Policy Article

Back to Square One: Attempted legal amendments and abortion practices in Sri Lanka

UNDER PEER REVIEW

Abstract

TheSri Lankan law only permits induced or iatrogenic abortion to save the life of the mother.Despite the restricted law, law enforcement mechanisms, and reported high national contraceptive prevalence rate, a significant proportion of pregnant women terminate their pregnancy outside the law. Despite the existence of restrictions and inertia, numerous stakeholders concerned about women's health have made several attempts to liberalize the abortion law inSri Lanka. Although severalamendments were proposed to rationalize the abortion law in Sri Lanka, nothing has beensuccessful –we are back to square one.

Expansion of legal exceptions for induced abortions and improved safe abortion with the revolutionized medical abortion (MA)were observed in numerous countries globally during the past decade. On the other hand, some countries with broadly liberal laws,including the United States, have added restrictions. How these global changes have affected countries like Sri Lanka is worthstudying. This article assessesthe response of the Sri Lankan government and the society towards those global changes in terms of the policies and practices on induced abortion. Authors argue that the paradigm shift in abortion practices in Sri Lanka, driven by the emergingoccurrence of medical abortion, has highlighted the disparity between the existing legal status and the aspirations of most Sri Lankans. Given the widespread support for legalizing abortion in cases of rape, incest, and fetal abnormalities, it is imperative the government seriously consider legal amendments.

Key Words: - Unsafe Abortion, Restrictive abortion law, Sexual and Reproductive Health, Sri Lanka, Medical Abortion

Introduction and Background

Termination of pregnancy is termed an abortion irrespective of the circumstances, namelyspontaneous or induced(Kottke & Zieman, 2008).Induced abortion is performed medically with the use of medicinal drugs or surgically using mechanical means(The American Heritage Medical Dictionary, 2002). Induced abortion could be considered illegal, if it is performed against the country's existing law(Mosby's Medical Dictionary, 2009). Some induced abortions are termed unsafe abortions based on the person who performs them and the place of the procedure. If an untrained or unqualified person performs it in a place that lacks necessary equipment or both, it is termed an "unsafe abortion", according to the World Health Organization (WHO, 2007. Unsafe abortions are one of the leadingcauses of the sexual and reproductive ill-health ofwomen in many countries (WHO, 2008). Assuming all legal abortions performed ina safe environment by a skilled person are safe abortions, all illegal abortions presumably not done under similar conditions can be considered unsafe(WHO, 2008).

Abortions arecommon globally with an estimated 55.9 million taking place annually. Out of these abortions,close to 90%belong to developing countries (88.2%). Not only number-wise but also,the rate of abortion among women aged 15–44 years in the developing world demonstrated a substantial rise (36 per 1000 vs 27 per 1000; developing vs developed respectively).The adverse consequences of unsafe abortions are a global issue that counts for around 10 percent of maternal mortality worldwide. Countries with the most conservative abortion laws reported the highest percentages of unsafe abortions. The regions are concentrated in the developing world, mostly low and middle-income countries(WHO, 2020).

In Sri Lanka, except in situations where maternal life is at risk, abortion is considered a criminal offence. The offence of illegal abortion could result in imprisonment of up to 3 years or with a fine or both. In the event of maternal death, the said offence could result in imprisonment forup to 20 years(Penal Code, 1883). Despite Sri Lanka boasting ahighnational contraceptive prevalence rate of 65% of which 54% usemodern methods(DCS, 2017), some women are faced with unintended pregnancies. A substantial proportion of these women resort to illegal abortion, either medical or surgical(Senanayake, et al., 2008).

UNDER PEER REVIEW

Globally,a contrasting shift in socio-cultural and legal outlook for abortion could be observed in the past decade. Some nations,to minimize unsafe abortions, have adopted a more liberalized approach by the inclusion of many exceptions, including the maternal wish for induced abortions. These countries have allowed non-invasive techniques to enhance safe abortion practices and to reduce maternal morbidity and mortality. In contrast, some previously liberal countries,which include the United States of Americaand former Soviet Union representatives have introduced restrictions on induced abortion recently (WHO, 2020). This article assesses the Sri Lankan government's and society's response towards those global changes regarding the policies and practices on induced abortion.

