

# Perceptions and attitudes toward abortion among adolescents in Colombo District, Sri Lanka

Prasanna Herath<sup>1</sup>, Dinuli Dias<sup>1</sup>, Rashmi Abeysekara<sup>1</sup>, Ravindu Madhusanka<sup>1</sup>

## AFFILIATION

<sup>1</sup> Department of Nursing and Midwifery, Faculty of Allied Health Sciences, General Sir John Kotelawala Defence University, Colombo, Sri Lanka

## CORRESPONDENCE TO

Prasanna Herath. Department of Nursing and Midwifery, Faculty of Allied Health Sciences, General Sir John Kotelawala Defence University, Kandawala Road, Dehiwala-Mount Lavinia, 10390, Colombo, Sri Lanka  
E-mail: [prasannah@kdu.ac.lk](mailto:prasannah@kdu.ac.lk)

ORCID iD: <https://orcid.org/0000-0001-6470-2229>

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## ABSTRACT

**INTRODUCTION** Abortion is a significant public health issue globally, with unsafe procedures contributing to maternal morbidity and mortality. In Sri Lanka, restrictive abortion laws and cultural stigma limit open discussion and access to safe services, especially among adolescents.

**METHODS** A descriptive cross-sectional study was conducted in 2024 among 422 adolescent girls (aged 14–16 years) from four peri-urban Medical Officer of Health (MOH) divisions in Colombo District, Sri Lanka. Data were collected using a validated, self-administered questionnaire assessing sociodemographic characteristics, perceptions of abortion, parent-child sexual communication, knowledge of abortion laws, and attitudes toward abortion. Statistical analysis included descriptive statistics, t-tests, ANOVA, and Pearson correlation using SPSS v25. Sample size was calculated based on a 95% confidence level, 5% margin of error, and an estimated 50% prevalence of positive perception.

**RESULTS** Of the 422 participants, 51.7% had good perception of abortion, while 48.3% had poor perception. Positive parent-child sexual communication was reported by 85.3%. Only 41% had good perception of abortion laws, with 59% demonstrating poor knowledge. Positive attitudes toward abortion were observed in 85.3% of participants. Significant associations were found between perception and attitude scores ( $r=0.62$ ,  $p<0.001$ ), and between parent-child communication and perception ( $p=0.002$ ). ANOVA revealed significant differences in perception scores by parental education ( $F=4.12$ ,  $p=0.017$ ).

**CONCLUSIONS** The findings highlight limited knowledge of abortion laws and a need for improved sexual and reproductive health education among adolescents. School-based awareness programs and open family communication are recommended to address knowledge gaps and foster informed attitudes.

## INTRODUCTION

Abortion is a major public health concern worldwide, with the World Health Organization estimating that approximately 73 million induced abortions occur annually, of which nearly 45% are unsafe, leading to significant maternal morbidity and mortality<sup>1,2</sup>. In Sri Lanka, abortion is legally permitted only to save a woman's life under the Penal Code of 1883, making it one of the most restrictive abortion regimes globally<sup>3,4</sup>. Attempts to reform the law to allow abortion in cases of rape, incest, or fetal abnormality have repeatedly failed<sup>5</sup>. Despite this, an estimated 658 abortions are performed daily in Sri Lanka, with unsafe abortions accounting for 10–13% of maternal deaths and being the third most common cause of pregnancy-related mortality<sup>6,7</sup>. Cultural and religious beliefs in Sri Lanka further stigmatize

abortion, limiting open discussion and access to reproductive health services<sup>8,9</sup>. Adolescents are particularly vulnerable due to limited formal sexual and reproductive health education, low contraceptive awareness, and social taboos surrounding sexuality<sup>10,11</sup>. The 2016 Demographic and Health Survey reported a contraceptive prevalence rate of 64.8% among married women, but knowledge and use among adolescents remain low<sup>12</sup>. Adolescence is a formative period for shaping long-term sexual and reproductive health behaviors<sup>13</sup>. The lack of formal sexual and reproductive health education in school curricula, combined with social and religious conservatism, increases adolescents' vulnerability to misinformation and stigma<sup>14,15</sup>. Adolescents' perceptions and attitudes can influence decision-making around pregnancy, contraception, and abortion, yet research on this topic in Sri

Lanka is limited, especially among adolescents<sup>16,17</sup>. This study aims to assess the perceptions and attitudes of adolescents towards abortion in the Colombo District of Sri Lanka, focusing specifically on peri-urban areas. Understanding their knowledge and attitudes towards abortion is vital as it can help address the challenges they face and facilitate the development of targeted interventions.

