



United Nations Population Fund



The National Council for Human Rights

Study on Sexual and Reproductive Rights in Egypt





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Opening Remarks

The Right to Reproductive Health A Transformative Shift Moshira Khattab

The right to health is a fundamental human right enshrined in the Egyptian Constitution and international human rights conventions.

Article 18 of the Egyptian Constitution states: *"Every citizen has the right to health and to comprehensive healthcare that meets quality standards. The Country shall preserve public health facilities that provide services to the people, support them, and work to raise their efficiency and ensure their fair geographical distribution."*

Additionally, Article 93 of the Constitution affirms that: *"International agreements and conventions ratified by Egypt shall have the force of law upon their publication, in accordance with the prescribed procedures."*

In the 1960s, Egypt ratified the two International Covenants on Civil and Political Rights, and on Economic, Social and Cultural Rights. The right to health falls under the latter.

The Egyptian Constitution is to be commended for not only stipulating the right to health in general terms but also for outlining the necessary public measures for implementing this right in practice, without discrimination of any kind, as affirmed in Article 53 of the Constitution.

In its General Comment No. 14, the Committee on Economic, Social and Cultural Rights elaborated on the interpretation of Article 12 of the International Covenant on Economic, Social and Cultural Rights, which addresses every individual's right to enjoy the highest attainable standard of physical and mental health¹, as a pathway to a dignified life. The Committee detailed several general measures to implement this right, noting that it can be pursued through various complementary approaches such as the formulation of health policies, the implementation of World Health Organization's health programmes, or the adoption of legally enforceable instruments. The Committee elaborated that:

2. The human right to health is recognized in numerous international instruments. For example, Article 25(1) of the Universal Declaration of Human Rights affirms that: *"Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing, medical care and necessary social services."* The International Covenant on Economic, Social and Cultural Rights provides the most comprehensive provision on the right to health in international human rights law. According to Article 12(1) of the Covenant, States Parties recognize *"the right of everyone to the enjoyment of the highest attainable standard of physical and mental health."* Article 12(2) further outlines, by way of example, a set of steps to be taken by States Parties to achieve the full realization of this right. In addition, the right to health is recognized, among other instruments, in Article 5(e)(iv) of the 1965 International Convention on the Elimination of

¹ Adopted at the twenty-second session of the Committee on Economic, Social and Cultural Rights, held in August 2000 (as contained in document E/C.12/2000/4).

All Forms of Racial Discrimination, in Articles 11(1)(f) and 12 of the Convention on the Elimination of All Forms of Discrimination against Women, and in Article 24 of the Convention on the Rights of the Child. Several regional human rights instruments also recognize the right to health, such as the 1961 European Social Charter (revised) (Article 11), the 1981 African Charter on Human and Peoples' Rights (Article 16), and the 1988 Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights (Article 10). Similarly, the Human Rights Commission has affirmed the right to health in several declarations, including the Vienna Declaration and Programme of Action of 1993, among others.

3. In accordance with the principle of non-discrimination, persons with mental health conditions are entitled to the same rights, as stated in the *Principles for the Protection of Persons with Mental Illness and for the Improvement of Mental Health Care*, adopted by the United Nations General Assembly in 1991 (Resolution 46/119), and in the Committee's General Comment No. 5 on persons with disabilities.

4. Like all other human rights, the right to health is a fundamental human right, closely interlinked with and indispensable for the realization of other rights. It is intrinsically connected to the right to dignity, from which all human rights derive, and is related to the rights to life, food, housing, education, work, non-discrimination, protection from torture, privacy, access to information, and freedom of movement. All of these are tightly interwoven with the right to health.

The right to health is not limited to the absence of illness or infirmity; rather, it encompasses the enjoyment of the highest attainable standard of physical and mental health. It includes the right to the highest quality health services and medical care, access to safe drinking water, adequate sanitation, safe and healthy working conditions, a healthy environment, and other human rights. Article 12 of the International Covenant on Economic, Social and Cultural Rights defines the right to health in its broad and integrated sense—not only as the right to good health but also as encompassing a set of rights, freedoms, and entitlements.

This integrated understanding was also affirmed at the International Conference on Population and Development (ICPD), held in Cairo in 1994, and in the Beijing Platform for Action adopted at the Fourth World Conference on Women in 1995. Both conferences articulated the right to make decisions affecting one's own health, and expanded the definition of reproductive health and women's health rights.

These and related freedoms and entitlements are essential components of women's health and are inherent to every individual's right—regardless of gender—to make informed decisions about their health.

At the Global Congress on Population and Sustainable Development, hosted by Egypt in 2024, the progress made by Egypt to guarantee its citizens' rights to health and education, particularly in relation to reproductive health, was clearly evident. The most recent national census revealed—for the first time—a decline in the population growth rate, estimated at 149,000 people. This is a key indicator of progress in delivering medical services, primary healthcare in underserved areas, and family planning services, particularly in the area of reproductive health.

This advancement is attributed in part to the rising number of girls enrolled in and continuing their education, which has enhanced their status within the family and empowered them to exercise their right to make decisions impacting their lives—particularly within the family context, including decisions about childbearing. It is well established that educated women make informed decisions about the age of marriage, the timing of childbearing, and birth spacing. They are also more likely to ensure their children's right to education. This in turn has a positive impact on the realization of reproductive rights and the prevention of harmful practices, such as female genital mutilation, sexual exploitation, and human trafficking—including child marriage.

Forward

Sexual and reproductive rights are among the most fundamental pillars for promoting human dignity and protecting individual privacy and sanctity. These rights aim to protect individuals' health and empower them to make free and responsible decisions regarding their sexual and reproductive lives. They are embodied in the principles of equality, non-discrimination, and the right to access related health and social services. However, these rights continue to face persistent challenges, including limited societal awareness, entrenched social norms, shortcomings in national legislation, and partial alignment with international standards.

In this context, this study—prepared by the National Council for Human Rights in cooperation with the United Nations Population Fund—reflects the Council's commitment to promoting sexual and reproductive rights in Egypt, in accordance with both national obligations and international commitments. The Council, established as an independent national institution, is mandated to protect human rights in Egypt and to provide support and guidance to the Country in developing the necessary policies and legislation to advance these rights.

The study addresses multiple themes, highlighting the legal and regulatory frameworks related to sexual and reproductive health in Egypt, and the challenges facing their implementation. It begins by defining sexual and reproductive health from a human rights perspective and reviews both national laws and international conventions governing these rights. The study also discusses critical issues such as child marriage, female genital mutilation, and gender-based violence, and examines the physical and psychological impacts of these practices on individuals.

In its final section, the study presents clear recommendations aimed at strengthening the legal and institutional frameworks that support sexual and reproductive rights. It emphasizes the importance of developing programs and policies that ensure access to services for all individuals without discrimination. It also underscores the need to raise public awareness, train relevant personnel, and enhance the role of both governmental and non-governmental institutions in this field.

The study aims to achieve two primary objectives: first, to assess the current status of sexual and reproductive rights in Egypt through an analysis of existing legislation and practices; and second, to propose pathways for improving conditions in a manner that reinforces the respect for human dignity and rights. To this end, the study adopts an analytical methodology based on available data, practical experiences, and lessons learned from previous efforts in this area.

Study on Sexual and Reproductive Rights in Egypt

The National Council for Human Rights hopes that this study will contribute to enriching the national dialogue on sexual and reproductive health issues, and serve as a reference for policymakers, legislators, and civil society actors in developing effective strategies that enhance individuals' quality of life and advance sustainable development.

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About the National Council for Human Rights

The National Council for Human Rights is an Egyptian human rights organization established in 2003 with the aim of promoting and safeguarding human rights in Egypt. The decision to establish the Council came in accordance with the recommendation issued by the United Nations Conference on Human Rights in Vienna in 1993, which called for the establishment of national institutions to assist governments with advice and consultation in advancing and promoting the state of human rights in a comprehensive sense that includes economic and social rights.

About the United Nations Population Fund

The United Nations Population Fund is the United Nations agency concerned with sexual and reproductive health. Its mission is to ensure a world where every pregnancy is wanted, every childbirth is safe, and every young person can fulfill their full potential. In Egypt, the UNFPA works to promote the rights of women and youth, improve reproductive health, and support population policies aimed at combating poverty.

Introduction:

Sexual and reproductive rights primarily aim to ensure the protection of an individual's health, dignity, private life, choices, and lifestyle. These rights remain linked to a set of fundamental rights and freedoms grounded in the core principles of human rights, as they uphold equality, non-discrimination, and the right to access rights and services. However, these rights are sometimes misunderstood, either due to a lack of knowledge and false beliefs or, in many cases, due to intentional disregard in alignment with prevailing social norms.

Sexual and reproductive rights are founded upon a set of rights and freedoms that safeguard the dignity of individuals by protecting their physical and moral integrity, both individually and collectively. These include the right of every person to freedom of expression, thought, and opinion concerning sexual and reproductive matters; the right to privacy; the right to make choices related to sexual life without discrimination or violence; the right to form a family; the right to enjoy the highest attainable standard of health; access to contraception and maternal healthcare regardless of legal or family status; the right to benefit from scientific progress in the sexual and reproductive fields; and the right to care and treatment, including for HIV and sexually transmitted infections. Ultimately, these rights converge with universal and comprehensive human rights. Sexual and reproductive rights are full human rights, as they pertain to all aspects of individuals' and communities' lives, and are based on the same principles of universality, comprehensiveness, interconnection, indivisibility, non-regression, and equality, especially in their inclusiveness for all individuals without any form of discrimination based on gender, color, race, language, sexuality, religion, thought, or opinion.

Study Problem:

This study focuses on how the efforts of relevant institutions—both governmental and non-governmental—have been concentrated on providing family planning services and addressing certain prevalent forms of sexual violence; while overlooking the role of awareness-raising, the provision of services related to sexual and reproductive health, and the integration of a rights-based approach in the work of ministries and concerned entities. Sexual and reproductive health rights are part of human rights and must be upheld, especially for women and children who are at risk of harmful practices in this field.

Accordingly, this study seeks to document the efforts made in recent years on sexual and reproductive health rights, to assess the level of awareness, knowledge, and readiness of all actors involved in promoting these rights, and to present a set of recommendations that can contribute to developing policies and programs for official institutions and civil society organizations to improve the quality of their work and facilitate beneficiaries' access to services without obstacles.

Study Objective:

The National Council for Human Rights in Egypt, in collaboration with the United Nations Population Fund in Egypt, prepared a study that includes the following:

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1. Monitoring the most prominent laws and legislations in this regard and how they can be amended.
2. Monitoring the role of government organizations in the country in this respect.
3. Proposing existing programs that governmental and non-governmental entities in Egypt can implement to enhance access to reproductive and sexual rights in the country.

Study Methodology:

This study adopts a descriptive and analytical approach, as it traces and explains the rights related to sexual and reproductive health, outlining their historical and legislative context. On the other hand, it seeks to provide some descriptive analyses of various aspects of the topic, such as child marriage, female genital mutilation, domestic violence, women's and children's health, and child labor.

Section One: Sexual and Reproductive Health Rights

Sexual and reproductive health rights are a fundamental part of human rights, encompassing a set of rights that ensure individuals' ability to make informed decisions regarding their sexual and reproductive lives. These rights are linked to several core principles that promote health and well-being.

Axis One: Definition of Sexual and Reproductive Health from a Human Rights Perspective

Sexual and reproductive health is defined from a human rights perspective as a fundamental right for every individual, encompassing the ability to make informed decisions regarding sexual and reproductive life. This concept includes sexual health, sexual rights, reproductive health, and reproductive rights, which are considered interrelated and integrated fields. Sexual and reproductive rights are interconnected and closely linked to all civil, political, economic, social, and cultural human rights, and are an integral part of the international human rights system. Although there is no comprehensive convention specifically for these rights, they can be derived from the overall body of international human rights instruments. These international agreements constitute legal guarantees that specifically protect individuals' sexual and reproductive rights, while also forming the general framework for the protection of all human rights. They are essential for ensuring individuals' rights to access comprehensive health services, promoting gender equality, and protecting vulnerable groups. Moreover, they contribute to improving public health and enhancing social and economic well-being.

Here, we review the relevant international agreements ratified by Egypt that pertain to the protection of specific groups such as women, children, and persons with disabilities. Some of these agreements affirm general and comprehensive rights related to sexual and reproductive rights, such as the right of every person to health, respect for private life, and bodily integrity. These rights were embodied in the International Covenant on Economic, Social and Cultural Rights issued in 1966, which Egypt ratified by Presidential Decree No. (537) of 1981 and was published in the Official Gazette, Issue No. (14) dated 08/04/1982. Among the agreements that addressed the rights of specific groups, due to their vulnerable legal and social positions, is the Convention on the Rights of the Child, adopted by the United Nations General Assembly on 20 November, 1989 and entered into force on 2 September, 1990, which Egypt ratified by Presidential Decree No. (260) of 1990. This convention aims to protect children's rights and promote their welfare worldwide. Also included is the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography, adopted by the UN General Assembly on 25 May, 2000 and entered into force on 18 January, 2002, which Egypt ratified by Presidential Decree No. (104) of 2002. Furthermore, the Convention on the Elimination of All Forms of Discrimination against Women, issued in 1979 and entered into force in 1981, was ratified by Egypt under Presidential Decree No. (434) of 1981. Some conventions also focused on promoting the rights of persons with disabilities, including the Convention on the Rights of Persons with Disabilities, adopted by the UN General Assembly on 13 December, 2006 and entered into force on 3 May, 2008. Egypt ratified it by Presidential Decree No. (400) of 2007, published in the Official Gazette, Issue No. (27) dated 03/07/2008. The Convention on the Rights of Persons with Disabilities represents a significant step toward

enhancing the human rights of persons with disabilities and provides an international legal framework to protect them and ensure their effective integration into society.

