

FPA Sri Lanka Policy: ABORTION

Introduction

1. FPA Sri Lanka recognizes the huge public health burden posed by unsafe abortion and is committed to the reduction of this entirely preventable cause of maternal morbidity and mortality.
2. Beyond the public health concerns that necessitate availability of abortion related services within the context of the countries law, FPA Sri Lanka believes that women and couples have the right to decide the number and spacing of their children, including the right to access contraceptive services and, when an unwanted pregnancy has occurred, the right for information regarding available options (harm reduction services) regarding the pregnancy. FPA Sri Lanka believes that all decisions regarding pregnancy must be voluntary and not coerced: no woman should be forced to carry a pregnancy to term or to undergo an abortion.
3. While taking steps to prevent unwanted pregnancy through modern contraceptive services, promotion of comprehensive sexuality education and work to eliminate sexual violence and coercion, FPA Sri Lanka understands that there will always be a need for abortion related services.
4. FPA Sri Lanka recognizes the unique role it must play in the provision of abortion related services and abortion-related advocacy given:
 - FPA Sri Lanka's broad geographic reach;
 - FPA Sri Lanka's voice in advocacy;
 - FPA Sri Lanka's commitment to human rights, including sexual and reproductive rights (as enumerated in the IPPF Charter of Sexual and Reproductive Rights (1995) and Sexual Rights: an IPPF Declaration (2008)) and in particular the right to the highest attainable standard of health
 - FPA Sri Lanka's commitment to serving the poor, marginalized, socially-excluded, under-served and stigmatized communities who are unable to access care elsewhere;
 - FPA Sri Lanka's commitment to serving youth through youth-friendly services
 - The ability of the Association to deliver abortion related services integrated within a package of comprehensive sexual and reproductive health services and using a rights-based approach within the context of the Sri Lankan Law ; and
 - The respect and trust of FPA Sri Lanka by their communities.

5. For these reasons, FPA Sri Lanka recognizes the need to clearly articulate its position and strengthen its work in abortion as a critical issue.

Advocacy

6. FPA Sri Lanka understands and believes that legal restrictions on abortion services do not decrease abortion rates; rather, they only increase the proportion of abortions done in unsafe conditions. In addition, national legal restrictions on abortion services are often in conflict with international and regional human rights instruments and agreements including the International Covenant on Civil and Political Rights; the International Covenant on Economic, Social and Cultural Rights; the Convention on the Elimination of all Forms of Discrimination Against Women; the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment; the Programme of Action from the International Conference on Population and Development; the Platform for Action from the Fourth World Conference on Women and the Maputo Plan of Action. FPA Sri Lanka therefore undertakes to:
 - i. Promote and defend laws and policies regarding abortion which are in line with recognized international human rights agreements and the latest reputable scientific evidence in order to reduce barriers to abortion related services
 - ii. Work with partners to gather evidence and raise awareness about the effects of restrictive abortion laws on women, adolescents and their families
 - iii. Advocate for the expansion of legal indications for safe abortion by including abortions in cases of rape, incest and major foetal abnormalities which are incompatible with life or has an impact on the quality of life of the child/family within national laws on the basis of human rights and public health principles

Service Delivery

7. FPA Sri Lanka recognizes that, clinical facilities providing sexual and reproductive health services, have a duty to ensure that women can access abortion-related care, regardless of age, geographic location, religious beliefs, socio-economic, marital and HIV status.
8. Post-abortion care¹, including treatment for incomplete abortion within the legal frame work of the country, counselling and provision of post-abortion contraception, is a service that must be offered in every SDP providing clinical

¹ The post-abortion care model includes five elements which are critical for quality of care. These elements are: treatment of incomplete abortion and abortion-related complications; counselling to identify and respond to women's emotional and physical health needs; provision of post-abortion contraception services; provision of or linkages to reproductive and other health services; and creation of community and service-provider partnerships to ensure that services are responsive to the needs of the community.

sexual and reproductive health services, regardless of any national legal restrictions on abortion as these restrictions do not affect provision of post-abortion care.

9. All SDP's that do not have clinical facilities should provide appropriate pre-abortion counselling and referrals with follow-up and post-abortion contraception counselling and/or services.

10. All SDP's under FPA Sri Lanka undertakes to:

- i. Provide high quality post abortion care including modern contraceptives to prevent unwanted pregnancy, to ensure access to compassionate and non-judgemental abortion related services and to ensure access to timely post-abortion care.
- ii. Analyze the legal status of abortion within Sri Lanka and promote the most liberal interpretation of abortion laws (e.g. in line with WHO definition of health²) in order to maximize access to abortion related services within existing legal frame work.
- iii. Ensure that that no provider in a SDP refuses support and care to any woman seeking abortion related services (pre or post abortion care).

Combating Stigma

11. FPA Sri Lanka understands that the stigma around abortion keeps the issue hidden and poses a significant barrier to women and girls being able to exercise their rights to abortion related services including post-abortion care. FPA Sri Lanka therefore undertakes to:

- i. Raise the profile of the abortion debate, bringing the issue out of the shadows with an aim to normalize discussion around this sensitive issue, both within and outside of the Organization. This will be done within a context of comprehensive sexual and reproductive rights, acknowledging that when women lack the ability to make decisions for themselves and their families, their access to information and uninterrupted contraceptive services, safe abortion services and post-abortion care is compromised.
- ii. Work actively to combat the stigma surrounding abortion arising from all sources: the community, healthcare providers, staff and volunteers within the Organization, public officials, religious leaders, media and law makers.

POLICY IMPLEMENTATION

² 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' from Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

In line with this policy, the FPA Sri Lanka's National Council and the staff will develop their own appropriate strategies with the understanding that work in relation to abortion is a critical part of the Association's mission.

12. Specific actions that FPA Sri Lanka will undertake to implement this policy include:

- i. Analyze the legal status of abortion in their country, identifying legal, policy and other restrictions on women's right of access to abortion related services and strategically campaign for the removal of such restrictions and for the protection of existing liberal laws using appropriate evidence-based public health and human rights arguments.
- ii. Provide post-abortion care, which includes, counselling and post-abortion contraception, as a minimum, essential abortion-related service in all clinical facilities.
- iii. Work to maximize the availability of and access to abortion related services under existing laws in the country in providing clinical facilities.
- iv. Increase choice for women for post-abortion contraception including provision of a wide range of modern methods at the point of abortion related service delivery.
- v. Provide responsible referrals and follow-up services through established referral networks for services which cannot be provided by an individual service delivery point.
- vi. Ensure that existing and new staff and volunteers are aware of IPPF and FPA Sri Lanka policy and strategies related to abortion and are committed to its implementation, including provision of values clarification training on the topic of abortion to all staff and volunteers.
- vii. Ensure that all hiring processes within FPA Sri Lanka in cooperates pro choice standards and are in line with the mission, vision and stance of the organization to ensure new staff and volunteers share this common commitment on safe abortion.
- viii. Educate the community about the consequences of unsafe abortion, the importance of increasing the availability of abortion related services including promotion of services provided by the SDP's (Harm reduction model and PAC Services).
- ix. Work at the provincial and district levels to raise awareness, combat stigma surrounding abortion and increase acceptance for access to post abortion care as a human right.
- x. Establish and/or develop or strengthen existing links with organisations working on the issue to further their work on abortion.
- xi. Design and implement/ undertake targeted advocacy efforts to reduce restrictions on abortion and increase access to abortion related services.