METHODS

Study design, setting and participants

A descriptive cross-sectional study was conducted from January to March 2024 in four peri-urban MOH divisions (Piliyandala, Homagama, Boralesgamuwa, and Ratmalana) in Colombo District, Sri Lanka. The study included 422 adolescent girls aged 14–16 years, selected from provincial schools in the four MOH divisions. The sample size was calculated using the formula for proportions with a 95% confidence level, 5% margin of error, and an estimated 50% prevalence of positive perception, resulting in a minimum required sample of 384. To account for non-response, 10% was added, yielding a final sample size of 422<sup>18</sup>. A multistage cluster sampling method was used. Schools were randomly selected from each MOH division, and eligible students were invited to participate.

Data collection tool

Data were collected using a self-administered questionnaire developed based on literature review and expert input. The questionnaire is provided in the Supplementary file. The tool included sections on sociodemographic data, perception of abortion, parent-child sexual communication, knowledge of abortion laws, and attitudes toward abortion. The questionnaire was pre-tested among 30 adolescents in a similar setting and revised for clarity. Content validity was established by a panel of three public health experts. Cronbach’s alpha for the perception and attitude scales was 0.81 and 0.78, respectively, indicating good internal consistency<sup>19,20</sup>. Responses with regard to perceptions and attitudes were scored on a 5-point Likert scale (1=strongly disagree to 5=strongly agree). Scores were summed and dichotomized at the median to classify as ‘good’ or ‘poor’ perception/attitude. Parent–child communication was assessed using a 5-item scale; scores ≥3 indicated ‘good’ communication.

Ethical considerations

Ethical approval was obtained from the Ethics Review Committee of General Sir John Kotelawala Defence University (RP/S/2023/48, dated 27.09.2023). Written informed consent was obtained from parents/guardians and assent from participants.

Statistical analysis

Data were analyzed using SPSS v25. Descriptive statistics summarized participant characteristics and key variables. Normality of data was assessed using the Kolmogorov-Smirnov

Table 1. Sociodemographic characteristics of participants, descriptive cross-sectional study, peri-urban MOH areas, Colombo District, Sri Lanka, 2024 (N=422)

Characteristics	Categories	n	%
MOH	Boralesgamuwa	3	0.7
	Homagama	221	52.4
	Piliyandala	93	22.0
	Rathmalana	105	24.9
Age (years)	14	141	33.4
	15	139	32.9
	16	142	33.6
Mean age (SD) (years)		15.0 (0.8)	
Grade	9	141	33.4
	10	139	32.9
	11	142	33.6
Ethnicity	Sinhala	421	99.8
	Muslim	1	0.2
Religion	Buddhism	414	98.1
	Islam	1	0.2
	Christian	7	1.7
Family structure	Nuclear	317	75.1
	Extended	85	20.1
	Single-parent	18	4.3
	Foster/adoptive	2	0.5
Monthly household income (LKR)	<20000	18	4.3
	20000–40000	112	26.5
	40001–60000	117	27.7
	60001–80000	83	19.7
	>80000	92	21.8
Number of siblings	0	42	10.0
	1	220	52.1
	2	128	30.3
	≥3	32	7.6
Parental employment status	Both parents	112	26.5
	Only father	283	67.1
	Only mother	23	5.5
	Neither parent	2	0.5
	Other	2	0.5
Access to healthcare	Excellent	104	24.6
	Good	194	46
	Average	117	27.7
	Limited	7	1.7
	Poor	-	-
Internet availability	Always	278	65.9
	Often	104	24.6
	Occasionally	29	6.9
	Rarely	5	1.2
	No access	6	1.4

LKR: 1000 Sri Lankan Rupees about US\$3.2

test. Associations between sociodemographic factors and perception/attitude scores were assessed using t-tests and ANOVA. Pearson correlation was used to examine relationships between perception, attitude, and communication scores. Statistical significance was set at  $p<0.05$ .

RESULTS

Sociodemographic characteristics

Of the 422 participants, the mean age was 15 years ( $SD=0.8$ ). The majority were Sinhalese (99.8%), Buddhist (98.1%), and from middle-income families. In 67.1% cases only the father was employed (Table 1). Overall, 218 participants (51.7%) had a good perception of abortion, while 204 (48.3%) had a poor perception (Table 2). A total of 360 participants (85.3%) reported good parent-child sexual communication (Table 3). Good communication was associated with higher perception scores (mean=3.9 vs 3.2,  $p=0.002$ ).

