Universal Periodic Review of Egypt

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Submission by:

Sexual Rights Initiative

And

Egyptian Initiative for Personal Rights

Key Words: safe and legal access to abortion, family planning, unsafe abortion

Executive Summary:

1. This report is jointly submitted by the Sexual Rights Initiative[1] and the Egyptian Initiative for Personal Rights.[2] The report examines Egypt's failure to ensure access to safe and legal abortion services. The Egyptian governments' continued refusal to respect, protect and fulfill women's right to access safe abortion services, as recognized in international human rights law constitutes a violation of women's human rights. This report examines the negative impacts associated with the criminalization of abortion in Egypt, which contributes to women resort to unsafe and clandestine abortions.

Progress and gaps in implementation of recommendations from previous cycle

2. During Egypt' first review by the Universal Periodic Review process in 2010, Egypt did not receive any recommendations dealing specifically with abortion, or sexual and reproductive health more broadly.

NationalLegalFramework

3. Egypt allows abortion only to save women's life. According to the Egyptian Penal Code, induced abortion is criminalized by articles 260, 261, 262 and 263, without clear legal provisions allowing for exceptions. Thus, Egypt's abortion law is one of the most restrictive in the region.[3]

4. The criminalization of abortion deters health care providers from performing the procedure for fear of legal penalties. "Abortions performed by doctors are regulated in article 29 of the physicians' Code of Ethics which states that physicians are allowed to perform the procedure to protect the pregnant woman's health provided they obtain written approval from two other specialists. The stipulation that two specialized doctors must sign off on to the procedure could hinder a woman from receiving necessary medical attention in a timely fashion, when it is not clearly an emergency. In an emergency, where the pregnant woman's life is threatened, a doctor is permitted to perform an abortion without getting the written approval from the other two doctors and must follow it up with a detailed written report on the medical reasons for the abortion."[4]

5. According to Article 262 of the Penal Code, accessing abortion services is against the law. Women found guilty of obtaining induced abortions can face six months to three years imprisonment. Families of women victims who died during unsafe abortions have filed complaints and pursued legal cases before Criminal and Cassation Courts against unspecialized physicians, inexperienced doctors, or traditional birth attendants who performed these abortions using unsterilized tools which caused severe consequences and resulted in the woman's death.[5]

6. In 2008, a draft law attempted to legalize abortion for rape and incest victims. The law did not pass, although it was approved by the Parliament's Committee of Proposals and Complaints, the Ministry of Religious Endowments and the Supreme Council for Islamic Affairs. Despite civil society support for the proposed amendment, the Parliament's Constitutional and Legislative Affairs Committee never debated it which is the next step after a proposal is submitted to the Committee of Proposals and Complaints. At the same time, the Ministry of Justice has not pushed for the passing of

[1] The Sexual Rights Initiative (SRI) is a coalition of organizations that advocates for the advancement of human rights in relation to gender and sexuality within international law and policy. The SRI focuses its efforts particularly on the work of the United Nations Human Rights Council, including its resolutions and debates as well as the work of the Universal Periodic Review mechanism and the system of Special Procedures. The SRI combines feminist and queer analyses with a social justice perspective and a focus on the human rights of all marginalized communities and of young people. It seeks to bring a global perspective to the Human Rights Council, and collaborates in its work with local and national organizations and networks of sexual and reproductive rights advocates, particularly from the Global South and Eastern Europe. The SRI partners are: Action Canada for Population and Development, Akahatá - Equipo de Trabajo en Saxualidades y Generos, Coalition of African Lesbians, Creating Resources for Empowerment in Action (India), Egyptian Initiative for Personal Rights, and Federation for Women and Family Planning (Poland).

[2] The Egyptian Initiative for Personal Rights (EIPR), is a Cairo-based independent human rights organization which works to defend and promote the rights to privacy, health, religious freedom and bodily integrity. Since its establishment in 2002, the EIPR has acquired extensive experience in advocacy before UN treaty bodies, the former Commission on Human Rights, the Human Rights Council, as well as the African Commission on Human and Peoples' Rights. www.eipr.org

[3] EIPR/CRR CEDAW Shadow Report: http://www2.ohchr.org/english/bodies/cedaw/docs/ngos/EIPR_CRR_Egypt45.pdf

[4] Egyptian Initiative for Personal Rights (EIPR) and Center for Reproductive Rights (CRR). 2009. CEDAW Shadow Report: http://www2.ohchr.org/english/bodies/cedaw/docs/ngos/EIPR_CRR_Egypt45.pdf, 38.

