

# **Abortion is Illegal and Common in Egypt**

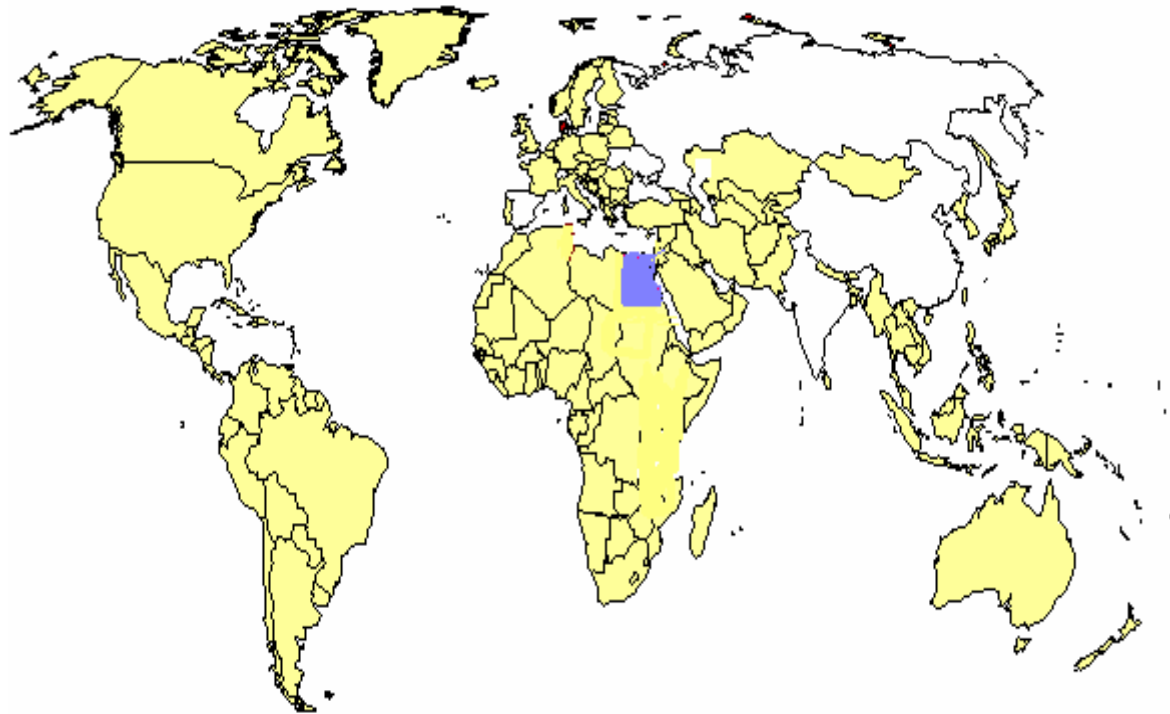
## **Medical Abortion**

### **The Situation in Egypt**

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**Norees centre For research**

# Egypt



# Socioeconomic Indicators.

<b>KEY DEVELOPMENT INDICATOR</b>	<b>1990</b>	<b>2000</b>	<b>2015</b>
<b>Population size In thousands</b>	<b>51.900</b>	<b>63.771</b>	<b>83.501</b>
	<b>1999 -2000</b>		<b>2000-</b>
	<b>Total</b>		<b>2015</b>
<b>Population growth Rate</b>	<b>2.06 %</b>		
	<b>Male</b>		
	<b>2.04%</b>		
	<b>Female</b>		
	<b>2.08 %</b>		
<b>Population below poverty</b>	<b>Total</b>	<b>25%</b>	<b>20 %</b>
			<b>13%</b>
	<b>Rural</b>	<b>29%</b>	<b>21 %</b>
			<b>9 %</b>
<b>Human Development Index</b>	<b>0.501</b>	<b>0.642</b>	
<b>Ratio of girls to boys in lry Education</b>	<b>81%</b>	<b>85 %</b>	<b>99%</b>
	<b>Male</b>	<b>62</b>	<b>67</b>
			<b>72 Ys</b>
	<b>Female</b>	<b>66</b>	<b>71</b>
			<b>77 Ys</b>

# ***The political situation:***

**Feminist organizations working in Egypt, face a variety of obstacles along with other organizations that work for human rights,**

**Attacked by Islamist groups. The most popular political trend in Egypt.**

**Emergency laws that give the government wide policing powers and the right to suspend civil liberties.**

# ***The legal context***

***Egypt was the first Arab country to ratify the convention on the elimination of all forms of Discrimination Against Women . Yet it did so with several serious reservations,***

***Induced Abortion inclusive penal code relate to abortion provide for a penalty of imprisonment of at least 3 up to 15 years with hard labor for any person who intentionally causes abortion through any form of violence. A penalty of imprisonment of up to three years is also prescribed for causing abortion through the provision of any pharmaceuticals or other methods. The woman, who accepts to use the aforementioned***

