

FACT SHEET LAWS, POLICIES AND PRACTICES ON ABORTION IN SRI LANKA

A | BACKGROUND —

Abortion is considered illegal in Sri Lanka unless the life of the mother is at risk.¹ However, under the guidelines for post-abortion care issued by the Ministry of Health (MOH) in 2015, any woman who undergoes an abortion can seek medical care for complications at any government facility without fear of prosecution.²

1. STATISTICS AT A GLANCE

According to a 2016 report, the MOH, reported that 658 abortions are carried out daily in Sri Lanka and that approximately 240,170 abortions take place annually.³ Statistics suggest that although women may be deterred from accessing post-abortion care due to the fear of prosecution, women seeking to end unwanted pregnancies are not deterred by Sri Lanka's punitive abortion laws. Where they are unable to access abortions legally, they do so clandestinely.⁴

Research carried out in two abortion clinics in Colombo in 1997 showed that more than 90 percent were married women seeking abortions,

and more than 50 percent already had one or two children. The reasons given by married women for wanting an abortion were that their pregnancy was too soon after the last delivery, poverty and employment overseas.⁵

Many women undergo induced abortions due to their inability to afford another child, lack of awareness of contraceptives, and abortion being a taboo topic. Approximately 50 percent of women do not practice any form of birth control.⁶

A study of 56 women admitted to government hospitals for post-abortion care in Sri Lanka showed that women delayed seeking medical care because they felt they would be discriminated against. 10 percent experienced verbal abuse from hospital staff.⁷ Another study showed that patients faced sexual advances by health providers.⁸ In a survey published by the Ceylon Medical Journal in 2015, 65 percent of respondents said abortion should be legalised in cases of rape and 53 percent agreed that it should be legalised in cases of foetal abnormalities.⁹

2. MATERNAL MORTALITY RATE AND ABORTION

Sri Lanka has a current total fertility rate of 2.1 children per woman and a population growth rate of 1 percent. Health officials estimated the 1999 maternal mortality rate to be 250 deaths per 100,000 live births, 25 percent of them related to unsafe abortions. An alarming factor in this high mortality rate is the prevalence of induced abortion among married couples being 94 percent, with an abortion rate of 58 per 1000 among ever-married women. Induced abortion was observed mainly among the urban and semi-urban married women between ages 25 and 39 with two or more children.

A National Survey conducted in 1999 reported an abortion rate of 45 per 1000 women (4.5 percent) in the 15 – 49 age groups.¹⁰ In 2005, the Family Health Bureau attributed 11.7 percent of maternal deaths to unsafe abortions, making it the third-largest cause of maternal death.¹¹ Research conducted in 2015 found that unsafe abortions are responsible for 10 to 13 percent of maternal deaths in Sri Lanka, making it the third most common cause of death during pregnancy.¹²

Clandestine abortions place women at risk as “They are done by unqualified people under unhygienic conditions, using instruments which are not sterile. There can be serious damage to the womb and vagina, excessive bleeding, dangerous infection and tetanus. The girl may find she is unable to get pregnant again. Clandestine abortion may cause death due to these severe complications.”¹³

B | KEY ASPECTS OF THE SRI LANKAN LAW, POLICIES AND PRACTICES ON ABORTION

1. LAWS

a) Penal Code¹⁴

The following are offences under the Penal Code:

- Causing a miscarriage with the only exception being to save the life of the mother (S.303),
- Causing a miscarriage without the woman’s consent (S.304),
- Causing the death of a woman through an act done to cause miscarriage (S.305),
- Any act done to prevent a child being born alive or causing it to

- die after birth (S.306),
- Any act amounting to culpable homicide that may cause the death of an unborn child close to term (S.307),
- Punishment includes imprisonment up to twenty years or a fine or both.

The law implies that even where there are complications of physical and mental health, due to rape, incest, foetal impairment, for economic and social reasons, or on the request of the woman, abortions are not legally permitted in Sri Lanka.

b) Code of Criminal Procedure Act¹⁵

Every person has an obligation to give information about the commission of specific offences in the Penal Code.¹⁶

- A peace officer has an obligation to inform the authorities of the commission of any offence within his local area of jurisdiction.¹⁷ Hence, a police officer, who is a peace officer, should immediately bring to the notice of the authorities the commission of any offence within the local limits of his jurisdiction.
- However, Sections 303 to 307 of the Penal Code, which penalizes illegal termination

of pregnancies, are excluded from this obligation. Hence a person cannot be prosecuted for failing to inform the authorities of a clandestine abortion. Here, “a person” would include a Medical Officer.