In this context, the World Health Organization defines sexual health as “a state of physical, emotional, mental, and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction, or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected, and fulfilled.”

Reproductive health is also defined as “the ability of individuals to have a responsible and satisfying sexual life, with the capability to reproduce and the freedom to decide on the timing and number of children.”²

This definition illustrates the strong interconnection between sexual and reproductive health and various other rights, such as the right to life, the right to health, the right to privacy, and the right to equality and non-discrimination. As these rights are directly linked to human dignity and freedom, international conventions have paid great attention to promoting these concepts and ensuring the commitment of State Parties to implementing them. International covenants have emphasized the need to give greater attention to health rights, particularly those related to sexual and reproductive health. In this context, the **Beijing Declaration and Platform for Action**³ marked a significant turning point in recognizing women’s sexual and reproductive health rights. This declaration aims to promote women's rights and achieve gender equality on both social and economic levels.

Article 17 of the Beijing Declaration explicitly states that “explicit recognition of the right of all women to control all aspects of their health, particularly their fertility, and reaffirmation of their right is essential to their empowerment.” Furthermore, Article 30 of the Declaration provides for “ensuring equality between men and women in access to education and health care, in treatment in these fields, and improving women's sexual and reproductive health as well as their educational attainment.” This Declaration thus serves as a reference framework for countries and communities to achieve equality and empower women around the world.

The **Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)** also affirms women’s rights to healthcare and all related health services, including those concerning pregnancy and childbirth. This is enshrined in **Article 12**, which states:⁴

1. *States Parties shall take all appropriate measures to eliminate discrimination against women in the field of healthcare in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.*

² World Health Organization – United Nations Economic and Social Commission for Western Asia.

³ *Beijing Declaration and Platform for Action, adopted at the Fourth World Conference on Women, held in China from 4–15 September 1995.*

⁴ *Convention on the Elimination of All Forms of Discrimination Against Women, adopted and opened for signature, ratification, and accession by General Assembly resolution 34/180 of 18 December 1979; entered into force on 3 September 1981.*

2. *Notwithstanding the provisions of paragraph 1 of this article, States Parties shall ensure to women appropriate services in connection with pregnancy, childbirth, and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.*

Additionally, the **Convention on the Rights of the Child** stresses the necessity of legal protection for children from all harmful practices that may affect their physical and psychological health. **Article 19** of this Convention ⁵ obliges governments to protect children from violence, stating: “Governments must protect children from all forms of violence, abuse, and neglect by their caregivers or any other person responsible for their care.”

Article 24 further affirms the child's right to the best possible health care, clean drinking water, nutritious food, and a clean and safe environment. It also stresses the importance of making necessary information available to both children and adults to ensure their safety and well-being.

Article 34 of the Convention calls for protecting children from sexual exploitation, stating: “Governments must protect children from all forms of sexual exploitation and sexual abuse, including by people who force them to have sex for money or to produce pornographic materials or images.”

The Convention also emphasized the importance of protecting children by requiring State Parties to take necessary measures to prevent the sale and trafficking of children. Article 35 states: “Governments must ensure that children are not abducted, sold, or trafficked for exploitation.”

Additionally, the Convention outlines the protection of children from exploitation, as stipulated in Article 36: “Children must be protected from all forms of exploitation, even if not explicitly mentioned in the Convention.”

At the national level, the Egyptian Constitution of 2014, as amended in 2019, affirms the right to health as the right of every individual to access all forms of healthcare, in order to achieve public well-being and the highest attainable standard of health. Article 18 of the Constitution provides: “Every citizen has the right to health and to comprehensive healthcare services of high quality. The Country shall maintain and develop public health facilities that provide services to the people and ensure their geographical distribution across the country. Egypt is committed to establishing a comprehensive health insurance system covering all diseases for all Egyptians.”

Understanding these definitions and principles obliges states to create legislative and societal environments that safeguard these rights against any violations. This necessitates a focus on the role of national and international laws in promoting sexual and reproductive health.

Axis Two: Laws Governing Reproductive and Sexual Health in Egypt

National legislation in Egypt constitutes an important step toward ensuring reproductive health rights. However, it still faces challenges in implementation. The Egyptian Constitution, along with public health and child protection laws, regulates certain aspects of these rights, while

⁵ *Convention on the Rights of the Child, adopted by the United Nations General Assembly and opened for signature, ratification, and accession by resolution 44/25 of 20 November 1989; entered into force on 2 September 1990.*

sexual health remains largely unaddressed in the legal framework. The constitutional document stands as the primary guarantee for the enjoyment of human rights by reinforcing the importance of such rights through national laws that reflect the State's commitment to all international conventions requiring States to take the necessary measures to ensure the respect of human rights.

The 2014 Constitution, as amended in 2019, stipulates in Article 93: "The Country shall commit to the international conventions, covenants, and treaties on human rights ratified by Egypt. They shall have the force of law after publication in accordance with the specified procedures." Additionally, Article 11 states: "The Country shall guarantee equality between women and men in all civil, political, economic, social, and cultural rights in accordance with the provisions of the Constitution."

Protection of sexual rights is demonstrated through the reinforcement of the following key concepts:

1. Protection of the Right to Bodily Integrity:

The right to bodily integrity is one of the fundamental principles safeguarded by the Egyptian Constitution. Article 60 provides: "The human body is inviolable. Any assault, mutilation, or disfigurement thereof shall be a crime punishable by law. It is prohibited to trade in human organs, and no medical or scientific experiment shall be conducted thereon without documented free consent and in accordance with established principles in the field of medical science, as regulated by law."

The Child Law also affirms the protection of children's rights in all aspects of life. Article 1 of the Child Law⁶ states: "The Country shall guarantee the protection of childhood and motherhood, provide care for children, and create appropriate conditions for their proper upbringing in a framework of freedom and human dignity. The Country shall guarantee, as a minimum, the rights of the child stipulated in the Convention on the Rights of the Child and other relevant international instruments in force in Egypt."

The Law criminalized several forms of assault on the human body that negatively affect sexual and reproductive health. Among the practices criminalized are the offenses of non-consensual intercourse with a female and acts of sexual assault. Article (267) of the Penal Code stipulates that: "Whoever has sexual intercourse with a female without her consent shall be punished by death or life imprisonment. The perpetrator shall be sentenced to death if the victim is under eighteen years of age, or if the perpetrator is one of her ascendants, or is responsible for her upbringing, supervision, or care, or has authority over her, or is a paid servant at her residence or the residence of any of the above-mentioned persons, or if the offense is committed by multiple perpetrators."⁷ Likewise, Article (268) of the same law provides that: "Any person who sexually assaults another by force or threat, or attempts to do so, shall be punished with aggravated imprisonment. If the victim is under eighteen years of age or if the perpetrator is among the

⁶ Law No. 12 of 1996, Official Gazette, Issue No. 13, dated 28 March 1996, p.

⁷ Decree-Law No. (11) of 2011, Official Gazette, Issue No. (11) bis, dated 22/03/2011, p. 3

individuals referred to in the second paragraph of Article (267), the penalty shall be no less than seven years of rigorous imprisonment. If both circumstances apply, the sentence shall be life imprisonment.”

The Egyptian legislator has adopted a strict stance regarding the punishment of crimes involving non-consensual intercourse with a female and acts of sexual assault, recognizing these actions as forced violations that seriously endanger the right to bodily integrity and have severe social and psychological consequences for women. This approach also reflects the intention to provide protection to vulnerable groups such as women and children, and to achieve both specific and general deterrence. Thus, the Egyptian legislator demonstrates a firm commitment to combating the crime of rape and safeguarding the community from such heinous offenses, thereby reinforcing the enjoyment of the right to bodily integrity.

2- The Right to the Highest Attainable Standard of Public Health:

The right to the highest attainable standard of public health is a fundamental entitlement of every individual in society. It encompasses access to necessary healthcare and medical services and aims to ensure that all individuals enjoy good health regardless of their social or economic background. This right is among the constitutional principles emphasized and protected in nearly all constitutions. In Egypt, the legislator has made efforts to protect the rights of specific vulnerable groups, including persons with disabilities, by providing them with legal safeguards. Foremost among these rights is access to all healthcare services, including reproductive health services. Article (7), paragraph (6), of Law No. 10 of 2018 on the Rights of Persons with Disabilities stipulates that: “The ministries responsible for health and other concerned ministries shall be obliged to⁸; Paragraph 6: provide public health services, medical and psychological rehabilitation programs, reproductive health services, and premarital screenings, all based on the disability identification card and the integrated services card.”

3- The Right to Equality and Non-Discrimination:

The right to equality and non-discrimination is one of the fundamental rights recognized internationally and constitutes a core component of human rights. This right ensures that individuals are not subjected to any form of discrimination based on gender, race, religion, or any other status. All international conventions affirm this right. The Universal Declaration of Human Rights, for instance, states in Article (2):

“Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, gender, language, religion, political or other opinion, national or social origin, property, birth or other status.”

At the national level, the Egyptian Constitution affirms in Article (11) the State’s commitment to ensuring equality between men and women in all rights.

⁸ Law on the Rights of Persons with Disabilities, Official Gazette, Issue No. (7) bis (c), February 2018, p. 11.

However, the Egyptian legal framework has not yet addressed sexual health directly, which creates a legislative gap that may contribute to the continuation of certain harmful practices. For example:

1. The absence of legislation requiring schools to provide safe sexual education for students

Existing laws related to reproductive health focus primarily on family planning and contraceptive methods, without encompassing broader aspects such as sexual violence or individuals' rights to make decisions concerning their own bodies. This legislative shortcoming highlights the urgent need to update laws to cover all dimensions of sexual health.

2. Weak preventive measures against sexually transmitted infections, especially in rural areas

Sexually transmitted infections (STIs) represent a significant public health concern, posing a serious threat particularly in rural areas where preventive measures are weak. Several factors contribute to this, including lack of awareness and knowledge, limited access to healthcare services, and fear of social stigma. To enhance STI prevention in rural communities, several steps may be taken, including raising awareness, providing education, improving access to healthcare services, and offering psychosocial support to affected groups.

3. Social traditions and cultural norms

The prevailing cultural and traditional values in the Egyptian society are among the key factors influencing the approach to issues of sexual health. Topics related to sexual health are often considered taboo or socially unacceptable, leading to their exclusion from public discourse and legislative agendas. This societal silence contributes to the marginalization of sexual health issues and reduces the pressure on lawmakers to develop protective legislation.

4. Lack of rights-based awareness

There is a general lack of awareness regarding reproductive and health rights among both women and men. Many individuals are unaware of their legal rights related to sexual health, rendering them unable to claim or defend those rights. This lack of awareness diminishes the incentive for lawmakers to introduce new legislation.

As a result, cultural, social, and religious factors intersect with the current legislative shortcomings, leading to a legal vacuum in regard to the right to sexual health in Egypt. Addressing this situation requires coordinated efforts by civil society, the government, and legislators to improve the current framework and promote the protection of individual rights in this area. Therefore, the development of a comprehensive legal framework for sexual and reproductive health—aligned with international standards and respectful of human dignity—is essential.

Section Three: The Impact of International Agreements on Domestic Legislation

The Egyptian Constitution stipulates that international treaties ratified by the country acquire the force of law upon publication in accordance with established procedures. This means they hold the same legal standing as national legislation. Egypt has signed numerous international agreements that emphasize the importance of health-related rights, such as the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the Convention on the Rights of the Child (CRC). These agreements require countries to adopt policies and laws that protect the health rights of all citizens without discrimination.

International conventions and treaties are fundamental elements that influence national legislation, contributing to the formation and amendment of domestic laws in line with international obligations. In this context, international agreements have influenced reproductive rights through the following:

Promoting women's rights: Agreements such as CEDAW have pushed Egypt toward legal reforms aimed at enhancing women's rights in the field of reproductive health. For instance, legal amendments were introduced to improve access to reproductive health services and ensure the availability of necessary information for women.

Protecting children's rights: The Convention on the Rights of the Child emphasizes the importance of protecting children and ensuring their rights. This treaty led to legislative changes in Egypt that strengthened children's rights in education, healthcare, and protection from exploitation, reflecting the country's commitment to implementing international standards.

Egypt also withdrew its reservation to Article 21, Paragraph 2 of the African Charter on the Rights and Welfare of the Child (1990), which addresses the minimum age of marriage. This was enacted by Presidential Decree No. 75 of 2015, followed by Minister of Foreign Affairs Decree No. 31 of 2015⁹, approving the publication of the presidential decree in the Official Gazette. The paragraph in question prohibits child marriage and mandates effective measures, including legislation, to establish the minimum marriage age at eighteen years and require the registration of all marriages in an official registry¹⁰. The Minister's decision stipulated that the reservation would be considered withdrawn as of 13 March, 2015. This Presidential Decree aligns with Egypt's efforts to harmonize its legislation with international standards and treaties aimed at protecting children's rights, thereby facilitating cooperation with international organizations in this field.

Despite these commitments and the legal reforms Egypt has undertaken to strengthen sexual and reproductive health protections; the country still faces significant challenges in the implementation of these agreements. These challenges include:

⁹ Official Gazette, Issue No. 48, dated 26 November 2015.