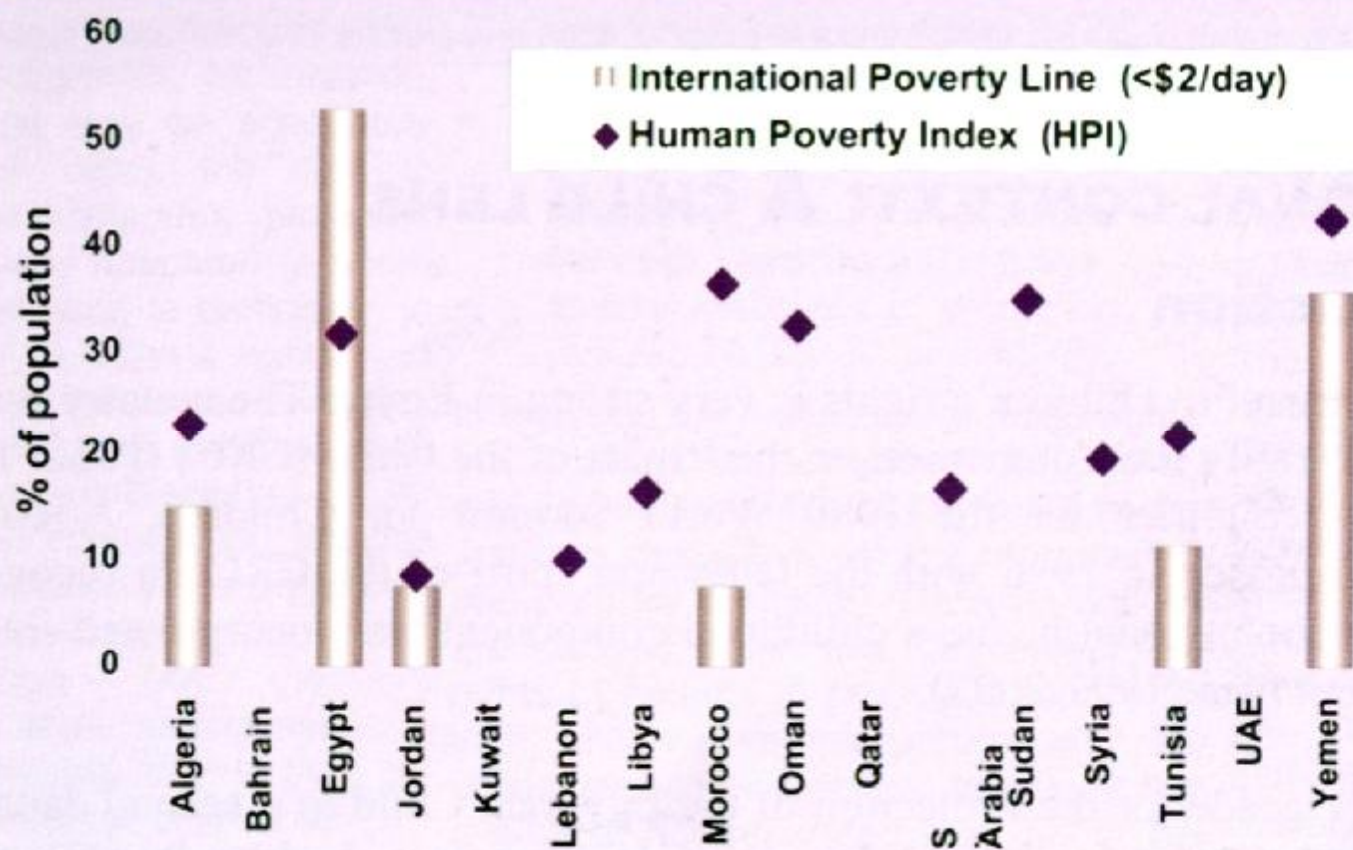
# ***Egyptian Health System:***

***Egypt is well known historically in the developing countries for its health system that covers the whole country through a wide network of health facilities, beginning from the Primary health care units (urban/rural) to hospitals (district, regional and central that includes all levels of health care: secondary and tertiary). This network is characterized by its accessibility for 95% of the population (within 5 kilometers). However, this network suffers from the lack of resources and from lack of coordination among its different levels. Any citizen can approach any level of the health system without necessarily going through previous levels***

