INDUCED ABORTION: A SOCIETAL PROBLEM
IN SRI LANKA

RATHNAYAKE MUDIYANSELAGE ABEYRATHNE

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Last, but not least, I record my sincere gratitude to my beloved wife, Nirmala Rathnayake, for not complaining about the absence from the role of husband during my stay in Thailand.
The intent of this study was to investigate the complexity of induced abortion in Sri Lanka where abortion is legally banned, but 1000-2000 induced abortions are practiced per day in many parts of the country.

A qualitative exploratory research methodology was employed. Data were collected from September to December 2000 in a private abortion clinic in a city in the North Western Province of Sri Lanka. A purposive sample of 10 women was selected at this clinic to understand the magnitude of the problem from women’s point of view. In addition, eight community leaders were chosen to understand the public perception on induced abortion in the country. An open-ended, unstructured, in-depth interview guideline was utilized for collecting data. Line by line content, contextual, and thematic data analyses were performed to investigate the severity of induced abortion.

In the first half of the study findings indicated that women who resorted to abortion faced critical dilemmas from the very moment that they knew the concerned pregnancy was unwanted one until they destroyed the fetus in the private medical clinic. More married women were highly likely to terminate their pregnancy, according to present study findings. However, for some women, especially, unmarried, sexually victimized women an unwanted pregnancy was not only an individual matter, but also it was a family matter as well. In unmarried women’s unwanted pregnancy situations mothers played a significant role when compared to their fathers. Except, rape and schizophrenia cases all other pregnancies were results of birth control failure. Further, though all informants had one main reason for terminating pregnancy, more than one factor contributed to all women to seek induced abortion. As well, socio-economic factors were the most critical reasons that influenced women to destroy their fetuses.

In the second half of the results, it was revealed that the public perception on induced abortion in the country is rather diverse. The four religious leaders’ attitudes towards induced abortion were religiously motivated and conservative. On the contrary, the other four members’ general perception towards induced abortion was liberal. Thus, four religious leaders believed that the erosion of traditional social and religious values are the main reason for the increase in abortions in the country, while the rest of the community leaders thought that socio-economic conditions were the leading cause for the alarming number of induced abortions in contemporary Sri Lankan society.

The results of the study point to the need of formal sex education to combat abortion and sex-related matters in the country. As well, qualitative research-based investigations are urgently required to understand the magnitude of the problems prevailing in Sri Lanka. However, it is concluded that the law should have the primary jurisdiction over social and religious values on induced abortion.
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<th>Acronym</th>
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<td>AIDS</td>
<td>Acquired Immune Deficiency Syndromes</td>
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<tr>
<td>FHW</td>
<td>Family Health Worker</td>
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<tr>
<td>GNP</td>
<td>Gross National Product</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<tr>
<td>IMF</td>
<td>International Monetary Fund</td>
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<tr>
<td>STDs</td>
<td>Sexually Transmitted Diseases</td>
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<tr>
<td>UNFPA</td>
<td>United Nations Family and Population Agency</td>
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<td>WHO</td>
<td>World Health Organization</td>
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CHAPTER I
INTRODUCTION

1.1 Identification of the Problem

Abortion, either induced or spontaneous, has for long time, been constituted as one of the most complicated and controversial health problems that women experience in all societies in the world. Moreover, the issue of abortion, to a considerable extent is one of the most hotly debated and, sometimes, misunderstood common health problems of women, swept under the rug in modern societies for centuries. Therefore, over the matter of the complexities of abortion, many societies around the world have divided into rival fractions. In addition, abortion has viewed as the most accessible and affordable method of contraception in order to control population; especially China and many other communist countries allow women to practice abortion freely. As well, on the one hand, many governments around the world have imposed very strict laws on abortion in order to protect the rights of the fetus. On the other hand, some countries have introduced less restrictive abortion laws in the aim of securing the reproductive rights of women (WHO, 1995).

Many politicians, legal experts, social scientists, religious leaders, and women rights advocates, have for years, made great efforts to understand the sensitivity and complexities surrounding the matter of abortion from various perspectives, such as, legal, political, moral, and ethical grounds in respective societies. For instance, in the United States, over the dilemma of abortion, its society has divided into many rival fractions, such as, pro-choice and pro-life. Thus, the former group is composed of liberals and
women right advocates and they believe that women should have the right to decide whether to continue pregnancy or destroy the fetus rather than allowing others to decide what to do with their bodies. Therefore, the pro-choice group relies more on the reason than faith over the matter of abortion. The latter group consists more of rightwing and traditional members who advocate right to life, believing that a fetus is a person and motherhood is the most important role of woman's life, and the destruction of the fetus is simply a sacrilege. Thus, the pro-life members rely upon the faith more than reason over the complicated matter of abortion. It should be noted here that groups, such as, the mentioned above are not common only in the United States, but they are visible in almost all developed and developing countries in contemporary world as well (WHO, 1995, 1997).

In any event, women who undergo induced abortion, experience psychological sufferings, physiological deterioration, and more severely they face social dilemma before and after terminating pregnancy. In 1995, The World Health Organization reports on abortion reveal that about 20 million people undergo the hazards of an unsafe induced abortion around the world. Of them, 70,000 die and many more suffer from long-term after effects of abortion. In addition, an estimated 5 million require care for second trimester abortions (WHO, 1995). The recent World Health Organization reports on abortion indicate that as many as 53 millions pregnancies are terminated by induced abortion annually throughout the world. One third of these abortions are performed in unsafe conditions in many developed and developing countries, resulting of 50,000-100,000 deaths yearly, and more women develop health complications at the hands of
unskilled abortionists. In addition, an estimated 5 million women require care for spontaneous second trimester abortions. However, most of these pregnancies are not planned or intended at the time of conception, and they are resulted from unprotected sexual relationships or sometimes, lack of proper understanding of sexuality at all (WHO, 1995, 97).

One can speculate, why these women get pregnant when they do not wish to continue their pregnancies? Do they have knowledge about sexuality, or do they have access to contraceptive methods? What do their key persons, such as, parents, husbands, lovers, and family members think of them getting pregnant and terminating pregnancies? Why do they choose abortion, and how they feel about before and after undergoing an induced abortion? Does abortion affect sex life after experiencing induced abortion? How do their partner, husbands handle the situation after abortion? These are general questions that one has about abortion (Tietze, 1979, 83).

The issue of abortion has for long time been a controversial issue since the written record began. The Greek and Roman civilizations accepted the termination of pregnancy, but with the development of Christian and Islamic civilizations, the destruction of the fetus was prohibited, mainly because of the very strong religious beliefs of the people of the two civilizations. However, in the 19th century, religious philosophies and secular ideas became more contradictory to one another over the issue of abortion, because traditional norms and social values were questioned by modern scientific rationality. Therefore, many countries introduced new abortion laws, and doctors were allowed to
practice abortion under certain circumstances, and people accepted them as legal and ethical or legal abortions (WHO, 1997).

However, in recent time, the issue of abortion has become much more complicated phenomenon in many cultures than ever before in the history of civilization, because many societies have sometimes, bitterly divided into rival fractions over the matter of abortion. E. E. Schattschneider, David Greenstone, and Paul Paterson name the new controversies over abortion new politics of abortion. Thus, they use two new theories to study the new development surrounding abortion. The former uses conflict as the theory, while the latter two employ pluralistic bargaining as the theory to examine the complexity of abortion (WHO, 1995.97, Tietze, 1983).

According to Schattschneider, the scope of conflict over the issue of abortion can be viewed from various perspectives, such as, political, moral, ideological, gender, racial, and class differences in a particular society. Thus, the nature of the conflict of abortion is more bipolar than multi-sided, because one side tries to win at the expense of others. However, the theory of pluralistic bargaining involves in policy making on abortion in a given society. Pluralism may be useful in reaching a compromise on the issue, but it really is practical in reaching compromise, because every group tries to compete other groups rather than persuade the other (Goggin, 1993

1.2 Abortion in Sri Lanka

Sri Lanka, prior to independence from the Great Britain in 1948, known as Ceylon, is a tiny island nation, situated off the very southern tip of India, and it has 2500 years long written history of its own civilization. Despite the fact that the country is well
known predominantly as a Buddhist country, it is a multi national, multi-lingual, and multi religious society. However, its government constitution guarantees all ethnic groups' right to practice their particular traditions.

However, abortion is completely illegal in Sri Lanka, and the government has introduced restrict laws on abortion practices. Sometimes, hospital based abortions have been declared legal on specific grounds. If the continuation of pregnancy creates adverse health complications in an expected woman's life, she can seek abortion at government hospitals under the authorization of physician. In addition, women who become pregnant, due to the victimization rape and incestuous relationships are legally allowed to obtain abortion at government hospitals with the approval of medical doctor. Otherwise, in all other circumstances, abortion is illegal, socially tabooed, and socially stigmatized. The doctors who practice abortions are considered criminals or sinners by Sri Lankan society.

The main reason to impose strict laws on abortion in Sri Lanka and the social stigmatization of abortion activities in the island is associated with the people's deeply rooted religious beliefs for centuries. If analyzed, different religious traditions practiced in Sri Lanka, one is able to grasp a realistic picture, regarding the popular perception of abortion of its people. According to religious composition of the country, Buddhists who comprise 73 per cent of the population of Sri Lanka believe that killing or destroying either a human being or an animal is an immoral act. Thus, aborting a fetus is almost an unbelievable act for Buddhists. Next, Hindus who consist of 18 per cent of the population of Sri Lanka, consider slaying either a human being or an animal is a sacrilege, because the philosophy of Hinduism is based on Avihinsa, non-violence. Therefore, abortion
makes no exception for Hindus. Muslims who comprise 6 per cent of the total population of the country hold the view that killing a fetus is an immoral act, according to Islam. Finally, Christians whose representation to the population of the country is 2 per cent believe that only God can create human being and therefore only God has the power to destroy him/her. Thus, for Christians life begins at conception and abortion is simply a murder.

However, the traditional and deeply rooted religiosity, and legal restrictions on abortion in Sri Lanka have now been in a dilemma by the alarming number of illegal induced abortions practiced throughout the country. According to unconfirmed reports and women right groups' estimation, it reveals that 1000 pregnancies are aborted every day, often under dangerous conditions in many parts of the island. In addition, most medical, sometimes, non-medical personnel who practice abortion do not possess appropriate qualifications on the proper way to conduct abortions. Owing to the existing situation in the country, many women develop post-abortion health complications in their lives. As well, almost all abortions carried out in the country are performed private medical clinics under unsafe conditions. And, these abortion centers are located throughout the country, are known either as ambulatory menstruation regulation clinics, or family planning clinics. Therefore, it is rather difficult Sri Lankan legal institutions to take necessary actions in order to prosecute the doctors who practice illegal abortions in the country, and crack down the booming business of abortion clinics. However, illegal abortions have become a very easy or lucrative way to earn money for some handful of
medical or non-medical personnel in order to accelerate their social mobility from lower or middle level to the upper level of the Sri Lankan class hierarchy.

In the meantime, the Sri Lankan government has, for long time, been trying to amend the abortion laws of the country, while facing challenges. In 1995, for instance, the Minister of Justice of the government of Sri Lanka introduced a bill to parliament in the hope of decriminalizing and legalizing abortion, but the members of parliament voted down the new abortion bill. The members were opposed to the new abortion bill, because they believed that if Sri Lanka were to legalize abortion, it would encourage women to be more promiscuous, conniving, and eventually, women become vulnerable to more sexual violence. Despite all mounting controversies on abortion, the government currently is interested in introducing much more liberal form of abortion laws in the country, but any attempt to legalize abortion in Sri Lanka will be faced with hash criticisms from all established religious organizations and conservative segments of Sri Lankan society. However, at present, a number of women organizations and human right groups in Sri Lanka are hotly debating the issue of abortion eventually to ease the current strict abortion laws of the country.

Recently, Sri Lanka's name has been placed even in the Genus book over an unprecedented abortion case. Let me narrate it just for the clarification of the severity of unsafe and unskilled induced abortion practiced in the country. At the beginning of last year, relatives and a husband from a very remote Sri Lankan village admitted a woman to a nearby hospital for stomach pain. However, after an operation, to doctors' surprise, a 9-10 inches long metal stick was found in the uterus of the admitted woman. Eventually,
the woman had confessed to the doctors who involved in the operation that she had undergone an induced abortion three years ago at an illegal abortion clinic nearby her village. Later on, the medical personnel of the operation team declared that the metal stick that they found in the uterus of the said women would have been a result from the abortion that she had undergone three years ago at the hand of an unskilled abortionist.

The above-mentioned incident reflects the complexity of the problem of abortion that the country faces in modern time. Furthermore, one can speculate that there may be more such cases, regarding the malpractice of abortion in many parts of the country, but they go completely unreported due to the deeply embedded social stigma on the phenomena of abortion and sexuality. However, the horrendous rate of abortion in Sri Lanka is quite unusual, because birth control prevalence of the island is remarkably high when we compare it to other south Asian countries in the region. Likewise, Sri Lanka maintains very high literacy rate, currently 91 per cent and it is the highest among other South Asian countries. Furthermore, the government of Sri Lanka has for long time launched a very successful family planning service, and the government has taken an integrated approach to the distribution of contraceptive devices for the whole population of the country. Thus, the government provides appropriate family planning instruction and birth control methods to the needy people at no cost. As a result of these facilities, both men and women in reproductive age should be aware more about the effective methods of both traditional and modern contraceptive devices in order to prevent unnecessary conceptions and termination of pregnancies.
Having discussed more on the prevailing nature of the skyrocketing rate of illegal abortions in the country, I think that the time has come Sri Lankan society as a whole to initiate necessary precautions in order to minimize the reckless number of abortions practiced in unsafe facilities throughout the country. Otherwise, a large number of women who are alive at the sun set and might not live until the sun rises in the following morning to see the rising sun, because they would die at the hands of unskilled abortionists. As well as, some women may develop long-term health complications due to unsafe induced abortion practices.

1.3 Research questions

1. To what extent the magnitude of induced abortion problem prevails in Sri Lanka?

2. What psychological factors affect women to undergo induced abortion?

3. What social factors influence them to terminate their pregnancy at private medical clinic?

4. What are the dynamics of health seeking behaviours of women who undergo induced abortion?

5. What are the nature of medical assistance available for the women who seek induced abortion?

6. What religious barriers do women face when they undergo induced abortion?

7. How do the legal barriers affect the practice of induced abortion?

8. What is the nature of public perception about induced abortion and the existing national law and policy in Sri Lanka.
1.4 Objectives of the study

1.4.1 Ultimate Objective

In the short-run to provide policy makers, legal experts, religious leaders, and lawmakers a realistic picture of the existing problem of abortion in the country at present, and in the long-run the findings of the current study will make an impact on responsible authorities to design a much more comprehensive and enduring abortion policy for Sri Lanka in order to minimize the number of unsafe induced abortions, and improve sexual education of its population.

1.4.2 Specific Objectives

1. To assess the magnitude of induced abortion in Sri Lanka.

2. To understand, attitudes, beliefs, birth control practice, knowledge about reproduction, and induced abortion of the women who undergo induced abortions at a private abortion clinic.

3. To explore significant social factors affecting women to terminate pregnancy at private medical clinic.

4. To understand the dynamics of health seeking behaviours of women who seek induced abortion.

5. To explore the nature of medical assistance available for women who resort to induced abortion.

6. To understand religious, moral, and ethical barriers to induced abortion.

7. To study legal barriers to induced abortion.

8. To explore opinion, belief, attitude, and knowledge towards abortion.
among the selected key persons of the community.
CHAPTER II
LITERATURE REVIEW AND THE CONCEPTUAL FRAMEWORK

2.1 Introduction

Abortion means the termination of pregnancy before the fetus is capable of extra uterine life. According to the causes of abortion, it can be classified into two categories, such as, spontaneous and induced. Thus, the former or miscarriage denotes the termination of pregnancy without provocation, while the later means the destruction of the fetus with the deliberate interference by outside force. However, induced abortion is carried out in accordance with legal sanctions in a given society or sometimes it is practiced without legal protection in many countries. Furthermore, under induced abortion, therapeutic abortions are performed for woman whose life is adversely affected by the continuation of pregnancy or in case of fetal abnormality. And, these abortions are allowed to practice in almost all countries and they legally sanctioned as well.

Induced abortion is an ancient practice, experienced by women in all parts of the world, irrespective of their ethnic, religious, linguistic, class, caste, and educational backgrounds. None other issues related to reproductive health has been more controversial than the issue of abortion in all known societies. The reason is that the issue of abortion carries heavier burden of social stigmatization, including religious, moral ethical and legal condemnation. Therefore, "Abortion is more than a medical issue, or an ethical issue, or a legal issue. It is, above all, a human issue, involving women and men as individuals, as couples, and as members of societies" (Tietze, 1978).
2.2 Abortion-related morbidity and mortality: the global perspective

Worldwide estimates of abortion reflect the magnitude of the problem, irrespective of the dramatic increase of the use of contraceptives for the last thirty years. According to recent estimates there are around 40 to 55 million induced abortions practiced annually throughout the world, and of them about one-quarter to one-third are illegal. Especially, in developing countries the incidence of induced abortions are clandestine and the annual number of induced abortion in developing regions of the world is approximately 30 million. The figure is broken down into different regions as follows: 3.4 million in Africa; 11.9 million in East Asia; between 5.2 and 12.5 million in South and South East Asia; and between 4.4 and 6.2 million in Latin America. This means that of all births averted by either contraception of abortion, up to one-third are averted by induced abortion in Africa; up to 22 per cent in East Asia; between 11-23 per cent in South and South East Asia; and between 21-28 per cent in Latin America (Fregka, 1993). Furthermore, demographers and health officials estimate that 100 200 thousands women in developing countries die every year as a result of clandestine abortion. In Latin America and other developing regions, reckless and illegal induced abortion is responsible for one-quarter to one-half of all maternal deaths.

2.3 Socio-demographic factors and abortion

Recent literature on induced abortion reveals that various factors, such as, age, marital status, parity, ethnicity, and the prevalence of contraceptive use, and educational backgrounds of the women affect terminate their pregnancies.
Age at Abortion

According to available data on the age at the time of induced abortion, it reflects that abortion is concentrated around the middle of childbearing years. In countries where contraceptive methods are highly prevalent, women require more than half of all abortions less than 25 years of age. This is because women in their 20s are highly likely to be married, and at the same time, they tend to be sexually active prior to marriage. In countries, where contraceptive methods are available, the majority abortion seekers are the women aged 35 or older. And this group's abortion rate is higher in many Asian and Eastern European countries, including the former Soviet republics. However, in many developed European countries, women between 20-35 years of age tend to terminate pregnancies often than in Asian countries, because they wish to complete their high studies or continue working (WHO, 1995, 97).

Marital Status at abortion

In all developed countries, the abortion ratio is considerably high among married women than unmarried women. However, in the United States unmarried women are as four times as higher than married women to obtain induced abortion. In contrast, in Asian countries young women are less likely to be sexually active before marriage, but soon after marriage adolescents are expected to bear children. It should be stated here that marital status at the time of abortion is varied from one culture to another (WHO, 1995, Tietze, 1983).
Parity in abortion

Parity and marital status are related to one another; therefore, we can understand that abortions often occur among unmarried women than older married women. Thus, these trends indicate that having an abortion tends to have a few or no children. The recent reports of the World Health Organization reflect that in almost all English speaking countries and Western European counties the ratio of abortion highly likely to be common among unmarried women than married women. In contrast, in Central European countries 20% who obtain abortions are childless. In addition, in Singapore the percentage of childless women having abortions increased from less than 1% in 1970 to 40% in 1987, whilst corresponding rate among women with at least with five children decreased from 53% to 2% (WHO, 1995).

Socioeconomic status and abortion

In addition, socioeconomic status of the women who seek induced abortions can be taken as an important indicator in determining the termination of pregnancies in many societies. Thus, the recent World Health Organization reports on abortion around the world witness that women living in urban areas tend to terminate their pregnancies more than women dwelling in rural areas, because it is too expensive to bring up children in urban areas than in rural areas. As well as, urban women tend to postpone childbearing due to their career expectations, and the availability of contraceptive devices and abortion facilities are superior to facilities that of rural areas. Therefore, urban women incline to seek abortions more frequently than the women who come from rural environments. Furthermore, in countries with restrictive abortion laws, abortion facilities are readily
available and affordable for women who represent the upper strata of a specific society than the women who come from lower class background of an any given society (WHO, 1995).

2.4 Legal environment and abortion

Abortion, similar to other health care facilities in any given country is subject to legal regulations, based on a particular country’s health code. Thus, professional training and licensing of health care providers, standards of medical practice, facilities, staffing, advertising, funding and fees for services are the commonly regulated aspects pertaining to abortion by legal authorities in a respective country. It is medically ethical to provide emergency abortion care in all countries in order to save a woman’s life and health (Kleimen.1988). However, these abortions are performed according to legal regulations, medical norms, and who is qualified to provide services in a particular country.

Elective induced abortion services are practiced world over under various restrictions and circumstances and Heshaw and Morrow (1990) estimate different level of the practice of induced abortion in many parts of the world. First, they estimate that 40 per cent of the world’s population live in countries where induced abortion is permitted on the request of the woman. However, many countries have gestational limits, beyond which health or other indications are required. Second, they assess that 23 per cent of the world’s population live in countries where sociomedical factors are highly likely to consider as indications for induced abortion or adverse social conditions alone can justify termination of pregnancy. Third, 12 per cent of the world’s population live in countries where broad medical ground such as a threat to the woman’s health or fetal indications
determine the termination of pregnancy. Finally, they estimate that 25 per cent of the word's population live in countries where induced abortion is prohibited except to save the life of the pregnant woman or without explicit exception.

2.4.1 Abortion laws and policies: a global overview

Among the countries in the world, induced abortion laws are complex, ranging from complete prohibition to legally sanctioned abortion under certain circumstances that allow women to seek abortion. Thus, in the United States, after the liberalization of abortion laws in the 1970s, freestanding abortion clinics were established, because many public hospitals were unwilling to practice abortion on their premises. Though, the debate on abortion still continues, whether the public money should be spent on abortions or not, and the American society has divide over this issue into many rival fractions, such as, pro-life, and pro-choice. In Canada, all laws related to abortion were liberalized in 1967. However, in 1989, the federal government law on abortion was struck down as unconstitutional and now there is no clear policy about abortion in Canada (Tietze, 1979,83).

Abortion laws in Latin America and South America are restrictive. Among 22 independent countries in the region, seven countries with strong Catholic background forbid abortion under all circumstances, while another six permit it only to avert a threat to pregnant woman's life. In addition, nine countries allow abortion under strict medical grounds. Especially, in Cuba elective abortions are allowed at government hospitals.

In the United Kingdom, abortion laws have been liberalized since 1967, and nowadays abortions can be obtained through the National Health Services and private
facilities as well. The laws on abortion are more complex in other western European countries. In Germany, for instance, legal abortions are much more accessible in Protestant dominated northern part of the country than predominantly Catholic region in the south. In France and Austria, abortion can be obtained during the first ten weeks of the gestation. In addition, with strong opposition from the Catholic Church and medical professionals, Italy legalized abortion in 1978. Under the new abortion laws, women over the age of 18 may obtain abortion in the first trimester of gestation, while women under the 18 years of age may obtain consent from parents. Among the Nordic countries, Island (1935), Sweden (1937), and Denmark (1938), liberalized abortion laws in their countries. In addition, Norway changed the restrictions on abortion in 1979 and allowed women to obtain induced abortions (Tietze, 1983).