Laws governing induced abortion; theSouth Asian Perspective

In South Asia, laws that governabortion practices vary fromprogressive to highly restrictive. All nationsinthe South Asian Region allow induced abortion in situations where maternal life is at risk. Only Afghanistan, Bangladesh and Sri Lanka have very restrictive laws that permit abortion only to save a woman's life(Made for minds, 2020). Although abortion is illegal in Bangladesh, instead of abortion, they use the term "menstrual regulation", defined as the "procedure for regulating the menstrual cycle when menstruation is absent for a short duration". Thisallowsa femaleto obtain induced abortion services until 12 weeks gestation (WHO, 2020).

In contrast, Bhutan, India and Nepal have introduced comparatively liberal abortion laws. These countries allow a female the termination of pregnancy for broader circumstances, namelythe risk to maternal life, to maintain maternal health,following incest or rape, andin the presence of fetal defects.In addition, India allows pregnant women to obtain abortion services on economic and social grounds(WHO, 2020).

Sri Lanka's South Asian neighbour, Nepal, like India, demonstrates comparatively liberal laws on abortion which include permission for induced abortion upon the maternal request until 12 weeks of pregnancy. Further, incurable chronic illnesses such as human immunodeficiency virus (HIV) could be used as a justification to request induced abortion in Nepal. In the Maldives, unlike in Sri Lanka, the law permits induced abortion following a pregnancydue to rape, incest,

UNDER PEER REVIEW

or fetal impairment (WHO, 2020).In Pakistan,abortion is permitted to preserve physical health—laws less restrictive than in Sri Lanka(Kumar, 2013).

Abortion law of Sri Lanka

The Sri Lankan abortion law is restrictive. As per the penal code of 1883 section 303, an act of induced abortion is illegal and a criminal offense that could result in imprisonment of 3 years or a significant fine, or both. The only exception for induced abortion within Sri Lankan territorial region is when the mother's life is at risk. Further, if the abortion procedure results in maternal death, under section 304, 20 yearsof imprisonment could be handed out to the person who illegally performed the induced abortion(Penal Code, 1883).

According to the Attorney General, Ministry of Justice,an earlier belief among law enforcement authorities, namely the mandatory reporting of a patient admitted following illegal abortion by the treating health personnel to police, is a misnomer and the Sri Lankan law does not have such a clause.Therefore, the treating medical doctor is not under any legal obligation to report the details of a patient under his or her care for complications following illegal abortion and it is not a punishable criminal offence. Confidentiality is not restricted to post-abortion care.A health worker is not under any legal obligation to report a customer who requeststreatment for an incomplete abortion from the concerned health worker despite the perceived knowledge that the client may have obtained the procedure illegally from someone else(Senanayake, et al., 2012).

The national guidelines on post-abortion care introduced by the Ministry of Health in 2015 provide directions for the service providers to offer post-abortion care services, including treatment for incomplete abortions, considered a significant achievement in the country. The providers at the health facilities are not permitted to withhold post-abortion care services citing personal, moral and/or religious beliefs(SLCOG & FHB, 2015).

Nevertheless, legal immunity is not extended to such a health worker if he or she refers the female to another practitioner to undergo the illegal procedure. Such health workers could be prosecuted if found guilty of knowinglyfacilitating the commissioning of anillegal abortion. (Senanayake, et al., 2012).

UNDER PEER REVIEW

Attempted Amendments

Any discussion related to abortion is considered a sensitive topicin Sri Lankan society. One study shows that a majority of women who previously opted for induced abortionsthemselves were againstthe legalization of abortion. The same study demonstratedthat this attitude might result from sociocultural and religious beliefsthat increased availability of abortion services mightpromotepremarital sexual activity and promiscuity among unmarried youth(Rajapakshe & De Silva, 2000). Despite the existence of restrictions and inertia, numerous stakeholders concerned about women's health at present, are discussing legislative changes to the abortion law of Sri Lanka(Suranga, et al., 2016).