# Religious environment

Reproductive rights and cultural  
specificity

## Poverty levels in the MENA region, by country and measure, 1995-1999

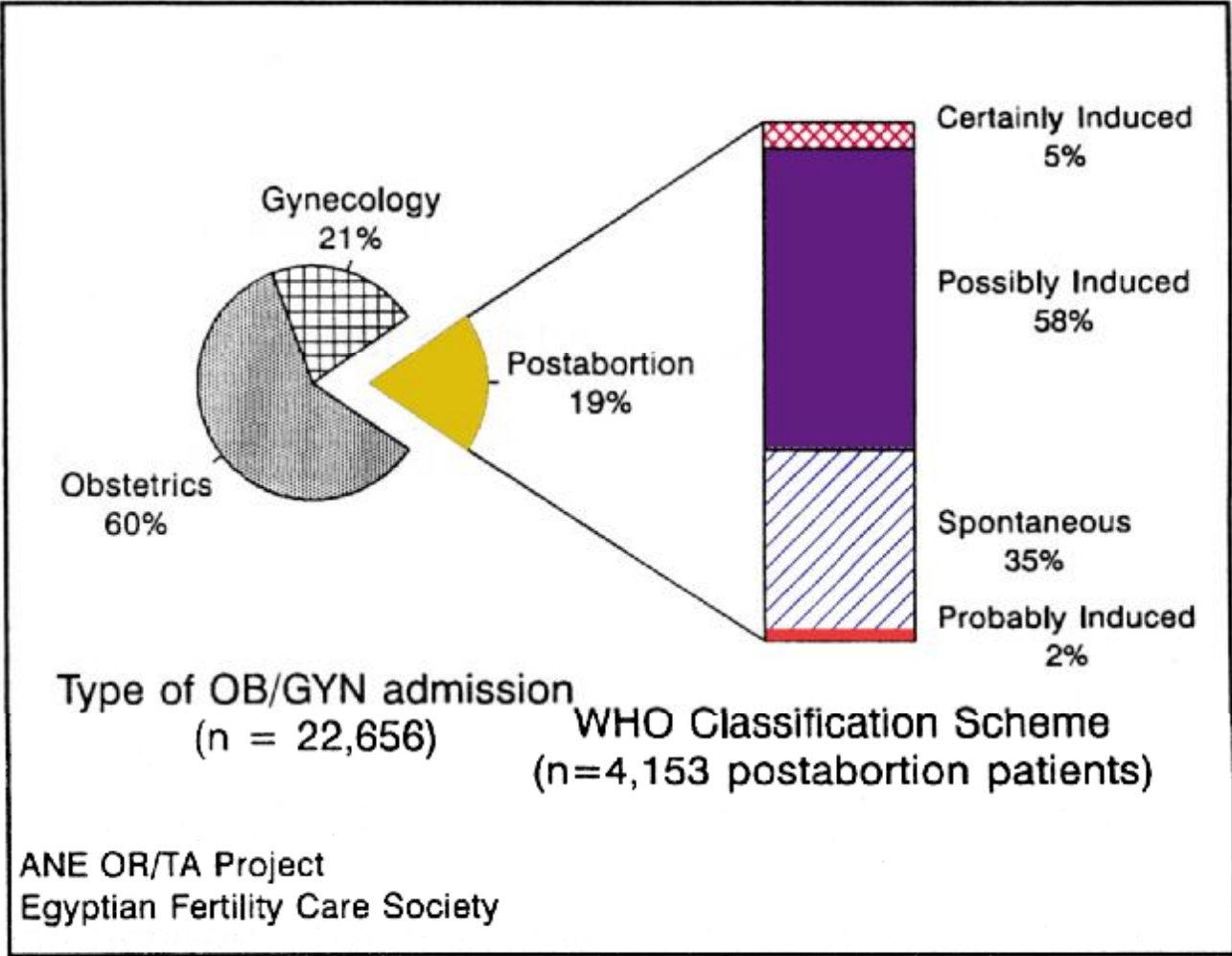


Sources: UNDP, *Human Development Report 2001*; World Bank, *World Development Indicators 2000*.

