

To the Editors:

Reducing abortions is a public health issue

I refer to articles with the above heading in the *Ceylon Medical Journal* (1,2,3,4). In the letters (2,3,4) the authors are exchanging views on high moral grounds bordering on spirituality, while ignoring the realistic situation in Sri Lanka. I would like to inform readers about why reducing abortions should be a public health issue in Sri Lanka.

Abortion is a major cause of morbidity and mortality in Sri Lanka, affecting the reproductive and general health of women, and finally the quality of life of women and the family. The health system in particular and society in general are still to recognise the importance of this public health problem. At present abortion is illegal for any reason other than when maternal life is in danger. But the illegal status of abortion has in no way deterred women from seeking it. It is estimated that 44.7 per 1000 women aged 15 to 49 years have abortions each year in Sri Lanka (5). Calculated for a day this works out to a staggering 658 abortions daily. The majority of abortions are done under unhygienic unsterile conditions, and often by non-medical people. This is the major cause for the high morbidity and mortality.

According to a recent survey (6) the main reasons for seeking abortions were; youngest child too small (27.3%), completed family (7%), poverty (13.2%), local or foreign employment (14.6%), children adult (7%) and unmarried (2.5%).

The majority (>96%) of abortions in Sri Lanka occur in married women. The single most important factor for abortion in Sri Lanka is the unmet need for contraception. This is a tragedy, as by resorting to an illegal practice they are jeopardising their health and quality of life.

Currently the government of Sri Lanka is considering legalising abortion for specific reasons. The reasons are, for genetic abnormality of the fetus and when the pregnancy has occurred from rape or incest. Unfortunately, these reasons are not the reasons for which women seek abortion in Sri Lanka (6). The government hopes that by legalisation the morbidity and mortality associated with illegal unsterile abortions performed by non-medical people would fall appreciably. But legalisation for the given reasons will have no impact on illegal induced abortions.

By legalisation of abortion the government also hopes that abortions (for defined reasons) will be performed in a more regulated environment using proper surgical equip-

ment and techniques by a competent medical team. But mere legalisation on paper will not solve the problem. There have to be health infrastructure developments in the government sector to accommodate and sustain this service, such as increasing operating theatre facilities, training and equitable distribution of medical personnel, improving access to and strengthening antenatal genetic screening services, commitment of health and other authorities towards sustainability, and willingness of health and law enforcement authorities to shut down already well established illegal abortion facilities.

What of the genuine need of women to have an abortion for fetal genetic abnormality, rape and incest? These women, though a statistical minority, do have a genuine right to campaign for legalisation. In arriving at a final decision their views should be actively sought and provisions made to accommodate their legal rights without compromising their health and quality of life.

If a reduction in morbidity and mortality from abortion is desired in Sri Lanka legalisation of abortion in the present form is not the solution. It would be more cost effective, sustainable and less controversial socio-politically to improve access, knowledge and practice of contraception among the population. An added advantage we in Sri Lanka have for this option is that we possess an excellent primary health infrastructure which reaches grass roots of the population.

References

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