

# Study on the Criminal Abortion in Middle East

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**Abstract:** In lay language, the term abortion is generally considered synonymous with criminal abortion, whereas the term miscarriage generally implies that the pregnancy stopped spontaneously. The law does not recognize such a distinction. It defines a criminal abortion as one that is illegally induced, that is to say, one which is not justified by the circumstances. . This paper aims to identify the pattern of unsafe abortion, to identify different types of injuries inflicted in attempted abortion and their outcomes regarding maternal morbidity and mortality.

**Methods:** The present study was conducted by the Department of Medico legal Institute, Egypt from JANUARY 2013 to DECEMBER 2014. The material for the present study comprises of information obtained from the patients' case records for 24 patients registered as cases of criminal abortion.

**Results and discussion:** The overall mean age of cases who had abortion in our study occurs in age group 36-40 years; mean age  $37.7 \pm 1.4$  (n= 9; 42%). And the majority of cases (n=9, 37.5%) were found in the 4<sup>th</sup> decade. In the majority of cases (n=9; 37.5%) abortion, resulted from physical violence due to argument and the assailants were usually neighbors. Beating and kicking at abdomen causing abortion to a young pregnant woman can be a method of revenge directed towards her or her husband in lower classes. Illegal pregnancy corresponded to only 12.5% (n=3) which is same percentage as that one of no reason for the criminal abortion.

In 62.5% (n=15) the trauma induced abortion was mainly blunt trauma. There were also 3 cases involved in biting. In 25% (n = 6) of the cases there was no trauma, the incident was alleged or didn't end in abortion (D&C showed no fetal tissues).

As for interventions in the studied cases, 62.5% (n=15) of cases had surgical interference in the form of D&C (Dilatation and Curettage), while 37.5% of the cases ( n=9) received only medical treatment. The majority of cases had no complication and out of 24 cases, only one case ended in death ( 4.1%).(Table 5). It was a case of illegal abortion and the victim died from perforated uterus and intestine ending in neurogenic shock and death.

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**Conclusion:** Legible documentation for criminal abortion shall ensure accurate and concrete planning for health status of women and other demographic data which will improve the quality of life as well.

**Keywords:** Abortion, Attempted abortion, Criminal abortion, Pregnancy, Multipara.

## 1. INTRODUCTION

“Abortion” is the termination of pregnancy when the fetus is not viable [1] or termination prior to 20 weeks' of gestation or a fetus born weighing less than 500 g (WHO, CDC & NCHS.Abortion attempted/criminal a tragic event has severe impact on the family, community, and eventually the nation detailing some very unpleasant truths).

Though in many countries medical termination of pregnancy ('therapeutic abortion') is legal, a large area of the world still prohibits any form of abortion, either totally or except for the preservation of life of the pregnant woman. Even in those states where legal termination is possible, criminal abortions are still carried out, albeit on a small scale. [2]

Criminal abortion can result from physical violence, from the use of abortifacient drugs or chemicals, and the use of instruments. Physical violence can be self-inflicted, accidental, or deliberate but not necessarily intended to result in

abortion—domestic abuse for example. Drugs such as pennyroyal and oil of turpentine that can induce menstrual flow can result in abortion. Other drugs that cause contraction of the wall of the uterus are also encountered. Most effective abortifacient drugs are controlled by law and not readily accessible. [3]

The prevalence of this criminal act is far greater than most law enforcement officials realize. Using the conservative estimates of 30 per cent criminal and 1.0 million total abortions gives 300,000 such cases each year. It is probable that more than 60 per cent of all induced abortions are procured with the help of or entirely by others than the pregnant woman herself. The actual number of convictions recorded annually in the United States for this offense is not available, but is probably under 2500. It is doubtful if any other felonious act is as free from punishment as is criminal abortion. [4]

Nearly thirteen percent of all illegal abortions in the world are carried out in India [5] and out of 20 million women who undergoes unsafe abortion annually, 70,000 die while millions suffer chronic morbidities. There is no study discussing criminal abortion incidence and its Sequa lea in the Middle East countries

In this scenario an attempt was made by this study to evaluate all criminal abortion cases, registered by by the Medico Legal Institute Department in Egypt with the aim of:

- a. To identify the prevalence of these cases
- b. To identify factors leading to criminal abortion
- c. To identify different types of injuries inflicted in attempted abortion
- d. To identify outcome of criminal abortion like maternal mortality.

