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Communication Network



Sida



POLICY BRIEF

SUPPORTING EVIDENCE-BASED RESEARCH TO REALISE WOMEN & GIRLS' RIGHTS

Female genital mutilation . Early and child marriages . Safe abortion



EGYPT

NOVEMBER 2021

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HIGHLIGHTS

FEMALE GENITAL MUTILATION

- FGM was criminalised in Egypt in 2008 yet the practice still persists, while in 2016 the country toughened punishment to perpetrators.
- FGM prevalence among Egyptian girls and women aged 15-49 is 87.2%¹
- Egypt likely has the greatest number of circumcised women and girls in the world
- Girls with lower economic status tend to be more at risk of FGM than those from a higher income bracket.
- Egypt has committed to eliminate FGM by 2030 by setting up a standalone National Committee on the Eradication of FGM.
- 92% of Egyptian married women between the ages of 15 and 49 have undergone FGM, 72% of whom by doctors.
- Child marriage mainly affects girls living in poorer rural areas and is of a particular concern in Upper Egypt.
- Egyptian mothers' attitudes are changing about FGM - only 35% of the 92% circumcised mothers intend to circumcise their daughters.

EARLY AND CHILD MARRIAGE

- The age of marriage in Egypt is set at 18 years, yet In 2018 it reached 117,000.
- The share of women ages 18-22 who married as children is 16.5% and it has declined over time.
- Nearly one in every 20 girls (4%) between age 15 to 17 years and 1 in every 10 (11%) adolescent girls 15-19 years are either currently married or were married before.
- In Egypt, child marriage is associated with lower wealth, lower education levels, and higher labour force participation.
- One in six women in Egypt still marry early, while girls are more likely to marry early if they live in rural areas and are from poorer socio-economic groups.
- Although child marriage has been on the decline in Egypt (from 27% in 1995 to 17% in 2008), it is still widely practiced.
- Child marriage mainly affects girls living in poorer rural areas and is of a particular concern in Upper Egypt.
- The Mazoun (marriage official) must notify the General Prosecution of a child marriage.

ACCESS TO SAFE ABORTION

- It is estimated that unsafe abortion was the cause of 1.9% of maternal health deaths in 2018.
- It is still illegal to have an abortion and the punishment for it is imprisonment – it is only allowed in Egypt if the women's health is in jeopardy.
- Seventy percent of women who undergo unsafe abortions will suffer from permanent damage to their reproductive health
- A doctor who performs abortion can face three to 15 years in prison.
- The hospitalisation rate for the treatment of abortion-related complications is high in Egypt, about 15 hospitalisations per 1,000 women aged 15-44.
- Overall, 16% of births were not wanted at the time of conception².

SYNOPSIS

This policy brief seeks to highlight female genital mutilation, early and child marriages as well as access to safe abortion in Egypt in relation to women and child rights. The paper addresses how widespread these issues are in Egypt and the efforts that the government and civil society are taking to ensure that women and girls' rights are observed. This policy brief explores the public health and concerns surrounding FGM, child marriages and unsafe abortion in Egypt and discusses ways to make it both rarer and part of positive policy change.


The brief addresses the impacts of FGM, early and child marriages and access to safe abortion. The impacts include health, population, education, employment, agency, and violence, among other outcomes. The welfare, budget, and non-monetary costs of child marriage are estimated where data is available. Legal/institutional aspects and options to reduce the practice are also discussed.

The brief sets to draw recommendations and link them with existing strategies to curb FGM and child marriages while contributing towards access to safe abortion. The paper will contribute towards a pool of knowledge on FGM, safe abortion and child marriages including studies with innovative data-collection methods needed to inform project design and planning to protect girls and women's rights. The brief highlights the adverse effects such as the health and economic costs of the three issues, the need for disaggregated data to inform campaigns and policies, understanding the root causes and a look of the legal and policy framework.