A Medical Officer to whom a patient is referred to from complications after an abortion, will not be guilty of any offence. Medical Officers are legally obligated to provide post-abortion care under the guidelines presented below.

2. POLICIES, GUIDELINES AND DIRECTIVES

Guidelines and Circulars

a) National Guidelines on Post Abortion Care (Second Edition, 2015)¹⁸

- These guidelines were developed to address the issue of ‘septic abortions’ which has been the primary cause of maternal deaths in Sri Lanka, in recent years.
- The guidelines provide health care providers, including medical, nursing and other health professionals, with essential information and guidance on the management of women presenting with an abortion, to provide them with comprehensive high quality post abortion care (PAC) services.
- PAC includes emotional

support, family planning and counselling services, and referrals to other reproductive healthcare services.

- The guidelines also provide definitions for abortion, septic abortion, unsafe abortion and illegal or criminal abortion as recognized in Sri Lanka.
- The providers at the health facilities are not permitted to withhold post-abortion care services citing personal, moral and/or religious beliefs.
- Post-abortion care is provided primarily in specialist gynaecology units. However, the guidelines also recognize the need to have emergency post-abortion care services even at the most basic rural health posts.

Annexure to the National Guidelines

The Sri Lanka College of Obstetrics and Gynaecology (SLCOG) Position Statement¹⁹ endorses the use of the drug Misoprostol in certain instances, affirming that its use is backed by sound scientific evidence and global experience.

b) Guidelines for the Use of Misoprostol in Gynaecology

and Obstetrics (2016) – Ministry of Health (Circular No: P-49/66/2015:Guidelines for the Use of Misoprostol in Gynaecology and Obstetrics)²⁰

The Sri Lanka College of Obstetrics and Gynaecology recommends the use of Misoprostol in clinical practice in the third trimester only in the case of a death in utero. It is further contraindicated in the presence of a uterine scar. Currently, when the baby is alive, the use of Misoprostol for inducing labour at the appropriate dosage is only recommended in a research setting. The Circular provides that Misoprostol should not be used in the presence of infection.

c) Guidelines on Ethical Conduct for Medical and Dental Practitioners registered with the Sri Lanka Medical Council, July 2009 – Sri Lanka Medical Council²¹

- The guidelines specify that a doctor who performs a clandestine abortion can be convicted under criminal law, and risks losing his/her medical registration. The doctor is not obliged to always report a case of illegal abortion. If the abortion has been performed by the woman herself, the doctor must provide necessary medical care, but if the woman repeatedly seeks the same care, the doctor may report the case to the police.

Policies

a) Population and Reproductive Health Policy (1998)²²

Of the 8 policy goals, the goal to ensure safe motherhood recognized and included issues such as unwanted pregnancies and induced abortions as concerns that needed to be addressed in the future.

b) National Policy on Maternal Child Health (2012)²³

One of the strategies to achieve Policy Goal 7 on family planning is to establish an appropriate system for post abortion care.

c) Sri Lanka National Action Plan for the Protection and Promotion of Human Rights (2017-2021)²⁴

Objective 3.1 aims to enhance knowledge on unsafe abortions through the conducting of appropriate teacher training courses.

d) National Policy on Gender Equality and Women's Empowerment Sri Lanka - Ministry of Women, Child Affairs and Social Empowerment (2023-2033)²⁵

The strategies set out in this policy include the promotion of law reform to ensure women's right to their bodily integrity and sexual and reproductive health rights, to enable access to safe legal abortion under medical supervision without conditions, not only in cases in which the life of the pregnant woman is threatened, but in all cases of rape, incest, and severe foetal impairment.

