected, and a database of contacts (20-30 people) who represented a variety of age, gender and marital statuses. Respondents were randomly chosen from the list in each sample point. Both males and females aged 18 and above, were interviewed for the survey. 1081 interviews were conducted among both males and females across 25 districts over telephone interviews. The study population was therefore necessarily reduced to only those programme participants with remote contact details (phone number) listed at the individual or household level. A random sample of participants was chosen with help of recruiters and obtained participants contact details to carry out the research.

Data was collected through a single online Lime Survey (enterprise version) questionnaire, indirectly completed by the respondents with the help of an interviewer. Most of the respondents were reached by phone and invited to participate in the study. In this study, an interviewer would talk through the survey and enter the participants' responses directly into the online survey on their behalf.

Focus Group Discussions

Focus group discussions and in-depth interviews were used to understand the exploratory research on social behavior such as people's opinion on abortion. Qualitative techniques helped to understand underlying reasons, opinions, and motivations.
The following variables were considered to arrive at the ideal target group to interview for the survey.

- Urban/Rural: Since focus groups were conducted in close proximity to respondents, opinions varied by urban and rural groups.
- Gender: Gender-based responses were captured separately.
- Ethnicity: Groups were conducted with Sinhalese, Sri Lankan Tamil, Indian origin Tamils and Muslims.
- Age: Prime age group was 18 -50

It was important to capture responses of varied groups of individuals in this study. In certain aspects, the nature of employment, living conditions, community and location may have an influence on their attitude on the topic. This research focused on communities/ individuals in addition to the key profile in the focus group discussions.

Profile	Type	Profile	No of Units	Location
1. Muslim woman in the age group of 21-35	FGD	Female	1	Aluthgama / Beruwala
2. University Student	FGD	Female + Male	1	State university
3. Private University Student	FGD	Female + Male	1	Colombo
4. Adolescent aged 15-21	FGD	Female	1	Colombo
5. Adolescent aged 15-21	FGD	Female	1	Mahiyanganaya
6. Hindus 21- 35	FGD	Female	1	Jaffna / Batticaloa
7. Catholics 21- 35	FGD	Female	1	Negombo – semi urban
8. Buddhists 21- 35	FGD	Male	1	Anuradhapura
9. Parents of Adolescents - Mature Males and Females – Who are parents of adolescents	FGD	Female	1	Colombo
10. Parents of Adolescents - Females – Who are parents of adolescents	FGD	Female	1	Dambulla
11. Estate Community	FGD	Female	1	Nuwara Eliya
12. Estate midwives / healthcare worker (not MOH)	IDI	Female	1	Nuwera Eliya
13. NGO worker - should be an NGO working towards for women's welfare	IDI	Female	1	Nuwera Eliya
14. Social worker – Women's welfare and empowerment	IDI	Female	1	Colombo
15. Midwife working in areas with Muslim community	IDI	Female	1	Beruwala

FIGURE 1 : BREAKDOWN OF FOCUS GROUP DISCUSSION SAMPLE

2.5 Recruitment Process

Researchers employed a systematic approach to recruit respondents for the focus group discussions including the following:

- Step 1: Recruitment questionnaire developed
- Step 2: Field research team was briefed on recruitment criteria
- Step 3: Field research team recruited respondents 3 days prior to group
- Step 4: Respondents were verified over the phone on recruitment criteria

The moderator ensured fruitful participation and discussion and remained neutral to ensure that everyone felt comfortable expressing their opinion. Researchers dealt with dominant participants by acknowledging their opinion and soliciting other opinions. Researchers paraphrased or summarized long, unclear comments by participants.

2.6 Ethical and privacy practice followed.

Robust measures were taken regarding ethical and privacy concerns of participants. The anonymity and confidentiality of personal information were maintained throughout the different research phases, from data storage to analysis. Participants' privacy and confidentiality were protected by withholding personal details. Researchers ensured that participants were informed and were selected after expressing informed consent and were told that they have the option to withdraw from the research at any time.

2.7 Limitations

The fact that the FGDs were conducted over zoom and the survey over the telephone meant that those facilitating the discussions were not able to rely on body language to the extent that they would have had these discussions been face to face. With the topic at hand being so sensitive, this could have influenced the honesty and openness with which respondents answered the guiding questions and contributed to the discussion.

Another limitation was that the same guiding questions were not used for each of the groups and that in certain FGDs, the facilitators discussed their personal viewpoints thereby potentially affecting the responses of the participants given the power dynamic between them. This being an extremely sensitive topic, the fact of having respondents introduce themselves prior to beginning the discussions might also have dissuaded them from voicing their opinions for fear of going against social norms.

Furthermore, problems with internet connections arose multiple times interrupting the flow of the conversation and caused breaks in the discussion. These numerous pauses meant that the conversation did not flow as easily as might otherwise have done and that not all participants were able to fully contribute.

2.8 Survey

In tandem with the FGDs, a quantitative survey was conducted with 1083 participants. The survey had (near) equal representation of female and male participants (51% and 49% respectively) to capture the influence gender roles, gender identities and gender relations may have had on the perceptions and attitudes towards abortion in Sri Lanka. The sample was cross sectioned into three major age categories (18-24, 25-49 and above 49) to capture any generational nuances in perceptions and attitudes towards abortion. The survey covered all 25 Districts reflecting a variety of ethnicities, religions, histories, and socioeconomic inequalities as a result of geographical location (such as through the urban/rural/estate classification) that may have had an influence on perceptions and attitudes. The sample was further cross sectioned according to educational attainment to better understand if the level of education received, had an impact on public perceptions and attitudes towards abortion in Sri Lanka.

Variable	Levels	Number	Percentage (n=1083)
Gender	Male	531	49%
	Female	552	51%
Age	18-24	131	12%
	25-49	624	58%
	above 49	328	30%
Ethnicity	Sinhala	812	75%
	Tamil	162	15%
	Muslim	108	10%
	Burgher	0	0%
Religion	Buddhist	775	72%
	Catholic/ Christian	56	5%
	Hindu	135	12%
	Islam	111	10%
	Refused	6	1%
Level of Education	Illiterate	14	1%
	Up to Grade 5	20	2%
	Grade 6 – 9	114	11%
	GCE Ordinary Level	492	45%
	GCE Advanced Level	338	31%
	Graduate/ Professional	105	10%
Province	Western	219	20%
	Southern	149	14%
	Central	187	17%
	North Central	77	7%
	North Western	86	8%
	Uva	85	8%
	Sabaragamuwa	89	8%
	Northern Province	44	4%
	Eastern	147	14%
Urban/ rural/ estate	Urban	195	18%
	Rural	823	76%
	Estate	65	6%

FIGURE 2 : BREAKDOWN OF SURVEY RESPONDENT SAMPLE

3 RESULTS AND DISCUSSION

3.1 Extra Marital Affairs and Pre-Marital Sex: the "Root Cause" of Abortion.

Many FGD respondents associated abortion with extra marital affairs. They were of the perception that all pregnancies as a result of extra marital affairs end up as an abortion and therefore, women engaged in extra marital affairs make up the majority of those who seek abortions. Also closely associated with abortion are young couples engaged in pre-marital sex, with girls between the ages of 16 and 18 years seeking abortion services for this reason. However, respondents believed that pregnancies resulting from pre-marital sex is often managed through various means, including giving the girl in marriage to the father, giving the baby up for adoption, and not only resorting to abortion.

> "Most pregnancies in the estate sectors are between teenagers. They get married [start living together] at a young age. There are some who work at garments and gets pregnant with the partner's child. Such pregnancies end up in abortions. They use misoprostol and terminate it. We only get to know when they come to us bleeding. They do not say it's an abortion" - Estate doctor.

These assumptions of who seeks an abortion likely stem from the fact that most respondents believe that those who seek an abortion are irresponsible and promiscuous. However, a few FGD respondents also cited other possible reasons for women seeking abortions, such as, age during pregnancy, weak pregnancies, lack of family planning, financial and family issues. There is a perception that if couples cannot afford the expense of bringing up many children, they opt for an abortion.

> "Our society is such that these [older] women are looked at with a crooked eye. Therefore, in order to avoid this, the woman does not think about the risk to her life but resorts to an abortion. This is mostly to avoid public criticism." (Age 54, woman)

Seeking an abortion for pregnancies as a result of rape and /or incest, due to fetal abnormalities, or when the pregnancy was life threatening to the mother was rarely ever mentioned by respondents. In actuality, however, multiple studies revealed that abortion is used as a method of family planning in Sri Lanka[1,2,3], and therefore, the sociodemographic characteristics of those who seek the highest

[1] Kumar R. Abortion in Sri Lanka: the double standard. Am J Public Health. 2013 Mar;103(3):400-4. doi: 10.2105/AJPH.2012.301154. Epub 2013 Jan 17. PMID: 23327236; PMCID: PMC3673519.

[2] Wijedasa, N. (2016, May 15). Abortions: No accurate figures because it is underground. The Sunday Times.

[3] Rajapakse, L. (1999). Estimates of induced abortions in urban and rural Sri Lanka. Faculty of Medicine, University of Colombo.

number of abortions are in fact married women[4] [5] [6] [7] [8] [9] [10]. A study conducted in two clinics in Colombo in 2002 showed that more than half of the women who sought abortions were 30 years old or older, with adolescent abortion seekers making up only 3%. This comes in major contrast to the ideas held by respondents in the FGD. Approximately two-thirds of women seeking abortions had one or two living children at the time of the abortion, with a significant portion of them being very young children [11].

As a subset, existing literature suggests that it is in fact less educated and less economically independent individuals who seek abortions[12] [13] [14] [15] [16]. In the FGDs, respondents spoke of a cycle where young, uneducated women having children who they themselves are not equipped with information to delay pregnancies and be less likely to follow further courses of education such as Ordinary and Advanced Level Examinations. The idea that those in cities are better educated and therefore prioritize other prospects appeared to be another reason why rates of pregnancies in young people were higher in villages. Indeed, the only nation-wide survey that has been conducted on the prevalence of abortion in Sri Lanka shows that abortion rates were highest among married women from rural provinces.

3.2 The Lack of Knowledge on Abortion Has Led to Women Resorting to Life Threating Methods to Abort a Pregnancy

Abortion is a tabooed topic and generally not spoken about openly. Many FGD respondents were aware of what an abortion was and 63 percent of survey respondents noting that they were aware of

[4] Rajapakse, L. (1999). Estimates of induced abortions in urban and rural Sri Lanka. Faculty of Medicine, University of Colombo.

[5] Rajapakse, L., de Silva, I. (2000). Profile of women seeking abortion. University of Colombo. Samararatne, D. (2017, September 13). The Abortion Debate: Mismatched and Misplaced. Groundviews.

[6] Arabepola, C., Rajapakse, L. C. (2014) Decision making on unsafe abortions in Sri Lanka: a case-control study. Reproductive Health, 11(91), pp.1-8.

[7] Hewage, P. (2003). Profile of abortion seekers in the Colombo District and reasons for having induced abortions. Department of Geography, Faculty of Humanities and Social Sciences, University of Ruhuna, Matara, Sri Lanka, pp.69-90.

[8] De Silva, W. I. , Dayananda, R. A., Perera, NW. (2007). Contraceptive behaviour of abortion seekers in Sri Lanka. Asian Population Studies, 2(1), pp.3-18.

[9] Thalagala, N. (2010). Economic Perspectives of Unsafe Abortions in Sri Lanka. Family Planning Association of Sri Lanka.

[10] Abeyasinghe, N.L., Weerasundera, B.J., Jayawardene, P.A., Somarathna, S.D. (2009) Awareness and views of the law on termination of pregnancy and reasons for resorting to an abortion among a group of women attending a clinic in Colombo, Sri Lanka. Journal of Forensic and Legal Medicine,16(3), pp.134-137.

[11] Ban, D.J., Kin, J., De Silva, W.I. (2002). Induced abortion in Sri Lanka: who goes to providers for pregnancy termination? US National Library of Medicine, 34(3), pp.

[12] Rajapakse, L. (1999). Estimates of induced abortions in urban and rural Sri Lanka. Faculty of Medicine, University of Colombo

[13] Arambepola, C., Rajapakse, L.C., Galwaduge, C. (2014) Usual hospital care versus post-abortion care for women with unsafe abortion: a case control study from Sri Lanka.

[14] Thalagala, N. (2010). Economic Perspectives of Unsafe Abortions in Sri Lanka. Family Planning Association of Sri Lanka

[15] Hewage, P. (2003). Profile of abortion seekers in the Colombo District and reasons for having induced abortions. Department of Geography, Faculty of Humanities and Social Sciences, University of Ruhuna, Matara, Sri Lanka, pp.69-90.

[16] Ban, D.J., Kin, J., De Silva, W.I. (2002). Induced abortion in Sri Lanka: who goes to providers for pregnancy termination? US National Library of Medicine, 34(3), pp.

what an abortion was too. Most of the respondents were aware that abortions take place in the community on a large scale.