2022 policy
brief

BACKGROUND

FEMALE GENITAL MUTILATION



The World Health Organization defines FGM as: "All procedures that involve partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons."³ The practice is mostly carried out by traditional circumcisers, who often play other central roles in communities, such as attending childbirths. In many settings, health care providers perform FGM due to the belief that the procedure is safer when medicalized. The practice of FGM mostly persists due to tradition.

Female genital mutilation in Egypt has existed for thousands of years. Evidence of FGM practices has even dated back to the second century BCE, and experts believe that FGM comes from a desire to guarantee the virginity of enslaved women⁴. According to a publication by scholar Gerry Mackie, one way for a slave-trader to get more money was to sew up their young female slaves, according to type four FGM practice, in order to fetch a better price⁵. Historically, the practice of FGM has been used in Egypt to guarantee that a woman due for marriage is worth a lot and apparently to also protect women from rape. The practice has been done for hygiene purposes – with claims that the clitoris causes a bad odour, so it's clean to remove it and that it can make a woman more sexually aroused which can lead to fornication.

In Egypt, 69.8% of women and girls age 15-49 in the highest wealth quintile in Egypt have experienced FGM in comparison to 94.4% of women and girls in the same age range in the lowest quintile. Furthermore, girls in the highest wealth quintile are only 5.4% likely to undergo FGM, whereas girls in the lowest quintile are 22.8% likely

“
It was very, very painful. They had to hold me down. For anaesthetic, all they used was a couple sprays of something which really did nothing. I felt all the pain. I hated the experience.

**— Assa Hassan,
49-year-old woman
who underwent FGM
as a child**

”

EARLY AND CHILD MARRIAGES

Child marriage is defined as a marriage or union taking place before the age of 18⁸. Child marriage has significant negative impacts; not only for girls, but also for a range of development outcomes. The negative impact of child marriage for a girl's health, education, and well-being is often larger when the girl marries very early. Child marriage is known to have a negative impact on school enrolment and attainment⁹. The earlier a girl marries, the more likely it is that she will drop out early and thereby have a low level of education attainment. Child marriage is associated with lower education attainment and a lower likelihood of literacy. The main belief that underpins the practice is that child marriage protects a girl's reputation (not getting married may mean she is doing something 'wrong'). In addition, it discerns that the girl won't work after marriage, so her education is less important. Some families also want to marry off their daughters young, so that they get rid of their care and responsibility. Another driver of child marriage among some communities in Egypt is trafficking. Cases have been reported of Egyptian girls who temporarily marry men from abroad (tourist husbands) in exchange for money. These so-called orfi or summer marriages are a way of bypassing anti-trafficking laws or religious prescriptions against sexual intercourse outside marriage.

In Egypt, child marriage measures are lower for women not working, suggesting a positive association between child marriage and work. The legal age of marriage in Egypt was increased to 18 following amendment of Egypt's Child Law in 2008, prohibiting the registration of child marriages but not criminalising it. After 2011, proposals for draft legislation which would reduce the minimum age of marriage for girls from 18 to possibly as low as nine years old surfaced from conservative forces in the new government, and these were met with widespread criticism. The gender disaggregation of Egypt's children is 51.7% male and 48% female¹⁰ - however, more girls than boys are married off before they reach the age of 18.

Egyptian law states that a marriage contract to a person under 18 will not be authenticated, and the contract cannot be ratified without approval from the family court. Although the overall prevalence of child marriage has not significantly improved, it shows substantial decline among the younger age groups. For women in the 20-24 age bracket, getting married before age 18, has dropped from 3 out of 10 women born between 1965 and 1969, compared to 2 out of 10 women born between 1990 and 1994¹¹.