Only 173 participants (41.0%) had a good perception of abortion laws, while 249 (59.0%) had poor knowledge (Table 4). Positive attitudes toward abortion were observed in 360 participants (85.3%), with 62 (14.7%) expressing negative attitudes (Table 5). Overall, there was a significant positive correlation between perception and attitude scores ( $r=0.62$ ,  $p<0.001$ ), and between parent-child communication and perception ( $r=0.41$ ,  $p=0.002$ ).

Table 2. Perception regarding abortion among adolescents, descriptive cross-sectional study, selected peri-urban MOH areas, Colombo District, Sri Lanka, 2024 (N=422)

Items	Response	n	%
Q1. How is your understanding of what abortion is?	Very Poor	30	7.1
	Poor	35	8.3
	Average	320	75.8
	Good	31	7.3
	Very good	6	1.4
Q2. How well are you aware about different methods of abortion?	No response	2	0.5
	Not at all	121	28.7
	Slightly	188	44.5
	Moderately	91	21.6
	Very	19	4.5
	Extremely	1	0.2
Q3. How familiar are you with the reasons why someone might choose to have an abortion?	No response	3	0.7
	Not at all	85	20.1
	Slightly	151	35.8
	Moderately	129	30.6
	Very	37	8.8
	Extremely	17	4.0

Continued

Table 2. Continued

Items	Response	n	%
Q4. How confident are you in your knowledge about the risks and benefits of abortion?	No response	3	0.7
	Not at all	119	28.2
	Slightly	143	33.9
	Moderately	116	27.5
	Very	30	7.1
	Extremely	11	2.6
Q5. How is your understanding of the differences between legal and illegal abortion?	No response	1	0.2
	Very Poor	82	19.4
	Poor	97	23.0
	Average	181	42.9
	Good	46	10.9
	Very good	15	3.6
Q6. Do you know any source where you can find accurate information about abortion?	No response	1	0.2
	Not at all	197	46.7
	Slightly	134	31.8
	Moderately	75	17.8
	Very	11	2.6
	Extremely	4	0.9
Q7. How would you rank the level of knowledge you receive from schools about abortion?	Very Poor	114	27.0
	Poor	90	21.3
	Average	182	43.1
	Good	23	5.5
	Very good	13	3.1
Q8. How much do you know about the physical and psychological aspects of abortion?	No at all	90	21.3
	Slightly	112	26.5
	Moderately	182	43.1
	Very	30	7.1
	Extremely	8	1.9
Q9. How well do you understand the importance of consent for an abortion?	No response	3	0.7
	Not at all	14	3.3
	Slightly	5	1.2
	Moderately	55	13.0
	Very	89	21.1
	Extremely	256	60.7
Q10. Scale your knowledge level in distinguishing myths from facts about abortion?	No response	2	0.5
	Not at all	67	15.9
	Slightly	103	24.4
	Moderately	202	47.9
	Very	31	7.3
	Extremely	17	4.0

Table 3. Perception regarding parent–child sexual communication among adolescents, descriptive cross-sectional study, selected peri-urban MOH areas, Colombo District, Sri Lanka, 2024 (N=422)

Items	Response	n	%
Q1. How comfortable do you feel talking to your parents about topics related to sexual and reproductive health?	No response	1	0.2
	Not at all	79	18.7
	Slightly	114	27.0
	Moderately	97	23.0
	Very	78	18.5
	Extremely	53	12.6
Q2. How often do your parents initiate discussions about sexual and reproductive health with you?	No response	1	0.2
	Never	75	17.8
	Rarely	211	50.0
	Occasionally	98	23.2
	Often	25	5.9
	Always	12	2.8
Q3. How open do you think your parents are to answering your questions about sexuality?	No response	1	0.2
	Not at all	18	4.3
	Slightly	59	14.0
	Moderately	257	60.9
	Very	58	13.7
	Extremely	29	6.9
Q4. How confident are you that your parents provide accurate information about sexual and reproductive health?	No response	4	0.9
	Not at all	12	2.8
	Slightly	39	9.2
	Moderately	57	13.5
	Very	133	31.5
	Extremely	177	41.9
Q5. Do you feel encouraged to ask questions or seek guidance from your parents about relationships and sexuality?	No response	3	0.7
	Not at all	25	5.9
	Slightly	74	17.5
	Moderately	225	53.3
	Very	63	14.9
	Extremely	32	7.6
Q6. How would you rate your parents' communication about consent in relationships?	No response	2	0.5
	Very Poor	61	14.5
	Poor	28	6.6
	Average	151	35.8
	Good	125	29.6
	Very good	55	13
Q7. How comfortable are you in discussing issues related to puberty with your parents?	Not at all	4	0.9
	Slightly	10	2.4
	Moderately	91	21.6
	Very	206	48.8
	Extremely	111	26.3

