



APRIL 2016

BY FARZANEH ROUDI

ADOLESCENT GIRLS IN EGYPT

44%

The expected increase in the number of girls ages 10 to 19 in the next 15 years.

1 in 4

girls begin childbearing by the time they reach their 20th birthday.

68%

The share of girls ages 18 to 19 who had undergone female genital cutting in 2014.

Girls under age 20—around 19 million of them—make up one-fifth of Egypt’s population.¹ In 2015, about 8 million of these girls were adolescents between ages 10 and 19. According to the latest projections from the United Nations (UN) Population Division, this group will grow to 11.5 million in 2030—a 44 percent increase in 15 years. Improving the lives of adolescent girls in Egypt requires a national response that cuts across development sectors and programs. Such a response is necessary because of the girls’ demographic significance, and more importantly because they are vulnerable to harmful practices such as female genital cutting (FGC) and early marriage that violate girls’ rights and hinder the country’s development (see box, page 2).

While adolescent girls’ health and well-being have generally improved in Egypt, inequalities remain widespread. Girls’ school enrollment has risen significantly over the past few decades, but dropout rates remain high (see Figure 1). And, the issue of quality of education is yet to be addressed. The rate at which girls undergo FGC has been declining slowly and girls today are less likely to become child brides (married before age 18) than a generation ago—although the rate of child marriage has leveled off in recent

years. Moreover, progress in these areas is often reported at the national level, masking disparities among different population groups.

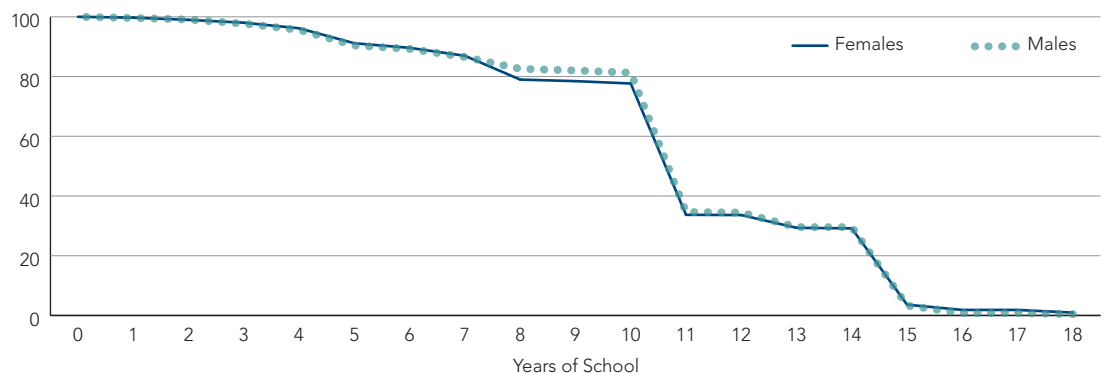
Adolescence is a critical period in determining the extent to which individuals will reach their potential as adults. For girls, the impact of adolescence may be especially profound because, during this phase of life, they tend to internalize their subordinate position at home and in society. All too often, girls adopt and conform to social norms that adversely affect their health, education, and future prospects—a situation that is exacerbated for those living in poverty.

This policy brief presents the latest data on girls’ education, early marriage, and FGC in Egypt, to illustrate improvements in the situation of adolescent girls as well as the gaps. It points to Egypt’s rapid population growth and wide socioeconomic inequalities as major challenges hindering efforts to improve girls’ lives. It calls for coordinated, national efforts to implement recently adopted policies to uphold girls’ rights and bring about change. Lifting girls up, by empowering them to reach their full potential, will also help lift the Egyptian nation.

FIGURE 1

School Dropout Rates Are High for Both Girls and Boys.

Percent Remaining in School by Sex, For Those Ages 13 to 35 Who Ever Entered School, Egypt, 2014



Source: "Panel Survey of Young People in Egypt 2014 (SYPE): Generating Evidence for Policy, Programs, and Research," ed. Rania Roushdy and Maia Sieverding (Cairo, Egypt: Population Council, 2015).