¹⁰ African Charter on the Rights and Welfare of the Child, 1990, adopted by the Organization of African Unity on 11 July 1990 and entered into force on 29 November 1999.

1. Discrepancies between domestic laws and international standards: Despite efforts to criminalize female genital mutilation (FGM) and child marriage, the actual enforcement of these laws remains limited.

2. Cultural and social traditions: Customs and traditions pose major obstacles to the enforcement of reproductive health rights, particularly in rural areas where child marriage and FGM are still prevalent.

The impact of international agreements related to reproductive rights and child rights on Egypt's domestic legislation is complex and requires a comprehensive response that includes education, improved legal services, and community support. These efforts are essential to ensure full alignment with international obligations and to promote the fundamental rights of individuals. The country must take several practical steps to align its national legislation with international conventions, including:

1. Review and Amendment of National Legislation

Updating Laws: Existing laws related to reproductive health and sexual rights must be reviewed and updated to align with Egypt's international obligations, such as the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the Convention on the Rights of the Child (CRC). This process requires amending laws such as the Penal Code and Public Health Laws to enhance reproductive rights.

Criminalizing Harmful Practices: Laws must be amended to criminalize harmful practices such as child marriage.

2. Promoting Awareness and Education

Awareness Campaigns: Awareness programmes should be implemented targeting the community to increase understanding of reproductive rights and the importance of sexual health. These programmes must include information on contraceptive methods, family planning rights, and access to health services.

Education in Schools: Reproductive health topics should be integrated into school curricula to enhance young people's understanding and awareness of their rights.

3. Improving Access to Health Services

Expanding Services: Access to reproductive health services must be improved by establishing specialized health centers in rural and remote areas, thereby facilitating women's access to essential information and treatment.

Training Health Workers: Health workers must be adequately trained on human rights and reproductive rights to ensure the provision of appropriate and rights-based health services.

4. Enhancing the Role of the Judiciary in Protecting Rights The judiciary is a key pillar in the protection and promotion of human rights and can play a crucial role in addressing violations of these rights by aggravating penalties for perpetrators.

Fourth Axis: Premarital Medical Examinations and Their Importance

Premarital medical examinations are a fundamental step in promoting reproductive health. They are not merely procedural but serve as a safeguard for the health of future generations and as a means of reducing health risks to both spouses. These examinations form a part of broader public health initiatives aimed at improving overall health outcomes.

The Egyptian State was keen to amend the Civil Status Law in 2008 by adding a provision requiring such medical examinations before marriage. Article (31) bis of the law stipulates:

“It is not permitted to register a marriage contract for either party unless they have reached the full age of eighteen Gregorian years. Registration shall also require that a medical examination be conducted for both parties to verify that they are free from diseases that could affect their lives, health, or the health of their offspring. Both parties must be informed of the results of this examination. The types of diseases, procedures for the examination, and the authorized bodies shall be determined by a decree issued by the Minister of Health in coordination with the Minister of Justice. Any person who registers a marriage in violation of this article shall be subject to disciplinary action.”¹¹

¹¹ Civil Status Law, Official Gazette, Issue No. (24) bis, 15 June 2008, p. 27

First: The Importance of Premarital Medical Examinations

The Egyptian State launched the Presidential Initiative for Premarital Screening as part of the "100 Million Seha" initiative, which represents an important step aimed at improving public health and reducing the risks of infectious and genetic diseases among couples. This initiative was launched by the Egyptian Ministry of Health and targets Egyptians and non-Egyptians residing in the country who are planning to marry.

The significance of premarital medical examinations lies in the following:

1. Early detection of genetic and infectious diseases.
2. Prevention of the transmission of sexually transmitted infections (STIs) between spouses.
3. Reducing the incidence of genetic disorders among newborns.
4. Family planning: These examinations offer couples the opportunity to plan for a healthy family by understanding each other's health status.

Premarital medical examinations are thus a key step in ensuring the health of both spouses and their future children. Through early detection of infectious and genetic diseases, couples can make informed decisions that contribute to building a healthy and stable family.

Despite their importance, several challenges hinder the effective implementation of these examinations, most notably:

- a. **Lack of community awareness:** Many individuals planning to marry are unaware of the importance of these tests.
- b. **Weak enforcement mechanisms:** Although legal provisions exist that require both parties to undergo these examinations prior to concluding a marriage contract, in practice this requirement is often overlooked in many cases where marriage contracts are completed without ensuring compliance with this legal condition.

Second: Proposed Solutions

- a. Enacting a legislation to mandate premarital medical examinations, while ensuring that such services are provided free of charge or at subsidized rates.
- b. Increasing awareness campaigns through media and religious institutions to promote the concept of healthy marriage.
- c. Ensuring that examination services are available in all hospitals and health centers to facilitate accessibility.

Section Two: Issues Related to Violence and Discrimination Against Women

Violence and discrimination against women are among the most serious issues affecting human rights and social development. These issues encompass various forms of violence—physical, psychological, and economic—and impact women and girls around the world.

Axis One: Child Marriage — Causes, Consequences, and Legal Frameworks

Child marriage is one of the most prominent forms of violence and discrimination against women, as girls are forced to bear the responsibilities of marriage and childbearing at an age that neither physically nor psychologically prepares them for such obligations.

Child marriage is defined as the conclusion of a marriage contract before reaching the age of eighteen—the minimum age approved by both the Egyptian Constitution and international conventions. It refers to any marriage in which either party has not yet reached 18 years of age. This type of marriage is considered a form of forced marriage, which is defined as a marriage in which one or both parties have not personally expressed their full, free, and informed consent. Thus, child marriage is classified as a form of forced marriage, as at least one of the parties has not given such consent.¹²

Accordingly, most international conventions affirm the necessity of both parties possessing awareness, maturity, and sound will, with the governing standard being that both spouses have reached an age that enables them to establish a healthy family, where the woman is physically capable of childbearing and both parents are able to raise children in a sound and healthy environment.

First: Root Causes of Child Marriage

Child marriage is a social phenomenon that affects girls in many communities and arises from various factors with serious consequences. The key underlying causes include:

- **Deteriorating economic conditions:** Some families marry off their daughters at an early age to alleviate financial burdens, and in some cases, even view marriage as a source of income.
- **Customs and traditions:** Societal customs play a major role in perpetuating the practice, with early marriage often regarded as a source of "honor" for the family.
- **Lack of awareness and education:** Depriving girls of their right to education hinders their ability to understand the risks associated with child marriage.
- **Lack of legal oversight:** The failure to officially register marriages enables the circumvention of legal age requirements, contributing to the persistence of the practice.

¹² Office of the United Nations High Commissioner for Human Rights (OHCHR), *Women's Human Rights and Gender Equality – Child and Forced Marriage, including in Humanitarian Settings*. Available at: <https://www.ohchr.org/ar/women/child-and-forced-marriage-including-humanitarian-settings> (Accessed on 02/01/2025)

Second: Health, Psychological, and Social Consequences of Child Marriage

Child marriage constitutes a violation of human rights. Multiple factors contribute to a child's exposure to the risk of early marriage, including poverty, the belief that marriage provides "protection," family honor, social and gender norms, customary or religious laws that tolerate the practice, inadequate legislative frameworks, and the state of civil registration systems in any given country. While the practice affects both boys and girls, its consequences disproportionately impact girls.

A. Health Consequences

Child marriage entails numerous health-related consequences, including:

- Child marriage constitutes a violation of children's rights, regardless of gender.
- Adolescent girls face particular vulnerabilities in the areas of reproductive and sexual health, including coerced sexual relations, unintended pregnancy, childbirth complications, disease, mortality, and reproductive responsibilities.¹³
- Girls are exposed to serious complications during pregnancy and childbirth due to their incomplete physical development.
- Higher maternal and child mortality rates result from early pregnancies.
- Increased risk of contracting sexually transmitted infections (STIs).

Some studies have further highlighted additional health impacts of child marriage, including:¹⁴

- Compromised immunity in girls, which may increase their risk of contracting HIV/AIDS.
- Infertility and inability to bear children.
- Early onset of blood-related diseases.
- Genital mutilation of young girls.

According to a 2019 report by UNICEF, complications related to pregnancy are the leading cause of death among girls aged 15 to 19. This is largely due to the fact that girls in this age group are still undergoing physical development, making them more susceptible to pregnancy-related complications. Their children are also more likely to die before reaching the age of five. The report further indicates that pregnant adolescent girls are less likely to receive adequate medical care during pregnancy and childbirth compared to women who marry after reaching maturity.¹⁵

¹³ United Nations Population Fund (UNFPA) and United Nations Children's Fund (UNICEF), *Global Programme to End Child Marriage, Phase I (2016–2019) Report*, 2020, pp. 15–16.

¹⁴ Ahmed Zayed, Samiha Nasr, et al., *Marriage Within the Framework of Human Trafficking*, National Center for Social and Criminological Research, 2010; Iqbal Al-Samalouti, *Exploratory Study on the Marriage of Egyptian Girls to Non-Egyptians in 6th of October Governorate*, Ministry of Family and Population – Child Trafficking Unit, 2010.

¹⁵ UNICEF, *Consequences of Child Marriage*, published at: <https://news.un.org/ar/story/2019/06/1034291> (Accessed on 03/01/2025)

B. Social Consequences

Child marriage affects adolescent girls and boys differently, with adolescent girls being disproportionately impacted. According to UNICEF estimates, one in every five young women aged 20 to 24 is married before the age of 18, compared to one in every thirty young men. The social and reproductive vulnerabilities faced by adolescent girls pose challenges that go beyond mere social and economic deprivation.

Some studies have highlighted several social problems resulting from child marriage, including:

- High divorce rates among young wives due to the emotional and social immaturity of both spouses.
- Increased prevalence of violence, which may lead to criminal behavior.
- Deprivation of girls from enjoying their childhood and the imposition of family responsibilities at an early age.
- Low levels of education, which reduce employment opportunities for girls. Child marriage also contributes to family breakdown due to the inability of both parties to assume family responsibilities.

C. Psychological Consequences

Child marriage impacts the psychological well-being of girls. These consequences include:

- Exposure to psychological issues such as anxiety and depression as a result of early social pressures.
- Deprivation of childhood and the right to make personal decisions.

One of the psychological consequences of child marriage is that the girl may become pregnant at a very young age and give birth to a child whom she is incapable of caring for or breastfeeding properly. She is also more likely than others to undergo caesarean delivery. The weak emotional bond between the young mother and the child, due to her inability to breastfeed and raise the child, has profound psychological effects. The girl is thus placed in a situation beyond her psychological, social, and health-related capacity to handle.¹⁶

Second: Legal Framework on Child Marriage

Child marriage constitutes a violation of human rights and negatively affects both girls and boys. When addressing the legal framework of child marriage, it is important to examine the international conventions that aim to combat the phenomenon of child marriage.

¹⁶ Mustafa Al-Qudah, *Early Marriage and Its Consequences: A Comparative Jurisprudential and Legal Study*, *Damascus University Journal for Economic and Legal Sciences*, Vol. 26, No. 1, 2010, p. 450.

1. International Conventions Addressing the Phenomenon of Child Marriage

The efforts of the international community are reflected in several international agreements designed to prevent this practice and promote the rights of children. These conventions affirm human rights and guarantee access to healthcare and protection from all forms of violence and exploitation. The *Universal Declaration of Human Rights*, adopted at the outset of the United Nations, laid the groundwork for a series of international treaties obligating states to take the necessary and effective measures to uphold and respect human rights.

Article 16, paragraph 1 of the *Universal Declaration of Human Rights*¹⁷ states: *"Men and women of adulthood age, without any limitation due to race, nationality or religion, have the right to marry and to found a family. They are entitled to equal rights as to marriage, during marriage and at its dissolution."*

This article indicates that the Declaration considers reaching the age of *adulthood* a prerequisite for the validity of marriage between both parties. Reaching this age implies that a person has attained a level of maturity sufficient to bear family responsibilities, including social responsibilities (such as raising children) and economic responsibilities (such as working and securing financial resources necessary for the household).

Furthermore, **Article 1 of the Convention on the Rights of the Child** defines the age of a child as follows: *"For the purposes of the present Convention, a child means every human being below the age of eighteen years unless, under the law applicable to the child, adulthood is attained earlier."* This definition sets the age of 18 as the threshold below which a person is considered a child. Upon reaching 18 years of age, an individual is assumed to have developed sufficient maturity to begin assuming responsibilities at the social, familial, and professional levels. Through life experiences and interactive situations, the individual gains the competence necessary to maintain a stable family capable of performing its social upbringing duties.

Article 16, paragraph 2 of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) states: "The betrothal and the marriage of a child shall have no legal effect, and all necessary action, including legislation, shall be taken to specify a minimum age for marriage and to make the registration of marriages in an official registry compulsory." This provision clearly indicates that a marriage shall not produce any legal effects unless both parties have reached the appropriate legal age. It also stresses the necessity of registering the marriage in official state records to ensure that each party is granted the legal rights arising from the marriage.

