



# **Sexuality Education in Egypt: A Needs Assessment for a Comprehensive Program for Youth**



**Egyptian Initiative for Personal Rights**



# **Sexuality Education in Egypt: A Needs Assessment for a Comprehensive Program for Youth**

# **Sexuality Education in Egypt:**

## A Needs Assessment for a Comprehensive Program for Youth

Civil Liberties Program

First edition / January 2013

Design and printing: Skills production & publishing 01003032951

### **Egyptian Initiative for Personal Rights**

6 Dar Al Shifa (formerly Abdel Latif Bolteya) St., Garden City, Cairo,

Telephone & fax: +(202) 27933371 / 27933372

[www.eipr.org](http://www.eipr.org) - [info@eipr.org](mailto:info@eipr.org)



All printing and publication rights reserved. This report may be redistributed with attribution for non-profit purposes under Creative Commons license

[www.creativecommons.org/licenses/by-nc/3.0](http://www.creativecommons.org/licenses/by-nc/3.0)

This report was researched and drafted by EIPR's Right to Privacy Researcher Noha Roushdy. It was reviewed and edited by Dalia Abde-Hamid and Abdou el-Bermawy, Ahmed el-Shebiny copy edited the text.

EIPR would also like to acknowledge the senior adviser to the project and human rights and feminist activist Dr. Amal Abdel-Hady for her guidance throughout the various research stages.

# Contents

I. About this Report .....	6
II. Executive Summary .....	8
Key Recommendations .....	11
III. Sexuality and Its Culture .....	12
History of the Debate on Sexuality .....	13
International developments and the emergence of sexuality as an issue .....	15
Role of Civil Society in Egypt .....	16
What is Sexuality Education? .....	17
IV. Comprehensive Sexuality Education: A rights-based Approach---	20
State Obligation to Provide Comprehensive Sexuality Education .....	22
International Consensus on Sexuality education .....	24
The Need for Comprehensive Sexuality Education in Egypt .....	25
Human Development and Gender .....	28
Sexual Behavior and Relationships .....	30
Sexual and Reproductive Health .....	32
Female Genital Mutilation .....	33
STIs and HIV/AIDS .....	34
Early Marriage .....	35
V. Comprehensive Sexuality Education Initiatives in Egypt: .....	38
Challenges and Limitations	
Naming .....	39
Access .....	40
Social Resistance .....	41
Political Reluctance .....	43
Needs Assessment .....	43
Health-oriented Approach .....	44
Sustainability .....	45
Educators .....	46
Target Population .....	47
VI. Conclusion and Recommendations .....	48



# **I. About this Report**

In 2009, the Egyptian Initiative for Personal Rights (EIPR) conducted research in Cairo to assess the need for comprehensive sexuality education programs among youth in Egypt, examine ongoing programs and identify challenges and limitations on the attainment of comprehensive sexuality education in Egypt.

The research consisted of interviews with representatives of non-governmental organizations with practical experience in sexuality education.

It also included the consultation of literature on comprehensive sexuality education worldwide as well as recent data on the situation of sexual and reproductive health and rights in Egypt.

This report is a compilation and analysis of research findings and a formulation of a set of policy recommendations and criteria for a comprehensive sexuality education program in Egypt.

## **II.Executive Summary**

With the advent of the 21st century, Egypt is experiencing rising public concern with the sexual and reproductive wellbeing and bodily integrity of Egyptians.

This concern is manifested in ongoing efforts by the government and civil society to promote family planning information and services, improve maternal health and put an end to female genital mutilation (FGM).

There is, moreover, increased concern with violence against women on the streets and in the private sphere, the preponderance of different forms of illegal and precarious marriage contracts, such as early, forced and unregistered 'urfi marriages among youth, and the sexual and reproductive health of engaged and newly married couples.

Young people, in general, and girls, in particular, are in a particularly vulnerable position. Not only do adolescents and young adults represent the largest cohort group in the population, they are at higher risk than any other group for incursions on their sexual and reproductive health and rights (Dejong, 2007).

FGM, early marriage, sexual violence, sexually transmitted infections (STIs) and unintended pregnancies are but a few of the most salient threats to the sexual and reproductive health of adolescents and young people in Egypt.

Concurrently, they are the least informed and the most under-served group with reproductive and sexual health and rights information and services in Egypt (Byers, 1998).

Embracing the comprehensive approach to reproductive health that emerged in the 1994 International Conference on Population and Development in Cairo, the EIPR sought to address the need for comprehensive sexuality education among adolescents and young

people for the attainment of reproductive and sexual health. Adopting a human rights-based approach, in this report we focus on adolescent and young people's "right to education and information to comprehensive sexuality education necessary and useful to exercise full citizenship and equality in the private, public and political domains" (IPPF, 2008). We recognize that the sexual and reproductive wellbeing and bodily integrity of Egyptians is premised upon a comprehensive understanding of human sexuality that exposes the links between the various issues affecting the sexual and reproductive health of Egyptians.

This report aims to establish the following:

1. The violation of the right of adolescents and youth to reproductive and sexual health services and information in Egypt must end.
2. Egyptian policy and law does not guarantee comprehensive sexuality education to youth
3. Challenges in the implementation of available sexuality education in Egypt include, but are not limited to linguistic problems in naming sexuality education and the negative connotations of the term, accessibility and social resistance.
4. Limitations to the effectiveness of available sexuality education pertain to the absence of a nationally representative needs assessment on youth sexuality as well as limitations in the approach, sustainability and accessibility of available initiatives and to the preparedness of educators.
5. There is a growing body of stakeholders (health, education, development, family planning and religious institutions) calling for increased national efforts at raising youth awareness on matters related to human sexuality.

## Key Recommendations:

The current policy framework and structural basis for youth sexual and reproductive health in Egypt does not guarantee youth access to information and education on all matters related to their sexual and reproductive health and rights.

It neither expresses a governmental commitment to facilitating the work of different governmental and non-governmental organizations working on sexuality education, nor offers an alternative comprehensive program addressing all youth in Egypt.

Based on research and field inquiry, the EIPR recommends the Egyptian government to do the following:

- Recognize comprehensive sexuality education as an indivisible component in the reproductive and sexual health of Egyptians.
- Develop a thorough national policy on sexuality education.
- Establish a multidisciplinary and multi-sectoral national task force entrusted with:
  - Informing the development of relevant policies.
  - Generating support for programs.
  - Assisting the development and implementation of sexuality education programs across the different sectors in society.
- Endorse national surveys on sexuality and risky behavior among adolescents and youth.
- Establish a cadre of instructors of comprehensive sexuality education programs familiar with interactive participatory educational methodology.
- Introduce legislative measures that commit governmental agencies working with youth, particularly the Ministry of Education and Ministry of Youth, to comprehensive sexuality education.

### **III. Sexuality and Its Culture**

*“ Sexuality is, at the very least, about health, pleasure, bodies, violence, rights, identity, and employment. It is about families and domestic spaces, intimate relations and public engagements, access to economic resources and the right to go safely to a conducive work environment.” Creating Resources for Empowerment in Action (CREA), Sexual Rights and Social Movements in India: Working Paper.(New Delhi: CREA, 2006)*

Since sexuality is “a central aspect of being human throughout life” (WHO, 2012), it goes to the heart of social efforts aimed at improving family development and planning, public health and gender equality.

For years issues related to sexuality have been a topic of public discussion in Egypt, present in debates taking place in the parliament over new penal laws for sexual violence offences, in public debates over the personal status law, and in the daily press reporting the unlawful marriages of under-age girls.

## History of the Debate on Sexuality

Throughout the 20th century, Egyptians have accomplished significant strides in paving the way for a national concern with sexuality and sexual health.

In the first half of the 20th century, Salama Musa was the first Arab intellectual in modern history to earnestly discuss sexuality as a matter of public concern (Massad, 2007).

As one of the central figures of the “Arab renaissance,” Musa was one of the first to draw attention to the importance of integrating issues of sexuality in the process of developing a modern national culture in Egypt (Gershoni, 1992). In *Ahadith al-Shabab*, published in 1957, Musa initiated a scientifically-informed and open debate on sexuality by calling for a societal revision of the education of youth on matters related to sexual behavior, health and relationships (Musa, 1969).

The discourse over sexuality pioneered by Musa in the literary sphere coincided with the rise of the Egyptian feminist movement and its active engagement with the sexual segregation of women and civic engagement.

Though many of the movement's accomplishments were largely limited to the role and status of women in public life, female sexuality has been an underlying concern in the movement's agenda throughout the twentieth century.

In the 1960s, Dr. Nawal El-Saadawi instigated a new wave of sensitization on matters related to human sexuality by opening up public debate on female genital mutilation (FGM), in particular, and female sexuality and reproductive health in general.

Her book *Women and Sex*, published in 1972, represented a pioneering breakthrough, as it was the first work to be written by an Egyptian woman that exposed the discriminatory basis upon which female sexuality is understood and approached within Egypt. Saadawi's work came at a critical time in modern Egyptian history during which the state had appropriated women's issues in its engagement with public health, family planning and reproduction.

Her focus on female sexuality in Egypt highlighted the limitations of the dominant discourse as it failed to link the larger concerns of civil rights and equality between the sexes to the regulation of gender relationships and sexuality in Egyptian society and culture.

