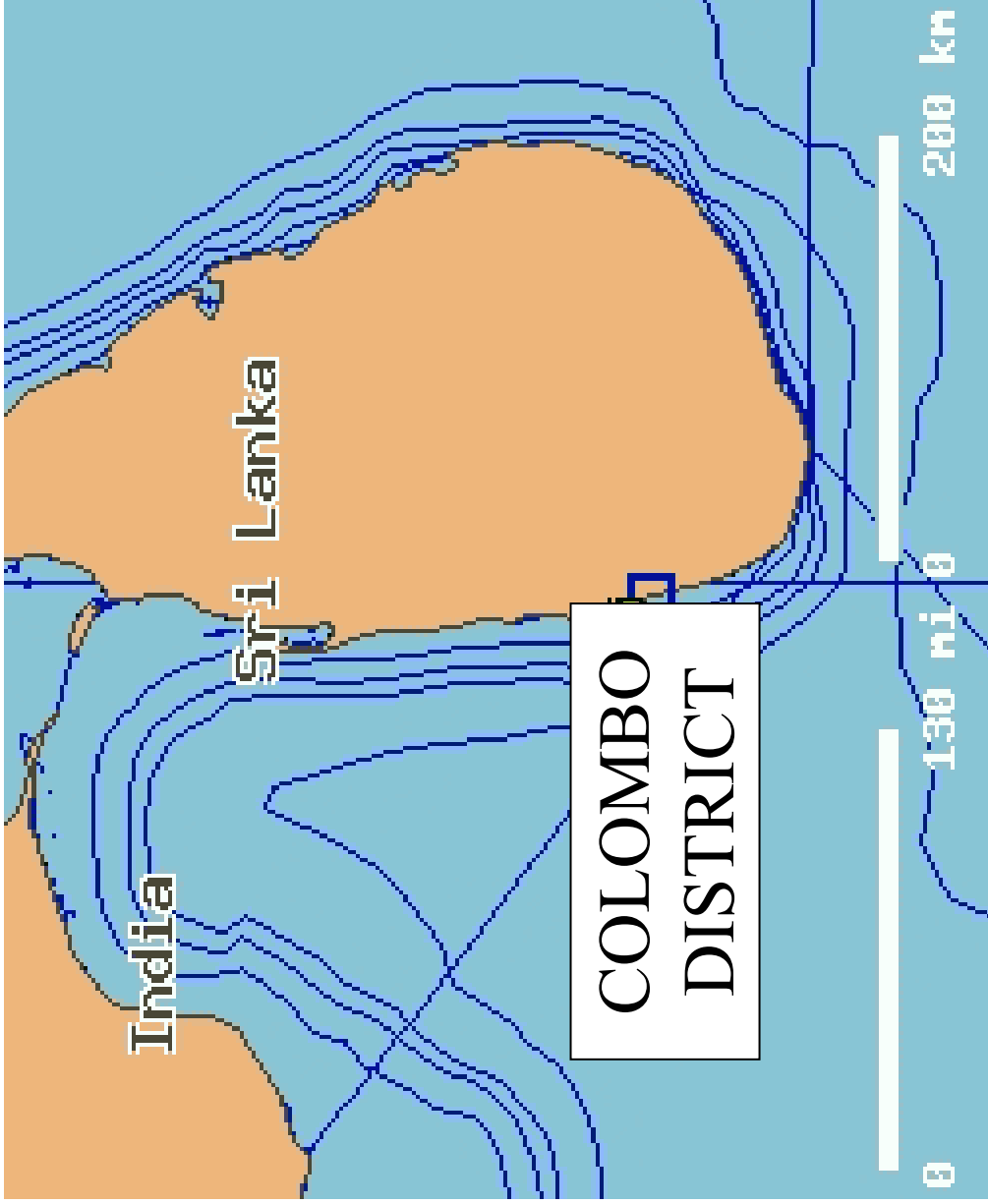


**INCIDENCE, DETERMINANTS  
AND CONSEQUENCES OF  
INDUCED ABORTION IN SRI  
LANKA:  
A STUDY OF TWO SAMPLES OF  
HEALTH PROFESSIONALS IN  
COLOMBO DISTRICT**

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University of Ruhuna, Matara, Sri Lanka