Among the former socialist countries, the USSR was the first to legalized abortion, and subsequently other countries in the Eastern Block made amendments to their laws on abortion. However, Yugoslavia was the only one country where the decision to seek induced abortions was left up to women.

In 1972, China legalized abortion as a method of population control, and bear-foot doctors, midwives, nurses, and midwives were allowed to practice abortion under government authorization, while Taiwan prohibited it with no exception, but induced are practiced throughout the island. In Japan and Korea, abortion is allowed on certain conditions. In other South East Asian countries, abortion is illegal, but throughout the region induced abortions usually are practiced (Tietze, 1983).
In the South Asian region, restrict laws on abortion are in effect, but in India, Pakistan, and Sri Lanka, abortion clinics perform induced abortions under ambulatory menstrual regulation services. Specifically, in India an alarming number of abortions are performed on the ground of sex preference of the child. If the fetus is likely to be female, it is highly likely to get destroyed, because for centuries Indian society prefers males instead of female sibling.

In many Islamic countries in the Middle East and North America, strict abortion laws are practiced. However, in Iran and Tunisia abortion is legal on medical grounds, while in Israel abortion has been legalized. In African Sub-Saharan countries, strict laws on abortion were in effect when the British were ruling the region. However, in Zambia abortion laws are very similar to the United Kingdom, liberal. Finally, in Oceania, mainly in Australia and New Zealand abortion laws come under the jurisdiction of the regional state (Tietze, 1983).

2.5 Factors affecting women to terminate pregnancy

According to recent findings on abortion, it is revealed that women around the world have many reasons to resort to induced abortion. And the factors affecting women to terminate their pregnancies are varied from one culture another, depending on the particular circumstances that women face at the time of termination of pregnancy. Thus, we can identify four main factors as the main reasons for women to resort to induced abortion, irrespective of their ethnic, religious, class and educational backgrounds. Thus, the four factors can be mentioned as psychological, sociocultural, medical, and legal reasons. Though, these reasons are outlined separately, they are interdependent and
interrelated, because usually more than one factor contributes women to resort to induced abortion, according various sources of information on induced abortion from all over the world.

2.5.1 Psychological factors contributing women to terminate pregnancy

Psychological factors affecting women to terminate their pregnancies are much more complicated than one thinks of it on the surface level. Women who resort to induced abortion often confront with many psychological dilemmas, such as, whether to destroy the fetus or not; what reaction that she would receive from concerned people, the reaction of husband or lover; place to terminate and the quality of the service; the reaction of health providers, the level of pain during operation; the fear of social stigma attached to induced abortion; whether becoming infertile in the future, the lost of sexual desire; what would happen to sexual life as a result of abortion; and finally developing adverse health complications during the post-abortion era.

The question of whether the particular pregnancy is wanted or unwanted is an ambiguous problem, because many pregnancies are wanted at the time of conception, but unwanted later because of changed circumstances, or the pregnancy is desired by one partner but not the other. Some unwanted pregnancies result from unprotected intercourse, rape or coercive sex, incestuous relationship, or underage sexual relationship, or unwanted sexual intercourse. On the other hand, unmarried or sexually victimized women who become pregnant are irrevocably committed to terminating pregnancy, because their key people disapprove of the continuation of pregnancy, and at the end the abortion, women might feel relief because it provides an escape from embarrassment
attached to non-marital pregnancy. In case of such a situation, the particular pregnancy does not become only an individual psychological dilemma but also it becomes a psychological dilemma for many people, including family members and relatives. On the other hand, a woman becoming pregnant with an unwanted pregnancy in a love relationship is more likely to feel emotionally involved in her pregnancy than other women whose pregnancy results from rape and coercive sexual relationship. The reason is that norms concerning motherhood held by those around them view the maternal role as child-bearer and child-rearer, and deliberate provocation to terminate pregnancy might evoke guilt reactions during pre and post abortion episode.

However, psychological dilemmas of induced abortion affect throughout the entire process of induced abortion episodes, because women who terminate their pregnancies are bombarded with complex emotional traumas before and after abortion. Sometimes, before making decision to destroy the fetus women tend to be tormented by many questions related to pregnancy, the level of the intensity of emotions depend upon psychosocial circumstances that a particular woman faces at the time of making decision to terminate pregnancy. Some research findings highlight that the psychological dilemmas that some women confront with making decision to terminate their pregnancies rely upon their exposure to specific religious teachings. Several studies show that women who are affiliated to various religious denominations are highly like to hold more conservative attitude toward induced abortion than those are who are not affiliated to any religious institutions or affiliated with liberal denominations.
Clearly, women who tend to hold more conservative attitude toward induced abortion suffer or feel guilty or depress more before and after experiencing abortion when compared to women who are less likely to affiliate with religious institutions. For instance, international studies on abortion show that in countries such as China, India, Korea, Japan, and Cuba where there is a high acceptance of abortion, but very little or no religious controversy over the matter of abortion, while in the West religious condemnation of induced abortion is far more severe than that of the above mentioned countries. Thus, it is concluded that the psychological dilemmas attributed to induced abortion are bound by social and cultural values in a given society.

2.5.2 Socio-cultural and religious factors affecting women to seek abortion

The social and cultural environment in which a woman lives, the religion that she professes, and her all personal beliefs contribute to the decision that she makes regarding the termination of an unintended or unwanted pregnancy. In addition, socio-cultural and religious perspectives of health care workers affect women who resort to induced abortion. Thus, recent research findings on abortion reflect that four basic elements determine as preconditions for the abortion seeking women’s socio-cultural behavioural patterns in all societies. They are included as the following:

a. Women’s ability and willingness to seek care
b. Women’s decision to seek to terminate a pregnancy and the sources and methods that they prefer
c. Importance of fertility
d. Provider’s attitudes toward women’s abortion care need
• Women’s ability and willingness to seek care. When women confront with abortion complications, they need assistance from their respective husband, lover, and in case of rape, parents to seek medical help. In most instances, unwanted pregnancy and terminating it can lead to social ostracism or rejection by family members. As a result, women are highly like to delay seeking medical assistance to destroy the fetus. In order to avoid such circumstances, health personnel should not make judgement on these women, but should provide the necessary care at their medical premises.

• Women’s decision to seek the termination of pregnancy and the sources and methods that they prefer. Cultural factors lead women to seek induced abortion in their respective societies. In terms of methods, women can resort to many medical resources, such as, traditional birth attendants, traditional healers, and Western style of allopathic practices. In most abortion-related health seeking behaviour social support groups include, family, peer groups, and friends of the particular woman.

• Importance of fertility. In many societies a woman’s fertility is central to her acceptance by the community. She may be unwilling to use modern birth controls because she perceives that they are harmful to her fertility. And this behaviour increases her chances of unwanted pregnancy and the risk of induced abortion.

• Provider’s attitude toward women’s abortion care needs

Study findings on induced abortion documented that women are unwilling to seek help from facilities that make them more uncomfortable or where they have been treated very badly. Thus, it is important to all abortion health care providers to be aware of diverse cultural backgrounds of the women that they go to their facilities.
Recent research findings on induced abortion have documented that women's decisions to terminate their pregnancies have been influenced by many socio-economic factors. For instance, findings on abortion from 27 different countries reflect that many women have decided to terminate their pregnancies due to various socio-cultural reasons in their respective countries: (1) timing birth controlling family, (2) poverty and economic reasons; (3) young and unmarried; (4) risk to mental health; and (5) other reasons. In a similar study conducted in Canada, it highlights that all unmarried women in the sample have replied by giving similar answer for their decision to undergo induced abortion in various clinics; (1) fear of parental adverse reaction; (2) absence of male partner's support of love relationship; (3) marriage with partner is not possible; (4) unprepared for motherhood; (5) never like children; and (6) fear of social disgrace and embarrassment (WHO, 1997).

In a similar study in Mexico, both unmarried and married women have given similar reasons for their decision to undergo induced abortion in respective abortion clinics; (1) insufficient economy; (2) desire for no more children; (3) marital problems or separation; (4) poor health; (5) extramarital affairs; (6) desire to continue education; (7) too young; (8) not married (child illegitimate); (9) fear of expulsion from family; (10) father already married; (11) did not want adult children to know (widow); and (12) fear of losing job (Sachdev, 1993, WHO, 1997).

Furthermore, in another study in the United States, women who have sought to induced abortion have come up with many reasons for the termination of pregnancies, as one woman has put: (1) I do not want to have a baby, because I am single and the
disgrace of it would kill me; (2) though I am married, we already have more children than we can decently support and educate; (3) I am terribly upset with this pregnancy and will kill myself if I cannot get an abortion; and (4) if I have this baby, I will end all my hope for me to get an education (Hall, 1970).

Finally, in a similar study on abortion in Ekiti Yoruba village in Nigeria, the findings indicate that women have various reasons for their decision to end pregnancies at a Western style abortion clinic. Thus, women's answers in the study group range from schooling; did not want pregnancy at the time; boyfriend denied or did not want pregnancy; pregnancy not for husband or finance; pregnancy interferes with business, profession; father unknown; no money to care for child; had enough children; parents did not want her to have child; incestuous relationship, and to rape. 2.5.3 Medical factors influencing women to terminate pregnancy

Recent findings on abortion indicate in addition to psycho-socio-economic reasons women are compelled to terminate their pregnancy over medical or health complications. Thus, on the one hand, women seek abortion in case of fatal abnormalities. On the other hand, if the continuation of pregnancy adversely affects the health of the expectant women, then women are compelled to end their pregnancies. As mentioned earlier, in most countries therapeutic and medical abortions are legally sanctioned as emergency health care services. However, research findings on medical abortion indicate that women who resort to medical or emergency abortion tend to be more dissatisfied with their abortion-related experience than women who seek pregnancy termination voluntarily.
As well, women who undergo medical abortion are highly likely to react rather differently than women who seek abortion in case of incest and rape. Thus, women who get pregnant from rape or incest relationship desire to terminate pregnancy it is because they feel hatred toward men who rape them. Therefore, to such women seeking abortion means erasing unpleasant associations. In such situations, no moral questions likely be raised and women also do not tend to have any regret of their decision to resort to abortion. Furthermore, society also has a favourable attitude toward such pregnancy termination than terminating pregnancy on socio-economic grounds.

2.5.4 Legal factors associated with pregnancy termination

Legal factors affecting women to seek abortion are much more complicated because in most countries abortions are completely banned legally or allowed to practice on certain circumstances. However, in case of rape and incestuous relationship, women face critical dilemmas in carrying illegal pregnancies, as well as, such pregnancies are socially stigmatized and the babies to be born are regarded as deviants. Under these circumstances in countries where abortion is illegal, women are confronted with many difficulties. On the one hand, if they seek abortion to terminate their illegally born pregnancies they are prosecuted according to the law of the respective country, and on the other hand, if they continue their gestations until delivery they are condemned stigmatized by society. Therefore, women with such pregnancy complications are highly likely to delay seeking help terminating their pregnancies because of the fear of legal prosecution and social stigmatization. Eventually, strict legal terms and social condemnation on abortion leads to the increase of clandestine abortion practices in
given society where unskilled medical personnel perform abortion under unhygienic conditions to meet the demand of women from all walks of society.

2.6 Contraceptive use and abortion

The complexity of the relationship between contraception and induced abortion remains an unexplored territory in reproductive health research. Especially, for women in developing countries where induced abortion is usually illegal and unsafe, contraception is the most practical method of fertility regulation. Yet, recent research findings indicate that extensive use of induced abortions are common in these societies, regardless of the availability of modern family planning programmes in many developing regions. Induced abortion and contraceptive devices are used in order to prevent conceptions and termination of pregnancies, therefore, there is a very strong correlation between the two in contemporary world. According to the World health Organization, about 55% of all couples with women in the reproductive age group (15-49) are currently using some form of contraception in both developed and developing countries. Also, couples that do not have access to birth control methods are highly likely to abort their pregnancies by seeking induced abortions. In addition, couples that use adequate contraceptive devices are less likely to get pregnant and experience a lower rate of termination of pregnancies. However, even if highly effective birth control devices are available, some do not utilize them, because of some sociocultural reasons.

For instance, in recent study on contraceptive behaviour and induced abortion in China, the findings indicate that women have various reasons for not using contraceptives. They mainly have highlighted ten reasons for not using contraceptives:
(1) contraceptive is troublesome; (2) protected during lactation period; (3) wanted a child within policy; (4) contraceptives not available; (5) other reasons; (6) did not know contraceptive methods; (7) methods impair health; (8) no confidence in contraception; (9) husband not cooperative; and (10) wanted a child outside policy (Shi-xun, 1999). As a result, a large portion of such pregnancies is highly likely to end termination, because socio-economic pressure not to have the baby is insurmountable than the risk that women face between life and death in the course of abortion (WHO, 1995, 97).

2.6.1 Contraceptive failure

In addition non-use of contraception as reason for unwanted pregnancy, the failure of contraceptives is also one of the main reasons for women to resort to induced abortion, according many research findings in many parts of the world. In the same study in Shanghai, China, Gui Shi-xun found that women have given many reasons for the failure of contraceptive for their decision to terminate pregnancy. The reasons: (1) IUD in situ; (2) wrongly calculated safe period; (3) IUD expulsion; (4) improperly using condoms; (5) condom breakage; (6) oral pills taken improperly; (7) uncontrolled ejaculation; (8) other reasons; (9) reasons not clear; and (10) oral pills deteriorated.

In Sri Lanka, traditional and modern contraceptive devices are readily available throughout the country and therefore, the contraceptive prevalence rate in Sri Lanka is much higher than in other countries in South Asia. The Sri Lankan government has for long time been using a cafeteria approach to family planning and contraceptive uses. Furthermore, birth control devices and family planning instructions are freely available at health centers and hospitals throughout the country for any needy persons who are in the
reproductive age. Thus, the most commonly used birth control methods in Sri Lanka range from oral pill; tubectomy, vasectomy, IUD, DMPA, condom, rhythm, withdrawal, and to tradition methods (WHO, 1988). However, many Sri Lankan men usually prefer to use traditional contraceptives to modern methods, suspecting that modern birth controls would bring adverse health complications in their lives (the Nickters, 1984).

In a similar study in Istanbul, Turkey, study findings highlight that men and women alike tend to use both traditional and modern birth controls, such as, pills, IUD, injection, diaphragm/foam/jelly/, condom, female sterilization, male serialization, periodic abstinence, withdrawal, vaginal douche, abstinence, and other methods (Aysen et al., 1999).

2.6.1.1 Gender dynamics and contraceptives

Until recently factors related to gender and contraceptive behaviour have been largely ignored in reproductive health research. The available information on the said topic indicates that the preferences and pressures of the other people, specifically sexual partner, influence women’s fertility regulation methods in many countries. In a study in Nepal, the results indicate that women are under pressure to get pregnant right after they get married and produce children. If not, their husbands would bring a second wife to household and thereby they put marriages at stake. In a similar study in Mauritius, findings on gender and contraceptives report that women resort to induced abortion as result of men’s refusal to use birth controls during copulation.

Furthermore, in Turkey, men dominate women’s fertility regulation methods, including contraceptive use and abortion. Men have a clear preference of withdrawal,
while they possess a very low knowledge of modern birth controls. In contrary to this, women who work outside tend to use more modern contraceptive methods and as result they are less like to experience with unwanted pregnancies the women who are not working. In addition, many study findings elsewhere, especially in African and Islamic countries, indicate that when women receive social support from their husbands they are highly likely to use more successful contraceptive methods.

In a number of research results indicate that when men and women often discuss sexual life with one another are more likely to be satisfied sexually and have a lower rate of non-use of contraception. But men and women who never discuss matters pertaining to sexuality are less likely to be satisfied sexually and they have a high level of non-use of contraception. Therefore, one can conclude that the correct use of either traditional or modern methods of contraception seemed to be based on the quality of inter-spousal communication about sexual and contraceptive matters.

**Correlates factors of abortion**

In this chapter, we reviewed literature related to the complexity of induced abortion and factors affecting women to resort to induced abortion in many societies. Thus, the factors included psychological, socio-economic, religious, and legal backgrounds in any given society. Oftenly, under strict religious and legal conditions women have to go through numerous obstacles in order to obtain induced abortion. So, to understand holistically and realistically the complexity of induced abortion one has to employ all the above-mentioned perspectives, based on the situations in a particular society. Therefore, abortion is not only a medical issue; it is a legal, moral, psychological, and societal matter.
in a given society. And it will continue to be an unfinished business of women’s health throughout the world.

In any event, further research is needed, especially in the area of gender and contraceptive behaviour, because the role that men play in reproductive health is very crucial to combat abortion-related problems throughout the world. In addition, health scientists need conduct more comprehensive research projects to understand the matter of abortion more clearly in any parts of the world, including Sri Lanka where the knowledge of induced abortion is low.
2.7 Conceptual Framework

Demographic Factors
- Age
- Ethnicity
- Religion
- Occupation
- Education
- Marital Status

Public Perception about Abortion

Legal Barriers to Abortion

Religious and ethical Barriers to Abortion

Psychological Factors

Social Factors

Health Seeking Behaviour

Abortion Service

Induced Abortion

Figure 1. Modified Model of explicates complexities of induced abortion in Sri Lanka.
CHAPTER III

RESEARCH METHODOLOGY

The following chapter discusses the research design, study site, selecting key informants, data collection method; (1) in-depth interviewing, (2) observation, data analysis, usefulness of the study, limitations of the study, and ethical consideration.

3.1 Key informants and the community leaders

This study was conducted from September to December in the year 2000. There were two groups of informant in this study, first, group consisted of ten women who came to the private medical clinic for induced abortion with their husbands, and some came with their mothers. Ten culturally appropriate pseudonyms were used to protect their personal identities; the names were Sama, Laiha, Daya, Mala, Sumana, Roopa, Kaja, Rani, Soma, and Deepa respectively. In the data analysis also each case is referred to the particular fictive name respectively.

When selecting the key informants at the clinic, the researcher received full cooperation from the doctor who performs induced abortions and the nursing staff. Therefore, it was not that difficult to build good rapport with the key informants to get easy access to their utter most sensitive and private information on their induced abortion episodes.

In terms of the process of choosing key informants, the researcher arrived at the particular medical clinic, and then, with the help of the medical staff selected the key informants for in-depth interviews. In this research project, the researcher made all possible attempts to select the key informants from diverse backgrounds, such as,
ethnicity, religion, education, and marital status. Likewise, at the beginning, the researcher explained the purpose of the study to both informants and the medical staff of the clinic, and how beneficial its results for the national development, and to achieve the above-mentioned aims of the current study. In addition, before the beginning of interview, the researcher informed the informants why they would be interviewed, and allowed them to ask questions that they had regarding the study. Moreover, the researcher, at the beginning and end of every interview, emphasized the informants about utter most and strict confidentiality of the information that that informants would provide through interviews.

The location for interviews was the clinic premises itself. The doctor reserved a separate room for the researcher in order to protect privacy of both the informant and the researcher. At the beginning of each and every interview, the researcher always asked for the consent from the informants to be interviewed. However, the nursing staff told the researcher that some women turned down their request to be interviewed because they had to travel long distance after obtaining abortion.

3.2 Data Collection Method

Collecting information on abortion and sexuality is extremely critical and sensitive when compared to other social sciences research fields, because in most known cultures sexuality-related phenomena are tabooed, as well as, more sensitive culturally. Therefore, in order to develop a socially sensitive approach to pregnancy-related behaviours of women, the following qualitative data collection techniques were employed in the present study:
1. In-depth interviews

2. Observation

In-depth Interviewing

The researcher arrived at the private abortion clinic, and after discussing with the doctor and the supporting staff, he revealed his true identity to the informants, and about the importance of the proposed research topic. Then, the researcher himself conducted interviewing the informants in order to obtain more in-depth information regarding the complexity of induced abortion that women who came to the clinic had to face throughout their abortion episodes. An unstructured in-depth interview guideline (Appendix 1) with open-ended questions was prepared in order to meet the study objectives and the research questions.

The themes mentioned in the conceptual framework were tested in in-depth interviews. All in-depth interviews were conducted in native language; before interviewing all questions were clarified for the benefit of the informants; very simple terminologies were employed; and all technical terms were simplified in local language. Likewise, the researcher neither led answers nor dominated discussions. Instead, the researcher made sure to conduct interviews in a very cordial manner, so that, the informant felt at ease, and they were able to express their most sensitive and private experiences more freely and without any hesitation. In addition, the researcher took all possible means to understand the complexities of abortion related matters of women who seek medical services at the private clinic from emic perspective. However, when conducting interviews, interviewees were interrupted in the middle of all in-depth
interviews in order to clarify more important information, regarding the informants' abortion episodes. In other words, probing method was employed while conducting interviews to obtain more detailed information on certain topics, if necessary. All in-depth interviews were tape-recorded and subsequently transcribed into English. Furthermore, at the beginning and end of all interviews, participants were thanked for taking part in the interviews, and allowed further opportunity to ask any questions that they had regarding the current study project.

Observation

At every visit to the family clinic, the researcher observed all activities related to women who came to receive abortion service at the clinic, medical staff, and the doctor who practiced abortion. Thus, the researcher observed how did the medical staff and women interact with one another at the clinic. How did the women who came to the clinic interact with one another on the clinic premises? Most importantly, the researcher did observe the way that women interacted with the doctor who practiced induced abortion. The doctor and the nursing staff were associating with one another very cordially and they were really sincere towards women who come there to seek medical help for abortion. However, the researcher observed that some women who came to the clinic had mixed psychological feelings, based on the way that they interacted with the medical staff and other women. The main reason to behave this was that the women who would have realized that the health services that they would receive is rather controversial in the country, religiously condemned, and social stigmatized.
3.3 Research Approach

This study employed rigorous qualitative methods in order to gather a depiction of the complexities that women experience in obtaining induced abortion at a private abortion clinic in Sri Lanka, and understanding the public perception on the said matter in order to develop a holistic picture of the matter of induced abortion in the island. Due to the limitation of the available information on induced abortion and sexuality in Sri Lanka and sensitive nature of the proposed research topic (because sexuality and abortion are tabooed topics), it is believed that the aforesaid research design would increase the validity of the findings of the present study.

The researcher conducted interviews with women before and after receiving abortion services at the clinic. Each key informant for the first round was interviewed for more than three hours before they went to see the doctor to receive medical help. However, the second interview with each woman lasted a very short time. The reason for this was that they were interviewed after receiving abortion and many of them were eager to get back home. Sometimes, one meeting was lasted less than an hour. It was rather difficult to keep with follow-up interviews with all women because most of them came from a considerable distance. Only six women who lived around or nearby the clinic were interviewed for the follow up interviews. The rest openly expressed their opposition to be interviewed due to many social obligations, but mainly on the matter of distance to the clinic from their respective places.

Each community leader was interviewed for more than an hour in their places and all of them were interviewed one time and therefore there was no need to keep up with
follow-up interviews because they provided sufficient information to reflect their position on induced abortion.

3.4 Research Site

Due to the illegal nature of the current research area, the exact location of the private abortion clinic, the name of the doctor, and the names of the minor staff that worked at the clinic as the supporting staff will not be disclosed. However, basic information should be mentioned, regarding the informants who supported in the current endeavor, the location of the clinic, condition of the clinic, doctor who practiced induced abortion, supporting staff, any other related information for the better analysis of the present proposed topic.