It was this latter approach that was incorporated by some independent feminist organizations in the 1990s to mobilize the public against such pertinent issues as gender-based violence, FGM and the personal status law. The case of FGM was of the utmost significance to addressing sexuality as through it, feminist organizations drew public

attention to the rights of women to sexual health and sexual fulfillment (Al-Ali, 2002).

## International developments and the emergence of sexuality as an issue

The reemergence of a strong public discourse on sexuality in Egypt is attributable to the broader international climate of increased awareness and advocacy for sexual and reproductive health and rights. Since the early 1980s, a discourse on sexuality has redefined the parameters for public engagement with a number of cross-cutting issues and linking a number of seemingly disparate global concerns to the regulation and practice of sexuality.

The spread of the HIV/AIDS epidemic was a turning point in creating a new understanding of the relationship between a health crisis and a wide range of social, cultural, economic and political issues (Parker, R., et. al., 2007).

The International Conference for Population and Development (ICPD) that convened in Cairo in 1994 likewise enacted a “new paradigm in population policy, shifting focus from a macro preoccupation with the impact of rapid population growth on economic development to a concern for individual rights in sexuality and reproduction with the benefit of all necessary information, their full consent and free of coercion” (DeJong, 2000).

It, moreover, marked a new emphasis, unprecedented in earlier UN conferences, on the link between reproduction and health, gender relations and the social and cultural context of these relations.

The ICPD initiated a holistic approach to sexuality that went beyond the traditional focus on women and female sexuality to integrate masculine and youth sexuality. It thereby created the space in which

governments and civil society today seek to address such pertinent concerns as sexual violence, HIV/AIDS and sexual and reproductive health and rights.

In the presence of representatives from 180 countries, the ICPD expressed an international agreement on the importance of sexuality education as a component of “reproductive health and responsible parenthood” that countries should provide for all citizens of appropriate ages (UNFPA, 1994).

The ICPD Programme of Action provided for a comprehensive approach including information, education and counseling, upholding the right of adolescents and young people to sexuality education. Since 1994 sexuality education has been addressed in at least four international forums, including at the Fourth World Conference on Women in Beijing (1995), the ICPD+5 conference, the UN General Assembly Special Session on Children and the ICPD+10 conference.

### Role of Civil Society in Egypt

In recognition of the knowledge gap of Egyptian youth and adolescents on matters related to sexuality, since the mid 1990s, a number of governmental and non-governmental organizations working in the fields of family planning, youth health and development have responded to the global call for increased sexuality education by organizing lectures and seminars and establishing hotline services and youth-friendly clinics that offer counseling and other information services to young people.

Nevertheless, no single institution is dedicated to offering sexuality education services in Egypt. Despite some government support of existing civil society initiatives, particularly by the National Council on Motherhood and Childhood, the necessary institutional and political framework for sexuality education is lacking.

## What is Sexuality Education?

Sexuality education is defined as “a lifelong process of acquiring information and forming attitudes, beliefs and values about identity, relationships and intimacy. It encompasses sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image and gender roles. Sexuality education addresses the biological, sociocultural, psychological and spiritual dimensions of sexuality” (UNFPA, 2009).

According to the United Nations Education, Scientific and Cultural Organization (UNESCO), comprehensive sexuality education programs should aim to reduce misinformation, increase correct knowledge, clarify and strengthen positive values and attitudes, increase skills to make informed decisions and act upon them, improve perceptions about peer groups and social norms and increase communication with parents or other trusted adults (UNESCO, 2009).

Sexuality education curricula usually include information about human development, sexual behavior, health, values, attitudes and sexual and reproductive skills and relationships (UNESCO, 2009; NGTF, 1996). Comprehensive sexuality education programs do not teach young people how to have sex; they are designed to respond to the need of adolescents and young people for vital information related to the physiological changes they are undergoing and anxieties about marriage and childbirth as well as crucial information that aims to protect them from risky behavior.

Comprehensive sexuality education is an interdisciplinary program that can be offered as a stand-alone program or as an integrated program of instruction (e.g. in science or social sciences) (UNESCO, 2009). It should introduce age-appropriate scientific information and correct misinformation among youth about human development, sexual and reproductive health as well as relationships and cultural values and attitudes regarding sexuality.

As indicated by the IPPF, “the term comprehensive indicates that this approach to sexuality education encompasses the full range of information, skills and values to enable young people to exercise their sexual and reproductive rights and to make decisions about their health and sexuality” (IPPF, 2009).

The principal social value of comprehensive sexuality education is that it fosters a climate for the discussion of problems affecting the sexual and reproductive health and bodily integrity of individuals still in the process of development, aspiring to support gender equality and respect.

Future generations of Egyptians must live in an environment that instills these values at an early age instead of waiting until children become adults to explain the long-term impact of FGM on women’s sexual and reproductive wellbeing. Sexuality education allows us to protect future generations from the same practices and beliefs that our society is fighting today.

Comprehensive sexuality education programs are often met with apprehension because people mistakenly believe that open discussion on matters related to human sexuality with adolescents and young people will increase their sexual desire, encourage extra-marital sexual relations and ultimately lead to promiscuity. In Egypt, opponents to comprehensive sexuality education, moreover, presume that comprehensive sexuality education programs are universal, that they do not address cultural specificities and are ready-made programs that are applied in different countries.

“The most basic capabilities of human development are to

On the contrary, comprehensive sexuality education programs aimed at raising the awareness of young people on matters related to their sexuality vary across nations and within national borders.

A growing number of state-run and privately-run schools, community-based NGOs and other service providers devise educational programs that address human sexuality in line with the political, religious and socio-cultural context in which they operate.

Numerous studies confirm a positive correlation between exposure to comprehensive sexuality education programs and reduced risky behavior among youth (Gruseit, 1997). Accordingly, the United Nations Joint Programme on HIV/AIDS (UNAIDS), the World Health Organization (WHO) and United Nations Education, Scientific and Cultural Organization (UNESCO) strongly promote sexuality education before the onset of sexual activity.

Comprehensive sexuality education is equally addressed by the Millennium Development Goals (MDGs). It contributes to the achievement of MDG 3 related to the promotion of gender equality and the empowerment of women, MDG 5 on the improvement of maternal health and MDG 6 on combating HIV/AIDS and other diseases. Comprehensive sexuality education is also tied to the remaining MDGs, as reproductive and sexual wellbeing are necessary to meet other goals related to the elimination of hunger and poverty.

Sexuality education “insists on gender equality” (UNESCO Guidelines, 5) as a guiding principle in educating youth about all matters related to sexuality. By involving both females and males in an educational program that tackles gender and gender-based discrimination and highlights the mutual responsibilities of sexual partners towards their sexual and reproductive health, it offers an opportunity to engage society with such quintessential developmental concerns at an early age.

lead long and healthy lives, to be knowledgeable, to have access to the resources needed for a decent standard of living and to be able to participate in the life of the community. Without these, many choices are simply not available, and many opportunities in life remain inaccessible.”

United Nations Development Programme, the Human Development Concept

## **IV. Comprehensive Sexuality Education: A rights-based Approach**

Because sexuality constitutes “a central aspect of being human throughout life,” (WHO, 2012) sexual and reproductive health and rights (SRHR) are an indivisible component of human development.

They address the rights of all couples and individuals to make free and responsible decisions on matters related to their reproductive and sexual life and the right to experience the highest standards of their sexual and reproductive health (UNFPA, 1994).

Sexual and reproductive rights, therefore, entail that all persons have access to sexual and reproductive health care services and to information and education on human sexuality.

The UNESCO International Technical Guidance on Sexuality Education: An evidence-informed approach for schools, teachers and health educators published in 2009 put forth sexuality education as “a matter of institutional policy rather than the personal choice of individuals” (UNESCO, 2009).

Recognizing the life-threatening consequences of misinformation and ignorance of matters related to human sexuality, it called for a consideration of sexuality education as “part of the responsibility of education and health authorities and institutions” (UNESCO, 2009).

The United Nations Education, Scientific and Cultural Organization (UNESCO), the United Nations Population Fund (UNFPA), the World Health Organization (WHO), the United Nations Children’s Fund (UNICEF), the United Nations Joint Programme on HIV/AIDS (UNAIDS) and the International Planned Parenthood Federation (IPPF) are some of the leading international organizations supporting sexuality education programs across the world.

Individuals have a right to comprehensive information about sexual and reproductive health.

This right, like all reproductive rights, is firmly rooted in the most basic international human rights standards, including protection of the rights to life, health, education, and non-discrimination.

These standards are understood internationally to ensure women’s right to protect their health and make decisions about sexuality and reproduction. (Center for Reproductive Rights).

All persons, without discrimination, have the right to education and information generally and to comprehensive sexuality education and information necessary and useful to exercise full citizenship and equality in the private, public and political domains.

IPPF, Sexual Rights Declaration

A human rights-based approach to comprehensive sexuality education recognizes that the realization of the human right to reproductive health as defined by the World Health Organization largely depends on the realization of the human right to education and information.

It acknowledges adolescents and youth as right holders and sexuality education as a necessary element for the attainment of sexual and reproductive health.

Moreover, the right to protection, dignity, privacy, education and freedom of thought all support young people's right to sexuality education.

More specifically, the right to information and health include the right to sexuality education, because it is through the right to know how to have safe sex that youth can protect their health (Packer, 2000).