3. PRACTICES

a) Costs of clandestine abortions

Despite rigid abortion laws, women from higher-income households are able to terminate their pregnancies by consulting a psychiatrist for severe mental depression and suicidal tendencies and the psychiatrist recommends

an abortion to save the life of the mother. The pregnancy may then be terminated in a private or government hospital by a qualified medical practitioner or by travelling overseas to access safe abortions. The cost of unsafe abortions is mostly borne by women from middle-income and lower-income households who seek abortion services from "back-door

abortionists” under unhygienic conditions, resulting in high maternal mortality and chronic ill health. Women and their families bear the lasting consequences of unsafe abortions; a cost that is often forgotten in the debates on abortion law.²⁶ In December 2021, a 13-year-old girl from Mullaithivu died as a result of a clandestine abortion after allegedly being raped by a family member.²⁷

b) Use of Mifepristone/Misoprostol in Sri Lanka

In 2017, proposals were made to legalise Mifepristone and Misoprostol, drugs that are commonly used for clandestine abortions in Sri Lanka and were banned.²⁸ Misoprostol was sold covertly in most pharmacies at a cost of 150 rupees per pill. Medical abortions do have benefits relative to surgical abortions as they are less intrusive, reduce risks from general anaesthesia, and cause less risk of secondary infertility due to scarring and intrauterine adhesions.²⁹ However, due to the inability to regulate the sale of these drugs, patients don’t have complete information on correct dosages, so may potentially face health risks from taking incorrect dosages. An attempt to legalise Misoprostol in 2010 failed when the responsible body was unable to reach a decision on registration.³⁰

In 2021, the Ministry of Health had issued detailed guidelines on the use of Misoprostol, which include its use in management of miscarriages in the first and second trimesters or for incomplete miscarriage in the first trimester.³¹

“No one has a right to take a life. Natural birth to natural death, life is sacred. And we believe life begins at the moment of conception.”

- Cardinal Malcom Ranjith

“I invite you all to spread the message to all you meet that abortion is murder”

- Bishop Winston Fernando

c) Common Practices Relating to Abortion

Key informants that included a youth activist, civil society organisation (CSO) representatives and medical professionals shed light on some common abortion related practices.

Youth Activist

“Abortion pills are more readily available in the plantation communities as plantation workers cannot work for long periods if they become pregnant. In general, abortion clinics and services are also limited due to the crackdown on those providing abortion care services. Many of these clinics went underground as a result.”

Medical Professionals

“Two doctors have to confirm that an abortion can be performed in order to protect the woman’s life. They stressed the importance of timely post abortion care, including screenings for infections, STDs, complete evacuation, blood transfusions, and access to contraception and sex education.”

CSO Representatives

“Rural women migrate from rural areas to cities for work, and resort to abortions using inferior drugs where they have been impregnated by their own family members. These women are unable to access safe abortions.

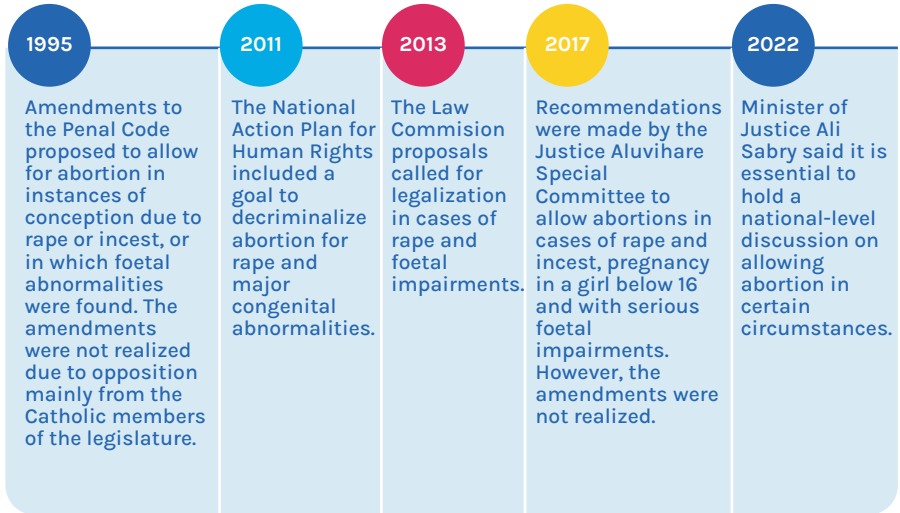
Some CSOs run centres that provide medical/clinical facilities, food, lodging and clothes to pregnant women till they deliver their babies in instances where they cannot undergo an abortion.

Women are generally directed to these CSOs for post abortion physical and psychological care by clandestine abortion centres.”

4. ATTEMPTS TO AMEND THE LAW: 1995, 2011, 2013, 2017, 2022

Even though the topic of reforming laws applicable to abortions has been raised in Parliament by Members of Parliament on several occasions in the past, and although proposals were made by the Law Commission of Sri Lanka

in 2013 to legalize abortion in cases of rape, those attempts have been unsuccessful. The latest attempt was made in March 2022, by Minister of Justice Ali Sabry who said it is essential to hold a national-level discussion on allowing abortion in certain circumstances.