The clinic is housed in a modern building equipped with all required modern sanitary facilities, and there is a permanent labourer to look after the all maintenance of the building. In addition, there is a separate area in the building as a waiting place for patients until they get their turn to consult the doctor; another area has been partitioned to conduct abortion practice, and it is well maintained and it is used as the operation theater. There are separate rooms for the doctor and the nursing staff; and the clinic has separate bathrooms for the doctor, nursing staff, and patients. Furthermore, the clinic maintains a dispensary with modern pharmaceuticals in it.

In addition, the doctor, in his early forties had his medical training in the most prestigious government university. He has been practicing induced abortion for more than nine years in the same abortion clinic. In addition to performing abortion, the doctor works as a general practitioner at one of the government hospitals in the area.
The supporting health staff of the abortion clinic comprises five female nurses and a male worker. The former, are responsible for assisting the doctor performing various tasks, such as, referring patients to the doctor for consultation, issuing bills, and accepting the fee for service from patients. It is usual to one or two nurses attend the doctor when a patient is examined, and the doctor does not conduct any abortion-related examination without the presence of a member of the nursing staff. The latter is responsible for maintaining inside and the outside of the clinic. The abortion clinic usually gets approximately hundred women per day, but all of them are not accepted for abortion. Maybe fifty to sixty women get accepted for abortion services.

3.5 Process of data analysis

The data was simultaneously collected and the analysis began during data collection period. All interviews were taped-recorded, transcribed, and memos were written periodically to aid in analysis. As well, transcripts of interviews were read and re-read to get familiar with each informant's case, and each interview was then examined separately to describe the events which would lead up women to use medical facilities to terminate their pregnancies. In addition, the method of life history was employed where it was applicable in analyzing data more thoroughly.

The gathered qualitative data through in-depth interviews was abundance. Therefore, in order to meet the objectives and link the research questions of the present study, they were carefully organized. Minor editing was done to make the field notes more retrievable. Notes cards were used for this purpose. They were based on prominent
themes, logical connections, and clarifications to help explain similar statements made by other informants.

Coding was employed according to the general domain emerging from the filed note contents. The cut-and-paste theory was followed. The classification process was included the identification of major themes, requiring ideas, meanings, and logical relations that linked people and context together. By doing this, data could be compared between informants and doing this could also identify patterns.

3.6 Ethical Consideration of the Study

As mentioned earlier, the proposed current study is rather culturally and socially sensitive at all levels, researcher, informants, and medical staff of the abortion clinic. Therefore, informants in this study were treated with due respect, information were collected under the informed consent of respondents, and the researcher was personally guarantee to maintain with top most confidentiality of the privacy of informants and collected information. However, just for the clarification of data, fictive names were used in order to maintain the anonymity of informants, private clinic, and medical staff of the clinic. Finally, the exact location of the private medical clinic was not declared in order to maintain the privacy of the informants and medical staff of the clinic.
CHAPTER IV
FINDINGS OF THE STUDY

4.1 Magnitude of induced Abortion

The proceeding chapter provides an analysis of the information collected for the present study, classifying it into a list of ten themes, ranging from the background of the research setting; demographic characteristics of the women seeking induced abortion at a private medical clinic; knowledge about fertility and contraceptives; psychological factors affecting women to resort to induced abortion; socio-economic reasons influencing women to seek induced abortion; dynamic of health seeking behavior of women terminating their pregnancies; existing legal barrier to induced abortion in Sri Lanka; religious barrier to practice induced abortion; and finally, to the side-effects of the adverse effects of induced abortion. In addition, chapter V also provides an analysis on how the public perceives abortion in general, so that, it will help policy planners design a long-term abortion policy for Sri Lanka.

4.1.1 Problem of abortion in the country

Sri Lanka, prior to independence from the British in 1948, was known as Ceylon. It is an island, situated off the very southeastern tip of India. Its population was approximately 19 million by mid 1999. Though, Sri Lanka has traditionally been well known to the outside world as a Buddhist country, it is a multi-cultural society. The country comprises multi-ethnic groups, such as, Sinhalese, Tamils, and Muslims. Its multi-religiously consists of Buddhist, Hindu, Islam, and Christian religious groups; and, multi-
linguistically, Sri Lankan society comprises Sinhala, Tamil, and English languages speaking groups.

Sri Lanka is often quoted at international health development forums, and health care reform programmes, because of its remarkable achievements in public health services. Though, Sri Lanka annually spends a very low portion of its GNP on health care services, it has been able to achieve a very high human development index when compared to countries that spend a considerable amount of money from their national income. For instance, Sri Lankan literacy rate is as high as 90 per cent. It has a very low infant mortality 15 per 100,000 live births; life expectancy at birth is 72 years, and the annual population growth rate is 1.2 per cent. These figures are the highest in south Asia, sometimes, second only to Japan in Asia.

Though, Sri Lanka has been able to maintain a very high human development index, it currently faces a very serious public health problem with regard to induced abortion. As popularly known, Sri Lanka is one of those countries where any form of abortion is strictly prohibited by law. According to the panel code which enacted in 1883, abortion is a criminal act, except performed it, either, if the continuation of gestation adversely affects the health of the mother, or, in case of fetal abnormalities, women, only under the recommendation of physicians are illegible to accept abortion at government hospital. Otherwise, at all other circumstances, abortion is completely prohibited. However, in 1995, the Sri Lanka Minister of Justice introduced an amended abortion bill to parliament in order to relax the existing criminalized abortion law in the country, at least, to allow women to seek legal abortion, if pregnancy results either from rape or incestuous
relationship. Unfortunately, members of parliament voted down the proposed bill in the house of parliament without considering it seriously.

In spite of abortion being a criminal act in Sri Lanka, services for induced abortion are illegally available at varying degrees throughout the island, and private sector health care providers of the country run them. In fact, many of these abortion clinics are established by unskilled medical personnel, abortion services are provided under unhygienic conditions, the technology used at these clinics is very primitive, and finally, there is now medical supervision on clandestine and illegal abortion in the country. However, the private sector clandestine abortion providers charge very reasonable price for their abortion services, because women from very low and middle-income levels are the often customers of these clinics.

For better or worst, according to unconfirmed reports, many newspaper articles, and women group activists, it reveals the induced abortion has become one of the most problematic public health issues, especially, a women health problem in contemporary Sri Lankan society. The women rights activists groups estimate that there are 1000-2000 induced abortions are performed throughout out the country per day by unskilled abortionists under unhygienic medical conditions. In fact, sometimes, this figure might be too exaggerating or under estimating about the real situation of illegal abortion in the country, because it is rather difficult to get access to abortion related information due to the legal ban of the practice of abortion in the island. According to the government census, there are 300,000 live births annually in the country, while unconfirmed reports estimate that there are 33,000 induced abortion cases reported annually in all parts of the
country. If these figures are accurate, anybody can understand that the horondoze, reckless, violent, and, for some people, lucrative induced abortion number exceeds the annual live births of the country

4.1.2. Informants' Background Profile

4.1.2.1 Nationality and Religion

Sri Lanka as a multi-cultural society, the researcher tried all possible ways to select informants with the help of the doctor, as well as, the nursing staff to reflect the multi-cultural characteristics of its society. Of the 10 informants, 8 were Sinhalese, while there was one woman from the Tamil community, and one respondent from the Islamic community. Regarding the religious identity of the informants, 7 of the 8 Sinhalese women professed Buddhism, while the one was of the Catholic faith. The Tamil woman was Hindu, while there was one Muslim woman. However, it should be mentioned here that the researcher was very enthusiastic in recruiting more non-Sinhalese women. But as the doctor, and the supporting staff mentioned that during the data-collecting period from the month of September to December in the year 2000, Muslim and Tamil women did not come to the clinic to seek induced abortion. At the same time, it should be noted here that many Tamil and Muslim women came to the clinic to resort to induced abortion, during the data collection period. But he told me that he rejected providing abortion service for them, because at the time of their visit to the clinic, the gestation age of their pregnancies were more than four months.

The doctor and the supporting staff stated that they usually do not accept women for induced abortion if the gestation period is more than three months. Anyway, the selected
women for this study were really important for the objectives of the study. The reason was that each and every informant had a unique reason or more than one reason to come to the clinic to terminate their pregnancies. The other reason was that the all informants in the study were selected first after a serious recommendation of the doctor and the nursing staff. Then, the researcher evaluated each and every case, linking with the research questions and the objectives of the study.

4.1.2.2 Age and Marital Status

It was rather impossible task to locate equal number of participants for each age group. Of the ten women in the study population, three were within 17-20 years of age, while five women were within 21-29 years of age, and finally two respondents were within 30-40 years of age. Of the whole group of informants, the youngest one was only 17 years of age, while the oldest woman was 38 years old. Regarding marital status of the group, there were seven married participants and three were not married women. As shown in table 1, the flows of unmarried women were low comparing to unmarried respondents and unmarried women were more reluctant to disclose information on sexuality and terminating pregnancy. In contrast, married women felt more comfortable to reveal information regarding their sexual relationships, and coming to the clinic to terminate their pregnancies at the abortion clinic.

4.1.2.3 Education, Occupation and income

The majority of women who came to the clinic to seek induced abortion had different level of education ranging from primary school, secondary school, high school, to university education. As shown in Table 1, of the whole group, one informant had
finished her primary school education, while six participants had completed secondary school education; only two informants had finished their high school education; and one woman had graduated from a university.

Regarding occupational status, one informant was still schooling, and another had finished her education and staying with her parents and did not have an employment. There were six housewives, and only two women were working, first one as an insurance agent and the second one as a teacher. The women who were more educated were highly likely to be more professional when compared to women who had a less education.

The distribution of income in the study group was unequal and when the interviewer talked about income all of them referred it to family income rather than to individual income. As shown in table 1, the family of the student had an income of Rs. 4,000 per month, while five families had an income within Rs.5000-8000 per month, two respondents mentioned their families earned an income within Rs.10,000-12,000 per month. The rest replied they their families monthly income fell within 16,000-18,000 per month. The lowest income of the study sample was Rs.4,000 while the highest income was Rs.18,000. According to these figures it showed that the most women who resorted to induced abortion were highly likely to come from very low and middle class income groups.
Table 1: Informants' Background Profiles

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Nationality</th>
<th>Religion</th>
<th>Education</th>
<th>Marital status</th>
<th>Occupation</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sama</td>
<td>17</td>
<td>Sinhalese</td>
<td>Buddhist</td>
<td>Primary</td>
<td>unmarried</td>
<td>student</td>
<td>R. 4,000</td>
</tr>
<tr>
<td>Latha</td>
<td>19</td>
<td>Sinhalese</td>
<td>Buddhist</td>
<td>Secondary</td>
<td>married</td>
<td>housewife</td>
<td>R. 5,000</td>
</tr>
<tr>
<td>Daya</td>
<td>19</td>
<td>Sinhalese</td>
<td>Buddhist</td>
<td>Secondary</td>
<td>unmarried</td>
<td>no job</td>
<td>R. 5,000</td>
</tr>
<tr>
<td>Mala</td>
<td>21</td>
<td>Sinhalese</td>
<td>Buddhist</td>
<td>High</td>
<td>unmarried</td>
<td>housewife</td>
<td>R. 8,000</td>
</tr>
<tr>
<td>Roopa</td>
<td>21</td>
<td>Sinhalese</td>
<td>Buddhist</td>
<td>High</td>
<td>married</td>
<td>insurance</td>
<td>R. 10,000</td>
</tr>
<tr>
<td>Kema</td>
<td>22</td>
<td>Sinhalese</td>
<td>Buddhist</td>
<td>Secondary</td>
<td>married</td>
<td>housewife</td>
<td>R. 12,000</td>
</tr>
<tr>
<td>Kaja</td>
<td>22</td>
<td>Muslim</td>
<td>Islam</td>
<td>Secondary</td>
<td>married</td>
<td>housewife</td>
<td>R. 5,000</td>
</tr>
<tr>
<td>Rani</td>
<td>26</td>
<td>Tamil</td>
<td>Hindu</td>
<td>Secondary</td>
<td>married</td>
<td>housewife</td>
<td>R. 5,000</td>
</tr>
<tr>
<td>Soma</td>
<td>35</td>
<td>Sinhalese</td>
<td>Catholic</td>
<td>University</td>
<td>married</td>
<td>teacher</td>
<td>R.16,000</td>
</tr>
<tr>
<td>Deepa</td>
<td>38</td>
<td>Sinhalese</td>
<td>Buddhist</td>
<td>Secondary</td>
<td>married</td>
<td>housewife</td>
<td>R18,000</td>
</tr>
</tbody>
</table>

N= 10

4.2 Conception and family planning

Regarding the above themes, a number of questions were raised from many conversations that the researcher had with the informants.

4.2.1 Ideas about fertility and conception

All the respondents of the study had a fairly well knowledge about fertility, infertility, and the conception of human being. However, it was found that the unmarried women in the study sample were somewhat reluctant or nervous to share the information.
on the above-mentioned themes when compared to married women who showed no hesitation whatsoever to discuss relevant information with the researcher.

4.2.2 Knowledge about birth controls

The all informants of the study sample were very much aware of both natural or traditional and modern birth control methods and how to prevent pregnancy. They generally knew all types of natural and modern birth control devices that people in Sri Lanka use in modern time. Under natural birth control methods, they had an understanding about the practice of safe period, withdrawal, and rhythm, and regarding modern family planning method; they generally listed condom, vasectomy, pills, IUD, injection, female sterilization, and no-plant as commonly used methods in the country. The reasons behind a very high knowledge of the availability of birth controls were due to two reasons. First, people in Sri Lanka have access to government family planning services and information at no cost, and second being that in almost all neighborhood family planning information and services are provided by all pharmacies in addition to the government facilities.

4.2.3 Attitude towards birth controls

Though, the informants had a very sound knowledge about modern and traditional birth controls, attitude towards the use of birth controls were rather complex, because almost all participants including their husbands mentioned that they preferred to use traditional methods of family planning over modern contraceptives. As mentioned earlier, the researcher had the opportunity to interview the majority respondents' husbands, so that, we can understand the use of the complexity of birth controls rather elaborately,
because when it comes to the use of birth control the role that men play is rather significant. In several interviews, many married women openly pointed out that their husbands do not like to use modern artificial contraceptives due to many reasons. First, most women in the study group stated that modern contraceptives are more likely to affect adversely on women's health, and second, men and women do not get full satisfaction sexually.

4.2.4 Gender and contraceptive decision-making

The information of the current study reveal that there was/is a very strong correlation between traditional gender behaviour and sexual decision making arena. Almost all informants in this study stressed that their husbands were dominant in making decisions, whether to use contraceptives, when to use them, and how to use them, or not use them at all, because they mentioned that it was the tradition that had been in Sri Lanka society for centuries. Of the 10 informants, except the woman who was raped, all others mentioned that they have left everything up to their husbands to decide, whether to use birth controls or not. The main reason was that the informants thought that husbands are the leaders of their households. Therefore, they should be given the prominent place regarding sexual matters as well. Soma put as the following, why she allowed her husband to make the decision regarding the use of contraceptives:

You know one thing, in my family, I have left everything up to my husband to decide whether to use birth controls, or what kind of birth control provides full satisfaction sexually, therefore, he prefers to practice natural birth control, practicing safe period, and rhythm. In fact, my husband does not like to use, especially, modern birth controls, basically condom. He says that he does not have full satisfaction sexually and I do not go against him. In stead, I let him decide whatever the way he likes. I also sometimes felt that I was not satisfied sexually when he used condom once or twice. Since then, I also like his way. At
the same time, I regret about my behaviour too, because if we were to practice some forms of effective birth controls, I would not have to come to this clinic to seek an induced abortion. However, I should dare not think of this, by all means, he is my husband. If he does not get satisfied with me, where the world that he can get satisfied? if he dose not, he may find other women to get sexual satisfaction, and I know if he were to go to other women, it would definitely affect our family life. I never wish to see my family gets jeopardized, because I have two children.

When it comes to decision making, regarding the use of birth controls, whether to use them, when to use them, or not use at all, is decided by me. My wife, of course, cooperates with me, she wants me to make the decision, but she is familiar with the available contraceptive methods in the modern world. However, I do not like to use modern contraceptives, because they are not effective to prevent conception, and I including my wife do not get full satisfaction sexually using modern family planning methods. Therefore, we try to practice more natural methods to prevent pregnancy. The other important thing is that when we use modern artificial family planning methods, in the course of time, men and women develop some adverse health conditions, such as, headache, irritability, men and women cannot engage in physical work that they used to before using modern birth controls. The worst of those side effects of the use of modern birth controls is that men and women become infertile in the future. (Mala’s Husband, Case No.4)

The above mentioned excerpts reveal that in Sri Lankan society the continuous dominant role of men in the sphere of sexual relationship create an imbalance gender relationship between men and women. From feminist point of view the above-mentioned notions can be interpreted as the continuation of reflection of patriarchal norms attached to sexuality, and it also signifies the sexual subordinant position that women have been assigned to play in male dominated society. From Marxist and Marxist feminist perspectives, the above mentioned statements can be taken as the reflection of sexual exploitation by capitalist social formation where women are treated as sexual objects of men, rather than treating women as equal partners. Finally, we can say that due to the existence of traditional gender roles that men have over the matters pertaining to
sexuality in Sri Lankan society, it continues to affect negatively on women's health, especially, problem of induced abortion. If the men in Sri Lanka were to cooperate with women in the area of sexuality, it definitely would help decrease the horonodoze number of induced abortions in contemporary Sri Lanka society.

4.2.5 Gestational age of pregnancy

As shown in table 2, the gestational age of pregnancy at the time of induced abortion was not really varied. There were four women whose gestational age of pregnancies were two months, while three pregnancies were one and half month old. And the rest of the pregnancies were a month old. The staff, including the doctor and the nurses said they normally do not accept women whose pregnancies are beyond three months in gestational age for induced abortion. Even during the data collection period, several women whose pregnancies were more than three months in gestational age were rejected by the staff of the abortion clinic, irrespective of their continuous pleas for terminating pregnancies.

Table 2: The gestational age of pregnancy at the time of abortion

<table>
<thead>
<tr>
<th>Name</th>
<th>Gestational age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms. Sama</td>
<td>one month</td>
</tr>
<tr>
<td>Latha</td>
<td>two months</td>
</tr>
<tr>
<td>Daya</td>
<td>two months</td>
</tr>
<tr>
<td>Mala</td>
<td>one and half month</td>
</tr>
<tr>
<td>Roopa</td>
<td>one and half month</td>
</tr>
<tr>
<td>Kema</td>
<td>Two months</td>
</tr>
<tr>
<td>Kaja</td>
<td>Two months</td>
</tr>
</tbody>
</table>
### 4.2.6 Occurrence of Pregnancy

Of the ten cases, except one pregnancy all others were occurred as a result of the failure of either traditional or modern birth controls. Of them, two respondent stated they were practicing modern contraceptives, birth control pills, and injection, but at the time of conception they were fail to use them and returned to practice natural birth control, practicing safe period eventually, ended up getting pregnant. The remaining seven cases resulted from the failure of natural birth control, miscalculating the safe period of women’s menstruation cycle. The failure of natural birth controls reflects the lack of cooperation by men, insufficient knowledge of birth controls, and misunderstanding menstruation cycle. Especially, if men and women to practice natural birth control like, safe period, they have to have a better knowledge about women’s menstruation cycle and cooperation between the two partners.

It should best be mentioned here an unusual pregnancy episode, to better explain the psychological, social, and physical trauma that women not only in Sri Lanka, but also world over face as result of coercive sex. It is narrated briefly, as the following. The informant could not utter the related episode, but her mother narrated on behalf of her daughter. The reason was that the rape victim was totally unconscious at the time of interview in the abortion clinic:

<table>
<thead>
<tr>
<th></th>
<th>One and half month</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Rani</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soma</td>
<td></td>
<td>One month</td>
</tr>
<tr>
<td>Deepa</td>
<td></td>
<td>One month</td>
</tr>
</tbody>
</table>
Latha is my oldest daughter of my four children. Today, I came to this clinic to terminate her pregnancy, resulted from an unusual, unbelievable, unjust, inhumane, and rather violent way. I, including my husband, my children, relatives, and the people of my village could not and still cannot believe such an unfortunate crime happened to my daughter. Where were Gods? Where was the Buddha to save my daughter from an act of abduction and a criminal rape by culprits? When my daughter was schooling the suspected main had forced on my daughter to start an affair with her, but my daughter had completely rejected his suggestion. Though, he continued his threat my daughter had rejected him over and over again. Finally, my daughter stopped going to school because she felt really uncomfortable to continue her schooling due to her threats by the boy. A few years later, the boy joined the Sri Lanka army. And my daughter went to work at a nearby garment factory in my village, and we felt that our daughter was safe, because the boy being in the army and he lived away from our village. In the mean time, we tried to arrange a marriage for my daughter to a very nice man, proposed by one of our relatives. By the time, we came to know that the boy had deserted the army, and living in undisclosed place. Anyway, somehow or other, the army deserter had got to know that my daughter had been proposed to married to a man from outside the village. So, eventually, what happened was that the deserter returned back to our village and tried to follow our daughter whom he wanted very badly, because he did not want to see that my daughter getting married to another man except him. Unfortunately, one day my daughter went to the nearby town to get some home-needs. On her way back home, the evil man with the help of others had followed our daughter by a van, and had abducted her and put her into to the van and had kidnapped her to an unknown destination. So, we did not know what happened to our daughter, we went to the nearest police station, and logged a complaint about the disappearance of my daughter. In the meantime, we went to all religious places, including Buddhist and Hindu, we went to soothsayers, and fortunetellers to find out any clue about what happened to my daughter, she was so innocent, and did nothing to harm anybody. At the end, neither the police nor other religious persons, and magicians did something to find out our daughter.

One day, we received a letter from our daughter, and it had explained all details about her nightmare. In it, she had mentioned that her kidnappers beat her up until they got to the unknown destination, and had put in a dark room and given just bread to eat, but she had been real unconscious to eat anything. In the mean time, the kidnappers had tried to rape her, but she had not allowed them to rape her. But one day, the culprits had forced her to take some medicine, then, they had raped her. Fortunately, there had been a woman, living next door who used to come to bathe at a nearby well. So, my daughter had opened the window of the room that she was kept hiding. Likely, she had talked to my daughter and promised that she would help her lending a pen and paper to write a letter to us, and at the end, she was the one who had posted the latter to us. Having received the letter, we went with our bother's sons to the place where my daughter was kept and broke the door rescued and brought back home. Upon returning home, I went to the doctor with the daughter.
to test her urine. Then, we knew that she was one month pregnant. Then, we all decided to come to the clinic to terminate her illegal pregnancy.

4.3 Psychology of women seeking abortion

The information gathered from interviews revealed that almost all informants had suffered from many psychological dilemmas about pregnancy related matters, such as, conception, finding a place to abort it, facing social stigma attached to induced abortion, under going an abortion, and the health implications resulted from induced abortion. A number of interesting questions were raised at interviews.

4.3.1 Psychological aspects an unwanted pregnancy

4.3.1.1 Psychology of woman from an unwanted pregnancy

I was really upset with myself, when the doctor told me that my urine test was positive. I felt that I was really stupid not to think of the negative consequences of pregnancy. I was totally confused with many questions in my mind. I was thinking that how could I face my parents, relatives, and my in-laws to be, because I will get married to my present fiancé next year, I did not want to disappoint them. My mind went on and on with many questions, and at some point, I felt it was better to commit suicide, rather than facing many problems as a result of my unwanted pregnancy. I could not believe, it happened to me (Roopa, unmarried Insurance agent, 21 years of age, and case No. 5).