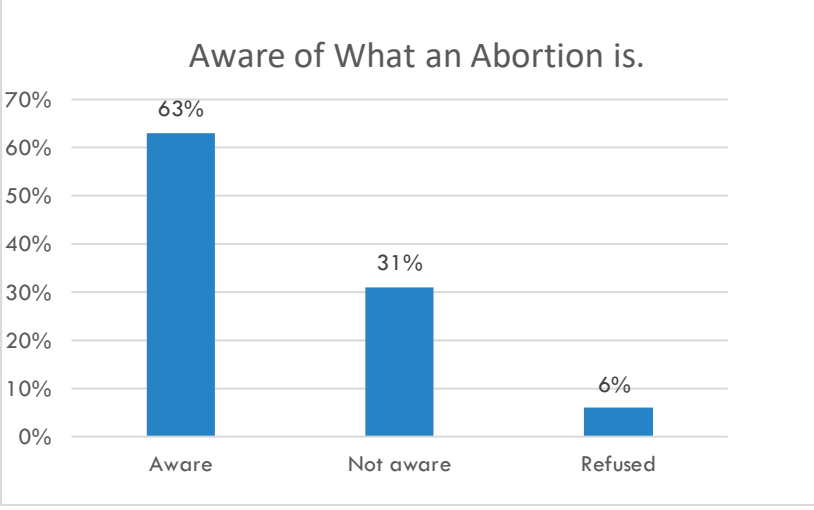

FIGURE 3 : HOW MANY SURVEY RESPONDENTS ARE AWARE OF WHAT AN ABORTION IS

However, there was some confusion between the terms 'miscarriage' and 'abortion' with a few respondents using the words abortion and miscarriage interchangeably. There was also a range of inaccurate understandings of how abortion is carried out. Many referred traditional methods such as the use of sesame in the estate area, the use of leaf clusters, certain foods that ancestors used such as raw papaya, raw pineapple and vinegar and some ayurvedic medicines.

As a result of poor knowledge, respondents spoke of women who had life-threatening methods to abort the fetus such as hurting themselves physically, which could have long term repercussions. Some noted other dangerous methods that women had used on themselves (hearsay) such as drinking alcohol (Kassipu) which caused the woman to pass out, the use of hangers (as seen in films), the use of an umbrella wire, and in the case of a school girl, "falling from tall trees and buildings" in an attempt to discontinue her pregnancy, which ultimately failed. The lack of accurate knowledge on the process of abortion was attributed to a number of social and cultural factors. The glaring lack of an effective system of sex education was one of the main reasons noted.

> "I faced an incident where the lady has used an umbrella wire to abortion herself and her life was threatening." - Female Counselling Officer from Jaffna.

> "A school student got pregnant and just to carry out an abortion herself, she started hurting herself without knowing how to do an abortion. Therefore, she started falling from tall trees and falling from tall buildings but eventually it did not work, and she gave birth to her child" - Female Counselling Officer from Jaffna.

Indeed, certain methods used to induce an abortion such as trans-vaginal insertion of rods, the use of injections (without pain relief)[17], and the introduction of foreign bodies into the uterus (causing trauma to the abdomen)[18] could cause complications sometimes resulting in death. Another study notes that apart from death, perforation of the uterus could also affect fertility as surgical abortions involve the risk of secondary infertility due to scarring and intrauterine adhesions.

Till the 1990s, Dilation and Evacuation (D&E) was the predominant method (92 percent) of abortions for termination of pregnancy at private clinics[19]. Currently medical abortions using drugs procured over the counter has replaced this as the most popular method and abortions are typically carried out during the first trimester. Neither Mifepristone nor Misoprostol are registered in the country for obstetric use but are widely available with pharmacists and private providers[20].

In the FGDs, the knowledge of the risks associated with abortions also seemed skewed. Some participants commented on the consequences of abortion, such as "facing a lot of complications" including excessive bleeding, death, not being able to have any more children after the procedure, and that, "if the entire fetus is not removed and if pieces remain in the womb, it can turn Cancerous at a later stage" [21].

3.3 Abortion Services

Survey results showed that the majority of survey respondents (60.6 percent) were not aware of abortion related services available in Sri Lanka and only (slightly more than) one third of all respondents (35 percent) were aware of abortion related services (51 respondents refused to answer the question). The highest portion of awareness of abortion services were reported by respondents from the estate sector (44 percent) followed by the respondents from rural communities (37 percent).

[17] Arabepola, C., Rajapakse, L. C. (2014) Decision making on unsafe abortions in Sri Lanka: a case-control study. Reproductive Health, 11(91), pp.1-8.

[18] Thalagala, N. (2010). Economic Perspectives of Unsafe Abortions in Sri Lanka. Family Planning Association of Sri Lanka.

[19] Asia Safe abortion partnership, 2010

[20] Ramya Kumar, 2013

[21] Perera. S. (2010, October 9) Mifepristone and Misoprostol sold on the sly Use of banned abortion drugs in Sri Lanka cause concern in medical circles. The Island.

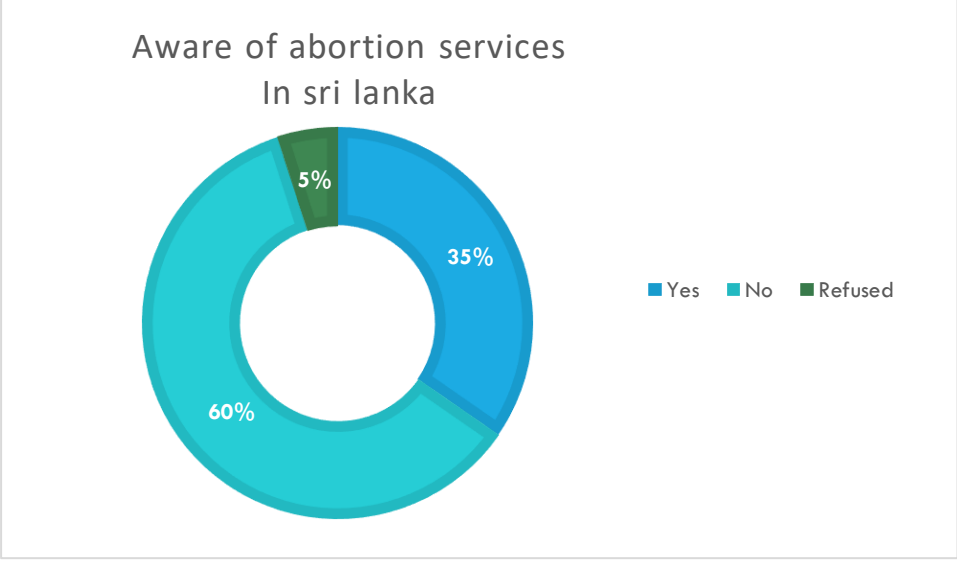

FIGURE 4 : SURVEY RESPONDENTS WHO ARE AWARE OF ABORTION SERVICES IN SRI LANKA

Respondents commented that information regarding the clinic was disseminated through word of mouth. Some participants were aware that abortions happened in private hospitals and small clinics. Such services are available through the private sector and therefore remain unregulated due to their clandestine nature[22].

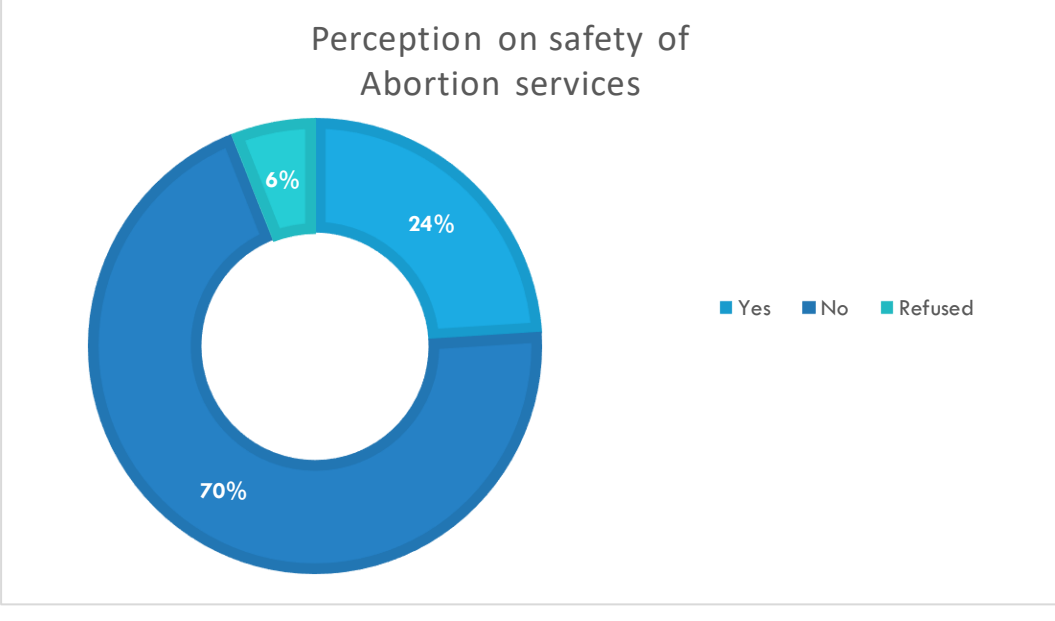

FIGURE 5 : SURVEY RESPONDENTS' PERCEPTION ON THE SAFETY OF ABORTION SERVICES

In the FGDs, participants believed that government hospitals provided these services only to women whose pregnancy would cause a threat to their lives or else for cases of fetal abnormality given

[22] Thalagala N. Economic Perspectives on Unsafe Abortions in Sri Lanka. Colombo, Sri Lanka: Family Planning Association of Sri Lanka; 2010

consent was received from both wife and husband. However, the latter is inaccurate, as abortions for fetal abnormality is not legal in Sri Lanka.

Post Abortion Care (PAC) is freely available in government hospitals as a part of primary health care in Sri Lanka[23]. Although the National Guidelines on Post Abortion Care state that any woman can seek PAC without fearing prosecution[24], going to government hospitals for post-abortion care is still perceived as risky as *"all the hidden details will come out…because of this reason, some women don't go to a government hospital but just bleed to death".* Indeed, prior to this 2015, medical personnel who suspected a woman of having undergone an illegal abortion were required to report it to the police[25]. However, since the 2015 guidelines, women and girls can access PAC without fear of prosecution although respondents did not seem to have clear knowledge of this. However, some participants knew that PAC is freely available in Sri Lanka and noted that government hospitals were thought to be more responsible in that even if a woman had a bad experience at a clinic and had to go to a government hospital for treatment, they would provide her with the necessary treatment.

3.4 "…we know if [the abortion] was from Misoprostol or not…"

Awareness of the process of abortion is very low across the board, while only 29 percent of survey respondents (and a few FGD respondents) were aware of usage of Misoprostol (the abortion pill). The medical term for the pill or brand names were not captured, as respondents referred to it as 'abortion pills.' Some believed the 'morning after pill' worked in the same way as Misoprostol.

The little knowledge respondents possessed on the abortion pill were collected from chats with friends and "neighborhood gossip". Certain clips that were being circulated on social media gave young respondents a fair idea about the procedure. However, the accuracy of the clips was questioned. The younger age group believed that such information should be discussed openly by the media and spoken at schools and universities.

Misoprostol is widely used among the estate community for abortions. Misoprostol is only available at certain pharmacies in the area, while some may have to visit the closest town or city to purchase the pill. It was confirmed by Estate Medical Officers that the going rate for Misoprostol ranges from Rs. 8000 to Rs. 20,000. The price of Misoprostol is believed to be proportional to fuel prices.

Widespread availability of over-the-counter medical abortion drugs has doubled the numbers of abortions. Of the survey respondents, 25 percent were aware of someone (Friend, family member, relatives or a neighbor) who had used the abortion pill (Misoprostol). Sector wise, data analysis shows that the highest proportion of women and girls who know of someone who has used Misoprostol is from the estate sector (44 percent), followed by rural (26 percent) and urban (15 percent).

[23] Apland, K. (2018). Overprotected and Underserved: The Influence of Law on Young People's Access to Sexual and Reproductive Health in Sri Lanka. Family Planning Association of Sri Lanka, pp.303-315

[24] Senanayake, L., Hemapriya, S., Pathiraka, R., Lanerolle, S. Ministry of Health, Nutrition and Indigenous Medicine Sri Lanka (2015). National Guidelines of Post Abortion Care (Second Edition).

[25] Thalagala, N. (2010). Process, Determinants, and Impact of Unsafe Abortions in Sri Lanka. Family Planning Association of Sri Lanka, pp.1-83.

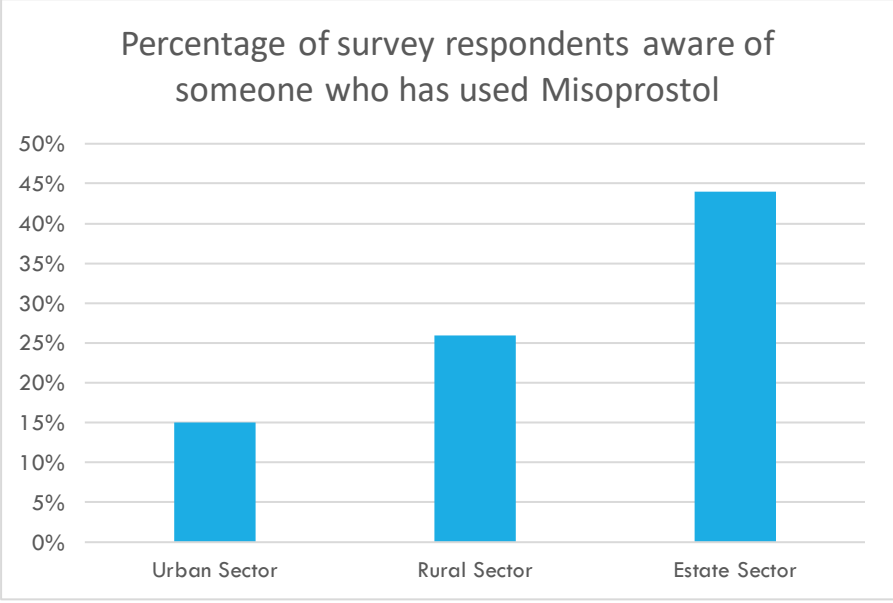

FIGURE 6 : PERCENTAGE OF SURVEY RESPONDENTS AWARE OF SOMEONE WHO HAD USED MISOPROSTOL

Many patients come into estate hospitals / clinic complaining of heavy bleeding and they themselves claim that this happened due to a fall or unexpected circumstances in order to avoid prosecution.