Girls' School Attendance Is Rising

Girls' school enrollment has risen significantly throughout the country. Demographic and Health Surveys (DHS) conducted in Egypt show that the proportion of ever-married women ages 15 to 49 with at least a high school diploma doubled over the past 20 years, increasing from 32 percent in 1995 to 66 percent in 2014.² It also shows that 92 percent of girls ages 6 to 11 were attending primary school, and 78 percent of girls ages 12 to 17 were attending high school. These rates of school attendance are similar to those of boys.³

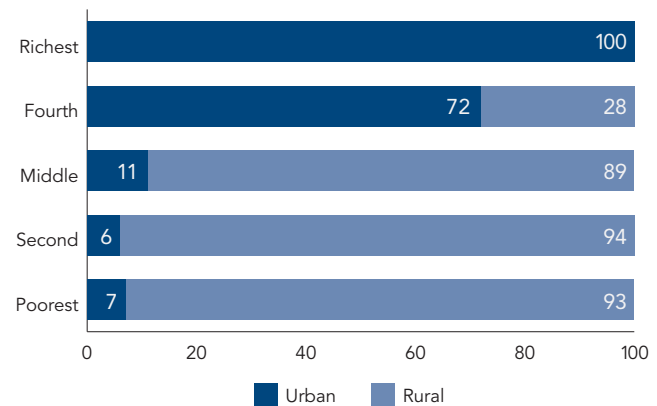
School-age children who are not enrolled in school live predominantly in rural areas and are from the poorest segments of the society. In Egypt, more than half of the population live in rural areas where the majority of the poor live (see Figure 2).

Students whose parents have lower levels of education are more likely to drop out of school earlier than those with more educated parents. According to the 2014 Panel Survey of Young People in Egypt (SYPE), covering males and females ages 13 to 35, when fathers have attended university, there is an 81 percent chance that their children also attend university.⁴ The relationship is even stronger when it comes to mothers' education: Around 93 percent of youth whose mothers have a university education have themselves attained a university education.

FIGURE 2

The Richest Fifth of the Population Lives in Urban Areas While the Poorest Are Predominantly Rural.

Percent of Population Living in Urban and Rural Areas by Wealth Quintile, Egypt, 2014



Note: Wealth quintiles (five groups of equal population size) are based on an index of surveyed household assets.

Source: 2014 Egypt Demographic and Health Survey (EDHS), Egyptian Ministry of Health and Population, El-Zanaty and Associates, and ICF International (Cairo, Egypt and Rockville, MD: Ministry of Health and Population and ICF International, 2015).

Female Genital Cutting and Child Marriage Are Matters of Human Rights and Development

The international community has condemned female genital cutting (FGC) and child marriage for more than 70 years—since the 1948 Universal Declaration of Human Rights. Egypt is signatory to the UN Convention of the Rights of the Child, a legally binding international agreement on the welfare of children, defined as those under age 18. This convention makes explicit that all children have the right to be protected from the hazards of FGC, child marriage, and sex trafficking.

To put girls' rights at the center of development efforts, the International Day of the Girl Child was inaugurated on Oct. 11, 2012, with the theme of ending child marriage. In September 2013, the UN Human Rights Council adopted a resolution calling for the elimination of early and forced marriage. A year later, in November 2014, the UN General Assembly adopted a resolution on the elimination of child marriage, emphasizing the critical linkages with development.¹

In 2012, the UN General Assembly called for greater global efforts to eliminate FGC, and in 2015, UN agencies in the Arab region made a joint statement on FGC on the occasion of the International Day of Zero Tolerance to Female Genital Mutilation/Cutting. The statement reiterated the position that the practice

is a grave violation of the human rights of women and girls, with profoundly detrimental effects on their psychological, sexual, and reproductive health.²

Eliminating FGC and ending child marriage are now targets of the Sustainable Development Goals (SDGs), a global development plan for the next 15 years, adopted by the UN General Assembly in September 2015. The SDGs are not binding, but member states are required to report on progress toward achieving the goals. Progress in adolescents' health and well-being will directly affect the success of SDGs, most notably SDG1 (no poverty), SDG3 (good health and well-being), SDG5 (gender equality), and SDG10 (reduced inequalities).³

References

- 1 Sarah Gold, "United Nations Adopts Progressive Resolution on Child Marriage," (Nov. 21, 2014), accessed at <http://whc.org/2014/11/united-nations-adopts-progressive-resolution-child-marriage/>, on Mar. 30, 2016.
- 2 UNFPA Arab States, "Joint Statement by United Nations Agencies in the Arab States Region FGM," (Feb. 7, 2015), accessed at <http://arabstates.unfpa.org/news/joint-statement-united-nations-agencies-arab-states-region-fgm>, on Mar. 30, 2016.
- 3 "Sustainable Development Goals," United Nations, accessed at <https://sustainabledevelopment.un.org/sdgs>, on Mar. 30, 2016.