First time in recorded Sri Lankan history,in the late 1970s,a member of the parliament of Sri Lanka, forwarded a private bill to the parliament to legalize induced abortion. However, it was unsuccessful due to the resistancefrom religious leaders(Senanayake, et al., 2008). There areno records ofsignificant attempts to change the abortion law for almost 25 years following this initial attempt. During this period, all the actorsprimarily focused their interventionsonthe prevention ofunintended pregnancies, mainly through increasing access to contraception. However, in 1995, an amendment to liberalize the abortion law for specific instances like rape, incest or fetal abnormalities was forwarded to the Cabinet of Ministers in Sri Lanka. This cabinet paper was a popular point of debate then.Despite numerous reservations and objections by various groups in the country, it wastabled in parliament. However, it was subsequently withdrawn due to religious leaders' resistance(Senanayake, et al., 2008).In 1997, the President of Sri Lanka established a Special Task Force on Health, which facilitated the women's groups to investigate the possibility of lobbying for abortion reform through this Task Force(Abeyesekera, 1997).There have been no such significant discussions among policymakers for almost two decades thereafter.

In 2012, the thenMinister of Child Development and Women's Affairs of Sri Lankamade a special statement at the parliament on relaxing the restrictive abortion laws of the country to accommodate the medical requirements. The Minister urged the parliament to examine this matter more objectively and relax the regulations, especially on incest and fetal abnormalities (Sunday Observer, 2012).Debate on abortionin Sri Lanka resurfaced again after his public speech

UNDER PEER REVIEW

in the parliament.Following a fruitful discussion among the stakeholders, a draft bill legalizing induced abortion following rape, incest, or fetal defects was prepared by the Law Commission in consultation with the Ministry of Child Development and Women's Affairs and the Ministries of Health and Justice.This bill would have granted legal immunity for induced abortions following the circumstances above-mentioned, if a specific committee of medical experts from the government sector, following an evaluation,recommended abortion.(Kumar, 2013; Law Commission of Sri Lanka, 2013). Nevertheless, the said effort was not successful due to the resistancefrom religious leaders,mainly from the Christian fraternity of Sri Lanka.

The Catholic Church has openly opposed induced abortion in public since 2012 and expressed its willingness to foster such unwanted newborns.Further, November 11 Sunday, 2012, was declared as "The Sunday of the Unborn Child" by the Catholic Bishop Conference as part of their dissatisfaction with any attempt to amend the clauses of laws that govern abortion. An official at the Ministry of Child Development and Women's Affairs stated that the above objections to amending the existing laws had created an unfavorable examplewhich could prevent future attempts for progressive amendments(Kumar, 2013).

After almost a decade of hiatus on abortion law, in 2022, the Justice Minister of Sri Lankainformed the Parliament thatit is critical to amend the existing legal clauses pertaining to induced abortions in Sri Lanka to create a conduciveenvironment for pregnancy and to curb the difficulties, stigma and harassment encountered by pregnant women in Sri Lanka especially following rape and incest. (The Sunday Morning, 2022).Discussions on the amendments tookplace during several meetingsbut did not proceed due to political and economic instability in the country.

Public perception ofthe abortion law

The public in Sri Lanka is at a crossroads on abortion law. Similar to the situation in most other countries, abortion attitudes in Sri Lankan society show a polarization in the duality of pro-choice and pro-life(Suranga, et al., 2022). According to a community-based study carried out in the Colombo metropolitan area, the majority seems to be happy to allow induced abortion in an

UNDER PEER REVIEW

event following rape (65%), incest (55%) or lethal fetal defects (53%). However, a minutepercentage of participants of the same study agreed on legal immunity for induced abortions for financial hardships (7%), following contractive device failures (6%), at the request of the partners(5%) andat the request of the female (4%)(Suranga, et al., 2016).A similar pattern towards the perception of abortion law was observed among the female factory workers of the Koggala Export Processing Zone in Southern Sri Lanka. A majority of female factory workers (75%, n=440) agreed to legalize abortion to terminate a pregnancy with fetal abnormalities, if the abnormality is lethal. Approximately half of the respondents agreed to legalize induced abortion as a consequence of rape (50%, n=290) or incest (46%, n=267). However, less thanone in fiveparticipantswanted to legalize induced abortion for other situations, namely contraceptive device failure (14%) and economic hardships (9%). Only 5% (n=31) agreed to expand the legalizedabortionsto include maternal requests(Suranga, et al., 2022).