4.3.1.2 Psychology of a mother from her daughter’s unwanted pregnancy

I broke into parts, when I heard the news of my daughter’s pregnancy, I was so angry with her, because I really know that she was not able to bring a child to this world. Basically, she cannot do so due to the fact that she has been suffering from schizophrenia. I took her to the doctor every month to get her injected to prevent from getting pregnant. We knew that she was not able to run family, she was really crazy about men, and that was why we found a man with the similar background to get married to her. She even killed my mother- in-law, and was in jail for three years. At the same time, she takes a lot medicine for her mental problem every day, and it would adversely affect the child to be born. Therefore, we all in our family wanted my daughter to terminate her pregnancy (Kaja's mother who was Muslim, 66 years old, came to the clinic with her daughter, because her daughter was suffering from schizophrenia).
4.3.1.3 Psychology of both husband an wife from an unwanted pregnancy

It was disappointing for me to find out that I was pregnant with my second child. I was dismayed and I did not know what to do with my new pregnancy, because I was not ready to have another baby, at least not now. We have a son who is just two years old. Anyway, immediately, I knew that I was pregnant I called my husband, and told him about the situation that I was in. When he heard this, at once, he also agreed with me to not go ahead with this pregnancy. I convinced him to come home as soon as possible to come to this clinic to terminate my pregnancy (Kema, 22 years old; husband was in the air force).

The above mentioned accounts reveal that the experiencing an unwanted pregnancy is not an ordinary thing in many women's lives, because it would put an enormous pressure on women to change their entire habit of life, such as, confining to solitary lifestyle. Especially, things would turn much worst if the pregnancy would be an unwanted one. In addition, the above accounts reflect that an unwanted pregnancy does not become a psychological dilemma only for pregnant women, but also it becomes a serious problem, first, for the family, then for other relatives in families. In case of rape incestuous relationship, the situation that a pregnant woman faces with an unwanted pregnancy tends to be more severe than women getting pregnant through mutual sexual relationships. For example, in the current study group, mother and the entire members of the family of the woman who became pregnant as a result of coercive sexual relationship felt that experiencing an unwanted pregnancy was not an individual dilemma, but it was rather a pain for the whole family. The reason is that when it comes to rape and incestuous related pregnancies, women are blamed unjustly by society, criticizing that women tend to provoke or advance men sexual. Therefore society, including neighbours,
co-workers, and peers, usually think that such women are responsible or deserve with the consequences that they receive as a result of their behaviour. However, society does not try to understand the severity of psychological suffering that women have to go through with their unwanted pregnancies resulted from forceful sexual relationships. Thereby, society over and over again victimizes the women whose lives already have been victimized by criminal behavior of some men, but most unfortunate thing is that society does not realize that the enormous damage that it would cause on women psychologically, and socially. Thus, society puts the blame on victim of rape or incestuous relationship rather than puts the blame on the culprits.

**Psychological dilemma during decision-making process to end Pregnancy**

Except two cases, all the other informants in the study stressed that they were in a deep psychological mess, both before and after deciding to come to the private abortion clinic. At the beginning, they had been confused about making their decision to terminate pregnancies, because some of them said that they came from very strong religious families. They were confused about how to justify their decision to destroy the fetuses on the basis of their religious backgrounds. As well, mostly the married couples were rather ambiguous about the reaction that they would receive from their parents if they get to know their decision to seek induced abortion.

Not only that, but also some married couples were worried about developing infertile conditions as a result of their present decision to destroy the fetuses. For instance, Roopa who came to the clinic with her husband stated..."We are really worried about infertile conditions that might develop in the future as a result of the present
decision to terminate my first pregnancy". The main reason to be fearful of infertility was that they would not be able to produce children in the future when they get married legally. Further, they said that without children, their married life would be meaningless and miserable, because they believed that without children they have nobody to look after once they get old, and most importantly, they would not be able to continue their kinship line, or lineage in the absence of children.

In addition, all informants in the study mentioned that their minds filled with psychological anxieties about the degree of physical pain of induced abortion, and deteriorating health conditions developed in the future as a result of terminating their pregnancies. Finally, all of the informants stated that they would be rather shy and shameful of social stigma attached to abortion in general. If someone, either, in family or neighbour came to know their present decision to seek induced abortion, nobody knew how they were going to face such a situation.

In contrast to the above-mentioned psychological feelings of the respondents, some women said that they did feel really relieved. They felt it was a real fortunate because they had the option of induced abortion that was the most practical solution that they had in order to avoid the circumstances that they confronted with for months of the dilemma of unwanted pregnancies. Therefore, most of the woman in the study group said that she was not really worried about the negative outcomes of induced abortion. But at the moment, it was the only way to find a practical solution to the problem that they were facing, and had no hesitation whatsoever to go head with the decision to finish their pregnancies at the clinic.
If not, the continuation pregnancies would be more complicated from all aspects of it, such as, physically, socially, and psychological stress would be the most unbearable cost of all pregnancy-related problems. The desperate decision to terminate unwanted pregnancies was an urgent matter to unmarried women than to married women; because the circumstances already had put them into destroy their fetuses. Latha's mother said in her own words..."What can we do with the illegal child in my daughter's womb without aborting it. We do not want even one drop of blood of the culprit to stay in my daughter's body". At another instance, the mother of the women who had a serious psychological problem to terminate her daughter's pregnancy told "I want my daughter to destroy this fetus as soon as possible, otherwise we do not like to see her delivering another mad child like her". Another mother said..." I badly need my daughter to terminate her pregnancy and sit the examination in December. After, examination I do not care what happens to her". These accounts prove that, on the surface level, the decision to terminate pregnancy seems rather narrow, but underneath its reality, it is a much more complex than anybody would imagine it to be.

4.3.1.4. Psychology of power barrier to end pregnancy

It was revealed at the interviews that they were various people who involved in decision making to terminate pregnancies at the private abortion clinic. As mentioned earlier, the case regarding rape, schooling, and mental problem, it was the family members of the respective cases played the most crucial decision to terminate their daughters' pregnancies. In contrast six of the seven remaining cases both husband and wife decided to terminate pregnancy, and when it came to unmarried woman's case she
and her fiancé decided to terminate her pregnancy. However, in the last case, Soma’s abortion episode, she said that it was she who decided to end her pregnancy, because at the beginning her husband had not agreed with her wife’s decision to terminate her pregnancy. At the interview, she put it in her own words, as the following:

I was in the Middle-East for the last ten years, and I have two grown up children who now are in marriageable age. I wanted to terminate this pregnancy. The age of gestation of the current pregnancy is just two months, and I do not think that I would face with any post-abortion sequel, a result of induced abortion. Can you imagine walking in public with a newborn child, because I am 38 years old now. I feel too old and embarrass to have a new child. My husband is in the army, he says that I should keep the pregnancy, and deliver a baby boy this time. I had a very bitter argument with my husband, regarding his desire for me to have a child, irrespective of how I feel, and the effects that it would create on my health. At the end, I was able to convince my husband to respect to my freedom to terminate this pregnancy. Finally, he agreed with me, and even gave me the money to pay the fee at the abortion clinic.

From this, account we can gather that women who tend to have more exposure to outside world and more knowledgeable about matters pertaining, not only to pregnancy, but to life, are more inclined to make more independent decisions rather than allowing others to decide what appropriate for them to do. Furthermore, on the one hand, from feminist point of view, this development reflects a pro-choice trend with regard to abortion in Sri Lanka-her body her right situation. On the other hand, this could be taken as a development of human right issue regarding women’s right to accept abortion. Finally, one woman, Vasana, coming to the clinic alone reflects the growing trends in women capacity to take independent decision on certain matters confront them.

4.3.1.5 Psychological barrier to access to abortion service

The informants of the study, their mothers, and their husbands mentioned that they could bear many things regarding pregnancy and induced abortion, but at one time, they
were traumatized when they could not find a suitable and secure place to seek induced abortion. On the one hand, they knew that they could go to government hospital for any diseases, but not for abortion. The reason is that abortion is legally banned in the country, except on certain circumstances. On the other hand, they had to find a place a place to terminate their pregnancies very secretly, because abortion is stigmatized socially in the country.

Sama's mother expressed her feelings about finding a place to terminate her daughter's unwanted pregnancy, "I was running here and there to find a place to abort my daughter's illegal pregnancy, we did not want others to know this". Roopa and her husband stated.." We did not know what to do, we did not know how to find an abortion clinic, we could not ask our friends, then they would know the situation that we were facing". However, when informants got to know the place, they did not delay even one day to come to the clinic to get rid of their unwanted pregnancies. At the clinic, they mentioned that they were really lucky to come to the abortion clinic.

4.3.1.6 Psychological fear of facing medical personnel at the clinic

All most all women, mothers who came to the clinic with their daughters, and husbands said that they were some what scared about coming to the clinic, because they did not have any previous experience with induced abortion except one women. They had no idea about how doctor and the nurses would react to their situation, the cause of pregnancy, and the need of the service. In addition, they stated that they did not know how to put their thought together to explain their episodes that led them to come to the particular clinic, especially, the mothers who came with their teen age daughters were
rather afraid of the whole staff of the clinic. The mothers of Sama and Daya said... "I do not know how I am going to tell the doctor and the nurses that my daughters is pregnant, because they would jump on us blaming that why we as mothers did not take care of our daughters. You know in Sri Lanka mothers are supposed to be responsible for taking care of daughters than fathers".

Furthermore, the respondents suspected that they would be questioned by staff at the hospital about the factors leading to induced abortion, such as, how pregnancy took place? Who was the father? And whether the involved couples were legally married or not. The reason was that medical personnel in Sri Lankan society tend to have enormous power over their patients, and at the same time, patients were real suspicious of the abortion clinic, because abortion practice is legally banned. However, they later realized that their perceptions both about the clinic and the staff were really illusive and wrong. The reason was that the doctor and the nursing staff at the private abortion clinic had treated the patients without expressing any prejudice towards them. These accounts reveal how delicate the matter of induced abortion in Sri Lankan society, from both customers’ and providers’ perspectives, because both parties know that they deal with a very controversial issue of public health in the country.

4.3.1.7 Psychology of coping with social stigma attached to abortion

All respondents expressed their feelings about social stigma attached to induced abortion in their society; even at the beginning many of them were a bit suspicious about the researcher’s intention in collecting data on induced abortion. However, after clarification they were really cooperative with the researcher in sharing their all
experience in the sphere of induced abortion. The informants explained that most of them came from villages where nothing could be hidden from the public. They lived in a rather microcosmic world, everybody was tied with common kinship line, common religion, and common language, as well.

For instance, one informant put her feelings about social stigma attached to any kind of deviant behaviour like abortion “How can I go to my village if the people of my village get to know that I came to this clinic to kill the baby? I am sure, I will become the main topic or the news of the day, wherever you go, say you go to well, public boutique, school, temple or even to village water stream, you will hear people whispering about me and how bad my action, abortion. I find the pain of abortion can be tolerated, but the social stigmatization of it, of course not. You have to understand that if the people know this then I will be blamed not only by my family members, but also by the entire extended family network of the village. My family will think that I destroy the reputation of my family and bring disgrace to he family”... (Kema, 22 years of age).

When analyzed critically, a number of accounts similar to the above, sometimes, social stigma attached to induced abortion in general affects more badly on women’s lives than men’s lives. The reason is that sometimes, women are encouraged by their family members to resort to induce abortion just for the sake of saving the family honor, irrespective of putting women’s lives even at risk. In case, if the people in the village come to know the episode of abortion, again family directs all its anger, humiliation, and rejection toward women. Therefore, family support to seek an abortion is rather tricky. Sometimes, if women have to accept abortion, incase of rape and incestuous relationship,
society still stigmatizes only the women, though they already have become victimized from all directions of the situations, but society is less like to stigmatize culprits who act violently on women. Therefore, women who become victims of rape and incestuous relationship, face a very severe psychological dilemma from all directions. On the one hand, society puts the blame on women on sexual issues, and on the other hand, once they decide to end illegally created fetuses, they are highly like to be labeled as criminals. But, unfortunately, individuals who deserved to be the real criminals of such cases are not labeled as criminals. This has been a common phenomenon from the very beginning of human civilization.

4.4. Socio-economic factors affecting women to seek induced abortion

As similar to other findings on-induced abortion in other parts of the world, in this study also the researcher found very similar socio-economic factors influencing women to seek induced abortion at private medical clinics in Sri Lanka. Though, all respondents generally had one reason as one overriding factor to resort to induced abortion, more than one factor contributed to their decision to seek abortion. As shown in table 5, almost all respondents had ten different decisions to terminate their pregnancies at the private abortion clinic.

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sama</td>
<td>17</td>
<td>Examination</td>
</tr>
<tr>
<td>Latha</td>
<td>19</td>
<td>Rape</td>
</tr>
<tr>
<td>Daya</td>
<td>19</td>
<td>Going to Middle- East</td>
</tr>
<tr>
<td>Name</td>
<td>Age</td>
<td>Reason</td>
</tr>
<tr>
<td>-------</td>
<td>-----</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td>Mala</td>
<td>21</td>
<td>Wants to get married with parents blessing</td>
</tr>
<tr>
<td>Roopa</td>
<td>21</td>
<td>Newly married too early to have children</td>
</tr>
<tr>
<td>Kema</td>
<td>22</td>
<td>Desire for child spacing</td>
</tr>
<tr>
<td>Kaja</td>
<td>22</td>
<td>Schizophrenia</td>
</tr>
<tr>
<td>Rani</td>
<td>26</td>
<td>Economic hardship</td>
</tr>
<tr>
<td>Soma</td>
<td>35</td>
<td>Too busy no time to raise another child</td>
</tr>
<tr>
<td>Deepa</td>
<td>38</td>
<td>Grown up children</td>
</tr>
</tbody>
</table>

N=10

As shown above, there were ten different reasons for the women to resort to induced abortion. At the private medical clinic, but we found two women, Daya and Rani openly said that their main reason to come to the clinic to terminate pregnancy was economic. At the same time, during many discussions, the respondents reminded that soci-economic factor was the foremost factor for their decision to resort to induced abortion. Latha with her husband explained in her own words the problem of abortion and economic difficulties, as the following:

We do not want to raise a family without economic stability, because we do not like to see our children suffering like we are. Therefore, I will go to the Middle East to earn hard currency in order to establish a stable economy for our future, then, only we think of raising children. If the government of Sri Lanka provides employment opportunities, we do not have to come here to terminate my pregnancy. At this point, we have no other option, but go ahead with the decision to destroy the fetus. We know it is really disheartening to terminate my first pregnancy (Daya, 19 years old and her husband).

In addition, the only Tamil informant in the study sample said that when she found out that she was pregnant, she wanted to end her third pregnancy, and she was directed by
the doctor who conducted her pregnancy test to come to the clinic. Unfortunately, she and her husband were really confused, because they had not had required money for abortion service, and including traveling other expenses. She explained her dilemma in her own words, as the following:

When both my husband and I really decided to terminate my pregnancy, we did not have required money to pay at the clinic, because my husband draws a very minimum salary that is not enough to meet even everyday needs of the family. But we did not want to ask for anybody's help. Then, they get to know the reason why we were in need of money. So, eventually, I suggested to my husband that we could get money, if we pawned my jewelry at a pawn place in our area. At the end, we did as we planned. Then only, we were able to come to the clinic, and at this point, we do not know when can we get our jewelry back (Rani, 26 years of age).

This account reveals that economic deprivation has been one of the most critical problems that affected many women to resort to terminate their unwanted pregnancies, but not only in Sri Lanka, but throughout the world. Even the staff at the clinic expressed that whatever reasons that might may have at the time of their pregnancy termination, ultimately everything come to the matters pertaining to economic conditions of the concerned person.

In addition to economic reasons, some women had come to the clinic to abort their fetuses due to many other reasons. One mother who came to the clinic with her daughter Sama, because the mother wanted her daughter to terminate her pregnancy just to sit Senior Secondary School the examination in December and the mother explained as the following:

You know my daughter has had an affair with a bus driver for three years, and I did not know this. But once I got to know this she was two months pregnant. So, I did not want to punish her, or blame her for her behaviour, these days, we cannot
advice our children, because they try to commit suicide against your opinions. Therefore, I did not tell her anything bad, but came here with her to terminate her pregnancy, because I want her to sit the examination in this December. She is really good at studies. You know I am a widower and I raise my three children with great difficulties, and I really like to see her sitting the examination, because I will be really happy, and I do not really care whether she gets through or not, but what I like to see is her doing the examination, so that, I will be happy. Then, she will be free to do whatever she likes in her life. I do not really care about what happens to her later (Sama's mother 46 years of age).

I find this case is really an unusual one, because in Sri Lanka, it is a very long surviving tradition to maintain very close relationships with parents and children. Parents always are responsible for taking care of their children, but when it comes to the above case it was a single parent family that had to take care of the family. Especially, when parents have grown up female children, they tend to be more responsible, because female children are more vulnerable to become victims of violent in all known societies. It means that the mother had to support her three children without a stable income, and when I interviewed her she told me that she is a day labourer in her area. Though, she always had tried to fulfill her obligation to her children, she did not have enough time to stay at home like mother in traditional families to look after her children, because she was really busy earning money to provide bred and butter to her children. If she were to stay at home, on the one hand, she would not be able to maintain the family, if she were to stay outside earning hard currency for household’s she would not be able to look after her children properly, on the other hand. In this case, the mother had to face many role conflicts by being the sole breadwinner of the family, as well as, being the mother to her children. In addition, this case reflects the tragic situation that women have to go through when they have to live as widowers in addition to running their families without a stable.
income. In conclusion, regarding the above case, either, can we or should we blame the daughter for her behavior, or should, we put the blame on poverty because she had to be the sole breadwinner of the family. Last, but not least, should we hold the male dominated society accountable for making the teenaged girl pregnancy and ruined her precious life. Finally, should we put blame on the two individuals who involved in this abortion episode? It will be an eternal dilemma that humanity has to answer.

4.4.1 Social Support and abortion

As earlier mentioned, experiencing an unwanted pregnancy, and undergoing an induced abortion was/is not an act that an individual can perform alone. Terminating pregnancy needs more people's support from the beginning of conception till the destruction of the fetus. Sometimes, if women were to develop post-abortion complications; they have to be supported continuously. In the present study, women responded that they received various types of social support throughout their abortion episodes, and if they did not have such supports they would not have to decide to terminate their pregnancies at the abortion clinic. Their sources of social support included the family, husband, boyfriend, friends, medical personnel, and sometimes neighbours, depending on the situational factors.

4.4.2 Mothers care for more than fathers

The degree of social support differed from one case to another, depending on the complexity or the simplicity of the problem. Regarding three cases the role that the respective families played was far more significant than other sources of support, especially in the cases of Sama, (pregnancy was resulted from teen age sex relationship)
Latha, (the cause for pregnancy was rape) and Kaja (pregnancy was terminated due to a serious mental problem) the family was the most important resource that the three women had. In other words, women who were unmarried in the study sample were highly likely to depend on their families throughout their abortion episodes, because they had no other sources to turn to. And, at the same time, they had no boyfriends, or husbands, but only the heavenly family.

The most important aspect of all three cases was that their mothers played the pivotal role than their fathers. Thus, the mothers' role is even from the very inception to the end of abortion related-matters, such as, going to find a doctor for testing urine, going to soothsayers in order to find the daughter. As well, mothers' role is important in finding the necessary fund to pay at the clinic and other expenses, coming to the clinic with their children, and finally even answering harsh questions from the doctor and the nursing staff to protect their daughters. Thus, it reflects the perennial relationships that mothers continue to have with their children, mothers are the most closet asset that children have thought their lives, no matter, whether their children create satisfactory or unsatisfactory environments, mothers or parents never leave their off spring. Especially, in Sri Lankan society, mothers have traditionally been playing more attention to their daughters' matters than their fathers do, and especially, regarding matters pertaining to sexuality, it is almost natural female children to turn to their mothers than fathers.

In contrast, the rest of women in the study sample had necessarily not had the same support that the unmarried had received, because former were married, and therefore, almost of them had come to the clinic with their husbands and a boyfriend. But Soma had
come to the clinic alone, because she was the only one who had previous experience with induced abortion. Hence, she was very brave to come to the clinic, and she did not fail to note that her husband was in supportive of her decision to terminate the fetus. The information in the study reveal that even husbands had not or failed to cooperate with their wives in sexual matters, they had inclined to accompany their wives and girlfriends to the abortion clinic. In addition, the all married women in the study sample mentioned that when they discussed with their husbands about the adverse effects of the continuation of pregnancy, and wish to terminate it all of them cooperated with them. Eventually their husbands were willing to come to the abortion clinic. When the researcher talked to husbands, they said that they really wanted to join their wives to come to the clinic, because that they felt that they were responsible for making their wives pregnant, and they realized that it was not wise to send their wives to the clinic alone. The reason was that at the clinic the doctor and the nursing staff would question the legality of their pregnancy, because going to the clinic alone was an embarrassing to women who were already facing a problem in their lives.

4.4.3 Social support to find the particular abortion clinic

The gathered information reveals that all respondents had different sources of knowing the particular abortion clinic to end their pregnancies. Of the ten informants, three said that they got to know the clinic through referral groups, mainly friends. Six of them said that they came to know the particular clinic through the doctors who conducted urine tests for them. Doctors tend to have professional network with medical personnel in the country. It was the doctors who had encouraged and recommend induced abortion for
some respondents, especially, the cases related to rape, schooling girl, and the case of schizophrenia in. As mentioned earlier, the women had had previous experience with induced abortion had come to the clinic with out any source of guidance.

The charges of the abortion clinic were fairly reasonable according to modern living standard in the country. Therefore, women who came from lower and middle class background to the clinic were quiet happy with the fee that they had to pay for use the facilities at the clinic. The charge for one visit to the clinic was just Rs.750 which was equivalent to 8 USD, and when inquired, the women stressed that it was not beyond their capacity to pay, and a reasonable amount that one was able to pay. However, all the participants told that they had various sources of paying their fee for the service. Three women said that they were supported by their families to pay the fee at the clinic, while all other respondents expressed that it was their husbands' and fiancé's duty to pick up the fee for them at the clinic. When inquired, all the husbands said that they respected their wives' opinion about payment, and that was why they accompanied their wives to the clinic even taking a day off from their respective job, they reiterated.

4.4 Time cost of abortion

As abortion being a very sensitive issue and banned legally, there a very few private places provide services for women who wish to terminate their pregnancies, while the public sector plays no role in this area. Therefore, women, irrespective of the cause of pregnancy, face serious dilemma in finding safe place to end their pregnancy, because private health centers are not scattered in all areas of the country. Eventually, they have to face numerous obstacles to come to an abortion clinic. In terms of time, all the
informants in the study said that they had to travel from very long distances to get to the clinic to obtain abortion services. Therefore, in addition to the fee at the clinic, they had to pay a fairly amount of money on travelling and food, and the amount was based on the number of individuals who traveled with the woman to the abortion clinic.

Furthermore, women who came to the clinic with their husbands said that they had to take time off from their work, sometimes, husbands had to spend one day to get their home from their working places. And another day to the clinic, and they had to take another day to get back to their respective work places. Therefore, on the one hand, if theorized from health economic point of view, the episode of abortion was not really practical, according to cost benefit analysis, when compared to the time, money, social cost of abortion, and the number of people who got involved in abortion related episodes. But, on the other hand, in spite of all expenses by coming to clinic and obtaining abortion was rather cost-effective. Because, most importantly, it protected all informants from social stigma attached to abortion; if they were to go an abortion clinic in their respective neighborhood; and they could not protect their privacy. At the end, they felt relieved from all other circumstances that they confronted with unwanted pregnancies after coming to the particular clinic.

