



## Abortion and its legalization: An Overview of the opinion of doctors in Colombo South Teaching Hospital

Dinethri RPA<sup>1</sup>, Roshanthan N<sup>1</sup>, Perera MAPA<sup>1</sup>, Wasana WDO<sup>1</sup>, Perera AABS<sup>1</sup>, Wijewardene K<sup>2</sup>, Vidanapathirana M<sup>3</sup>, Siddhisena KAP<sup>4</sup>

<sup>1</sup>Undergraduate, <sup>2</sup>Senior Professor, <sup>3</sup>Senior Lecturer, Faculty of Medical Sciences, University of Sri Jaywardenepura, <sup>4</sup>Professor Emeritus, Department of Demography, University of Colombo

Corresponding author: mudithavidana@sjp.ac.lk

**Introduction:** Abortion is the termination of pregnancy by removal or expulsion of a fetus or embryo from the uterus before its natural expulsion. It is the third commonest cause for maternal mortality in Sri Lanka. According to Sri Lankan law, mother's life in danger is the only indication for abortion. Therefore, to make a change in current situation of abortion in Sri Lanka, it is important to assess the opinion on abortion from doctors, because they deal with maternal and child health.

**Method:** According to simple randomized sampling method, a self-administered questionnaire was given to 207 doctors at the Teaching Hospital Colombo South. Data were analyzed using SPSS version 21.0.

**Results:** Almost all (96.6%) agreed to perform abortion when mothers' life in danger and 75.8% agreed when mother's health in danger. As overall opinion 56.5% agreed in special medical conditions such as Anencephaly, Down syndrome, Thalassemia major and hemophilia. Further, 68.2% and 67.1% respectively agreed in rape and incest. More than 90.8% disagreed with social conditions such as contraceptive failure, family health in danger, family with low income and higher number of children. Majority (69.1%) agreed for legalization of abortion in Sri Lanka for more conditions other than mother's life in danger. Regarding advantages, 66.2% agreed and 65.2% reported that there will be disadvantages after legalization of abortion.

### Discussion

By the year 2008, 40% of the world's women had access to legally induced abortions "without restriction as to reason" [1]. But in Sri Lanka, pregnancy termination is very restricted by law and social norms [2] and despite significant number of morbidity and mortality, legal abortions are confined only to one indication; when mother's life in danger [3].

In this study, it was revealed that the majority of the participants agreed to legalize abortion in some identified medical conditions and identified legal situations, but disagreed to legalize abortion on identified social indications.

When considered the ethnicity, Sinhalese (70%, n=105) and Tamils (72.1%, n=31) agreed with abortion in case of rape but majority of Muslims (58.3%, n=07) disagreed and this association was statistically significant (p=0.01<0.05).

Further, 86.1% (n=130) of less than 10 year experience and 71.7% (n=38) of more than 10 year experience doctors disagreed to perform abortion on 'contraceptive failure' and this association was statistically significant (p=0.018<0.05).

To perform abortion on 'other family members' health in danger', 88.7% (n=134) of less than 10 year experience and 74.4% (n=37) of more than 10 year experience doctors disagreed and this association was statistically significant (p=0.011<0.05).

Further, 90.1% (n=155) of non-postgraduates and 77.1% (n=27) of postgraduates disagreed abortion when 'family with low income and higher number of children' and this association was statistically significant (p=0.032<0.05).

Until legalization, the introduction of family screening, genetic counseling and contraceptive methods would be useful to reduce the incidence of such genetic disease conditions.

Finally, more than 2/3<sup>rd</sup> (69.1%, n=143) agreed in legalising abortion in Sri Lanka for more conditions other than mother's life in danger.

**Conclusion:** In addition to mother's life in danger, majority agreed to include medical conditions such as mother's health in danger and four other special medical conditions, and legal situations such as rape and incest. However, majority disagreed in social conditions. Majority agreed for legalization of abortion in Sri Lanka for more conditions other than when mother's life in danger. Nearly equal number of doctors responded that there will be both advantages and disadvantages after legalization of abortion in Sri Lanka.

### References

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