Muslims are more conservative over all other ethno-religious groups for legalizing induced abortion. Respondents with high level of education, less number of living children and lower age (youth) are more likely to accept liberalized law on abortion. Similarly, never married respondents are more likely to accept legalizing abortion over married respondents(Suranga, et al., 2015). People with higher education and higher accessibility to sources of information such as mass media, printed media, and public health system are likely to have more liberal attitudes towards induced abortion. Access to mass media shows the highest influence in determining abortion attitudes(Suranga, et al., 2017). Surprisingly, female respondents demonstrate a moderate to low level of knowledge and conservative attitudes towards induced abortion compared to males(Suranga , et al., 2017).

Compared to the general public,a higher proportion of Sri Lankan medical students agreed to legalize abortion for fetal defects (87%), rape (78%), and incest (77%) (Wickramasinghe, et al., 2009). A study on a health fraternity group including doctors and medical students revealed that close to one-tenth of the doctors (87%)and 80% of medical students positively responded toamendments to the law to decriminalize induced abortions for grave fetal defects(Simpson, et al., 2003). These results confirm that there is lessresistance in the medical community to liberalize the abortion law for rape, incest, and fetal defects,even though one in ten doctors were against this progressive inclusion.

UNDER PEER REVIEW

Abortion practice in Sri Lanka

Compared to its South Asian neighbours,the use ofmodern family planning methodsis high in Sri Lanka (54% vs 52.2% in India). Despite the said increased use of contraception by Sri Lankan sexually active women (DCS, 2017), some are faced with unintended pregnancies. A substantialproportion of these females opt for induced abortion despite knowing theassociated risks(Senanayake, et al., 2008). Due to the illegality of induced abortions in Sri Lanka, only a few sources are available to provide information on the magnitude of the issue. One such study estimated the annual national figure for induced abortionbetween 125,000 to 175,000(De Silva, 1997). This study was conducted in the 1990s and asubsequent study in the year 2000 estimated 240,170 annual induced abortions, in other words, a daily rate of 658 and aninduced abortion ratio of 741 per thousand women(Rajapakshe & De Silva, 2000). In 2007, a study using Bogart's' model predicted an induced abortion rate of 0.087 per woman which is a substantial rise from 0.035 per woman in 1993(Abeykoon, 2012). Following the study in 2007,a substantial gap existsin the current prevalence of induced abortions in Sri Lanka, and it is worthwhile to highlight that the majority of these estimatedinduced abortions are illegal. A recent study conducted among the female factory workers attached to the Koggala Export Processing Zone estimated a significantly high(7.4%, 95% CI = 4.7% -11%) lifetime prevalence of unsafe abortions among the ever-pregnant cohort(Suranga, et al., 2022).

A considerable shift in abortion practice could be observed in Sri Lanka followingthe emergenceof medical abortion pills.Misoprostol; a prostaglandin E1 analogue which is used to reduce the risk of Non-Steroidal Anti-inflammatory Drug -induced gastric ulcers and to medically inducelabour at termgained popularityfor medical abortion following registration in Sri Lanka for limited use in hospitals for management of incomplete abortions(SLCOG, 2020). However, it is noteworthy that Misoprostol was in use way before it was registered in Sri Lanka(Kumar, 2012).Despite the exclusion of Misoprostolfrom the Sri Lankan Essential Medicine List, the Sri Lankan Post-Abortion Care guidelines elaborates regarding the use of misoprostol(SLCOG & FHB, 2015; WHO, 2020). However, a ministerial directive exists which also provides limited details and authorizes the use of misoprostol(WHO, 2020).

