

Original Research



Unheard voices: a cross-sectional study on the perception of Sri Lankan female factory workers towards the Abortion Law

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Abstract

Introduction: Induced abortion is restricted in Sri Lanka and is only permitted to save the life of the mother. However, many women undergo abortion through unsafe ways, putting themselves at risk of complications and incomplete abortion. Among the most vulnerable to unintended pregnancies and induced abortions are female factory workers (FFWs).

Objectives: To explore the knowledge and perception of FFWs towards Sri Lanka's abortion laws

Methods: A structured questionnaire was administered by a team of trained interviewers among randomly selected 608 FFWs of reproductive age using a multi-stage cluster sampling approach after receiving written informed consent.

Results: The study revealed that the FFWs had limited knowledge and conservative attitudes towards the abortion law. Surprisingly, a small proportion (10.9%) of the respondents were aware of the legal circumstances under which abortions are permitted. Majority of the respondents (64.8%) did not have comprehensive knowledge and they believed that providing treatment to a woman who had complications due to unsafe abortion is a violation of the law. Around half of the respondents supported legalizing abortion in cases of rape (49.6%), incest (45.6%) and lethal foetal abnormalities (75.2%). However, only a small proportion of the respondents urged in favour of legalizing induced abortion for other reasons such as contraceptive failure (13.7%) and economic hardship (9.1%). Furthermore, a mere 5.3% of the respondents agreed to legalize abortion on request.

Conclusions & Recommendations: FFWs possess limited awareness and conservative attitudes towards the abortion law. More focused information, communication and education interventions are needed to handle the issue.

Keywords: induced abortion, abortion law, legislation, export processing zone, knowledge and attitudes

Introduction

The World Health Organization (WHO) defines unsafe abortion as the termination of an unintended pregnancy performed by unskilled individuals in a sub-standard environment or both (1-2). In Sri Lanka, abortion is considered a criminal offense except when the life of the mother is at risk (3). Although the national contraceptive prevalence rate in the country is high, with 65% of the women using some form of contraception (4), unintended pregnancies still occur and some women resort to unsafe abortions (5). The estimated number of abortions performed in a year, ranges from 125 000 to 175 000 in restricted settings (6). This rate has increased significantly over the years, as a study conducted in 2000 estimated 658 induced abortions per day, amounting to 240 170 per year and an abortion ratio of 741 per 1000 live births (7). The emergence of medical abortion pills such as misoprostol has changed the practice of abortion in Sri Lanka, making it easier for women to access and self-administer the drug at home (8-10). However, less scientific evidence exists on the practice of medical abortion in Sri Lanka (9-11).

The Sri Lankan law pertaining to abortion is highly restrictive, as per the Penal Code of 1883 Section 303. According to this law, induced abortion is considered illegal and is considered a criminal offense punishable by imprisonment of up to three years or a significant fine or both. The only exception is when the mother's life is at risk. Furthermore, if the abortion procedure results in maternal death, under Section 304, the person who illegally performed the induced abortion could face up to 20 years of imprisonment (3). There has been a misconception among law enforcement authorities that the health personnel who treat complications after performing an illegal abortion are legally obligated to report the details of the patient to the police. However, according to the Attorney General of the Ministry of Justice, this is not the case and the treating medical doctor is not under any legal obligation to report such information. Therefore, the health workers are not

required to report a client seeking treatment for an incomplete abortion, even if they believe the client had obtained the procedure illegally from someone else. However, health workers could face prosecution if they knowingly facilitate the commissioning of illegal abortions by referring their patients to another practitioner (12).

Abortion is a highly sensitive topic in the Sri Lankan society, with strong cultural and religious beliefs that make it difficult to have an open and honest discussion about the issue (13). Despite this, there have been several attempts over the years to legalize abortion in the country. The first attempt to legalize induced abortion in Sri Lanka was made in the late 1970s, but it was unsuccessful due to the opposition of religious leaders (5). In 1995, an amendment to the abortion law was proposed to allow for abortions in cases of rape, incest, or foetal abnormalities. However, this too had resistance observed from religious leaders and ultimately withdrawn (5). The issue resurfaced in 2012, when the Minister of Child Development and Women's Affairs called for a relaxation of the restrictive abortion laws, particularly in cases of incest and foetal abnormalities. A draft bill for legalizing induced abortion in certain circumstances was prepared by the Law Commission, but again faced opposition from religious leaders, mainly from the Christian community (14-15). In 2022, the Justice Minister of Sri Lanka called for an amendment of the existing legal clauses pertaining to induced abortions, citing the need to create a more supportive environment for pregnant women who have been victims of rape and incest (16). However, political and economic instability in the country has prevented further progress on the issue.