**Induced abortion is legally restricted  
in Sri Lanka**

**BOX 1**

**Induced abortion is a reproductive  
health problem in Sri Lanka**

**TABLE 1 & GRAPH 1**

**Reliable, complete and accurate  
data on induced abortion are lacking**

**GRAPH 2, 3 & 4**

**Box 1:**  
**THE LAW RELATING TO ABORTION LAW IN  
SRI LANKA – PENAL CODE ENACTED IN 1883**

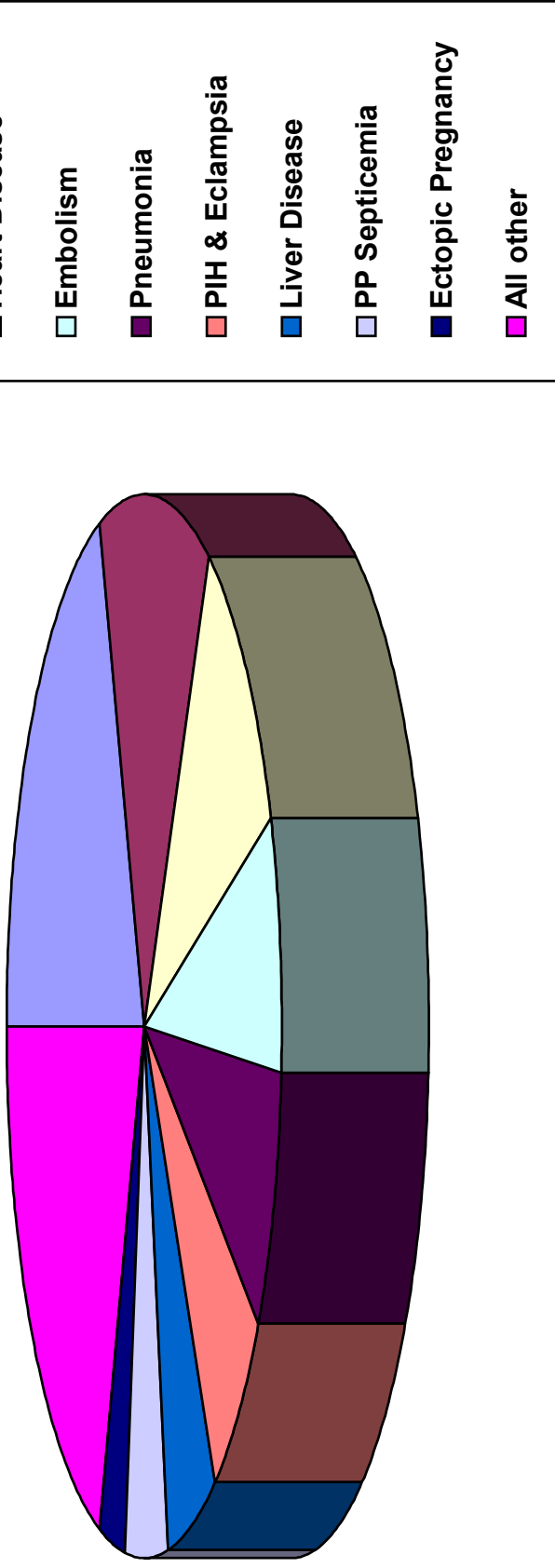
**“Whoever voluntarily causes a woman with a child to miscarry shall, if such miscarriage be not caused in good faith for the purpose of saving the life of the woman, be punished with imprisonment of either description for a term which may extend to three years or with fine or with both; and if the woman be quick with child, shall be punished with imprisonment of either description for a term which may extend to seven years and shall also be liable to a fine”.**

**Table 1: Distribution of Maternal Deaths by Cause of Death in Sri Lanka in 2000**

<b>Cause of Death</b>	<b>%</b>
Hemorrhage (APH, PPH)	20.0
Septic abortion	13.0
Heart disease complicating pregnancy	11.0
AF/embolism P/embolism	8.0
Pneumonia / ARDS	8.0
PIH & eCLAMPSIA	7.0
Liver Disease Complicating pregnancy	6.0
Post Partum Septicemia	5.0
Ectopic Pregnancy	3.0
Bronchial Asthma	2.0
Anaemia complicating pregnancy	2.0
Complications of Diabetes	1.0
Post partum psychosis	1.0
Anesthetic Deaths	1.0
Malaria	1.0
Cause not known	8.0
Miscellaneous	3.0
<b>Total</b>	<b>100.0</b>