> "The symptoms of a natural miscarriage and a medical miscarriage could look the same for the untrained eye but an experienced doctor knows the difference" - Estate Medical Officer

> "When we see the condition, we know if it was from Misoprostol or not. They will say this and that happened, but from the amount of bleeding, we can say it's a self-induced abortion. What I then do is refer them to a government hospital for further treatment. They will never admit it. If they do, we have to get the police involved" - Estate Medical Officer

Medically induced abortions are commonly prescribed for mothers who are weak to go through a pregnancy, ectopic pregnancy or when fetal abnormality is detected. Even though abortion due to fetal abnormality is illegal, according to the responses of the FGD, such is conducted under the radar. For respondents, the legality or morality is not questioned when it is an induced abortion performed, due to medical reasons, or when an abortion is prescribed and performed by doctors at private hospitals or clinics.

However, respondents were afraid of the risks associated with abortions and believed abortions are largely unsafe. While this is true if abortions are done incorrectly, the increase in availability and popularity of medical abortion drugs and PAC becoming free of cost and free of punitive repercussions, the rate of complications as a result of unsafe abortions and maternal deaths has reduced significantly. Maternal deaths as a result of abortions are mostly recorded in remote areas with limited access to health facilities. Yet, 90 percent of abortions in the country are conducted using

smuggled medications. These drugs, often of spurious quality, come from India or Pakistan, and pharmacists exploit women asking for these drugs charging up to 5000 Sri Lankan Rupees. They do not provide information on dosage and possible complications or counselling on post-abortion contraception[26], and therefore, still pose a threat to having safe abortions.

3.5 The Stigma Associated with Abortions and having Children out of Wedlock- a Catch 22.

A majority of the survey respondents (63 percent) accepted that there is stigma associated with undergoing an abortion and often face discrimination in society. If a woman has had an abortion, she was seen to be "spoiled", and referred to a "slut" or a "prostitute". Seventy five percent of survey respondents noted that women who undergo abortion are considered "promiscuous".

When referring to women who sought abortions because their lives were at risk, it was noted that "it would be wrong to speak badly of the person" but if it happened because of carelessness, "then we cannot blame society for thinking like that".

For FGD respondents, concerns over 'ruined futures' tended to be more about the irreparable reputation of a woman having undergone an abortion rather than concerns over any medical or health complications a woman would face as a result of undergoing an (unsafe) abortion that might affect her in the future (or cause death). For girls under 18, unwanted pregnancies as a result of pre-marital sex were perceived to have an even worse effect on their reputations, especially in terms of finding a partner for marriage. The influence parents had over their children's decisions about partners and life choices was evident.

> "We have to do what our parents say. As I said before, Sri Lanka still has a traditional culture therefore I don't think that any parent would like us marrying a girl who has already been through an abortion" (FGD-males)

What became apparent following this was that it wasn't just the fact of having an abortion, which was considered sinful, but more the fact that this was evidence of a woman having slept with another man –

''Even we won't like to be with someone who has slept with another male''**.** (FGD-males)

Attitudes towards gender and sexuality played a large role in such perceptions-
"If society gets to know that you have already been abused or raped by one person, then others also try to approach." (FGD- female)

There is a perception among FGD respondents that stigma and social sanctioning of women who have had abortions was much higher in rural areas in comparison to urban areas. Respondents commented that a 'ruined future' was more likely if you were from a village in rural Sri Lanka. This is reflected in a high rate of suicide as a result of unwanted pregnancies and the lack of support they get from their

[26] Eliminating unsafe abortion through self-care interventions in Asia. IPPF 2021

community in the village. The perception among respondents is that people in rural areas have more time on their hands and are able to spread stories much faster than their "busier" urban counterparts.

“We are very busy; we lead busy lifestyles. We have no time to focus on the neighbor. We don’t know that our neighbor is pregnant until she is about 5 or 6 months into her pregnancy…but this is different in the villages. They are always concerned about what is happening around them, because they don’t have much to do. They live for the day and don’t worry about their future. I’m not trying to put anyone down but that is the reality. In villages, they are waiting to find out about others. If they hear something, it spreads quickly; but in Colombo even if you get to know, people are too busy to check it out or find out more [information]. Therefore, people in Ratnapura, Trincomalee, Ampara [urban areas] by the time they get to know they are pregnant, it is fairly late”. - (FGD-female)

However, the survey showed no significant difference in the perceptions held by those from urban and rural areas on women who undergo abortions. The survey showed that people from urban, rural and the estate sector were all in agreement that a woman who got an abortion is irresponsible (55 percent), promiscuous (79 percent) and a sinner (54 percent).

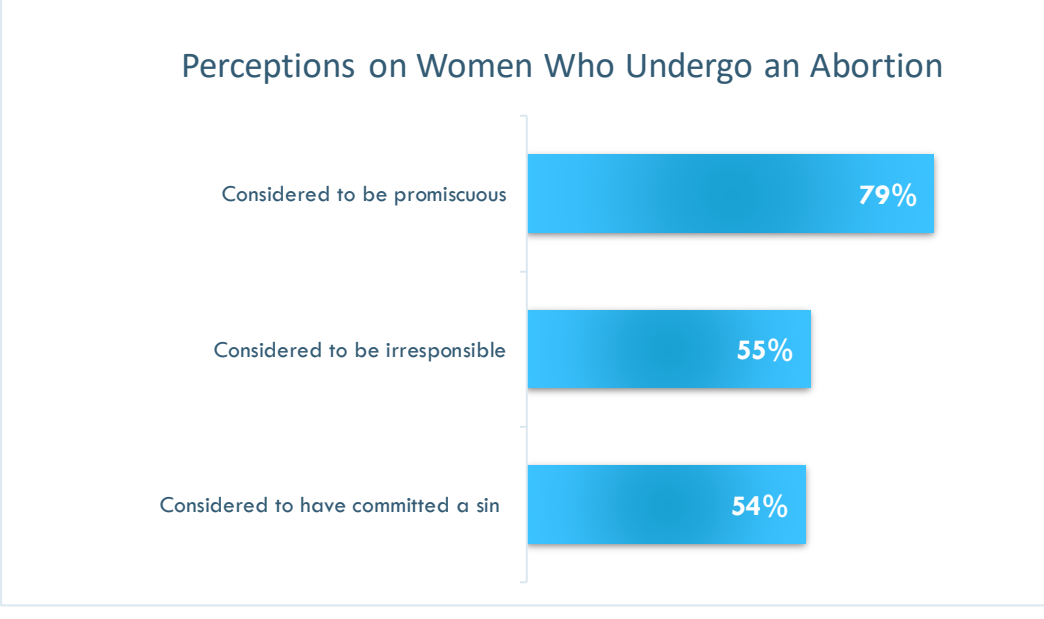

FIGURE 7 : SURVEY RESPONDENTS’ PERCEPTIONS OF WOMEN WHO UNDERGO ABORTIONS

On the flipside, respondents across the FGD’s commented on the shame and stigma to be expected from society if a woman has a child out of wedlock. Even the child would suffer the consequences of being born outside of a marriage. Respondents commented that the family may not be accepting of this child and the child would face a lifetime of ostracization if the father is not present.

Important to note was the discrimination women were perceived as facing at the hands of health officials. Research has found that women have been reluctant to access post-abortion services at

government hospitals for fear of encountering stigma, discrimination and verbal abuse from health-care providers, even though they claimed to be satisfied with the medical care they received [27] [28]

> "When a woman of about 35 goes to the clinic, the Family Health officers are very critical towards them. I think that is the main reason for people to have less children now. The first two children are given proper care but if you have three to four children and the mother is around 35 to 40 years, she has to hear snarky comments from the midwives and the Family Health officials" - (FDG- parents of adolescents)

The treatment of women seeking abortions by healthcare providers at government hospitals was compared to the treatment of women at private hospitals noting that "if the parents are not married, they ask them why they got into this situation", contrasting this with the perceived ease with which people could get abortions done in private hospitals.

Respondents commented on discriminatory treatment by staff at government hospitals- "they may scold the patient", "nurses look at you crookedly, they say nasty things…". Despite the judgmental treatment, government hospital staff were perceived to give proper post-abortion care to women in comparison to some private hospitals where respondents believed that women may be refused services if private hospitals did not want to take on the responsibility.

The stigma around abortion goes as far as viewing doctors and other health care professionals as having a bad reputation and "shunned" by society because they perform such procedures. Respondents noted that they would commonly be referred to as "dishonorable people" who over-charge women for their services.

3.6 "…Abortion is an option but a sin…"

When presented with different scenarios of unwanted pregnancies, FGD and survey respondents expressed complex opinions on when they would be willing to "accept" an abortion versus when they couldn't. For FGD respondents, there were a few scenarios in which an abortion would be acceptable: If there was a significant threat to the health of the woman including if the mother was older; in cases of fetal abnormality; in cases of rape, with one respondent noting marital rape; if parents are unable to maintain the child due to economic difficulties; if there was too little spacing between births; for those under 18 year or considered too young given the negative impact on their future; and in the case of incest. In cases of fetal abnormality, many commented on the difficulties faced by the parents as well as the child, and out of a sense of shame and sympathy, respondents expressed that it would be better to get an abortion. No pardon was made for those who became pregnant resulting from circumstances such as illicit relationships/ extra-marital affairs or women engaged in sex work.

[27] Thalagala N. Economic Perspectives on Unsafe Abortions in Sri Lanka. Colombo, Sri Lanka: Family Planning Association of Sri Lanka; 2010

[28] Apland, K. (2018). Overprotected and Underserved: The Influence of Law on Young People's Access to Sexual and Reproductive Health in Sri Lanka. Family Planning Association of Sri Lanka, pp.303-315

Survey respondents were given various scenarios in which an induced abortion may be sought and were asked to give their opinion on whether it was acceptable to seek an abortion under those circumstances. Allowing induced abortion in the instance of fetal abnormality received the highest support at 74 percent, followed by in the instance the girl is under 16 years of age at 55 percent. In the instance of rape or incest, 45 percent and 41 percent found it acceptable. Interestingly, the state of a woman's mental health was also given some consideration (44 percent), while scenarios such as "the woman is living on the street while the husband is in jail" and" the family cannot afford to have more children" garnered less support (28 percent and 27 percent respectively), although all three scenarios would potentially impact the quality of life of the child.

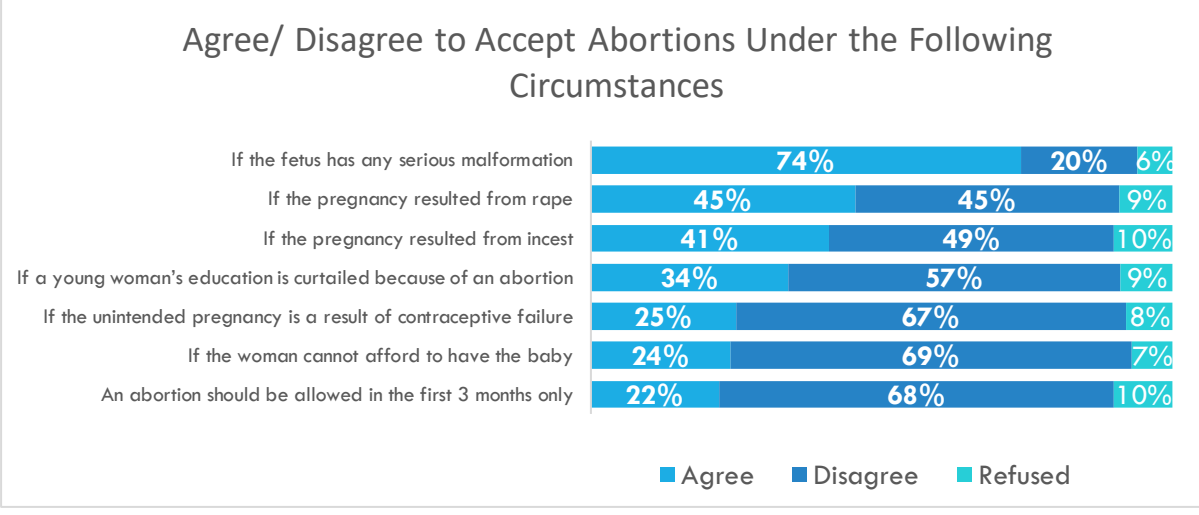

FIGURE 8 : SURVEY RESPONDENTS' PERCEPTIONS OF WOMEN WHO UNDERGO ABORTIONS

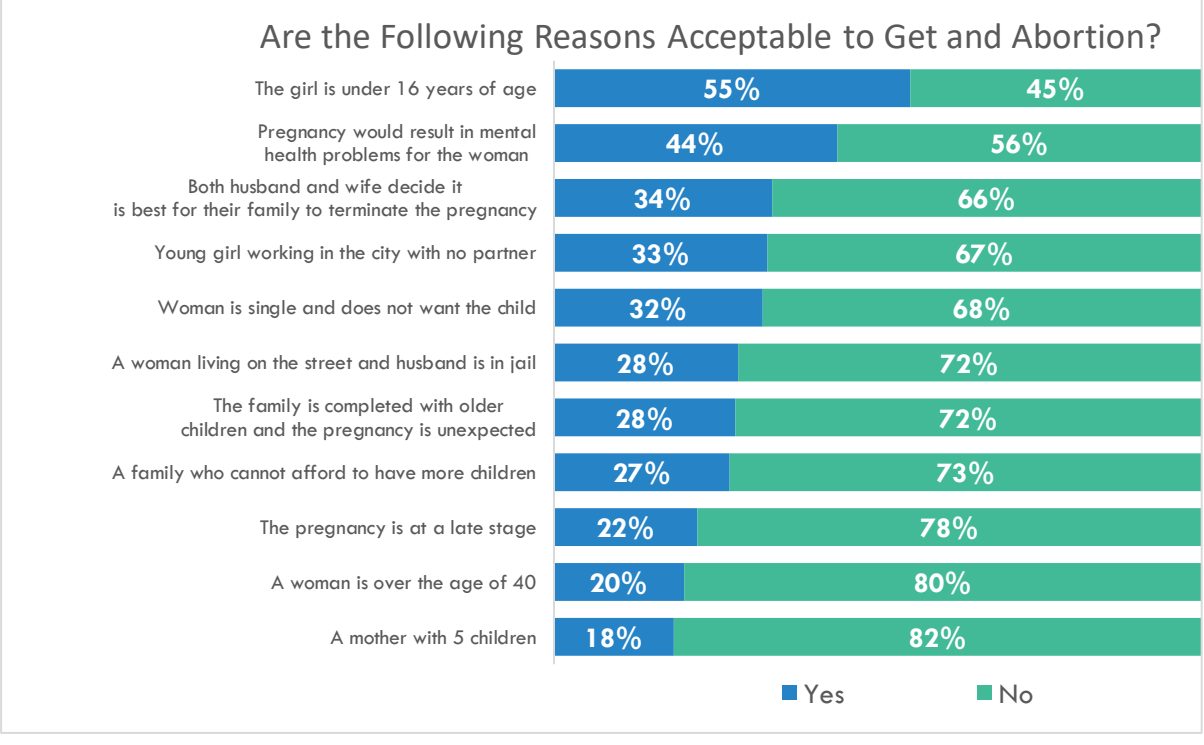

FIGURE 9 : ARE THE FOLLOWING REASONS TO GET AN ABORTION ACCEPTABLE?