Religious leaders have always been one of the main sources of opposition to proposed reform of Sri Lanka’s abortion laws. Despite the Pope’s pronouncement that absolution can be given by a priest, Catholic leaders in Sri Lanka have maintained a strong view against legalizing abortion. Other Christian, Buddhist and Muslim religious leaders have also voiced opposition to reform. However, the Feminist Catholic Network has made a public statement, signed by over 100 Sri Lankan Roman Catholics, showing their support for the proposed reforms.

C | KEY HUMAN RIGHTS STANDARDS

Reproductive rights are essential to the realization of all human rights. They encompass a spectrum of civil, political, economic, and social rights, from the rights to health and life, to the rights to equality and non-discrimination, privacy, information, and the right to be free from torture or ill-treatment. States’ obligations to guarantee these rights require that women and girls not only have access to comprehensive reproductive health information and services, but

also that they experience positive reproductive health outcomes such as lower rates of maternal mortality, and have the opportunity to make fully informed decisions—free from violence, discrimination, and coercion—about their sexuality and reproductive lives.³³

“We object to any barrier that would stop women from making a conscientious choice of their own free will to seek safe, legal medical care”, as well as that “the ‘official’ position put forward by a few clergymen of the Catholic hierarchy makes a false representation of the opinion of ordinary Catholics”.

- Feminist Catholic Network

Several international treaties contain human rights principles associated with the right to health, which encompass the right to sexual and reproductive health, including standards for safe abortion and access to post-abortion care and related services. These include CEDAW, ICESCR, ICCPR, CERD etc. The guaranteed rights include the highest attainable standard of physical and mental health,³⁴ the right to protection of health and to safety in working conditions, including safeguarding the function of reproduction³⁵, access to health care services, including those related to family planning³⁶, right to have access to adequate health care facilities, including information, counselling and services in family planning³⁷ etc.

a) Sri Lanka Ratification Status

17 July 1980 (Signatory)	11 June 1980 (Accession)	11 June 1980 (Accession)	3 January 1994 (Accession)	18 February 1982 (Accession)	26 January 1990 (Signatory)	8 February 2016 (Ratification)
Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)	International Covenant on Economic, Social and Cultural Rights (ICESCR)	International Covenant on Civil, and Political Rights (ICCPR)	Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT)	Convention on the Elimination of Racial Discrimination (CERD)	Convention on the Rights of the Child (CRC)	Convention on the Rights of Persons with Disabilities (CRPD)

b) Treaty Monitoring Body Recommendations to Sri Lanka on Abortion

Several UN human rights treaty bodies including committees sitting under CEDAW, ICCPR and ICESCR, have expressed concerns over Sri Lanka's abortion laws for the past 20 years and have recommended legalizing abortion at the least for all cases of rape, incest and severe foetal impairment and decriminalize abortion in all cases, as well as remove barriers to women's access to safe abortion services.

1. CEDAW Concluding Observations (2017)

"Amend its legislation to legalize abortion not only in cases in which the life of the pregnant woman is threatened, but also in all cases of rape, incest and severe foetal impairment, and to decriminalize abortion in all other cases; remove barriers to women's access to safe abortion services, such as the requirement of a judicial inquiry as to whether there should be a medical termination of the pregnancy and the need for a medical certificate authorizing an abortion."³⁸

2. CRC Concluding Observations (2018)

"Ensure access to safe and confidential abortion without stigmatization, and post-abortion care services for adolescent girls, making sure that their views are always heard and given due consideration."³⁹

c) World Health Organization (WHO) Safe Abortion Guideline⁴⁰

Drawing on the latest evidence and data on the clinical, service delivery, legal, and human rights aspects of abortion care, WHO released its Abortion Care Guideline (the guideline) in March 2022, updating and replacing the recommendations in all previous WHO guidelines on abortion care. The recommendations included in the guideline are based on public health evidence and human rights.

Laws and Policies

The guideline sets forth three cornerstones of an enabling environment for abortion care:

1. Respect for human rights including a supportive framework of law and policy,
2. The availability and accessibility of information, and
3. A supportive, universally accessible, affordable and well functioning health system.

