

Evidence and Justice:

Making the case for adolescent health and rights post 2015



EGYPT

RESURJ, the Egyptian Initiative for Personal Rights (EIPR), and Columbia University's Mailman School of Public Health have produced this paper¹ to give an overview of the social, economic and environmental situation in Egypt related to adolescents and young people. It attempts to make the case for attention and investment in their health, development and human rights in order to meet the Sustainable Development Goals (SDGs) by 2030.

In the aftermath of the revolution in Egypt, alienation of women and young people from decision-making and the political process as a whole has increased. Violence against women is on the rise, health services have become less accessible, human rights violations are rampant, and national data on health and human rights are scarce. Nonetheless, this paper can serve as a tool for activists, academics, researchers, policy makers and evaluators who are interested in advancing the health and human rights of adolescents and young women in Egypt for the decades to come.

Background

Nearly half of the country's population is under 25 years of age. Unless Egyptian policies and programs address the human rights and access to quality health and education of this population, massive unemployment, disenfranchisement, and poverty will continue. At least one in four Egyptians lives in poverty; 75% of the unemployed are young women and men between the ages of 15-29; rising food insecurity means that many live with chronic malnutrition; unmarried women do not have access to contraception; married or unmarried adolescent girls do not have access to information or services on reproductive health; Government spending on healthcare is very low- around 4%; 49% of Egyptians are uninsured and the majority are women living in rural areas and those in the lowest income quintile; early and forced marriages are common, putting girls' health and lives at risk. Galvanizing political will and investing financial resources in adolescent health and development is a concrete way to ensure Egypt's progress toward equitable growth and sustainable development.

Health (SDG 3) and Education (SDG 4)

Egypt's health system is weak, vertical and fragmented, with multiple funding sources and neglect for primary health. Young women continue to die unnecessarily from entirely preventable causes related to pregnancy and

childbirth. There is profound inequality between Upper Egypt and Lower Egypt, and great discrepancy between access to healthcare services in both as the result of inadequate social policies and programs. Government spending on healthcare is very low- 4.32%, taking its toll on the quality of services provided publicly and relegating the right to health to the private sector. Out of pocket expenditures on health are incredibly high, and 49% of Egyptians are uninsured- the majority of whom are women. Women who are in *urfi* marriages, unmarried, or under age, do not have access to modern methods of family planning. There are strong indicators that adolescent pregnancy, although not well documented, remains high. Huge discrepancies between Upper and Lower Egypt remain in maternal mortality rates, which are especially higher in Upper Egypt. There is also no data available on maternal morbidity. Unsafe abortion continues to claim the lives of many young (mostly poor) women in the country due to the criminalization of the procedure. There is little data available, but some studies conclude that close to 35% of abortion procedures are clandestine, putting women's health and lives in danger. The HIV epidemic has also increased among young people in the country. Of those living with the virus, 14% are ages 15-24 year olds and 22% are women. Unprotected sex is the main cause for transmission, primarily among men who have sex with men, and there is still a wide treatment gap- with only one in five pregnant positive women with access to anti-retroviral medication. **Education and knowledge** on sexuality, bodily autonomy and reproductive health is lacking in Egypt. There is a consistently low level of awareness among youth about the body, human development, sexually transmitted infections, contraception, and protection from unintended pregnancies and HIV.

In order to meet **SDG 3**, "ensure healthy lives and promote well-being for all at all ages", it is imperative that Egypt aims to achieve the sexual and reproductive health and reproductive rights of all, including by taking all steps to eliminate maternal mortality and morbidity, preventing and treating HIV and other STIs, and providing universal access to modern methods of family planning through *integrated sexual and reproductive health services within primary health care.*

In order to meet **SDG 4**, "ensure inclusive and equitable quality education and promote life-long learning and opportunities for all" it is vital that Egypt eliminate all

¹Full paper LINK

gender disparities in education and ensures equal access of boys and girls to all levels of education and vocational training; build the skills and knowledge needed to promote human rights and achieve gender equality, including *through implementing life-skills curriculum within comprehensive sexuality education programs* that teach gender, human rights, peace and non-violence.

Gender Equality and Women's Empowerment (SDG 5)

About one in three Egyptian women report having experienced some form of gender based violence in their lifetime, with no recourse available. Sexual assault is rampant, and violence against women is normalized in the country. This reinforces deeply ingrained gender inequality and prevents development for all. Adolescent girls must be able to grow up with equal opportunity and free from violence, coercion and discrimination in order to contribute equally to their individual, community and country's future. The full realization of this goal requires Egypt to reconcile the discrepancies between judicial and legislative institutions that obscure the meaning and application of laws designed to deter gender-based violence, as well as to provide accessible avenues for reporting incidents of violence and abuse by implementing a national legal reform project, which should include the criminalization of marital rape; Publicly address pervasive social attitudes and cultural norms that blame women for sexual and gender-based violence and harassment; Conduct widespread national campaigns to inform women of their human rights in the context of gender-based violence, including raising awareness of the possibility of no-fault divorce in Egypt and how to obtain one; and ensure the effective implementation of the 2008 ban on female genital mutilation.

In order to meet **SDG 5**, "achieve gender equality and empower all women and girls", Egypt must address the diverse inequalities and forms of discrimination that girls and young women experience, through legislative reform, programs, communications campaigns, strengthening the justice system, and guaranteeing women's human rights.

Inequalities and Discrimination (SDG 10)

Restrictive policies and a discriminatory cultural climate obstruct access to health, education and judiciary services for LGBT (lesbians, gays, bisexuals and transgender) individuals. Homosexuality is not illegal in Egypt as such, but Law 10/1961 on "habitual debauchery" and some articles in the Penal Code interpret private sexual acts to be "shameless public acts". In addition, people living with HIV face discrimination, stigma and harassment in accessing health services, seeking treatment, openly discussing their status, seeking employment, housing, or other forms of care. In order to end this discrimination, and for adolescents who are of diverse

sexualities and health status to live free from violence and stigma, Egypt must: Address the social marginalization of people living with HIV within its health and education policies, services and programs, as well as through the media; Close the legal and administrative loopholes that enable law enforcement agencies to prosecute people based on their real or perceived sexual orientation and gender identity, and protect these individuals from harm.

In order for Egypt to meet **SDG 10**, "reducing inequality within and among countries," it must eliminate discriminatory laws, policies, and practices as well as promoting new laws, policies, and actions that challenge the stigma and violence generated by these.

Conclusions

Two priorities which are likely to influence progress in Egypt in the decades to come are the 1.) *dissemination and use of sex and age disaggregated data by five year cohorts (10-14; 15-19; 20-24)* and 2.) *the creation and implementation of a national policy on comprehensive sexuality education that is accessible for all in and out of schools and which includes modules on human rights, gender-based violence, and relationship negotiation skills.*

Adolescents and young people are diverse, with different needs and interests based on their gender, context, ability, wealth, age, health, nationality or other status. Despite these variations, these age groups are going through similar transitions across the world: from childhood to adulthood, economic dependence to autonomy, and sexual initiation to maturity. Investing political will and financial resources in the health and human rights of 10-24 year olds may be one of the better ways to achieve a peaceful, sustainable and stable Egyptian society.