## 2. MATERIAL & METHODS

The present study was conducted by the Department of Middecolgal Institute, Egypt from JANUARY 2013 to DECEMBER 2014. The material for the present study comprises of information obtained from the patients' case records. Appropriateness in documentation, record keeping, and preservation of material of evidence as maintained were assessed with the standard norms. Proper care was taken for the consent, confidentiality, ethical guidelines, and repute of the institution. On the basis of analysis and observation, results were drawn and discussed and compared with other relevant studies available in the literatures.

## 3. RESULTS AND DISCUSSION

The study was conducted by the department of Medico legal Institute in Egypt where total 24 cases of criminal abortion information registered in one year period, from 1 JANUARY 2013 to 31 DECEMBER 2014 were collected and analyzed. This study was undertaken in view of different perspectives, so that a comprehensive analysis could be formulated. Study centered on all interrelated issues concluding the interesting picture of abortion provisions enthusiastically...

The overall mean age of abortion in our study was, and maximum no of abortion occurs in age group 36-40 years; mean age  $37.7 \pm 1.4$  (n= 9; 42%). And the majority of cases (37.5%) were found in the 4<sup>th</sup> decade (Table 1) .The obvious reason of these peak age groups corresponds to the period of peak mating frequency. Similar observation found in the study of Usmani JA et al(2009); Pinto RY (1970) and Ganguli et al (1978). [6-7] Low abortion rate in extreme age groups are due to various social factors like Married-unmarried, education, social status, religion and limiting of family size etc.

In the majority of cases (n=9;37.5%)abortion, resulted from physical violence due to argument and the assailants were usually neighbors.(Table 2) Beating and kicking at abdomen causing abortion to a young pregnant woman can be a method of revenge directed towards her or her husband in lower classes. Abortion can also result from domestic violence. It was found in 25% of the studied cases that the husband may beat his wife as a result of ongoing domestic abuse or as a result of unintended pregnancy which may add to the stresses of marital life especially in recently married couples. Illegal pregnancy corresponded to only 12.5% (n=3) which is same percentage as that one of no reason for the criminal abortion.

Notably, poor pregnancy outcomes have been associated with intimate-partner violence, including low birth weight and miscarriage and spontaneous abortion. Additionally, women who suffer abuse during pregnancy are at increased risk of homicide; in fact, homicide is the leading cause of mortality in women in the time-period immediately before and after delivery of the infant [9]

In 62.5% (n=15) the trauma induced abortion was mainly blunt trauma. There were also 3 cases involved in biting. In 25% (n = 6) of the cases there was no trauma, the incident was alleged or didn't end in abortion (D&C showed no fetal tissues).(Table 3).

As for interventions in the studied cases, 62.5% (n=15) of cases had surgical interference in the form of D&C (Dilatation and Curettage), while 37.5% of the cases (n=9) received only medical treatment and didn't require surgical intervention. (Table 4).

The majority of cases had no complication and out of 24 cases, only one case ended in death (4.1%).(Table 5). It was a case of illegal abortion and the victim died from perforated uterus and intestine ending in neurogenic shock and death.

Primary details such as weeks and months of pregnancy, size of abdomen, USG findings etc., were poorly documented.

Women anxious to lose their pregnancy have resorted to extremes of physical activity and even violence in efforts to dislodge the fetus. Frenzied exercise, horse-riding and severe purging with laxatives was usually ineffective, and some unfortunate women went on to seek violent treatment from husbands or consorts. Punching and kicking of the abdomen were most common, and death from visceral rupture, such as liver, spleen or intestine, has been reported. Ironically, the uterine contents were usually undisturbed. [2].