However, one underlying theme shared by 68 percent of survey respondents and a great many FGD respondents is that abortion, under any circumstance, is still a sin regardless of whether they could accept it or not. As such, an overwhelming number of respondents commented that they would prefer marriage as a method of "managing" unintended pregnancies rather than seek an abortion.

There is a strong repulsion towards the act of abortion under any circumstances, but particularly towards abortions that take place as a result of consensual sex given the view that it is preventable through the use of contraceptives. Respondents found it difficult to accept abortions (except under exceptional circumstance- elaborated above) citing culture and religion as the main considerations.

> "As far as I am concerned, abortion due to any abnormality in fetus, rape and as a result of illegal relationships is a sinful condition. In terms of religion, abortion due to illegal relationships is the most sinful act" - Female Respondent from Passara.

From the perspective of Buddhist women, the fetus is a living being and therefore, abortion is inhumane and a sin. Christian women see abortion as a form of 'murder' and a major sin. Muslim women disapproved of abortion as they say their religion opposes it except in unavoidable circumstances such as health issues or transmission of diseases. Hindu women consider it a sin as well however Hindus were of the opinion that it does not go against their religion.

The survey respondents reflect the views of the FGD respondents from a religious standpoint on abortion with 51 percent of all survey respondents holding this view. A large portion of Buddhists, Catholics/Christians, and Muslims from the survey believe it goes against their religion. Only 20 percent of Hindus in the survey were of the view that it goes against their religion.

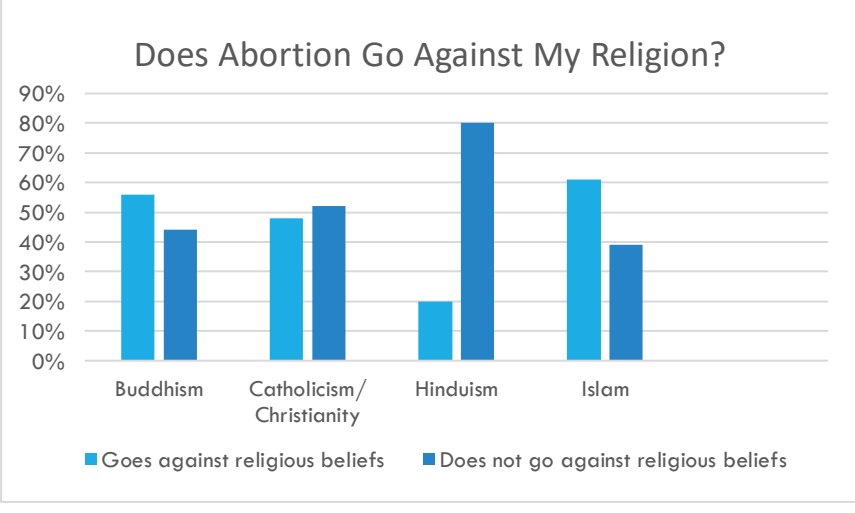

FIGURE 10 : DOES ABORTION GO AGAINST MY RELIGION?

Religion	Total number of Respondents	Goes against religion	
		#	%
Buddhist	775	430	56%
Catholic/ Christian	56	27	48%
Hindu	135	27	20%
Islam	111	68	61%
Refused	6	3	41%

3.7 Marriage- An Alternative Coping Strategy to Abortion.

Respondents noted that if their daughter wished to get an abortion, "we also become sinners" and so if of a marriageable age, they would give the children their consent to get married had they indulged in pre-marital sex. Refusal to have the baby, would mean the girl would not be provided for or helped in anyway, indicating the large social sanctions that would result from becoming pregnant and not carrying out the expected follow through (getting married and having the baby).

Respondents noted that it would be better for the pregnant girl to "marry the same boy" because "if she gets married to someone else, her life will be questioned", and others noted that rather than an abortion, "if it's possible for society to get her married to the particular boy and live together it will be a good choice." This reflected the notion that a woman who had been through an abortion would not be a suitable wife in large part because of the way the surrounding community would consider her.

Although one mother said that in cases of rape, they would settle on their daughter having an abortion, she said that if their daughter and her boyfriend/ boy who got her pregnant was a result of a "love affair," then she would have to get married and bring up the child. She went on to say that if a 16-year-old got pregnant, the majority of parents would want to have an abortion in order to save face in society and to save the reputation of the family background.

Another respondent noted that if she were to get pregnant, "the easiest thing would be to get married". She noted that if this resulted from rape, she would not be able to ask the male to take responsibility and would not give birth to the child, but if it happened with her boyfriend she would, "somehow get married and bring up the child".

A respondent noted that "if the girl is of a suitable age and is able to get married and bring up the child, that should be encouraged" reason being, the girl at this age is not ignorant and should know the consequences of her actions. Marriage and having the baby was seen as a 'suitable consequence'. This emphasis on the necessity of marriage prior to having children reflected the situation of unmarried couples engaging in sexual activity, especially for girls, as boys will not have to face the brunt of societal judgement if unintended pregnancies occur. However, respondents noted that there

are men and boys who also want their partners to have an abortion. In such instances, respondents believe that men should not have the option of asking their partners to get an abortion as well, rather, these men should also get marriage to the mother of the child.

> "He was just trying to get out of the situation by giving some money for the abortion. He does not care when and where or who does it if the deed is done. He says that he is not in a situation to take the responsibility as a father and that they are not even married" - Youth Respondent from Rural Sector

Many were against abortion due to religious considerations (except when it's carried out for a legitimate reason) and felt marriage was the better option. While some Muslim and Buddhist women mentioned that they are able to accept abortions in cases of pregnancies as a result of pre-marital sex as it isn't "socially acceptable" to have children out of wedlock, the option of marriage is still preferable to an abortion in such a circumstance. This line of thinking is reflected by Christian women who say that women who have abortions are viewed as 'sluts' and the child will never be accepted by the Church and their families. Therefore, marriage is seen as the best option to mitigate social stigma as a result of unwanted pregnancies through pre-marital sex. Some respondents were more understanding of abortion from a religious standpoint in cases where doctors suggest it.

3.8 "If Abortion is legalized people will be irresponsible."

In Sri Lanka, the Penal Code states that abortion is only allowed in cases where the woman's life is in danger. Through the discussions, it was clearly depicted that if the mother is suffering from severe health conditions where she is unable to bear a child, abortion is acceptable. But they claim that this needs to be proven by professionals prior to the abortion taking place.

Most survey respondents were aware that abortion is illegal in Sri Lanka. However, very few were of the knowledge that aiding an abortion is illegal and a jailable offence of up to seven years.

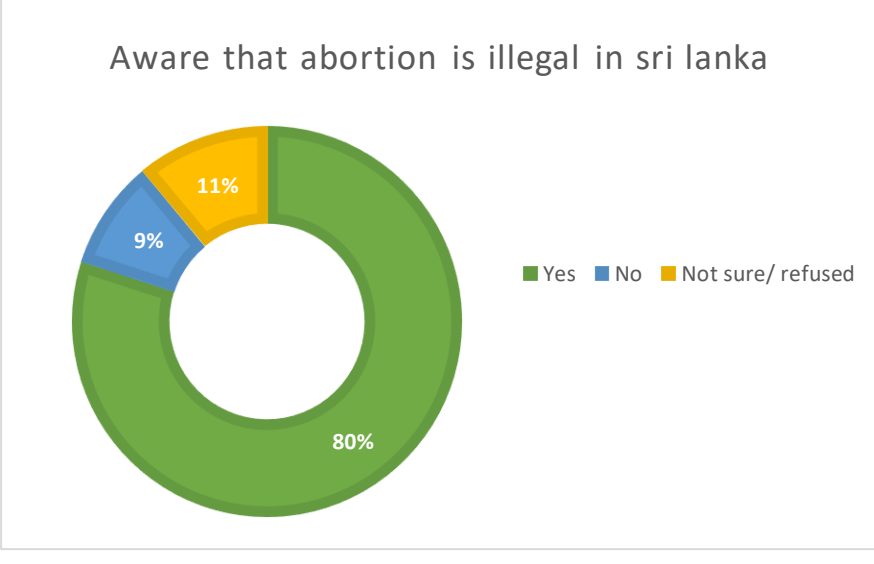

FIGURE 11 : PERCENTAGE OF SURVEY RESPONDENTS WHO ARE AWARE THAT ABORTION IS ILLEGAL

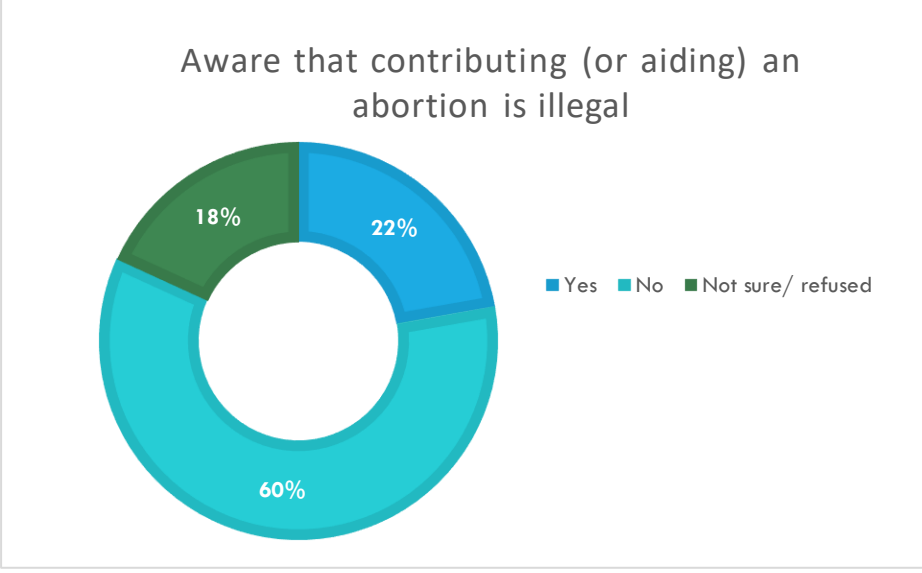

FIGURE 12 : PERCENTAGE OF SURVEY RESPONDENTS WHO ARE AWARE THAT ASSISTING AN ABORTION IS ILLEGAL

Survey respondent's attitudes towards legalizing abortion comes in contrast to their attitudes towards "accepting" abortions under different circumstances. When presented with various scenarios in which induced abortions may be legalized, less than one third of survey respondents (28 percent) believed that induced abortion should be legalized in Sri Lanka, 45 percent believed it should be illegal and 27 percent were unsure. Only half of those who responded favorably to legalization were of the view that induced abortion must be legalized for all possible scenarios. The remaining who responded favorably to legalization were of the opinion that induced abortions should be legalized only in specific circumstances.

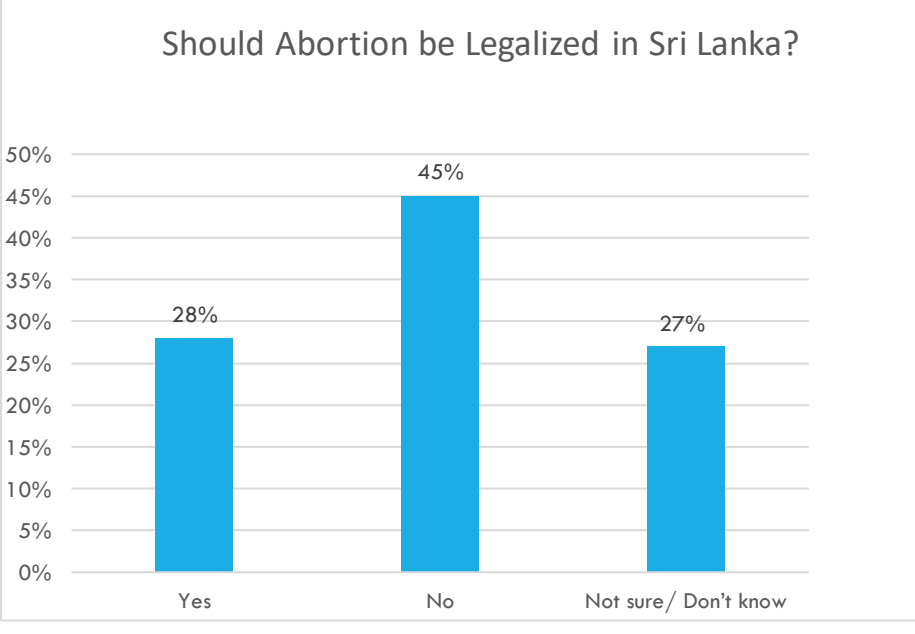

FIGURE 13 : SURVEY RESPONDENTS' OPINIONS ON LEGALIZING ABORTION (YES/ NO/ UNSURE)

From the portion of survey respondents who were of the opinion that abortion should be legalized, most supported legalization in the circumstances of fetal abnormality and pregnancy as a result of rape at 16 percent each. Only 4 percent of those who thought abortion should be legalized stated that it should be legalized on the grounds that it is a human right which indicates that women's rights and the right to choose perspective of the abortion argument has still not taken root in Sri Lanka, and this can also be seen in the FGDs.