In Sri Lanka, the EPZs have become an important source of employment for women, with over 100 000 women working in these zones as of 2019 (17). However, despite the economic benefits, FFWs often face a range of challenges related to their sexual and reproductive health (SRH) issues, including limited

access to comprehensive services (13, 18-20). On the other hand, a majority of EPZs do not provide their female staff with adequate income or support; employees are forced to live in squalor, work long hours with many potentially dealing with sexual and (or) physical abuse (18-21). Furthermore, sexual harassment has also become a significant issue for female EPZ workers. Many women have been forced to live away from their families in low-budget accommodation where feelings of vulnerability are compounded further (19). A recent study shows that the health seeking behaviour of employees in Koggala selected EPZ was low due to various factors (20). Therefore, the EPZ workers, including garment workers, are identified as one of the most vulnerable communities for overall SRH issues specifically for those related to unintended pregnancies and induced abortions (13). This study aimed to understand the knowledge attitudes and perceptions of FFWs towards abortion law of Sri Lanka.

Methods

The Koggala EPZ, established in 1991, was purposively selected as the study site due to its location in a popular tourist area and as the economic centre of Southern Province of Sri Lanka. Currently, this zone has 19 factories with 12 670 employees, of whom 74% (n=9412) are women (22). The study adopted multi-stage cluster sampling technique, considering each factory as a separate cluster. Four factories where the number of female employees were less than 10 were excluded from the study. The remaining 15 factories were subjected to probability-proportionate to size (PPS) cluster selection (23). In the second stage, a total of 76 respondents were selected from each factory. However, the number of respondents selected from one factory was doubled to 152 as it represented two clusters in stage 1 due to the large cluster size. Female employees aged between 18 to 49 years who are currently working in Koggala EPZ and who had worked for more than a year were included in the study.

The sample size was calculated using the standard sample size calculation formula for proportions with a finite population correction (24), which accounted for 5% margin of error, 95% confidence interval (CI) for a population of 9412, percentage of knowledge about unintended pregnancies among FFWs of 50%, design effect of 1.5 and 10% non-response. The final minimum sample size calculated was 608. A structured questionnaire was administered by a well-trained group of female interviewers using an online data collection tool. This approach of measuring attitudes towards induced abortion has been used and validated in other countries as well (25-28).

Data analysis

Data analysis was conducted using the Statistical Package for Social Sciences (SPSS). Attitudes towards the national abortion law were measured using a 1-5 points Likert Scale. Chi Squared Test and Fisher's Exact Test were used to identify any associations. A summative scale which was tested and validated in Sri Lanka in a previous study was utilized to measure overall attitudes towards abortion legislation (**Error! Reference source not found.**) under eight specific circumstances. Each answer was given a score of 1 to 5, and the scores were summed up to generate an aggregate score which ranged from 8 to 40, with lower values reflecting conservative attitudes towards induced abortion and higher scores reflecting liberal attitudes towards induced abortion. The scale demonstrated an acceptable level of internal validity (0.716 Cronbach's alpha) in the current study (**Error! Reference source not found.**).

Results

The study included 585 respondents, resulting in a response rate of 96%. Their average age was 31 years (SD=8.67), ranging from 18 to 49 years. The other characteristics are shown in Table 1.

Table 1: Profile of the respondents (N=585)

Variable	Level	No.	%
Age (years)	Below 25	180	31.1
	25 and above	405	69.3
Level of education	Up to Grade 8	16	3.1
	GCE O/L*	363	61.8
	GCE A/L**	140	24.0
	Above GCE A/L	66	11.2
Marital status	Currently married	379	65.2
	Never married	193	33.0
	Divorced	10	2.0
	Widow	1	0.1
	Other	2	0.1
Number of pregnancies	None	288	48.9
	1 to 2	217	37.2
	3 or more	80	14.4
Number of living children	None	307	52.2
	1 to 2	221	38.3
	3 or more	57	9.6
Working experience	1 to 3 years	308	53.2
	4 to 6 years	119	20.5
	7 to 9 years	72	12.2
	10 years and more	86	14.9
Designation	Managers/Assistant managers/Executives	20	3.2
	Supervisors/Section leaders/Office assistants	86	15.4
	Workers/Associates	479	82.2