Sexual and reproductive health and rights are intimately affected by ignorance, poverty, discriminatory gender norms, disease, and gender-based violence. They concern children, adolescents, youth and adults and are therefore a vital area for political interventions as a matter of public health.

The state's investment in the sexuality education of adolescents and youth is necessary to allow them to enjoy basic rights and healthy development.

## State Obligation to Provide Comprehensive Sexuality Education

No law exists in Egypt that clearly regulates sexuality education. Existing legal, political and institutional frameworks for the sexual and reproductive rights of adolescents and youth do not guarantee young people access to accurate information or education on health issues and their sexual and reproductive rights.

Nor do these frameworks embody Egypt's obligation to facilitate the work of various governmental and non-governmental organizations working in the sphere of sexuality education, and they offer no alternative, comprehensive programs targeting youth in and out of schools in Egypt.

Egypt is a signatory to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Convention on the Rights of the Child, the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social and Cultural Rights, the International Convention on the Elimination of All Forms of Racial Discrimination and the International Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.

The United Nations Committee on Economic, Social and Cultural Rights identified the right to health as inclusive of "access to health-related education and information, including on sexual and reproductive health" (CESCR, 2000) and proscribed "any discrimination in access to health care and underlying determinants of health" (CESCR, 2000).

The Committee on the Rights of the Child recognized the right of adolescents to "access adequate information essential for their health and development" and rendered it a state obligation that "adolescent girls and boys, both in and out of school, are provided with, and not denied, accurate and appropriate information on how to protect their health and development and practice healthy behaviors..."(CRC, 2003).

It called upon states to "develop and implement, in a manner consistent with adolescents' evolving capacities, legislation, policies and programmes to promote the health and development of adolescents (...)  
(b) providing adequate information and parental support to facilitate the development of a relationship of trust and confidence in which

issues regarding, for example, sexuality and sexual behavior and risky lifestyles can be openly discussed and acceptable solution found that respect the adolescent's rights" (CRC-GC, 2003, 16).

## International Consensus on Sexuality education

Other international forums and consensus documents that address the right of individuals and states' responsibility for sexuality education include but are not limited to the United Nations Fourth World Conference on Women (FWCW) (1995), the United Nations Convention on the Rights of Persons with Disabilities (July 2009), the overall review and appraisal of the implementation of the Programme of Action of the International Conference on Population and Development (ICPD +5) (July 1999), the United Nations Declaration of Commitment on HIV/AIDS (Aug. 2001) and WHO's the Regional Consultative Meeting on Promoting Reproductive and Sexual Health in the Eastern Mediterranean Region (Dec. 2003).

Finally, the concluding observations of the 45th session of the Committee on the Elimination of Discrimination against Women in Egypt requested "the strengthening and expansion of efforts to increase knowledge of and access to affordable contraceptive methods throughout the country...[and] recommend[ed] that sex education be widely promoted and targeted at adolescent girls and boys, with special attention to the prevention of early pregnancy and the control of sexually transmitted infections, including HIV/AIDS" (CEDAW, 2010).

### **On the Local Level**

Additionally, the 1971 Egyptian constitution stipulated the state's obligation to safeguarding motherhood, childhood and adolescents and youth, and to offer them the appropriate conditions for personal development (art. 10). It also identified the state's role in providing cultural, social and health services to its citizens (art. 16) and

recognized education as a right of all citizens (art. 18). According to article 53 of the Child Law (Law No. 16/1996) and its amendments (Law No. 126/2008), the education of citizens aged 10 to 18 aims for the maximum development of the personality, talents, mental and physical capacities of the Egyptian child and respects their dignity, empowers their individuality and prepares them for participation and responsibility.

Against the background of these international agreements, to which Egypt is a signatory, and the constitutional framework confirming the state's commitment to education and to the protection of motherhood, childhood and adolescence, it is the obligation of the Egyptian government to ensure Egyptian adolescents and youth access to age-appropriate comprehensive sexuality education.

## The Need for Comprehensive Sexuality Education in Egypt

*“There is a great knowledge gap among Egyptian youth about sexual and reproductive health and rights...” (Dr. Cherif Soliman, Country Director, Family Health International)*

*“There are indeed a lot of misconceptions among Egyptian children even though the right information can be found in the [school] books” (Yousry Afffi, Director, Center for the Development of Curricula and Educational Material)*

The need among Egyptian youth for sexuality education can no longer be ignored. Youth surveys conducted in the 1990s and 2000s indicate a consistently poor level of awareness among Egyptian adolescents and youth about human development, physiology, sexually transmitted infections and protection from HIV/AIDS (Population Council, 2009).

Most Egyptian families do not share basic knowledge, if they have it, about human sexuality with their children. Parents typically evade discussing sexuality-related issues with their children either because talk about sexuality with their children makes them uncomfortable or because they themselves lack the information that adolescents and youth in an increasingly changing Egypt need to know about sexuality.

“Increased exposure to education, migration to urban centers, and transformation in economic roles” have exacerbated the communication gap between parents and their children (Population Council, 2009).

Egyptian youth spend more time in school, with peers and in public venues than in their household. Access to the mass media and the internet have moreover increased Egyptian youth’s exposure to misinformation and damaging representations, without arming them with the knowledge and values to counterbalance this. As Dr. Hind Khattab, chairperson of the Egyptian Society for Population Studies and Reproductive Health notes, “Media images and portrayals of sexuality fill a void created by silence about sexuality in their [young people’s] families and communities. The ignorance of young people leaves them vulnerable to negative health consequences” (Khattab, 2007).

The initiative of the Egyptian Ministry of Education to include information about reproductive physiology and family planning in the science curricula for students in the preparatory and secondary stages has proven to be inadequate (Halla, 1998).<sup>1</sup>

As indicated by numerous studies on Egyptian youth, the knowledge of young people in Egypt about their sexuality is alarmingly limited (Ibrahim, 2010). A recent study issued by Cabinet Information and Decision Support Center examined the role of the media in raising public awareness of reproductive issues. It found that less than 5 percent of respondents received their information about reproductive health

---

<sup>1</sup> The age of second- and third-year preparatory school students ranges from 15 to 17.

and family planning from academic curricula, family planning centers and health clinics (Rabie, 2010).

For example, the science curriculum for the second year of the preparatory level includes a discussion of male and female sexual anatomy, fertilization and fetal development, and the risks of FGM. Although it includes a detailed discussion of sexually transmitted and reproductive diseases, it contains no information on contraception. It describes HIV/AIDS as “a disease transmitted through homosexual and sinful sexual relations,” despite referring to the numerous ways the virus is transmitted. Although the legal marriage age is 18, school books simply note the importance of maturity and responsibility for young people wishing to marry.

The main impediment to youth access to sexuality education in schools is the lack of teacher preparedness to discuss material on sexuality in class. Teachers may ignore the material, ask students to read the text on their own or cover only the basic information that they find appropriate to discuss. There is no means to control what teachers ultimately decide to do with the material.

As a consequence of a de facto communication gap between parents and children, and in recognition of the limitations of parent’s knowledge on all matters related to sexuality, comprehensive sexuality education as advocated by this study aims to provide adolescents and youth with vital information about:

1. Human development and gender
2. Sexual behavior and relationships
3. Sexual and reproductive health

In the following section of this report, each of these components of comprehensive sexuality education as it pertains to Egyptian youth will be examined. The aim is to demonstrate the relevance of each

component to the situation of youth in Egypt and emphasize the indivisibility of a comprehensive sexuality education program.

## Human Development and Gender

Adolescents and youth need to be adequately informed about the physical, emotional, social and intellectual development of women and men. Knowledge of human development typically includes reproductive and sexual anatomy and physiology, and the physical and emotional changes accompanying the transition to adulthood. The concept of gender can easily be incorporated into a discussion of the formation of male and female reproductive organs.

The educational approach to human development focuses on the interaction between physical, emotional, social and cognitive development (NGTF, 1996) to help adolescents form a healthy relationship with their bodies and those of the other sex. It presents sexual development as a basic element of human development, which is in turn affected by emotional, social and cognitive factors. This enables adolescents and youth to respect their bodies and those of the other sex, and it provides a foundation to help them identify health problems in the future. It also encourages them to seek out additional information and ask family or healthcare providers if necessary without embarrassment (NGTF, 1996).

A national survey of Egyptian youth conducted by the Population Council in the late 1990s on young people aged 10-19 revealed that 69 percent of boys and 60 percent of girls find out about physiological and other changes related to puberty on their own (Ibrahim, 2010). School books were identified by less than 10 percent of the surveyed youth as the source for information pertaining to puberty while less than 10 percent of them were able to identify sexually transmitted infections (STIs) other than HIV/AIDS (Ibrahim, 2010).

Of the parents surveyed, 42 percent stated that they have spoken to their children about changes related to puberty while only 7 percent of their children confirmed this statement. In another study published by the Egypt Population Council on public preparatory schools in 2000, the authors reveal that 70 percent of the surveyed medical staff in schools was regularly approached by students with questions about puberty (El-Tawela, 2000).

These findings indicate that not only do adolescents and youth lack basic information about sexuality-related issues, but, more significantly, parents are unable to educate children seeking information about reproductive health.