ACCESS TO SAFE ABORTION

Unsafe abortion is one of the most neglected public health challenges in the Middle East and North Africa (MENA) region – which includes Egypt. Abortion is one of the oldest medical practices, evidence of which dates back to ancient Egypt, Greece, and Rome. Abortion techniques used by Egyptian pharaohs were documented in the ancient Ebers Papyrus (1550 B.C.)¹². 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." 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 gynaecologists 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 administered by private gynaecologists nor can they afford the clandestine methods.¹³ It is estimated that as much as one third of women in Egypt have attempted to terminate pregnancy. For between LE500 and LE1,000, (US\$150) doctors or midwives will perform abortions in less than sanitary conditions and with unsophisticated equipment¹⁴. About 35% of abortions in Egypt are done without any medical supervision, according to the Population Council study.

POLICY & LEGAL FRAMEWORK

FGM

FGM was banned in Egypt in 2008¹⁵- however, the first conviction for performing an FGM procedure did not take place until January 2015, seven years after the practice was criminalised. On January 20, 2021, the Egyptian cabinet approved a draft law amending the Egyptian penal code to strengthen penalties against the crime of female genital mutilation (FGM). This legal measure comes one year after a female teenager died in southern Egypt while undergoing a genital mutilation procedure. In June 2019, Egypt launched the National Committee on the Elimination of FGM under the leadership of the National Council for Women and the National Council for Childhood and Motherhood. The Committee was tasked to develop a costed national action plan is timely and essential in the realisation of SDG 5.3 and the African Union's Transformative Agenda 2063 on the "The Africa We Want"¹⁶. Egypt's cabinet has toughened a law banning female genital mutilation (FGM), imposing jail terms of up to 20 years as part of efforts to stamp out the ancient practice¹⁷. Doctors and other medical staff involved in FGM risk being banned from practicing their profession for up to ten years.

The new amendment will focus on article 242 (bis) of the Egyptian Penal Code. The main purpose of the draft law is to deter perpetrators of FGM by expanding the previous criminal penalty of up to seven years' imprisonment to imprisonment for up to 20 years. Under the draft law, any person who engages in FGM by removing, modifying, or mutilating a part of a female's genitals is punishable by a term of five to seven years in prison¹⁸. If a victim dies from undergoing FGM, the perpetrator is punishable by 10 years of imprisonment if the perpetrator is not a medical practitioner. If a doctor or a nurse engages in an FGM procedure that results in the death of the female, the doctor or nurse is punishable by 10 to 20 years of imprisonment. In addition to the criminal penalties, the draft law requires that the private medical clinic where the FGM procedure took place be closed for up to five years¹⁹.

Whoever performs female circumcision by removing part of her genitals or modifying, deforming, or inflicting injuries to those organs shall be punished with imprisonment for a period of no less than five years.

— Egyptian Draft Law on FGM

EARLY AND CHILD MARRIAGES

Egypt subscribes to the elimination of child marriage as part of the new Sustainable Development Goals. Different draft laws have been discussed in Egypt's parliament since 2017 for issuing a law to criminalize girls' early marriage; however, these laws have seen a lot of controversial opinions. In November 2020 Egypt committed to issue a law criminalising child marriage, as well as stiffening the penalty for girls' early marriage, to include everyone involved in the crime as the father or the girls' guardian²⁰. Egypt's has a National Strategy for Prevention of Early Marriage which came about against the backdrop of proposals from conservative forces which may have reduced the age of marriage for girls to as low as nine years²¹. The Egyptian Child Law of 2008 sets the minimum age of marriage at 18 years for both females and males. Despite the legislation, child marriage is still being practiced in some regions of the country.

Child marriage not only affects the girls' wellbeing, but also negatively affects the country with evident implications on higher fertility rates, health risks on the children and their mothers due to premature childbearing.