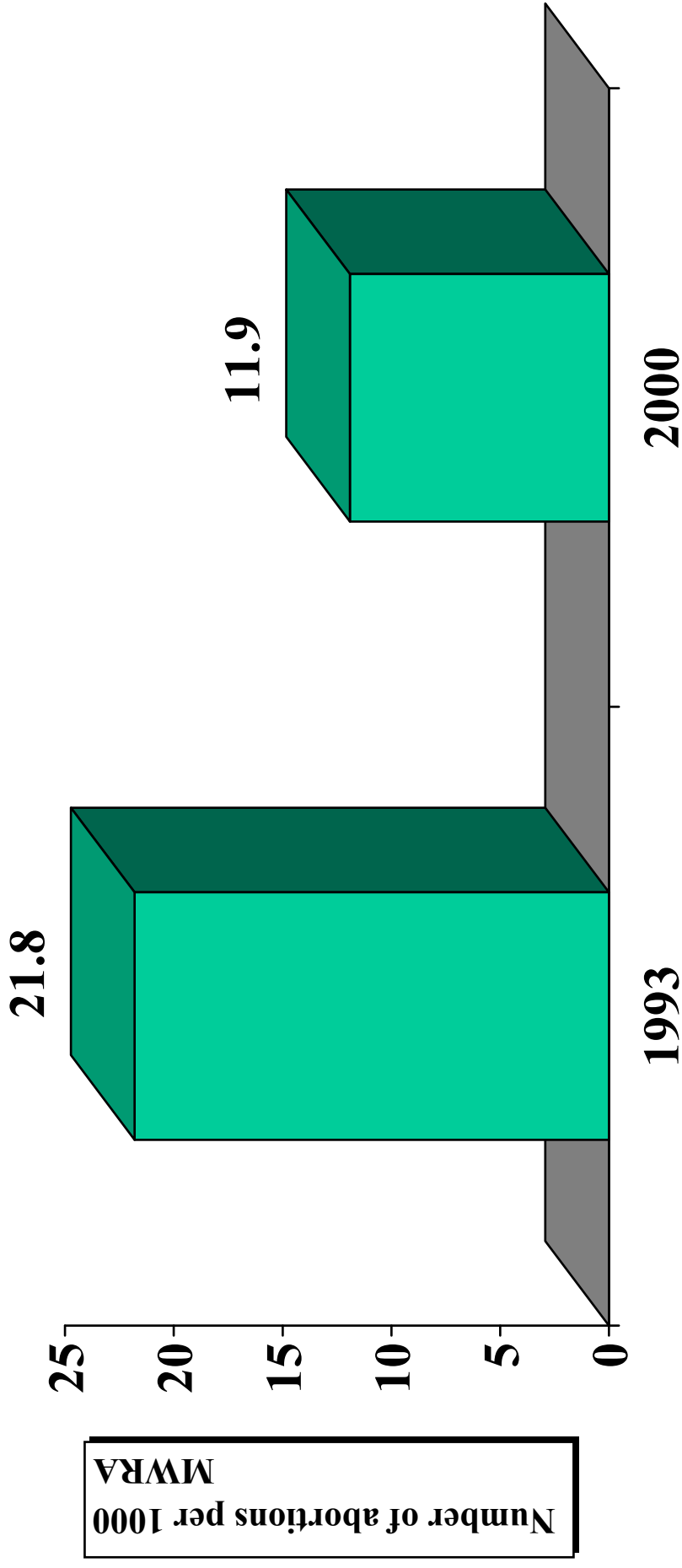
**Graph 1: Percentage Distribution of Maternal Deaths by Cause of Death in Sri Lanka, 2000 as reported by Family Health Bureau of Sri Lanka**

**2ND HIGHEST CAUSE OF MATERNAL DEATH IS SEPTIC ABORTION**



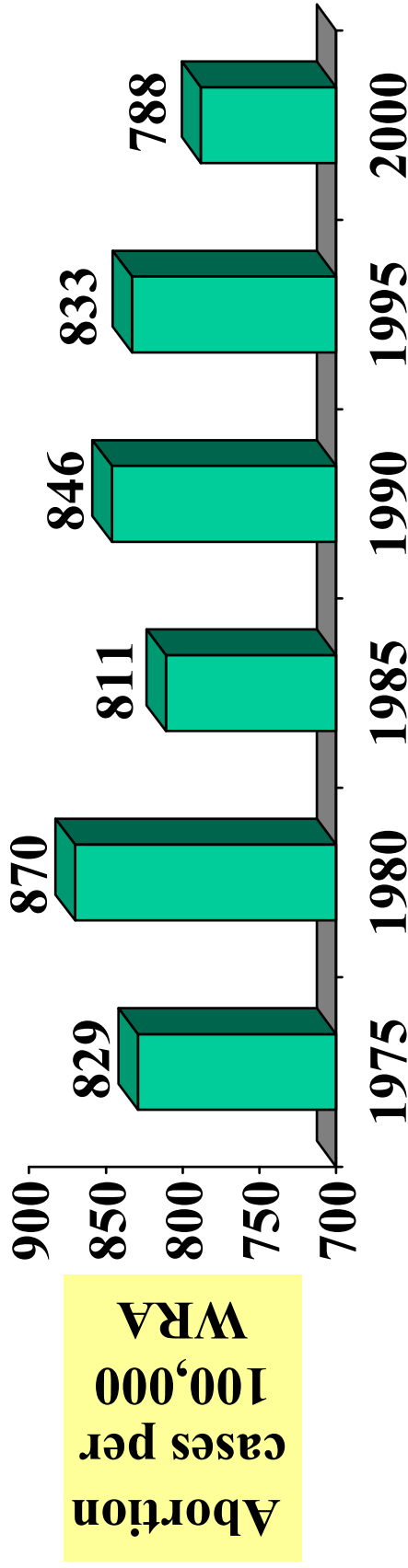
**Graph 2: Induced Abortion Rate in Sri Lanka as reported by the Demographic and Health Survey in 1993 & 2000**