2- National Laws Addressing the Phenomenon of Child Marriage:

The Egyptian Constitution and national legislation adopt a strict position on the issue of child marriage. One of the most prominent provisions is Article (80) of the Egyptian Constitution, which states that a child is any person who has not reached the age of eighteen. The state is

¹⁷ This Declaration was adopted and proclaimed by the General Assembly of the United Nations during its 183rd plenary session held in Paris on 10 December 1948.

obligated to provide care and protection to the child from all forms of violence, abuse, maltreatment, and sexual or commercial exploitation. This constitutional provision clearly defines a child as any individual under the age of 18 and guarantees their protection from all forms of exploitation and abuse. This is consistent with the international conventions ratified by Egypt, which affirm the legal protection of children socially, health-wise, and educationally.

Furthermore, the Child Law No. 12 of 1996, as amended by Law No. 126 of 2008, translates the constitutional provisions into a comprehensive legal framework that guarantees full legal protection for children and provides all means of support. The law aims to protect children's rights and promote their well-being in society. It sets out a number of core objectives intended to improve children's lives and ensure their rights, including protection from harmful practices such as engaging children in hazardous labor, forcing them to beg, or subjecting them to health risks. Article (2) of the law states: "For the purposes of care provided under this law, a child is any person who has not reached the age of eighteen full Gregorian years." Article (7) bis provides: "Without prejudice to the duties and rights of the child's guardian and the permissible disciplinary authority under Sharia, it is prohibited to intentionally subject the child to any harmful physical abuse or to any harmful or unlawful practices." Implicitly, this provision classifies child marriage as one of the harmful and unlawful practices to which children must not be exposed, as indicated by the phrase "harmful or unlawful practice."

Additionally, Article (31) bis of the Civil Status Law states: "It is prohibited to notarize a marriage contract for either party if they have not completed eighteen full Gregorian years of age." This emphasizes the importance of adhering to the governing legal provisions on marriage in general and child marriage in particular.

Egyptian legislators have also criminalized any act undertaken to falsely prove that one of the parties to a marriage contract has reached the legal age. They have further penalized the official responsible for notarizing the marriage contract if they were aware that one of the parties had not yet reached the legal age. Article (227) of the Penal Code stipulates that any person who knowingly provides false statements or documents to the competent authority with the aim of proving that either spouse has reached the legal age prescribed by law for marriage shall be punished by imprisonment for a term not exceeding two years or a fine not exceeding three hundred Egyptian pounds, if the marriage contract was registered based on such statements or documents. It also provides that any person authorized by law to register a marriage contract who knowingly does so when one of the parties has not reached the legal age shall be subject to imprisonment or a fine not exceeding five hundred Egyptian pounds.

Moreover, Article (269) of the Penal Code addresses a crime that constitutes an assault on the child's bodily integrity and may be considered an indirect form of the violations occurring through child marriage. It states: "Any person who commits an act of indecency with a boy or girl under the age of eighteen years without the use of force or threats shall be punished with imprisonment. If the victim is under the age of twelve or if the perpetrator falls under the

category specified in paragraph 2¹⁸ of Article 267, the penalty shall be aggravated imprisonment for no less than seven years.”

Despite the existence of these legal provisions, circumvention of the law continues through customary marriages, necessitating enhanced monitoring and the imposition of strict penalties on violators.

Third: Recommendations

The recommendations for eliminating child marriage in Egypt include the necessity of taking a set of measures aimed at addressing this phenomenon and improving the situation of girls. These measures are as follows:

1. Enforcing the laws that criminalize child marriage and aggravate penalties for violators.
2. Launching comprehensive awareness campaigns in cooperation with civil society and religious institutions to explain the risks of child marriage.
3. Providing educational opportunities for girls, as education is considered the most powerful tool in combating this phenomenon.
4. Enabling economic empowerment by providing employment opportunities for women, enabling them to become self-reliant and reducing the need for child marriage.
5. Ensuring social support through the reinforcement of social solidarity and the provision of financial assistance to families facing difficulties with marriage expenses, thereby reducing social pressure to resort to child marriage.

Second Axis: Female Genital Mutilation (FGM) — Health and Psychological Impact and the Role of the Law in Combating It

FGM constitutes a violation of the fundamental rights of girls and women. This practice reflects gender inequality and represents a form of discrimination against women. It is carried out on minors in almost all cases and thus constitutes a violation of children's rights. Furthermore, it infringes on the individual's right to health, security, and physical integrity, as well as the right to be protected from torture and other cruel, inhuman, or degrading treatment or punishment, and the right to life when this practice leads to death. Female genital mutilation is considered one of the most dangerous harmful practices that violate girls' physical, mental, and psychological health. The procedure is often motivated by cultural and social traditions, despite extensive studies demonstrating its severe harm to women's health, necessitating effective legal and health measures to combat it.

¹⁸ This applies if the perpetrator of the crime is one of the victim's ascendants, or is entrusted with her upbringing, care, or supervision, or has authority over her, or is a paid servant employed by her or by any of the aforementioned persons, or if the crime was committed by multiple perpetrators.

First: Health Effects of Female Genital Mutilation

The health effects resulting from FGM are numerous and can be classified into two categories:

1- Immediate Complications

- a. Severe bleeding that may lead to death.
- b. Serious infections that may result in septicemia.

2- Long-Term Complications

- a. Health complications during childbirth.
- b. Impairment of sexual function and exacerbation of psychological disorders.
- c. Exposure of girls to chronic problems such as urinary incontinence and infertility.

Second: Psychological and Social Effects

Female genital mutilation (FGM) deprives girls of a sense of confidence and security, exposing them to long-term psychological disorders. This violation also negatively affects their future relationships with their families and partners. Some of the psychological impacts include, for example:

A. Depression and Anxiety: Many women who have undergone FGM suffer from depression and anxiety disorders. Feelings of shame and loss of identity may result in persistent sadness and a sense of worthlessness.

B. Loss of Self-Confidence: The experience of FGM undermines a girl's self-confidence, as she feels she has lost a part of her body, which leads to feelings of oppression and fear.

C. Post-Traumatic Stress Disorders: FGM may lead to symptoms of post-traumatic stress disorder, such as flashbacks of painful memories and fear of physical relationships.

D. Fear of Marriage: FGM causes fear of marriage and intimate relationships for some girls, affecting their social and emotional lives.

FGM also has various **social impacts**, including:

A. Challenges in Pregnancy and Childbirth: Women who have undergone FGM face health risks during pregnancy and childbirth, such as obstructed labor and severe bleeding, which may endanger their lives and those of their children.

B. Impact on Marital Relationships: The complications resulting from FGM often lead to difficulties in marital life.

Third: Legal Framework on the Crime of Female Genital Mutilation

This legal framework comprises a set of laws and amendments aimed at criminalizing this practice in several countries, particularly Egypt.

At the international level, the **United Nations General Assembly**¹⁹ in 2012 adopted a resolution calling upon States, the United Nations system, civil society, and stakeholders to continue observing **6 February** as the *International Day of Zero Tolerance for Female Genital Mutilation*, using this day to raise awareness on the dangers of the practice and to take concrete actions to reduce the prevalence of female genital mutilation.

In **December 2014**, the **UN General Assembly** adopted another resolution²⁰ that called for intensified global efforts to eliminate the practice of female genital mutilation. It urged Member

¹⁹ Resolution No. 146 of the United Nations General Assembly on "Intensifying global efforts for the elimination of female genital mutilation", 66th session, dated 20 December 2012.

²⁰ Resolution No. 150, adopted at the 69th session of the United Nations General Assembly, dated 18 December 2014.

States to develop, implement, and support comprehensive national strategies to prevent FGM, including training of healthcare providers, social workers, and community and religious leaders to ensure effective care and protection for women and girls at risk.

At the **national level**, Egypt has made significant efforts to criminalize FGM. In **2007**, the Minister of Health and Population issued **Resolution No. 271**, which banned the practice. Article One of the **Resolution** states: *"It is prohibited for physicians, nursing staff, or others to perform any cutting, reshaping, or modification of any natural part of the female genital organs (FGM), whether in governmental or non-governmental hospitals or in any other places. Anyone performing this procedure shall be deemed in violation of the laws and regulations governing the medical profession."*²¹

Furthermore, several amendments have been made to the Penal Code to aggravate penalties, starting from 2008 and culminating in the latest version adopted in 2021. According to **Article 242 (bis)** of the Penal Code:

"Whoever performs FGM on a female by removing any part of her external genital organs, whether partially or fully, or causes injury to those organs, shall be punished with imprisonment for a term not less than five years. If the act results in a permanent disability, the penalty shall be aggravated imprisonment for not less than seven years. If the act results in death, the penalty shall be aggravated imprisonment for not less than ten years. If the offender is a doctor or a member of the nursing profession, the penalty shall be aggravated imprisonment for not less than five years.

If the act causes permanent disability, the penalty shall be aggravated imprisonment for not less than ten years. If the act results in death, the penalty shall be aggravated imprisonment for not less than fifteen years and not more than twenty years. In addition to the aforementioned penalties, the court shall order the revocation of the license to practice for the convicted doctors or nursing professionals for a period of not less than three years and not more than five years, starting from the completion of the prison sentence. The facility where the FGM was performed shall be closed. If it is a licensed facility, the closure shall last for the same duration as the suspension of the medical practice, and the facility's signs and advertisements shall be removed, regardless of whether they are owned by the perpetrating doctor or operated by a manager who was aware of the crime. This shall be without prejudice to the rights of third parties acting in good faith.

*The court ruling shall also be published in two widely circulated daily newspapers and on websites designated by the court at the expense of the convicted person."*²²

Moreover, Article 242 bis (A) of the Penal Code stipulates that: *"Anyone who requests the circumcision of a female and the procedure is carried out based on their request, as defined in Article 242 bis of this law, shall be punished with imprisonment. In addition, anyone who promotes, encourages, or incites the commission of female circumcision by any of the means specified in Article 171 of this law"*²³ shall also be punished with imprisonment, even if their

²¹ (Official Gazette, Issue No. 158, dated 12 July 2007, p. 12)

²² (Law No. 10 of 2021, Official Gazette, Issue No. 16 (bis W), dated 28 April 2021)

²³ **Article 171** defines the means of incitement as follows:

actions do not result in any consequence.” Despite these efforts, eradicating this phenomenon requires concerted action by government bodies and civil society organizations to combat this crime both culturally and legally.

Fourth: Recommendations

1. Strengthening oversight of clinics that clandestinely perform FGM.
2. Launching awareness programmes targeting mothers and families in rural areas to highlight the dangers of this crime.
3. Training medical personnel to reject performing FGM and to report any suspicious cases.
4. Opening social dialogue by encouraging community discussions on the harms of FGM and the importance of protecting girls’ rights, thereby promoting collective responsibility.

These recommendations require the concerted efforts of the government, civil society, and individuals to ensure effective results in eliminating FGM and upholding the rights of girls and women in Egypt.

Axis Three: Domestic Violence – Physical, Sexual, and Economic Abuse

Domestic violence represents one of the major challenges affecting women’s physical and psychological health. Women experience physical, sexual, and economic violence within the family, which directly impacts their reproductive and mental well-being. Domestic violence is a complex phenomenon encompassing a range of harmful acts directed at individuals within the household and can be categorized into several primary forms: physical, sexual, and economic violence.

Violence against women—particularly intimate partner violence and sexual violence—remains a widespread and persistent public health issue and a grave violation of women’s human rights. Such violence is rooted in and perpetuated by gender inequality. Globally, one in three women has been subjected to physical and/or sexual violence in her lifetime, most often by an intimate partner. This stark reality underscores the extent of gender inequality and the discrimination faced by women.

The United Nations General Assembly defines violence against women in Article 1 of the *Declaration on the Elimination of Violence against Women* as:

"Any act of gender-based violence that results in, or is likely to result in, physical, sexual or

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- **a. Speech or shouting:** Incitement may occur through spoken words or phrases uttered publicly, rendering the person an accomplice to the crime.
 - **b. Acts and gestures:** Any publicly performed act or gesture is considered a means of incitement.
 - **c. Writing:** Writings that incite the commission of the crime, such as articles or publications.
 - **d. Illustrations and images:** The use of drawings or pictures as a means of incitement is also criminalized.
 - **e. Symbols:** Any publicly used symbol for the purpose of incitement is included.
 - **f. Other forms of representation:** This includes any other public method of incitement, such as theatrical performances or artistic expressions.

*psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life."*²⁴

Article 2 of the same declaration further clarifies that violence against women includes, but is not limited to, the following:

- a.** Physical, sexual, and psychological violence occurring within the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation, and other traditional practices harmful to women, non-spousal violence, and violence related to exploitation;
- b.** Physical, sexual, and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment, and intimidation at work, in educational institutions and elsewhere, trafficking in women, and forced prostitution;
- c.** Physical, sexual, and psychological violence perpetrated or condoned by the State, wherever it occurs.

1. Health Impacts of Domestic Violence

Domestic violence—particularly intimate partner violence—has severe health consequences for women and their children. It can lead to serious injuries and long-term physical, psychological, sexual, and reproductive health problems²⁵. These impacts include:

1. Physical injuries and chronic health issues.
2. Psychological effects such as depression and post-traumatic stress disorders (PTSD).
3. Increased risk of unintended pregnancy and forced abortion

According to reports of the World Health Organization, children raised in households where violence is present may suffer from a range of behavioral and emotional disorders. These disorders can lead to psychological and developmental problems and may be associated with either committing or experiencing violence later in life.

Second: The Legal Framework for Combating Domestic Violence

The legal framework for combating domestic violence includes a set of laws and legislations aimed at protecting individuals—particularly women and children—from all forms of violence within the family. Within this framework, several legal provisions criminalize all types of domestic violence, whether physical, sexual, or economic.