It is interesting to note that out of the 45 percent who do not support the legalization of abortion, 16 percent stated that they would support their sister aborting a pregnancy which was a result of rape and 25 percent stated that they would support their sisters and mothers to abort a pregnancy if it were unexpected.

In the FGDs, participants' notions of who gets abortions appeared to play a large role in whether they supported its legalization. Many believed that it was young girls, between the ages of 16 and 18 years, who were the principal group that sought abortions and therefore, did not support legalization of abortion. The perception that wealthier people are more likely to act irresponsibly because they already have better access to abortion services was also mentioned as another reason not to legalize abortion as it would encourage more irresponsible sexual behavior.

> "Even though there are several methods of contraception available in the market today, people will act irresponsibly and just go for an abortion. Especially the rich will just go ahead and get it done as they have the money. So, I don't think that it is a wise move [to legalize abortion]".

> "An abortion could be avoided using contraceptives. I suggest that we should encourage the use of contraceptives rather than encouraging abortions. Contraceptive failure is infrequent but even though abortions are illegal so many abortions take place in a year. Imagine how it would be if it is made legal?" - Mother of Teenage Daughters (Over 45 Years)

This line of thinking relates to the overall misperception that women and girls may seek abortions as a form of birth control instead of using contraceptives if it is freely available. Comments were made that legalizing abortion would increase rates of abortions with many commenting on the lack of restraint and control that young people especially would exercise. There was commentary on the fact that young people would be 'led astray' with the freedom to do whatever they wanted and resort to an abortion.

Some commented that abortion should not be legalized because abortions could endanger a woman's life and jeopardize her ability to have children in the future. Some respondents viewed one's ability to have children a blessing as there are many couples struggling to have children.

The young population in urban areas claim that abortion should be legalized for pregnancy that occurs due to consensual sex and/or pre-marital sex. On the other hand, youth from rural communities are against except when it comes to health-related issues. There is a clear difference in the perspectives

on legalization between youth in urban and rural areas which might be the result of differences in lifestyle, entrenchment of culture and religion, income, and education levels.

Survey respondents felt the following outcomes would be expected if abortion is legalized:

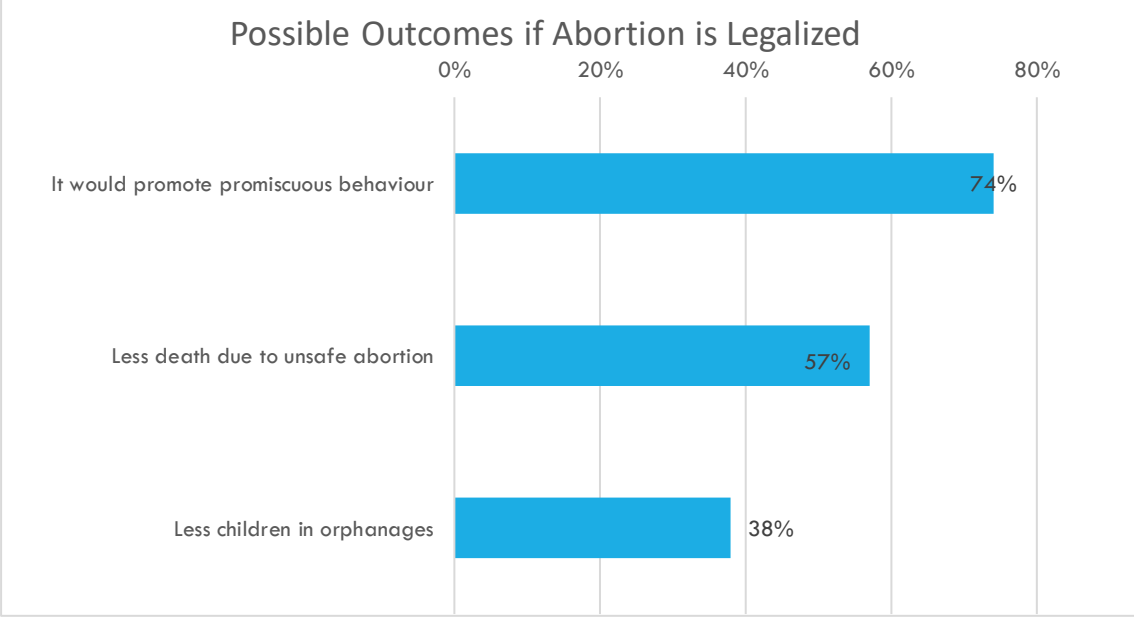

FIGURE 14 : POSSIBLE OUTCOMES DUE TO LEGALIZING ABORTION

Stakeholders feel that the decline in morbidity and mortality is the biggest challenge to legalization of abortion and for the introduction of self-care interventions for safe abortion. In Sri Lanka, the decline in mortality is largely due to the increasing use of medical abortions as well as legalizing Post Abortion Care available in government hospitals [29]. Abortion reform has consistently been opposed by religious institutions including the Sri Lankan bishops' conference[30]. Moreover, any reforms with the potential to be implemented in Sri Lanka have been restricted, such as in the case of the Law Commission's 2013 proposal where the freedom of choice was reduced to allowing abortions only in circumstances where the woman is perceived to be "blameless" for the pregnancy. Yet, this did not recognize the main reasons for which women resort to abortion[31].

[29] Apland, K. (2018). Overprotected and Underserved: The Influence of Law on Young People's Access to Sexual and Reproductive Health in Sri Lanka. Family Planning Association of Sri Lanka, pp.303-315

[30] https://www.ucanews.com/news/sri-lankan-catholics-oppose-amending-abortion-laws/78480

[31] Kumar R. Abortion in Sri Lanka: the double standard. Am J Public Health. 2013 Mar;103(3):400-4. doi: 10.2105/AJPH.2012.301154. Epub 2013 Jan 17. PMID: 23327236; PMCID: PMC3673519

3.9 "Rich and old benefit from abortion service"

Regardless of legality and morality, respondents noted that abortions take place. However, it is the poor and vulnerable communities that tend to face difficulty in accessing services and often find themselves suffering harsher consequences, be it legal or at the hands of society, in comparison to the richer wealthier counterparts who are perceived to "get anything done in any part of the country because they have the money" or else go overseas to get an abortion. Access to high quality services depend on privilege[32]. Through FGD discussions, it was apparent that those who were financially able were seen to get these done at private hospitals. Evidence suggests that wealthier members of society are able to access high quality specialized abortion services in a private hospital, and if need be, travel to countries such as Singapore where abortion services are legal[33] [34] [35].

Respondents' perceptions of which demographic accesses abortion services the most is also informed by wealth (or lack thereof). For instance, some respondent felt that it was poorer women who sought abortions the most, especially those with existing children but cannot afford to raise any more. Other FDG respondents commented that it was the wealthier who got abortions the most as they have money and better access to high quality services to do so, and therefore have the "luxury" of being irresponsible.

> "Even though there are several methods of contraception available in the market today, people will act irresponsibly and just go for an abortion. Especially the rich will just go ahead and get it done as they have the money."

> "It's mostly as a result of love affairs. Say, a rich girl gets friendly with a poor boy, obviously the girl's family will not approve of this relationship and when they find that she is pregnant most rich fathers will pay whatever to get the abortion done in order to save face in society…"

Respondents from FGD's also stated that unwanted pregnancies that take place among older married couples are most likely to be done at somewhat well-reputed and safe private clinics as they are able to afford better care and because it is a joint decision by the husband and wife.

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[32] Apland, K. (2018). Overprotected and Underserved: The Influence of Law on Young People's Access to Sexual and Reproductive Health in Sri Lanka. Family Planning Association of Sri Lanka, pp.303-315.

[33] Perera. L. (2015, May 28). Why do Sri Lankan women need access to safe, legal and affordable abortion services [Blog post]- Retrieved from http://asap-asia.org/blog/why-do-sri-lankan-women-need-access-to-safe-legal- and-affordable-abortion-services/#sthash.D98S1dTC.dpbs

[34] Apland, K. (2018). Overprotected and Underserved: The Influence of Law on Young People's Access to Sexual and Reproductive Health in Sri Lanka. Family Planning Association of Sri Lanka, pp.303-315.

[35] Kumar, R. (2011, August 2). Misoprostol and women's health in Sri Lanka. The Island.

3.10 Surveillance of Girls- a More Popular Prevention Tactic to Sex Education and Empowerment

A huge gap in formal education on sex, contraception and abortion was apparent in the FGD discussions. When asked how unintended pregnancies, and therefore abortions, should be prevented, discussions revolved around three major themes: sex education in schools, sex education at home, and "protecting" young girls through supervision.

Sex Education at School

Many FGD respondents commented on the necessity of school-led sexual and reproductive health education programmes making comparisons between the lack of these in Sri Lanka and the abundance in other (European) countries. Respondents noted that the lack of conversations on this taboo topic resulted in problems especially for young women and commented on previous/existing initiatives such as the “Hathe Ape Potha” and “Uthavu Yauanaya”, yet noted that these had been opposed by religious organizations. However, many of those who supported education programmes in school did so on the basis that these programmes would instill children with fear of the dangers of what could result and therefore deter them from engaging in sexual activity.

Others believed that it would be inappropriate to teach young people about such topics, and when commenting on TV programmes and other forms of media which discuss such topics (Hiru TV- Room 33- programme about sexually transmitted diseases) said that “when there are young children at home, we cannot sit as a family and watch those programmes. Those are discussions therefore a person over 18 years only will be able to understand what is being said”.

Some believed that it would be inappropriate to provide school children with information on this topic (particularly “sexual indulgences and contraceptive methods”) because, “the more they know, the more they will want to experiment”. This reflects the attitudes of many that school children are too young to learn about these topics. Furthermore, a participant said that those aged 14-15 years old were not mature enough to handle such content and so it should be the responsibility of the parent to educate their children (in order to discourage/dissuade them from engaging in sexual activity).

The high rate of unintended pregnancies in Sri Lanka has been attributed to gaps in formal education in schools and the community. The fact that this topic is a taboo means that existing sex education programmes both at school and any information sharing at home is hindered due to the shame and embarrassment that teachers and parents feel. Many noted that sex education in schools would be beneficial yet noted that the discomfort of teachers as well as students meant that the topic was not effectively taught.

A respondent noted,

> "I did my O Levels; the teacher does this lesson only when there are about ten children in the class. That is because teachers are shy to use the word sex, in Sri Lanka that is not spoken about openly; Sometimes the teachers also say that this should not be taught to the children and the people who included this into the syllabus are out of their minds. Therefore, even from a young age the child is taught to think that sex is taboo". - FGD

A respondent commented that,

> "Sex education is like a joke and the period on this lesson is spent laughing and joking. Therefore, the teachers are also unable to teach this lesson properly. Also even in our society the teacher or even the welfare societies and parents are shame to talk or teach the children on the sex education. Even the children are ashamed to study about sex education and there is no transparency with the children as well". - FGD

Some medical students noted that they had received some education on abortion. However, other students who had studied science said they had not had any discussions on these topics. One student noted they received sex education during a university induction- an orientation programme on sexual relations and a practical session during which they learned to use condoms. For those who had received education on the topic, it had been done so in a deterring, scare-mongering way:

> "We have learned that abortion is wrong, and they have showed us videos of full-term abortions which happened abroad. We watched videos of how abortion happens, so we were aware about abortion. Personally, I would suggest that everyone be aware about this, so that wrong things do not happen in public". - FGD

Respondents also commented that the purpose of sex education in school should be to inform children of the dangers/unwanted consequences of engaging in sexual activity and therefore, deter them from doing so. These participants gave emphasis to educating girls so that, "when she moves in society, she is strong in mind to know what is right and wrong".

Having not received adequate information from school, respondents noted that they would get information from friends at university. Indeed, university was perceived as a place and time during which young people's attitudes could change to become more liberal. Once they arrived at university, no longer under the watchful eye of parents, young people were seen to enjoy their newfound freedom yet without the information they required to do so safely, and therefore would get pregnant and seek abortions, unable to face their parents in this way, especially those coming from villages and boarded in Colombo and its outskirts.

> "In recent times I read in a newspaper of a situation that you mentioned in Universities, where there is a lot of sexual activity taking place in Universities and actually there are some who are promoting these activities." – FGD

Sex Education at Home

Many respondents were of the opinion that a mother is best placed to advise and inform their children (especially their daughters), yet always as a form of deterrence.

> "if they know about these things, they will think twice before indulging in such activity. Then even if she considers such a thing, she will think of what her mother said and may refrain from doing it" and another said "as mothers we should take the responsibility of advising them and ensuring that they are not led astray. Still, if the child gets let into such a situation, we can always say that we warned you about these things. The child cannot turn back to us and say that she didn't know".- FGD

Aside from those mothers who talk about the importance of informing daughters in order to dissuade them from engaging in sexual activity, there was commentary on the fact that many parents feel ill-equipped to discuss matters related to sex and sexuality with their children.