The 2014 SYPE shows that 14 percent of female respondents had never been to school as compared to 6 percent of the male respondents, but for those who had entered school, girls and boys largely dropped out of school at similar rates. The dropout rates are sharp for both sexes after preparatory school (see Figure 1, page 1).

Schools provide a good venue to increase awareness about discriminatory attitudes and harmful practices against girls that violate human rights and hinder development. Quality education that moves beyond rote memorization to teaching children to solve problems and think analytically is key to girls' well-being and women's empowerment for a number of reasons:

- Modern education encourages new ways of thinking about social issues and gender norms based on individual rights and equality between men and women.
- Schools can provide girls the opportunity to socialize and see alternative role models in teachers and peers.
- As girls grow up, education may provide opportunities for work outside the home and for economic independence.
- More-educated girls are less likely to marry at a young age than less-educated girls.
- More-educated women have fewer children and are more likely to obtain health care for themselves and their children.
- More-educated mothers are less likely to have their daughter undergo FGC.

Rates of Female Genital Cutting Are High, But Declining

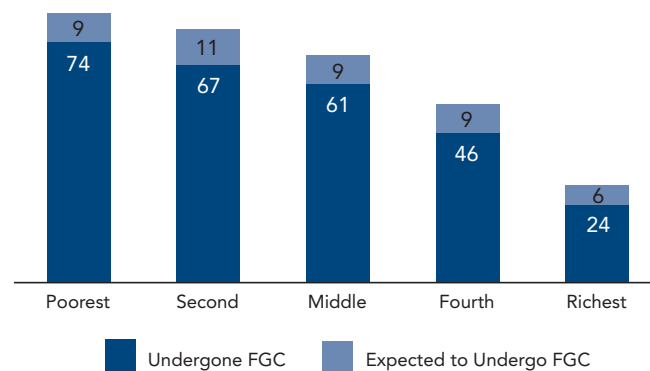
FGC remains widespread in Egypt, affecting the great majority of girls. According to the 2014 Egypt Demographic and Health Survey (EDHS), 68 percent of girls ages 18 to 19 had undergone FGC. However, this is seen as a noticeable decline from a generation ago when the practice was almost universal.⁵ The survey also shows that girls living in rural areas of the country are more likely to undergo cutting than those living in urban areas where richer segments of the population predominantly live. According to mothers reporting on their daughters status, girls ages 13 to 17 who belong to the poorest fifth of the population are three times more likely to have been cut than those belonging to the richest fifth of the population (see Figure 3).

Girls living in the rural Upper Egypt are at highest risk: In that region, FGC is performed or expected to be performed on 86 percent of rural girls ages 13 to 17.⁶ In general, for the majority of girls who undergo the procedure, it is done when they are 9 to 12 years old. Among ever-married women ages 15 to 49 who have undergone FGC, the 2014 DHS shows that two-thirds were cut between ages 9 and 12; all together, around 90 percent were cut before age 13 and almost all were cut by age 17.⁷

FIGURE 3

Girls From the Poorest Fifth of the Population Are Three Times More Likely to Undergo Female Genital Cutting Than Those From the Richest Fifth, as Reported by Their Mothers.

Percent of Girls Ages 13 to 17 by Wealth Quintile, Egypt, 2014



Notes: Wealth quintiles (five groups of equal population size) are based on an index of surveyed household assets.

Source: 2014 Egypt Demographic and Health Survey (EDHS), Egyptian Ministry of Health and Population, El-Zanaty and Associates, and ICF International (Cairo, Egypt and Rockville, MD: Ministry of Health and Population and ICF International, 2015).

Conforming to tradition, mothers have a great influence on the decision to have their daughters undergo FGC. More-educated mothers, however, are less likely to have their daughters cut than are less-educated mothers. The 2014 DHS shows that half of the 13-to-17-year-old girls whose mothers had at least completed high school had undergone FGC or were planning to have it, as compared to three-quarters of those whose mothers had not been to school or only had some primary school.⁸

The decline in FGC rates has been slow in Egypt because too often, individuals and communities have strong attitudes about the practice, believing that it “purifies” a girl and makes her marriageable. Families bound to these traditions believe that they are acting in their daughters’ best interests, not realizing that they are violating their daughter’s rights, jeopardizing her health, and even endangering her life. Abandoning FGC requires educating mothers and the public at large—especially young people—and educating and empowering judges and the police to enforce the law.