When carried out with proper facilities, legal abortion has an extremely low mortality rate, being less than the mean death rate associated with pregnancy. The usual methods are vacuum aspiration, dilatation and curettage, or hysterotomy in later pregnancy.[2]

Deaths due to abortion by douching or syringing were caused by Cardiac arrhythmia, Sepsis, Air embolism and Perforation of the uterus or vagina are rare. [10]The most common causes of maternal death in the U.S. are hemorrhage, embolism, hypertensive disease of pregnancy, and infection, approximately in that order. In 1998, there were 281 reported deaths caused by complications of pregnancy, childbirth, and the puerperium. This number is lower than the actual number of deaths, as it includes only those reported on the death certificate and assigned to the cause of death. [10].

#### 4. CONCLUSION

Abortion is inevitable phenomenon and primarily a health concern of women but, the failure to address this preventable maternal disability and death, represents one of the greatest social injustices. Legible documentation for criminal abortion shall ensure accurate and concrete planning for health status of women and other demographic data like fecundity and fertility and other human behaviors etc. might be helpful in limiting the population explosion and improve the quality of life as well. In the literature review, there are no studies discussing this type of abortion and our study is considered as the first in the middle east despite the number of cases is small. Moreover based on our study and scientific analysis, the following suggestions are being proposed:

1. **Public awareness:** about the complication of criminal abortion via Radio, TV, Newspaper and other appropriate media.
2. **Women literacy:** Specially highlighting as a Women's Rights and empowerments and lawful privilege to the women.
3. **Obligation in rendering services:** The Medical fraternity must assume as obligation for rendering such services rather than to assume as custodian attitude as of some ill minded medical professionals.
4. **Adequate Infrastructure:** Primary health centers and sub centers must be properly staffed and equipped with adequate abortion and delivery services.
5. **Legible Prescription:** Emergency contraceptive and abortion pill must be available only with legible prescription.
6. **Pregnancy Registration:** Informal and formal registrations of pregnancy and outcome are monitored. Informal at the time of diagnosis and formal when completed 20th weeks of gestation (Like birth and death registration).
7. **National and state Health Program:** It must be included in national program and facilitated by Government programs as of date supported for delivery (free institutional delivery or cash incentives) like, Incentives, and Paid leaves etc.
8. **Proper Documentation:** Proper documentation within prescribed format as suggested by authorities which includes relevant information and valuable in case of death in attempted criminal abortion and negligence etc.

**9. Hospital Record Marinating Guidelines/ Record Audit.****Conflict of interest:**

There is no conflict of interest.

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**APPENDIX - A**

**Table (1) shows the number and percentage of cases in each age group.**

<i>Age groups</i>	<i>No.</i>	<i>%</i>
<i>2<sup>nd</sup> decade</i>	<b>3</b>	12.5
<i>3<sup>rd</sup> decade</i>	<b>6</b>	25
<i>4<sup>th</sup> decade</i>	<b>9</b>	37.5
<i>5<sup>th</sup> decade</i>	<b>6</b>	25
<b><i>Total</i></b>	<b>24</b>	100

**Table (2) shows the number and percentage of motives in cases.**

<i>Motives</i>	<i>No.</i>	<i>%</i>
<i>Argument</i>	<b>9</b>	37.5
<i>Domestic violence</i>	<b>6</b>	25
<i>Family argument</i>	<b>3</b>	12.5
<i>Illegal pregnancy</i>	<b>3</b>	12.5
<i>No</i>	<b>3</b>	12.5
<b><i>Total</i></b>	<b>24</b>	100

Table (3) shows the number and percentage of type of trauma in cases.

<i>Type of trauma</i>	<i>No.</i>	<i>%</i>
<i>Bite</i>	<b>3</b>	12.5
<i>Blunt</i>	<b>15</b>	62.5
<i>Non</i>	<b>6</b>	25
<i>Total</i>	<b>24</b>	100

Table (4) shows the number and percentage of intervention in cases.

<i>Intervention</i>	<i>No.</i>	<i>%</i>
<i>Medical</i>	<b>9</b>	37.5
<i>Surgical</i>	<b>15</b>	62.5
<i>Total</i>	<b>24</b>	100

Table (5) shows the number and percentage of prognosis in cases.

<i>Prognosis</i>	<i>No.</i>	<i>%</i>
<i>Death</i>	<b>1</b>	4.1
<i>Free</i>	<b>23</b>	95.8
<i>Total</i>	<b>24</b>	100