Continued

Table 3. Continued

Items	Response	n	%
Q8. How likely are your parents to listen to your concerns or questions about sexual and reproductive health without judgment?	Not at all	10	2.4
	Slightly	34	8.1
	Moderately	32	7.6
	Very	153	36.3
	Extremely	193	45.7
Q9. How likely are you discussing problems related to sexual relationships with your parents?	No response	2	0.5
	Not at all	71	16.8
	Slightly	100	23.7
	Moderately	163	38.6
	Very	62	14.7
Q10. How would you rate the overall quality of communication with your parents regarding sexual and reproductive health?	Extremely	24	5.7
	No response	2	0.5
	Very poor	21	5.0
	Poor	40	9.5
	Average	236	55.9
	Good	87	20.6
	Very good	36	8.5

Table 4. Perception on abortion laws in Sri Lanka among adolescents, descriptive cross-sectional study, selected peri-urban MOH areas, Colombo District, Sri Lanka, 2024 (N=422)

Items	Response	n	%
Q1. Are you aware of the legal status of abortion in Sri Lanka?	Not at all	69	16.4
	Slightly	131	31.0
	Moderately	191	45.3
	Very	23	5.5
	Extremely	8	1.9
Q2. Are you aware that abortion is not permitted in Sri Lanka without medical approval?	Not at all	71	16.8
	Slightly	95	22.5
	Moderately	133	31.5
	Very	66	15.6
	Extremely	57	13.5
Q3. How well do you know the circumstances under which abortion is legally permitted in Sri Lanka?	No response	1	0.2
	Not at all	140	33.2
	Slightly	131	31.0
	Moderately	117	27.7
	Very	25	5.9
	Extremely	8	1.9

Continued

Table 4. Continued

Items	Response	n	%
<b>Q4. How familiar are you with the legal penalties for undergoing an illegal abortion in Sri Lanka?</b>	No response	1	0.2
	Not at all	134	31.8
	Slightly	118	28.0
	Moderately	91	21.6
	Very	46	10.9
	Extremely	32	7.6
<b>Q5. Do you know any resource that provides information about abortion laws in Sri Lanka?</b>	No response	1	0.2
	Not at all	232	55.0
	Slightly	106	25.1
	Moderately	70	16.6
	Very	11	2.6
	Extremely	2	0.5
<b>Q6. How would you rate the accessibility of information about abortion laws in Sri Lanka?</b>	No response	6	1.4
	Very poor	65	15.4
	Poor	145	34.4
	Average	175	41.5
	Good	22	5.2
	Very good	9	2.1
<b>Q7. How confident are you in distinguishing between legal and illegal abortion practices in Sri Lanka?</b>	No response	2	0.5
	Not at all	122	28.9
	Slightly	145	34.4
	Moderately	102	24.2
	Very	39	9.2
	Extremely	12	2.8
<b>Q8. How likely are you to seek information about abortion laws in Sri Lanka if you had questions or concerns?</b>	No response	1	0.2
	Not at all	69	16.4
	Slightly	186	44.1
	Moderately	64	15.2
	Very	91	21.6
	Extremely	11	2.6
<b>Q9. Are you aware of any local or community-based initiatives that aim to educate adolescents about abortion laws in Sri Lanka?</b>	Not at all	103	24.4
	Slightly	136	32.2
	Moderately	107	25.4
	Very	47	11.1
	Extremely	29	6.9
	Very Poorly	78	18.5
<b>Q10. How well do you think schools provide information about abortion laws in Sri Lanka?</b>	Poorly	85	20.1
	Moderately	212	50.2
	Well	33	7.8
	Very well	14	3.3

Table 5. Attitudes towards abortion among adolescents, descriptive cross-sectional study, selected peri-urban MOH areas, Colombo District, Sri Lanka, 2024 (N=422)