*GCE O/L= General Certificate of Education Ordinary Level; **GCE/AL=General Certificate of Education Advanced Level

Table 2: Knowledge on the abortion law in Sri Lanka according to age category

Statement	Age in years						χ^2 value	p value
	Below 25		≥ 25		Total			
	No.	%	No.	%	No.	%		
Induced abortion is legal in Sri Lanka under some circumstances.	52	28.9	147	36.3	199	34.0	3.04	0.08
If yes, in which situations is induced abortion legal in Sri Lanka?	12	6.7	52	12.8	64	10.9	4.87	0.03
Provision of treatment for a woman who has gone through an abortion illegally is an offence as per the present abortion law.	59	32.8	147	36.3	206	35.2	0.68	0.41
A pregnant women can get free safe abortion service from a government hospital, if the medical condition she has with the pregnancy	75	41.7	245	60.5	320	54.7	17.83	0.001

is considered as a threat to her life.

Awareness on abortion law

Only a small proportion (10.9%) knew the circumstances under which abortion is legal in the country, while 34% incorrectly believed that abortion is not legal in all situations including when the mother's life is in danger and 15% that abortion is legal if it is performed to terminate a pregnancy with congenital abnormalities in the foetus (Table 2). Only 6.2% believed that abortion is allowed in cases of rape or incest. Almost 64.8% were not aware that providing treatment in case of incomplete abortion or complication to a woman who has undergone an abortion illegally is not an offence as per the current abortion law. On the contrary, only 54.7% (n=320) women were aware that a pregnant woman can obtain free, safe abortion services from a government

hospital if her medical condition during pregnancy is considered a threat to her life. Findings indicated that the young women below age 25 years who answered correctly were significantly lesser than the older counterparts in all four knowledge questions.

Attitudes on abortion law and possible changes

Findings revealed that the FFWs held conservative attitudes and perceptions towards abortion in different aspects (Table 3). Noticeably, nearly one-fifth of the respondents disagreed to legalizing abortion in the country even to save the mother's life, which is already allowed under the current law. However, three-fourths agreed on legalizing abortion in cases where the foetus has lethal abnormalities.

Table 3: Distribution of the respondents who agreed or strongly agreed to legalize abortion in Sri Lanka according to age category

Statement	Age in years						χ^2 value	p value
	Below 25 (n=180)		≥ 25 (n=405)		Total (N=585)			
	No.	%	No.	%	No.	%		
The Government of Sri Lanka must legalize abortion to save the mothers' life.	144	80.0	339	83.7	483	82.6	0.37	0.54
The Government of Sri Lanka must legalize abortion to terminate pregnancy resulting from a rape.	84	46.7	206	50.9	290	49.6	2.27	0.13
The Government of Sri Lanka must legalize abortion to terminate pregnancy resulting from incest.	77	42.8	190	46.9	267	45.6	0.13	0.72
The Government of Sri Lanka must legalize abortion to terminate a pregnancy with foetal abnormalities – lethal conditions of the foetus.	111	61.7	329	81.2	440	75.2	0.16	0.69
The Government of Sri Lanka must legalize abortion to terminate a pregnancy resulting from a contraceptive failure.	30	16.7	50	12.3	80	13.7	4.51	0.03
The Government of Sri Lanka must legalize abortion to terminate a pregnancy on account of bad economic conditions of the parents.	22	12.2	31	7.7	53	9.1	3.46	0.06
The Government of Sri Lanka must legalize	44	24.4	65	16	109	18.6	3.29	0.07

abortion on the request of the couple (both husband and wife).								
The Government of Sri Lanka must legalize abortion on the request of the woman.	14	7.8	17	4.2	31	5.3	7.93	0.01

Interestingly, only 48% were in favour of induced abortion if the foetus has major abnormalities but could still survive. Around half of the respondents were in agreement to legalize abortion. On the other hand, less than one-fifth of the respondents favoured induced abortion for other conditions such as contraceptive failure (13.7%), economic hardships (9.1%) and on the basis of couple's request (18.6%).

Factors associated with attitudes towards abortion

The median score for the composite scale measuring attitudes towards abortion was 26, indicating

‘moderate’ attitudes. Only 9.2% had extremely conservative attitudes (composite score<20) and 19.7% a more liberal perspective (composite score≥30). The rest had moderate attitudes towards abortion.

The respondents with work experience of less than five years were significantly more likely to accept liberal laws on abortion compared to those with more work experience (p<0.01). Other factors did not significantly impact attitudes towards the law governing abortion (Table 4).

