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## Gender and sexual health post the Egyptian revolution.

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**Egypt is a country full of wonders and yet many contradictions. Women are expected to marry at a young age and yet all efforts to secure a suitable match are frowned upon. It is a mystery as to how women find suitable men to marry if all efforts are restricted by family, culture and religion. One may say that the revolution seemed to many a game changer for Egyptian women who marched in the streets alongside men. Several female protesters were injured and many reported incidents of being groped and sexually assaulted in the attack. Nevertheless, the protest marked a day where women voiced their feelings towards a tyrant regime. It was a first large-scale protest in the history of Egypt since 1970s. President Hosni Mubarak had ruled the country for 30 years. People took to the streets to protest poverty, negligence, unemployment, corruption and autocratic governance.**

**IN** the aftermath of the revolution, women were given a few rights within the Egyptian law to prosecute men for assault, but not for harassment. This may be seen as a step towards the recognition of women's rights in a legal system that has been found to be corrupt and overlooks the welfare of its citizens. Sexual Health, pre- and post-revolution has been a sensitive and controversial topic. It is taboo in Egypt. The services have continued to drastically suffer if not diminish in many parts of the country. It is baffling how the Egyptian law defines and criminalises assault while sexual harassment continues to be overlooked, as El-Rifae (2014) reports:

*“Women’s and human rights groups have many reservations about the new amendment. A principal shortcoming is that it defines*

*key concepts narrowly. For example, harassment is defined as an offence that occurs when a man follows or stalks a woman and communicates sexual or pornographic content. This is problematic because the definition makes the crime conditional on following or stalking, neither of which are necessary for harassment to occur (lewd comments made to a pedestrian from someone in a passing car, for example, would not be considered an offence under Egyptian law). Nor does the definition take into account the sexual harassment of men, which is widespread.”*

After 2011, a woman can seek to prosecute a man for assault on the street with enough evidence. The defence in a courtroom often

blames women for being ‘too provocative’ or for displaying ‘inappropriate behaviour’ which leads men to react in the form of harassment. As El-Rifae (2014) states: “The law defines the crime of harassment as motivated by the sexual desires and fulfilment of the offender.” For women to gain some rights within the Egyptian law is indeed a progressive move. In a press conference, lawyer Mostafa Mahmoud of Nazra said:

*“...there are many kinds of motivation behind harassment—shaming, assertion of power, or even (in a culture where sexual harassment is largely unpunished and sometimes even encouraged) boredom. Sexual violence in Egypt can also serve a political purpose: to discourage women from political participation.”* (Carr, 2014)

The question, thus, is can there be more for women to fight for in Egypt? Nadya is an 11-year-old street vendor who sells leather wallets, lighters, and packets of tissues. She spoke to me whilst haggling the price of a lighter with a potential customer. She told me she had been a vendor on the streets since the age of 6. She is engaged to her cousin who is 18 and when asked if she had ever gone to school. She smiled as she nodded looking away at a woman who I assumed was her mother sat on the pavement watching from a distance. I asked her if she ever got annoyed at men or boys in the streets and if they might have said or done something to upset her. She looked at me directly, with a firm look in her eyes and said; “*They! O’*

*they can’t*”, she smiled and added confidently; “*I wouldn’t let them*”.

It is not the law that protects women in Egypt, it is the women themselves. At a very young age, women learn to stand up for themselves. In 2014, an adjustment to the harassment law was introduced to further protect women’s sexual health and rights. This law dictates that a man can be prosecuted for harassment and jailed for 6-months or fined, or both if he causes harm or implies sexual harm or harassment of women verbally or physically. This also includes any harassment via all social media outputs. If harassment is recurrent, a man is fined and jailed for up to 1-year. In the same year, the Egyptian Centre for Women’s Rights called for a tougher penalty after a study in 2012 revealed over 9,468 registered sexual harassment cases, 329 criminal cases against women, and 112 cases of rape. As result, in 2016, the Egyptian Centre for Women’s Rights had launched “Be Aware & Speak Up” which aimed to combat violence against women. This evolved in 2017 to be “Know your Rights” campaign which supported the voices of women and raised awareness of sexual health and violence cases against women and the protection of women within the Egyptian law. The initiative and the campaign encourage women to report and to seek justice within the law by prosecuting any wrongdoers. The campaign covered 20 governorates and activists were young female leaders and co-ordinators who, under Women’s Voices Project, delivered seminars for women to raise their awareness of the risks of experiencing violence and the importance of speaking out

in case of being subject to violence. The activists work resulted in the introduction of a training manual entitled *“The Role of the Police in Confronting Violence Against Women”* in Cairo.

The services dedicated to women and men’s sexual health and wellbeing are overlooked by the government and by the culture. In many parts of the country, men and women face health challenges on a regular basis. Even though the Egyptian Centre for Women’s Rights reported that the Ministry of Interior Affairs had decided in 2013 to establish within every police station a special unit to deal with the many cases of harassment against women. This has not been effective and over time has failed to be implemented. For example, female genital mutilation (FGM) is one of the common crimes against women in Egypt. FGM is seen as a custom that forms much of the cultural debate between social classes. Although officially condemned by health professionals, FGM is still practiced amongst women in many regions such as Fayoum, Minya, Gharbaya, Menoufia, Dakahlia, Behira, Assiut, Sohag, Qena, Damietta, and Ismaili. The tragedy is that victims suffer and, in many cases, die due to unreported post-operative infections. This occurs not only in rural areas, but also as a custom practiced in Cairo amongst poorer families who overlook the serious sexual health problems that affect the victims. Perhaps one would agree with Eltahawy’s (2015) comment on her book *Headscarves and Hymens*, that *“a revolution to liberate women from the suffering at the hands of their families and societies is more pressing than*

*political liberation and perhaps a more urgent and worthy cause.”* According to the Thomson Reuters Foundation (2017), experts on women’s issues and how well women are protected from sexual violence, harmful cultural practices, and about access to healthcare and finance, in 19 megacities, Cairo came out worst.