Responding to public criticism in 2009 of the Ministry of Education's role to educate youth about reproductive health issues, Yousry Affifi Affifi, director of the center for the development of curricula and educational material, said that reproductive health issues are now fully integrated in the curricula of the sciences, religion and social sciences for students in the preparatory and secondary stages.

Speaking to representatives of civil society working to raise awareness, the government official stated that students should come out of the second preparatory year with information on all matters related to the biology of human reproduction, but he admitted that there is no control over what the teachers ultimately decide to do with the material. They may ignore the material, ask students to read the text on their own or cover only the basic information that they find appropriate to discuss.

Moreover, the latest survey of a nationally representative sample of 15,029 young people in Egypt revealed that at least 73 percent of young people aged 10-29 never talked to their families about pubertal changes and that 67 percent of the girls first reacted to menarche with "shock/fear" (Population Council, 2009). Perhaps because most girls reach puberty before they enter their second year in preparatory school

or because teachers typically skip these lessons, these findings confirm that neither the family nor the school is providing young people with the most basic information that prepares them for adult life.

Egypt is currently experiencing unprecedented anxiety about the security and bodily safety of women of all ages on the streets and in public. According to a study issued by the Egyptian Center for Women's Rights in 2008 on sexual harassment in the streets, 83 percent of female respondents said they had been harassed and 26 percent of male respondents said that they had sexually harassed women in the streets (Hassan, n.d.). This data is worrying insofar as it is evidence of a social problem that likely cannot be eradicated through harsher sanctions.

This study suggests that comprehensive, age-appropriate sexuality education can eliminate the hostile dynamic that has come to characterize relationships between men and women in Egypt over the last two decades.

## Sexual Behavior and Relationships

The structure of the family in Egypt is undergoing significant changes in tune with larger economic, social and demographic transformations affecting Egyptian society (Hopkins, 2003). Some of these transformations concern dyadic relations in the family, such as the relations between father and daughter, brother and sister or wife and husband, while others concern the structure within which these relations take place, such as family living arrangements, marriage patterns and the changing characteristics of marriage and parenthood in the 21st century. These shifts include, but are not limited to, an increasing number of female-headed households,<sup>2</sup> a growing number of newlyweds who live with their parents for an extended period of time (Hopkins, 2003), the rising costs of marriage and increasing divorce rates (Olivia, 2008).

---

<sup>2</sup> The criteria used to define and identify female-headed households have been the subject of much debate, as it relies on self-reporting by the head of the household or another family member. The most recent Demographic and Health Survey (2008) found that 13 percent of the sample was female-headed households, but we believe the number is higher.

Yet, social and economic changes affecting the structure of the family in Egypt have not been met with a concomitant readjustment and modification of sexual behavior and life among youth (El-Tawila, 2000).

In describing youth in Chile, Lidia Casas and Claudia Ahumada, speak about addressing the sexual life of youth as directly related to ethics, values, customs and attitudes about sex, which is also true in the adult world.

They also emphasize that adolescents not only face obstacles to receiving information about sexuality in the home, but even in the public discourse and as translated into policies, which reveals a substantial gap between adults' unrealistic perceptions of adolescents as chaste or asexual beings and adolescents' actual needs and rights. Even for those that acknowledge adolescent sexuality, it is usually dealt with as problematic (Ahumada, 2009).

The paternity suit filed against well-known Egyptian actor Ahmed al-Fishawi brought youth sexual activity outside the legal, socially accepted framework to the attention of the Egyptian public. Suddenly, Egyptians were faced with statistics indicating that 14,000-21,000 paternity suits were pending before Egyptian courts (Lutfi, 2005). Legal analysts estimate that 70-90 percent of these cases are a direct result of urfi marriage (Shahine, 1999; Bahgat and Afifi, 2007).

A study by Hoda Rashad and Majed Osman on changing marriage patterns in the Arab world concludes that "the region exhibits all the warning signs for anticipating rising rates of sexual activity" (Rashad and Osman, 2003). The authors note that the growth of the youth and adolescent demographic cohort has been accompanied by delayed marriage and various generation gaps, which in turn, places youth under new circumstances, different problems, needs and demands, all of which need better understanding (Rashad and Osman, 2003).

Reproductive health is a state of complete physical, mental and social well-being, and not merely the absence of reproductive disease or infirmity. Reproductive health addresses the reproductive process, functions and system at all stages of life. Reproductive health, therefore, implies that people are able to have a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.

World Health Organization, Reproductive Health  
[http://www.who.int/topics/reproductive\\_health/en/](http://www.who.int/topics/reproductive_health/en/)

The latest youth survey conducted by the Population Council in Egypt in 2010 found that 77 percent of males and 42 percent of females aged 25-29 in Egypt had never been married (Population Council, 2008).

The culture of silence that surrounds sexuality combined with a tendency to deny pre-marital sexual activity typically prevent youth from talking about sexual behavior with adults or counselors. As a result, young people do not receive concrete, accurate information about the physical and psychological implications of unsafe sexual behavior, contraception or services offered to victims of sexual violence.

Sexual behavior is not limited to sexual activities that individuals engage in with a partner, but also includes masturbation, safe and risky sexual behavior, consensual and forced sexual behavior and sexual dysfunction among others.

During our fieldwork, NGO representatives and physicians consistently confirmed that adolescents and youth are more interested in discussing matters related to sexual behavior than they are about reproductive health. When given the opportunity to ask anonymous questions of trainers in public lectures on reproductive health, adolescents and youth typically inquire about masturbation, the elasticity of the hymen, wet dreams and homosexual behavior. These concerns reflect an unmet need for information about sexual behavior among Egyptian youth.

## Sexual and Reproductive Health

In Egypt, youth do not receive reproductive health care and information services until they marry. The School Health Insurance System,<sup>3</sup> which only covers Egyptian youth enrolled in schools, does not cover reproductive health services and counseling. Egypt's population policy only addresses the reproductive health of young people through so-called pre-marital exams. In effect, the sexual and reproductive health of youth remains largely an unexamined health concern.

The right to education and information on sexual and reproductive health issues is an inalienable right that is not conditional on marriage. Thus, Egyptian youth are entitled to accurate information about reproductive hygiene, health tests and examinations, and counseling on contraception and family planning, pregnancy and prenatal care, and safe sex.

## Female Genital Mutilation

Female genital mutilation (FGM), for instance, represents one of the greatest threats to the sexual and reproductive health and rights of women in Egypt. Although a ministerial decree issued in 1996 attempted to curb the practice by criminalizing its performance by health practitioners, studies show that FGM is still widely practiced throughout Egypt. The 2008 Demographic Health Survey reported that 91% of all women aged 15-49 have undergone FGM, and although rates of FGM are slightly lower among women under 25, they still exceed 80% (Way, 2008).

Intensive governmental and non-governmental efforts to raise awareness of FGM's immediate and long-term effects on women's sexuality, through the broadcasting of television and radio programs and the initiation of community-based projects, have not managed to undercut the significance of the practice in Egyptian culture. The most recent criminalization of the practice in amendments of the Child Law in 2008 is, moreover, proof of the ineffectiveness of targeted media messages.

While measures to curb the practice may be sufficient in regards to the monitoring of physicians and the enforcement of the law, they provide evidence for the limitations of a health-centered approach.

This data suggests that deep-rooted and unaddressed misconceptions about female sexuality continue to impel Egyptian families to force their

young daughters to undergo this procedure to ensure their chastity in the eyes of their future suitors. By overlooking the equal responsibility of men over the continuation of this practice and failing to adopt a rights-based approach that recognizes the sexual rights of women and their bodily integrity, the state and civil society sustain the discriminatory foundation upon which the operation is based.

Moreover, a study conducted by Mouelhy, Fahmy and Ragab on the impact of FGM on women's sexuality confirmed that strongest support for the continuation of the practice comes from young men. "Men, especially young ones who frequently watch sexually explicit films on satellite channels, tend to relate a lack of circumcision—that is, the presence of a clitoris—to women's "ill behavior" (Fahmy, 2010).

On the other hand, national efforts to combat FGM have largely overlooked the sexual and reproductive health and rights of circumcised women and the impact of the anti-FGM campaign on their sexuality. Precisely because FGM represents a traumatic experience with possibly long-term consequences on female sexuality, to which the overwhelming majority of Egyptian women are subjected, there is a need for a comprehensive approach to FGM that recognizes its relation to gender-based discrimination, sexual violence, reproductive health and sexual behavior.

## STIs and HIV/AIDS

Youth should be informed about different kinds of diseases and infections that may affect their sexual and reproductive health. They should be able to identify symptoms and be encouraged to seek counseling and medical advice and services for their ailments.

A young person experiencing symptoms of a sexually transmitted infection (STI) is unlikely to seek medical help or have received information about STIs prior to marriage. The situation is particularly

alarming given a rising average age at first marriage for both sexes, which entails an increased prevalence of pre-marital sexual activity and clandestine marriages among youth (Bahgat and Afifi, 2007).

There are no nationally representative statistics about the prevalence of STIs among Egyptian youth or about their knowledge thereof. However, the latest Youth Survey undertaken by Egypt Population Council and the Decision Support Center in the Egyptian Cabinet (IDSC) indicates that 34 percent of females and 23.5 percent of males aged 10-29 have never heard of HIV/AIDS, which is evidence of diminished knowledge about STIs in general.