Table 4: Socio-demographic and behavioural factors associated with the attitudes towards induced abortion (N=585)

Variable	No.	Median score	Correlation coefficient	p value	
Age (years)	Below 25	180	26	-0.066†	0.11†
	25 and Above	404	26		
Years of formal education	Up to GCE O/L	378	26	0.079†	0.06†
	Above O/L	206	26		
Working experience	Less than 5 years	355	26	-0.147†	0.001†
	5 years and more	229	25		
Marital status	Never married	193	26		
	Ever married	389	26		
Number of pregnancies	None	288	26	-0.002†	0.96†
	1 to 2	216	26		
	3 to 6	80	26		
Number of living children	None	307	26	0.009†	0.83†
	1 to 2	220	26		
	3 to 6	57	26		
Designation	Workers / Associates	478	26	-.059±	0.17±
	Higher grade staff	106	27		
Ever used any kind of contraceptive method?	Yes	246	27	0.001±	0.99±
	No	336	26		
Ever used emergency contraceptive pills	Yes	66	27	-0.083±	0.05±
	No	518	26		

Has a history of unintended pregnancy	Yes	65	27	-0.038±	0.52±
	No	517	26		
Has a history of induced abortion	Yes	22	25	0.033±	0.59±
	No	560	26		

‡=Pearson correlation; ±=Spearman's correlation

Discussion

It is alarming to find that a majority of FFWs are not aware of the laws governing abortion in Sri Lanka. A previous study conducted in Colombo, Sri Lanka in 2017 also found that only 15% of the female participants were knowledgeable about the legal conditions surrounding abortion in Sri Lanka (31). Almost three-fourths of the participants were under the false impression that providing treatment to a woman who has undergone an illegal abortion is an offense according to current abortion laws. This finding puts the lives of these women at risk if they develop complications following an unsafe abortion. The situation is even worse among females below the age of 25. Furthermore, only 14% of the respondents were aware that free and safe abortion services are available to pregnant women at government hospitals if their medical condition during the pregnancy poses a threat to their life.

The findings indicate that there is an urgent need for factory management to step up and take action. By printing and distributing informative leaflets or booklets, utilizing digital health interventions through the latest telecommunication tools, and implementing peer education by well-trained peer educators, factory workers can become more informed about the causes and consequences of unintended pregnancies, unsafe abortions, existing laws and possible legislative changes that protect women's reproductive rights in Sri Lanka. By taking a proactive approach, management can help create a safer and more supportive environment for their employees and help ensure that their reproductive health needs are met.

A previous study exploring perceptions of abortion laws in Sri Lanka also showed that while a minority

of respondents (11%) disagreed with the current law that only permits induced abortion to save the life of the mother, the majority favoured the legalization of abortion for specific reasons. These included cases of rape (65%), incest (55%), and pregnancies with lethal foetal abnormalities (53%). Conversely, less than one-tenth of the respondents supported legalization for other reasons, such as contraceptive failure (6%), poor economic conditions (7%), or on request (4%). It is clear that while abortion on request may be largely rejected by society, the majority are in favour of providing access to safe and legal abortion for those who require it due to exceptional circumstances (32).

This data highlights a clear distinction between what are considered "hard reasons" and "soft reasons" for accepting abortion. While respondents were more likely to support abortion in cases where the pregnancy was beyond the woman's control, such as when the mother's health was at risk, or in cases of rape, incest, or lethal foetal abnormalities, the majority of those surveyed were unwilling to support legalizing abortion in situations where they assume the woman was in control of her own pregnancy. This conservative attitude towards abortion was consistent with the findings of a previous study conducted in 2010, which revealed that over 70% of women who had undergone abortions did not believe that legalizing abortion was appropriate or beneficial (33). These results underscore the need for a nuanced approach to the issue of abortion, one that takes into account the complex social and cultural factors that inform people's attitudes and beliefs.

The study revealed that there is a difference in the perception of legalizing abortion among adult and youth FFWs. While adult FFWs tended to support

the legalization of abortions for "hard reasons" such as health conditions of the mother, rape, incest, and lethal foetal abnormalities, youth FFWs favoured legalizing abortion for "soft reasons" like contraceptive failure and on the woman's request too. However, these differences were not statistically significant, except for the termination of pregnancy with foetal abnormalities, where a foetus might survive with significant abnormal conditions. Results of the current study are in line with a previous study, which found that younger respondents were more likely to support the legalization of abortion for economic reasons, contraceptive failure, and on the request of the woman or couple (32). These results call for a nuanced approach to conduct advocacy programs, taking into account the different opinions and perceptions of both adult and youth population in Sri Lanka.