²⁴ UN General Assembly, *Declaration on the Elimination of Violence against Women*, Resolution 48/104, 20 December 1993.

²⁵ World Health Organization, "Violence, Injuries, and Disabilities – Prevention and Response to Gender-Based Violence against Women and Girls in the Eastern Mediterranean Region in the Time of COVID-19", available at: <https://www.emro.who.int/ar/violence-injuries-disabilities/violence-news/prevention-and-response-to-gender-based-violence-against-women-and-girls-in-the-easter-mediterranean-region-in-the-time-of-covid-19.html> (Accessed 07/01/2025).

1- Provisions of the Egyptian Penal Code

The Penal Code includes several articles related to injury and battery, and the resulting consequences such as death, permanent disability, or severe or minor injuries. These provisions encompass acts of physical or sexual violence against any person, including acts committed against family members. Article 236 criminalizes assault leading to death:

“Whoever intentionally injures or strikes another or administers harmful substances without intending to kill, but which results in death, shall be punished by aggravated imprisonment or imprisonment for a term between three and seven years. If the act is preceded by premeditation or ambush, the punishment shall be aggravated imprisonment or imprisonment.” Moreover, The Egyptian legislator also established penalties for acts resulting in the loss of a body part or causing a permanent disability. Article 240 of the Penal Code states:

“Whoever causes injury or strike resulting in the severance or loss of the function of a limb, or causes blindness or the loss of one eye, or results in any incurable permanent disability, shall be punished by imprisonment for a term between three and five years. If the act was committed with premeditation, ambush, or stalking, the punishment shall be aggravated imprisonment from three to ten years.” Furthermore, Article 241 stipulates:

“Whoever causes injury or strike resulting in illness or inability to perform personal work for more than twenty days shall be punished by imprisonment not exceeding two years or by a fine of no less than twenty Egyptian pounds and no more than three hundred Egyptian pounds. If the act was committed with premeditation, ambush, or involved the use of weapons, sticks, or other tools, the punishment shall be imprisonment.” Moreover, attempting to force a wife to undergo an abortion may also be considered a form of physical domestic violence, as Article 260 states that: *“Whoever intentionally causes a pregnant woman to miscarry by striking or any other form of assault shall be punished by rigorous imprisonment.”* Article 261 adds: *“Whoever intentionally causes a pregnant woman to miscarry by administering drugs or using methods leading to abortion, or by guiding her to such methods, whether with her consent or not, shall be punished by imprisonment.”*

Regarding sexual violence, crimes such as rape, sexual assault, and sexual harassment are among the most prominent forms of sexual violence that may occur within the family. Articles 267, 268, and 269 of the Penal Code²⁶ address the crime of sexual assault, providing legal protection especially to children under the age of eighteen, thereby underscoring the necessity of shielding children from any sexual abuse whether in public or within the family. As for sexual harassment—which is a form of violence that may be perpetrated within the family—the Egyptian legislator amended the Penal Code to aggravate penalties related to exposure, sexual harassment, and bullying, particularly in cases where the perpetrator is entrusted with the care or supervision of the victim, or if the offender is one of the victim's relatives.

²⁶ Article (268) stipulates that: “Anyone who commits **sexual assault** against a person by force or threat, or attempts to do so, shall be punished with aggravated imprisonment.” Moreover, Article (269) provides that:

“Anyone who commits **indecent assault** against a boy or girl who has not yet reached the full age of eighteen Gregorian years, without the use of force or threat, shall be punished with imprisonment. If the child has not reached twelve full Gregorian years, or if the perpetrator is among those mentioned in the second paragraph of Article 267, the penalty shall be aggravated imprisonment for a period of no less than seven years.”

Article 306 (bis A) stipulates that: *“Anyone who harasses another person in a public, private, or frequented place by committing acts, gestures, or insinuations of a sexual or obscene nature—whether through signaling, speech, action, or by any means, including wired, wireless, electronic, or other technological methods—shall be punished by imprisonment for not less than two years and not more than four years, and a fine of not less than EGP 100,000 and not exceeding EGP 200,000, or by one of these two penalties.”*

Article 306 (bis B) provides that the act described in Article 306 (bis A) *“shall be considered sexual harassment if committed with the intent of obtaining a sexual benefit from the victim. In such cases, the perpetrator shall be punished with imprisonment for not less than five years. If the perpetrator is among those referred to in the second paragraph of Article 267, or if the perpetrator holds professional, familial, or academic authority over the victim, or exerts pressure enabled by the circumstances, or if the crime is committed in the workplace or in any means of transport, or by two or more individuals, or if the perpetrator carries a weapon, the penalty shall be imprisonment for not less than seven years. If two or more of these aggravating circumstances are present, the penalty shall be imprisonment for not less than ten years.”*

Moreover, Article 309 (bis B) defines bullying as any statement, demonstration of power or control by the perpetrator, or exploitation of the victim's vulnerability or any condition that the perpetrator believes undermines the victim—such as gender, race, religion, physical characteristics, mental or physical health status, or social level—with the intent to intimidate, ridicule, demean, or socially exclude the victim.

Without prejudice to any harsher penalty provided in any other law, the bully shall be punished by imprisonment for not less than six months and a fine of not less than EGP 10,000 and not exceeding EGP 30,000, or by one of these two penalties.

The penalty shall be imprisonment for not less than one year and a fine of not less than EGP 20,000 and not exceeding EGP 100,000, or by one of these two penalties, if the crime is committed in the workplace or in a means of transport, or by two or more persons, or if the perpetrator is a relative of the victim, a legal or de facto guardian, someone entrusted with care or supervision under the law or a judicial ruling, or a domestic worker of the victim. If two or more of these aggravating circumstances apply, the minimum penalty shall be doubled. In the case of recidivism, both the minimum and maximum penalties shall be doubled.

2- Provisions of the Child Law

The Child Law, promulgated by Law No. 12 of 1996, aims to protect children's rights and promote their well-being, including protection from all forms of violence—physical or sexual. Article 3, paragraph 1 of the Law stipulates that: *“A child has the right to life, survival, and development within a cohesive and supportive family and to benefit from various preventive measures and to be protected from all forms of violence, harm, physical, moral or sexual abuse, negligence, or exploitation, or any other forms of ill-treatment.”*

Article 7 (bis A) further states: *“Without prejudice to the duties and rights of the child's guardian and the legally permissible right of discipline, it is prohibited to deliberately subject the child to harmful physical abuse or any harmful or unlawful practices. The competent Child Protection Subcommittee shall take legal action in the event of a violation of the provisions of the preceding paragraph.”*

Third: Recommendations Related to the Legal Framework on Domestic Violence

- A. Establishing psychological and legal support centers for women survivors of domestic violence.
- B. Launching awareness campaigns to promote a culture of rejecting domestic violence within society.
- C. Encouraging reporting of violence cases through protection of survivors' privacy.
- D. While the Egyptian Penal Code criminalizes physical assault, its enforcement faces cultural and social challenges.
- E. There is a need to enact an independent law that explicitly criminalizes domestic violence and provides legal protection for women, along with appropriate measures that take into account family relationships.

Fourth Axis: Discrimination Against Women in Accessing Reproductive Health Services

Discrimination against women in accessing reproductive health services is a serious issue that affects women's rights and health. International conventions have reinforced the right to enjoy all health-related rights without discrimination. Foremost among these is the *Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)*. Article 1 of the Convention provides: “*For the purposes of the present Convention, the term ‘discrimination against women’ shall mean any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field.*”

However, some women still do not have access to reproductive health services. This discrimination is manifested in various forms. This section discusses aspects of discrimination in women's access to reproductive health services and the related social and cultural implications.

First: Forms of Discrimination Against Women in Reproductive Health Services:

1. Requirement for Consent: Women are often required to obtain written consent from their husbands or guardians before undergoing any surgical procedures related to their reproductive system. This represents a clear form of discrimination, as such a condition may hinder access to necessary healthcare—even in emergencies or when the woman's health is at risk.

2. Denial of Services: Many women are denied access to basic health services, exacerbating their health issues. A United Nations report shows that certain groups are excluded from the healthcare services they need, including women.²⁷

3. Oppression and Coercive Procedures: Violations of women's rights include forced sterilization and other procedures carried out without the woman's consent, which constitutes a violation of her human rights.²⁸

Second: Social and Cultural Impacts

Women's reproductive health rights are significantly influenced by prevailing societal values that reinforce traditional gender roles. Women are often valued primarily for their reproductive capacity, leading to social pressures that may compel them to endure health issues rather than seek appropriate care.

Third: Recommendations

1. Continuous efforts must be made to ensure that all women have access to necessary healthcare services without discriminatory conditions or restrictions.
2. It is essential to enhance awareness of women's health rights and to provide a safe environment that supports their choices.

Section Three: Public Health for Women and Children

Public health for women and children is a critical issue that impacts the entire society. It encompasses a wide range of healthcare services aimed at improving the quality of life for women and children. These services include maternity care, reproductive health, and pediatric healthcare. Public health for women and children is considered a fundamental pillar for achieving sustainable development. Improving it requires concerted efforts from both governmental and community entities to ensure the provision of comprehensive and effective healthcare for all concerned groups.

Axis one: Women's Health – Pregnancy, Normal and Cesarean Delivery, and Post-Menopausal Stage

Women's health is a comprehensive topic that includes various aspects of healthcare, from reproductive health to the prevention of chronic diseases. This encompasses understanding health risks, the importance of regular check-ups, and adopting a healthy lifestyle. In this section, we address all aspects of women's health, including pregnancy, normal and cesarean deliveries, and the post-menopausal stage.

²⁷ World Health Organization, *Joint United Nations Statement on Eliminating Discrimination in Health Care Settings*, dated 27 June 2017.

²⁸ Office of the United Nations High Commissioner for Human Rights (OHCHR), *Sexual and Reproductive Health and Rights*, available at: <https://www.ohchr.org/ar/women/sexual-and-reproductive-health-and-rights>
Accessed on 11/01/2025.

First: Cesarean Delivery and the Return to Normal Delivery

Cesarean and normal deliveries are both options available to women during childbirth, each with its own advantages and risks concerning the health of the mother and child. Egypt is witnessing a dangerously high rate of cesarean deliveries compared to normal deliveries, posing a public health risk for both mothers and children. According to statistics, cesarean deliveries account for 72% of all births in the private sector and around 60% in public hospitals, based on the latest reports issued by the Ministry of Health and Population. This rate is among the highest globally, far exceeding the World Health Organization's (WHO) recommendation that cesarean births should not exceed 15% of all deliveries.

Despite continuous warnings to mothers about the risks associated with cesarean deliveries for both mother and child, their rates continue to rise dramatically. According to WHO reports, cesarean births in Egypt exceed 70% of total deliveries, placing Egypt at the top globally in cesarean delivery rates.

As part of its efforts to curb the rise in cesarean deliveries, the Egyptian Ministry of Health announced in 2024 a **National Strategy for Nursing and Midwifery**, which focuses on training skilled midwives to assist pregnant women in achieving safe normal deliveries. This came after the introduction of midwifery as a specialty in nursing education curricula for the first time. Moreover, the Nursing Sector Committee at the Supreme Council of Universities decided to include the subject of midwifery science in all nursing faculties, to register graduates with the Nursing Syndicate, and to rename the union to the **Nursing and Midwifery Syndicate**, in line with naming practices in other countries. Midwives are now being trained with advanced skills to provide necessary health services to pregnant women, with the aim of reducing both cesarean and premature births.²⁹

Second: Reasons Behind the Escalation of Cesarean Deliveries in Egypt

Multiple factors contribute to the growing prevalence of cesarean deliveries in Egypt. The most prominent include:

1. **Financial Incentives:** The significantly higher fees for cesarean deliveries compared to normal deliveries encourage their preference.
2. **Lack of Medical Awareness:** Women often fear the pain associated with normal deliveries, exacerbated by the absence of adequate psychological support.
3. **Shortage of Qualified Staff:** Insufficient training for healthcare providers hinders their ability and willingness to support and facilitate normal deliveries.

Third: Governmental Efforts to Address the Cesarean Delivery Phenomenon

The Egyptian government aims through its initiatives to reduce the rate of cesarean deliveries and improve the health outcomes of both mothers and children. Awareness-raising and training

²⁹ General Information Authority, National Strategy for Reducing Cesarean Deliveries, 3 March 2024, available at: <https://www.sis.gov.eg/Story/271741> (Accessed: 8 January 2025)

are considered central pillars of these strategies. Government efforts to combat this phenomenon include:³⁰

1. Community Awareness

The Ministry of Health has launched educational campaigns to inform women about the risks associated with cesarean deliveries and to encourage them to consider natural birth options.

2. There have been calls to strengthen the role of media in spreading awareness of the health benefits of natural birth.

Media is considered an effective tool for disseminating information on the advantages of normal delivery, such as reducing health risks for both mother and child and promoting quicker postnatal recovery. Media can also help correct misconceptions about normal delivery and emphasize it as a safe and healthy option, which may encourage more mothers to choose it over cesarean procedures.

3. Training Healthcare Providers

Qualified midwives are being trained in both public and private hospitals to support women during normal delivery. The government is working to enhance the quality of healthcare services by increasing the number of trained midwives, with a targeted number of trainees allocated in each governorate.

4. Legal and Administrative Reforms

The Health Affairs Committee of the House of Representatives has recommended the issuance of a **Medical Liability Law** and the expansion of **Universal Health Insurance**, both of which could contribute to reducing cesarean delivery rates. A proposal has also been made to equalize the fees paid to doctors for both normal and cesarean births, as a means to incentivize the preference for normal deliveries.