On the other hand, the 2008 Egypt Demographic and Health Survey indicated that 4 out of every 10 married women in Egypt are not familiar with sexually transmitted infections while 22 percent of them stated having experienced STI-like symptoms (Population Council, 2008).

A behavioral and biological study conducted by the Egyptian Ministry of Health (MOHP), Family Health International (FHI) and the United States Agency for International Development (USAID) on STI prevalence showed that 8 percent of participants had one or more STIs while a little over 10 percent of married female participants reported that their husbands suffered from STI-like symptoms (USAID, 2004).

These studies provide evidence for the importance of reproductive health information and services to youth before they begin sexual activity.

## Early Marriage

In spite of indications of a rising average age at first marriage (Roudi-Fahimi and Ashford 2008: 8), about 3 percent of females under 18 are married (Youth Health Survey, 2009: 16). Data from the 2008 Egypt Demographic and Health Survey conducted on behalf of

the Ministry of Health and Population and the National Population Council revealed that 27.8 percent of women aged 25-49 were married by the age of 18.

Women who marry at such an early age are in a very vulnerable position. They often lack information about family planning, STIs and other sexual and reproductive health matters, and they are may be pressured to have children by their families or husbands (Ashford, 2008). Pregnancy for younger women is dangerous as they are not yet fully developed physically (Packer, 2000:164) and may be unaware of necessary nutrition during pregnancy and lack prenatal medical care.

This has negative health repercussions such as internal or external harm, which often accompany early pregnancy, and may even be life-threatening. Moreover, children born to young mothers are more at risk of premature birth, birth defects and death (Packer, 2000:164).



# **V. Comprehensive Sexuality Education Initiatives in Egypt: Challenges and Limitations**

## Naming

The most elementary problem facing initiatives aimed at increasing youth awareness on matters related to sexuality in Egypt involves the naming of sexuality education. Given the negative connotation of “sex education” and the unfamiliarity of the Arabic translation of sexuality (jinsaniyya or janusa), we should deal with this issue on two levels: acceptance or openness and the selection of appropriate terminology.

Youth-targeted information services and awareness raising activities about sexual and reproductive health and rights use distinct labels for these programs, which are often ambiguous or incomprehensible. A seminar organized in 2009 by the Population Council and the Cairo Family Planning and Development Association, two leading organizations in the field, on raising youth awareness of matters related to sexuality referred to its subject as “reproductive health subjects” (Hassan, n.d.).

Even though the seminar covered a wide variety of topics related to youth reproductive and sexual health concerns such as human development, female genital mutilation, masturbation, hymen reconstruction, sexual violence and urfi marriages, organizers insisted that labeling sexuality education as reproductive health is the only acceptable umbrella under which these issues can be addressed.

Reproductive health and information services provided to youth by the Ministry of Health in so-called Youth Health Counseling Centers (al-Markaz al-Istishari li Sihhat al-Shabab) are referred to as pre-marital services. Youth health (sihhat al-shabab) is another larger umbrella used by some programs such as the Youth Hotline and the website shababna.org, which offers information services on sexuality to young people aged 15-24. Naturally, other health concerns besides sexuality, such as nutrition or smoking, are included in these initiatives.

EIPR's fieldwork with representatives of NGOs offering information services to adolescents and youth on sexuality only identified one program offered by the Center for Development Services/Near East Foundation that uses the term sexuality (*jinsaniyya*) to refer to its awareness-raising activities among vulnerable youth groups. Some NGOs also use the term family life education.

The problem of naming, which may seem trivial, is crucial in establishing a network of stakeholders and solidifying national support for sexuality education in Egypt.

### Access

Most sexuality education programs are offered by international NGOs, but it is now time for the government to take the lead, learning from their failures and successes.

The number of young people exposed to available sexuality education programs in Egypt is fairly limited, a reflection of the absence of a national policy on youth sexual and reproductive health and rights that targets different segments in the population. While collaboration between the Ministries of Health and Youth and the Council for Childhood and Motherhood with ongoing sexuality education programs offered by local and international NGOs reflects their commitment to the issue, the Ministry of Education and the Ministry of Information, for instance, have not expressed formal support for sexuality education initiatives.

Most of these initiatives are not coordinated and are not informed by lessons learned, which highlights the need for national coordination to pool available resources and maximize their effectiveness.

The Adolescent Health Program of the National Council for Childhood and Motherhood, funded and supported by the United Nations

Population Fund, relies on the cooperation of governors and school principals to gain access to schools. The program focuses on raising awareness among students and parents and improving the capacity of civil society institutions, social counselors and health insurance physicians to respond to adolescents' health needs. The program evaluation observed that many young people associate raising awareness of reproductive health issues with Western agendas, but the program remains limited to only 36 schools in 12 governorates in Egypt.

To gain access to school or university students, NGOs typically rely on their negotiation skills and the personal attitude of school principals and university presidents. There is, indeed, no formal commitment on the part of the Ministries of Education and Higher Education to raising students' awareness on matters pertaining to human sexuality.

Data assessing the accessibility and effectiveness of ongoing programs is, unfortunately, not available. It is fair to assume that the number of youth exposed to these programs remains extremely limited and that their impact is minimal.

## Social Resistance

As previously mentioned, societal resistance to open discussion of matters related to human sexuality represents the strongest obstacle to initiatives in sexuality education in Egypt. Interestingly, it is not only the reluctance of parents or youth towards sexuality education that stands in the way, but more so the unwillingness of officials in schools and youth centers to endorse these initiatives.

Reflecting on the difficulties in reaching youth faced by the staff at the Egyptian Family Planning Association, Rabab Hassan, Gender and Youth Officer, comments:

*“We get really frustrated when we come across a school principal or a director of a youth center telling us not to talk with youth on reproductive health or telling us we should change a lecture’s title from ‘sexually transmitted diseases’ to ‘blood- transmitted diseases’...to this degree we want to bury our heads in sand! No, we have problems and we have youth who are at risk.”*

The state’s reluctance to endorse sexuality education programs is based on the assumption of society’s refusal to discuss sexuality-related topics, although NGO representatives repeatedly confirmed the willingness of the families and youth they deal with to participate in sexuality education programs.

Nevertheless, based on the state’s experience in anti-FGM efforts, the state is clearly able to lead awareness-raising campaigns and create an appropriate environment for the sexuality education needed in Egypt. The rebranding of family planning programs as reproductive health programs has gradually begun to remove barriers to a serious engagement with important issues that affect Egyptians’ psychological and social wellbeing.

State campaigns against FGM and various forms of violence against women are proof that the state can foster a social climate conducive to a discussion of topics long considered taboo by Egyptian society.

Moreover, a number of well-known religious figures, such as Abdullah al-Naggar, Amina Noseir and representatives of Azhar University, have repeatedly affirmed their support for sexuality education, emphasizing its religious legitimacy in more than one public forum.

Sexuality education is not a privilege or a gift from educators, but rather a matter of public health. Just as the state does not require societal consent to promote the risks of smoking and drug use, it has the duty to realize youth welfare and provide young people with information that will protect them from STIs and other risks.

## Political Reluctance

More than once, NGOs have abruptly been denied access to a school where they have been organizing lectures on reproductive health due to pressure on officials from parents or teachers displeased with the material taught. Permission to enter schools granted by the Ministry of Education may be easily overridden if a governor sees otherwise.

In the absence of a national policy requiring officials working with youth in different institutes to cooperate with not only NGOs but even with other governmental agencies offering sexuality education programs, the personal beliefs and opinions of officials and educators will continue to dictate their decisions.

Resistance by officials, on the other hand, may hide the willingness of other governmental agencies to introduce sexuality education in their institutions. A pioneering experiment has been initiated by the Egyptian Family Planning Association (EFPA), funded by the UNFPA, with the Central Security Forces. According to Ahmed Mallah, Youth Associate in the UNFPA, the collaboration of the Central Security Forces in the governorate of Ismailiyya, Marsa Matruh and al-Daqahl-iyya with EFPA proves that there is very high demand for sexuality education among young conscripts and that conscripts are extremely supportive of this kind of work.

## Needs Assessment

Ongoing sexuality education programs in Egypt, including the integrated program offered by the Ministry of Education, are not founded on an evidence-based evaluation of the needs of Egyptian youth. Large-scale studies targeting Egyptian youth aged 10-29 are subject to heavy restrictions by the Central Agency for Public Mobilization and Statistics (CAPMAS) on questionnaires addressing sexuality, even if they are approved by the relevant ministries.

Research by scholars concerned with the sexual behavior of young people is also severely constrained by the authorities. As a result, nationally representative data on the prevalence of risky sexual behavior, coerced sexual relations, clandestine, unregistered ('urfi) marriages and other forms of pre-and extra-marital sexual activity among youth in Egypt is absent.

Some NGOs conduct their own small-scale needs assessments before devising their curriculum and undertaking their projects. However, these studies are limited in scope and only target those youth groups that the NGOs are allowed access to. Even the research team of the Population Council entrusted with designing the Youth Survey, which is one of the largest surveys of its kind on Egyptian youth, was prohibited from including questions pertaining to youth sexual behavior.

As a result, available educational programs and information services do not rely on an assessment of the needs of a nationally representative sample of Egyptian youth on matters related to sexuality. There is therefore a need for both quantitative and qualitative studies that shed light on the situation of youth in Egypt and their particular needs from a comprehensive sexuality education program.