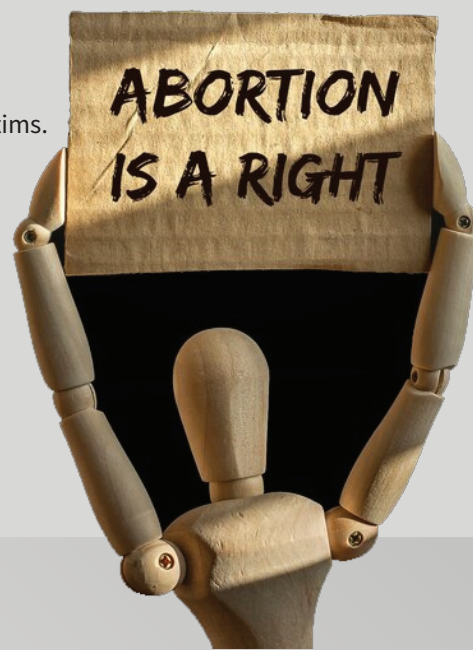
A national strategy to prevent child marriage was developed in Egypt between November 2013 and June 2014. Egypt subscribes the implementation of the ICPD Program of Action in Egypt and it recognised the need to prioritise child marriage as a health and population issue. In June 2018, Egypt proposed a new draft law was to criminalize child marriage, bringing with it a penalty of up to one year imprisonment for those involved, while also taking children away from parents who allow them to be married²². A marriage officer who fails to report a child marriage risks job suspension and one year imprisonment.

CHILD
NOT
BRIDE

ACCESS TO SAFE ABORTION

Abortion in Egypt is prohibited by Articles 260–264 of the Penal Code of 1937. However, under Article 61 of the Penal Code, exceptions may be granted in cases of necessity, which has typically been interpreted to permit an abortion necessary to save the life of the pregnant woman. 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 death²³.

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. The law does not allow abortion even if a pregnancy is the result of rape or incest, and it punishes women who seek abortions with imprisonment.



CAMPAIGNS



Across Egypt, the campaign to end FGM is gathering momentum, and the voices speaking out against it growing louder. Egyptian leaders continue to take steps to end the practice of female genital mutilation in Egypt. Along with other world leaders, Egypt has committed to end FGM by 2030²⁴. In 2016, Egypt launched the National Committee for the Eradication of Female Genital Mutilation. The group, with support from UNICEF and under the guidance of the National Council for Women and the National Council for Childhood and Motherhood, seeks to end female genital mutilation in Egypt. Since 2016, the group has created campaigns that raise awareness of the dangers of FGM. One such project was the “Budour Month” radio campaign in June 2019 – named after a 11-year-old girl who died of complications of a circumcision surgery in a private clinic in the Egyptian village of Mughagha, Minya governorate, in 2007²⁵. Additionally, there are campaigns to fight the medicalisation of FGM, a belief that female circumcision that a doctor performs is safe or medically necessary. In December 2020, the National Committee on the Elimination of FGM met with representatives from various medical councils and organizations to create a plan to fight against the medicalisation of FGM.

EARLY AND CHILD MARRIAGES

In October 15, 2017, Egypt’s National Council for Women launched the “No to Underage Marriage” campaign in cooperation with the Ministry of Religious Endowments and Christian clerics. The campaign’s main objective is to curtail undocumented marriages of minors. Negative reactions ensued from the National Council for Women following proposals from conservatives to push the legal age of marriage further to as low as nine years old²⁶. Egypt is among the countries that have made great strides in reducing child marriage²⁷. Yet, the reasons behind this progress need to be identified clearly to maintain and fasten the progress. It is worth mentioning that there is a political will to reduce child marriage. The National Council for Childhood and Motherhood (NCCM) Ending Violence Against Children in Egypt National Strategic Framework published in 2018 includes ending child marriages as a priority. Child marriages is integrated in the National Strategic Framework and Plan for Motherhood and Childhood 2018 -2030 demonstrating that there is a political will.

ACCESS TO SAFE ABORTION

In Egypt, more attention began to be drawn to abortion in September 2017 on Global Safe Abortion Day when the Egyptian Initiative for Personal Rights (EIPR) and the Global Alliance for Realising Sexual and Reproductive Justice (RESURJ), both NGOs, issued a joint statement noting that Egypt’s abortion law “is among the most restrictive worldwide”. They campaigned for the amendment of legal provisions on abortion to guarantee women’s access to safe abortion in cases where pregnancy constitutes a threat to the woman’s life or health or if the pregnancy is the result of rape. EIPR called on the Egyptian government to ratify the African Charter’s Protocol on the Rights of Women (Maputo Protocol) as a means to decriminalise safe abortion.