4.5 Previous abortion

Though, the researcher tried to find more women with previous abortion experience to include in the study to understand the magnitude of the problem from women with previous abortion experience. During the data collection period women with previous experience did not come to the particular abortion clinic. Anyway, in the study sample,
there was only one woman, Deepa who had previous experience with induced abortion. She said that last time also the same reason, birth control failure, affected her decision to come to the same abortion clinic to terminate her one-month-old pregnancy. However, she mentioned, she did not develop any adverse health effects as a result of the previous abortion. Therefore, she believed that this time also she would not develop any health complication due to the present induced abortion.

One can speculate that when women develop post-abortion complications, maybe either they are reluctant to report back to health service providers, or they might not go to private sector abortion providers. Instead, they might go to public hospitals to seek free services with better facilities and more medical attention. Or else, women with post abortion syndromes do not seek any help because of the fear of legal prosecution and social stigma attached to it. Moreover, one can speculate that women with such experience might seek medical assistance in the folk sector or indigenous medicine, or popular sector. As well, one can argue that repeating abortion can be/is used as method of birth control in many countries, but many evidence on induced abortion reveal that repeated abortion episodes have adversely affected to create more complications in women’s lives. Most frequent one is death.

**Health-seeking behavior of women seeking behaviour**

Before going to the field, the researcher expected that the study population would have dynamic health seeking behavioral patterns, regarding the termination of unwanted pregnancies; because abortion being illegal in the country; the researcher speculated that women would have followed various therapeutic methods to end their pregnancies.
According to abortion related findings in many parts of the world, women have followed various methods to destroy their fetuses. Mainly, drinking boiled wine with cinnamon, drinking epsom salt, consuming raw pineapple, and jumping from heights, such as, tables, to induce bleeding. Though, in the current study population there was one informant, Kaja had eaten raw pineapple to destroy her fetus before coming to the abortion clinic, none of the others had taken any type of home remedies as mentioned above to end their pregnancies. Moreover, the women were asked whether they went to Ayurvedic doctor, traditional medical man, or any other type of traditional healer to seek help in order to destroy the fetuses, but their response was in the negative. When asked why they decided not to seek any other type of help to end their unwanted pregnancies, their answer was in two folds.

First, they said that they were really afraid of searching for such treatment methods, because it would help disclose their identities and then, the people in the neighbourhood get to know their reason for searching for such places. First, as a result, they would be socially stigmatized for induced abortion, even if they would not resort to induced abortion. Second, the informants stressed that they did not really believe that any form of traditional medicine would be effective to terminate a pregnancy, because they did not believe that traditional medicine is scientific.

The women in the study was asked whether they delayed in coming to the present Western style abortion clinic, and all responded that, as soon as, they knew that they were pregnant, they decided to come to the clinic terminate pregnancies. They said that they believed in Western medicine would be more powerful, and more effective than
traditional medicine, and Western medicine would be faster to recover any abortion-related complications than traditional medicine.

4.6 Abortion Service provider

4.6.1 Attitudes towards doctor

All the respondents of the study replied that they were really happy with the doctor who performed induced abortion at the clinic. As mentioned earlier that some of them had many ambiguities, regarding the responses that they would receive from the doctor at the clinic. Especially, the mothers who came with their unmarried daughters had many psychological dilemmas about the response of the doctor at the clinic. As the mothers expressed......”We do not know whether the doctor would blame us for our daughters’ behavior, because in Sri Lanka mothers are to be blamed if their daughters misbehave. Sometimes, even if their daughters get raped, people and medical personnel put the blame on the mothers, criticizing that mothers did not look after their children with special care”.

These remarks that they made before they went to see the doctor, but after they consulted the doctor the mothers’ perceptions got changed. When they were inquired after they consulted the doctor, they said that the doctor was really considerate, sincere regarding their problems, warm, and they felt at ease, when they talked to him. Finally, they said that the doctor seemed very well trained, did not ask unnecessary questions, and they would not hesitate to come back to the clinic, if their daughters develop any sequels as a result of induced abortion. Similarly, the rest of the participants had the very same perception about the doctor who practiced abortion at the clinic.
4.6.2 Attitude towards the supporting staff

All the informants in the present study had a very similar perception towards the supporting staff of the abortion clinic. As reported above, there were five female nurses and a man to support the doctor at the clinic. When usually women come to the clinic they first consult the nurses, and patients have to reveal their relevant information about their decision to terminate their pregnancies to the nurses. Afterwards, they are referred to the doctor, and having consulted the doctor and the nurses then only the usual operations take place. It is usual to have one of the nurses attended the doctor when he performs abortion. In this study, the informants were really happy with the way that the clinic staff treated them from the very beginning to the end of their stay at the clinic. Moreover, the respondents in the study sample said that the nurses were very considerate, helpful, understanding, and most importantly they did not ask unnecessary question related to abortion cases. As well, they said that they could come back to the clinic, if they would develop any negative health complications, as a result of induced abortion.

Finally, they stated that the nurses were very nice to them, because they were women, and they as women understood the complexities of abortion that women have to go through.

However, one couple expressed their remorse against the man, the way that he had treated them. They said he was rather cold towards them, and they did not mind his behaviour, because his role was minor regarding their problem.

4.6.3 Quality of abortion service

When discussed the quality of abortion services at the clinic, the respondents did not give one strong answer, because they did not have previous experience with induced
abortion, and never had visited similar places like the present one. Therefore, they did not have any knowledge to compare the quality of service that they received, but whatever the service that received was far better than they had anticipated prior to coming to the clinic. They, of course, were happy with the fee that they had to pay which was reasonable from their standard. In addition, they were quite satisfied with the location of the place, and the maintenance of the clinic, and the doctor and the nurses had treated them during their brief stay at the clinic.

4.7 Legal barriers to abortion

Almost of them in the study sample had a very similar view about the legal aspect of abortion in the country, and they were aware that abortion is legally prohibited and violators, including service providers and customers are given vigorous prison terms and fine. Except one couple, all others in the study expressed their dissatisfaction toward any type of legalization of abortion practice or emending the current law of abortion in the county. The couple who believed that the abortion law of the country should be change, but with certain restrictions. For example, “if the government were to liberalize abortion, it should be limited to married couples like us, otherwise it allows any women to get an abortion at any time.” When asked, whether women should have freedom to decide to decide to terminate her unwanted pregnancy, the couple said the concerned husband and wife should decide it.

All the respondents in the sample backed their argument giving many reasons to justify their opinions against the liberalization of abortion. They responded, if the Sri Lankan government were to legalize abortion in the country, it is almost issuing a free
license to practice clandestine abortion without any control. Some said, legalizing abortion means increasing violence against women, and more women would be raped and sexually abused, because men know that women can obtain abortion very freely.

The number prostitutes would increase as a result of legalization of abortion, because women who engage in prostitution can destroy their fetuses at any time, any where, in the country. Further, they added, the legalization of abortion would increase sexual promiscuity both among men and women, and liberalizing induced abortion in the country would mean increasing more decadents to Sri Lanka society. Finally, they said that changing the current law on abortion would increase more irresponsible women in the island, and finally it would help jeopardize family values in contemporary Sri Lanka society.

At the end of the discussions, respondents were questioned, if abortion were to legal in the country, they also would not have to worry about all problems that they had to go through throughout their abortion episodes. Instead, all said that they never had wished any woman to go through the painful process like abortion, because in the fullest meaning of the word and the process of abortion, they believed that it was immoral, unethical, and irreligious. All in all, the respondents' ideas reflect the deeply rooted cultural and religious view of abortion prevailing in Sri Lankan society for centuries.

4.8 Religious views on abortion

In all known societies, people's religious feelings have generally been embedded with all social, political, economic, and health activities and behavioral patterns that they engage in, irrespective of all existing differences within or among many religious
traditions. Especially, a sensitive, and controversial topic like abortion, there are varying degrees of religious condemnation in all world religious traditions. Similarly, in the current study sample, all respondents had a very monolithic notion about abortion—abortion is immoral, based on their religious orientations. The study group was multi-religious, comprised Buddhist, Hindu, Islam, and Catholic women.

4.8.1 Buddhist view on abortion

There were seven Buddhist women in the study, and they had almost the same opinion about induced abortion, based on their conservative and highly religious upbringing. According to basic tenants of Buddhism, killing either a fetus or full-grown human being is considered a crime, sin, or an immoral act. Therefore, all respondents felt guilty about their decision to destroy the fetuses at the abortion clinic, but they said that under the circumstances that they faced with they did not regret about their decision to terminate pregnancies. So, some said only the way to ignore the guilt of violating fundamental principle of the five precepts of Buddhism is to forget the experience of induced abortion. In spite of this notion, one of the husbands questioned the researcher, whether Buddhism can find any solution to his economic problems. The researcher returned the question back to the same person to reply, and his answer was in the negative. Anyway, all women in the study said that they never wanted to discuss this with their parents, because their parents were devoted Buddhists, and they never wished to hurt their parents feeling by violating the ethos Buddhism.

4.8.2 Hindu view on abortion
There was one Hindu woman in the study, and her view on abortion was similar to that of the Buddhist women, a violent act. According to Hinduism the destruction of human being is a violation of the basic principle of Hinduism, Avihinsa non-violence. The Hindu couple said that though, they felt guilty of termination the fetus, there was no any other option, but resorting to abortion, because of the to the circumstances that they had to underwent by having unwanted pregnancy. Finally, the couple reiterated that they were going to forget about the religious aspect of abortion.

4.8.3 Islam view on Abortion

As mentioned earlier, there was a Muslim woman in the study sample, and she came to the clinic to terminate her fetus, because she was suffering from schizophrenia. Similar to that of Buddhists and the Hindu, Islamic believer also had the same belief in abortion, sacrilege. According to Islamic teachings, killing a human being is a loosing a believer of the All Mighty Allah, because the Islamic religious tradition believes in adding more and more believers into Islam. It was the main reason that Islam tolerated/toleraes and approves the practice of polygamy. But the particular abortion case of the Islamic was an unusual, because they had no other option except killing the pregnancy. The mother of the woman and the neighboring women who came to the clinic said that they were really fear of seeing another mentally disabled child like her daughter. Therefore, even with all guilty feelings, they had to end the fetus.

4.8.4 Christian view on abortion

In the study, there was one Christian woman, Catholic at the clinic to terminate pregnancy. She said that her husband was Buddhist and now she professed both
Buddhism and Christianity According to Christianity nobody can involve in killing the fetus but God, because conception is an act of God, and if the fetus to be destroyed by any human intervention, it is regarded a sacrilege. The Catholic woman, Soma said that the fact that she already had experience in induced abortion and she was too busy with her career, and made no regret to end her pregnancy. Therefore, she mentioned she had more other things to worry in her life rather than thinking along the line of religion and feeling guilty of the ending her pregnancy.

All the above accounts on religion and abortion reveal that when women, sometimes, families and men confront with many social, psychological, economical, medical, mental, and other circumstances, they are forced or inclined to think and act according to the situational circumstances rather than relying upon their religious traditions. In the present study, all informants expressed that they never wished to violate their religious values, but they had to go through a painful experience of abortion in this life in order to get relieved from the problems that they were facing with. However, we can say that though they had violated, the deeply rooted religious beliefs are the main obstacles to introduce more liberalized policy of abortion to Sri Lanka society.

All the women in the study mentioned that before experiencing exact abortion, they were traumatized with many problems pertaining to induced abortion. Especially, the attitude of the doctor and the nursing staff, legal prosecution, social stigma attached to abortion, post abortion complications, and most scarily the pain of abortion. However, in the discussions after completing the process of abortion, though reluctantly, they made various comments, regarding the exact experience of abortion.
4.9 Experiencing an abortion

In the study sample, many women said that before their fetuses were aborted, they felt some what uncomfortable, because the doctor was a man, at the same time, they felt some what relieved because a female nurse was all the time attended with the doctor in the operating theater. Some women said that they were treated as regular patients. For example, Deepa put in her own words, "Before I went into the theater I thought the doctor would treat me like a piece of meat, but when in was really taken to abort the fetus, I felt that I was treated with dignity and respect. The abortion process was very quick and it lasted a few seconds. And, the pain was a really minimum when compared the way that I expected to be". In addition all the participants said that they were a bit shy to face a male doctor, but as far as the pain was concerned, it was minimum.

They also gave the reason for less pain for their abortion experience; it was because all of them had very premature pregnancies. Unless they were to have matured pregnancies, the pain would be enormous and unbearable. However, the women who were married said that their pain was nothing compare to delivering baby, while the unmarried women said they have no experiencing in child delivery, therefore, they did not how to measure the pain of their abortions.

4.9.1 Post-abortion complications

Almost all of them aid that they felt really guilty of terminating their pregnancies. At the same they stated that might get develop post abortion complications, such as, stomach pain, abdominal pain, menstrual irregularities, and finally infertile. When asked, where would they go in case of health complications result from induced abortion, all of them
said they would come back to the same clinic, because they could not go to government hospital, or other types of medical clinic due to the fear of legal prosecution. They said that they the doctor and the nursing staff also insisted on them to come back to the same clinic if they developed post abortion complications. However, some unconfirmed reports on induced abortion in Sri Lanka reveal that women are highly likely to go to government hospitals to receive treatments for abortion complications, irrespective of illegal nature of the matter.
CHAPTER V
RESULTS OF THE STUDY

5.1 Public Perception on Abortion

The proceeding chapter of the results of the study provides an analysis of the general public's perception on abortion in Sri Lanka society, so that, in addition to the information from women who resort to induced abortion, the present information helps policy planners design an enduring abortion policy to minimize the alarming number of abortion in the country. Eight community leaders' ideas re included in this chapter.

The analysis is divided into five different theses, but interrelated themes, such as, religious perception on abortion, legal perception on abortion, medical perception on abortion, women rights perception on abortion, and finally the health provider's perspective on abortion.

5.1.1 Religious leaders' views on abortion

In order to reflect abortion multi-religious characteristics of Sri Lankan society, four participants, one from each religious tradition, such as, Buddhist, Hindu, Christian, and Islam were interviewed at their religious residences.

5.1.2 Buddhist perception on Abortion

A Buddhist monk who was in his early thirties, university lecturer and a chief incumbent of a well-known temple was interviewed in order to understand where the Buddhist religions leaders stand, regarding a controversial issue like abortion. He said that he also recognizes that there is a very complex public health and rather asocial problem in contemporary Sri Lanka society in the area of abortion. The monk added that
the alarming number of induced abortions taking place throughout the country is rather speculative, contradictory to traditionally rooted religious and cultural values of the country. The reason is that the country has had a very long tradition of non-violence society where there was no institutionalized violence like in modern Sri Lankan society.

**Buddhist philosophical interpretation on abortion**

When the monk was asked about the Buddhist philosophical view on abortion, he stressed that according Buddhism the destruction of a living object is really unethical, immoral, and violent, cannot be justified by any standard. He stated as the following:

According to the *Pancha Seela*, five precepts of Buddhism, the first precept, *Panathipatha Veramani Sikka Padam Samadityami*, means that if you are a Buddhist you have to abstain from taking others’ lives, irrespective of a human being or an animal. So, you can understand that abortion is a real violation of the first precept of the five precepts, and whatsoever, there is no religious salvation if one takes others’ life. The fetus is counted as a human being from the very conception of it and destroying it means an act of barbarism. In Buddhism, motherhood is highly venerated as a noble position, and that is why Buddhists place mothers only next to the Buddha, not anybody else. So, how can we imagine a woman or mother going and kills the baby? If the baby dies let it is happened natural ways, and human being should not interfere in killing the baby. At the end, all women will regret about the destruction of their babies, and it is more disturbing psychologically, and no relief religiously.

According his interpretation, the Buddhist view on abortion is rather strict, and no matter, on whatever the circumstances, such as, rape incestuous, economic, medical, physical, and psychological that women from any background have to destroy their pregnancies, either, from the beginning or the conception, or at the fully grown stage, religiously they conduct an immoral act, *Karma*. It is obvious, with this kind of deeply rooted religious background it has really been an obstacle to liberalize abortion law in the country.
Monk's perception on abortion

When asked, why we have more induced abortions in the country which is known as the main center of the Theravada Buddhism, the monk said that the main reason for the skyrocketing number of abortion is the erosion of social and religious values in Sri Lanka society. As he expressed:

You know, the main reason for the increase of induced abortion in our society is due to the deterioration of traditional socio-cultural values that held this society for such a long period, and they are being challenged in the present Sri Lankan society. The people of Sri Lanka have become too westernized, and they are running more after materialism that is too illusive, selfish, never satisfying, greedy, and immoral. Do not misunderstand me, I think we can learn many things from Western culture, such as, technology, punctuality, and educational system, but not Western life style, because we have a very rich Buddhist culture in our society.

In addition to above account, he further explained on how the erosion of social values take place in Sri Lankan society. He said that in traditional Sri Lanka society mothers stayed at home, and fathers took cared of children and the fathers supported their families by performing economic tasks. But in modern Sri Lanka society, women go out to work elsewhere to earn money to maintain the expenses of the family. Therefore, the relationships, love, care that parents and children used to maintain in traditional culture have been changed dramatically in the present Sri Lankan society. The westernization and capitalist social system has affected drastically to change traditional family values in Sri Lankan society, he reiterated. In addition, he said that more women and mothers leave the country for the Middle East to earn more money for better living, as a result, children do not develop close relationships with their parents, and eventually children do not have an environment to develop moral qualities in their lives.
Furthermore, according to the monk's views the media, both print and electronic have contributed enormously to the destruction of the traditional family and religious values in the present Sri Lankan society, because according to his views, media is the gate way to Westernization any where in the world. Therefore, he said that Sri Lankan government should introduce new rules and regulations to promote quality television programmes with a religious base to revitalize the losing moral vales in our society. Anyway, the monk expressed that the matter of abortion in Sri Lanka is not limited to any ethnic, religious, class, caste, urban, and rural groups, because the deterioration family values is all over the country like a germ. Thus, it affects all the communities in the country.

Monk's attitude towards the provision of birth controls

The monk was interviewed about the way to control the increase of abortions in Sri Lanka, he was asked whether the government of Sri Lanka should provide birth controls as an initiative to control the rapid growth of induced abortion. His reply was that providing birth controls would be a promotion of all kinds of immoral sexual activities among men and women and it would increase the number of illegal abortions, practiced in the future. He stated...."Let population be controlled by natural methods. Look at India they had many natural disasters like, floods, earthquakes, cyclone, drought, and many other natural forces to control its population. If we have more people that the earth cannot bear, let the nature controls it, why we human beings have to interfere with the natural process of population control, repeated by the monk. Therefore, proving birth controls is an issuing a license to indulge in all immoral sexual activities, and destroying
innocent babies at illegal abortion clinic”. The solution for population control or abortion is not the increase of the birth controls in the country, but improving religious and cultural education to teach social and moral values to the people, and by any other ways, commented by the monk.

Monk’s attitude towards a formal sex education at public schools

Then, in the discussion, we moved on to discuss what did the monk think of providing a formal sex education in public schools to students as a solution to the abortion problem in the country. The monk’s reply was no different from the previous one, and he said that providing sexual education at public school is also similar to issuing a license to a poorly trained person to drive a vehicle. By this, it meant that providing sexual education similar to providing manual for more unethical and deviant sexual indulgences and killing babies at illegally built abortion clinics said the monk. Therefore, providing religious training on ethical areas would be the most durable solution to existing problems on sexuality.

Buddhist view on legalizing abortion

As a Buddhist monk, he said that he never encourages any government attempt to make abortion legalize in Sri Lanka, because it would challenge the fundamental fabrics of Sri Lankan society. Thus, the monk said that he believes that any attempt to liberalize, or amend the present law on abortion would be similar to the issuing of a free license to men and women, so that, they have an easy access to destroy their babies at any time, at any place, in the country. In addition, he said that as a result of legalizing abortion, Sri
Lanka would become more violent, and eventually we will have more AIDS patients unless we reintroduce religious based social values back to the present decadent society.

Finally, he was asked about the role that he can play in order to control the problem of abortion in the country, he said that he, as a community, leader could teach people to practice moral and religious life by following the teachings of the Buddha. At the end of the discussion, he said that government also should play a vital role in developing sustainable economic development plans to address the needs of the people of Sri Lanka, especially the Sri Lankan youth. Then, the mothers would not have to go to Middle East to earn more money, and the children and parents can maintain very strong family ties, and we can control the problem of abortion in the country.

5.2 Hindu View on abortion

In order to understand the Hindu religious view on abortion, a Sri Lankan Hindu religious leader was interviewed, and he was in his late forties and had completed high school education. He said that he also sees an alarming number of abortions practiced throughout the country. As well, there are mushrooming induced abortion clinics throughout the country, and most of they are believed to be maintained under unhygienic conditions and run be unskilled persons. At the interview, the researcher raised many questions regarding the issue of induced abortion in Sri Lanka.

Hindu philosophical view on abortion

The Hindu leader was asked about the Hindu religious philosophical view on abortion, and according to Hindu religious view, abortion cannot be taken as an act of morality, because it is fundamentally against the basic teachings of Hinduism. He
expressed the philosophical interpretation of Hindu religious view on abortion, as the following:

You know, we Hindus believe that life begins as the soon as the conception begins in a woman's womb. So, the destruction of a fetus, or a fully-grown human being is a total act of violence. No one can escape from the sin that he or she commits. Therefore, according to Hinduism we think that abortion is a real act of sacrilege. You know that we have a very important idea called Avihinsa, it means non-violence. This is the same principle that the Indian great freedom fighter Mahatma Gandhi used in his protest against the Great Britain years ago in India. Therefore, no matter, on whatever the grounds that one terminates a fetus, it is forbid in Hindu religious teachings. Finally, I have to say that religiously, there is no salvation in their reincarnated life in the future, for the people who commit a very severe crime like abortion, because we believe in rebirth in Hinduism.

**Hindu leader's perception towards abortion**

The Hindu religious leader also highlighted the same factors similar to that of the Buddhist monk, because he said that the main reason for abortion is the deterioration of traditional moral values in the rapidly changing Sri Lankan society. According to his view, Sri Lankan society has confronted with many social problems, such as, the on going war in the north, open economic policy had allowed people go after money, regardless of questioning the ways of earning money, the changing family values have caused animosities between parents and children. He reiterated that the deterioration of religious and cultural values is not limited to one culture in the country, but all cultures in the country experience very similar types of social changes. The Hindu religious leader expressed the following:

You know, in our society, we are undergoing very dramatic social changes in all spheres of our society, such as, political, social, religious, and economic. The people of Sri Lanka experience dramatic challenges, on the one hand, its citizens are running after western style of life, and materialism has become the main feature of westernization. As well, people are not happy with what they get, and
they want to earn more. That is why, some women leave the country for the Middle-East to earn more hard currency. Once, the mothers or women leave for Middle East countries, it is rather difficult to maintain very strong relationships between parents and children. As a result, children tend to be freer to behave the way that they wish to do. In traditional society, parents, especially, mothers took care of their children, and they stayed at home. But in modern society, women go out to work leaving children at home, and grandparents no longer live with their grandchildren. Whereas in traditional society, most of the time, the role that grandparents played was very crucial and very important in maintaining family relations with the extended family network.