## Health-oriented Approach

In line with the different mandates of the organizations offering sexuality education and information services to youth on matters related to sexuality, these programs are largely health-oriented and sometimes fear-based. They do not adopt a sexuality framework that recognizes the interconnecting elements between all matters related to sexuality and the importance of a holistic approach to sexual and reproductive health. Consequently, health practitioners make up the largest body of stakeholders of sexuality education.

Moreover, because the HIV/AIDS pandemic is often the only acceptable umbrella under which concern with youth sexual behavior can be expressed, focus is mainly based on discouraging youth from engaging in risky behavior as opposed to promoting a healthy experience of one's sexuality.

As with family planning and contraceptive use, emphasis is largely placed on ways to resist one's sexuality rather than introducing youth to ideas and practices that help them develop a positive relationship with their own bodies. As this report tries to establish, it is precisely this negative relationship to one's sexuality, fostered by the culture of silence, which has given rise to ideas and practices that are not only harmful to individuals but to their surroundings as well.

There is a need for more collaborative efforts between health practitioners, sexologists, psychologists, anthropologists and religious scholars in the design and implementation of sexuality education programs.

## Sustainability

In the absence of a national investment in sexuality education, most existing programs rely on external funds from international donor agencies for their survival. These programs are often part of a time-bound project and thus do not constitute permanent programs or consistent sources of education and information for youth.

Moreover, reliance on funding from international donor agencies has presented a further difficulty for organizations seeking permission for their projects from the Ministry of Social Solidarity.

According to Dr. Mawaheb El-Mouelhy, NGOs experience more difficulty in obtaining the permission of the Ministry of Social Solidarity to undertake projects targeting youth reproductive health than they

do for other projects. Because these projects are typically funded by international donor agencies that define the project's duration starting on the date the contract is signed, NGOs often cannot start work on the project until after much of the project term has expired. As a result, she remarks, "we cannot spend a penny on the project until we receive the Ministry's permission, and this can take months...so we can either crowd all of the activities together once we get their permission or a good part of the budget is returned to the donor...Egypt is wasting lots of money like this."

Also, for purposes of sustainability, ongoing programs typically rely on peer-to-peer education methodology. By training young volunteers to educate other youth on sexual and reproductive health, most existing initiatives on sexuality education can save the money needed to hire experts to conduct their activities.

## Educators

During our fieldwork, NGO representatives, physicians and trainers strongly expressed their distrust in the ability of schoolteachers, social workers and even health care professionals to discuss sexuality with youth. A unanimous agreement among those concerned was that educators need to invest more effort in understanding the best method to transmit the needed information. "We have to give them the information they need in the language and setting that suits them," remarks Dr. Cherif Soliman, Country Director of Family Health International. According to Dr. Soliman, the reason youth are not well informed is not due to the unavailability of information, but rather the inability of service providers to transmit the information to youth.

In fact, even physicians, who often constitute a reliable source of information about sexuality, typically do not receive the necessary training in counseling on relevant problems. Until recently, only one faculty of medicine in Egyptian universities taught human sexuality.

Despite the greater number of faculties that now do so, international NGOs remain the primary donor offering support for training for doctors and nurses.

As a result, Family Health International and the UNFPA, among other organizations, have manuals for trainers on sexual and reproductive health. Emphasis is equally placed on peer education and on preparing youth as educators and counselors in youth-friendly clinics and as lecturers and presenters.

The experience of Egyptian NGOs in sexuality education can provide an invaluable basis for the training of teachers, social workers and the medical staff in schools and youth centers. It points to the effectiveness of an interactive methodology and the importance of integrating youth both in the preparation and in the execution of sexuality education programs.

## Target Population

One of the central principles of comprehensive sexuality education is to provide information on sexuality to citizens throughout the lifecycle and to offer information services to both in-school and out-of-school students as well as adults. Ongoing sexuality education programs are fragmented, with some focusing on high-risk groups and others targeting youth in the general population.

Given the limited resources available to ongoing projects, and the dependence of these initiatives on the general mandates assumed by each organization, their activities remain fragmented and isolated. An emphasis on public schools excludes private school students from its activities; so does an emphasis on high-risk groups, on in-school youth or on youth in the capital city.

There is a need for a national plan that targets all youth from different walks of life at different ages and stages of development.

## **VI. Conclusion and Recommendations**

In the absence of a national policy on sexuality education in Egypt, the education of youth on matters related to human sexuality is unsystematic, unfocused and often incomprehensive. Ongoing initiatives by governmental and non-governmental organizations working on health, development and family planning are faced with restrictions in the design and implementation of their programs.

The failure to address youth sexuality as a developmental and human rights concern in Egypt is leaving youth uninformed of their sexual and reproductive health and rights.

The Egyptian state's commitments include the negative obligation not to implement policies or legislation that violates the right of youth to sexuality education. They also entail a positive duty to protect this right from infringement by public or private institutions.

Based on research and field inquiry, in order to align existing initiatives on sexuality education in Egypt, the EIPR recommends the Egyptian government to do the following:

- Recognize comprehensive sexuality education as an indivisible component in the reproductive and sexual health of Egyptians.
- Develop a thorough national policy on sexuality education and ensure involvement of NGOs in the design, implementation and assessment of this national policy.
- Establish a multidisciplinary and multi-sectoral national task force entrusted with:
  - Informing the development of relevant policies.
  - Generating support for programs.
  - Assisting the development and implementation of sexuality education programs across the different sectors in society.

- Facilitate research in the fields of youth reproductive and sexual rights and health by various governmental and non-governmental bodies, particularly the following research:
- Qualitative studies on attitudes of parents and school teachers toward sexuality education
- Mapping existing initiatives, programs and available human and material resources
- Qualitative research to assess existing programs and resources.
- National surveys on sexuality and risky behavior among adolescents and youth.
  
- Establish a cadre of instructors of comprehensive sexuality education programs familiar with interactive participatory educational methodology.
  
- Introduce legislative measures that commit governmental agencies working with youth, particularly the Ministry of Education and Ministry of Youth, to comprehensive sexuality education.
  
- Benefit from the successful experiences of civil society initiatives on sexuality education and apply them in the government and the Ministry of Education.



## Bibliography

Ahumada. L. C. (2009, November). Teenage Sexuality and Rights in Chile: From Denial to Punishment. *Reproductive Health Matters*, 17(34), pp. 88-98.

Al-Ali, N. S. (2002, April). The Women's Movement in Egypt, with Selected References to Turkey. Retrieved 2012, from United Nations Research Institute for Social Development: [http://www.unrisd.org/unrisd/website/document.nsf/0/9969203536f64607c1256c08004bb140/\\$FILE/alali.pdf](http://www.unrisd.org/unrisd/website/document.nsf/0/9969203536f64607c1256c08004bb140/$FILE/alali.pdf)

Affi. (2009). Incorporating Reproductive Health in Academic Curricula (in Arabic). Coordination seminar to raise youth awareness of reproductive health issues. Cairo.

Ashford, R.-F. A. (2008). Sexual and Reproductive Health in the middle East and North Africa: A Guide for Reporters . Retrieved 2012, from Population Reference Bureau: <http://www.prb.org/pdf08/mediaguide.pdf>

Bahgat, H. and Affi, W. (2007). Sexuality Politics in Egypt," in Sex Politics: Reports from the Frontlines. In R. P. Richard Parker, Sexuality Politics in Egypt," in Sex Politics: Reports from the Frontlines (Vol. 54). New York: SEXUALITY POLICY WATCH.

Byers, B. A. (1998). SEMINAR ON COMMUNITY-BASED NATURAL RESOURCE MANAGEMENT. The U.S Agency For International Development & Global environment center.

CEDAW. (2010, February 5). Convention on the Elimination of All Forms of Discrimination against Women. Retrieved 2012, from United Nations Human rights-Office of the High Commissioner for Hu-

man Rights: <http://www2.ohchr.org/english/bodies/cedaw/docs/co/CEDAW-C-EGY-CO-7.pdf>

CESCR. (2000, May). Committee on Economic, Social and Cultural Rights. Retrieved 2012, from United Nations High Commissioner For Refugees: [http://www.unhchr.ch/tbs/doc.nsf/\(symbol\)/E.C.12.2000.4.En](http://www.unhchr.ch/tbs/doc.nsf/(symbol)/E.C.12.2000.4.En)

CRC. (2003, July 1). Committee on the Rights of the Child, (CRC), CRC General Comment No. 4: Adolescent Health and Development in the Context of the Convention on the Rights of the Child. Retrieved October 18, 2012, from The United Nations High commissioner For Refugees: <http://www.unhcr.org/refworld/docid/4538834f0.html>

CRC/GC/2003/4-P16. (2003, July 1). UN Committee on the Rights of the Child (CRC), CRC General Comment No. 4: Adolescent Health and Development in the Context of the Convention on the Rights of the Child. Retrieved October 18, 2012, from The United Nations High Commissioner For Refugees: <http://www.unhcr.org/refworld/docid/4538834f0.html>

DeJong, J. (2000, September). The Role and Limitations of the Cairo International Conference on Population and Development. *Social Sciences and Medicisnes*, 51 (6), pp. 941-953.