Items	Response	n	%
<b>Q1. How do you feel about abortion being legal in certain circumstances?</b>	No response	2	0.5
	Strongly disagree	73	17.3
	Disagree	82	19.4
	Neutral	132	31.3
	Agree	99	23.5
	Strongly disagree	34	8.1
<b>Q2. How comfortable are you in discussing the topic of abortion with friends?</b>	Not at all	22	5.2
	Slightly	70	16.6
	Moderately	122	28.9
	Very	108	25.6
	Extremely	100	23.7
<b>Q3. Do you believe adolescents should have access to information about abortion?</b>	No response	1	0.2
	Strongly disagree	9	2.1
	Disagree	13	3.1
	Neutral	26	6.2
	Agree	225	53.3
	Strongly agree	148	35.1
<b>Q4. How do you view the morality of abortion?</b>	No response	2	0.5
	Not at all	119	28.2
	Slightly	164	38.9
	Moderately	103	24.4
	Very	30	7.1
	Extremely	4	0.9
<b>Q5. How supportive are you of a woman's right to choose whether or not to have an abortion?</b>	Not at all	26	6.2
	Slightly	59	14.0
	Moderately	110	26.1
	Very	109	25.8
	Extremely	118	28.0
<b>Q6. How much do you think societal and cultural norms influence attitudes toward abortion?</b>	No response	3	0.7
	Not at all	22	5.2
	Slightly	86	20.4
	Moderately	155	36.7
	Very	117	27.7
	Extremely	39	9.2
<b>Q7. How open are you to considering different perspectives on abortion?</b>	No response	3	0.7
	Not at all	48	11.4
	Slightly	114	27.0
	Moderately	190	45.0
	Very	38	9.0
	Extremely	29	6.9

Continued



Table 5. Continued

Items	Response	n	%
Q8. How much do you think religious beliefs impact views on abortion?	No response	4	0.9
	Not at all	68	16.1
	Slightly	107	25.4
	Moderately	108	25.6
	Very	107	25.4
	Extremely	28	6.6
Q9. Do you believe that individuals should be able to express their opinions about abortion without judgment?	Strongly disagree	71	16.8
	Disagree	80	19.0
	Neutral	165	39.1
	Agree	34	8.1
	Strongly agree	72	17.1
Q10. How comfortable are you discussing your own attitudes and beliefs about abortion?	No response	1	0.2
	Not at all	14	3.3
	Slightly	27	6.4
	Moderately	187	44.3
	Very	155	36.1
	Extremely	38	9.0

DISCUSSION

This study found that just over half of adolescent girls in peri-urban Colombo had a good perception of abortion, and the majority held positive attitudes toward abortion. However, knowledge of abortion laws was limited, and nearly 60% had poor understanding of the legal context. Parent–child sexual communication was predominantly positive and was associated with better perception and attitudes toward abortion.

The moderate perception and high positive attitude toward abortion may reflect increasing access to information through media and peer networks, even in the absence of formal education<sup>21,22</sup>. The high rate of positive parent–child communication could be due to recent public health campaigns encouraging open discussion of reproductive health<sup>23</sup>. However, the persistent knowledge gap regarding abortion laws suggests that legal and policy information is not reaching adolescents effectively, possibly due to cultural taboos and lack of curriculum content<sup>24,25</sup>.

The proportion of adolescents with good perception and positive attitudes is higher than reported in previous Sri Lankan studies, where adolescent abortion seekers comprised only 3% of clinic attendees<sup>26</sup>.

The high rate of positive parent–child communication (85.3%) contrasts with national data indicating low levels of reproductive health awareness among adolescents<sup>27</sup>. Studies in other South Asian countries, such as Nepal, have shown better awareness of abortion laws among youth, likely due

to more liberal legal frameworks and targeted education<sup>28</sup>. In contrast, research from the Democratic Republic of Congo and Lao PDR has highlighted similar gaps in knowledge and attitudes, emphasizing the influence of cultural and legal environments<sup>29,30</sup>. Internationally, studies have shown that adolescents’ attitudes toward abortion are shaped by a combination of personal, familial, societal, and religious factors<sup>31,32</sup>. In countries with restrictive abortion laws, stigma and misinformation are more prevalent, leading to negative perceptions and unsafe practices<sup>33,34</sup>. The positive correlation between parent–child communication and favorable attitudes toward abortion in our study aligns with findings from other contexts, where open family dialogue is associated with healthier sexual and reproductive health outcomes<sup>35,36</sup>.

The findings underscore the urgent need for comprehensive sexual and reproductive health education in Sri Lankan schools. Improved family communication may foster informed attitudes and reduce the risks associated with unsafe abortion. Policymakers should consider integrating accurate, age-appropriate information about reproductive rights and legal frameworks into the school curriculum. Community-based interventions that engage parents and adolescents together could further enhance communication and understanding.

Implementing school-based sexual and reproductive health education programs is essential. These programs should include information on abortion, contraception, and legal rights to provide young people with comprehensive and accurate knowledge. Promoting open parent–child communication on sexual and reproductive health topics is also crucial. This can be achieved through community workshops and the distribution of parental guidance materials that facilitate discussions within families. Advocating for policy reform to improve access to safe abortion and post-abortion care is another key recommendation. Such reform should also aim to reduce the stigma associated with abortion, ensuring that individuals can make health decisions freely and safely. Additionally, further research is necessary to explore the perspectives of out-of-school adolescents and assess the long-term impact of educational interventions on young people’s sexual and reproductive health.