COVID 19 IMPACT



FGM

Covid-19 hit Egypt in February 2020, and a month later in March the authorities announced a partial lockdown of the country. The government closed workplaces and schools and imposed an evening curfew. By June 2020, official sources put the total number of cases as approaching 50,000 with an increased number of deaths and new cases being recorded daily. Authorities then requested that work and education be conducted online, and that people stay at home²⁸.

Organisations such as UNICEF reported that FGM was on the increase during the Covid 19 lockdowns. During the Covid 19 pandemic, incidences of violence against children and harmful practices increased dramatically in the villages of Upper Egypt. In response, part of this program focuses on encouraging community members, and especially young girls, to report various cases of violence against children in general - and on girls' mutilation and child marriage in particular - by contacting the Child Protection Committees in their districts and the Child Helpline (16000)²⁹.

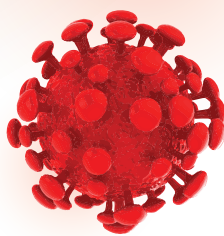
EARLY AND CHILD MARRIAGES

In Egypt, there are no national data on child marriage rates during COVID-19 but key informants said the national child helpline received more calls about child marriage. The adverse implications of COVID-19 on Egypt's economy, particularly for low-income countries where child marriage practice is more prevalent, and the fact that poverty is one of the drivers of child marriage worldwide, cases of child marriages are expected to increase in vulnerable and poor communities³⁰. The impact of COVID-19 restriction measures and policies has aggravated the situation, especially in access to services for prevention and response to child marriage. In Egypt, girls not going to schools, lockdown measures, increased unemployment and poverty affecting families, and social norms were believed to be factors behind more child marriage of girls and child labour for boys. Travel restrictions meant that child marriage linked to trafficking was not expected to increase.

The COVID-19 pandemic highlighted the challenges of schools in remote and poor areas that do not have internet networks to provide online classes. Even when available, families often cannot afford the costs. In February 2020 before the beginning of the pandemic, UNICEF launched some socio-behavioural activities in the framework of its foster-parenting project, showing docudramas on different topics including FGM and child marriage in clubs of about 30 people, including mothers, fathers and children. In order to avoid spreading the virus, viewings of docudramas and subsequent discussions were held in open spaces during the summer.

ACCESS TO SAFE ABORTION

Abortion care constitutes essential health care and must remain available during the COVID-19 crisis. Restrictions on access to comprehensive reproductive health information and services, including abortion as well as contraception, constitute human rights violations and can cause irreversible harm, in particular to low-income women and those belonging to racial minorities and immigrant communities. Lockdowns, travel restrictions, supply chain disruptions, the massive shift of health resources to combat COVID-19 and fear of infection continue to prevent many women and girls from care.



THE ROLE OF MEDIA

THE ROLE OF MEDIA

Egyptian media is critical in combating FGM in Egypt. The United Nations Development Programme (UNDP), together with other partners in Egypt has succeeded in stimulating a national debate about FGM. This debate happened in part because of a mass media campaign, which included powerful advertisements like depicting the negative effects of FGM³¹. Safe abortion activists have published stories of women and their experiences of unsafe abortion. These are sometimes the only discreet channel where the dangers of unsafe abortion are told. The media campaigns help in monitoring the progress in each field. On the other way around, there should be a monitoring technique for the campaigns, in addition to a tracking method in order to gauge how the campaign went viral. Using social media channels heavily, such as: Instagram and Facebook could be fruitful. This experience could enrich the planned media campaigns and inspire its implementation. Finally, the intended media campaigns will try to scan all



CONCLUSIONS AND RECOMMENDATIONS

FGM

Despite all these efforts to eliminate FGM in Egypt, progress continues to be hindered by lack of strict implementation of laws, gender inequalities, and certain cultural beliefs. The new law is important in eliminating the practice of FGM in Egypt. There is need to enforce the law by the judiciary and law enforcement to ensure that would be perpetrators take it seriously. With the increased vulnerability of girls and women, especially in rural areas, women and girls in all governorates should be supported and their reproductive health rights protected. More human and financial resources should be mobilized to eliminate FGM, and this drive should be integrated into Covid-19 response plans whether at the governmental level or at the organizational/institutional level. Protection services for young girls who are FGM victims should be recognized as crucial in policy formulation as well as resource allocation.