Again, the issue of immaturity arose when respondents stated that mothers may feel that content on sexual matters is inappropriate for young people. They noted that, "if there is a kissing scene on TV, some mothers tend to close their children's eyes, thereby creating a sense of inquisitiveness on the part of the child. When this happens, the child will be curious to find out what that was but if it was treated as a normal thing, then it won't be an issue". The respondent commenting in this FGD reflected the attitudes of those in more sexually liberal contexts-

> "From the time a baby is being breast fed, they have these feelings. It's something experienced by everyone. I think parents should speak openly to their children and explain to them about these things. If that is done, we can solve at least 50% of this problem". - FGD

This respondent went on to say that adults themselves find it difficult to speak about these topics- "there are issues but we don't want to speak about it for fear of being shunned".

This reflects wider Sri Lankan society and the way in which topics related to sex, sexuality, sexual violence, etc. are often shrouded in shame with little open discussions occurring. People facing any kind of sexual/reproductive issue are hesitant to reach out for help for this same reason - problems with menstrual cycles and shyness about consulting male doctors if one is female.

3.11 Mothers: The Gatekeepers of Culture

Rather than providing young people with information and allowing them to explore while making smart choices, many participants stated that surveilling their children (especially their daughters) was the way to prevent them from experiencing any distressing sexual experiences, such as abortions. More importantly, due to the heavy social sanctions placed on those who had experienced abortions, surveillance and prevention was seen as the best method of ensuring that children had a bright future ahead of them.

References were made to children going "astray" and the responsibility that parents (often mothers) had in preventing this. The method to do this was advising daughters on these matters (deterring them) and constantly surveilling and monitoring them. References were made to 'proper conduct' –

> "I have advised them about the age when they should get married, how they should lead a proper married life, all that has been explained to them" and "just like they are very committed about their children's education, parents should advise their children how to conduct themselves in society". -FGD

There was a sense of morality and shame implicit in these conversations about what proper conduct would be, and most of the time this involved being married before engaging in sexual activity.

For school children, a respondent noted that they should not be engaging in "love affairs" but should be focusing on their studies, thereby eliding any responsibility of educating children at this age by arguing that such connections/relationships should be disallowed wholly. Thus, parents (mothers especially) played an integral role in monitoring children's relationships and preventing them from developing. The respondent also said that parents should be the ones learning how to protect their children because young people were not mature enough to receive information on matters related to sexual health and therefore the responsibility of keeping young people safe was wholly the burden of the parents.

Some respondents noted of their daughters that they "don't send her out on her own and we don't keep her at home alone" and that whenever her boyfriend visited, the parents would always be watching them while "advising her from time to time but still we are very watchful of her movements". For those whose children had classes, respondents said that they would take them for classes, wait near the class and bring them back safely, for if they were given the freedom of going for classes on their own, they would get "lured" into situations.

Others' methods involved preventing their children from having or using cellphones. Whenever her child has zoom classes, this mother sits in the living room and supervises her daughter's use of the laptop. Not just her, but her son also monitors his sister's movements. If girls were asked for their phone numbers or received calls from boys, mothers said that they instructed their children not to provide them with any contact information and that if a girl got a call from a boy, she would give it to her mother who would answer the phone and speak to him- "then the boy knows that the girl has a close relationship with her mother so he won't try his pranks again" .

> "I of course advise her saying that even if she befriends a boy, she needs to be careful when associating with him. If something happens, there is no turning back and her whole future will be doomed. Whenever I get the opportunity, I advise her and tell her to wait until the time comes to find a partner and not be in a hurry. I have seen so many children getting into these relationships without their parent's consent, getting into trouble owing to their weaknesses, mostly poor children get lured into these situations, but I think parents should be more cautious and advise their children". – FGD

Some said that they advise their children from a young age that if they wish to go to university and build a career for themselves, "they should not indulge in sexual activity which may lead them to this situation". Additionally, it was said that if their children did become pregnant, they would have to get married.

3.12 Contraception is for Married Women

Respondents demonstrated a more accurate understanding of contraceptive methods than they had of the process of abortion, especially married women who had been informed by a midwife as is the usual process. Respondents talked about 'injections which last for 5 or 3 years', condoms and loops, yet noted that there were many side effects which deters many from using them and that they weren't always foolproof and that women could get pregnant in spite of using these methods. Participants also noted that another deterrent to males using condoms was that they do not get 'maximum satisfaction' or that 'original thrill'. Many FGDs stated that abortion was a result of ignorance of contraceptive methods.

The majority of survey respondents (82.9 percent) stated that they were aware of contraceptive methods. According to the Demographic and Health Survey conducted in 2016, modern contraceptive use in Sri Lanka was as high as 65.5 percent in 2016. Respondents' awareness on short term contraception (OCP 68 percent, Condom 62 percent) was considerably higher than the long acting and reversible methods (IUD=50 percent, Implant=32 percent) and permanent methods (35 percent). Less than half of the survey respondents (40 percent) were aware of Emergency Contraceptive methods. Around one-third of participants (34.5 percent) were currently using a contraceptive method.

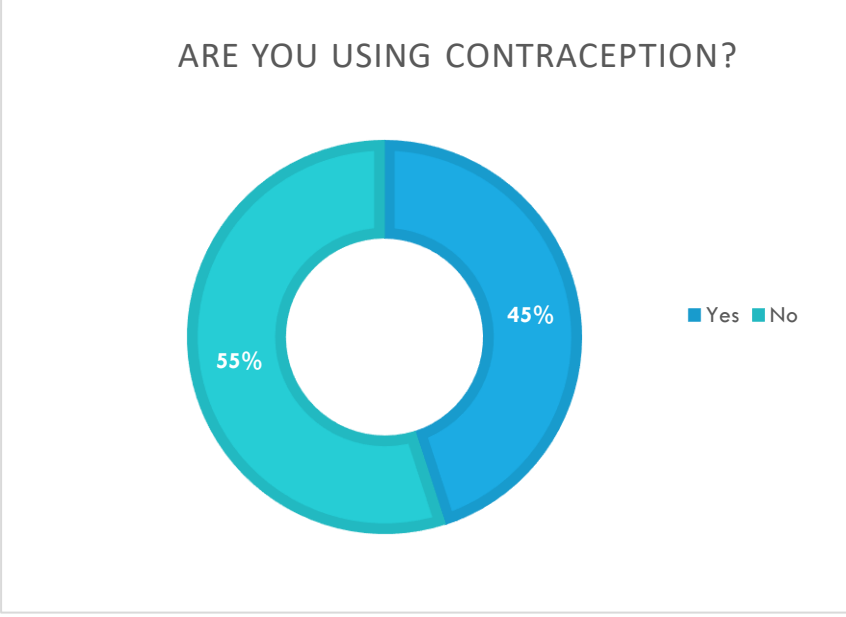


FIGURE 15 : SURVEY RESPONDENTS CURRENTLY USING CONTRACEPTION

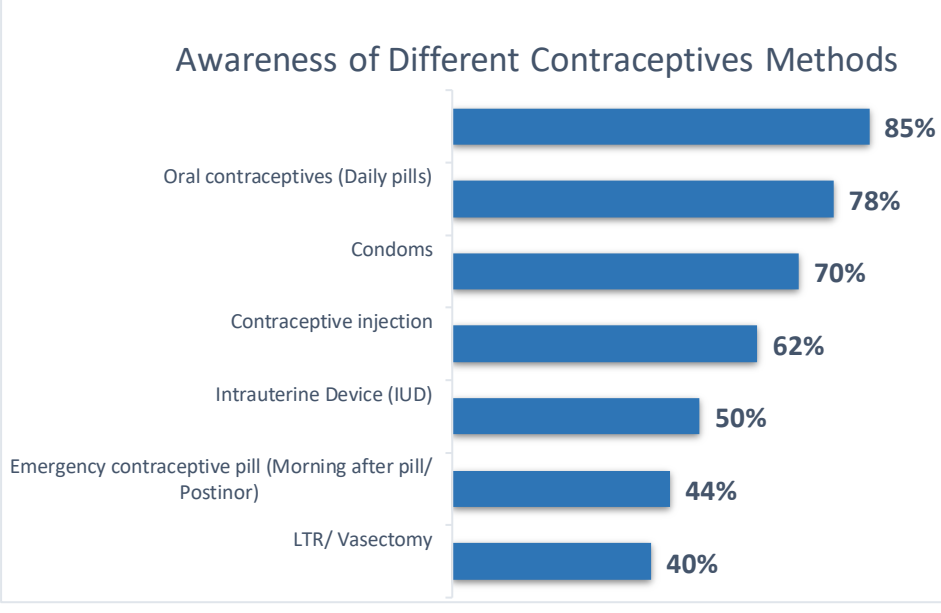


FIGURE 16 : PERCENTAGE OF SURVEY RESPONDENTS AWARE OF EACH CONTRACEPTIVE METHOD

Respondents highlighted that it was indeed married couples, who already had children, spaced pregnancies, and/or wouldn't want anymore, or those that might have financial difficulties if they were to have a child, who would use contraceptive methods. No mention made, of the importance of these methods, for any other category of woman. However, contraceptive methods were considered useful in preventing pregnancies and thus abortions in cases of extra-marital affairs. Practically, at grassroots level, contraceptive services continue to target married women to a larger extent than any other demographic[36]. One respondent commented that the use of contraceptives was a sin, others

[36] Report of the External Review of Maternal and Newborn Health Sri Lanka. Colombo, Sri Lanka: World Health Organization; 2007.

noted that greater awareness of contraceptive methods through clinics and the media would reduce the rate of unintended pregnancies and of abortions, and that they would allow women to refrain from having children at close intervals.

Although married couples were identified as those that either had most awareness of contraceptive methods or required most awareness, mothers commented that young people, 14–15-year-olds, were well aware of contraceptive methods even though they might 'pretend not to know'. They believed that children were being taught about this in school and through the internet, especially because many of them have access to smartphones. However, research has been found that adolescents have extremely low levels of awareness on contraception[37].

Family planning advocacy was nuanced, and it used a positive imagery of small family as a golden concept. This stayed in people's minds so there has never been very overt concerted opposition to it. Abortion is perceived as a matter of community morality and identity. So, the extents of objection to the two differ. The opposition for contraception is fragmented largely because it is used as a tool to target specific religious or ethnic communities[38].

Regarding barriers to accessing contraceptives, participants noted that even though people might be aware of contraceptive methods, financial barriers could prevent them from buying them. Furthermore, in instances such as spontaneous sexual intercourse or cases of rape, condoms may likely not be sourced and used. The factor of discomfort/shyness in purchasing contraceptives from pharmacies was also noted.

3.13 Television and Social Media: A Common Method of Finding Information.

Out of the survey respondents, 73.3 percent stated that they have read, seen, heard or searched for information related to family planning, contraception and abortions. Most FGDs revealed that people learned about abortion from the media including news on television, newspapers, films, and tele-dramas. Among the survey respondents, television remains the most popular medium as well, with 78 percent accessing information related to abortion through television, followed by newspapers at 41 percent. Indeed, traditional media is still more popular than online media in Sri Lanka and a 2017 study noted that mass media is one of the most common sources of information on abortion for many[39]. However, with the burgeoning of social media, finding information through online spaces, including social media, it is also becoming a common method of finding information on abortion as noted by a few FGD participants.

[37] Thalagala N. National Survey on Emerging Issues Among Adolescents in Sri Lanka. Colombo, Sri Lanka: United Nations Children's Fund; 2004; Available at: http://www.unicef.org/srilanka/Full_Report.pdf. Accessed September 13, 201

[38] (Eliminating unsafe abortion through self care interventions in Asia. IPPF 2021)

[39] Suranga, MS., Silva, KT., Senanayake, L. (2017). Gender differences in knowledge and attitudes concerning induced abortion in Sri Lanka: a community based study in the Colombo City. Sri Lanka Journal of Social Sciences, 40(2), pp.93-102.

Internet connectivity and usage in Sri Lanka is increasing, with 5 million active users recorded in 2016. However, only 28 percent of survey respondents mentioned using the websites as a method of accessing abortion related information. In terms of social media, Facebook was used the most to access abortion related information at 34 percent with WhatsApp as a far second at only 10 percent. Instagram and TikTok were used by only 2 percent and 1 percent respectively. Facebook is currently the most popular social media platform in Sri Lanka with over 3.5 million daily users reflecting the high use of Facebook as an information source over other social media platform.

