

Induced abortion in Sri Lanka: link between use of traditional contraceptive methods and unwanted pregnancy

(Extended abstract)

As in many countries, in Sri Lanka a significantly large number of women of reproductive age are faced with unwanted pregnancies. The increased number of unwanted pregnancies among women in Sri Lanka was due to lack of knowledge on reproductive and sexual health, lack of knowledge on family planning methodologies, access to such services, lack of negotiation skills within men dominated sexual relationships, alcoholism, rape and socio cultural influence. As a result an increasing large proportion of women use abortion to prevent unwanted births. No precise statistics could be collected from abortion clinics and private hospitals on their induced abortion services. Thus the estimate of 150,000 - 200,000 annual induced abortions in Sri Lanka, put forward by the author, is derived by using daily average attendance in known abortion clinics and making some allowance for those performed by private hospitals and practitioners.

In spite of it being widely practiced, abortion largely remains a taboo subject because of its legal, religious and cultural implications. Under the Penal Code of 1883 abortion is a criminal offence in Sri Lanka except when performed to save the life of the mother. During the course of the last three decades several attempts were made by the government with the support of NGO's to change the law relating to abortion. Some of the reasons highlighted and facilitated these discussions in addition to economic and right of women to decide were teenage pregnancies, rape and increasing HIV infection among women. However, these attempts were not successful, as at the time there was strong opposition from different sections of society. In 1995 when withdrawing the amendments proposed to liberalize the abortion law the Minister of Justice stated, "Decriminalization of abortion is a feature of evolving legal system in many parts of the world and I do not see any reason why Sri Lanka should be out of step with that general development". With this withdrawal of the amendments the conservatives secured a significant victory.

Since induced abortion is not in principle allowed only a very limited number of studies have been conducted in Sri Lanka on any aspect of the abortion issue. This was mainly

due to the secretive nature of providing such services and mostly due to the legal barrier. In such environment the present study investigates the socio-demographic characteristics of abortion seekers, the reasons they give for procuring termination and also the method of contraceptives used at the time they became pregnant.

Community based surveys such as Demographic and Health Surveys have attempted to collect information on induced abortion in Sri Lanka but have not been successful due to the legal, social and cultural associations of induced abortion. On the other hand, studies based on the reports of patients admitted to hospitals for post-abortion complications represent a selected group of abortion seekers who had developed serious complications with no representation of other groups. Thus in an illegal setting the best way to represent all abortion seekers is to obtain information from clients at an abortion clinics in the disguise of MR providers. The study obtained information from 405 clients in two abortion clinics among the many located in the city of Colombo. Interviews were conducted by in 2001 by one male and two female graduates who had some previous experience in interviewing clients in the public and private health sectors. The data were collected using an interviewer-administered questionnaire that included sections on socio-economic, demographic, pregnancy history and birth outcomes, current and previous induced abortions, use of contraception, post-abortion complications and attitudes towards induced abortion.

The ages of the 405 clients interviewed ranged from 15 to 46 years, with a mean age of 31 years. Fewer than 3 per cent of the sample were 19 years or younger and nearly all of them reported that they were married. It is the clinics' policy to provide abortion to all women who request them and not to intimidate single women by asking more than routine family questions. Even though only a small proportion of the total sample interviewed was reported to be single (5 per cent), to protect themselves from the socio cultural taboos of pre marital pregnancy. The actual percentage single may be slightly higher than this. However, it is the unanimous opinion of the enumerators, the researcher and the service providers that the 'overwhelmingly large majority', about 90 per cent of the interviewed clients were married.

Among the unmarried clients, the majority was terminating their first pregnancy; this was due to the influence of their parents or male partner or as a result of refusal to accept paternity or deserted by their male partners. While only a small proportion were doing so among the married. All these married women intended to postpone the birth of their first baby, probably to pursue employment or to otherwise conserve the limited financial resources of a young family. The number of living children of the total clients ranged from 0 to 7 with a mean of 2, indicating a progression towards replacement-level fertility in Sri Lanka.

The majority of the clients had a high level of education while 20 per cent were working outside their homes at the time of the survey. Only a smaller proportion had an unemployed husband/partner. Even though income levels of the clients or their households were not obtained in the study, presumably an overwhelmingly large proportion of the clients were from middle or low-income households.

The two clinics selected for the study primarily used the menstrual regulation (MR) method for termination of pregnancy. It is believed that significantly large proportion of abortions in Sri Lanka is presently done using the MR procedure in more-or-less the same kind of clinics. The clinics in principle perform the MR procedure for women at less than 12 weeks of gestation. If a pregnant woman falls above this cut-off point she is usually referred to some other provider who performs second-trimester abortions.

Of the total sample a large proportion of women who sought to terminate their pregnancy were at early stage of gestation. However the MR procedure is performed in some occasions as late as 14-16 weeks of gestation, but only a small fraction of women seek an abortion after 12 weeks. Many of these cases end up as incomplete abortions and require hospital admission to evacuate retained products of conception. Post-abortion complications, including hemorrhage and infection, are relatively common in this small group of late abortion seekers as a result of septic nature of the abortion carried out by untrained personnel.

The clients were asked why they did not wish to continue with their pregnancy. About one-third cited 'pregnancy too soon after previous delivery' as the main reason for

termination, which could be primarily related to intended spacing behaviour. Economic difficulty (poverty) and foreign employment are also frequently reported as reasons for termination. A significant minority of clients reported health as the reason. Some women provided an indication of unstable marriages as the main reason for termination, suggesting an increasing tendency towards family change and marriage dissolution in contemporary Sri Lanka, where a strong family and marriage institution once existed.

The information on use of contraceptives immediately prior to the last pregnancy was obtained using both unprompted and prompted questioning procedures. For the unprompted approach of questioning, overwhelmingly large proportion of the clients reported as non users of contraception. Presumably majority of the clients might have thought that traditional methods such as the safe period and/or withdrawal, which they were using at the time of conceiving, were not contraceptive methods, and did not report using them. However with the prompted procedure it was noted that majority of the non users were in fact relied on traditional methods to avoid pregnancy. As reported in the 1993 Demographic and Health Survey, in Sri Lanka, about 40 per cent of the current users of contraception among married women relied on traditional methods. Thus relatively a small percentage of the clients were not relying on a contraceptive method at the time of conception.

There are a number of reasons why women want to avoid pregnancy do not use contraceptives or rely only on less reliable traditional methods, indicating ambivalence about pregnancy, including lack of knowledge about modern contraception, partner's opposition to modern methods, poor access, fear of side-effects and the woman's perception that she cannot become pregnant.

Even though it may be difficult to avoid all unplanned pregnancies, good family planning services with high levels of contraceptive use could lead to a lower abortion incidence. Failure to provide such quality family planning services to all segments of Sri Lankan society will naturally push the current annual abortion incidence to higher levels and indirectly influence and facilitate the increased number of suicides among young unmarried women.