Strengths and limitations

The study has several strengths. It utilized a large, representative sample drawn from multiple peri-urban settings within Colombo District, enhancing the generalizability of the findings. The use of a validated, pre-tested questionnaire with good internal consistency ensures the reliability of the data collected. However, there are limitations to consider. The cross-sectional design of the study limits the ability to draw causal inferences. Additionally, the reliance on self-reported data may introduce social desirability and recall biases, potentially affecting the

accuracy of responses. The study did not include out-of-school adolescents or boys, which limits the generalizability of the findings to these groups. Finally, the findings may not apply to rural or urban populations outside the selected MOH areas, reducing the applicability of the results to other regions.

## CONCLUSIONS

This study demonstrates that adolescent girls in peri-urban Colombo District, Sri Lanka, have moderate perceptions and predominantly positive attitudes toward abortion, but limited knowledge of abortion laws. Positive parent-child sexual communication is associated with better perceptions and attitudes. These findings highlight the need for targeted educational interventions, both in schools and at the community level, to address knowledge gaps and promote informed, safe reproductive health choices among Sri Lankan adolescents. Expanding access to accurate information and fostering open family dialogue are essential steps toward reducing the risks associated with unsafe abortion and improving adolescent reproductive health outcomes.

## REFERENCES

1. World Health Organization. Abortion. World Health Organization; 2025. Accessed July 22, 2025. <https://www.who.int/news-room/fact-sheets/detail/abortion>
2. Bearak J, Popinchalk A, Ganatra B, et al. Unintended pregnancy and abortion by income, region, and the legal status of abortion: Estimates from a comprehensive model for 1990–2019. *Lancet Glob Health*. 2020;8(9):1152–1161. doi:[10.1016/S2214-109X\(20\)30315-6](https://doi.org/10.1016/S2214-109X(20)30315-6)
3. LawNet. PENAL CODE: An ordinance to provide a general penal code for Ceylon. Accessed July 22, 2025. [https://www.lawnet.gov.lk/wp-content/uploads/leg-enact\\_1981/1981Y2V25C.html](https://www.lawnet.gov.lk/wp-content/uploads/leg-enact_1981/1981Y2V25C.html)
4. Human Rights Watch. Reform Sri Lanka's Draconian Abortion Law. Accessed July 22, 2025. <https://www.hrw.org/news/2022/03/10/reform-sri-lankas-draconian-abortion-law>
5. Perera J, Silva T de, Gange H. Knowledge, behaviour and attitudes on induced abortion and family planning among Sri Lankan women seeking termination of pregnancy. *Ceylon Med J*. 2011;49(1):14. doi:[10.4038/cmj.v49i1.3278](https://doi.org/10.4038/cmj.v49i1.3278)
6. The Family Planning Association of Sri Lanka. Understanding Abortion in Sri Lanka - An Attitudinal Study. Accessed July 22, 2025. <https://www.fpasrilanka.org/en/node/789>
7. Epidemiology Unit Ministry of Health, Nutrition & Indigenous Medicine. WER Sri Lanka 2022: Adolescence pregnancy Part I. Epidemiology Unit Ministry of Health, Nutrition & Indigenous Medicine; 2022. Accessed July 22, 2025. [https://www.epid.gov.lk/storage/post/pdfs/en\\_6459f61e65d12\\_vol\\_49\\_no\\_45-english\\_1.pdf](https://www.epid.gov.lk/storage/post/pdfs/en_6459f61e65d12_vol_49_no_45-english_1.pdf)