# Population distribution by age groups, 2001

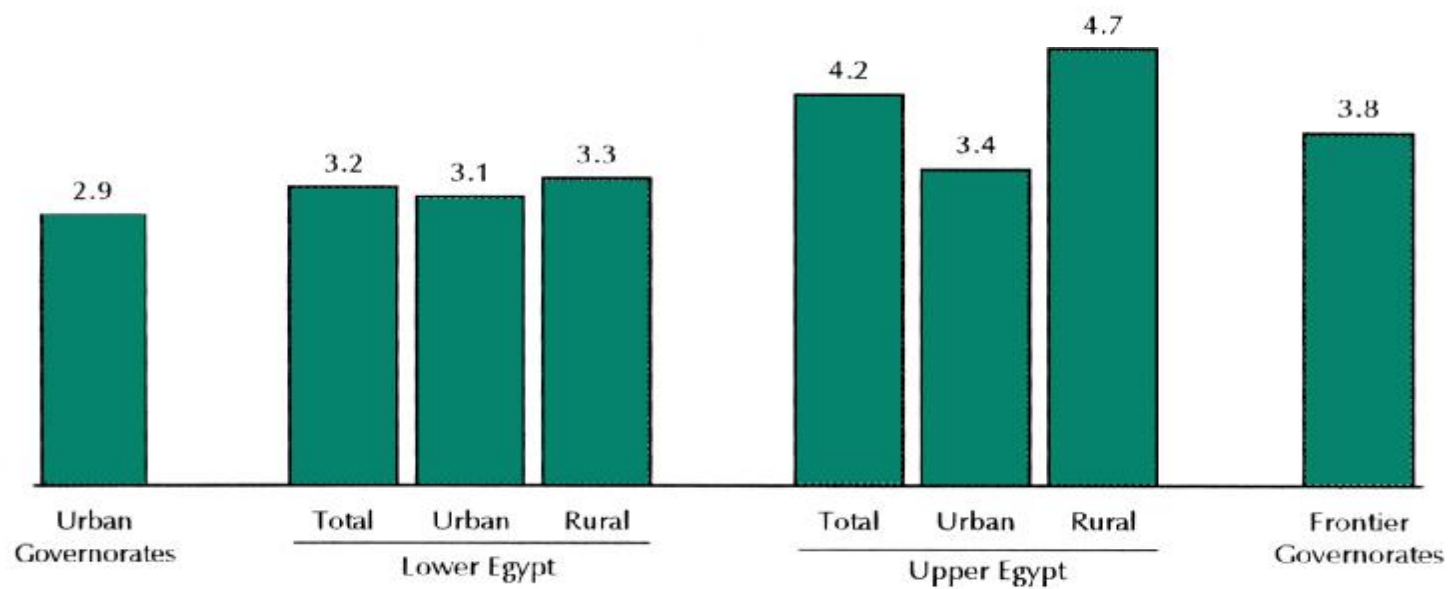
- 0 – 4 years – 12%
- 5 – 19 years – 33%
- 19 + years – 55%

*Source: United States Census Bureau, International Database*

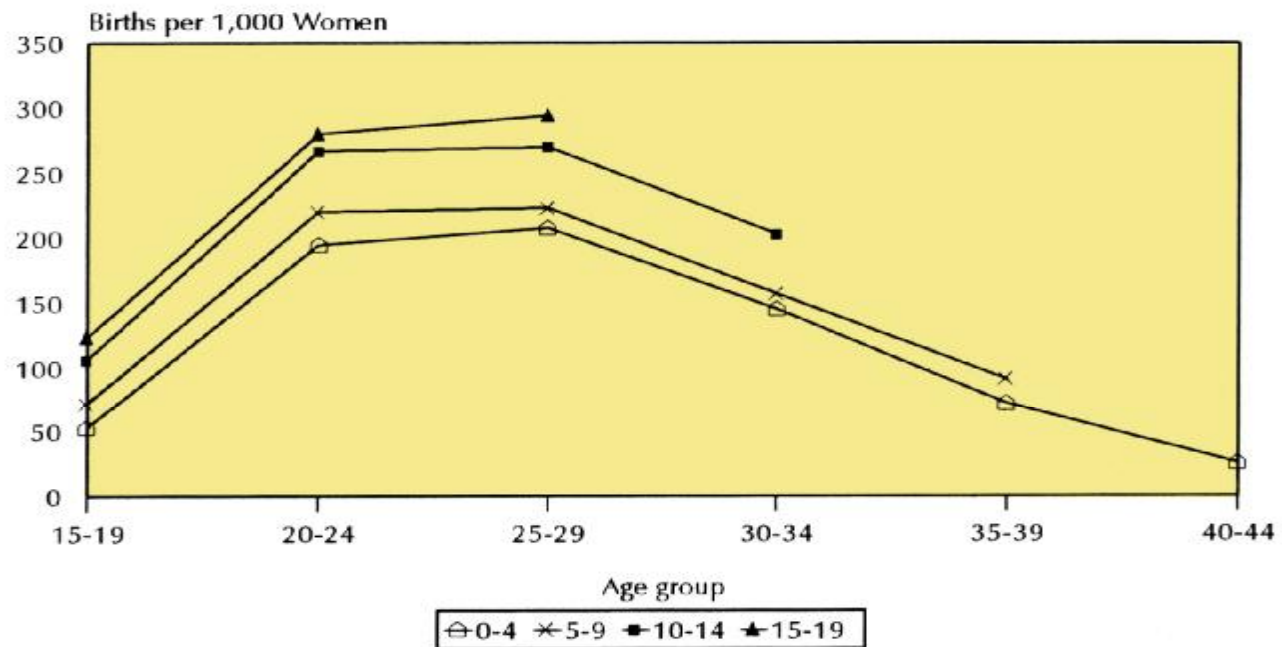


*OB/GYN Department Admissions during 30 Day Period in Egyptian Public Sector Hospitals*