FGC is illegal in almost every country in which it is practiced, including Egypt.⁹ Under Egyptian law, FGC is a criminal offense punishable by jail terms ranging from three months to two years.¹⁰ Criminalizing the practice is an important first step, but sparing girls from this harmful practice requires vigorously enforcing the law. To date, the only conviction in Egypt was in the case of a physician who performed FGC on a 13-year-old, which led to her death.¹¹ Such lack of ability

or desire to enforce the law gives the wrong message to parents who intend to have their daughter undergo FGC and to doctors and others who perform it. The 2014 SYPE shows that 44 percent of girls and women ages 13 to 35 who were cut indicated that doctors performed the procedure, followed by dayas (43 percent), and nurses (12 percent). Nearly two-thirds (65 percent) of the female respondents indicated that the practice was performed at their home or another house.¹²

The 2014 SYPE also shows that the majority of youth are in favor of the practice. Nearly all female respondents (98 percent) and 89 percent of male respondents said they had heard of FGC. Among those who had heard of it, the majority believed the practice was necessary: 65 percent of females and 58 percent of males, although a higher percentage of males (22 percent) than females (13 percent) said they did not know whether the practice was necessary.¹³

Numbers of Child Brides and Teenage Mothers Are Growing

Today, the number of child brides (married before age 18) is growing in Egypt because of rapid population growth coupled with a leveling off in the rates of child marriage in the mid-2000s. The proportion of women ages 20 to 24 who married before their 18th birthday declined from 31 percent in 1988 to 20 percent in 2000, and to 17 percent in 2005, but then remained constant from 2005 to 2014. At the same time, according to the UN Population Division's estimates, the number of women ages 20 to 24 grew from 3.7 million in 2005 to 3.9 million in 2015—an increase of 5 percent—which means the number of child brides would have also grown by 5 percent over a decade.

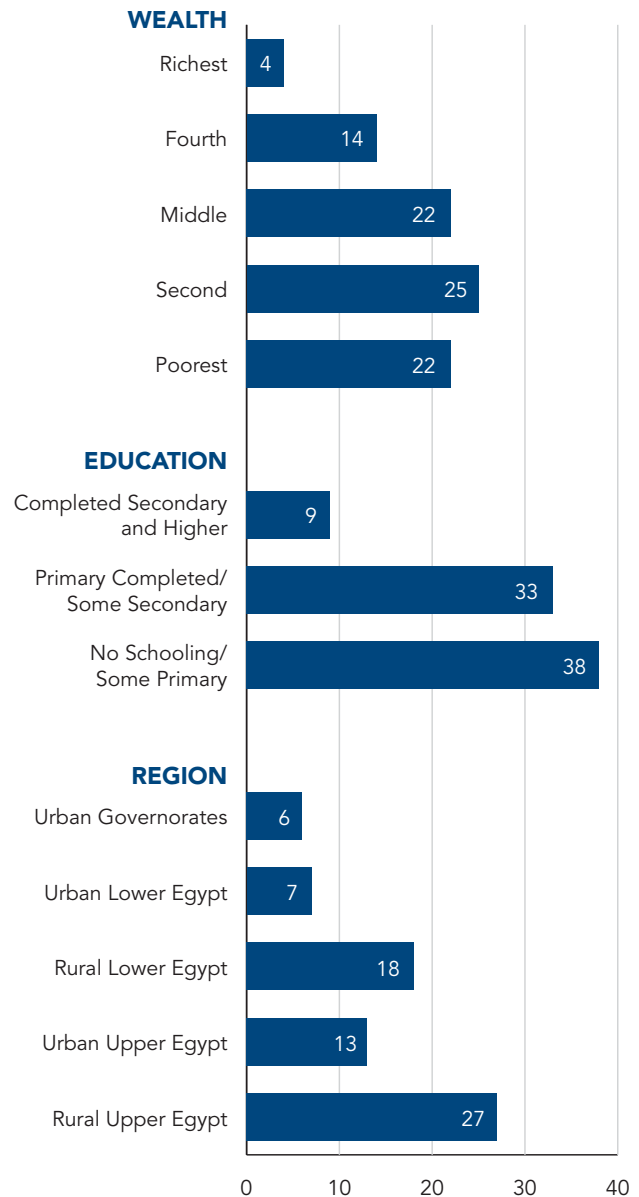
Patterns of child marriage and FGC are similar in Egypt because both practices reflect traditions that assign a low status to girls and women. Girls living in rural areas are more likely to be married before age 18 than those living in urban areas (see Figure 4). The highest rates of child marriage are seen in rural Upper Egypt, where 1 in 4 girls (27 percent) marry before age 18. Girls with no schooling or incomplete primary school are four times more likely to become a child bride than girls who completed high school or beyond.