**APPARENTLY POOR REPORTING**



**Graph 3: Hospital statistics on "Abortion"  
morbidity as reported by Ministry of Health, Sri  
Lanka, 1975-2000**

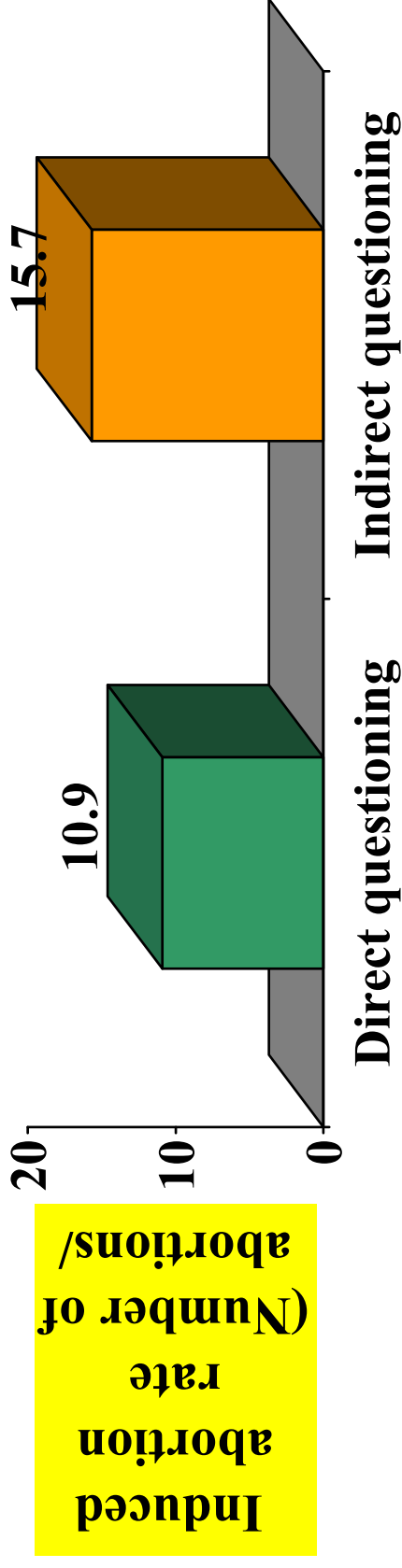
**MORBIDITY DUE TO INDUCED ABORTION  
IS UNIDENTIFIABLE**





**Graph 4: Small scale sample surveys  
(Rajapaksa & Perera, Ceylon Medical Journal -  
39/1)**

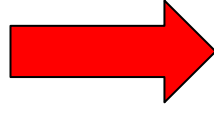
**DIRECT QUESTIONING IS NOT THE BEST  
METHOD**



## Present study

Health professionals involved with cases of induced abortion

1<sup>st</sup> Mode of data collection



- Professionally qualified
- Knowledgeable
- Experienced



2<sup>nd</sup> Mode of data collection

497 respondents

Interviewer-administered Questionnaire survey

119 respondents

Self-administered Questionnaire survey

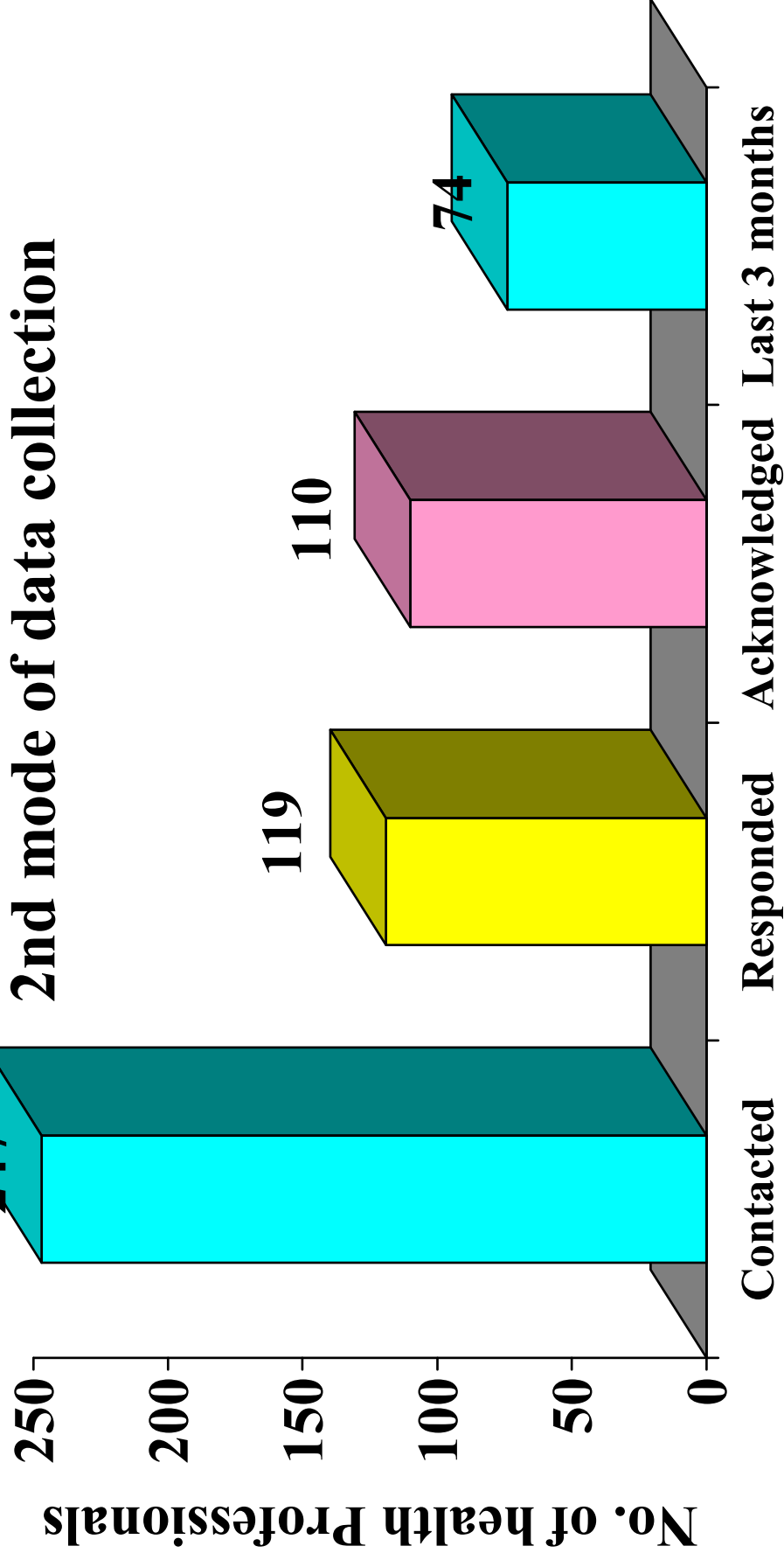
## **Interviewer-administered Questionnaire survey**