[5] EIPR/CRR. 2009. CEDAW Shadow Report: http://www2.ohchr.org/english/bodies/cedaw/docs/ngos/EIPR_CRR_Egypt45.pdf

the proposed amendment. There has been no clear reason for this,[6] which reflects a lack of political will to amend the laws to better address the sexual violence survivors' needs.

7. Although Islam is a diverse religion and theologians have different views toward abortion in Islam, Islamic law is sometimes used as a justification to continue criminalization of abortion deeming it unlawful according to Sharia.[7]

Lack of reliable data

8. Throughout the Middle East and North Africa region, the World Health Organization estimates "that more than three million unsafe abortions were performed in 2008, accounting for 14% of maternal mortality."[8] It is believed that the number of unsafe abortions has "almost doubled in less than a decade, up from 1.5 million in 2003."[9]

9. At the national level, accurate data regarding women's access to abortion, and the associated maternal mortality rate, is lacking.[10] According to the Egyptian Initiative for Personal Rights, this is due to "the illegality of some practices, such as abortion, and/or an attendant social stigma."[11]

10. Regardless, the Egyptian Government cannot continue to justify its failure to collect this data based on the legality of the service. Without such data, it is difficult to assess the number of women who resort to unsafe abortion or the percentage of maternal mortality caused by abortion.

Unsafe abortion

11. In Egypt, unsafe, or clandestine, abortions are common. The experiences and quality of services that women seeking out clandestine abortions receive varies primarily according to their woman's socioeconomic status. "One study concluded that safety is expensive for women in Egypt, and thus only wealthy women can "literally buy safety."[12]The evidence from the study concluded that clandestine abortions can be grouped into three levels: "The first is the use of indigenous methods, which are the cheapest and also the most dangerous. The second method is biomedical abortion at clandestine clinics; while safer than the first type, it is not without risk. Biomedical abortions administered by private gynecologists are the safest as well as the most expensive method available to women. The majority of Egyptian women cannot afford the cost of biomedical abortions administrated by private gynecologists nor can they afford the clandestine methods."[13]Socio-economic realities often leave women with limited service options. "[P]oorer women…face the risks of the less expensive and more dangerous methods of abortion."[14]

12. Data collection on the incidence of unsafe abortion is lacking. "Governmental data in Egypt shows the percentage of maternal deaths due to abortion, but it does not note whether the abortion is spontaneous or induced."[15]The Ministry of Health claims that abortion was the cause of 4.6% of maternal deaths in 2000, 4% in 2002 and 1.9% in 2006.[16] These numbers may be underestimated percentages due to the fact that induced abortion and the mortalities it causes is underreported in Egypt as it is illegal.

13. A study exploring Egyptian women's perspective of abortion undertook interview with women who had undergone abortion. One respondent, when describing the pain she experienced during and after the procedure, said: "I was dying yesterday and I was dying before the operation…It was very painful to go through the operation. Afterwards, the pain

[6] EIPR/CRR. 2009. CEDAW Shadow Report: http://www2.ohchr.org/english/bodies/cedaw/docs/ngos/EIPR_CRR_Egypt45.pdf, 8-9.
[7] Ibid., 38.
[8] Ibid., 38.
[9] Ibid., 38.
[10] Ibid., 3.
[11] Ibid., 3.
[12]Ibid., 104.
[13] Ibid., 40.
[14] Ibid., 40.
[15] Ibid., 40.
[16] Ibid., 40.

has only got worse. I am still in pain now … I feel like my body is broken into pieces. I cannot sleep, I cannot sit down and I feel severe pain with every move I make. I know it will be some time until this pain goes away. This has been the most painful experience I have ever had."

14. Another respondent, discussing the loss of blood during abortion said: "Our bodies are already tired… and going through an abortion affects the health tremendously. The blood that a woman loses makes her weaker than she was before. It also causes anemia. As a result a woman has to rest for a long time to regain her strength..."Beyond the physical issues associated with this experience, another women said "I will still have to face some other problems, things like what people will say about me when they know that I have had an abortion. But I know that the most important thing I should concern myself about is resting for at least two months so that I can get back my original health. The only problem in doing that is there is no one to help me during that time.""[17]

Post-abortion care

15. Restrictive abortion laws and the challenges and risks associated with unsafe abortion result in serious post-abortion health complications. "A study published in 2008 shows that post-abortion care was the cause of almost 20% of obstetrical and gynecological hospital admission in Egypt."[18]

16. Hospitalization for the treatment of post-abortion care in Egypt is said to account for 15 hospitalizations per 1,000 women aged 15–44."[19] This information validates evidence that "in countries where abortion is permitted on narrow grounds, thousands of women are hospitalized each year with serious complications from unsafe procedures."[20]

Safe abortion care

17. Manual Vacuum Aspiration (MVA) could be implemented by nurses and midwives and was proved to be better and safer in post-abortion care. In the early 1990s, the common practice in post-abortion care was dilatation and curettage (D&C) technique performed under general anesthesia. Since then, studies have shown that MVA with local anesthesia is associated with lower complication rates and shorter patient stays than sharp curettage with general anesthesia.