5. Performance Monitoring

The Ministry of Health monitors cesarean delivery rates on a weekly basis, particularly in private hospitals, where the highest rates are recorded. Plans are also in place to standardize medical protocols across both public and private hospitals to ensure the provision of consistent and effective healthcare.

³⁰ National Health Strategy 2024–2030 & National Nursing and Midwifery Strategy 2023–2030

6. New Health Initiatives

The Ministry of Health has launched the “*Golden Thousand Days*” initiative, which emphasizes the importance of normal birth as part of comprehensive healthcare for children from pregnancy through their first two years. Additionally, the Ministry of Health and Population has initiated awareness campaigns under the slogan “*Normal Birth is Life*”, aiming to challenge misconceptions about cesarean deliveries. These efforts include directives to public hospitals to actively promote normal births and enforce strict procedures for performing cesarean sections only in emergency cases.

Fourth: Practical Recommendations to Reduce Cesarean Deliveries

Addressing the growing trend of cesarean deliveries requires a set of practical recommendations aimed at reducing dependence on this method and promoting healthier alternatives. Some of the key recommendations include:

1. Requiring medical institutions to document the reasons behind each cesarean delivery to ensure transparency and accountability.
2. Offering monetary incentives to doctors and healthcare centers that contribute to increasing normal delivery rates.
3. Providing training programs for physicians to encourage evidence-based practices in support of normal childbirth.
4. Providing Social Support through encouraging family involvement and urging mothers to seek help from relatives and friends during and after pregnancy to alleviate psychological pressure. This can also be enhanced by establishing *support groups* for new mothers to share experiences and advice related to normal birth.

Fifth: Post-Menopause: Health and Psychological Challenges

Post-menopause marks a critical stage in a woman's life, where she encounters a range of physical and psychological challenges resulting from hormonal and physiological changes. In Egypt, women face numerous difficulties during this phase, with statistics showing that nearly 50% of women over the age of 50 suffer from osteoporosis due to inadequate healthcare and poor nutrition. The challenges can be categorized as follows:

1. Health Challenges

- **Chronic Conditions:** Diseases such as osteoporosis and cardiovascular issues become more common due to the drop in estrogen levels.
- **Lack of Specialized Medical Services:** Many hospitals lack targeted health programs for this age group.
- **Weight Gain:** Many women experience weight gain or struggle with weight loss after menopause, increasing their risk of conditions like diabetes and hypertension.

2. Psychological Challenges

- **Lack of Psychological Support:** Women often suffer from depression and anxiety due to the physical and emotional changes of this stage.
- **Loss of Identity or Self-Worth:** Some women experience feelings of diminished value or purpose following the end of their reproductive years, which can affect their self-esteem.
- **Fear of Aging and Health Decline:** There is often heightened concern about future health and the risks associated with aging.

3. Government Efforts

The Ministry of Health has made efforts through early detection campaigns for osteoporosis and heart disease; however, there is still a need to expand coverage to remote areas. At the legislative level, there is no clear law or policy in place to ensure the care of postmenopausal women.

4. Recommendations

- a. Establishing specialized centers for screening and treatment of menopause-related conditions.
- b. Integrating mental health care services into health insurance programs.
- c. Launching awareness campaigns encouraging women to adopt a healthy lifestyle to prevent chronic diseases.

Axis Two: Child Health — Healthcare, Vaccinations, and Reducing Child Mortality

Child health is a vital issue that requires comprehensive care, including healthcare services, vaccination programs, and measures to reduce child mortality. Health systems aim to provide integrated care for children, especially during the early years of life. One of the core initiatives supporting this goal is the **Integrated Management of Childhood Illness (IMCI)** strategy, which is designed to improve child health, particularly among children under the age of five. This strategy was developed by the World Health Organization and UNICEF to deliver holistic and integrated child care³¹. The strategy aims to provide comprehensive health services that cover prevention, diagnosis, and treatment, addressing the child as a whole rather than focusing solely on individual symptoms. Cases are categorized based on the severity of illness, which aids healthcare providers in making appropriate clinical decisions.

First: Neonatal Mortality in Egypt

Egypt faces significant challenges regarding neonatal mortality, with data indicating a rise in recent years despite ongoing efforts to improve healthcare services. While certain child health indicators have improved, neonatal mortality remains a major concern.

³¹ World Health Organization, Integrated Management of Childhood Illness Strategy, published in 1995.

According to reports from the Ministry of Health, the neonatal mortality rate in Egypt stands at 16 deaths per 1,000 live births, with premature birth and inadequate healthcare being among the primary causes. By reviewing official child mortality statistics³², the mortality rate for neonates under 28 days was 9.3 per 1,000 live births in 2021, compared to 7.7 per 1,000 live births in 2020.

The infant mortality rate reached 18.9 deaths per 1,000 live births in 2022, up from 17.8 deaths per 1,000 live births in 2021. The number of infant deaths in 2021 was 38,897, while in 2022, it increased to 41,393. This steady increase in neonatal and infant mortality highlights the urgent need for enhanced health measures and interventions to confront and reverse this trend.

³² Central Agency for Public Mobilization and Statistics, Annual Bulletin of Birth and Death Statistics for 2021/2022.

Second: Vaccinations and Their Role in Protecting Children

Vaccinations are among the most important preventive measures for protecting children from infectious diseases. They play a critical role in promoting public health and reducing mortality rates. Their significance lies in the fact that they substantially reduce the risk of contracting serious diseases. The importance of vaccinations can be summarized as follows:

- 1. Prevention of Serious Diseases**

Vaccines protect children from life-threatening diseases such as measles, polio, diphtheria, and pertussis. These diseases can lead to severe complications such as pneumonia and paralysis.

- 2. Reduction of Disease Transmission**

When a large portion of the population is vaccinated, disease transmission significantly decreases. This also helps protect individuals who cannot be vaccinated for medical reasons or due to age.

- 3. Mitigation of Disease Severity**

Some vaccines help reduce the severity of symptoms if a child contracts the disease, thereby decreasing the need for intensive treatment or hospitalization.

- 4. Reduction in Healthcare Costs**

The cost of vaccination is significantly lower than the cost of treating preventable diseases. Prevention also reduces healthcare expenses associated with long-term treatment and disability.

- 5. Protection of Future Generations**

Vaccines play a crucial role in reducing and eradicating diseases globally, thus contributing to the protection of future generations.

- 6. Requirement for School Enrollment and Travel**

Many schools and childcare facilities require proof of vaccination for enrollment, making adherence to vaccination schedules essential for accessing education and travel opportunities.

At the national level, Egypt is among the leading countries in providing basic vaccinations for children through the Expanded Programme on Immunization. This programme includes vaccines against polio, measles, and hepatitis B. Egypt is also working toward the complete eradication of polio by 2030, having succeeded in reducing the number of cases to zero over the past decade.

Third: Challenges in Ensuring Children's Access to Vaccinations

Efforts to ensure children's access to vaccinations face several key challenges that affect the effectiveness of immunization programmes:

1. Lack of Awareness of the importance of vaccinations among families, particularly in rural areas
2. Shortage of Healthcare Professionals in villages and marginalized areas.

Addressing these challenges requires a multi-faceted approach, including improving supply chains, enhancing community awareness about the importance of vaccinations, and increasing funding for health infrastructure. Collaboration between governments, international organizations, and local communities is essential to ensure that children receive the necessary protection against vaccine-preventable diseases.

Fourth: The Role of the Egyptian Government

The Egyptian government plays a significant role in the field of child immunization, aiming to improve children's health and protect them from infectious diseases. The key aspects of the government's role in this area include:

1. **Provision of Free Vaccinations**

In accordance with the Child Law No. 12 of 1996 (as amended), vaccinations must be provided free of charge at health offices and health units, ensuring access for all children without any cost. This initiative has successfully reached 16 million children. Moreover, penalties are imposed on parents who fail to vaccinate their children, which helps encourage adherence to the required immunization schedules.

2. **National Immunization Campaigns**

The Ministry of Health and Population regularly launches nationwide campaigns to provide essential vaccines to children from birth to five years of age, in order to boost community immunity. These campaigns target major diseases and include vaccines against critical illnesses such as polio, measles, and diphtheria, thereby contributing to the reduction of infection and mortality rates.

3. **Awareness and Education**

The Ministry of Health has launched a text messaging service that informs parents of their children's vaccination appointments and encourages them to adhere to the schedule. This reflects the state's commitment to developing healthcare services and increasing public awareness of the importance of vaccination in protecting children from infectious diseases, as well as providing relevant information regarding immunization schedules.

4. **Cooperation with International Organizations**

In partnership with UNICEF and the World Health Organization (WHO), the Egyptian government works to ensure the quality and effectiveness of the vaccines provided to children and to support ongoing disease control efforts.

5. **Local Vaccine Production**

Egypt has begun local production of the polio vaccine, which enhances the country's capacity to sustainably provide vaccines and reduces reliance on imports.

Fifth: Recommendations

To maintain the effectiveness of vaccinations and ensure timely access for all children, the following recommendations are proposed:

- a. Intensifying media awareness campaigns about the importance of adhering to the immunization schedule.
- b. Deploying mobile medical teams to reach remote areas.

- c. Strengthening oversight of health units to ensure the continuous availability of vaccines.
- d. Encouraging collaboration with healthcare providers by promoting communication between parents and physicians, allowing them to address any concerns or questions with pediatricians or healthcare practitioners to make informed decisions regarding their children's immunizations.

Axis Three: Women's Diseases – Cancers and Diseases Related to Sexual Health

Women's diseases, including cancers and conditions related to sexual health, represent critical public health issues affecting women in Egypt. This section presents a comprehensive overview of these diseases, including the most common types, symptoms, and associated risk factors.

First: Breast Cancer in Egypt

Breast cancer is one of the most commonly diagnosed cancer among women in Egypt. Statistics indicate that approximately 35% of cancer cases among women in Egypt are breast cancer. Early diagnosis is vital to increasing chances of recovery. However, it is observed that around 25% to 30% of cases are detected at advanced stages.

National Response to Breast Cancer

Egypt is undertaking comprehensive efforts to combat breast cancer by launching various health programs and initiatives aimed at improving early detection and treatment. Key elements of the national response include:

1. The Presidential Initiative for Women's Health

The Egyptian government launched the Presidential Initiative for Women's Health, which aims to enhance early detection of women's cancers, including breast cancer.

2. National Awareness and Early Detection Campaigns

The "100 Million Seha" initiative was launched to promote early detection of breast cancer and has successfully screened nearly 12 million women since its inception.

3. Provision of Free Treatment

The initiative provides free treatment at its affiliated treatment centers, following the latest international treatment protocols. Treatment protocols have been standardized across all oncology centers to ensure integrated and free care.

4. Cooperation with International Organizations

Egypt's efforts in fighting breast cancer have received international recognition, with the Egyptian experience regarded as a global model. Collaboration with the World Health Organization has provided technical support and necessary resources.

5. Development of Medical Personnel

Capacity-building efforts have focused on training medical teams in clinical examinations, radiological diagnosis such as mammography and ultrasound, and procedures for sample collection and analysis.

6. Use of Technology

The initiative leverages digital transformation tools and applications to facilitate access to and delivery of healthcare services efficiently.

Egypt's comprehensive approach to combating breast cancer serves as a successful model from which other countries can benefit. By focusing on awareness, early detection, and the provision of free treatment, the Egyptian government is working to improve women's health and reduce mortality rates associated with this disease.

Second: Cervical Cancer

Cervical cancer is a significant public health concern, primarily caused by the Human Papillomavirus (HPV), a virus transmitted through sexual contact. Early detection and timely treatment are critical to reducing mortality from this disease. Despite the significant national efforts in combating breast cancer, cervical cancer remains a silent threat, largely due to the lack of awareness regarding the importance of early detection.

The Government of Egypt is working to scale up early detection programmes for cervical cancer through the "100 Million Seha" initiative, which provides screening and treatment services free of charge. The initiative targets both women and men aged 18 and above, using risk assessment tools to identify vulnerable populations. It also sets an ambitious goal of eliminating cervical cancer as a public health problem by 2030.

Recommendations for Cervical Cancer Prevention

To reduce the risk of cervical cancer, the following evidence-based measures are recommended:

1. Integrating HPV vaccination into national healthcare programmes.
2. Raising public awareness about the importance of routine screening for early detection.
3. Promoting a balanced and nutritious diet, including fresh fruits and vegetables, whole grains, and legumes, while minimizing the intake of processed and fast foods.

Third: Summary of Egypt's Role in Women's and Children's Health

Egypt plays a pivotal role in promoting the health of women and children through a range of national programmes and government-led initiatives. These efforts aim to enhance access to essential health services and address the specific needs of women and children. Notable progress has been made in areas such as the provision of essential immunizations and the implementation of early detection programmes for major diseases. However, significant challenges remain, particularly in reducing caesarean section rates, decreasing child mortality, and ensuring comprehensive health services for postmenopausal women.

Fourth: General Recommendations

1. Developing integrated health programmes that support women and children across all stages of life.
2. Enhancing collaboration between government institutions and civil society organizations to improve the quality and reach of health services.
3. Improving the distribution of medical personnel in rural and marginalized areas to ensure equitable access to healthcare.