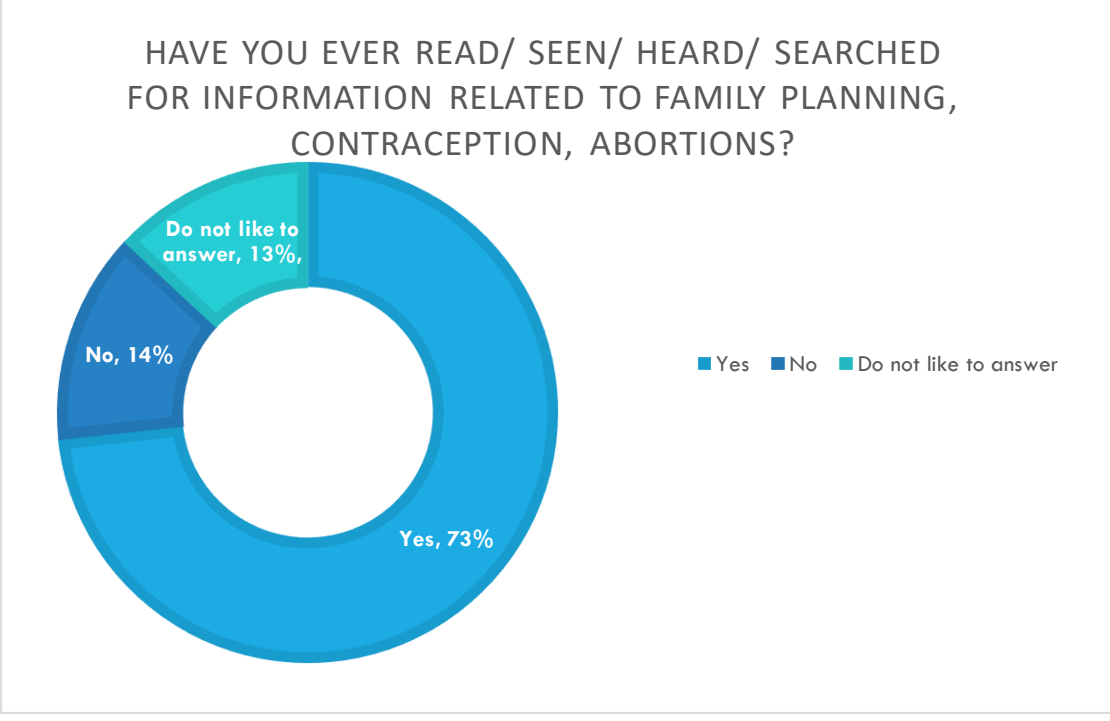


FIGURE 17 : PERCENTAGE OF SURVEY RESPONDENTS WHO HAVE READ/ SEEN/ HEARD/ SEARCHED FOR INFORMATION ON FAMILY PLANNING, CONTRACEPTION AND ABORTION INFORMATION

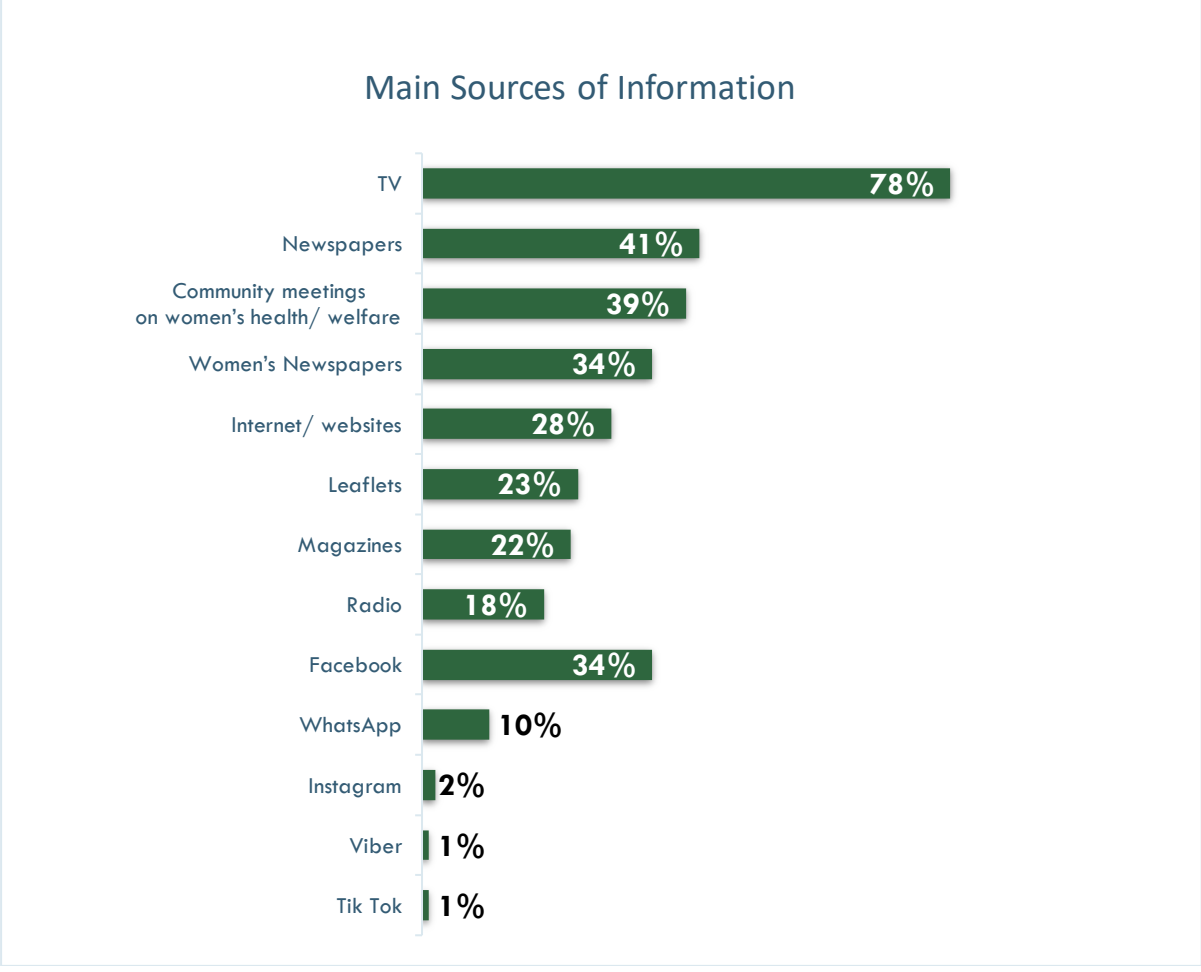


FIGURE 18 : POPULAR MEDIA SOURCES FOR SURVEY RESPONDENTS TO GET INFORMATION ON FAMILY PLANNING, CONTRACEPTION, AND ABORTION.

Some FGD participants even noted the benefits of information dissemination through social media:

> "I think it is openly discussed now, I see that the over 20s are starting to think positively especially with the posts you get on social media" FGD

From the survey results, respondents who fall within the 18-24 age group reported the highest daily usage of websites and social media platforms such as Facebook, WhatsApp, Instagram, TikTok, Viber. Survey results also show that those who tend to use these online platforms daily hold a more liberal view on abortion, with the exception of Facebook, indicating a slight growing acceptance of legalizing abortion among young people given the exposure to different content. In the case of Facebook, it is also popular among other age groups as well (particularly 24-49) which likely explains why those who use Facebook daily do not hold liberal views on legalizing abortion in comparison to users of other online platforms. It is these age groups (i.e., 24-49 and above 49) who use traditional media (e.g., TV, radio, Magazines, newspapers) the most. Survey results show that those who use traditional media on a daily basis tend to hold more conservative views on abortion.

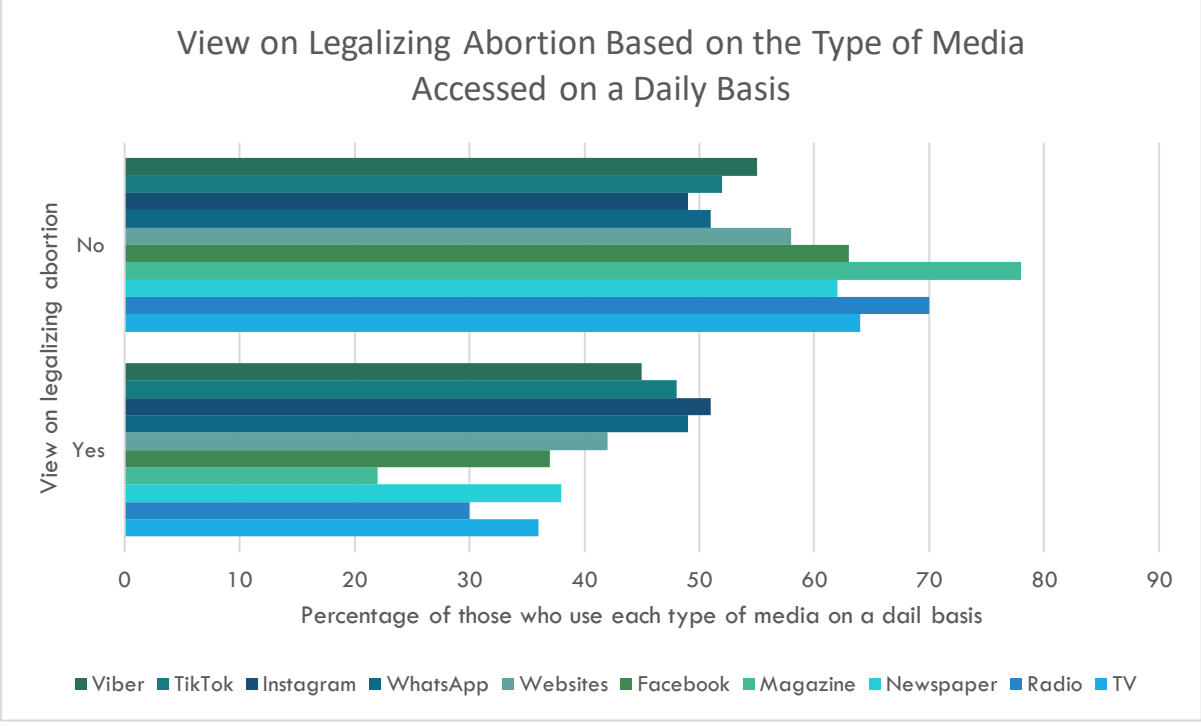


FIGURE 19 : VIEW ON LEGALIZING ABORTION BASED ON THE TYPE OF MEDIA SURVEY RESPONDENTS ACCESS ON A DAILY BASIS

Others noted the negatives of social media, especially pornography and mis/ disinformation and the double-edged sword that media proves to be for these reasons.

Other respondents noted that they had learned of abortions through family or friends who had been through it, hearsay or rumors and sources who were considered to be knowledgeable, such as doctors and 'women in the village who appear to know everything' as well as people who worked in professions that worked with women who had been through abortions. In a study of 743 respondents, it was found that, even more than getting information through mass media, the most common sources of information on abortion were through informal discussions[40].

Through the discussions, the perception that individuals in rural areas had disproportionately less information to accurate and safe abortion procedures compared to those in cities became apparent. Respondents commented that the majority of Sri Lanka is rural and education on issues related to sex is minimal. Indeed, the highest rates of abortion have been recorded in poorer rural provinces[41]. However, it seemed that many received information on contraception through formal sources such as the Ministry of Health awareness programmes.

Some participants noted that information related to abortion (contraception and sex education in general) should be more openly discussed, particularly through targeted education programmes, such as school-related programmes, citing the issue of learning via consuming pornography as problematic.

[40] Suranga, MS., Silva, KT., Senanayake, L. (2017). Gender differences in knowledge and attitudes concerning induced abortion in Sri Lanka: a community-based study in the Colombo City. Sri Lanka Journal of Social Sciences, 40(2), pp.93-102.

[41] Rajapaksa LC. Estimates of induced abortions in urban and rural Sri Lanka. J Coll Community Physicians Sri Lanka. 2002; 7:10–16

Some noted the potential of news channels in educating the public, specifically through fact-checking information before publishing it and including doctors and those who have experienced such situations. However, some participants were also of the view that viewers would admonish such channels if they aired content on sexual relations, "perhaps due to ignorance". For survey respondents, opinions on whether information on abortion, contraception and sex education in general should be publicly discussed are similar. The belief that it should be discussed publicly is highest among the younger age group (46 percent agree from 18-24 age group), but the older age category isn't so far behind either (40 percent for the above 49 age group believe information should be publicly available). Those from the estate sector also believe information should be publicly available (at 51 percent), and from the ethnic groups Tamils and Muslims hold significantly more liberal views on this in comparison to Sinhalese (at 65 percent, 52 percent and 37 percent respectively).

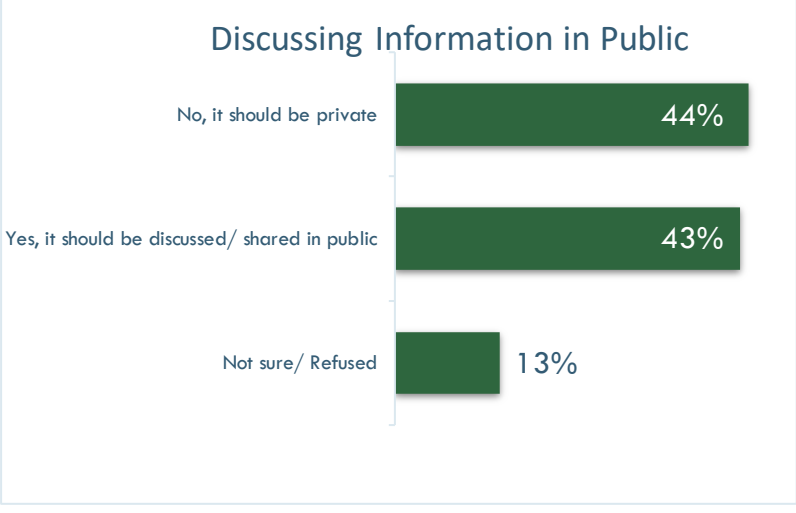
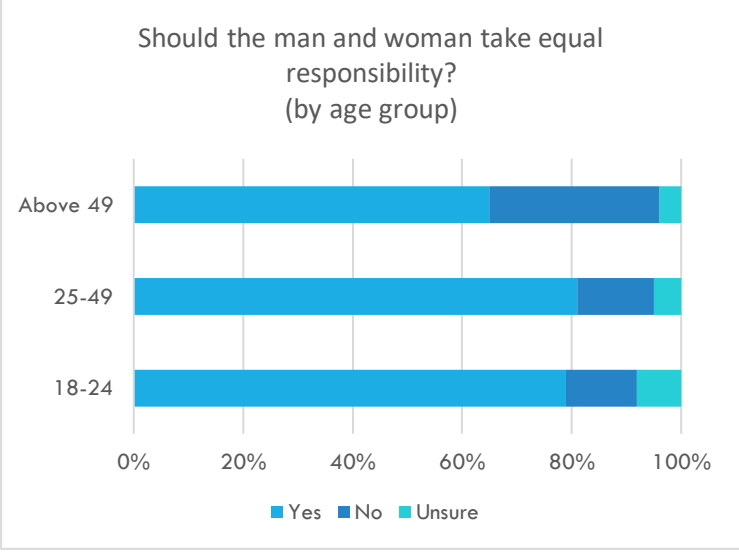
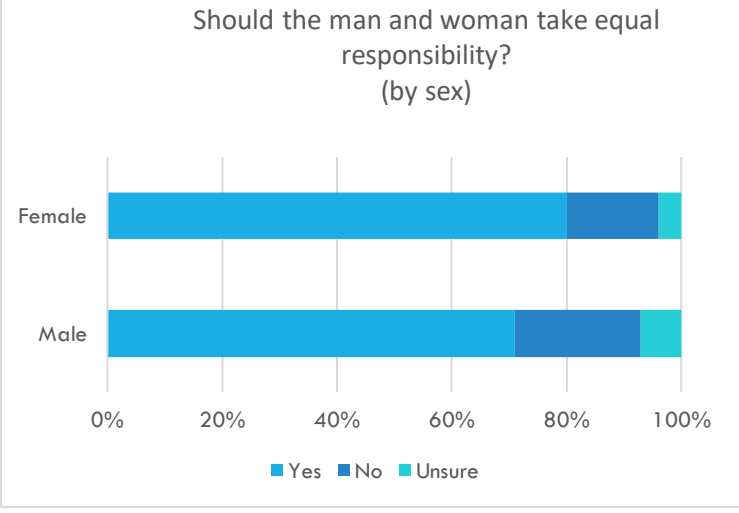