- **Obstetrician/gynaecologists (GYN)**
- **District Medical Officers (DMO)**
- **Medical Officers In-Charge (MOIC)**
- **Medical Officers of Health (MOH)**
- **Senior House Officer (SHO)**
- **Intern Medical Officer (IMO)**
- **Registered Medical Officer (RMO)**
- **Senior Nursing Sisters (SNS)**
- **Staff Nurse (SN)**
- **Senior Public Health Midwives (PHM)**
- **Family Health Worker (FHW)**
- **Public Health Inspector (PHI)**

## Self-administered Questionnaire survey

- **Obstetrician/gynaecologists (GYN)**
- **Psychiatrists (PSY)**
- **Judicial Medical Officers (JMO)**
- **General practitioners,(GPR)**
- **District Medical Officers (DMO)**
- **Medical Officers In-Charge (MOIC)**
- **Medical Officers of Health (MOH)**
- **Senior Nursing Sisters (SNS)**
- **Senior Public Health Midwives (PHM)**

**Graph 5: Involvement with cases of induced abortion in their professional career as acknowledged by health professionals in the 2nd mode of data collection**



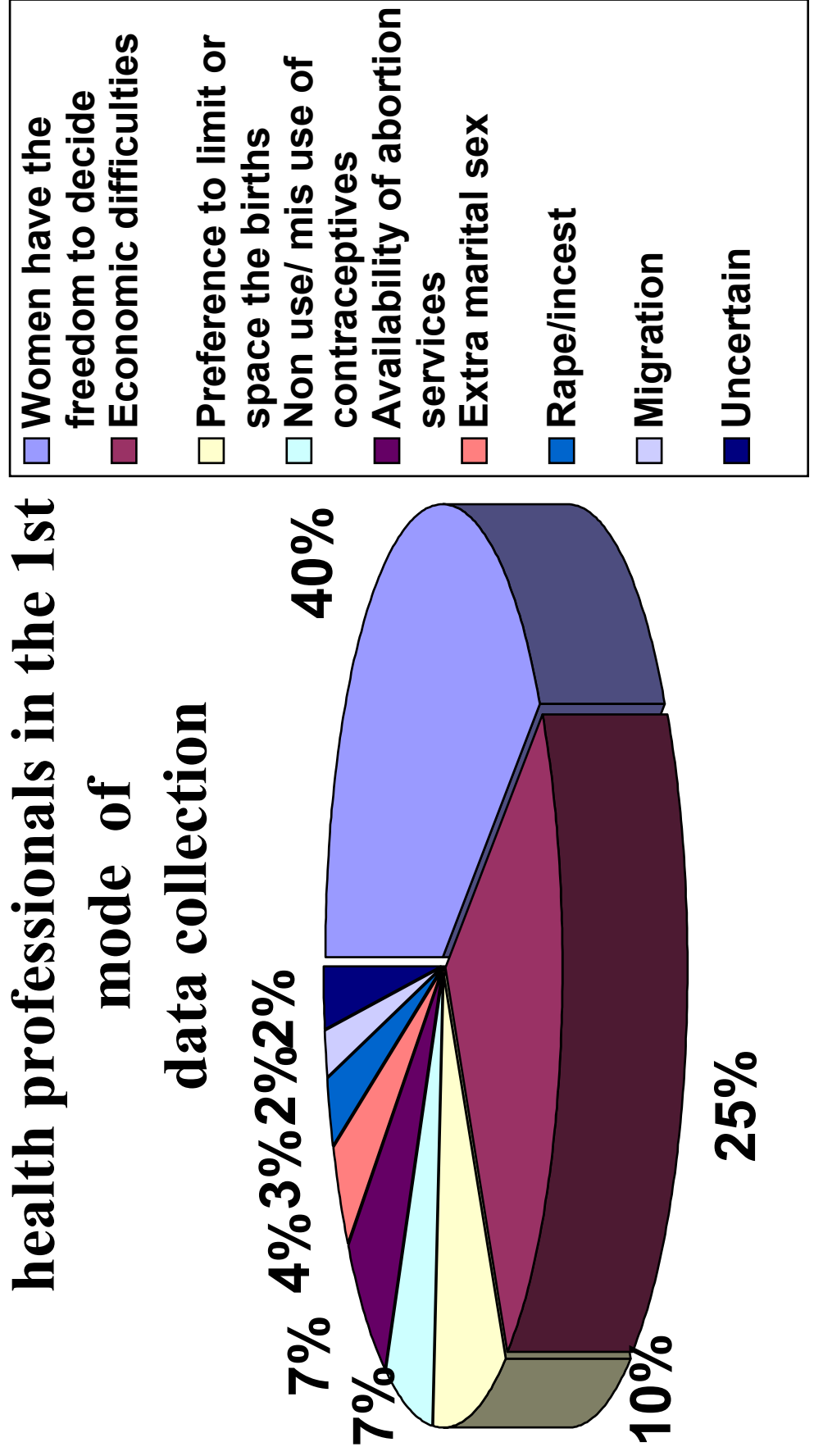
**AVERAGE NUMBER OF INDUCED  
ABORTIONS PER PERSON BY HEALTH  
PROFESSIONAL CATEGORY IN THE  
LAST THREE MONTHS AS REPORTED  
IN 2<sup>ND</sup> MODE OF DATA COLLECTION**

- **Obstetrician/gynaecologists**
- **Psychiatrists**
- **Judicial Medical Officers**
- **General practitioners**
- **District Medical Officers &]**
- **Medical Officers In-Charge]**
- **Medical Officers of Health**
- **Senior Nursing Sisters**
- **Senior Public Health Midwives**

**38 - 4**  
**40 - 4**  
**60 - 4**  
**35 - 4**  
**10 - 1**

**20 - 2**  
**28 - 3**  
**10 - 1**

**Graph 6: Most prominent reason for seeking induced abortion as perceived by health professionals in the 1st mode of data collection**