UNDER PEER REVIEW

Followingregistration of Misoprostol, women who intend to terminate their pregnancies areprovided with easy access to Misoprostol aka abortion pills as it could be administeredin the home environmentThereafter, the use of Misoprostol for induced abortions was not limited to saving the pregnant woman's life but for a broader spectrum of reasons(De Silva, 2019; Suranga & De Silva, 2020). Some researchers have suggested that ban on use of Misoprostol and Mifepristone for medically induced abortions in the early stages of pregnancy could result in mechanical/ surgical abortions in the latter stages of pregnancy. Due to the illegality of induced abortions, a significant number of these surgical/mechanical abortions are being practiced in unsafe environments with minimal facilities. With death from unsafe abortions significantly contributing to maternal mortality in Sri Lanka, one could assume that misoprostol might have aided in achieving a low maternal mortality rate in Sri Lanka (Kumar, 2012).However, there are limited scientific evidence and findings on the practice of medical abortion in Sri Lanka(Kaluarachchi, et al., 2018).

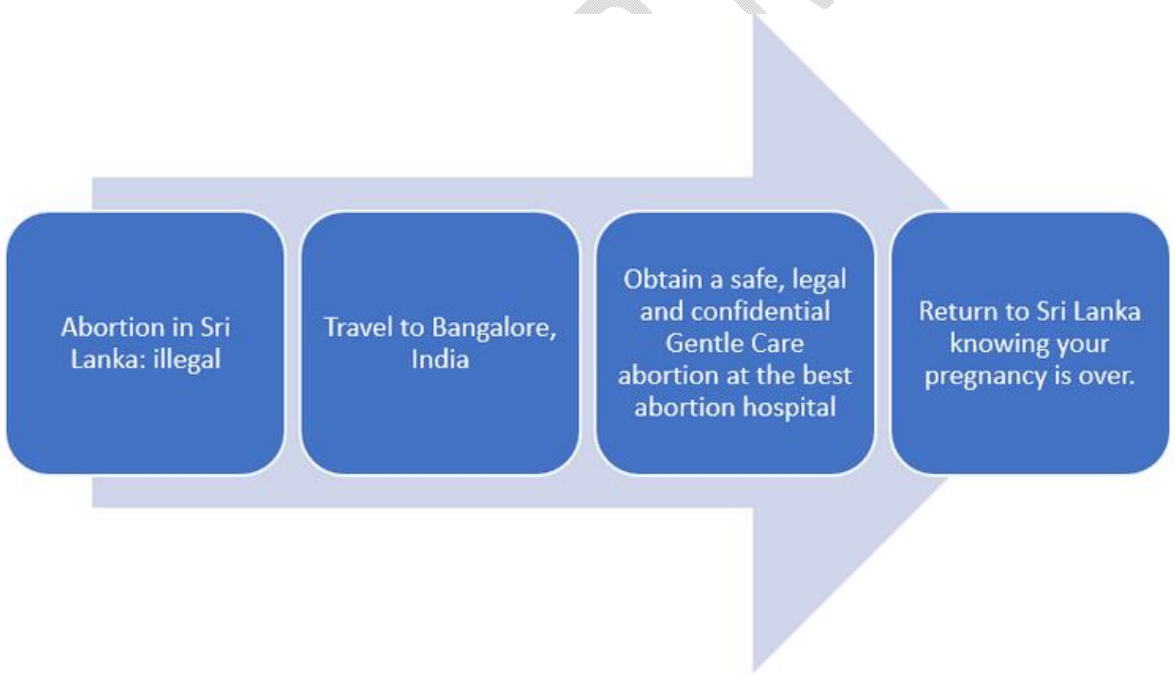

Figure 1:- An advertisement on safe abortion services for Sri Lankan women published in the corporate website of the American Hospital, Bangalore
Source: - https://americanhospitalbangalore.com/abortion-in-sri-lanka/

Further to the induced abortions taking place outside the legal boundaries of Sri Lanka, a considerable portion of abortion seekers sort to terminate the pregnancy by travelling to neighbouring countries, including India, where abortion is legalized. The advertisement depicted in Figure 1, which is published on the corporate website of the American Hospital, Bangalore is only one of many such examples(American Hospital Bangalore, 2020). Apart from access to physical abortion services from neighbouring countries, Sri Lankan women access virtual services from international platforms. For example, Women on Web (WoW) is a virtual abortion service provider where women residing in countries with restricted abortion laws can receive virtual consultation and are delivered abortion pills using courier services(WoW, 2020). However, it is noteworthy that all these options and opportunities can be accessible and affordable only to women in the high socio-economic segment. The poor and the poorest of the poor women may have been affected by the impact of induced abortion disproportionately.