For example, it recognizes that as a standard approach to human rights-based health care, all norms, standards and clinical practices related to abortion should promote and protect: individuals' health and human rights; informed and voluntary decision-making; autonomy in decision-making; non-discrimination (including intersectional discrimination) and equality; confidentiality and privacy; adequate referral mechanisms; the continuum of care⁴¹.

The guideline makes 7 major legal and policy recommendations:

1. Recommendation for the full decriminalization of abortion.
2. (a) Recommend against laws and other regulations that restrict abortion by grounds. (b) Recommend that abortion be available on the request of the woman, girl or other pregnant person.
3. Recommend against laws and other regulations that prohibit abortion based on gestational age limits.
4. Recommend against mandatory waiting periods for abortion.
5. Recommend that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution.
6. Recommend that access to and continuity of comprehensive

abortion care be protected against barriers created by conscientious objection.

7. Recommend against regulation on who can provide and manage abortion that is inconsistent with WHO guidance.⁴²

Clinical Services

To address methods of abortion and related clinical care; from provision of information, counselling and pain management to methods and regimens for abortion, provision of post-abortion care, including methods of contraception.

The Guide recognizes the values and preferences of abortion seekers as active participants as well as beneficiaries of health services. These include core values of dignity, autonomy, equality, confidentiality, communication, social support, supportive care and trust as foundational to abortion care.

EXPERIENCES OF WOMEN SEEKING ABORTIONS⁴³

“ I am a domestic worker in my 40s and I have 5 children and didn't want any more children when I found out I was pregnant. Abortion services in Colombo charge between Rs. 100,000 and Rs. 180,000. My employer recommended medical abortion pills but I was unable to find any. I got an abortion done in Matara for Rs. 40,000. It was a disturbing experience but I was relieved as I am not carrying a baby I can't support.”

“ I have a boyfriend and I am one and a half months pregnant. My mother is very understanding and supportive of my situation. I have read about very medical abortions on the internet and I want to access these pills. I'm scared and I don't know if I can wait till these pills arrive. As I was desperate, I bought these pills for Rs. 80,000 from a pharmacist. I found out that these pills cost only Rs .400 in Nepal.”

“ I had 3 little children at the time that I got my 2 abortions. I was happily married and my family was complete. I did not want any more children. I got the procedure done by my gynaecologist; the same doctor who had delivered all my children. He performed both abortions in safe and hygienic conditions and I was comfortable. I don't regret my decision.”

“ I got pregnant at 15. My mother took me to a clinic in Ja-Ela and paid Rs. 20,000 for the procedure. I was relieved that I had not had that baby. My family has had to take out loans - not just for the abortion, but for daily expenses. We are still paying these off, 15 years later.”

“ I am a Muslim married at 21 and was 22 when my baby was aborted without my consent. My marriage was not accepted by my parents and they sent me to live with my aunt so my marriage would not be consummated. I realized at my aunt’s that I was pregnant as I had no knowledge of contraception. My aunt took me to a medical centre and I was put under anaesthesia and when I regained consciousness, I was told that I was no longer carrying the baby. My aunt had tricked me into having an abortion. I regret the abortion because it was not my choice and I feel that the child may have been a girl. I now have four boys.”

¹ Penal Code No.2 of 1883, S.303.

² National Guidelines on Post-Abortion Care, 2015. <http://fhb.health.gov.lk/images/FHB%20resources/Family%20Planning/Family%20Planning%20Unit/Publications/National%20Guidelines%20on%20Post%20%20Abortion%20Care.pdf>

³ Human Rights Watch (n 28).

⁴ Centre for Equality and Justice, Anuradhapura field team report: In June 2023, a 13-year-old child from the Anuradhapura district was raped and got pregnant. As reported by field staff last month, the child and the mother left the village after reporting the case to the relevant authorities. As a follow up, it was reported that they are now back in the village after performing an abortion that was carried out by the mother of the 13-year-old.

⁵ Saira Meyler, ‘Abortion - Where is Sri Lanka on the Spectrum?’ (Groundviews, February 2018) <<https://groundviews.org/2018/09/02/abortion-where-is-sri-lanka-on-the-spectrum/>> accessed 10 July 2023.

⁶ Dulya de Silva, ‘Sri Lanka should consider legalizing abortion for rape victims: Justice Minister’ (Economy Next, March 2022) <<https://economynext.com/sri-lanka-should-consider-legalising-abortion-for-rape-victims-justice-minister-91425/>> accessed 20 July 2023.

