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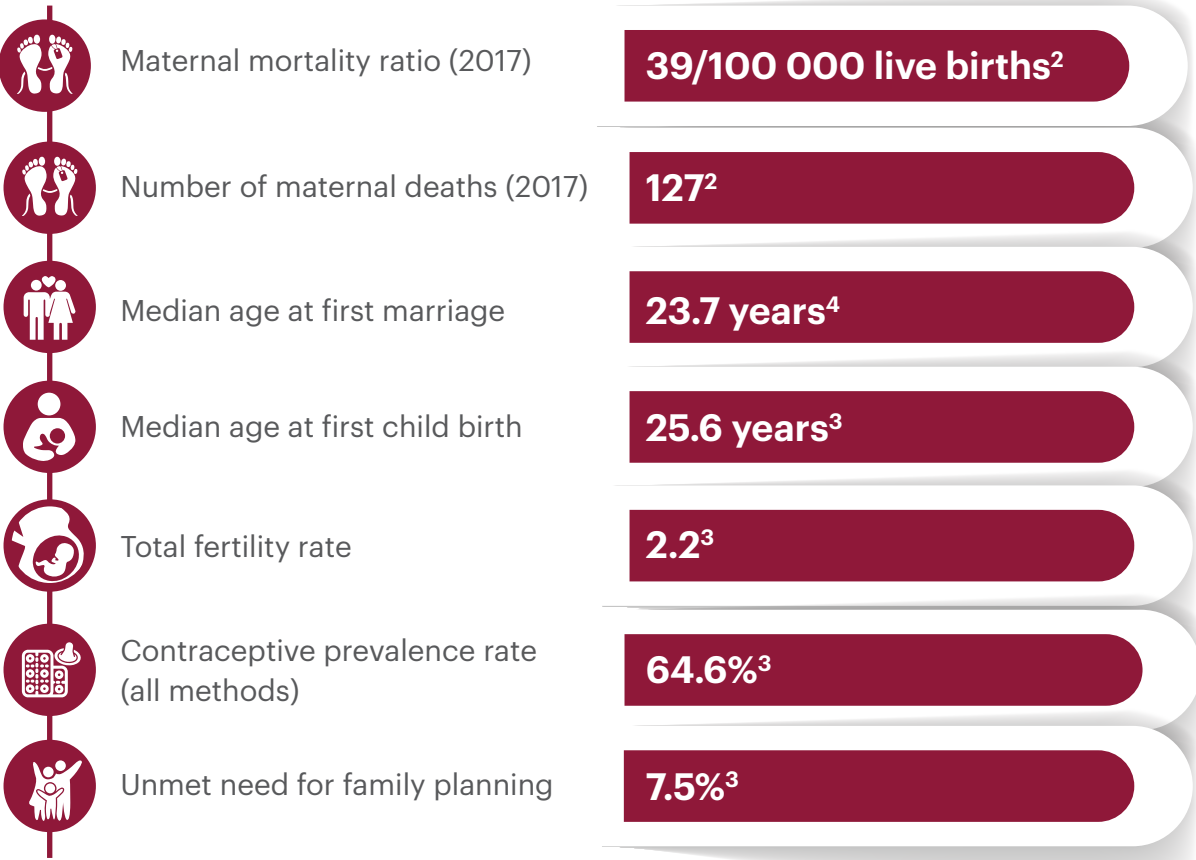
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ABORTION POLICY LANDSCAPE Sri Lanka

BACKGROUND

Sri Lanka is an island country located in the Indian Ocean in South Asia. It has a population of about 21.7 million (mid-year 2018),¹ almost half of them are females.



Sri Lanka, with a maternal mortality ratio (MMR) of 39 maternal deaths per 100,000 live births, (FHB 2017), has one of the lowest MMRs in the South Asian countries. This has been achieved with the contribution from a well-functioning health system with women being able to access emergency obstetric care services in a timely manner. The cause specific MMR due to abortions has declined in the recent past yet remains one of the top 10 reasons for maternal mortality

ABORTION-RELATED INDICATORS

Given the restrictive abortion environment in the country, there is lack of credible data around abortion rates in Sri Lanka.

A national survey conducted in 1999 reported an abortion rate of 45 per 1000 women aged 15 – 49 years⁵. This is despite a relatively high contraceptive prevalence in the country. According to the 2016 DHS4, the total demand for family planning among the currently married women 15-49 years of age is 72%. Of this, 90% is ‘satisfied’ (which means approximately 65% of these women use some form of contraception). The use of modern methods of contraception was 54% and the demand for family planning satisfied by modern methods was 74%.

ABORTION LAWS AND POLICIES

Laws pertaining to abortion in Sri Lanka remain restrictive. Abortion is illegal unless the life of the mother is at risk.

Causing an abortion is a criminal act under the Sri Lankan Penal Code⁶ and is punishable with imprisonment ranging from three to ten years, with or without fine.

Within the provision, the Penal Code contains no procedural requirements for the legal termination of pregnancy, except that the pregnant woman’s consent is necessary. There are no provisions specifying the qualifications of those authorized to perform abortions nor the type of facilities in which the procedures are to be performed. This is presumably because saving life is considered at par with other obstetric practices.