Post Abortion Care

In 2015, the Sri Lankan Ministry of Health introduced the National Guidelines on post-abortion care, aiming to provide necessary medical assistance to women who have undergone illegal abortions without fearing legal repercussions. According to these guidelines, women can seek post-abortion care, including treatment for complications, at any government facility without facing prosecution. Specialized gynaecology units primarily deliver post-abortion care services, as outlined in the guidelines. However, recognizing the importance of accessible emergency care, the guidelines also acknowledge the need to establish post-abortion care services at even the most basic rural health posts. Primary care health facilities are expected to diagnose complications arising from abortions and initiate appropriate treatment before referring patients to higher-level facilities(SLCOG & FHB, 2015).

Additionally, the guidelines outline different methods for managing incomplete abortions, including manual vacuum aspiration, dilatation and evacuation, as well as the use of drugs like misoprostol. The Sri Lanka College of Obstetricians and Gynaecologists has issued comprehensive guidelines on the use of misoprostol, specifying its role in managing miscarriages

UNDER PEER REVIEW

during the first and second trimesters, as well as incomplete miscarriages in the first trimester(SLCOG, 2020). Despite these guidelines, it is worth noting that misoprostol is not currently included in the Essential Medicines List of Sri Lanka(WHO, 2020).

Impact of current economic recession on abortion and contraceptive use

At present, Sri Lanka is going through its worst financial crisis since independence in 1948. The magnitude of this crisis has led the Sri Lankan Central Bank to officially default from repaying foreign debts and resulted in long queues for essential commodities like fuel, cooking gas and milk powder.The negative effects of this crisis arenumerous and include both short-term and long-term impact.Authorities are also expecting an increase in both acute and chronic malnutrition among children. Not only NCDs and nutritional issues, an increase incommunicable diseases is also expected, resulting from rising costs of amenities and resource limitations for preventive public health activities. Not only preventive health activities but the curative sectoris also facing a severe shortage of medicines and surgical equipment.

The impact on family planning following the said disruptions is unknown at present. However, the experts predict that the shortage of modern family planning devices and lack of surgical commodities could reduce permanent family planning methods such as female sterilization.Therefore, an increase in unsafe abortions in Sri Lanka is not a remote possibility in the coming years(Jayasinghe & Matthias, 2022). Also, many marriages planned to be held during 2020 and 2021 were postponed to 2022 due to lockdown and fear of the coronavirus. However, due to the present economic recession, some legally married couples waiting for their cultural marriages would decide their pregnancies as unwanted and would choose to terminate them.

As per the Central Bank of Sri Lanka, the National Consumer Price Index is progressively inflating monthly from 6.1% in May 2021 to 45.3% in May 2022(Central Bank of Sri Lanka, 2022). The social marketing of contraceptives contributesto approximately 20% of the country's Contraceptive Prevalence Rate. (Suranga, et al., 2021). The contraceptive price in retail shops / pharmacies has increasedalmost two to three times, making it unaffordable to poor and middle-income groups. On the other hand,most Sri Lankan women access contraceptives from the

UNDER PEER REVIEW

government programme, free of cost. The unpublished communication with the Family Health Bureau, Ministry of Health, Sri Lanka highlighted that the government is currently facing difficulties in purchasing contraceptives due to the foreign exchange shortage. These factors may contribute to the increase of the unmet need for contraception among Sri Lankan women, which in turn increase unintended pregnancies and unsafe abortions in the future.

Although there is no significant increase in the number of contraceptive users reported in the country(Suranga, et al., 2021), the number of live births has reduced remarkably during the past few years (Figure 2). These factors may increase the unmet need for contraception among Sri Lankan women, which in turn may increase unintended pregnancies and unsafe abortions in the future.