Dejong, J. B. S. (2007, April). Young People's Sexual and Reproductive Health in the Middle East and North Africa:. Retrieved 2012, from The Population Reference Bureau: <http://www.prb.org/pdf07/menayouthreproductivehealth.pdf>

El-Tawila. (2000). *The School Environment in Egypt: A Situation Analysis of Public Preparatory Schools*. Cairo: Population Council.

Fahmy, A. E.-M. (2010, November 1). Female Genital Mutilation/ Cutting and Issues of Sexuality in Egypt. *Reproductive Health Matters*, 18(36), pp. 181-190.

Gershoni, I. (1992, June). The Evolution of National Culture in Modern Egypt: Intellectual Formation and Social Diffusion, 1892-1954. *Poetics Today*, 13(2), pp. 325-350.

Grunseit, A. (1997, October). Sexuality education and young people's sexual behavior: a review of studies. *Journal Of Adolescence Research*, 12(4), pp. 421-53.

Halla, E. S. (1998). *Adolescence and State Policy in Egypt* (Vol. 43). New York: (One Dag Hammarskjold Plaza, New York 10017) : Population Council.

Hassan, R. (n.d.). *Clouds over Egypt: Sexual Harassment from Verbal Harassment to Rape* (in Arabic). Cairo: Egyptian Center for Women's Rights.

Hopkins, N. (2003). See *The New Arab Family*. *Cairo Papers in the Social Sciences*, 1(2), 24.

Ibrahim, B. (2010). *Transition to Adulthood: A National Survey of Egyptian Adolescents, 1999*. The situation has been reconfirmed by the subsequent survey of young people. Population Council.

IPPF. (2008). *Article 8, Sexual rights: an IPPF declaration*. London: the International Planned Parenthood Federation.

IPPF. (2009). *From Evidence to Action: Advocating for Comprehensive Sexuality Education*. London: International Planned Parenthood Federation.

Khattab, H. (2007). "Culture and Sexuality in North Africa and the Middle East." In E. M.-T. eds., *Human Sexuality in Africa: Beyond Reproduction* (p. 124). South Africa: CTP Book Printers-Action Health Incorporated.

Massad, J. (2007). *Desiring Arabs*. Chicago: The University of Chicago Press.

Musa, S. (1969). *Ahadith ila al-shabab*. Al-Qahirah: Salamah Musa lil-Nashr wa-al-Tawzi.

National Guidelines Task Force. (1996). *Guidelines for Comprehensive Sexuality Education, 2nd Edition, Kindergarten-12th Grade*. New York: Sexuality Information and Education Council of the United States.

Olivia, S. (2008). 'Let's talk about sex, divorce' in Egypt," CNN. Retrieved 2012, from CNN: <http://edition.cnn.com/2009/WORLD/meast/11/11/egypt.divorce/>

Osman, M. and Rashad, H. (2003). "Nuptiality in Arab Countries: Changes and Implications" in *The New Arab Family*. *Cairo Papers in Social Science*, 1(2), pp. 24-39.

Packer, C. (2000). *Sex Education: Child's Rights, Parent's Choice or State's Obligation?* in *Of Innocence and Autonomy* (Vol. 167 ). London: Ashgate Publishing Ltd.

Parker, R. et. al. (2007). "Contested Bodies: The Local and Global Politics of Sex and Reproduction" in *Sexuality Policy Watch, Sex Politics: Reports from the Frontlines* (Vol. 390). Nathanson, Constance A. et al., Population Council. (2008). *The Adolescent Experience In-Depth: Using Data to Identify and Reach the most Vulnerable Young People*. Retrieved 2012, from Population Council: <http://www.popcouncil.org/publications/serialsbriefs/AdolExpInDepth.asp>

Population Council. (2009, January). Survey of Young People in Egypt. Retrieved 2012, from Population Council: [http://www.popcouncil.org/pdfs/2010PGY\\_SYPEFinalReport.pdf](http://www.popcouncil.org/pdfs/2010PGY_SYPEFinalReport.pdf)

Rabie, M. H. S. (2010, March 16). Assessing the Impact of Media on Reproductive Awareness and Attitudes (in Arabic). Retrieved 2012, from Cabinet Information and Decision Support Center: <http://www.eip.gov.eg/Upload/Documents/1214/TOC/content%20mass%20media.pdf>.

UNESCO. (2009, December). International Technical Guidance on Sexuality Education: An evidence-informed approach for schools (2-3). Retrieved 2012, from United Nations Educational, Scientific and Cultural Organization: <http://unesdoc.unesco.org/images/0018/001832/183281e.pdf>

UNFPA. (1994). Chapter VII, Reproductive Rights and Reproductive Health. In K. Oppenheim, CONTRIBUTION OF THE ICPD PROGRAMME OF ACTION TO GENDER EQUALITY AND THE EMPOWERMENT OF WOMEN. THE INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT.

UNFPA. (1994). International Conference on Population and Development - ICPD - Programme of Action. Cairo: UNFPA.

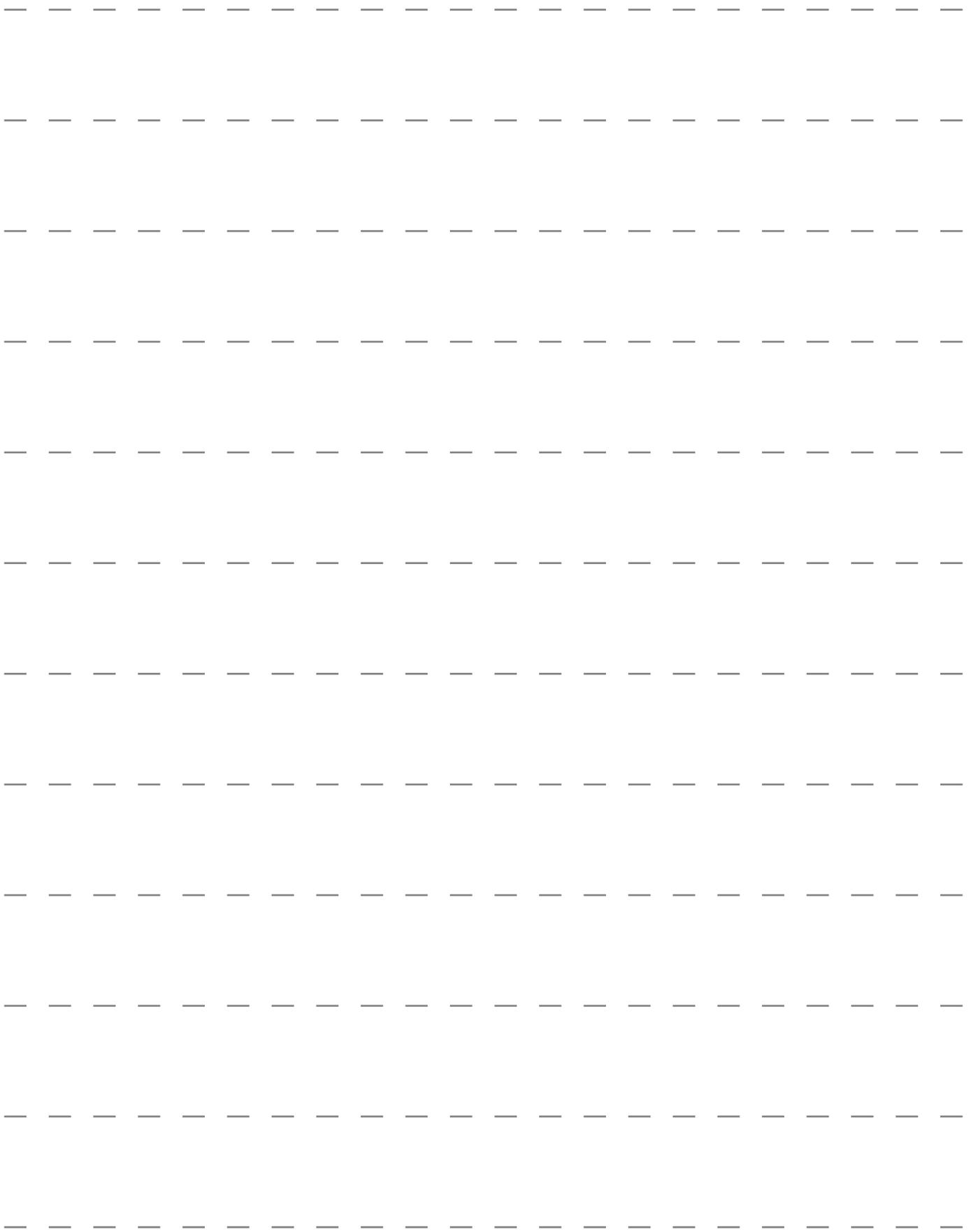
UNFPA. (2009). the Rationale for Sexuality Education: International Technical Guidance on Sexuality Education-An evidence-informed approach for schools, teachers and health educators. Retrieved 2012, from the United Nations Population Fund: [http://unfpa.org/webdav/site/global/groups/youth/public/International\\_Guidance\\_Sexuality\\_Education\\_Vol\\_I.pdf](http://unfpa.org/webdav/site/global/groups/youth/public/International_Guidance_Sexuality_Education_Vol_I.pdf)