Early marriage for girls usually results in early childbearing, because newlyweds are generally expected to have a child soon after marriage, regardless of their age. The proportion of girls who begin childbearing—that is, they are either pregnant or have already given birth—rises rapidly throughout the teenage years as the proportion of girls who are married increases: The 2014 EDHS shows that 1 in 6 girls (16 percent) begin childbearing by the time they reach their 18th birthday. This ratio increases to 1 in 4 girls (27 percent) by the time they reach their 20th birthday (see Figure 5, page 5).¹⁴

FIGURE 4

Likelihood of Girls Being Married at a Young Age Depends on Their Socioeconomic Backgrounds.

Percent of Women Ages 20 to 24 Who Married Before Age 18, Egypt, 2014



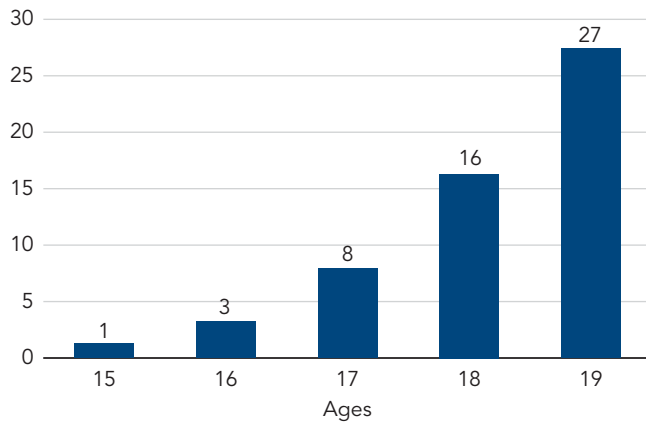
Notes: Wealth quintiles (five groups of equal population size) are based on an index of surveyed household assets.

Source: Special tabulation, 2014 Egypt Demographic and Health Survey (EDHS), Egyptian Ministry of Health and Population, El-Zanaty and Associates, and ICF International (Cairo, Egypt and Rockville, MD: Ministry of Health and Population and ICF International, 2015).

FIGURE 5

Early Marriage Leads To Early Childbearing

Percent of Girls Ages 15 to 19 Who Have Begun Childbearing (Pregnant or Already Given Birth), Egypt, 2014



Source: 2014 Egypt Demographic and Health Survey (EDHS), Egyptian Ministry of Health and Population, El-Zanaty and Associates, and ICF International (Cairo, Egypt and Rockville, MD: Ministry of Health and Population and ICF International, 2015).

The UN Population Division estimates that 9 percent of births in Egypt in 2015 occurred to adolescent mothers. These births, in turn, add momentum to Egypt's population growth. According to the World Health Organization, adolescent pregnancy is a major contributor to maternal and child mortality worldwide, and to the cycle of ill-health and poverty.¹⁵ Early childbearing increases the risks for both mothers and their newborns. In Egypt, babies born to teenage mothers have nearly a 60 percent higher chance of dying before their first birthday than babies born to mothers who are in their 20s and 30s.¹⁶

Therefore, while combatting child marriage, efforts should also be made to address the needs of child brides. These efforts include:

- Decreasing the pressure on young brides to become pregnant.
- Improving their access to reproductive health care, including family planning counseling and services.
- Ensuring that young married girls can continue their education.
- Empowering them with training programs to improve their life skills and ensure that they can earn a livelihood if they need to.

Coordinated Actions Are Needed

Government agencies and civil society organizations, including research institutions, must coordinate efforts to identify best practices in improving adolescent health and well-being, and to put them in place nationally. FGC and marriage before age 18 were banned in Egypt in 2008. Combatting child marriage is a core component of a national strategy on girls adopted in 2014, which endorses the rights of girls to develop to their full potential, and a national strategy to stop the practice of FGC was adopted in 2015.¹⁷ Furthermore, the new constitution adopted in 2014 made secondary school education mandatory for all children. While tremendously important on their own, these policies must be put into action in order to make a difference in the lives of adolescent girls, their future families, and the nation as a whole.