### Total Fertility Rates (Births per Woman 15-49) by Place of Residence

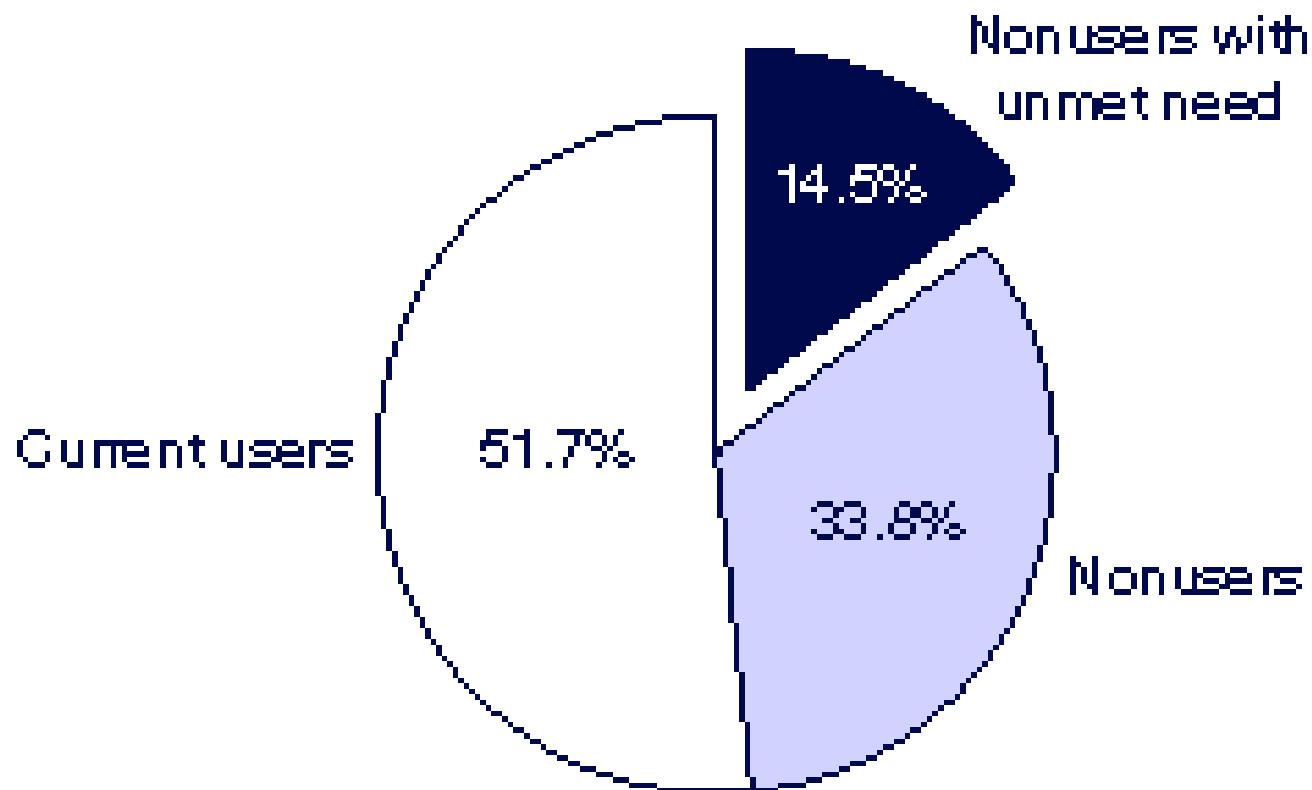


## Age-specific Fertility Rates for Five-year Periods Preceding the Survey



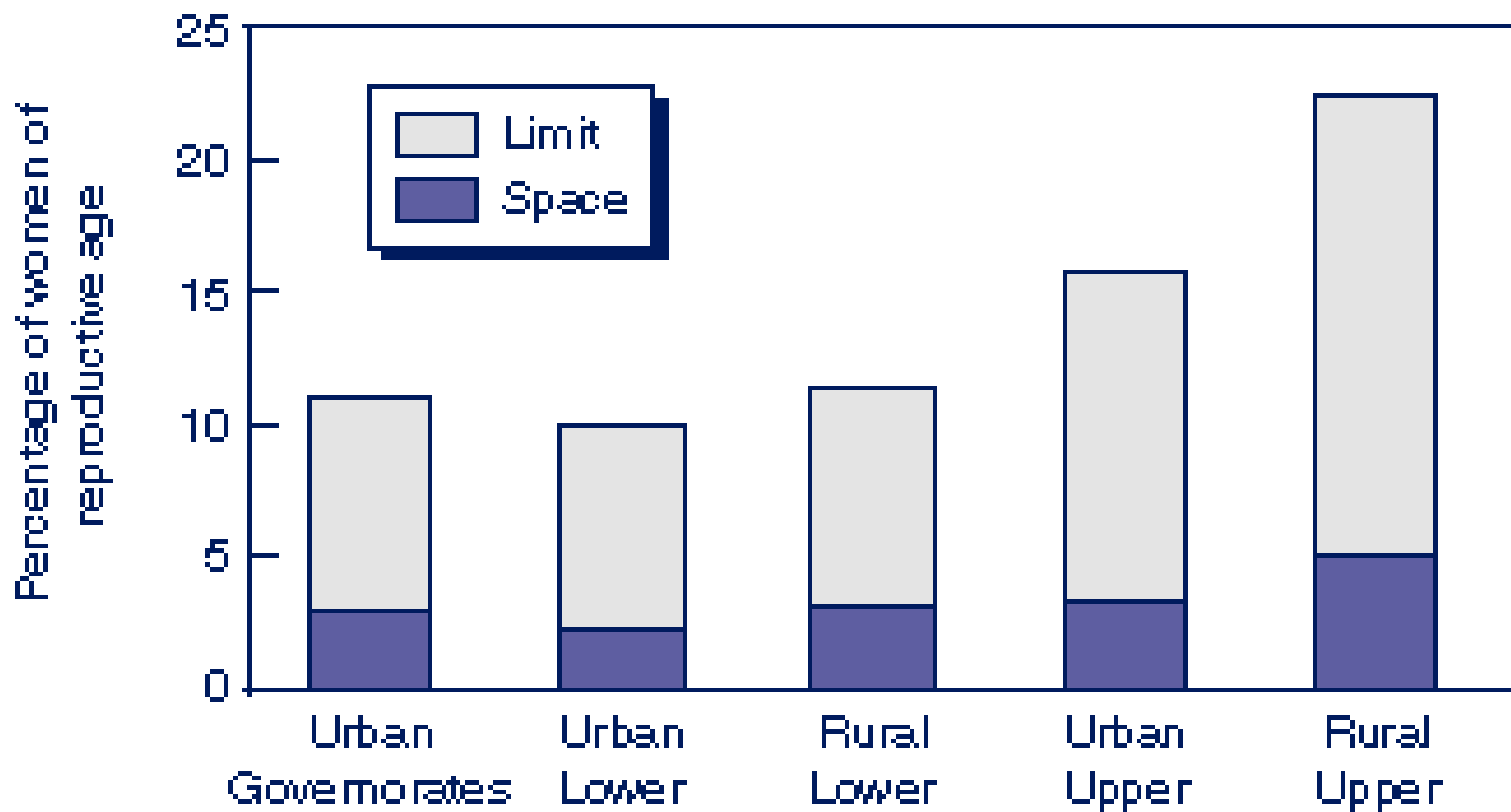
2000 EDHS

# ***Contraceptive Use and Unmet Need Among Egyptian Women***



SOURCE: DHS, 1998.

# *Unmet Need for Family Planning, for the Five Major Regions of Egypt*



**Percentage distribution of post abortion patients  
admitted to public sector hospitals by type of  
abortion, Egypt, 1996, N = (4,153)**