EARLY AND CHILD MARRIAGES

In order to design programs and policies to reduce child marriage, information is needed on the trend in the practice over time, where it is most prevalent in the country, and what the characteristics of girls marrying early are. Demonstrating the negative impacts of child marriages will assist governments and others to make the case for intervening to reduce the practice. The relationship between child marriage and schooling is important for policy as the causality goes both ways. Child marriage may lead to dropouts and lower education attainment. The reverse is true as well; keeping girls in school is often one of the best ways to delay marriage. The criminalising of child marriages should be accompanied by arresting perpetrators. Campaigns to popularise the rights of the child must be implemented even amongst communities who do not register the marriages or children born out of these marriages. Early age at first marriage is usually associated with a longer period of exposure to the possibility of pregnancy and thus higher fertility levels. The total fertility rate has been increasing gradually, from 3.1 children per woman in 2005 to 3.5, intensifying the challenges associated with the rising population³².



ACCESS TO SAFE ABORTION

Strict anti-abortion laws can cause women to seek unsafe abortions in private and unlicensed clinics, sometimes called “stairwell clinics”, or to risk their lives by seeking to bring about a miscarriage through physical means or by drinking traditional concoctions to terminate unwanted pregnancies. In Egypt, the law is based on Islamic Sharia Law and only allows the procedure if the mother’s life is at risk. Doctors must focus on promoting birth control, sex education, and early pregnancy testing if the menstrual cycle is even one day late. At this point, it may still be possible to prescribe medical means to prevent conception.



SOME COMMON RECOMMENDATIONS FOR THE THREE ISSUES INCLUDE:

SOCIAL AND BEHAVIOURAL CHANGE

Shifting individual attitudes, social and behavioural norms is essential. Changing collective practices and beliefs is challenging, especially when they rely on strong social norms, as is the case of child marriage, FGM and access to safe abortion. There is a need to optimize social and behavioural change opportunities to address child marriage, which includes engaging men to mobilize communities and media to shift perpetual norms.

MAKE SERVICES AND PUBLIC SPACES SAFER FOR GIRLS

Girls generally face restrictions on their freedom of movement and choice, out of the need to 'protect' them; hence depriving them of services and public spaces that are seen as dangerous for girls. Instead of adding restrictions on girls, the focus should shift to increasing the girl-friendliness of spaces. This would reduce the risk of physical and sexual violence that girls face on their way to the educational, health, youth or community facilities.

ENGAGE RECEPTIVE COMMUNITY INFLUENCERS AND RELIGIOUS LEADERS

Another necessary component of facilitating such changes is through tackling the beliefs and practices of people who influence a family's decision, such as relatives, neighbours, friends and community leaders. Making influencers and religious leaders aware of the negative consequences of FGM, child marriages and the advantages of safe abortion.

INCREASE INVESTMENTS IN EDUCATION

There is a pressing need to increase investment in education and to use the school facilities to empower girls, thereby ending child marriage and other harmful practices such as FGM. Special measures ought to be taken to reach girls in disadvantaged areas and retain them in education by engaging with the parents and building their ownership in schools in their local communities. Other areas for investment in education include building secondary schools that are closer to the communities or subsidizing transportation costs, as well as creating safe spaces for girls and boys to empower them outside the home.


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**The African Women's
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Supporting evidence-based research to realise women
& girls' rights

Female genital mutilation • Early & Child marriages • Safe Abortion

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