Section Four: Socio-Cultural Challenges

Sexual and reproductive health in Egypt faces a range of socio-cultural challenges that hinder the effectiveness of service delivery and the achievement of public health goals. Addressing these challenges requires a multi-sectoral response that includes improving education, increasing health awareness, and ensuring the availability of appropriate healthcare services. Additionally, it necessitates transforming cultural and social norms that obstruct women's empowerment and health. This section explores the ongoing efforts to strengthen sexual and reproductive health in Egypt.

Axis One: Awareness of Reproductive and Sexual Health in Local Communities

Awareness of reproductive and sexual health is one of the fundamental pillars for achieving health equity and gender equality. However, local communities in Egypt—particularly in rural areas—continue to suffer from a significant lack of health education, which contributes to the persistence of harmful practices such as child marriage and female genital mutilation, as well as the misuse of family planning methods.

First: Importance of Awareness of Reproductive and Sexual Health

Awareness of reproductive and sexual health is not merely a medical concern; it is a human right that enables individuals to make informed decisions about their bodies and their health. This awareness is closely linked to a number of key objectives, including:

1. Promoting maternal and child health by providing accurate information on pregnancy, childbirth, and disease prevention.
2. Combating harmful practices such as female genital mutilation and child marriage.
3. Reducing high fertility rates, which impact the country's economic and social stability.

Second: Current Situation in Egypt

Despite efforts made by the government and civil society organizations, the lack of health awareness remains evident, especially in marginalized areas. Studies indicate that a significant proportion of women do not receive accurate health information related to family planning, relying instead on traditional practices or misinformation.

According to statistics from the Ministry of Health and Population:

- 25% of Egyptian women do not use any form of family planning, primarily due to lack of awareness or fear of side effects.
- Approximately 30% of mothers do not receive adequate health follow-up during pregnancy, particularly in rural and remote areas.

Third: Egypt's Efforts to Enhance Awareness

The Government of Egypt has launched several awareness-raising initiatives, most notably:

1. **The Egyptian Family Development Initiative**, which aims to provide free family planning methods and health consultations. Launched in 2021, this initiative is part of national efforts to regulate population growth and improve population characteristics.
2. **Awareness campaigns through medical convoys**, which reach remote and underserved areas.
3. **Engagement of NGOs and civil society organizations** in spreading awareness through direct educational sessions.

Fourth: Challenges

1. The prevalence of misconceptions regarding reproductive and sexual health.
2. The limited role of education in integrating health education into school curricula.
3. The influence of social norms and traditions, which restrict women's access to accurate health information.

Fifth: Recommendations

1. Integrating health education programmes into school curricula starting from the preparatory stage.
2. Expanding the reach of awareness campaigns to include media outlets, mosques, and churches.
3. Providing health counselling services in primary healthcare centres, while training personnel to effectively address issues related to sexual health.

Axis Two: The Role of Education in Promoting Reproductive Health and Combating School Dropout

Education serves as an effective tool in addressing health and social challenges, particularly those related to reproductive and sexual health. An educated girl is more aware of her health rights and is less likely to be subjected to harmful practices such as child marriage or repeated pregnancies.

National legislation affirms the right of girls to access education beyond childhood, in accordance with Egypt's international commitments under various treaties and conventions, including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). Concerning the right to education, which Egypt has ratified, Article 10 of the Convention stipulates that: *"States Parties shall take all appropriate measures to eliminate discrimination against women in order to ensure them equal rights with men in the field of education and, in particular, to ensure, on a basis of equality of men and women:"*

- **Paragraph (c):** Eliminating any stereotyped concept of the roles of men and women at all levels and in all forms of education by encouraging coeducation and other types of education that help achieve this aim.
- **Paragraph (f):** Reducing female student dropout rates and organize programmes for girls and women who have left school prematurely.

At the national level, Article 19 of the Egyptian Constitution states: *"Education is a right for every citizen with the aim of building the Egyptian character, preserving national identity, establishing scientific thinking, developing talents, encouraging innovation, reinforcing civilizational and spiritual values, and promoting the concepts of citizenship, tolerance and non-discrimination. The State shall observe these objectives in the education system and its methodologies, and shall ensure its provision in accordance with global quality standards. Education shall be compulsory until the end of the secondary stage or its equivalent, and the State shall guarantee its provision free of charge at all stages in State educational institutions, in accordance with the law."*

First: The Importance of Education in Promoting Reproductive Health

Education plays a vital role in raising awareness on reproductive health, which contributes to improved health outcomes for individuals and families and reduces school dropout rates. The importance of education in enhancing reproductive health can be outlined as follows:

- **Raising awareness and knowledge:** Education provides essential information on reproductive health, including family planning methods, the importance of premarital medical examinations, and the prevention of infectious diseases. This knowledge enables individuals to make informed health decisions.³³
- **Changing behaviours:** Educational interventions can result in positive behavioural change, such as correct use of contraception, which reduces unplanned pregnancies and increases awareness of the risks associated with child marriage. This, in turn, leads to higher enrolment rates in secondary education.³⁴

³³ Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, April 2016, para. 27.

³⁴ Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, op. cit., para. 14.

- **Educating girls:** Girls' education significantly contributes to reducing maternal and child mortality rates, as educated mothers are more likely to seek appropriate healthcare for their children and are less exposed to child marriage.

Second: School Dropout as an Impactful Factor

The phenomenon of school dropout in Egypt is one of the major challenges threatening girls' reproductive health. Statistics indicate that a large proportion of girls who drop out of school eventually end up in child marriage, which increases the risks of early pregnancy.

According to data from the Central Agency for Public Mobilization and Statistics (CAPMAS):

- 15% of girls at the preparatory education level drop out of school each year.
- Child marriage contributes to increased maternal mortality rates, estimated at 37 deaths per 100,000 live births.

Third: Education as a Means for Change

Studies show that improving girls' access to education contributes to:

1. **Delaying marriage:** Statistics reveal that girls who complete secondary education are 50% less likely to marry before the age of 18 compared to those who do not.
2. **Improving maternal health:** Education enables women to access essential health information related to pregnancy and childbirth.
3. **Economic empowerment of women:** By improving women's access to employment opportunities, education reduces their dependence on child marriage as a means of escaping poverty.

Fourth: Egypt's Efforts to Combat School Dropout

Egypt is making significant efforts to address the phenomenon of school dropout, which is considered one of the key challenges facing the educational system. The government's efforts include a set of integrated strategies aimed at reducing dropout rates and enhancing education opportunities for all. These efforts include:

- **Support programmes for girls in poor areas,** such as the "Takaful and Karama" initiative, which encourages families to keep their children in school.
- **Community-based education projects** that provide learning opportunities for dropout girls.
- **Awareness campaigns** promoting the importance of girls' education in collaboration with religious institutions.
- **School dropout response teams:** Special teams have been established within educational directorates to study dropout cases and provide support to affected students. These teams are composed of social and psychological specialists to follow up on individual cases.

Fifth: Recommendations to Reduce School Dropout

- Link social protection programmes to the condition of completing girls' education.
- Strengthen monitoring mechanisms to prevent child marriage, as it is a major cause of school dropout.
- Develop flexible education programmes tailored to the needs of girls who have left school.
- Conduct awareness campaigns targeting families and local communities on the importance of education and the impact of school dropout on children's future.
- Activate the role of psychological and social counselors by appointing specialized counselors in each school to assist students in overcoming psychological and social challenges that may lead to school dropout.

Addressing school dropout requires integrated efforts, including the provision of resources, community awareness, and financial and psychological support for students. Strengthening cooperation between the government and civil society is vital to achieving positive outcomes in this area and ensuring every child's right to quality and sustainable education.

Axis Three: Child Labour – Causes, Risks, and Legal Frameworks

Child labour is among the challenges that negatively impact children's health and education, with direct consequences on the reproductive and social well-being of future generations. Studies indicate that children who enter the labour market before reaching the legal minimum working age are more vulnerable to physical and psychological risks and are deprived of their fundamental right to education. Child labour is a complex issue requiring comprehensive interventions that address economic and social conditions, enhance access to education, and ensure the effective enforcement of laws that protect children's rights and secure a better future for them.

First: Defining the Concept of Child Labour

Not all work performed by children falls under the definition of child labour that must be eliminated. Participation of children or adolescents in activities that do not affect their health, personal development, or interfere with their schooling—such as earning pocket money after school hours or during holidays—is generally regarded positively. These types of work contribute to children's development, help them acquire useful skills and experience, and support their transition into productive adulthood. This is referred to as “child work,” or income-generating activities that benefit the child.

However, the types of work that expose children to risks are those targeted by international conventions, which oblige States Parties to take all necessary measures to prevent the exploitation of children by involving them in work that jeopardizes their health or development.

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According to International Labour Organization (ILO) Conventions No. 138 (1973) concerning the Minimum Age for Admission to Employment³⁵ and No. 182 (1999) concerning the Worst Forms of Child Labour, child labour refers to work that:

- Is mentally, physically, socially, or morally dangerous and harmful to children;
- Interferes with their schooling by:
 - Depriving them of the opportunity to attend school;
 - Compelling them to leave school prematurely;
 - Requiring them to attempt to combine school attendance with excessively long and heavy work.

ILO Convention No. 182 (1999) on the Worst Forms of Child Labour³⁶ specifies the types of work that must be eliminated urgently for all children under the age of 18, regardless of the country's economic situation. Article 3 defines the worst forms of child labour as:

- a) All forms of slavery or practices similar to slavery, such as the sale and trafficking of children, debt bondage and serfdom, and forced or compulsory labour, including forced or compulsory recruitment of children for use in armed conflict;
- b) The use, procuring or offering of a child for prostitution, for the production of pornography, or for pornographic performances;
- c) The use, procuring or offering of a child for illicit activities, in particular for the production and trafficking of drugs as defined in the relevant international treaties;
- d) Work which, by its nature or the circumstances in which it is carried out, is likely to harm the health, safety or morals of children.

Axis Two: The Current Situation of Child Labour in Egypt

The current situation in Egypt regarding child labour remains fraught with persistent challenges, despite the efforts exerted to combat this phenomenon. According to reports issued by the ILO:

- Approximately 1.6 million children in Egypt are engaged in various sectors, particularly agriculture and small-scale industries.
- Around 70% of working children do not receive any healthcare or occupational safety insurance.

According to the National Child Labour Survey in Egypt, conducted in 2010 by the Central Agency for Public Mobilization and Statistics (CAPMAS) in cooperation with the International Programme on the Elimination of Child Labour (IPEC), it is evident that the rate of child labour in Egypt is significantly higher in rural areas compared to urban areas. The highest concentration is recorded in rural areas of Upper Egypt, followed by rural areas in Lower Egypt, and then rural governorates located along the borders. As for urban areas, the highest rate of child labour is recorded in urban Upper Egypt, followed by urban areas of Lower Egypt, and finally urban governorates.

³⁵ This Convention was adopted by the General Conference of the ILO on 26 June 1973.

³⁶ This Convention was adopted by the General Conference of the ILO on 17 June 1999.

A key finding highlighted in the National Child Labour Survey is the most common types of hazardous work undertaken by children in Egypt. These are primarily in the agriculture sector (63%), followed by industrial sites such as mining, construction, and manufacturing industries (18.9%), and then the services sector (17.6%). The services sector includes children selling goods on the streets, serving beverages in cafés, delivering orders for small shops, and similar activities.

The majority of research conducted in this area indicates that street work is one of the most prevalent and dangerous forms of child labour in Egypt. Additionally, domestic work is reported as the fourth most common type of occupation, particularly for girls, who often work not only in their own homes but also in the homes of others.³⁷

Axis Three: Causes of Child Labour

1. **Household Economic Conditions:**
Difficult living conditions compel families to involve their children in the labour market.
2. **School Dropout:**
Inadequate education is a major driver pushing children towards employment.
3. **Lack of Legal Oversight:**
Weak enforcement of laws that criminalize the employment of underage children.

Axis Four: The Egyptian Legal Framework on Child Labour

This framework comprises a set of laws and regulations aimed at regulating child labour and protecting children from exploitation. The Egyptian legislator has taken steps to safeguard children from early employment. The Child Law No. 12 of 1996 stipulates, Article (64): *“Without prejudice to the provisions of the second paragraph of Article (18) of the Education Law promulgated by Law No. 139 of 1981, it is prohibited to employ children before they reach the age of fifteen full Gregorian years. It is also prohibited to train them before they reach thirteen full Gregorian years. The competent governor may, upon approval of the Minister of Education, issue a permit allowing the employment of children aged twelve to fourteen in seasonal work that does not harm their health or development and does not interfere with their regular school attendance.”*

Article (65) stipulates that: *“It is prohibited to employ a child in any type of work which, by its nature or the circumstances under which it is carried out, is likely to endanger the child’s health, safety, or morals. In particular, it is strictly prohibited to employ any child in the worst forms of child labour as defined in Convention No. 182 of 1999. Taking into account the provisions of the first paragraph, the Executive Regulations of this Law shall set out the system governing child labour, the circumstances under which children may be employed, and the occupations, crafts, and industries in which they may be engaged in accordance with different age stages.”*

³⁷ The National Plan to Combat the Worst Forms of Child Labour in Egypt and Support the Family (2018–2025), June 2018, p. 18.