In 2015, a study on induced abortion attitudes among the general population in Sri Lanka revealed a multitude of factors that can influence one's opinion on the topic. Ethnicity, religion, age, education level, marital status, and number of children were among the factors found to be linked to one's attitude toward legalizing induced abortion. Muslims were the most conservative group, while those with higher education, fewer children, and a younger age tended to be more open to liberalizing abortion laws. The study also found that personal experience played a role in shaping attitudes, with those who have used contraception, faced contraceptive failure, or had undergone an abortion being more likely to support liberalization (34). However, the current study could not detect those effects as the population of the current study is relatively homogeneous and lacks representation from ethnic minorities.

A subsequent study suggests that access to information plays a significant role in determining attitudes towards induced abortion. Those who have access to various sources of information, such as newspapers, leaflets, TV and radio programs, and the

internet, tend to have more liberal attitudes. Mass media has the strongest influence, with males relying on television, radio, and education for their information, while females rely more on informal discussions and public health staff (35). While access to information can influence one's attitude towards induced abortion, the current study did not focus on this factor as a determinant of attitudes.

Considering the overwhelming public support (32, 35), the government could take a more compassionate and pragmatic approach by legalizing abortion in cases of rape, incest, and fatal foetal abnormalities. While such a move may not significantly reduce the number of illegal abortions, it would provide much-needed relief to women who are victims of abuse resulting in unwanted pregnancies or carrying foetuses with severe congenital deformities. However, it is important to note that the number of induced abortions resulting from these circumstances is comparatively small, as previous studies have shown (5). Therefore, such a change in the law would be more of a humanitarian response than a means of preventing illegal abortions.

While it is important to recognize the significance of liberal abortion laws, it is equally essential to acknowledge that they alone cannot address the issue of unsafe abortions. Legal frameworks without proper implementation or effectiveness may prove inadequate. Other countries such as India and Nepal have already undergone legal reforms (36), but still face high abortion-related mortality (37). This serves as a stark reminder that legalizing abortion is only a part of the solution. It is imperative to address all relevant factors, such as the availability of healthcare facilities, in order to make informed policy decisions that will have a lasting impact.

Conclusions & Recommendations

The research findings highlight significant gaps in knowledge and conservative attitudes among FFWs

regarding Sri Lanka's abortion laws. These findings underscore the urgent need for comprehensive interventions to address this issue effectively. To begin with, targeted information campaigns should be developed to increase awareness of the legal circumstances under which abortions are permitted in Sri Lanka including availability of post abortion care and treatments for incomplete abortions. Efforts should also focus on reaching FFWs, specifically utilizing accessible and culturally appropriate communication channels such as digital health interventions, workplace education programs, including peer education, community outreach initiatives and partnerships with local women's

organizations and medical officers of health. Further, it is crucial to address the misconceptions such as legality of post abortion care surrounding abortion law among FFWs. Education programs should emphasize the importance of safe and legal reproductive healthcare, highlighting the risks associated with unsafe abortions and the rights of women to make informed choices about their own bodies including contraception, emergency contraception and post abortion care. Policy advocacy efforts should be undertaken to review and reform abortion laws to decriminalize abortion in the cases of rape incest and fetal abnormalities, taking the public acceptance in to account.

Public Health Implications

- Improving access to comprehensive SRH Information - The study highlights the limited knowledge among Female Factory Workers regarding Sri Lanka's abortion laws. Public health interventions should focus on providing accurate and comprehensive information about reproductive health, including the legal circumstances surrounding abortion.
- Addressing stigma and misconceptions - Public health interventions should aim to reduce misconceptions surrounding abortion law especially about the legality of post abortion care services.
- Enhancing contraceptive and emergency contraceptive services - The findings suggest that FFWs may lack access to reliable contraception including emergency contraception, leading to unintended pregnancies. Public health strategies should prioritize the provision of comprehensive contraceptive services, including counseling, access to a variety of contraceptive methods, and education on their correct and consistent use.
- Advocating for legal reforms to decriminalize abortion for the cases of rape, incest and fetal abnormalities - The study highlights the public acceptance of liberalizing abortion law for the cases of rape, incest and fetal abnormalities. Public health professionals should actively engage in advocacy efforts to review and reform the abortion laws.

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Author Declarations

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