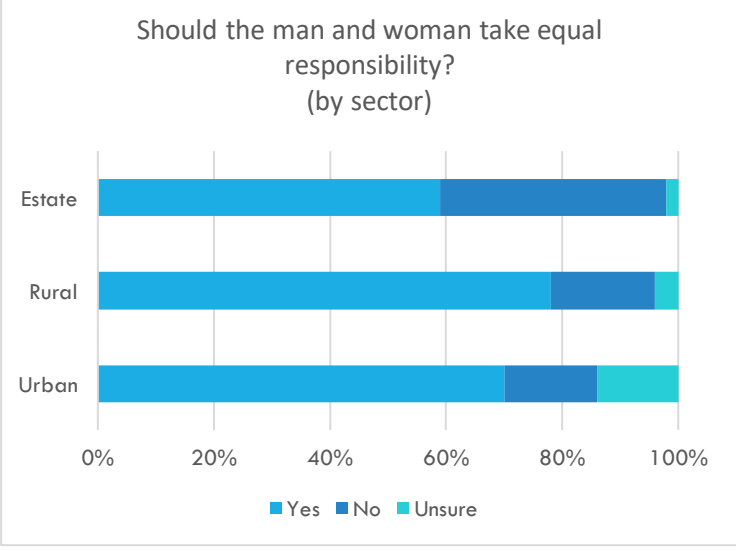
FIGURE 20 : : SURVEY RESPONDENTS' VIEW OF WHETHER INFORMATION ON SRHR SHOULD BE DISCUSSED OPENLY (IN PUBLIC)

3.14 Females Bear Most of the Responsibility and Blame for Unintended Pregnancies

In the survey, 76 percent of respondents noted that the man and woman should take equal responsibility for an unintended pregnancy, while 19 percent responded that it is entirely the fault of the woman/girl and 5 percent did not provide a response. From the sexes, 80 percent of females are stating that both should equally take up the responsibility while only 71 percent of males prefer equal responsibility. More than the people in urban areas, rural people are more willing to take equal responsibility for pregnancy related issues.


Should the man and woman take equal responsibility?
(by age group)
Above 49
25-49
18-24
0%
20%
40%
60%
80%
100%
Yes
No
Unsure


Should the man and woman take equal responsibility?
(by sex)
Female
Male
0%
20%
40%
60%
80%
100%
Yes
No
Unsure


Should the man and woman take equal responsibility?
(by sector)
Estate
Rural
Urban
0%
20%
40%
60%
80%
100%
Yes
No
Unsure

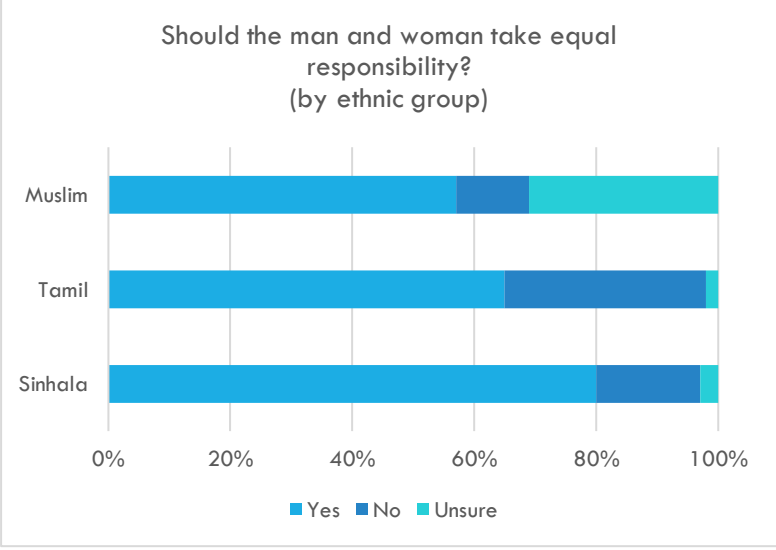


FIGURE 21 : SHOULD THE MAN AND WOMAN BE EQUALLY RESPONSIBLE? (AGE GROUP/ SEX/ SECTOR/ ETHNIC GROUP ANALYSIS)

However, the survey responses do not reflect the explicit and subliminal messaging from FGD respondents that hold women responsible- mothers for protecting their daughters and daughters for protecting themselves.

In the FGD's disproportionate responsibility was put on the woman, as a participant noted- "Actually, speaking before entering into the act, the female especially should think that this could happen to her, and that this may spoil her future path" (referring to unintended pregnancies).

> "If a female is unmarried and has a child, nobody bothers about who the father is. They are busy slinging mud at the female, calling her a slut etc. These things sometimes may lead to suicide as well". -FGD

Some respondents noted that there is always the involvement of a male, yet nobody speaks about the male; the entire blame is put on the female. Others also highlighted the discrepancy in how boys and girls are affected by such situations and noted that, "A boy can just wash his hands off by saying it was the girl's fault, but he should be made to understand that in a case like this, the girl becomes helpless, therefore he should be manly enough to take responsibility for his actions."

Considering those who believed that the woman should take responsibility- many noted that in the case of a minor becoming pregnant, a mothers should take the responsibility for the unintended pregnancy as she should be vigilant and inform her children of the dangers of engaging in sexual activity, and it was advised that daughters should know how to "protect herself from her brother's friends" in cases where they acted in a predatory way.

Even in cases where mothers leave home for work (including migrating for work) and leave the children with their husbands/ parents, the responsibility was seen to lay with the mother with the comment, "mothers should give their daughters the maximum security and protection" and that if a child were to be sexually abused by the father, the mother was seen as the partly responsible for

ensuring the safety of her daughter because men - whether they be fathers, brothers or uncles, “cannot be trusted” .

“…the daughter might be good looking, and the father feel sexual urges towards his daughter. Also, when he is drunk, he is not responsible for his actions. They give in to their feelings and the innocent girl is abused….the father should be punished. The mother should also be punished for leaving the teenaged girl in such a situation” referencing a hypothetical where the child is left alone with the alcoholic father and the mother leaves the country for work to support the family.

RECOMMENDATIONS

Law Reform:
Reforming abortion law, especially to protect poor and vulnerable women to access safe abortion, is essential. It is evident that the concept of a "woman's right to choose" has not yet taken hold in Sri Lanka so when advocating for law reform, it would be pertinent to highlight it from the perspective of women's health and safety. Allowing abortions in the case of rape, incest, fetal abnormality, and modern contraceptive failure, is recommended as the next step in abortion law reform in Sri Lanka.

Increasing Knowledge and Awareness on Medical Abortions:
Non-Governmental Organizations and Civil Society Organizations working on gender and feminist issues at the grassroots, should be equipped with knowledge on medical abortion information. Information on portals that provide Misoprostol, such as "Women on Web" should be shared with these NGOs and CSOs for their information.

Increase Awareness on Availability of Post Abortion Care:
It is evident that not many people are aware that PAC is legal in Sri Lanka. It is pertinent that organizations raise awareness of this with women from the community. This can be done through training and awareness raising programmes for women.

Increasing Knowledge and Awareness on Contraception- Postinor in Particular:
Although the perception is that abortions are sought by young unmarried people as a result of pre-marital sex, evidence suggests that a majority of women who get abortions are married and usually have one or two living children. This reveals a need for stronger awareness on the use of contraception among older married couples who are not sexually active on a regular basis. However, awareness raising on contraception should also be targeting young people. Postinor or morning after pill is legal in Sri Lanka and does not need a prescription. Providing information on the morning after pill to the community and grassroot level organizations could help prevent unwanted pregnancies. General awareness raising on modern contraception methods among communities, especially young people, is also recommended.

Increasing Access to Informal Comprehensive Sexuality Education:
The research highlights a huge gap in formal education around sex and safety, and a reliance on informal methods (such as media and asking parents and other elders), which puts young people especially at risk of learning incorrect, and potentially harmful, information. The research acknowledges that many efforts to reform formal education to include comprehensive sexuality education at the school level in the past have been made but were forestalled, mostly by religious groups. As such, it is recommended that NGOs and CSOs with experience in sexual and reproductive health and rights develop content with accurate information on sexual and reproductive health and rights and make it available to the community. The research has found that the media, television, and social media platforms are a popular and effective way of reaching younger audiences with this information. To reach older generations, traditional media is a more effective method, especially television and newspapers.

CONCLUSION

The discourse on abortion amongst the general population of Sri Lanka is highly complex. On the one hand, a segment of the population is against abortion under any circumstances, while on the other hand, a segment is open to 'accepting' abortion under restricted circumstances. However, the latter segment holds diverse opinions on what these 'restricted' circumstances are, for instance, in the case of rape; incest; fetal abnormality; if the girl is under 16 years of age; or if the pregnancy would affect the health, including mental health of the women seem to be the most acceptable. While opinions on what is acceptable are complex, one strong underlying theme seen across all segments of the population is that abortion, under any circumstance, is always a sin.

Opinions to legalize abortion come in contrast to 'acceptance' of abortion. The implicit difference here is that legalization is a formal acceptance of abortion which goes against the 'moral code' held by many that abortion is a sin. More explicitly, many hold the belief that legalizing abortion will be misused and promote risky sexual behavior. Whereas being able to 'accept' abortions under various circumstances implies that regardless of whether it is a sin, many still understand the need for it. This is clearly visible among the group of respondents who were against legalization but were willing to accept it under various circumstances. As such, legal reform to abortion from the perspective of the woman's health would be more acceptable than legal reforms proposed of a woman's right to choice.

Changing norms and attitudes is a slow process, however consistently working with young people on awareness programmes, challenging myths and misconceptions on abortion, could prove to be effective. Research has found that awareness programmes and communication strategies should target the movable middle population.

REFERENCES

Abeyasinghe, N.L., Weerasundera, B.J., Jayawardene, P.A., Somarathna, S.D. (2009) Awareness and views of the law on termination of pregnancy and reasons for resorting to an abortion among a group of women attending a clinic in Colombo, Sri Lanka. Journal of Forensic and Legal Medicine,16(3), pp.134-137.

Apland, K. (2018). Overprotected and Underserved: The Influence of Law on Young People's Access to Sexual and Reproductive Health in Sri Lanka. Family Planning Association of Sri Lanka, pp.303-315.

Arabepola, C., Rajapakse, L. C. (2014) Decision making on unsafe abortions in Sri Lanka: a case-control study. Reproductive Health, 11(91), pp.1-8.

Arambepola, C., Rajapakse, L.C., Galwaduge, C. (2014) Usual hospital care versus post-abortion care for women with unsafe abortion: a case control study from Sri Lanka.

Ban, D.J., Kin, J., De Silva, W.I. (2002). Induced abortion in Sri Lanka: who goes to providers f or pregnancy termination?. US National Library of Medicine, 34(3).

Hewage, P. (2003). Profile of abortion seekers in the Colombo District and reasons for having induced abortions. Department of Geography, Faculty of Humanities and Social Sciences, University of Ruhuna, Matara, Sri Lanka, pp.69-90.

Kumar, R. (2011, August 2). Misoprostol and women's health in Sri Lanka. The Island.

Kumar, R. (2013). Abortion in Sri Lanka: The Double Standard. American Journal of Public Health, 103(3), pp.400-404.

Perera. S. (2010, October 9) Mifepristone and Misoprostol sold on the sly Use of banned abortion drugs in Sri Lanka cause concern in medical circles. The Island.

Perera. L. (2015, May 28). Why do Sri Lankan women need access to safe, legal and affordable abortion services?? [Blog post]- Retrieved from http://asap-asia.org/blog/why-do-sri-lankan-women-need-ac

Rajapakse, L. (1999). Estimates of induced abortions in urban and rural Sri Lanka. Faculty of Medicine, University of Colombo.

Rajapakse, L., de Silva, I. (2000). Profile of women seeking abortion. University of Colombo. Samararatne, D. (2017, September 13). The Abortion Debate: Mismatched and Misplaced. Groundviews.

Senanayake, L., Hemapriya, S., Pathiraka, R., Lanerolle, S. Ministry of Health, Nutrition and Indigenous Medicine Sri Lanka (2015). National Guidelines of Post Abortion Care (Second Edition).

Suranga, MS., Silva, KT., Senanayake, L. (2017). Gender differences in knowledge and attitudes concerning induced abortion in Sri Lanka: a community based study in the Colombo City. Sri Lanka Journal of Social Sciences, 40(2), pp.93-102.

Thalagala, N. (2010). Economic Perspectives of Unsafe Abortions in Sri Lanka. Family Planning Association of Sri Lanka.

Thalagala, N. (2010). Process, Determinants, and Impact of Unsafe Abortions in Sri Lanka. Family Planning Association of Sri Lanka, pp.1-83.

Wijedasa, N. (2016, May 15). Abortions: No accurate figures because it is underground. The Sunday Times.

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