Acknowledgments

This policy brief was prepared by Farzaneh Roudi, project director for the Middle East and North Africa region at the Population Reference Bureau (PRB), with assistance from PRB staff. Kristen Bietsch, research associate at PRB and Eman El-Hadary, an independent consultant based in Cairo, ran special tabulations of the DHS and SYPE datasets. Special thanks are due to Hala Youssef, professor of public health at Cairo University and former minister of state for population in Egypt, and Charlotte Feldman-Jacobs, associate vice president of International Programs and program director, Gender at PRB, who reviewed and provided useful comments on various drafts of this brief.

This work is funded by the Ford Foundation office in Cairo.

© 2016 Population Reference Bureau. All rights reserved.

References

- 1 "Population Indicators," United Nations, Department of Economic and Social Affairs, Population Division, *World Population Prospects, The 2015 Revision*, accessed at <http://esa.un.org/unpd/wpp/DVD/>, on Mar. 30, 2016.
- 2 "StatCompiler, The DHS Program, Demographic and Health Surveys, accessed at www.statcompiler.com/ on Mar. 30, 2016.
- 3 2014 Egypt Demographic and Health Survey (EDHS), Egyptian Ministry of Health and Population, El-Zanaty and Associates, and ICF International (Cairo, Egypt and Rockville, MD: Ministry of Health and Population and ICF International, 2015).
- 4 "Panel Survey of Young People in Egypt 2014 (SYPE): Generating Evidence for Policy, Programs, and Research," ed. Rania Roushdy and Maia Sieverding (Cairo, Egypt: Population Council, 2015).
- 5 2014 EDHS.
- 6 2014 EDHS.
- 7 2014 EDHS.
- 8 2014 EDHS.

- 9 Christina Asquith, "Under the Knife: Grading Iraqi Kurdistan's Progress Against Female Genital Mutilation," *Foreign Affairs* (July 27, 2015), accessed at www.foreignaffairs.com/articles/turkey/2015-07-27/under-knife, on Mar. 30, 2016.
- 10 Ramadan Al Sherbini, "Egypt Launches Anti-Female Genital Mutilation Plan: Centuries-Old Practice Shows Downward Trend," *Gulf News* (Dec. 25, 2015), accessed at <http://gulfnews.com/news/mena/egypt/egypt-launches-anti-female-genital-mutilation-plan>, on Mar. 30, 2016.
- 11 Moshira Khattab, "Egypt's Fight Against FGM: Is There Hope After All?" (Jan. 29, 2015), accessed at www.wilsoncenter.org/publication/egypt%E2%80%99s-fight-against-fgm-therehope-after-all, on Feb. 6, 2015.
- 12 Panel Survey of Young People in Egypt 2014 (SYPE).
- 13 Panel Survey of Young People in Egypt 2014 (SYPE).
- 14 2014 EDHS.
- 15 "Adolescent Pregnancy," World Health Organization, accessed at www.who.int/mediacentre/factsheets/fs364/en/, on Mar. 30, 2016.
- 16 2014 EDHS.
- 17 The national strategy documents on female genital cutting and reducing early marriage are in Arabic and available on the National Population Council's website at www.npc.gov.eg/. The "National FGM Abandonment Strateg (2016-2020) is also available in English at www.npc.gov.eg/images/pdf/E%20Strategy%20final%20Light.pdf.

PRB's Middle East and North Africa Program

PRB's Middle East and North Africa (MENA) program, initiated in 2001 with funding from the Ford Foundation, responds to the region's need for timely and objective information on population, socioeconomic, and reproductive health issues. The project explores the links among these issues and provides evidence-based policy and program recommendations for decisionmakers in the region. Working closely with research organizations in the region, the project team produces a series of policy briefs (in English and Arabic) on current population and reproductive health topics, conducts workshops on policy communication, and makes presentations at regional and international conferences.

MENA POLICY BRIEFS: SELECTED TITLES

- Adolescent Girls in Egypt* (April 2016)
- Advancing Egyptian Society by Ending Violence Against Women* (May 2015)
- Responding to Rapid Population Growth in Egypt* (November 2014)
- Ending Child Marriage in the Arab Region* (May 2013)
- The Need for Reproductive Health Education in Schools in Egypt* (October 2012)
- Women's Need for Family Planning in Arab Countries* (July 2012)



POPULATION REFERENCE BUREAU

The Population Reference Bureau **INFORMS** people around the world about population, health, and the environment, and **EMPOWERS** them to use that information to **ADVANCE** the well-being of current and future generations.

www.prb.org

POPULATION REFERENCE BUREAU

1875 Connecticut Ave., NW 202 483 1100 PHONE
 Suite 520 202 328 3937 FAX
 Washington, DC 20009 USA popref@prb.org E-MAIL