REPRODUCTIVE HEALTH matters

Misoprostol and the politics of abortion in Sri Lanka

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Abstract: *Misoprostol, a WHO essential medicine indicated for labour induction, management of miscarriage and post-partum haemorrhage, as well as for induced abortion and treatment of post-abortion complications, came up for registration in Sri Lanka in December 2010. The decision on registration was postponed, indefinitely. This has wide-ranging implications, as misoprostol is widely available and used, including by health professionals in Sri Lanka, without guidance or training in its use. This paper attempts to situate the failure to register misoprostol within the broader context of unsafe abortion, drawing on data from interviews with physicians and health policymakers in Sri Lanka. It demonstrates how personal opposition to abortion infiltrates policy decisions and prevents the issue of unsafe abortion being resolved. Any move to reform abortion law and policy in Sri Lanka will require a concerted effort, spearheaded by civil society. Women and communities affected by the consequences of unsafe abortion need to be involved in these efforts. Regardless of the law, women will access abortion services if they need them, and providers will provide them. Decriminalizing abortion and registering abortion medications will make provision of abortion services safer, less expensive and more equitable.*

Keywords: abortion law and policy, medical abortion, misoprostol, registration of medicines, essential medicines, Sri Lanka

Section 303 of the Penal Code of Sri Lanka, an archaic piece of legislation from 1883, permits abortion only to save a woman's life. It states, "Whoever voluntarily causes a woman with child to miscarry shall, if such miscarriage be not caused in good faith for the purpose of saving the life of the woman, be punished with imprisonment… for a term which may extend to three years, or with fine, or with both; and if the woman be quick with child, shall be punished with imprisonment …for a term which may extend to seven years, and shall also be liable to fine." It also states that "a woman who causes herself to miscarry is within the meaning of this section".[1,2]

Despite this restrictive law, clandestine abortion services have been reasonably accessible, as successive governments turned a blind eye to them, with legal action being taken occasionally against providers.[3–5] In 2007, however, abortion clinics came under attack. In a context of rising conservatism and pressure from the Catholic Church through an international anti-abortion organization with leverage at the highest levels of government, the more reputable services were shut down.[6,7] Since then, women have begun to explore medical abortion as an alternative.

Neither mifepristone nor misoprostol, the two medications that are highly effective in combination for medical abortion, are registered in Sri Lanka,[8] even for use in life-saving circumstances. Even so, both misoprostol and mifepristone are reportedly available across the country and used widely in obstetric practice.[9,10] While the unregistered status of both drugs is problematic since abortion *is* legal in life-saving circumstances, the case of misoprostol is especially so given its other important obstetric uses.

An attempt to register misoprostol was stalled at the Drug Regulatory Authority of Sri Lanka in December 2010.[11] This paper situates the failure to register misoprostol within the broader context of unsafe abortion and women's health in Sri Lanka.

Efforts to reform the abortion law

In 1995, an attempt at abortion law reform failed when the paragraph dealing with abortion was

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omitted from a series of Penal Code amendments, even before they were presented to Parliament. The opinions expressed by Members of Parliament during a parliamentary debate at the time illustrate the conservatism and misogyny pervading abortion politics in the country. For instance, one MP stated that "any attempt to legalize abortion or liberalize the existing laws on abortion… will be strongly opposed by all sections of society… [It would] affect the fundamentals of social and cultural life... Christians, Buddhists, Muslims and Hindus all believe in the supremacy of life." Other MPs voiced concern that liberalizing the law would result in an increase in promiscuity among women and false allegations of rape, and weaken the institution of the family.[2,12]

Since then, numerous efforts by the Ministry of Women's Affairs with support from the Sri Lanka Women's NGO Forum have not met with success.[13,14] The present push for change began in late 2011 when the Minister of Child Development and Women's Affairs raised the issue in Parliament.[15] A draft bill, prepared by the Law Commission in consultation with the Women's Ministry and the Ministries of Health and Justice, awaits approval before its presentation to Parliament.[16,17] This bill, if passed, will permit abortion in cases of rape, incest and congenital abnormalities on the recommendation of a panel of medical experts at a government hospital (Anonymous, personal communication, 28 August 2012). Although the Minister of Child Development and Women's Affairs has made several public statements in support of the bill, officials at the Ministry of Health have not been as vocal. Expanding the law on broader grounds has not been part of the discussion.[15–17]

These efforts take place in the face of rising opposition from the Catholic Church. The Catholic Bishops' Conference expressed collective opposition to the bill, and the Archbishop of Colombo linked it to Western conspiracies involving UNFPA, other international agencies and women's rights groups.[18] The Family Planning Association of Sri Lanka (FPASL), an International Planned Parenthood Federation member, has been a persistent advocate for change.[19,20] Advocacy efforts are currently underway involving FPASL and the Sri Lanka College of Obstetricians and Gynaecologists, working together to raise awareness on the issue among policymakers (Anonymous, personal communication, 10 July 2012). But most statements in the media made recently by public figures have not been encouraging.[17,19,21]

Maternal and reproductive health in Sri Lanka

South Asian countries like India and Nepal successfully liberalized their abortion laws by framing reform as a means of population control or to reduce maternal mortality.[22,23] These reasons are unlikely to be a campaign-turner in Sri Lanka, where impressive achievements in maternal health have been attributed to the provision of free health care, well-developed health infrastructure, free education and other social welfare measures.[24] About 75% of inpatient care is provided free of charge by the public sector.[25]

Sri Lanka is doing well in maternal and reproductive health, so far as national indicators are concerned. The maternal mortality ratio, at 35 per 100,000 live births, was the lowest in South Asia in 2010.[26] According to the latest Demographic & Health Survey (2006–07), the proportion of births attended by skilled health personnel and the proportion of women delivered at a health facility were exceptionally high at 98% (excluding the war-afflicted Northern Province). Contraceptive prevalence rates for any method and for modern methods were also high, at 68% and 53%, respectively.[27] These figures are national averages, however, and some districts had far poorer indicators, for example, in 2008, the maternal mortality ratio in Mannar district in the Northern Province was 70 per 100,000 live births.[28]

With such a high level of political commitment to maternal health, it is perhaps surprising that the government has not addressed unsafe abortion urgently too.

The burden of unsafe abortion

There are no national level statistics on the incidence of induced abortion.[4] In 1998, as part of a UNFPA-sponsored project on induced abortion, 10,000 representative urban and rural households in all provinces (excluding the Northern and the Eastern provinces) were surveyed. The abortion rate was estimated to be 45 per 1,000 women of reproductive age (95% CI 38-52), higher among rural married women. Abortion rates were highest in the impoverished Uva Province. At these rates an estimated daily rate of 658 abortions per day was computed.[29] Smaller-scale studies have consistently found that the most common reasons given for seeking an abortion was to limit or space births.[3,14,30,31]

Although no data are collected on abortion-related morbidity, the Ministry of Health estimates