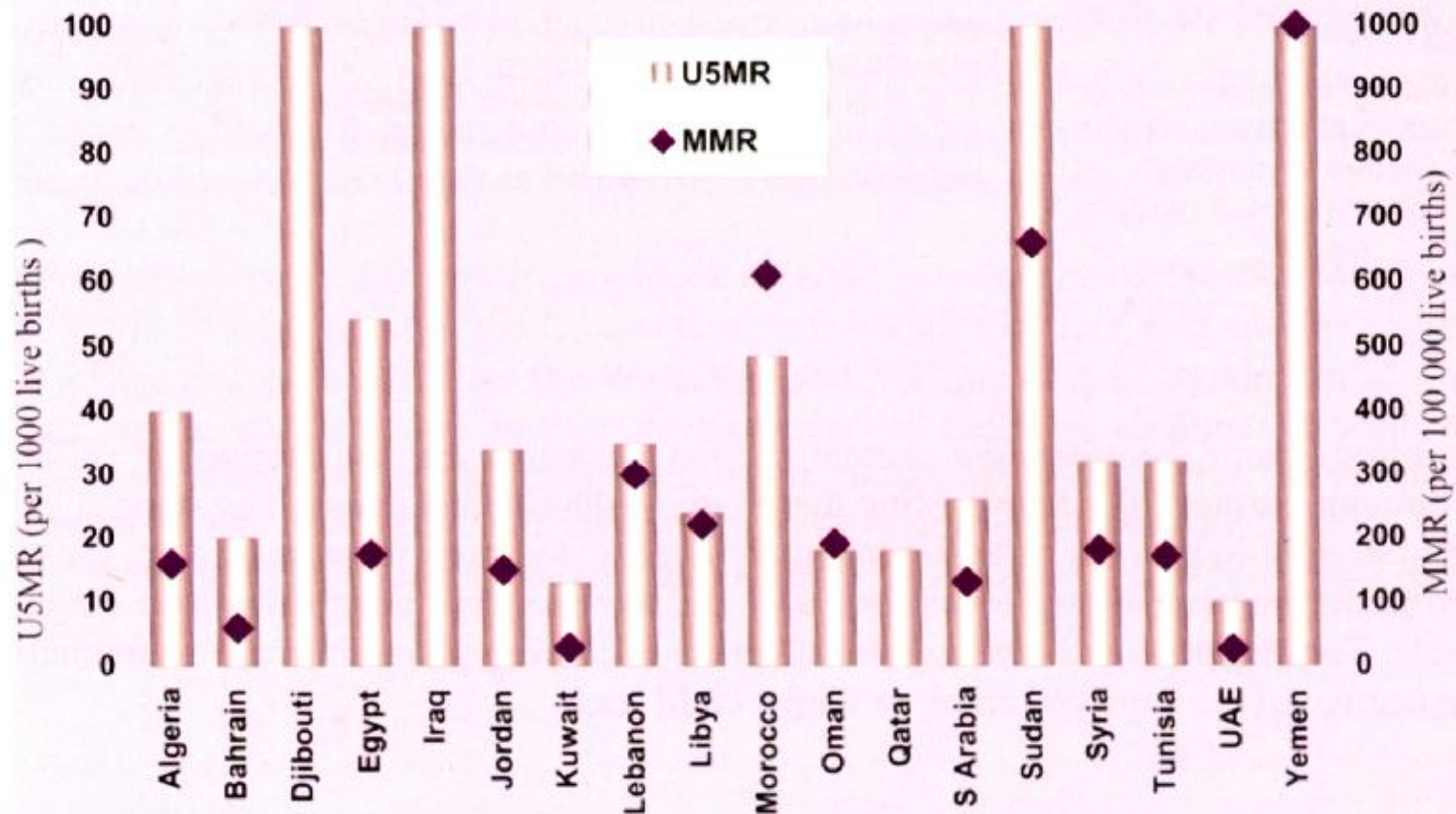
5 % - certainly induced

58 % - possibly induced

2% - probably induced

35% - spontaneous