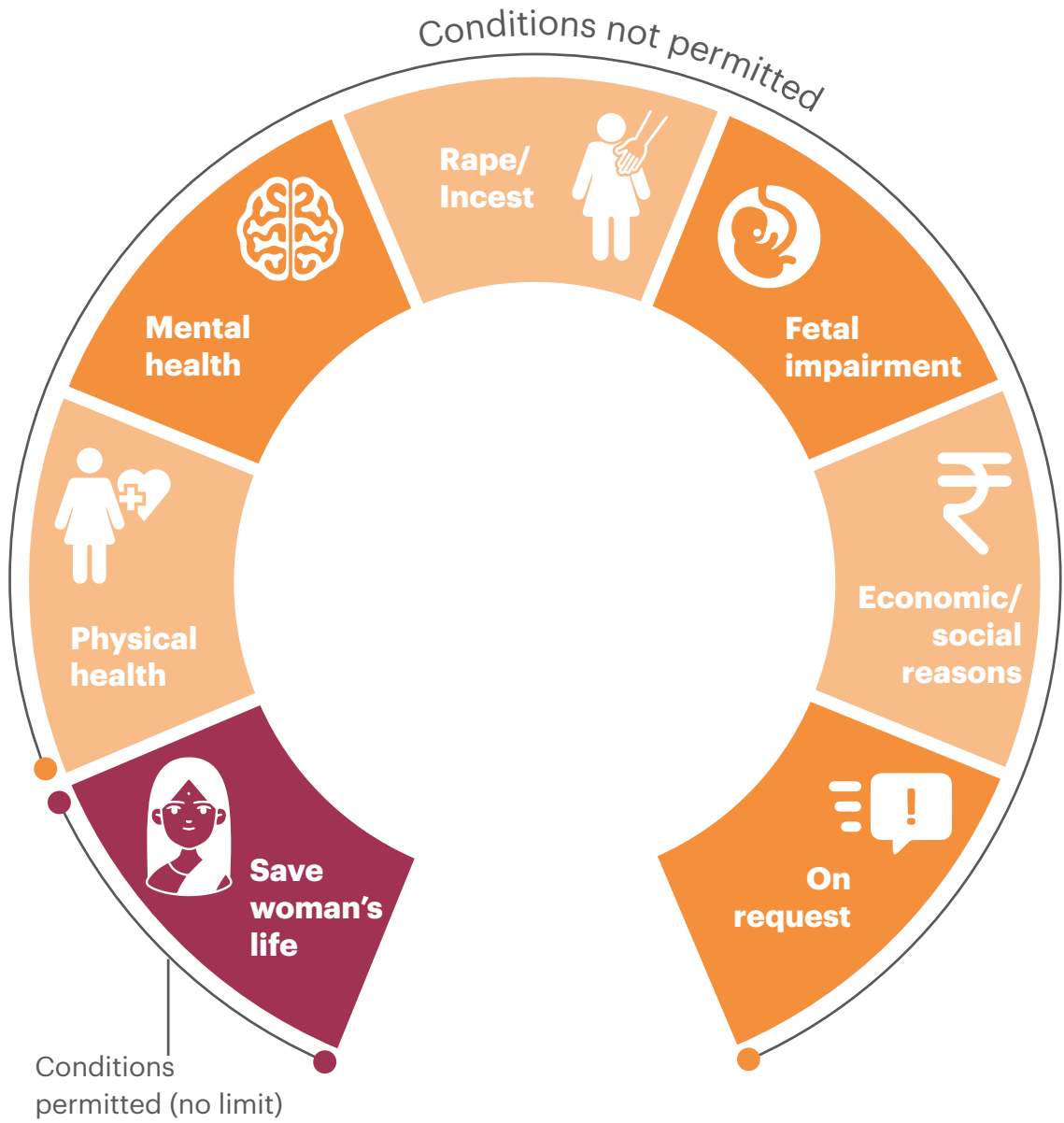


Figure 1: Conditions¹¹ and gestation limit for which abortion is permitted in Sri Lanka

PROVISION OF POST-ABORTION CARE

In 2015, the Sri Lankan Ministry of Health issued the National Guidelines on post-abortion care. The guidelines stipulate that any woman who undergoes an illegal abortion can seek medical care for complications, if needed, at any government facility without fearing prosecution.

The providers at the health facilities are not permitted to withhold post-abortion care services citing personal, moral and/or religious beliefs (i.e. conscientious objection)⁷.

Post-abortion care is provided primarily in specialist gyneacology units. The guidelines, however, recognize the need to have emergency post-abortion care services even at the most basic rural health posts. The staff at primary care health facilities (viz. medical officers) are expected to be able to diagnose the complication following an abortion and initiate treatment before referring to a higher facility.

Further, the guidelines recognize various methods for management of incomplete abortions, including manual vacuum aspiration, dilatation and evacuation, or drugs such as misoprostol. The Ministry of Health of Sri Lanka has issued detailed guidelines on the use of misoprostol⁸, which includes its role in management of miscarriage in the first and second trimesters or that for incomplete miscarriage in the first trimester. However, misoprostol is not included in the Essential Medicine List⁹ of Sri Lanka.

POLICY PROGRESS AND GAPS

- 1 Misoprostol, a WHO essential medicine indicated for labour induction, management of miscarriage and post-partum haemorrhage, as well as for induced abortion and treatment of post-abortion complications, is not registered in Sri Lanka limiting the ability to provide guidance or training to health professionals for post-abortion care services.¹⁰
- 2 In 2013, the Law Commission proposals called for legalization in the case of rape and fetal impairment. However, this was not taken forward.