Article (65) bis stipulates that *“a medical examination shall be conducted for the child prior to being employed to ensure their physical fitness for the work assigned to them. The medical examination shall be repeated periodically, at least once every year, as set out in the Executive Regulations. In all cases, the work must not cause the child physical or psychological pain or harm, nor deprive them of the opportunity to regularly attend school, engage in recreation, or develop their capacities and talents. The employer shall be required to provide insurance coverage for the child and to protect them from occupational hazards throughout the period of employment.”*

Article (135) of the Executive Regulations of the Child Law specifies 26 types of work, professions, and industries in which it is prohibited to employ children under the age of 18. These include quarrying, glass melting and annealing, manufacturing of explosives, silvering mirrors using mercury, among other occupations and types of work that are likely to harm the child’s health or moral conduct.³⁸

The Egyptian Labour Law³⁹, in Article (98), defines a child for the purposes of the law as any person who has reached the age of 14 or has exceeded the age of completion of compulsory education and has not yet reached 18 full Gregorian years. Article (99) stipulates that *“it is prohibited to employ children—male or female—before reaching the age of completion of compulsory education or the age of 14, whichever is greater. However, they may be trained once they reach the age of 12.”* Article (100) provides that *“the competent minister shall issue a decree specifying the system governing child labour, and the circumstances, conditions, and situations under which children may be employed, as well as the types of work, professions, and industries in which they are prohibited from working, according to different age stages.”* Moreover, Article (101) stipulates that *“a child may not be employed for more than six hours per day.”* And article (102) obliges any employer who employs one or more children to:

- a) Display in a prominent place at the workplace a copy of the provisions contained in this chapter (Chapter on Child Labour);
- b) Maintain a register indicating working hours and rest periods, approved by the competent administrative authority;
- c) Notify the competent administrative authority of the names of the employed children, the tasks assigned to them, and the names of the individuals responsible for supervising their work.

When addressing the concept of child labour, it should not be understood solely in its narrow legal sense. The concept can extend to include the economic exploitation of children through work that violates public morals, which is commonly referred to as child trafficking, as well as their use in forced labour. The Egyptian legislator has paid particular attention to protecting children from all forms of exploitation. Article (291) of the Penal Code stipulates that *“any violation of the child’s right to protection from trafficking, or from sexual, commercial, or economic exploitation, or from being used in scientific research or experiments, is strictly*

³⁸ Executive Regulations of the Child Law No. 12 of 1996, Official Gazette, Issue No. (29) bis (1), dated 22 July 2010, p. 73

³⁹ Law No. 12 of 2003, Official Gazette, Issue No. (14) bis, dated 7 April 2003, p. 38

prohibited. The child shall have the right to be informed and empowered to confront such risks. Without prejudice to any harsher penalty stipulated by another law, anyone who sells, buys, offers for sale, delivers, receives, or transports a child as a slave, or exploits them sexually, commercially, or economically, or uses them in forced labour or for any other unlawful purpose—even if the crime is committed abroad—shall be punished by rigorous imprisonment for not less than five years and a fine of not less than fifty thousand Egyptian pounds and not more than two hundred thousand Egyptian pounds. The same penalty shall apply to anyone who facilitates or incites any of the aforementioned acts, even if the crime is not committed as a result thereof.”

In addition, Article (2) of the Anti-Human Trafficking Law⁴⁰ stipulates that: *“A person shall be deemed to have committed the crime of human trafficking if they deal in any manner with a natural person, including through sale, offering for sale, purchase, promise thereof, use, transfer, delivery, harbouring, reception, or receipt—whether inside the country or across its national borders—if such action is carried out through the use of force or violence, or the threat thereof, or through abduction, fraud, deception, abuse of power, exploitation of a situation of vulnerability or need, or the promise of giving or receiving sums of money or benefits in exchange for obtaining the consent of a person to trafficking another person over whom they have control—provided that the purpose of such dealings is exploitation in any form, including exploitation in prostitution, other forms of sexual exploitation, the exploitation of children in such practices or in pornography, forced labour or services, slavery or practices similar to slavery, servitude, begging, or the removal of human organs or tissues or parts thereof.”*

Despite the existence of these various legal provisions aimed at protecting children and prohibiting their employment in hazardous work or any form of trafficking, enforcement remains weak, which necessitates the urgent activation of monitoring and accountability mechanisms.

Fifth: Recommendations

- Launching awareness campaigns highlighting the dangers of child labour on children's health and future.
- Strengthening the role of legal oversight and increase penalties for violators.
- Providing economic support to poor families to help them forgo child labour.

Axis Four: Cultural and Social Barriers to Advancing Women's Health Rights

Women's health rights in Egypt face numerous cultural and social obstacles that hinder their advancement. Social customs, poor education, and child labour represent key barriers to improving reproductive and sexual health in Egypt. Despite efforts by the government, further intensified work is needed at both community and legislative levels to ensure the protection of women's and children's rights to health and education.

⁴⁰ Law No. 64 of 2010, Official Gazette, Issue No. (18) bis, dated 9 May 2010, p. 5

First: Cultural Barriers

Cultural Barriers are represented in the following:

- **Discrimination in healthcare:** Reports indicate that women face discrimination in accessing health services, as certain surgical procedures require written consent from the husband or a male relative. This reflects a lack of recognition of women's rights to make decisions regarding their own health.
- **Customs and traditions:** Customs and traditions play a major role in how society addresses issues related to women's reproductive and sexual health. In some communities, discussing these topics is considered taboo, which prevents women from accessing necessary information.

Second: Social Barriers

Social barriers include:

- **Poverty and lack of resources:**
Many women suffer from poverty, which limits their ability to access healthcare services. Poverty increases the difficulty of obtaining contraceptives and other essential health services.
- **Violence against women:**
Violence perpetrated against women is a major factor affecting their health, contributing to higher rates of depression and anxiety, and negatively impacting both physical and mental health.
- **Lack of social support:**
Women often lack adequate social support from family or the broader community, increasing their isolation and reducing their chances of accessing proper healthcare.

Third: Institutional Challenges

Institutional challenges include:

- **Insufficient health budget allocations:**
Reports indicate that Egypt's healthcare system suffers from underfunding, which negatively affects the quality of services provided to women.
- **Lack of oversight:**
There is a lack of effective oversight over health institutions, resulting in the proliferation of medical errors and increased risks associated with treatment.

Addressing these challenges requires comprehensive efforts that include community awareness, transformation of harmful cultural norms and practices, strengthening of the healthcare system, and increased financial allocations. Furthermore, it is essential to empower women to make autonomous decisions regarding their health without requiring approval from others.

Section Five: Future Strategies and Recommendations

Enhancing reproductive and sexual health in Egypt necessitates the adoption of comprehensive future strategies and recommendations that take into account the cultural, social, and legal challenges. These should include integrated efforts encompassing public awareness, improved access to services, and supportive legal policies. Through the implementation of such strategies, individual health can be improved and rights more effectively upheld.

This section outlines both the strategies already adopted by the State to promote women's health rights and the future recommendations that should be considered. These include introducing legislative reforms and enhancing the role of civil society organizations so they may work alongside State institutions—particularly health institutions—to strengthen reproductive and sexual health rights.

Axis One: Legal and Implementation Challenges in Enforcing Health Rights

Despite the legislative efforts undertaken by Egypt to guarantee reproductive and sexual health rights, numerous obstacles hinder the effective implementation of these laws on the ground. While, in theory, Egyptian laws criminalize harmful practices such as female genital mutilation and child marriage and uphold the right to healthcare, their enforcement faces several significant challenges, including:

First: Legal Challenges

1. **Insufficient legislation:**

Certain issues, such as sexual health, still lack a clear legal framework that protects these rights. Despite constitutional provisions affirming the right to health and education equally, these rights remain at risk in rural and impoverished areas.

2. **Gaps in implementation:**

These gaps are reflected in:

- Weak enforcement of laws, such as those prohibiting child marriage and child labor.
- The absence of effective mechanisms for reporting violations, particularly in villages and rural communities where social norms prevail.

3. **Ineffective penalties:**

Some legal penalties remain insufficient to deter violations. For example, penalties for child labour remain limited, allowing the practice to persist.

Second: Implementation Challenges

1. Lack of Resources

Health and educational institutions suffer from insufficient funding and a shortage of necessary resources to implement awareness programmes and deliver healthcare services.

2. Social and Cultural Influences

- The persistence of traditional customs and norms poses a major challenge to the enforcement of relevant laws.
- Resistance to change in certain communities, particularly with respect to issues such as female genital mutilation and child marriage, further hampers implementation efforts.

Third: Egypt's Role in Addressing These Challenges

- The Egyptian government has launched several initiatives to address these issues, including the *Hayah Karima Initiative*, which aims to develop villages and remote areas and improve access to health and education services.
- Legislative reforms have also been introduced to strengthen penalties for harmful practices such as female genital mutilation, as reflected in recent amendments to the Penal Code.

Fourth: Recommendations

- Reviewing and updating existing legislation related to reproductive and sexual health to close legislative gaps.
- Developing effective mechanisms for monitoring the implementation of laws and facilitating the reporting of violations.
- Strengthening penalties for violators, particularly in cases involving child marriage and child labour.

Axis Two: The Role of Civil Society Organizations in Raising Awareness and Promoting Reproductive Health

Civil society organizations play a pivotal role in supporting governmental efforts and promoting reproductive and sexual health, especially within marginalized communities that face challenges in accessing healthcare and education services.

This section highlights the role of civil society organizations in delivering health services to population groups with limited access to such services. These efforts are carried out in

coordination with various state agencies. It also underscores the role played by the Egyptian government in supporting civil society organizations, recognizing them as effective partners in delivering a wide range of public services. These organizations possess financial and human resources that enable them to reach target groups efficiently.

In addition, this section reviews several strategies for improving health services—both public and private—to ensure that citizens are able to access these services easily, conveniently, and at any time.

First: Roles of Civil Society Organizations

Civil society organizations (CSOs) in Egypt perform a wide range of functions, which can be summarized as follows:

1. Awareness-Raising and Health Education

- Promoting awareness of the importance of reproductive and sexual health through direct awareness sessions and media campaigns.
- Focusing on rural and remote areas where access to information is limited.

2. Provision of Health Services

- Delivering medical screening services and health consultations through mobile clinics.
- Supporting family planning programmes and providing modern contraceptive methods either free of charge or at reduced cost.

3. Advocacy and Rights Protection

- Advocating for legislative reforms that align with international human rights standards.
- Monitoring and documenting violations such as cases of female genital mutilation and child marriage.

Second: Egypt's Role in Supporting Civil Society

The Egyptian government actively encourages collaboration with civil society organizations through partnerships aimed at advancing reproductive health. For example:

- Joint programmes implemented between the Ministry of Health and non-governmental associations to reach the most vulnerable populations.
- Providing logistical support to mobile clinics operated by CSOs in underserved areas.

Third: Recommendations

- Strengthening partnerships between the government and civil society organizations to ensure a coordinated approach to delivering health services.

- Increasing financial and logistical support for successful community-based initiatives.
- Developing training programmes for CSO personnel to enhance their capacity in health education and awareness.

Axis Three: Strategies for the Development of Public and Private Health Services

Healthcare services in Egypt exhibit significant disparities between urban and rural areas, resulting in limited access to healthcare in certain regions. Improving these services requires:

First: An Integrated Strategy, Including:

1. Expanding Health Infrastructure

- Constructing additional health units and hospitals in remote areas.
- Equipping hospitals with state-of-the-art medical technologies to ensure the delivery of comprehensive health services.

2. Enhancing the Quality of Health Services

- Training medical staff in the provision of reproductive and sexual health services in accordance with international standards.
- Developing treatment and screening protocols to provide holistic care for mothers and children.

3. Integrating Reproductive and Sexual Health Services into Primary Healthcare

- Including family planning services and early screening for gynecological conditions within the scope of primary healthcare centres.
- Providing vaccinations and preventive programmes to safeguard children's health.

Second: Egypt's Efforts to Develop Health Services

The Egyptian government launched the “**100 Million Seha**” initiative, which successfully conducted comprehensive screenings for the early detection of chronic diseases and cancers, including breast cancer.

The government has also expanded **primary healthcare services** through rural health units.

Third: Recommendations

- Increasing investment in the health sector to improve services provided to marginalized populations.

- Allocating a dedicated budget for reproductive and sexual health programmes to ensure their sustainability.
- Launching continuous training programmes for health sector professionals to enhance their skills.

Axis Four: Monitoring Violations and Activating Legal Protection Mechanisms

Monitoring violations related to health rights is a fundamental step towards achieving health and social justice. These violations include practices such as child marriage, female genital mutilation (FGM), and domestic violence, which require clear mechanisms for monitoring and holding perpetrators accountable.

First: Challenges in Monitoring Violations

1. Underreporting

- Victims' fear of reporting due to social stigma.
- Absence of protection mechanisms for witnesses and victims.

2. Weak Coordination Among Relevant Entities

- Lack of a centralized database to document violations.

Second: Recommendations

- Establishing a **national database** to monitor and document violations related to reproductive and sexual health.
- Providing **confidential and secure reporting mechanisms** for violations.
- Activating the role of **judicial institutions** to ensure accountability for perpetrators of such practices.

Third: Summary of Strategic Recommendations

- **Legislative Reform:** Addressing legal gaps and strengthening penalties against harmful practices.
- **Partnership with Civil Society:** Supporting the efforts of non-governmental organizations in awareness-raising and provision of health services.
- **Improvement of Health Services:** Expanding health infrastructure and ensuring the quality of services provided to the most vulnerable populations.
- **Activation of Oversight Mechanisms:** Effectively monitoring and documenting violations to ensure legal accountability.