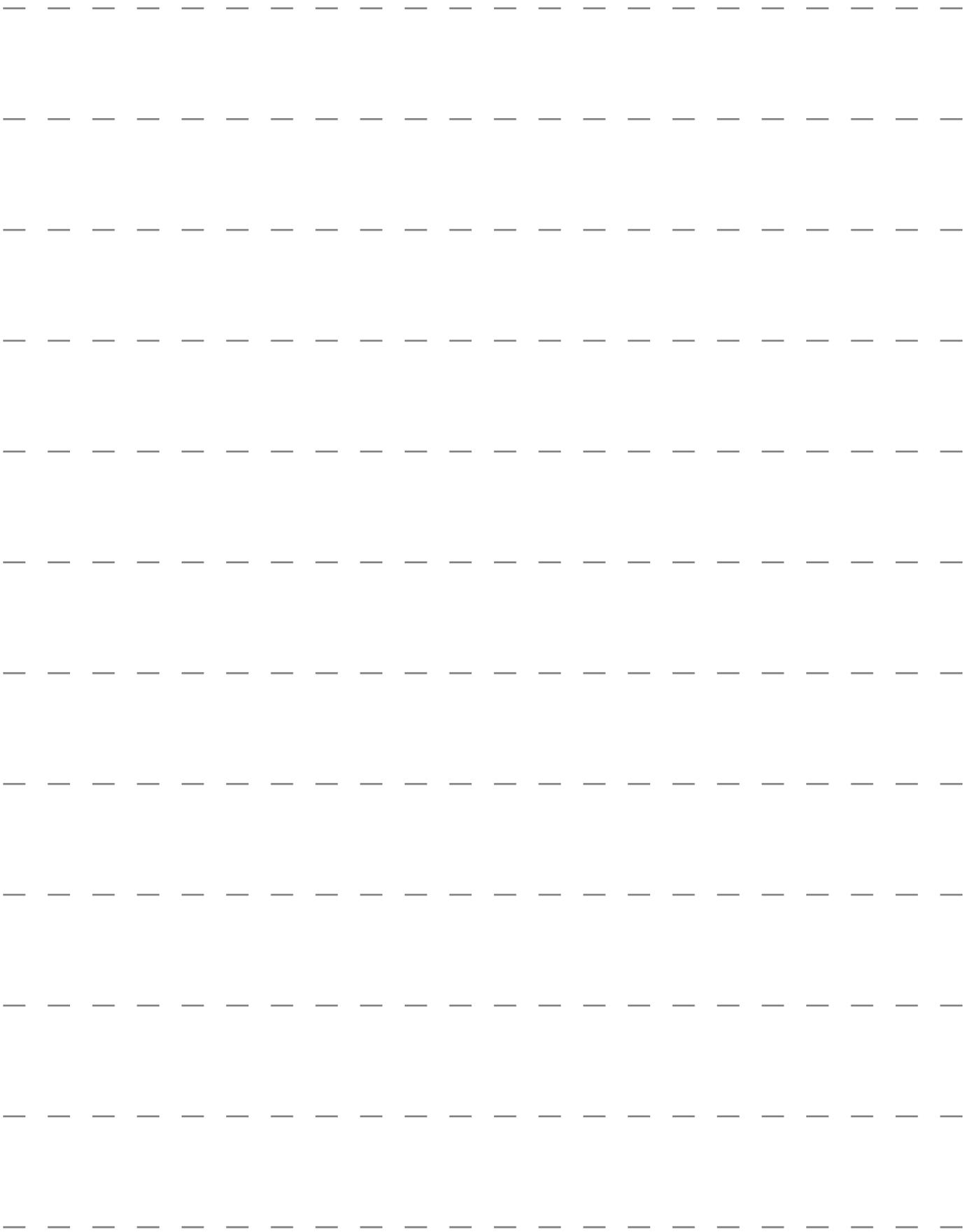
USAID. (2004, June). National HIV/AIDS and STI Surveillance Plan. Retrieved 2012, from Family Health International-FHI360: <http://www.fhi360.org/NR/rdonlyres/emxfevshhfl75bbahbd2qe46axffyu->

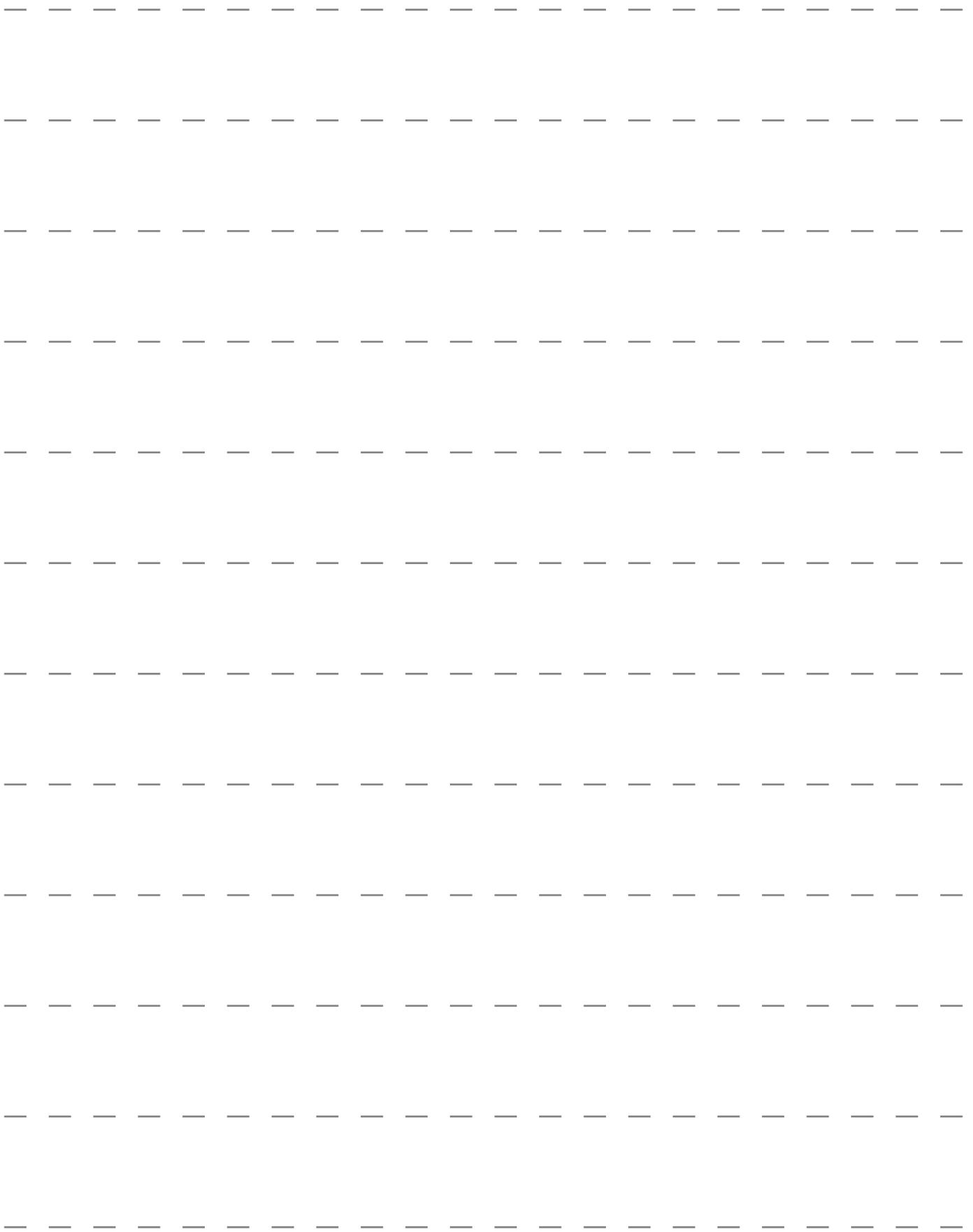
u5d7n4epcxu67puwc7jxf4ld5lc7zqjutik7bqqjedlvmoeh/EgyptHI-VAIDSSTISurvPlanHV.pdf

Way, F. E.-Z. (2008). Egypt Demographic and Health Survey 2008. Retrieved 2012, from Demographic and Health Surveys (DHS): <http://www.measuredhs.com/pubs/pdf/FR220/FR220.pdf>

WHO. (2012, September 25). Working Definitions, WHO issues new guidance for the prevention and management of postpartum haemorrhage. Retrieved 2012, from World Health Organization: [http://www.who.int/reproductive-health/gender/sexual\\_health.html#2](http://www.who.int/reproductive-health/gender/sexual_health.html#2)







In 2009, the Egyptian Initiative for Personal Rights (EIPR) conducted research in Cairo to assess the need for comprehensive sexuality education programs among youth in Egypt, examine ongoing programs and identify challenges and limitations on the attainment of comprehensive sexuality education in Egypt.

The research consisted of interviews with representatives of non-governmental organizations with practical experience in sexuality education.

It also included the consultation of literature on comprehensive sexuality education worldwide as well as recent data on the situation of sexual and reproductive health and rights in Egypt.

This report is a compilation and analysis of research findings and a formulation of a set of policy recommendations and criteria for a comprehensive sexuality education program in Egypt.

The Egyptian Initiative for Personal Rights is an independent human rights organization working since 2002 to promote and protect basic rights and liberties in Egypt through research, advocacy and litigation in the fields of civil liberties, economic and social justice, democracy and political rights, and criminal justice.