**Hindu religious leader’s attitudes towards the provision of birth Controls**

The Hindu religious leader was asked about his religious view on use and the promotion of contraceptives as a way to minimize the growing incidences of induced abortion throughout the country. However, his reply to the question resembled the same with that of the Buddhist monk on the same subject. It was the promotion of any type of contraceptives to the people in Sri Lankan society means the increase of decadent activities, such as, the increase of prostitution, growth of illegal teenage pregnancies, and of course, it increases the number of abortion practices in the country. Therefore, let human beings not get involved in controlling population in the country by introducing artificial methods, in stead, allow natural forces to control population growth, said the Hindu religious leader. At the end, he said that the only way to control the rise of the number of abortions, and other sexually related matters in our society is the reintroduction of traditional family social values back to the fast moving Sri Lanka society.
Hindu religious view on the formal sex education in public schools

In addition to the promotion of birth control devices, the Hindu religious leader was interviewed to understand his view on the introduction of formal education on sexuality to school children as an everlasting solution to the problem of induced abortion and many other problems related to sexuality. He stated that unless we cultivate religious values among school children, we couldn’t combat the growing number of induced abortions in the country, and the introduction of formal education in public schools means the worsening of the present condition of the problem. In Hindu religious philosophy, we have many religious teachings, on how to lead a very healthy sexual life, as well as, very successful household life. It the followers of any other religious faiths practice the Hindu way, I think we do not have to face a controversial problem like induced abortion in any society. Finally, he said that providing a formal education on human sexuality indirectly means the facilitation of sexual manual to the youth of the country.

Hindu religious view of legalization of abortion

Based on the Hindu religious leader’s religious training, he said that he never promotes any government leader to legalize abortion in the country, because according to his understanding, the people in Sri Lanka would experience enormous negative social repercussions as a result of liberalizing abortion in the country. The legalization of abortion is almost like issuing a license to person without a proper training to drive a vehicle. However, if the Sri Lanka government were to legalize abortion in our society, there will be many social problems, ranging from the increase of violence against women, add more decadent to out society, uncontrollable sexual promiscuity, increase
teen age pregnancy, and to the growth of illegal abortion clinics in many parts of the country. Therefore, in stead of legalizing abortion, we have to find ways to reintroduce a morality and social-value-based systematic education, especially, to the young people who are the most vulnerable and most affected of all problems related to sexuality.

At the end of discussion, he mentioned that as a religious leader, he would be able to propagate his religious teachings to promote social and religious values among his religious adherents, so that, eventually, the people of Sri Lanka will able to live in a non-violent society.

5.3 Christian Religious view on abortion

A Catholic brother who was a university student and in his early twenties was interviewed in order to get familiar with the Catholic position on abortion-related matters prevailing in Sri Lankan society. As similar to other cases, in the discussion, the researcher raised several themes regarding many controversial issues in Sri Lanka society. At the beginning of interview, the Catholic brother stated that he was appearing for the Catholic, but not on behalf of himself.

Catholic leader's attitude towards abortion

The Catholic brother mentioned that he has realized that there is a serious public health problem in the present Sri Lankan society, and it is not only a matter of women in the country, but also it questions the role of religious institutions functioning in the country. The reason is that the alarming number of abortions in modern society has challenged the vital role that religions used play in day-to day matters in its people's lives. Similar to other religious leaders, the catholic Brother said that according to his
understanding, the ongoing deterioration of religious and traditional families values is the main reason for the increase of various forms of violence in modern Sri Lanka society. He said:

Sri Lankan people are running after an illusion, I do not know when and where they are going to get tired of this race. The society loses its thousands of years old social values. As a result of rapid westernized life style and people are more into material comfort at the cost of losing all moral and societal values. People are not hesitant to act immorally just for the sake of pleasure or money. The destruction of traditional family values make parents and children more and more distance to one another. Nowadays, there are lot of animosities between parents and children. Therefore, children try to be rather independent from their parents. The capitalist social formation has produced more crony people in our society than any other time in the history of Sri Lanka. As a consequence, the class gap has become widened between the rich and the poor. And, illegal induced abortions reflect the loosening traditional social, religious, and cultural values of our society.

Catholic Religious interpretation on abortion

The catholic religious view on abortion is rather rigid than other religious traditions, because the Catholic Church has been on the forefront in condemning any form of abortion practice throughout the world, and it has a single voice that applies to all Catholic countries in the world. The Vatican decision becomes the most influential position that other catholic countries also have to follow suit. As mentioned above, the Catholic brother said, according to Christian teachings, abortion is completely unacceptable, no matter on whatever the basis that it is performed, and this has been the position that the Catholic Church has taken for two thousands years of its history of existence. He gave the following account of the position of the Catholic Church in Sri Lanka on the controversial issue of abortion:

You know, we Catholic, all Christians in general believe that marriage is a union between a man and a woman, and God unites it. And, the most important function
of marriage according to Christianity is procreation, but I have to admit you that it is not procreation. In addition we believe that human life begins at the very beginning of conception, and the destruction of the fetus is an act of immorality or a sacrilege that any body does to another human being. Therefore, the destruction of the fetus is up to God, but we have no role to play in deciding whether to destroy or continue. All happen according to the will of God. Thus, if the God is willing to destroy it is his will not ours, because we believe that human being is a creation of God. The Catholic Church of Sri Lanka propagates the same teaching when it comes to the matter of abortion.

According to the above account, one can understand that the Catholic Church's position on abortion has been not changed for more than two thousands years of history of the Catholic tradition. The Catholic religious leader told that in Sri Lanka, all Catholic leaders represent as one group to issue one message about abortion, and have the very message on abortion as the Vatican has on abortion. Therefore, in the event of legalization of abortion in Sri Lanka, the role that the Catholic Church plays is more crucial than the other religious traditions of the country, added the Catholic religious leader.

Catholic leader's attitude towards the provision of birth controls

The religious leader was asked to understand the position that he takes, and as well as, his religious institution's position to promote the use of contraceptive methods to prevent or control the current problem of induced abortion in the country. Then, he mentioned that the use of modern birth controls, except natural birth controls is completely against the teachings of the church, because the purpose of marriage is procreational than recreational, and the Catholic Church believes that sex between men and women should be for reproducing human being. Therefore, the practice of modern birth controls is an immoral and irreligious act. By proving modern birth controls to the
people of Sri Lanka, indirectly means the encouragement of illicit sexual activities, and, as result of that, the number of induced abortions will not go down, but instead the number will go up. Therefore, we should find ways to revitalize traditional family and religious values in modern Sri Lankan society, and providing birth controls is not the way to control population or abortion in the country.

Catholic leader’s attitudes towards a formal sex education at Public schools

The Catholic cleric was asked about the introduction of formal sex education to school children to combat the serious problem of induced abortion, and many other sexuality-related problems in contemporary Sri Lanka society. He replied that sexuality is a tabooed topic in the Church, and, therefore, it would not be possible to introduce a formal sex education at public school in the country. In Christianity, there are various religious teachings, regarding the proper conduct of sexuality, and we insist religious values on our followers to control all sexuality-related matters. Thus, the younger generation could lead a religiously oriented life, and then we do not have to lose a large number of babies at illegal abortion clinics.

Catholic view on legalizing abortion in the country

As other religious leaders, the catholic cleric stated the same view on the legalization of abortion in the country, and he said any move to legalize the presently existing abortion law in the country would be met with many confrontations from the Catholic Church itself, and Catholic community at large. If the government tries to liberalize abortion in the country, it will create short-term and long-term negative consequences in our society. The negative results of having a liberalized abortion policy
in the country will jeopardize marital relationships, because men and women indulge in extra-marital affairs; prostitution would be increased; it will lose the traditional notion of sexual morality, and finally the legalization of abortion would contribute more decadents to our society. At the end of the discussion, he reiterated that the legalization of abortion to the Catholic community would be similar to creating an anarchical system of society, and not only the Catholic community would not welcome the legalization abortion, but all other communities would be opposed to it, as well. Finally, the religious leader expressed that he would conduct his religious teaching to propagate religious based lifestyle to minimize not only the abortion problem in the country, but also to create more peaceful life for the people of Sri Lanka at large.

5.4 Islamic religious view on abortion

A forty-six years old Islamic cleric who had finished his high school education was interviewed to understand the Islamic view on abortion in Sri Lanka. As expected, many different but interrelated themes, related to induced abortion in the country were discussed.

Muslim leader's attitude towards abortion

Islamic religious leader said that in his community, abortion is not a serious problem, because Muslim women tend to stay at home, and they rarely go out to work, and the Islamic religion plays a very important role in all aspects of life of an Islamic believer. In other words, religious binds the Islamic community together and therefore, people have a very less freedom to indulge in immoral activities, such as, abortion, prostitution, and other sexually related behaviours. At the same time, unlike in other
communities in Sri Lanka, our religion advocates very strong family values, and, therefore, relationships between parents and children are very strong in the Islamic community, said the Islamic cleric. However, he expressed that he has heard that some Muslim women resort to induced abortion in many places in the country, though, the Islamic religion does not approve the killing of a fetus. Regardless of religion and other differences, he said that he recognizes induced abortion has become a very serious social, economic, religious, political, and women health problem in the country as a whole, and he stated that induced abortion has become a problematic issue in the Buddhist community.

Anyway, when the cleric was asked about the reasons for the alarming number of abortions in Sri Lanka, his reply was very similar to that of other religious leaders’ answer. The rapid change of traditional, social, religious, and family values in modern Sri Lanka society is the principle cause for the increase of many social problems, such as, abortion, prostitution, and drug addiction. The on going Westernization in our society has been the main reason for all social changes, and we have adopted decadent values of the Western culture, but why not we try to learn good things from Western culture?, lamented the Islamic cleric. The all communities in our society are confused with modern material culture without knowing the negative impacts that it would cause on our traditional cultural values. That is why, more and more women have to leave for the Middle-East countries to earn more money to spend luxury life without realizing how it would affect on the family, children, and society. Therefore, family values have
deteriorated in our society, and women are free to and sometimes forced to destroy their children at illegal abortion clinics scattered throughout the country.

**Islamic religious interpretation on abortion**

The Islamic religious view on abortion is the same as the other religious views on abortion, because the Islamic religious leader said that according to his religious faith, any form of violence on the fetus is almost unacceptable, it simply is a crime. The cleric went on to say that..." In Islam, the destruction of the baby is a violence or sin, because pregnancy is God oriented, and the destruction of it is a violation of Islamic value. Muslims believe that the life begins at conception, and the termination of pregnancy is an immoral act". However, unlike in Christianity, there is no a unified belief about the matter of abortion, because in some Islamic countries, the Islamic religion allows women to terminate their pregnancies in case of the adverse effects of pregnancy on the health of the expectant mother, the Islamic religious leader clarified.

**Muslim leader's attitudes towards the provision of birth controls**

The Islamic religious leader had negative perceptions about the promotion of birth control devices to find a long-term solution to the alarming number of induced abortions in the country. He said the providing birth controls mean the increase of illegal abortions and encouraging people to behave very freely to engage in immoral sexual relationships. According to Islam, men and women are permitted to practice sex only in the institute of marriage, and sexual relationship out of wed lock is not accepted. That is why the Islamic religion allows the institute of polygamy in which one can have more than one wife, but
he has to have the ability to feed then their children equally. Otherwise, just for the sake of sexual gratification, Islam does not approve the practice of polygamy.

Therefore, Islam approves traditional methods of birth controls, but extremely disagrees with the modern birth controls, because they automatically encourage men and women to be more immoral sexually. At the end of the discussion, the religious leader said that that the promotion of family planning methods is not the way to solve the matter of abortion, but only by promoting a religious-based education, and cultivating moral ethics in people lives. Then, only we can think of creating a peaceful society in Sri Lanka. In order to bring back traditional family and social values, what I, as a religious leader can do is propagating Islamic value oriented teachings to the people to improve their family relations and their personal life.

**Muslim leader’s attitude towards the introduction of formal sex Education at public schools**

When the researcher directed the religious leader’s attention to the introduction of a formal sex education to school children in Sri Lanka in order to find an everlasting solution to the problem of abortion, and many other sex-related problems, especially, the youth and women face in Sri Lankan society. The informant’s reply was almost the same with that of the other religious leaders, because he said that the introduction of a sex education to schoolchildren would double the magnitude of the problem that we face in the country at present. And, providing an education on a topic like sex is not similar to providing education on other matters, because the topic of sex is tabooed in our society. Once, it is taught at schools, it would give a wrong signal to the younger generation, and
as a result of that, the youth might try to experience it, and who knows we will have more negative social repercussions, highlighted the clergy. What we have to do to avoid all sex-related matters in modern society is that we have to investigate the most important and practical strategies to reintroduce disappearing cultural and social values back to our society, no matter whether they are Buddhist, Hindu, Christian, or Islam cultural values. They are important to hold the society together.

**Islamic view on legalizing abortion**

The Islamic view of the legalization of abortion in the country is not different from the other religious views. Whatsoever, the Islamic religious leader stated that the legalizing abortion means the maximizing the current problem of abortion in the country. Under some political pressure either from liberal groups, or human rights advocates, if the government of Sri Lanka moves to liberalize the existing abortion law of the country, it would be really disastrous, because the legalizing abortion means the legalization of violence in society where already violence has been a part of everyday life. The on going war in the north of the country has taken many valuable lives of this nation, added the religious leader. Eventually, the legalization of abortion in the country means he devaluing human life and that should be the most sacred of all things in the world.

The Islamic religious participant highlighted negative consequences of abortion in the country as the following: (1) liberalizing the current abortion law will mushroom the number of abortion clinics throughout the country; (2) prostitution will grow in many parts of the country, as a result, the number of abortions will go up; (3) the institution of marriage will deteriorate; and (4) men and women become more and more irresponsible.
Finally, only through religious and moral cultivation that we can win the violence of abortion in the country, and not from any other means. And, he would provide leadership to his followers to retain to their traditional family and religious values to combat abortion in the Islamic community, and then, in the society at large, the religious leader reconfirmed very strongly.

Table 4: Summery religious leaders’ attitude towards abortion

<table>
<thead>
<tr>
<th>Issue</th>
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<tr>
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<tr>
<td>Legalization</td>
<td>opposed</td>
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</tr>
</tbody>
</table>

5.5 Feminist view on abortion

A university teacher, who was in her early forties, self-proclaimed feminist was interviewed to understand the feminist view on abortion in Sri Lanka. A Sinhalase in terms of ethnicity, she had completed her doctorate in English, and she said that she did not like to be identified as a person belonging to a particular religious denomination, but she said stated that she was brought up as a Catholic. At the interview, many issues were brought up to draw her attention to understand various abortions and sexuality-related matters from a woman’s point of view.
Feminist view on the magnitude of the problem of abortion

As a teacher and feminist she has recognized the complexity of the problem of abortion that the women from all social walks face in modern Sri Lankan society. As some religious leaders mentioned, she also believed that she could not make any boundaries on induced abortion, because it affects women from all religious, ethnic, caste, class, urban, rural, educated, and uneducated backgrounds. She lamented stating that she could not understand why a country like Sri Lanka has an alarming number of abortions practiced throughout the country everyday, because on the one hand, Sri Lanka is a highly religious society, existing of long surviving religious traditions, such as, Buddhism, Hinduism, Christianity, and Islam, and all these religions play a significant role in everybody's life. On the other hand, in Sri Lanka society, marriage is an inevitable reality of every body's life, irrespective of gender specification. And, as a result of that motherhood is highly encouraged, venerated, and valorized. Thus, most of all, children are treated with a very high social value, and they are considered the most precious asset of their parents. She put her idea in her own words: “I have a very hard time to understand the abortion problem in Sri Lanka, because the number of induced abortions is notoriously high. At the same time, our society has a high regard for marriage and valorizes motherhood. I find this is a very serious challenge not only that women alone face, but the whole society, as well. I also believe that induced abortion has become a severe problem among women who migrate from rural areas to urban areas in search of employments”.
In the discussion, she highlighted many reasons that affect women in Sri Lanka to resort to induced abortion in spite of unhygienic conditions. The most crucial factor that affects women to terminate their pregnancy is economic reason, mainly poverty. In modern Sri Lanka, even the most educated people have a real difficult time to find a decent job, but fairly educated people have even a much harder time to find a fairly well job. Without a decent job, the young people cannot decide to get married, but they are active sexually. Once the young women get pregnant, they have no other choice, except to resort to induced abortion at illegal abortion clinics shattered throughout the country.

The other reason is that men and women in Sri Lanka do not have an adequate knowledge on human sexuality, proper practice of traditional and modern birth controls. She added that the topics on sexuality and birth controls are highly tabooed issues in a traditional and conservative society like Sri Lanka. Parents or adults in our society never talk about sexuality with their children, even on educational ground. Though, the contraceptive prevalence rate is very high in our society, people either do not have a proper understanding or people do not use any traditional or modern family planning methods. So, once women get pregnant either through, marital, extramarital, premarital, incestuous, or coercive sexual relationships, they have no other option except destroying the fetus at a nearest available illegal abortion clinic as soon as possible.

**Feminist View on abortion**

As a feminist, she said that she believes that women should have the right to do whatever their body, either to continue gestation until the delivery of the child, or end it on the circumstances, such as, socio-economic reasons. However, if the pregnancy is
involved with a married couple, they should cooperate to terminate the concerned pregnancy. As well, if pregnancies result either from rape or an incestuous relationship, women, no matter what age range that they are in, they should have the right to terminate their pregnancies without getting anybody’s consent. In addition, when it comes to the use of birth controls, both men and women should cooperate to whether to use, or what method to use, or not to use at all any form of birth controls, natural or modern. If woman who rejects either not to have sexual relationships without her consent, or men who do not use or do not agree to use birth controls, men should respect women decision. And, women should not be forced to have sex unless they really feel like doing it. Unfortunately, not only, in Sri Lanka, but also in other societies men are less like to listen to women's' feelings about the act of sex and the matters pertaining to sexuality, and most of the time, women are used as sex objects of men, lamented the feminist scholar.

In contrary to what she said, she expressed that she never wish any woman to undergo such a painful experience like induced abortion, in stead, she stated that we should try to avoid all possible ways to avoid any form of abortion. When the researcher conducted the interview with her, she was three months pregnant with her second child, she told that her consulting doctor asked her, whether she wanted to abort her pregnancy at a well equipped private hospital, and she said that she told the doctor that she did not want to terminate her pregnancy. Because, though, she was a feminist she felt it was very difficult decision to make in her life.
Feminist view on the provision of birth controls

Unlike the religious leaders, the feminist scholar said that the promotion of modern birth controls is the most practical way to combat the notorious number of abortions practiced in the country, otherwise the problem of induced abortion, and other sex related matters would be uncontrollable in the future. Especially, an epidemic like AIDS could also be prevented through the promotion of modern contraceptive methods among all married and unmarried people in the country. Even, the government has already stared providing all types of modern birth controls at public hospital at no cost. The promotion of natural birth controls also important, as preventive methods of conception, but she said, natural birth control methods are too risky, because both partners have to bear a very good knowledge of sex-related matters. And, the other things is that when men do not cooperate with women with the use of modern birth controls, it is rather difficult to imagine men’s cooperation with natural birth control devices. Finally, the feminist teacher reiterated that it does not mean anything with the availability of sophisticated birth controls, if men do not change their behaviour in cooperating with women in the use of birth controls.

Feminist view on a formal sex education at public schools

As expected, the feminist teacher agreed with the question of providing sex education as the most practical strategy to solve, not only, the alarming number of abortions, but also to find long-term solutions to many other human sexuality-related matters in the country. Unlike religious clerics, based on the complexities of the problems that Sri Lanka faces in modern time, the introduction of sex education at pubic school
would be the first initiative that the Sri Lankan government should implement throughout the country. She further added that lack of a proper understanding of human sexuality is the main reason for sex-related problems in Sri Lanka society. Especially, the children, sometimes, adults do not have access to knowing human sexuality, because the topics pertaining to sexuality are not discussed openly in a traditional and conservative society like ours. Therefore, the time has come for us to think more rationally and practically about the magnitude of the problem of induced abortion, and other various problems of sexuality. Otherwise, the present problems on abortion and other matters will be multiplied in the country. For this initiative, we have to invite leaders from all walks of society to design a culturally appropriate sex education programme for our schools.

Feminist view on legalizing abortion

She said that she agreed with the legalization of abortion in the country, but only on certain terms. The government should initiate liberalizing abortion, based on religious and social environment of the country, because whatever policy we have to have should be compatible with the local culture. Otherwise, it will be a real obstacle to put into practice in our society, because we have to understand that people in Sri Lanka still have very deeply rooted religious feelings. We should not liberalize abortion completely, but the government should introduce certain restrictions in its abortion policy. She said that pregnancies result from rape and incestuous relationships and pregnancies which adversely affect on the health of the mothers’ should be allowed to terminate without any preconditions, only under the supervision of government medical personnel, but at public hospitals not at private hospitals. As well, the government should outline time frame for
induced abortion, it means that we should not allow women to walk into any abortion clinic to terminate pregnancies without realizing the age of gestation of the concerned pregnancy. She said, if the concerned mothers desire to terminate their pregnancies, the age of gestation period of pregnancies should not be exceeded beyond than three months, and abortion should be performed only by government approved family physician at government hospitals. As many women rights advocates demand, we should not listen to them, because they think that women should have the right to terminate their pregnancies at any time that they want. If so, we will have an anarchical and a lawless society in the future, said the feminist scholar. Finally, she speculated that her suggestions might be too practical, and she predicted that when the government tries to liberalize abortion in the country, there would be many bitter divisions within Sri Lanka society. Therefore, in the long run providing an education on human sexuality is the best way to combat the existing abortion problem in the country, because it is the most effective way to handle and find an everlasting solution to sex-related matter in Sri Lanka.

5.6 Legal view on abortion

In order that to understand the legal view on abortion, a forty-two years old lawyer who was a Sinhalsese-Buddhist, and in addition to his legal education, he was studying for master’s degree in Sociology, by the time of the interview. As usual, various questions related to abortion and sexuality were discussed.

Lawyer's attitude towards the magnitude of the problem of abortion

The lawyer stated that he has recognized the crisis of abortion in the present Sri Lankan society at present, it has reached its peak, and the situation is almost
uncontrollable. He said that he was in a deep shock to learn about the horondooze cases of abortion reported in everyday newspapers. He said that as far as his understanding of abortion in the country goes, it has no limitation to any particular ethnic, religious, linguistic, class, and caste group, but it has become a national problem that we have to find immediate solutions to control the reckless number of induced abortions practiced throughout the country. He stated that socio-economic, legal, and medical reasons are the main reasons for women to resort to in abortion in Sri Lanka. He himself being in the legal profession, he stressed that the reckless number of induced abortions can be brought down to minimum level, if the law allows women to seek abortion under certain circumstances.

**Legal view on abortion**

As a lawyer, he said if some thing is not permitted under the law in a given society, it is considered illegal and the same idea applies to abortion in many societies too. When abortion is illegal in any society, and if the people of that society violate the accepted law, then, they can be brought before a jury to prosecute them, and assign legal term of punishment, based on the nature of crime committed by particular individuals. If it is the case, doctors or quacks who practice induced abortion, and women who go to illegal abortion clinics for seeking help can equally be brought into justice, and punish them according the panel code, outlined in the constitution. In Sri Lanka, abortion is regarded as a crime, and the law still remains the same, but if the government of Sri Lanka changes the law, and makes it more liberal, then, the situation would be different. Unfortunately, the matter of abortion in the country is rather sensitive, having multiple faces of it, such
as, social, religious, medical, and legal, and all in all, abortion is completely banned, except on certain circumstances, such as, fatal abnormalities and adverse health effects on the health of the mother.