8. Attanayake S. A review of state of 'Abortion in Sri Lanka' in contemporary discussions. *Sri Lanka J Soc Sci*. 2025;47(02):77-83. doi:[10.4038/sljss.v47i02.8937](https://doi.org/10.4038/sljss.v47i02.8937)
9. Hewage P. Sexual and reproductive health research in Sri Lanka: Current status, challenges and directions (2010–2019). *Sri Lanka J Soc Sci*. 2020;43(2):113. doi:[10.4038/sljss.v43i2.8269](https://doi.org/10.4038/sljss.v43i2.8269)
10. Vongxay V, Chaleunvong K, Essink DR, Durham J, Sychareun V. Knowledge of and attitudes towards abortion among adolescents in Lao PDR. *Glob Health Action*. 2020;13(sup2):1791413. doi:[10.1080/16549716.2020.1791413](https://doi.org/10.1080/16549716.2020.1791413)
11. Frederico M, Michielsen K, Arnaldo C, Decat P. Factors influencing abortion decision-making processes among young women. *Int J Environ Res Public Health*. 2018;15(2):329. doi:[10.3390/ijerph15020329](https://doi.org/10.3390/ijerph15020329)
12. Department of Census and Statistics. Health. Department of Census and Statistics; 2016. Accessed July 22, 2025. <https://www.statistics.gov.lk/Health/StaticInformation/DHS>
13. Hajizade-Valokolaee M, Yazdani-Khermandichali F, Shahhosseini Z, Hamzehgardeshi Z. Adolescents' sexual and reproductive health: An ecological perspective. *Int J Adolesc Med Health*. 2017;29(4):20150097. doi:[10.1515/ijamh-2015-0097](https://doi.org/10.1515/ijamh-2015-0097)
14. Ngissa NS, Sanga E, Nsanya MK, Kweka B, Malindisa E, Mwaipopo R. Curriculum-based sexual and reproductive health education: Revealing its relevance for risky sexual behaviors among secondary school students in Mwanza, Tanzania. *Reprod Health*. 2024;21(1):58. doi:[10.1186/s12978-024-01798-x](https://doi.org/10.1186/s12978-024-01798-x)
15. Rajapaksa-Hewageegana N, Piercy H, Salway S, Samarage S. Sexual and reproductive knowledge, attitudes and behaviours in a school going population of Sri Lankan adolescents. *Sex Reprod Healthc*. 2015;6(1):3–8. doi:[10.1016/j.srhc.2014.08.001](https://doi.org/10.1016/j.srhc.2014.08.001)
16. Agampodi SB, Agampodi TC, Ukd P. Adolescents perception of reproductive health care services in Sri Lanka. *BMC Health Serv Res*. 2008;8(1):98. doi:[10.1186/1472-6963-8-98](https://doi.org/10.1186/1472-6963-8-98)
17. Suranga S. Knowledge and attitudes of adults concerning induced abortion in Colombo city, Sri Lanka. Masters thesis. University of Peradeniya; 2016. Accessed July 22, 2025. [https://www.researchgate.net/publication/309537554\\_Knowledge\\_and\\_Attitudes\\_of\\_Adults\\_Concerning\\_Induced\\_Abortion\\_in\\_Colombo\\_City\\_Sri\\_Lanka](https://www.researchgate.net/publication/309537554_Knowledge_and_Attitudes_of_Adults_Concerning_Induced_Abortion_in_Colombo_City_Sri_Lanka)
18. Lwanga SK, Lemeshow S. World Health Organization. Sample size determination in health studies: a practical manual. World Health Organization; 1991. Accessed July 22, 2025. <https://iris.who.int/items/9c2e5da4-3785-4fec-9dbc-841e4ae0d98c>
19. Streiner DL, Norman GR, Cairney J. Health measurement scales: A practical guide to their development and use. 5th ed. Oxford University Press; 2015. 399 p.
20. Tavakol M, Dennick R. Making sense of Cronbach's alpha. *Int J Med Educ*. 2011;2:53–55. doi:[10.5116/ijme.4dfb.8dfd](https://doi.org/10.5116/ijme.4dfb.8dfd)
21. Allison BA, Vear K, Hoopes AJ, Maslowsky J. Adolescent awareness of the changing legal landscape of abortion in the United States and its implications. *J Adolesc Health Off Publ Soc Adolesc Med*. 2023;73(2):230–236. doi:[10.1016/j.jadohealth.2023.04.008](https://doi.org/10.1016/j.jadohealth.2023.04.008)