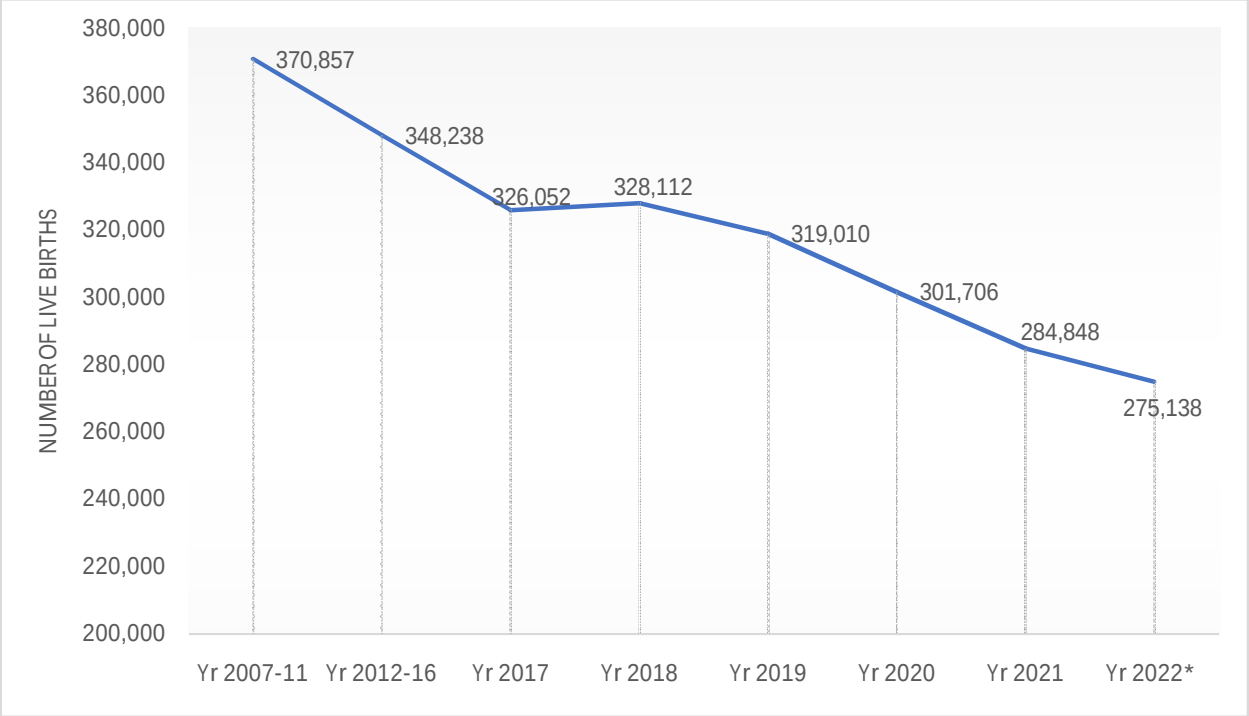

Figure 2: Average number of live births reported in the country (2007-2022). Source: Birth and Death Registrar. *Extrapolated figure based on the first six months' data.

A puzzle:Law vs Practice

Despite the proposal ofnumerous amendments to liberalize the law governing abortion in Sri Lanka,none have progressed to enactment. Therefore, the Sri Lankan abortion law, initially introduced in the Penal Code of 1883 prevailing today, is unchanged. Despite Sri Lanka remaining at square one, numerous countries in the world including South Asian nations, were able to liberalize the abortion law significantly(Senanayake, et al., 2008).

Despite the involvement of the Law Commission, the Ministry of Health, the College of Obstetricians and Gynaecologists of Sri Lanka, numerous non-governmental organizations and individuals, the latest proposal to amend the abortion law was unsuccessful. Why have all such attempts failed in Sri Lanka? Presumably, there was no commitment from the respective political authority who were in power. They include "the Head of State", "The Cabinet of Ministers" and "The Parliament" which failed to proceed with the proposed amendments to safeguard women's SRH rights. In contrast, obtaining safe abortions locally or abroad was not a challenge for the affluent class (Ban, Kim & De Silva, 2002). With the forceful closure of abortion centres in 2006, women from lower socio-economic levels were left with no alternative other than the continuation of unwanted pregnancies. However,the emergence of medical abortion facilities in many parts of the world, including Sri Lanka, proved to be a turning point where women regained the autonomy to discontinue unwanted pregnancies. Although the emergence of medical abortion has alleviated the burden of unwanted pregnancies to some extent, it is not the perfect solution in Sri Lanka, as any method of induced abortion is illegal except in situations where a pregnant woman's life is at risk(Suranga & De Silva, 2020).