**Lawyer's attitude towards the provision of birth controls**

Unlike religious leaders, the lawyer said that he was in full agreement with the researcher's idea about the promotion of birth controls to reduce the number of abortions performed in the country. He reiterated the promotion of birth controls is a practical strategy to solve, not only, abortion, but also other sex-related matters, such as, AIDS and sexually transmitted diseases. In Sri Lanka, the government has given its priority to promote birth controls to combat many sexually transmitted diseases by providing birth control at free of charge at all public hospitals throughout the country. He went on to add, the promotion of artificial birth controls is less complex than the promotion of natural birth controls, because natural birth controls methods are too complex, you have to be educated about human sexuality, and finally they are too complicated. In contrary natural birth controls, in order to use modern birth controls, people do not necessarily have to have a deeper knowledge, because they are very easy to use.

**Legal view on a formal sex education in public schools**

Similar to the feminist scholar's view that lawyer also agreed the researcher view on providing a formal sex education at schools as a long-term solution to combat, not only abortion, but also, many other sexuality-related problems, especially, that the youth face in the country. The lawyer clarified that any form formal sex education should be conducive to Sri Lankan socio-cultural environment of the country, otherwise it will
become problematic within our society, because religious and social values are still very strong in all communities in Sri Lanka. In this regard, the government has to play a very important role, designing suitable academic curricula for school children. We have to change traditional attitudes towards sexuality, if not, we will not be able to combat a rising problem like AIDS in the country. He said we could do it successfully, because we have a very high literate society.

Legal view on legalization of abortion

The lawyer said that the legalization of abortion in Sri Lanka would be a temporary solution to the existing problem, but would not be a long-term solution to the prevailing problem. Anyway, he believed that if the Sri Lankan government were to liberalize induced abortion, it has to come up with certain conditions. It meant that we should not liberalize abortion completely. Yes, without setting any preconditions, we have to allow women to terminate their pregnancies that result both from rape, or incestuous relationship, only at government hospitals and under a government licensed physician. And the rest, if pregnancies are below three months old should be allowed to terminate, again, at government hospitals and only under government physician. However, at the end of discussion, the lawyer said that the long-term solution is not legalizing abortion, but education people on sexuality and reproductive health.

5.7 Family planning doctor's view on abortion

A family planning doctor was interviewed, in order to understand medical view on abortion in the country. The doctor was a Sinhalese-Buddhist, forty-three years old and completed a master's degree in family planning, in addition to his training in medicine.
The doctor was a director of health services in one of the provincial hospitals in the area, and he runs a private medical place in addition to his government job. At the interview various themes related to abortion and sexuality were discussed.

**Medical view on the magnitude of the problem**

As a medical person, he said that he was really surprised to hear all horror stories about the increase of induced abortion in the country, because the country is deeply religious, and still traditional family values are really important. He expressed that patients come to him for many sex-related matters, and he said that they have a least knowledge about human sexuality, and sometimes, married couple does not have an adequate knowledge about reproductive health and other sex-related problems. He believed that that abortion is not limited to any specific ethic, religious, class, caste, and linguistic group, but it affects women from all walks of society. However, he said that among the Muslims, women, they are less likely to resort to induced abortion than any other ethnic groups, because they have a very strong social mechanism to handle the question within their community. He also stated that women in general go to seek induced abortion due to socio-economic reasons, such as, poverty, education, employment, rape, and incestuous relationships. Here, we have to understand why we have an alarming number of abortions in present Sri Lankan society. According to his knowledge, he said that the on going social changes are the main force for the increase of induced abortion in the country. Thus, the open economy, the on going war in the north of the country, Westernization, the break up of traditional family values, and most importantly the media plays a very significant role in televising sexually explicit
programmes to arouse sexual feelings of the young people. He said women who migrate to cities from rural areas are highly likely to engage in premarital and extramarital sexual relationship than women who live in rural areas, because women who live in rural areas tend to have a lesser freedom to engage in extramarital or premarital affairs, because social values are much more stronger in rural areas than they are in urban areas.

**Medical view on abortion**

According to medical view on abortion, it is the termination of pregnancy before the child is delivered either though natural delivery process or modern cesarean inception. Here medical justification of abortion is rather simple, but when it comes to religious and moral grounds, it is rather complicated, because the act of abortion is justified on ethical and social grounds. Otherwise, induced abortion means the destruction of the fetus by third party interference, mainly by medical personnel. He said, "If we do not go by morality and social ethics, performing abortion according to medical indicators is almost the same as treating another disease. Even tough, we justify induced abortion this way, it is not similar to treating other diseases at all, because we deal with a precious thing in the whole human life, the fetus". However, the medical doctor said that he never wanted to practice abortion in his personal clinic, because he said that he has two children and he is Buddhist. Otherwise, he gets a quite a number of patients at his clinic, but he rejects all of them. In stead, he provides information to men and women on how to prevent pregnancies, and many other human sexuality-related problems.
Medical view on the provision of birth controls

The doctor was in full agreement with the researcher that the promotion of birth controls would be one of the main strategies to combat the uncontrollable induced abortion problem in the country. So far, the birth control prevalence rate in the country is very high and therefore, it would not be very difficult to promote birth controls, especially among the young people, said the doctor. The promotion of modern contraceptive devices is more appealing to the rise of many sex-related problems that Sri Lanka has been struggling with due to the rise of tourism, prostitution, and population migration. He also reiterated that modern birth controls are less complicated to use, because they do not require a very deep knowledge, even a person with a very low education could use them, while natural birth control are sometimes, too risky to use, and they require a sufficient knowledge on human sexuality and other sex-related matters.

Medical view on the introduction of a formal sex education at public schools

The family doctor said the basic foundation to combat the rise of induced abortion and other sex-related matters should be initiated with changing the current school academic curricula, and includes a formal sex education at public schools in the country. This is the most effective way to find long-term solution to the controversial problems pertaining to sexuality in the country. He said that he knew from his own experience that some married men and women did not have an adequate understanding on human sexuality. Sometimes, it was really surprising to know the lack of knowledge in basic concepts regarding human sexuality, because Sri Lanka population is a highly literate population than the people in other South Asian countries, added the family planning
doctor. As long as we keep sexuality as a tabooed topic like in modern of Sri Lankan society, it is almost like a continuation silence killing in the country. Therefore, what we have to do is design a culturally appropriate sex education in schools. In edition to a formal sex education, the doctor said those if we were to promote religious education to provide more insight in human life, so that, the young people can discipline, be careful about their behavior, and finally they can really organize their life activities. Then, they know that they have to do certain things within a selected period, and that way we can have a society with fewer problems, especially sexuality.

Medical view on legalization of abortion

The doctor said that the legalization of abortion in the country would not be the most appropriate answer to the present prevailing problem of induced abortion; by legalizing abortion or relaxing the strict laws on abortion; we could control the problem to a great extent, but it will not be an everlasting solution to the magnitude of the present problem in the island. Especially, if legalized, we would be able find solution to post-abortion complications, because women would have the access to treatment without fear of legal prosecution. He said that if the Sri Lankan government is going to legalize abortion in the country, it should be done carefully. Unless, the current abortion problem will have very severe effects on the whole Sri Lanka society.

If legalized, without any reservations, we should allow women whose pregnancies result from rape and incestuous relationships, and the continuation of pregnancies have adverse affects on women, they should be allowed to terminate their pregnancies without any pre conditions. When it comes to other cases, government should set up time frame
to terminate pregnancies, for instance, if women desire not to continue their pregnancy, they should be permitted to terminate their pregnancies before three months of the age of gestation. Further he added, if the first trimester abortion is legally allowed, it should conducted only by a government-licensed physician and only at public hospitals.

Finally, the doctor said that he believed the best way to solve abortion problem in the island is to introduce sex education at schools, and the other strategies are not permanent, but maybe they are patched works. He expressed that he, as a doctor, would provide relevant information on human sexuality to the needy people.

5.8 Abortion service provider’s view on abortion

As mentioned earlier, in order to understand the nature of induced abortion from health provider’s view a doctor whose clinic became the site of the present study was interviewed on the clinic premises. The doctor was a Sinhalse-Buddhist. Married with two children, and in his early forties. The doctor was very frank and revealed very important information on abortion related matters, because he had very long years of experience in the relevant field.

Abortion service provider’s attitude towards magnitude of the Problem of abortion

The doctor of the clinic mentioned that it is always surprising for him to see many women visiting his clinic to terminate their pregnancies, because in Sri Lanka, family values and religious values are very strong, and motherhood is respected with a very high steam. In spite of all existing good things, the country has a very dark side in the area of abortion which according to his knowledge has become the number one killer in the
country, the number of abortions in the exceeds the annul number live births. In fact, it is too sad that no body, such as, political leaders, legal community, medical community, or religious community pays attention to this serious, public health, women health, and rather a social problem to find some practical solutions to minimize the problem. The doctor went on to say...."Why do you think no body cares about this problem, it is because the problem of abortion is a rather sensitive topic, or we do not like to face reality”.

Furthermore, the doctor stated that according to the characteristics of patients, who visit him, induced abortion is not a matter to a particular community, but it has become a problem for all communities in the country. He said that women come to his clinic every day to seek help for abortion due to various reasons, ranged from economic hardships, desire for birth space, rape, incestuous relation ship, educational matters, extramarital affaires, pre-marital affairs, and to temporary Middle Eastern migration an paid labourees. As well, he admitted that those women from very low socio-economic status are the frequent visitors to his clinic to seek help for their pregnancy-related matters. At the same time, the doctor reitterated that he charges a very low price for these women, because they cannot pay a high price, but women who belong to upper class can have access to abortion elsewhere, even outside the country.

Abortion service provider’s view on abortion

The doctor said that he treats women who come to seek his help for their pregnancy problems as regular patients without any reservations, or prejudice. But he admitted that he does not think that pregnancy is a disease, because it is a natural, planned, and
intended reproductive behaviour of human beings. He added that he never ask unnecessary questions from women who visit him, because women themselves feel embarrass to reveal the information relevant to their abortion episodes. However, he said that even though he treats women as regular patients, but they interact with him rather differently than that of his other patients at the hospital, because women who come to seek abortion think that their intention on visiting the doctor is different from other times. They think that their abortion related problems are more specific than other diseases, because the matter of abortion is more sensitive, and not that many doctors practice, and most importantly, it is rather a tabooed topic and stigmatizes socially.

In addition, the doctor mentioned that, sometimes, he has/had/ to perform abortions out of compassion, in order, to save women lives, and, as well as, people who involve in abortion related episodes. He said that under such situations, I do not really go by morality or religious ethics, but rather attend to the matter immediately. For example, once or twice two nuns from a religious organization in the country came to my clinic for induced abortion. So, what could I do? I could not reject them, because it was very embarrassing situation in their lives, and it was contradictory to their religious lives. They became really innocent with the circumstances that they were facing with, and at the end, I could not or did not have any option, and decided go to ahead with aborting the fetuses. So, I was really happy, because I was able to save their dignity. Otherwise, they told me that if they were not able to get their pregnancies terminated, they would commit s
Abortion service provider’s attitude towards the provision of birth controls

The doctor said that the promotion of birth controls is must to find solution to combat abortion problem in Sri Lanka. The Sri Lankan government has been real successful in implementing cafeteria-style birth control policy to overcome many sex-related problems in the country. Under the government contraceptive programme, birth controls are provided at all pubic hospitals at no cost. However, the doctor reiterated that women who come to him for terminating their pregnancies lament that their husbands do not like to use any form of birth control, natural or modern. Therefore, the doctor stated that we have to find a very effective way to educate men to use birth controls in order to avoid unwanted pregnancies, otherwise, no matter whatever the plans that the government follows to implement to promote the use of birth controls, do not have any meaning. I know that many men like to use natural birth control methods, but I assure you, out of my own experience that how can you think of men and women to have a proper background on human sexuality, while sexuality is a very tabooed issue in our society. Anyway, we have to increase the use of modern contraceptives in order to combat the increase of abortions and sexually transmitted diseases in the country.

Abortion service provider’s attitudes towards a formal sex Education at public schools

The doctor said that he has been advocating a formal sex education in pubic school so that, the youth can have an adequate knowledge on human sexuality, and it would eventually help combat many sex-related matters in the country. He added that introducing a formal sex education is the most basic initiative that Sri Lankan
government should implement to overcome various problems pertaining to sexuality. In addition, he mentioned that the lack of knowledge on human sexuality is the main reason for the increase of induced abortion, and the spread of many sexually transmitted diseases. The topics on abortion and sexuality should not be tabooed anymore, because we are living in the twenty-first century, and as long as, the topics on sexuality is tabooed the nature of problems existing in the country would really be worsening. Therefore, the time has come to the Sri Lankan society as a whole to change its traditional attitudes towards sexuality, and in this endeavor, the government of Sri Lanka could play the most important role to design a new policy for a formal sex education in public school.

**Provider’s view on legalizing abortion**

The doctor said that he believed the legalization of abortion in the country would be a one strategy to combat the uncontrollable number of induced abortion in the country. The legalization of abortion would be beneficial from both providers’ and customers’ perspective, because abortion service providers can provide their services without fear of any legal prosecution, and the customers also can seek help for abortion without fear of any legal prosecution. In addition, the doctor stated that if abortion were to be legal in the country, it has to have some restrictions in its abortion policy. He added that without legal protection, it is very complicated to practice abortion. For example, if abortion is legal in the country, women from far away do not have to come to this clinic by spending a large amount of money and wasting a lot of time commuting to a place like this. Instead, they can go to a nearby place like they go for any other disease.
If the current law on abortion is to be changed, the pregnancies occur as a result of rape, incestuous relationship, and if the continuation of pregnancy adversely affects the health of the mother, they should be allowed to terminate their pregnancies without any restrictions. The doctor stated that "At all other circumstances, abortion should be allowed, only if the age of gestation is below three months, and they should be practiced by trained doctors could be provided at public or private sector hospital. And, beyond three months, it is a real danger to the health of the mother, as we as, the right of the fetus, because by then, the fetus is already grown to be a full human being. In my clinic, I do not accept women for abortion, if their pregnancies are beyond three months". Finally, the doctor said that legalization would just be a temporary measure to combat the issue of abortion, but we have to provide a better education to our youth to produce an everlasting result to irradiate, not only, the matter of abortion, but also other sexuality-related matters in our society.

Table 5: Four community leaders' attitude towards abortion

<table>
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Comparison between religious group and liberal community leaders’ attitude

Towards abortion

As shown in tables 4 and 5 that the eight community leaders can mainly be divided into two categories, based on their attitude towards induced abortion. Thus, on the one hand, the four religious leaders’ attitude regarding induced abortion was rather conventional or conservative. Though, on the other hand, the four community leaders’ attitude towards induced abortion was liberal. The four religious leaders provided with very religiously oriented answers for all questions directed to them, while the rest gave very liberal answers to all questions directed to them. In this way, this comparison shows the clear division of Sri Lankan civil society over the matter of induced abortion. If reflects the difficulty of reaching compromise in the field of abortion in the future of Sri Lankansociety.
CHAPTER VI

Discussion, Recommendations, and Conclusion

6.1 Discussion

The present study aimed at investigating the magnitude and the complexities of induced abortion in Sri Lanka, and understanding the public perception regarding the controversial issue of abortion. The findings from the present qualitative study indicate that abortion in general has become one of the most critical public health and women health problems in contemporary Sri Lankan society. As mentioned earlier throughout this study, if all unconfirmed reports on the horomboze rise of induced abortion in the country are accurate, then the number of abortions practiced in the country exceeds the number of its annual live births in the island.

6.1.1 Attitude towards abortion

Due to the circumstances that all women in the study had to face, they had a favorable attitude towards abortion, but at the same time, the study results reveal that if they had an alternative they would have never made their minds to resort to induced abortion. When compared this view with that of religious leaders, the four religious leaders had very negative attitude towards the entire process of abortion. However, the rest of the community leaders had more liberal and positive attitude towards abortion. All in all, both groups are less likely to think that abortion would be an everlasting solution to unwanted pregnancy and other sex-related matters prevailing in Sri Lankan society. Therefore, the similar view of the two groups’ reflects the sensitivity and deeply rooted religious and cultural values regarding abortion. Here one can speculates that in an event
of liberalizing the present abortion law in the country, the government’s efforts would be met with many critical challenges, mainly from religious groups.

6.1. 2 Contraceptives and abortion

The present study findings reflect that contraceptive behaviour and attitude towards birth controls were different. Most husbands who came to the abortion clinic with their wives said that they generally do not like to use modern or artificial birth controls, and in stead, they prefer to use natural methods, especially practicing safe period. In a similar study on birth controls, the Nichters highlight that in Sri Lanka men and women prefer to use natural birth control methods to the modern family planning methods (The Nichters, 1984). Even though, the men and women are open to the idea of modern birth controls, when it comes to the real practice, they do not really follow it. Therefore, the present study findings reveal that there is/was an inevitable correlation between unwanted pregnancy and the manner of understanding of the use of proper birth controls. The all pregnancies of the present study group were resulted either from failure to use birth controls, or lack of an understanding of the proper use of birth controls at a proper time. When the researcher asked husbands and wives at the clinic why do they prefer to use natural birth control methods to modern ones? They replied that they were fear of adverse health effects in both men women’s lives. And, especially, men said that they did not get sexual satisfaction once they used modern birth controls. Thus, the results related to contraceptive beahvior and abortion reflects that men still tend to have the upper hand in the sexual decision-making arena in Sri Lankan society. Therefore, the existing traditional gender stratification continues to be an obstacle to making induced abortion a
much more complex issue in the country. Regarding the community leaders' view on the promotion of birth controls, the four religious leaders had a very similar negative attitude towards the whole notion of modern birth controls. All of them supported natural birth control methods and expressed their dismay that the facilitation of modern birth controls would accelerate the current problem of abortion in the country. Quiet contrary to their views, the rest of the community leaders had a very flexible, liberal, and practical view on the use of birth controls. Even, the doctor who practiced induced abortion at the clinic openly said that men in Sri Lanka should be educated in the proper use of both modern and natural birth controls as one of solutions to the increasing number of abortion in the country.

6.1.3 Circumstances of abortion

The present qualitative study results indicate that multiple factors have influenced women to resort to induced abortion even in the middle of many risk situations. Though, each and every woman had one single reason as the most desperate reason to resort to induced abortion, there were more than one factor contributed women to make their decision to terminate pregnancies at the private medical clinic. However, socio-economic reasons were the most crucial circumstances that led women to end their pregnancies. Furthermore, though all religious leaders stated that the deterioration of traditional values in Sri Lanka society is the main reason for induced abortion, they, along with other community leaders agreed that economic factors also play a significant role to women to resort to induced abortion. Unlike in Indian society, in the present study group, the researcher could not find even one woman who came to the clinic to terminate her
pregnancy over the gender preference of the fetus to be born. According to a study, Gupta et al found that in India sex-selective abortion of the female fetuses are common. It means that if in a fetal test, the sex of the child to be born turned out to be female; the female fetus is highly likely to be terminated over the preference for sons in Indian society. Thereby, the pressure of abortion on Indian women is much more traumatizing than on Sri Lankan women. The reason is that women in India may have to undergo repeated abortions until they bear the requisite number of sons for the family to continue its patriarchal social system. Traditionally, on the other hand, in Indian society parents prefer to have male children than female children, because once their daughters get married it is parents’ duty to provide a substantial dowry to the bridegroom’s family. Unfortunately, not all parents can fulfill their obligation at the event of their daughters’ marriage. Therefore, parents with financial difficulties tend to terminate the female fetuses as a solution to the demand of dowry by the bridegroom’s family. On the other hand, it has long been a tradition in Indian society to give a superior place to sons over daughters, it is because they are the ones who continue family line and patriarchal heritage in the absence of fathers. As well, they are the ones who look after their respective parents once they become old. And, that is why Indian society has been practicing patrilocal marriage within which the newly married couple lives with the husband’s parents in the same residence.

6.1.4 Dynamic of health seeking behavior

Even though, the researcher anticipated that the women in the study sample would have followed various methods of treatments to terminate their unwanted pregnancies.
However, the study findings reveal that all of them have relied upon the professional sector to end their fetuses rather than following other treatment methods. Based on the findings, one can speculate that the women in the present study population have perceived abortion rather differently than from other illnesses. It maybe due to the complexity of the issue of abortion in the country where abortion is a controversial issue from all aspects, such as, legal, medical, religious, and social backgrounds. In contrary to the Sri Lankan situation, a number of similar study findings on abortion in many parts of the world reflect somewhat complex health seeking behavioural patterns than that of Sri Lankan women. For instance, Elisha P Renne’s study results among Ekiti Yoruba women in Nigeria highlight that abortion-seeking women have sought treatments in all the three medical sectors, namely, popular sector, folk sector, and professional sector. Thus, the Ekiti women have taken home remedies to come down their unwanted pregnancies. And, when the particular method had not worked, they had gone to take refuge in the folk sector or indigenous medicine. Finally, when the particular method had failed to bring the expected result, terminating pregnancy, then the women had relied upon the professional sector to end their unwanted pregnancies (Renne, 1996).

In addition, Oodoit et al’s study findings on health seeking behaviour women in Mauritius reveal that they have used many treatment patterns to end their pregnancies. At the beginning, the women in the study group had tried to seek treatment in the folk sector, but when its methods got failed, they had depended on professional sector. Therefore, as mentioned in the literature review in the present study, the popular health structural model of Arthur Kleinman’ theory cannot be applied to analyze the Sri Lanka case,
because there women who sought induced abortion have only relied upon the professional sector. Klienman’s model may best be suit to explain other help or health seeking for other diseases in Sri Lanka, but it currently does not fit into analyze health seeking behaviour of abortion seeking women.

6.1.5 Medical assistance

When induced abortion is recognized as a criminal act in the country health services for other illnesses. The present study results indicate that there is a scarcity of health services for induced abortion in Sri Lanka, because almost all women had to come to the clinic from very far distance to terminate their pregnancies. However, most women were really happy with the quality and support they received from the supporting staff of the present abortion clinic, while even they had to compensate negative attitude, anxiety, and fear towards induced abortion and the staff in order to terminate their pregnancies. Therefore, one can speculate that when professionals work as specialists in the field of abortion, women’s moral judgments on their action do not appear to be negative, when they actually experiencing an abortion. According to previous research findings suggest that though some health professionals who act as gatekeepers in abortion service provision area may still regard abortions judgmentally, but those who actually manage the services are supportive and uncritical of abortion (Doyal, 1985), Simmns,1985, Stacey 1988, Hadley 1996).

6.1.6 Religiosity and abortion

It is understood that almost all social norms derive from respective religious traditions in all known human societies. At the same time, it should be mentioned here
that there is not a fixed universal way to measure religiosity in an individual life, because religion has different meanings to varying individuals. However, the results of the present study indicate that women, as well as community leaders tend to have very strong attachment to their own religious values. Thereby, they all exhibited a very low level of liberality compared with other circumstances. Especially, the four religious leaders' perception on abortion was the same, and it was based on religious teachings of a particular religious denomination. As mentioned in the results, the four leaders stated that the failure of traditional religious and social values was the main reason for the increase of abortion and other sexuality-related matters. And, revitalizing traditional religious and family values back in Sri Lankan society is the way to overcome abortion, according to their understanding. The rest, except the feminist teacher had very similar view on the practice of abortion. Even the doctor who practiced induced abortion at the private clinic said that according to his religious belief practicing abortion is a sin. In a similar study in Thailand, the results indicate that both public and health policy planners had very low level of liberality towards the religious view on abortion, when compared with other circumstances (Rauyajin, 1979). Furthermore, in another study in Sri Lanka, Hewage indicated that most health care providers disapproved to facilitate abortion services at government hospitals, because of the deeply rooted religious beliefs. For better of worst, one can speculate that if the Sri Lankan government tries to make any amendment to the existing abortion law in the country, the deeply rooted religious traditions will be more powerful forces to challenge such government move.
6.1.7 Legalizing abortion

As findings of the present study indicate that over the matter of legalization of abortion the two groups have rather different attitudes. The former, the women who came to seek abortion had negative attitude towards any move by the government to relax the perennial abortion law of the country. The halves of the latter group, the four religious leaders were completely opposing any move of legalization of abortion in the country. In contrary, the four liberal thinkers were advocates of liberalizing abortion in the country.