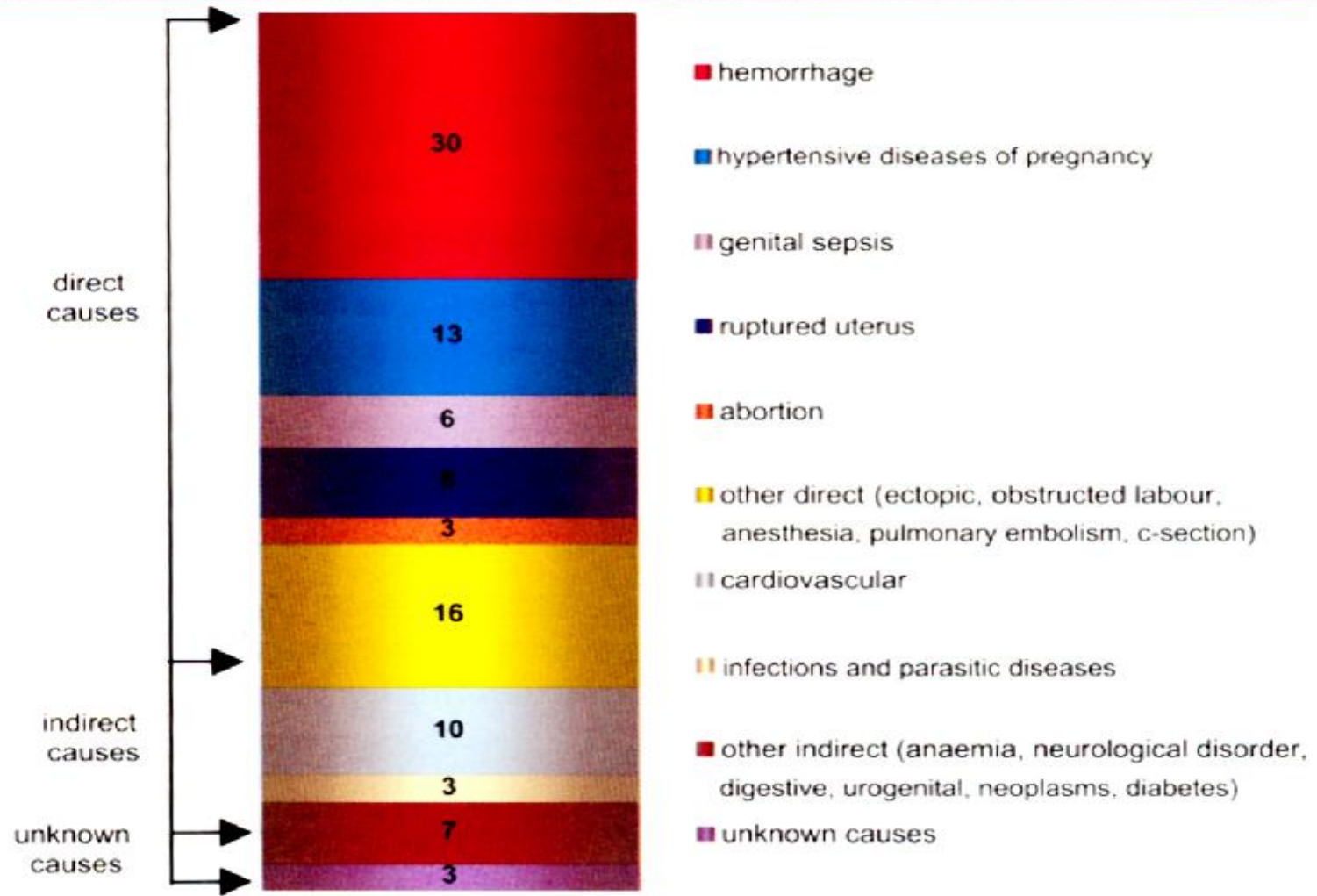
## Under-five and maternal mortality in the MENA region, by country, most recent years\*