⁷ Ramya Kumar, Abortion in Sri Lanka: The Double Standard (2013) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3673519/#bib13>

⁸ Ibid

⁹ <http://www.bakamoono.lk/en/article/2765/where-are-we-now-in-the-abortion-debate-the-sri-lankan-spectrum-part-ii>

¹⁰ ‘Abortion Policy Landscape - Sri Lanka’ World Health Organisation, <https://apps.who.int/iris/bitstream/handle/10665/338768/factsheet-sri%20lanka-eng.pdf?sequence=10&isAllowed=y>

¹¹ 2005 Maternal Mortality Review conducted by the Family Health Bureau

¹² Meenakshi Ganguly, ‘Reform Sri Lanka’s Draconian Abortion Law: Legalize Abortion for Rape Survivors and Others’ (Groundviews, March 2022) <<https://www.hrw.org/news/2022/03/10/reform-sri-lankas-draconian-abortion-law>> accessed 15 July 2023

¹³ Lilanka Botejue and Devika Brendon, ‘Bodily Harm: Abortion and the Rights of Women in Sri Lanka’ (Groundviews, June 2022) <<https://groundviews.org/2022/06/29/bodily-harm-abortion-and-the-rights-of-women-in-sri-lanka/>> accessed 15 July 2023.

¹⁴ Penal Code No.2 of 1883.

¹⁵ Code of Criminal Procedure Act, No. 15 of 1979.

¹⁶ Section 21.

¹⁷ Section 22.

¹⁸ Ministry of Health, Nutrition and Indigenous Medicine Sri Lanka, ‘National Guidelines on Post Abortion Care’ (Second Edition, 2015) <<02-Sri-Lanka-National-Guidelines-on-Post-Abortion-Care-Ministry-of-Health-2015.pdf> (srrh.org)> accessed 05 June 2023.

¹⁹ Sri Lanka College of Obstetricians and Gynaecologists, ‘Position Statement: 11th July 2014’ <<https://slcog.lk/slcog-position-statement/>> accessed 15 July 2023.

²⁰ 4th November 2015, updated in 2020

- ²¹Sri Lanka Medical Council, 'Guidelines on Ethical Conduct for Medical & Dental Practitioners registered with the Sri Lanka Medical Council' (July 2009), 86 – 87. <EthicalConduct2021-12.pdf (slmc.gov.lk)> accessed 15 July 2023.
- ²² Council' (July 2009), 86 – 87. <EthicalConduct2021-12.pdf (slmc.gov.lk)> accessed 15 July 2023.
- Ministry of Health, Population and Reproductive Health Policy (1998) <http://www.health.gov.lk/moh_final/english/public/elfinder/files/publications/publishpolicy/3_Population%20and%20Reproductive.pdf> accessed 15 July 2023.
- ²³Ministry of Health, National Policy on Maternal and Child Health published in Extraordinary Gazette No. 1760/32 dated 31.05.2012 <http://www.health.gov.lk/moh_final/english/public/elfinder/files/publications/publishpolicy/4_Maternal%20and%20Child%20Health.pdf> accessed 15 July 2023.
- ²⁴ Sri Lanka National Action Plan for the Protection and Promotion of Human Rights (2017 – 2021) <[1554788053.pdf \(stopchildcruelty.com\)](https://www.stopchildcruelty.com/1554788053.pdf)> accessed 15 July 2023.
- ²⁵ Ministry of Women, Child Affairs and Social Empowerment, 'National Policy on Gender Equality and Women's Empowerment Sri Lanka' (2023 – 2033) <https://srilanka.unfpa.org/sites/default/files/pub-pdf/sri_lanka_national_policy_gewe_english.pdf> accessed 15 July 2023.
- ²⁶ Asia Safe Abortion Partnership, Country Profile - Sri Lanka <https://asap-asia.org/country-profile-sri-lanka/#1630064770882-1779c2fb-8450>
- ²⁷ Ibid
- ²⁸ Meenakshi Ganguly, (n 12)
- ²⁹ Saira Meyler, (n 5)
- ³⁰ Scar tissue that forms between the inner walls of the uterus.
- ³¹ Saira Meyler, (n 5)
- ³² National Guideline on Use of Misoprostol in Gynaecology and Obstetrics, 2021 <https://drive.google.com/file/d/12UjgbofQ06ZfrhmgHASNrK7WLWOKdApU/view?usp=sharing>
- ³³ Centre for Reproductive Rights, BREAKING GROUND 2018: Treaty Monitoring Bodies on Reproductive Rights, 2018 <https://reproductiverights.org/wp-content/uploads/2020/12/Breaking-Ground-2018.pdf> accessed 24 October 2023
- ³⁴Article 12 - Right to Health, International Covenant on Economic, Social and Cultural Rights (ICESCR)
- ³⁵Article 11 - Non Discrimination and the Right to Work, International Covenant on Economic, Social and Cultural Rights (ICESCR)
- ³⁶Article 12 - Non Discrimination in Healthcare, Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)
- ³⁷Article 14 - Non Discrimination and the Rights of Rural Women, Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)
- ³⁸Para 35 (a), (b) CEDAW/C/LKA/CO/8 <https://documents-dds-ny.un.org/doc/UNDOC/GEN/N17/062/50/PDF/N1706250.pdf?OpenElement>.
- ³⁹Para 32 (b), CRC/C/LKA/CO/5-6 <https://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkGId%2FPPrICaqhKb7yhslGx7SihWhGe2DDQs2oa3sf3DVocPZ6t2fN0WRVx92GNJIQbMTGN7krzrvJ20SQ1Q8YUgfoXjVWVLIYL2umcSZGXqqZeHdGy4ZbzMz3elZ40WHO, Abortion Care Guideline, 2022> <https://www.who.int/publications/i/item/9789240039483>
- ⁴⁰ WHO, Abortion Care Guideline, 2022 <https://www.who.int/publications/i/item/9789240039483>
- ⁴¹ Centre for Reproductive Rights, WHO's New Abortion Guideline: Highlights of Its Law and Policy Recommendations, 2022 <https://reproductiverights.org/wp-content/uploads/2022/03/CRR-Fact-sheet-on-WHO-Guidelines.pdf> accessed 25 October 2023
- ⁴² Ibid
- ⁴³ Extracted from The Coalition for Safe Abortions Sri Lanka, A Collection of Stories on Abortion in Sri Lanka (FPA, 2019) <https://www.fpasilanka.org/sites/default/files/a_collection_of_stories_on_abortion_in_sri_lanka_3_language.pdf> accessed 10 July 2023