However, there are various women rights organizations in Sri Lanka currently fighting for liberalization of abortion in the country. What they really demand for is women’s rights to choose whatever they want to do with their body- their famous motto is “Her Body, Her Right”. Thus, they demand for women’s right to choose whether to continue pregnancy or destroy it on the basis of basic human rights ground. Therefore, they are pro-choice. While people who are against them, they are pro-life advocates. The pro-life people tend to oppose any form of legalization of abortion in the country. However, this form of division is common in almost all societies in the world.

The study findings reveal the magnitude of unintended pregnancy and the difficulties that men, women, and their families have to go through in terminating unwanted pregnancies at an illegal abortion clinic in Sri Lanka. As well, the results highlight that Sri Lanka, as a traditional religious and male dominated society it automatically makes the matter of induced abortion a rather a critical social problem in contemporary Sri Lanka society. On the one hand, the religious view on abortion and sexuality has always been or continues to be strictly conservative, therefore legalizing or
making changes to the present abortion law in the country is rather contradictory. On the other hand, Sri Lankan lawmakers are predominantly men and it is highly unlikely to debate the matter of induced abortion seriously in parliament to come with workable solution to this problem. However, in Sri Lanka everybody is aware of the severity of abortion, but no one seems to pay enough attention to understand the matter realistically to find some long-term solutions. Finally, all the findings of the study reflect that induced abortion in Sri Lanka has become a more critical national problem, more than suicide, more than the victims of the ongoing war, and any other social problem.

Limitations of the Study

The sensitivity of the current study was obviously created some difficulties in gathering relevant information about the real conditions of the practice of induced abortions in Sri Lanka. As well as, even though, qualitative research method was more useful for this type of study, it was also, to a considerable extent, limited the researcher's ability to grasp a real picture of the magnitude of the prevailing problem of induced abortion in Sri Lanka. The reason is that in this study, the researcher collected data only at one selected private medical clinic, and interviewed a very small number of informants. Therefore, the results of the present study cannot be applied to macro level. In any event, if the researcher were able to collect information more thoroughly at many private medical clinics, and interview many informants, it would help strengthen the validity of research findings. But time limitation was the main obstacle to conduct a thorough investigation of the complexities of induced abortion in Sri Lanka. Finally, the researcher being male was a considerable barrier to obtain more sensitive information on pregnancy and abortion-
related episodes, because the current study topic is predominantly a matter related to women's health status and their life. Therefore, the existing gender difference between researcher and interviewee limited the validity of the current study.

6.2 Recommendations

This study aimed at examining the complexity of practicing and receiving induced abortion and understanding the selected community leaders’ perception towards abortion in the country. Therefore, the following suggestions are recommended in order to reduce the present reckless practice of induced abortion and design a culturally and socially appropriate abortion policy for the future of the country:

**Formal sex education is an urgent need**

As mentioned in the study findings, the majority women who came to the clinic to terminate their pregnancies, because of the lack of knowledge on human sexuality and contraceptives. Therefore, it is an urgently felt need in Sri Lanka that the concerned authorities should design a formal sex education programme to teach school children.

There is no room for complacency on the ground of maintaining the myth of a moral or religious society, because the number of induced abortions in the country increases every day, and most unfortunately, we are living in the era of STD/HIV/AIDS throughout the world. Therefore, all rhetorics have no practical validity, but understand reality and find solutions. The proposed sex education has three levels. First, it should start at both primary and secondary school levels. In order to implement this project successfully, special teacher training programme on holistic aspect of human sexuality is required, because then only that the students can be informed regarding various aspects of human
sexuality. Without a proper training, teachers cannot disseminate relevant knowledge on human reproductive health in a culturally sensitive environment.

The level two is the family health worker (FHW) could better be used as a resource person to provide basic understanding of health and sex education at grass root level. In Sri Lanka, the family health worker is always a female, and she visits assigned households regularly to examine the primary health of the people. In this endeavor, both teachers and health administrators could support her.

Third, the government can establish health and sex education unit in each hospital where both men and women can receive basic understanding of human reproductive health and sexuality- related matters. The health professionals who work at such clinics should have training in family health and reproductive health.

**Improve family planning methods**

The myth that with effective contraception, women will no longer resort to abortion is rather critical from women point of view and unsupported by facts in countries where the use of contraception is high. However, it is believed that with a steady supply of modern birth controls, abortion can be reduced, but not eradicate it. As the present study findings indicate, the majority women who came to abort their fetuses, mainly because of birth control failure. Therefore, men and women should be provided with modern birth control facilities at government hospitals at no cost. Moreover, together with family planning information and advice, abortion-counseling service should be established at all public hospitals in order to educate both men and women on the risks of unsafe abortion.
Men cooperation is an urgent matter

In almost all abortion-related literature, women often complain that their boyfriends, lovers, in case of commercial sex, customers, and husbands are less likely to cooperate with them in matters pertaining to reproductive health. Especially, in the use of family planning, men's role tends to be more dominant, one-sided, and unequal. Even in the present study, most of the women expressed that they relied upon their husbands to make the necessary decisions regarding the use of birth controls; when to use birth controls? What type of birth controls to use, or, not to use them at all. Therefore, men’s traditional gender behaviour and attitude towards birth controls should be changed and they should be more compatible with their spouses and lovers in sexual decision-making arena. Furthermore, women can be empowered to use female birth controls to reduce unwanted pregnancies.

Change abortion policy

As the findings of the study reveal that except a few, most of the informants were opposed to any form of legalization of abortion in the country. Therefore, any attempt to legalize or liberalize the current abortion law will be met with many challenges by many religious, civic, women rights groups. As a result, before any policy on the legalization of abortion introduced the following criteria should be given a serious consideration by health policy planners, according to Bernard Berelson.

1) scientific/medical/technological readiness
2) political viability
3) administrative feasibility
4) economic capability
5) moral/ethical/philosophical acceptability, and
6) presumed effectiveness

Scientific/medical/technical readiness

According to the findings of this study, it is almost impossible to find any solution to the above-mentioned criteria, but one can speculate about the possible implementation of the aforesaid criteria. Regarding medical and technological readiness, two questions are raised: (1) is the needed technology available? (2) are the medical personnel available? In Sri Lanka, it is rather difficult to find out whether the required technology is available or not, because of the illegal nature of the matter of abortion. If the necessary technology is available it is in the handful of doctors who practice abortion illegally. If Sri Lanka were to train needed physicians for legal abortion practices it is rather costly because if unconfirmed reports are correct the number of abortions practiced in Sri Lanka are 3,33,000 per year. Therefore, training medical personnel to look into abortion matters would be more burdensome with other medical problems that we have in the country. In addition, with caseload of abortion patients the already over crowded conditions of the hospitals would be worsened.

Political viability

Regarding political viability one has to see whether the Sri Lankan government is going to approve of induced abortion in the country, or not. The findings of the study are not enough to support this criterion. And at the sometime, except a few informants the rest was totally against any form of legalization abortion in the country. Especially, the
religious leaders were in complete apposition to any form of relaxation of the current abortion law in the island.

As mentioned earlier, the Sri Lanka government tried to amend the years old abortion law of the country in 1995, but the bill was voted down in parliament, rejecting the current government's attempt to change its abortion policy. Especially, the opposition lawmakers were in the forefront in opposing the more liberal form of legal draft to change the existing abortion policy of the country. The lawmakers argued that it was not the right policy that Sri Lanka should have adopted, because the country already has had successful population control programme. Thus, the annual population growth rate has decreased from 3 per cent to 1.2 per cent. Based on these facts, one can speculate that it is rather difficult for the Sri Lanka government to adopt a more liberal abortion policy when the country has dramatically controlled its population growth by introducing very elaborated contraceptive methods.

Administrative feasibility

In Sri Lanka, it is rather illusive to think about the practical feasibility of the controversial issue like induced abortion, because medical infrastructure for abortions facilities are still at primitive stage and administrative feasibility is also at very poor level. Even in case of rape and incestuous relationship it is still difficult women to get justice, because the delay of legal and medical procedures and social and cultural stigma attached to such cases. Sometimes, before the court declares its judgement on specific cases women in such situations have to terminate their pregnancies even by resorting to illegal practice of induced abortion.
Even if induced abortion is allowed under a liberalized environment, it is very difficult to maintain administrative feasibility. For instance, if a woman desires to terminate her pregnancy on economic grounds, numerous questions are raised: who makes the final decision to terminate her pregnancy? Is the situation reasonable for induced abortion? Who has the final say for induced abortion? In addition, the more expensive the required technology for abortion the more complicated it is to provide the services, especially in a poor country like Sri Lanka is not practical.

**Economic capability**

Since the matter of abortion is illegal in the country no study on the cost-benefit and cost-effectiveness has been conducted in order to measure the economic return of induced abortion as well as the annual expenditure on abortion practices. If the present unconfirmed induced abortion cases remain the same in the future, it is almost impossible for the Sri Lanka government to allocate very large sum of money on abortion practices while country faces with numerous social problems, such as war, unemployment, and poverty. Therefore, a complete liberalization of abortion policy for Sri Lanka would be debatable.

**Moral/ethical/philosophical acceptability**

It is argued that philosophically and idealistically women should have the rights to decide what to do with their bodies, whether to continue pregnancy or terminate it, or the number of children that a woman should have. However, we cannot escape from perennial moral and ethical foundations bound with pregnancy and family. All religions of the worlds often condemn all forms of abortion as a sinful act. In the present study also
all informants believed that abortion is an immoral act according to their religious beliefs, especially the religious leaders and the ten informants were in total disagreement with any form of reform to the present law. Therefore, any attempt to liberalize the existing abortion laws becomes a most controversial issue in the country, because Sri Lankan society as very religious society it is almost impossible to changes the exiting law. It is concluded that the issue of abortion in Sri Lankan society still is a repugnant matter, underlying the deeply rooted religious values of its people. Anyway, it is worthwhile giving a serious consideration in this matter very seriously.

Presumed effectiveness

In the final analysis one should consider to what extent that liberalization of induced abortion would work in Sri Lanka. It is believed that induced abortion is effective in preventing unwanted births; especially in China induced abortion is the most effective method of birth control. However, in Sri Lanka it is rather speculative to introduce such a policy to control population. Free abortion for contraceptive failure would create more fertility decline in the future. Therefore, induced abortion should not be the answer to population control or birth control failure in Sri Lanka.

As mentioned in the results, the two groups in the present study had very different opinions regarding the present abortion law of the country. The former was against any from of legal reform on the present abortion law in the island, though they had to experience illegal abortions. Of the later group, the four religious leaders had rather rigid openings against the legalization of abortion, while the rest had very favourable response
to changing the present law pertaining to abortion, but again they outlined certain conditions with their answers.

However, the continuation of the present abortion law of the country increases the number of induced abortions, therefore, the time has come to the government to put all rhetorics aside and ought to decriminalize the panel code. As mentioned above, in 1995, the Minister of Justice of the country introduced a revised abortion bill to parliament to make abortion legally available at least in cases of rape and incestuous relationship, but in the presence of religio-cultural orthodoxies the law was voted down. One important step towards more liberal and healthy approach to abortion issue, the government can remove the abortion law from the panel code and put it under the sanitary code. Another measure would be to eliminate the jail sentence as the penalty for performing and receiving an induced abortion. Otherwise, the government can put the issue of abortion in the context of health policy and then introduce certain conditions affectivity to bring about its reduction.

Finally, based on the information obtained from the study, as well as, information from other studies, it is rather impractical to see a complete liberalization of induced abortion in the country. The reason is that the religious and moral sensitivities attached to induced abortion among its population is insurmountable, therefore, the government ought to emend its abortion law as the following:

a) Pregnancies result either from rape or, incestuous relationship should be allowed to abort without any preconditions,
b) Pregnancy with fatal abnormalities, and if the continuation of pregnancy adversely affects the health of the mother it should be allowed to terminate,
c) Mother with severe illnesses should be allowed to terminate her pregnancy,

d) No mother should be allowed to destroy her fetus if the age of the gestation of pregnancy is beyond three months.

However, the above-mentioned abortions should be carried out under the authorization of government-approved physician and the services should be provided at both public and government approved private hospitals as well. Once it is implemented, there would be limited budget and the already overcrowded conditions at public hospitals would change from bad to worst as result of increased caseload of abortion patients. The idea of government hospital-based abortion services should be elaborated more, because even at present irrespective of strict banned of induced practices at government hospitals women who obtain abortion services at private places are highly likely to government hospitals for post-abortion complications. When some journalists had questioned these women why they prefer to go to government hospitals for abortion sequelae, and they had replied that abortion providers in private sector often refuse to treat abortions complications. The reasons for refusal were; (1) private sector abortion providers lacking the proper training to treat post abortion complications and sacristy of necessary equipments, (2) fear of legal prosecution. At the same time, the journalists had asked why they prefer to go to government hospitals and they have given three reasons: (1) proper medical attention in public hospitals; (2) the low cost; and (3) private hospitals do not have adequate equipments
Improve living conditions

Before undertaking any step to combat to the alarming number of induced abortion in the island the government should initiate economic development programmes to uplift the living conditions of its people, especially of the youth. The years old on going war in the north eats up one-third of its annual GNP. This has direct impact on the economic development of the country. Therefore the government should initiate a peace plan to end the war that has caused enormous burden on its people in terms of loosing many human lives as well as a huge loss of financial resources. As the results of the present study indicate that economic hardship is the foremost problem that influenced women to resort to induced abortion. At present, a very large number of young people find it is too difficult to get a decent employment to lead a comfortable life. Therefore, the younger generation on the country tends to postpone their marriage indefinitely or until they are able to secure a decent job. Though, they postpone their marriage they are highly like to be sexually active. In case of an unwanted pregnancy for an unmarried couple, abortion is the most practical solution that they have in order to avoid the circumstance of continuation of pregnancy. In modern Sri Lankan society, both men and women alike tend to postpone their marriage and economic factors are the main obstacle behind their postponement of marriage. That was why even in the study one couple said that they came to the clinic to obtain abortion in order to go to the Middle East to earn more money to overcome economic hardship at home and eventually to lead a more comfortable life after returning from the middle east. Therefore, the government should design long-term
economic development programmes to fulfill the youth’s aspirations to save them from the vicious cycle of poverty in their lives.

**Develop health social science programmes**

At present, there is no comprehensive health social science programme at any national university in the country. Therefore, as a long-term strategy to overcome sexuality-related matters and reproductive health, the government, with the help of Ministries of Health, Education, and High Education should develop a multi-disciplinary education, and research programme to address the current critical public health problem like induced abortion. If possible, the government may reach out the other international organizations, namely WHO, UNFPA, WORLD BANK, IMF, and many other private donor agencies to receive financial and other technical support. The proposed multi-disciplinary health social science programme may be integrated to local universities to carry out teaching and development activities.

**6.3 Recommendations for further research activities in the field of Abortion and other related areas in Sri Lanka**

A very little research has been done on abortion, sexuality, and other related matters in human reproductive health in Sri Lanka. And what has been done on the said area is not really analytical and academic, but rather descriptive. Therefore, it is fair to say that thorough and analytical studies in sexuality and reproductive health are still at primitive age in Sri Lanka. Therefore, well-designed intervention programmes are needed to investigate in the field of abortion and reproductive health.
Methodological issues for abortion research

Research design

As the research findings reveal that induced abortion is a very complex issue in Sri Lankan society and the lack of information of it makes more difficult to understand how intense the matter really could be? Therefore, qualitative research methodology should be employed to understand the reality of the prevailing problem, and can be triangulated with qualitative methodologies to understand the phenomena in the context.

Study areas and population

It is noted that induced abortions are widely spread in urban and sub-urban areas in the country. Sometimes, in newly developed Free Trade Zone areas abortion occur more frequently than in rural areas, because more young, unmarried, and rural migrant women work in these areas of the country. They are highly vulnerable to various sexual exploitations in these areas and as a result, illegal induced abortion clinic are mushrooming in the concerned areas. In addition, in military transitional areas of the country, there is a very high prevalence rate of induced abortion. The reason is that when soldiers return from battle zones, they are highly are likely to stay over one or two days in the transitional areas until they get their connection to respective destinations. While they are there they tend to associate with prostitutes, and prostitutes are more likely to abort their fetuses, according newspapers reports. Moreover, the Middle-Eastern migrant laboures families would be an attractive target group to conduct qualitative research on induced abortion, because in those families rape, incestuous relationship, extramarital
affairs, and premarital affairs are more frequent. As a result, there is a very high prevalence rate of induced abortion in those families, according to various sources of information.

**Data collecting techniques**

Sexuality as a sensitive issue, qualitative data collection methods should be utilized in order to gather information on abortion and sexuality-related matters. In-depth interviews maybe the most practical and effective way to understand the magnitude of the problems pertaining to human sexuality. It is important to train interviewers who can reach any informant from any background to collect sensitive information. At the end, all qualitative research findings on mentioned research area can be developed to design more quantitative studies in the future in Sri Lanka.

**Conclusion**

In conclusion, the study findings on induced abortion provide insights into a very controversial sometimes, public health problem, women’s problem, and social problem in contemporary Sri Lanka society. On the one hand, the ten women abortion episode cases withness the miserable situations that women have to face in order to seek induced abortion under very restrictive conditions or barriers. Especially, the family members of the woman who was raped had to face tremendous challenges in order to end her illegal pregnancy. On the other hand, the study findings indicate that how devisive the public perception on induced abortion in the country. For insntance, the four religious leaders have strong conservative and religious based attitude towards abortion, while the other four members are inclined to have very liberal perception on abortion.
However, the study findings suggest that whether the people of Sri Lanka realize or not, induced abortion has become a silence death situation for women from various socio-economic backgrounds in the island. It is unfortunate that almost all-responsible citizens are aware of the magnitude of the present induced abortion problem, but nobody seems to pay enough attention to address the matter to find long-term solutions. One can speculate that deeply rooted socio-cultural and religious values have become the main obstacle to debate the existing situation to understand the matter from various perspectives.

Therefore, all concerned groups should come hand-in-hand and to understand the problem of induced abortion in Sri Lankan society from a holoistic perspective, and address this human problem from a humane perspective to save millions of fetuses and women's lives from clandestine induced abortions. Finally, all findings of the study reveal the complexity of induced abortion, and they indirectly reflect when the Sri Lankan government were to liberalize abortion in the future the society would be divided into many fractions, such as, pro-choice or pro-life groups. For better or worst, law should have the primary jurisdiction over social and religious issues of abortion.
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Appendix I

IN-DEPTH INTERVIEW GUIDELINE FOR KEY INFORMANTS

Background Profile

1. What is your nationality?
2. How old are you?
3. What is your religion?
4. What was the highest grade or years of schooling you completed?
5. What is your occupation?
6. What is your monthly income?
7. What is your marital status/ single/ married/divorced/married/widowed.

Access to family Planning

8. Do you know how conception takes place?
9. Do you know how to prevent pregnancy? Please tell me about that.
10. Did you use any method last time? Please tell me what method.
11. If you did, why did you get pregnant?
12. Do you think birth controls are effective?
13. Was the failure of modern family planning method made you come to terminate pregnancy to this clinic?

Psychological Factors

14. How did you feel when you knew that you were pregnant?
15. Did you have any difficulty in making decision to come to seek an induced abortion?
16. Was it very difficult to find help seeking for induced abortion?

17. How do you feel now about having access to induced abortion services?

18. Do you think you are ready for an induced abortion? Are you afraid of it?

19. Do you have any feeling about after affects of abortion?

20. Please, tell me how do you cope with social stigma attached to abortion?

**Socio-economic Factors**

21. Can you tell me how did you get pregnant natural sex relations/rape/incestuous relations?

22. Why do you want to terminate your pregnancy?

23. Who made the decision to have an abortion, yourself/boyfriend/lover/husband?

24. Did you consult any of the above?

25. Do you have any difficulty if you want to continue this pregnancy until nine months?

26. What kinds of family support do you receive in the event of induced abortion?

27. Does someone help you in paying for the cost of abortion?

28. How did you come to know about the particular medical clinic?

29. With whom did you come to the clinic?

30. Why did you come to this clinic rather than going to government hospital?
Health seeking Behavior and Medical Assistance

31. What did you want to do when you knew that you wanted to terminate this pregnancy?

32. What factors motivated you to terminate this pregnancy?

33. What self-medication treatments did you practice to get rid of this pregnancy?

34. Did you go to traditional healers for induced abortion?

35. What kinds of methods did traditional healers practice to terminate pregnancy?

36. How did traditional healers treat you?

35. What do you think of their abortion services?

36. Are you satisfied with traditional healers' treatments for induced abortion?

37. Why did you come to this medical clinic for induced abortion?

38. What do you think of this particular clinic's abortion services?

39. What do you think of the doctor who practices induced abortion in this clinic?

40. What do you think of the medical staff of this clinic?

41. Are you satisfied with the services that you received here?

Legal Factors

42. Do you have any difficulty (socially, psychologically, legally) coming to abortion clinic, why?
43. Did you delay in coming to seeking induced abortion? Why? How long?

44. Do you think women should have the right to decide whether to terminate or continue pregnancy?

45. Do you think the current abortion law in Sri Lanka ought to be revised?

Religious factors

46. According to your religion what do you think of the termination of your pregnancy?

47. Do you feel guilty because do did not follow your religion?

After Effects

48. What other people think of you if they know that you obtained an induced abortion?

49. What kind of previous experience do you have in induced abortion?

50. Do you think you would develop health complications after this abortion?
Appendix II

In-depth Interview Guideline for Community Leaders

1. What is your nationality?
2. What is your gender?
3. How old are you?
4. What is your religion?
5. What was the highest degree/grade or years of schooling you completed?
6. What is your occupation?
7. What is your monthly income?
8. What is your marital status/single/married/divorced/widowed?
9. Do you think there is a problem of abortion in Sri Lanka?
10. How do you perceive abortion according to your religious background?
11. According to your religion do you think abortion is violence?
12. According to your knowledge why do we have a problem of abortion?
13. Do you think abortion is common among lower class/middle-class/upper class women?
14. Do you think more rural women go to obtain abortion?
15. Do you think more urban women go to seek abortion?
16. Do you think more Sinhalese and Buddhist women go to obtain abortion?
17. Do you think lack of family planning influences women to seek abortion?
18. Do you think lack of education of human sexuality increases women to seek abortion?

19. Do you think open economy increases women to undergo induced abortion?

20. Do you think ongoing war situation influences women to seek induced abortion?

21. What can we do to reduce the number of induced abortions in the country?

22. Do you think proper sex education can reduce induced abortion in Sri Lanka?

23. Do you think providing modern family planning device can reduce abortion in the country?

24. You as a leader what can you do to reduce abortion in your community?

25. Do you think legalizing abortion reduces abortion?

26. Do you think abortion should be legalized in Sri Lanka?
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