\*estimates for the under-five mortality rate fall in the 1995-2000 period; estimates for the maternal mortality ratio are for 1990

Sources: United Nations, *Charting the Progress of Populations*, Department of Economic and Social Affairs, Population Division, United Nations, New York, 2000. ST/ESA/SER.R/151; UNDP, *Human Development Report 2001*; and Demographic and Health Surveys (Jordan, Morocco and Egypt).

## Distribution of maternal deaths by single main direct and indirect causes



Source: National Maternal Mortality Study, 2000.

# Avoidable factors in maternal deaths

- Substandard care from obstetrician team – 43
- No or poor quality ANC – 34
- Delay in seeking medical care – 30
- Lack of blood banks – 16
- Substandard care from general practitioner or midwife – 15
- Lack of drugs, supplies and equipment in health facilities – 10
- Lack of transportation or long distance to hospital – 9
- Substandard care from day – 8
- Unwanted pregnancy – 2
- No avoidable factors – 19

Notes adds up to 100 because many deaths involve more than one avoidable factor

Source: National maternal mortality study 2000

# Health Care – Maternal Mortality

**Avoidable factor contributing to 54% of maternal deaths .**

**Substandard care by obstetricians was the most frequent avoidable factor(43%)**

- **Source: MOHP< 2001**

# Proxy Estimates of induced abortion in Egypt

- *Huntington, et al (1998) projected an induced abortion rate of 14.8% per 100 pregnancies.*
- *Serour and Ragab, (1996) study in rural community indicates that 14% of respondents reported at least one induced abortion*

# **Prevalence of Induced Abortion among unwanted Pregnancies**

- ***National population council (1998): 31% of Unwanted Pregnancies in Egypt tried to abort.***
- ***Serour and Ragab ,(1996): Among unwanted pregnancies in rural areas 21% tried to abort but failed  
and 31%tried and succeeded.***
- ***National Maternal Mortality study (1994): estimated that 14%of abortions that have been classified as a direct cause of maternal death were induced.***

# Family planning history among post abortion patients in Egypt

*% patients responding “yes”*

- Previous FP use – 47
- FP use at time of pregnancy – 17
- Pregnancy planned – 38
- Not planned but wanted – 56
- Abortion induced – 4
- Intend to use FP – 41
- FP provided; w/intent – 48
- FP provided; all patients – 23

# Type of complications upon admission among postabortion patients in Egypt

% of patients presenting with complications

- Hemorrhage moderate – 86,4
- Hemorrhage severe – 13,6
- Shock – 5,2
- Trauma – 0,7
- Infection – 5

# Abortion Studies in Egypt

- *Studies before 1984 (1970s) didn't initiate a strong research tradition*
- *After the 2<sup>nd</sup> ICPD in Mexico The US policy, banning assistance to groups providing any type of abortion related services, and the growing force of conservative socio-religious force: only few studies.*
- *The years leading to 1994 Cairo Conference(1990s)*

# 1994 pilot study

## Improving The Medical Care and Counseling of the Post abortion Patients

- Post Abortion Care
  - Emergency Health Care
  - Post Abortion family planning
  - Linkage to other RHS
- Manual Vacuum Aspiration
- Counseling about medical information
- Counseling about the return to fertility

# Formative Research For Program Design

## *studies conducted*

- *National study on post abortion caseload in public hospitals.*
- *Women's Perception of Abortion (Qualitative stud.*
- *Scaling up Post Abortion care in Egypt*
- *Counseling of husbands of post abortion patients in Egypt (1997)*
- *Incorporating family planning services into post-abortion care program*
- *Other Studies*

# **Medical Abortion in Egypt**