22. Cárdenas R, Labandera A, Baum SE, et al. "It's something that marks you": Abortion stigma after decriminalization in Uruguay. *Reprod Health*. 2018;15:150. doi:[10.1186/s12978-018-0597-1](https://doi.org/10.1186/s12978-018-0597-1)
23. Gedef GM, Andualem F, Takelle GM, Anteneh DG, Getie K. Parent-adolescent communication on reproductive and sexual issues and its determinants among parents in Gondar town, Northwest Ethiopia: A mixed-methods study. *BMC Pediatr*. 2025;25:958. doi:[10.1186/s12887-025-06314-z](https://doi.org/10.1186/s12887-025-06314-z)
24. Niță AM, Ilie Goga C. A research on abortion: Ethics, legislation and socio-medical outcomes. Case study: Romania. *Rom J Morphol Embryol*. 2020;61(1):283–294. doi:[10.47162/RJME.61.1.35](https://doi.org/10.47162/RJME.61.1.35)
25. Espinoza C, Samandari G, Andersen K. Abortion knowledge, attitudes and experiences among adolescent girls: A review of the literature. *Sex Reprod Health Matters*. 2020;28(1):1744225. doi:[10.1080/26410397.2020.1744225](https://doi.org/10.1080/26410397.2020.1744225)
26. Kumarasinghe M, Silva WID. Adolescent and youth sexual and reproductive health in Sri Lanka: Are policies and strategies geared to address issues? *Asian J Educ Soc Stud*. 2022;36–45. doi:[10.9734/ajess/2022/v29i130690](https://doi.org/10.9734/ajess/2022/v29i130690)
27. Family Health Bureau. Annual Report 2019. Family Health Bureau; 2020. Accessed July 22, 2025. <https://fhh.health.gov.lk/annual-report/>
28. Adhikari R. Knowledge on legislation of abortion and experience of abortion among female youth in Nepal: A cross sectional study. *Reprod Health*. 2016;13(1):48. doi:[10.1186/s12978-016-0166-4](https://doi.org/10.1186/s12978-016-0166-4)
29. Paluku LJ, Mabuza LH, Maduna PMH, Ndimande JV. Knowledge and attitude of schoolgirls about illegal abortions in Goma, Democratic Republic of Congo. *Afr J Prim Health Care Fam Med*. 2010;2(1):078. doi:[10.4102/phcfm.v2i1.78](https://doi.org/10.4102/phcfm.v2i1.78)
30. Finer L, Fine JB. Abortion law around the world: Progress and pushback. *Am J Public Health*. 2013;103(4):585–589. doi:[10.2105/AJPH.2012.301197](https://doi.org/10.2105/AJPH.2012.301197)
31. Adamczyk A, Cuvilier F, Chen FY, Tseng CC, Lin YA. The Effect of personal religiosity on attitudes toward abortion, divorce, and gender equality-does cultural context make a difference? Accessed July 22, 2025. [https://www.researchgate.net/publication/331453113\\_The\\_Effect\\_of\\_Personal\\_Religiosity\\_on\\_Attitudes\\_toward\\_Abortion\\_Divorce\\_and\\_Gender\\_Equality-Does\\_Cultural\\_Context\\_Make\\_a\\_Difference](https://www.researchgate.net/publication/331453113_The_Effect_of_Personal_Religiosity_on_Attitudes_toward_Abortion_Divorce_and_Gender_Equality-Does_Cultural_Context_Make_a_Difference)
32. Bandalović G, Čular M. Sociological analysis of abortion perceptions: The case of young women in Split, Croatia. *Societies*. 2025;15(3):71. doi:[10.3390/soc15030071](https://doi.org/10.3390/soc15030071)
33. Svanemyr J, Amin A, Robles OJ, Greene ME. Creating an enabling environment for adolescent sexual and reproductive health: A framework and promising approaches. *J Adolesc Health*. 2015;56(1):S7–14. doi:[10.1016/j.jadohealth.2014.09.011](https://doi.org/10.1016/j.jadohealth.2014.09.011)
34. Turan JM, Budhwani H. Restrictive abortion laws exacerbate stigma, resulting in harm to patients and providers. *Am J Public Health*. 2021;111(1):37–39. doi:[10.2105/AJPH.2020.305998](https://doi.org/10.2105/AJPH.2020.305998)
35. Agyei FB, Kaura DK. A systematic review of effective parent-adolescent sexual and reproductive health information communication in lower- and middle-income countries. *Health SA Gesondheid*. 2023;28:2435. doi:[10.4102/hsag.v28i0.2435](https://doi.org/10.4102/hsag.v28i0.2435)
36. Gutu B, Mahimbo A, Percival N, Demant D. Effect of parent-based sexual health education on parent-adolescent communication and adolescent sexual behavior: A systematic review and meta-analysis. *Perspect Sex Reprod Health*. 2025;57(3):374–422. doi:[10.1111/psrh.70029](https://doi.org/10.1111/psrh.70029)

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# CONFLICTS OF INTEREST

The author has completed and submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest and none was reported.

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Ethical approval was obtained from the Ethics Review Committee of General Sir John Kotelawala Defence University (Approval number: RP/S/2023/48; Date: 27 September 2023). The parents/guardians provided informed consent, and the participants gave assent.

# DATA AVAILABILITY

The data supporting this research are available from the authors on reasonable request.

# PROVENANCE AND PEER REVIEW

Not commissioned; externally peer-reviewed.