18. In 1994, a pilot study on improving post-abortion care was conducted in two hospitals in Egypt. The study concluded that "upgrading post-abortion care services and training physicians in MVA, infection control and counselling led to significant improvements in the care of post-abortion patients."[21] Fortunately, the study did not cause a wide public debate. As a result, a larger study was conducted in 1997 to introduce improved post-abortion care services to university and Ministry of Health and Population hospitals in Egypt. The aim of Egypt's post-abortion initiative was to institutionalize MVA as a safer and simpler method in treating post-abortion complications.

19. Despite this evidence, Egyptian health care professionals continue to apply the D&C technique, to the detriment of women's health and well-being. Further expansion of the initiative failed. "Despite the positive results of the study in state owned university hospitals, MVA has not yet been institutionalized in most of the Egyptian hospitals providing post-abortion care services. MVA equipment is available in only 12% of hospitals offering delivery services. And it has been reported that the Egyptian government has "refused subsequent requests to import MVA devices." This represents a failure of the government to meet the commitments it has made in [International Conference on Population and Development's Programme of Action (ICDP PoA)]"[22]

[17] EIPR 2013.'Reclaiming and Redefining Rights', http://eipr.org/sites/default/files/pressreleases/pdf/report_-_reclaiming_and_redefining_rights.pdf, 41, section on "Women's Perceptions of Abortion in Egypt"
[18] EIPR 2013. 'Reclaiming and Redefining Rights', http://eipr.org/sites/default/files/pressreleases/pdf/report_-_reclaiming_and_redefining_rights.pdf, 41.
[19] Ibid., 41.
[20] Ibid., 41.
[21] Population Council. 2000. Frontiers in Reproductive Health. "OR Summaries" http://www.popcouncil.org/pdfs/frontiers/orsummaries/orsum12.pdf
[22] EIPR 2013. 'Reclaiming and Redefining Rights', http://eipr.org/sites/default/files/pressreleases/pdf/report_-_reclaiming_and_redefining_rights.pdf, 42.

Family planning

20. While the contraceptive prevalence rate remains relatively high in Egypt (at 60% in 2008) and the unmet need for contraception continues to decline, from 16% in 1995 to 9.2% in 2008, many women continue to experience barriers to accessing a range of methods of contraception due to geographic location, ethnicity and socio-economic status.[23]

21. The ongoing lack of access to a range of modern methods of contraception, together with the reality that "family planning services are not offered to women before discharge from the hospital due to the physical and administrative division between the units providing post-abortion care services and others providing family planning counseling"[24] contributes to unwanted pregnancies.

22. The current context, experience challenges in preventing unwanted pregnancies through limited access to a range of modern methods of contraception, and restrictions on their access to safe abortion care, due to the criminalization of abortion, contributes to the persistently high levels of unsafe abortions in Egypt.

Recommendations

23. Recognize women's right to abortion as a human rights issue, not only as public health concern, by reforming abortion laws and at minimum, guarantee access to safe abortion when pregnancies threaten women's lives and health, and to victims and survivors of rape and incest.

24. Ensure that the state is held accountable for deaths resulting from unsafe abortions by placing proper monitoring and evaluation systems.

25. Incorporate article 29 of the physicians' Code of Ethics - which permits a physician to carry out an abortion to protect the pregnant woman's health and life - into the Penal Code, and eliminate the need for approval by two other specialists to protect the woman's health. Also, amend the existing law to legalize abortion in cases of rape and incest.

26. Revoke article 262 of the Penal Code which penalizes a woman who seeks an illegal abortion.

27. Strengthen the provision of post-abortion care by mainstreaming the use of MVA in public hospitals and by integrating family services into post-abortion care.

28. Conduct national surveys on the rate and reasons behind induced abortions, and on the methods used, amongst married and unmarried women, and publish the results and make them publically accessible.

[23] EIPR 2013. 'Reclaiming and Redefining Rights', http://eipr.org/sites/default/files/pressreleases/pdf/report_-_reclaiming_and_redefining_rights.pdf, 49.
[24] Ibid., 42.