Centre for Equality and Justice (CEJ) is a women’s organization based in Colombo that works towards the achievement of gender justice by promoting gender equality, and advocating for the commitment to international human rights standards and fostering partnerships with grassroots level women’s networks. CEJ’s areas of work include preventing and addressing sexual and gender-based violence, peacebuilding and reconciliation, human rights including sexual and reproductive health and rights, language rights of women, youth and marginalized groups, sexual bribery and cyber sexual and gender-based violence.

CEJ contributors:

Shyamala Gomez, Executive Director; Shani Asokan, Project Officer; Kamini Rathnayake, Project Officer, Thahira Cader, Independent Researcher; Gayathri Mohan, Research Assistant.

CENTER *for* REPRODUCTIVE RIGHTS

The Center for Reproductive Rights is a global human rights organization of lawyers and advocates who ensure reproductive rights are protected in law as fundamental human rights for the dignity, equality, health, and well-being of every person. The Center is a driving force behind important advances in reproductive rights laws and policies, improving access to reproductive health care and advancing sexual and reproductive health and rights in Asia.

CRR contributors:

Dr. Faustina Pereira, Senior Regional Director, Asia; Prabina Bajracharya, Associate Director, Program Operations & Administration; Mahendra Panta, Program Manager, Asia and Kruthika R, Regional Communications Coordinator, Asia.

Copyright © 2023 Centre for Equality and Justice and Center for Reproductive Rights

Reproduction, adaptation and translation is authorized worldwide for non-profit educational purposes and publications, provided that prior permission is obtained and due credit is given to CEJ and Center for Reproductive Rights.



CENTRE FOR EQUALITY AND JUSTICE

16/1, Maurice Place, Colombo 05, Sri Lanka.
Tel/Fax: +94 11 2055404

www.cejsrilanka.org | srilanka.cej@gmail.com

 /CEJ.SL

 /cej_srilanka

 /CEJ_SriLanka


 /@CEJSriLanka

CENTER *for* REPRODUCTIVE RIGHTS

CENTER FOR REPRODUCTIVE RIGHTS


199 Water Street, 22nd Floor
New York, NY 10038
U.S.A.

www.reproductiverights.org

 /reproductiverights

 /reprights

 /ReproRights

 /center-for-reproductive-rights