Now the puzzle – in the present context is: Should we bring amendments to the Penal Code of Sri Lanka? Perhaps in the near future, due to serious socio-economic challenges in the country coupled with the youth bulge, the numbers for liberalization of the abortion law in Sri Lanka may increase. However, such progress might not be realistic with the recent Supreme Court decision in the USA on induced abortion. It may discourage Sri Lankan authorities and interested parties from pushing any significant amendments to the present abortion law(Gerstein & Ward, 2022).

Way forward

UNDER PEER REVIEW

Following a decade of discourse, we are at ground zero, with no improvement fromthe discussion held at the Law Commission of Sri Lanka in 2012. As per the consideration in 2012 and developments thereafter, the strict criminalization of abortion presently contained in section 306 has an adverse impact on the mental health of women. Lack of an alternative would result in women victims seeking illegal abortions or carrying the unwanted pregnancy to term, both of which are emotionally disturbing and have long-term healthadversities. The general consensus among academia, experts and the general public is that a woman who is a victim of abuse should possess the right to terminate a pregnancy resulting from a crime committed against her. Hence, it is necessary to provide access to safe methods of terminating a pregnancy. Similarly, a woman carrying a seriously impaired fetusshould have access to safe termination of the pregnancy.The introduction of the provision to terminate a pregnancy does not have to be considered a compulsion to have the pregnancy terminated and should not be viewed as such. The majority of both the medical and legal fraternity in Sri Lanka believe that the relaxation of the strict prohibition will merely recognize the right of a woman to terminate her pregnancy at her complete discretion, leaving her with the freedom to carry the child if she so desires(Law Commission of Sri Lanka, 2013).

Considering the above facts, a high amount of medical abortion incidences(De Silva, 2019) in the country, outside of the law andpublic acceptance(Suranga, et al., 2016),all of which were discussed earlier, we cannot understand why the government of Sri Lanka does not take actions toliberalize the law of abortions for instances of rape, incest and fetal abnormality.However, liberalizing the law on abortion to include cases of rape, incest and fetal abnormality probablywould not significantly reduce the current rate of illegal abortions. As previous studies have clearly shown, the number of induced abortions following rape, incest and foetal abnormality are comparatively small(Senanayake, et al., 2008). Therefore, it must be acknowledged that liberalizing the abortion law for rape incest and fetal abnormalities will not be a response to the issue of preventing illegalabortions(Perera, et al., 2004) but seeks to provide a remedy to a deserving category of women who are victims of abuse resulting in a pregnancy and/or carrying a fetus with serious congenital deformities.

Conclusion

UNDER PEER REVIEW

The advent of medical abortion methods has revolutionized the world's reproductive healthcare landscape and Sri Lanka is not an exception. This non-invasive and increasingly accessible procedure has provided women a safer alternative to traditional surgical methods globally. Although induced abortion is restricted in Sri Lanka, the emergence of medical abortion has led to a noticeable shift in the prevailing abortion practices. However, this shift has also highlighted a puzzling contradiction between the existing legal framework and the realities on the ground.On the other hand, public opinion in Sri Lanka reflects a growing recognition of the need for legal amendments concerning abortion. A significant majority of the population acknowledges the importance of legalizing abortion in cases involving rape, incest, and fetal abnormalities. To address this misalignment between public opinion and the legal status quo, the government of Sri Lanka must consider introducing legal reforms especially for rape, incest and fetal abnormalities. These reforms would bring the legal framework in line with the prevailing societal attitudes and also contribute to the overall well-being and reproductive rights of women in Sri Lanka.

Clinical Trial Registration

Not applicable. No involvement of clinical trial

Ethical Approval

There is no primary data collection involved. The paper is based on already published data and facts.

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UNDER PEER REVIEW

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UNDER PEER REVIEW

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UNDER PEER REVIEW

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