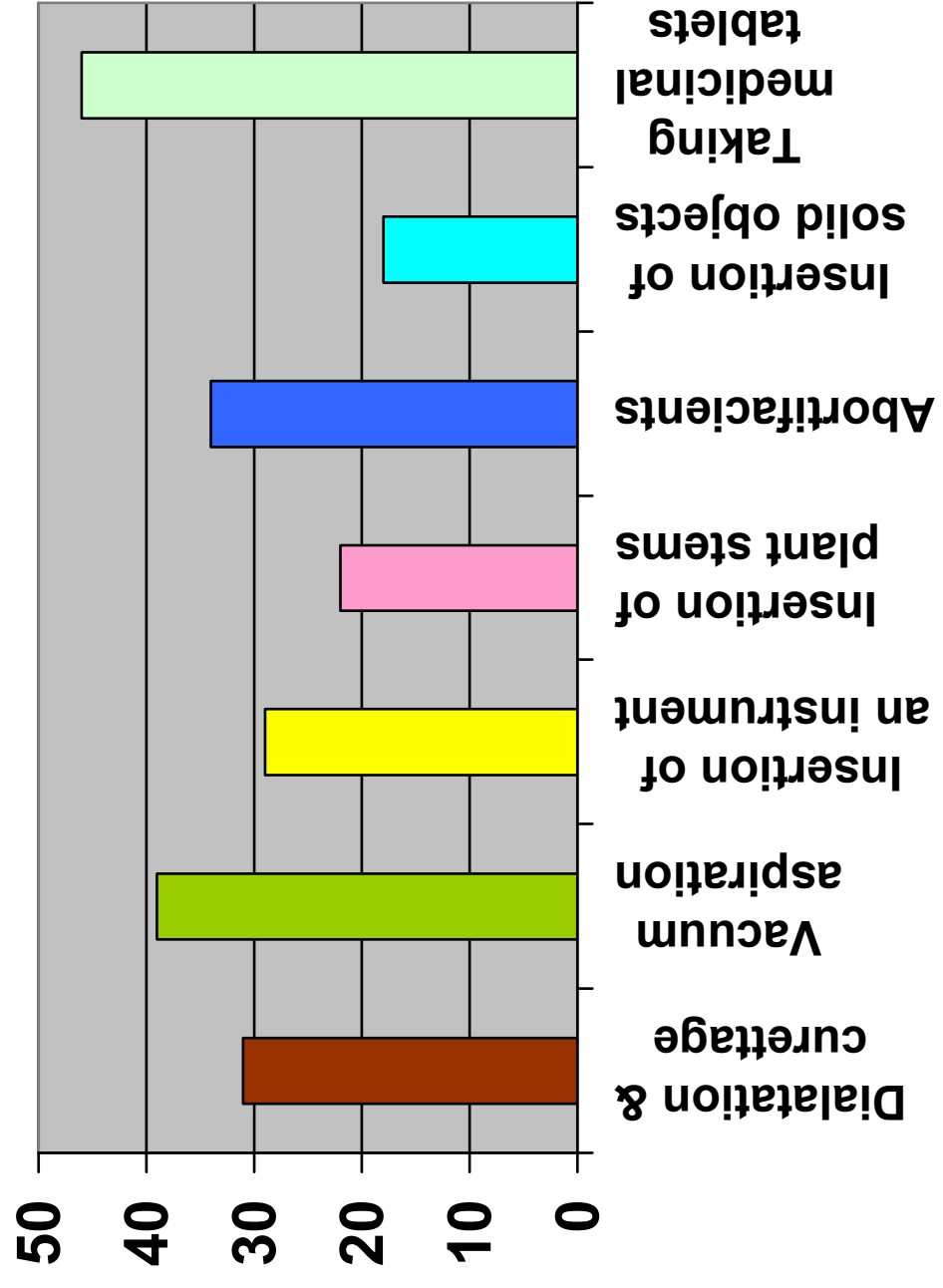




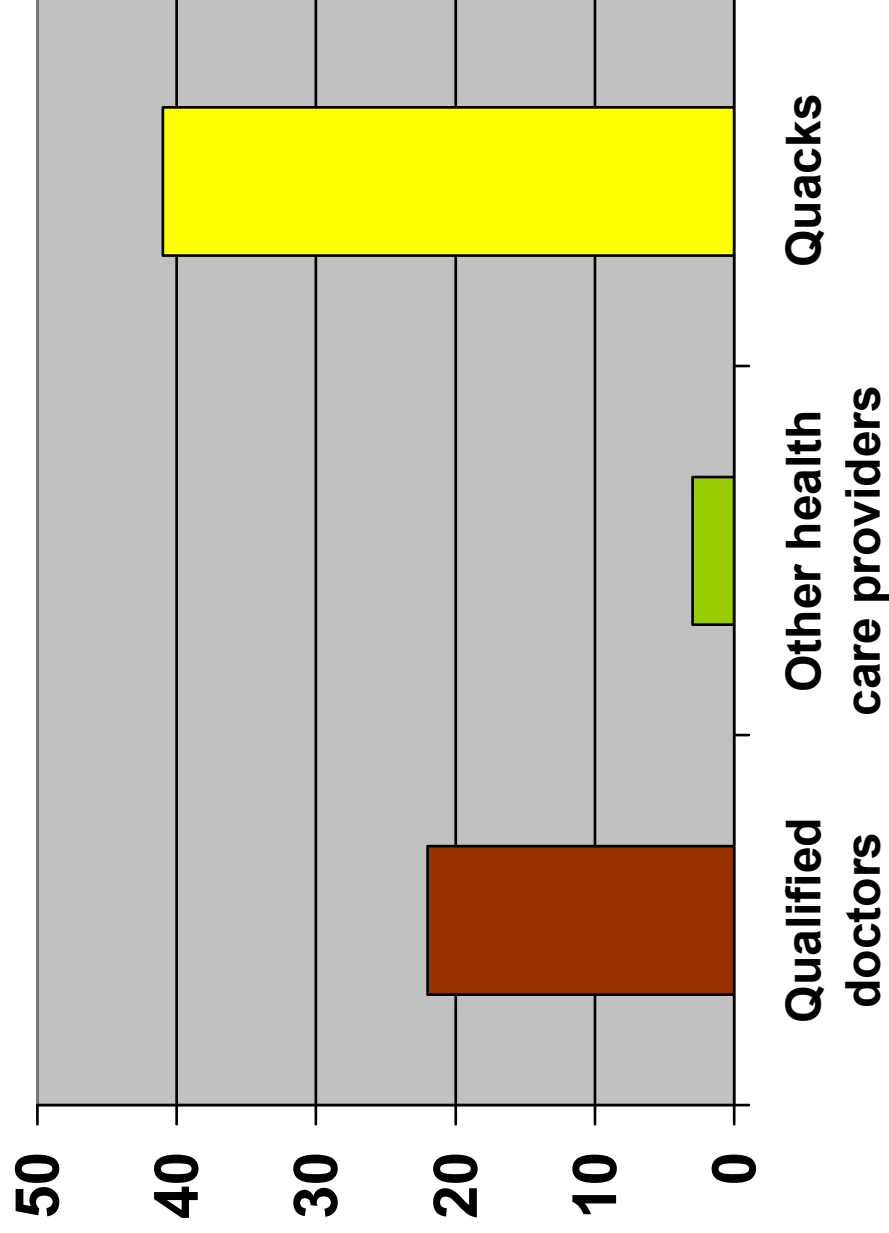
## **REASONS (GRAPH 7)**

- A. Pregnancy is seen as unwanted**
- B. Mother is unmarried**
- C. Failure of contraceptives**
- D. Economic reasons**
- E. Extra marital sex**
- F. Mother is too young**
- G. Rape/incest**
- H. Maternal illness**
- I. Abnormal fetus**

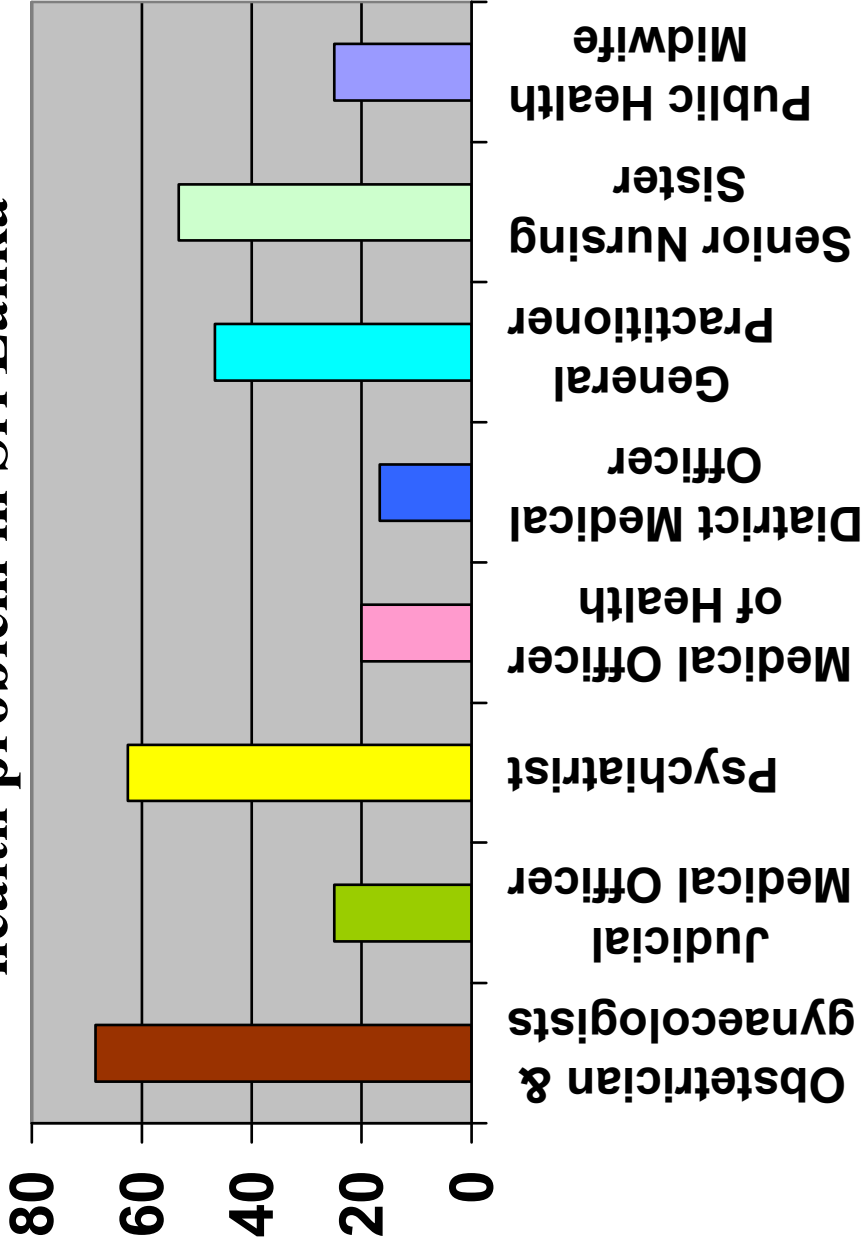
**Graph 8: Percentage of health professionals who mentioned following abortion methods are "easily available" in Sri Lanka**



**Graph 9: Percentage of health professionals who mentioned following providers of abortion services are "easily available" in Sri Lanka**



**Graph 10: Percentage of health professionals in each category who "strongly agree" on whether the unsafe abortion constitutes a major reproductive health problem in Sri Lanka**



## **Conclusions:**

- **The adopted methodology has provided a general model for resolving some obstacles that affect the investigation of induced abortion.**
- **Using two comparative surveys, the study was able to explore the ways of improving the representativeness of the study samples, and increasing the range and validity of the information.**