**‘Women chant slogans as they gather to protest against sexual harassment in front of the opera house in Cairo’ image by Asmaa Waguhih/Reuters (2014)**

The increasing problem post-revolution facing many Egyptians today, male or female, is the deteriorating sexual health services. Although some may argue that because sexual health is a taboo topic, it has never been on the agenda for development or review in Egypt, these services have long-existed as part of the health care system. If we were to visit any medical centre or hospital, the picture will become clear. There is a rise in poor access to sexual health care as a result of ignorance and neglect amongst professionals and citizens; male and female. The service that is most highlighted and openly spoken of is that of reproduction and midwifery. The understanding of sexual health in

Egypt is very much clouded by misconceptions. There is a strong stigma that prevents women and men alike from discussing sexual health issues and seeking medical care. Women, for instance, avoid regular medical check-ups and neglect issues that could cause further risk to their health. Men, equally, do not acknowledge problems they may have and continue to suffer in silence in fear of others' views and judgment. Oppressed by a strong cultural stigma, men and women would rather put their sexual health at a great risk than seek medical care. Egypt's spending on sexual health care and mental health services prior to the revolution suffered from funding cuts. In 2011, Egypt's budget for sexual health services was only 5% which is very low compared to other countries. The government does not acknowledge the importance of educating men and women on sexual health diseases and the risks of infections before and after bearing children; especially at a young age. Instead, funds are often allocated to support immunisation programmes, particularly in rural areas. One of the common growing health problems facing the Egyptian population are chronic diseases such as diabetes and Hepatitis C. For a country with a growing population, it is unfortunate that Egyptians continue to see the sexual health care from a very narrow lens.

Under the current regime, the hope was for a better access to health care, better regulations, subsidized medications and available funds to support the poor. Post-revolution, the picture of the health care system is seemingly

divided; a system catering for the elite and a system for the poor. This marks the golden age for the privatization of the health care system in Egypt. The elite population accesses a private sexual and health care sector that offers confidentiality and comfort, whereas those who continue to struggle in poverty receive limited basic services which may, or may not, meet their needs. The private medical sector has long existed in Egyptian society. It is now not only flourishing post-revolution, but also becoming accepted as the norm and, more importantly, as an indication of one's income and social class. For example, the astounding fees to visit a privately-owned Women's health clinic in Egypt start from 400 Egyptian pounds for a consultation to 3500 Egyptian pounds for a diagnosis and/or treatment. It is a common conception amongst people of all ages that if one wishes to receive a service; one should approach a private hospital or clinic. Could this be the beginning of a new culture in Egypt? Could the change that took place post-revolution in Egypt affecting services such as the sexual health care, the pharmaceutical industry and reflect a culture of inequality between classes? Are we seeing a health care system that is classifying citizens, dividing, valuing and devaluing one's life and self-worth? In many cases, women as well as men who cannot afford the treatment and refuse to be subject to such a cruel unjust system, suffer as they attempt to live on with untreated conditions. This negligence of one-self is an act of self-sacrifice. Women and men in Egypt shy away from confronting

their spouses about their conditions and discomforts in fear that they cause further troubles. Health, thus, deteriorates as issues are neglected, kept a secret and masked by painkiller drugs.

The question is, what has changed and why is the health care system and sexual health awareness initiatives continuing to deteriorate in 2018? Under the past regime, Egypt used to welcome opportunities from international organizations to work on various projects which benefited the country to great extent. Some may claim that national and multi-national initiatives and projects were purely to improve the country's economic status and bring foreign currency to the state; these projects were nevertheless beneficial to the Egyptian people. According to Egypt Demographic and Health survey 2008, medical research projects were used to investigate the wide spread of Hepatitis C [HCV] in many parts of the country. In this survey, "*a mathematical model shows that by increasing the rate of treatment, the expected number of patients will decline significantly in 2030.*" (El-Zanaty, 2009). The project was supposed to further develop and continue in 2012 sponsored by the Egyptian Ministry of Health (MOH) with the advice and support of the World Health Organization (WHO). However, progress has been disrupted by the political, social and economic unrest and continues to be slow to this day. "*The current and expected future burden of chronic HCV infection to the Egyptian economy, including direct and indirect costs due to disability and loss of lives, has been estimated and discussed.... The economic*

*burden will continue to grow, but a model shows that the introduction of highly effective therapies will result in a significant reduction in the cumulative total economic burden of HCV by 2030.*" (El-Zanaty, 2009).

In conclusion, since the revolution and its aftermath, research projects ceased to exist as the change in government and poor economy restricted all foreign engagements such as the mental health reform programme 2002-7 which was initiated by an Egyptian-Finnish bilateral aid project. (Jenkins, et al., 2010) The challenges in the areas of mental health and psychiatric services in Egypt have increased. Most resources are allocated by the government and the Egyptian Ministry of Health (MOH) to a few large centralized psychiatric hospitals. However, "*the number of beds available for psychiatric patients is still inadequate for provision of acute inpatient care, particularly as 60% of the beds are occupied by long stay patient.... Also, the number of hours given for training in mental health in medical schools and other health training institutions is limited and does not reflect the importance of this field as a contributor to morbidity.*" (The World Health Organization, [WHO], 2018) Egyptian non-governmental institutions were subject to sanctions if they were to engage with international organisation without the appropriate justifications and authorisations from the government. Time delays on research projects, lack of co-operation, delays in the allocation of funds, are all restrictions that affect the quality of services and hinder the country's progress. "*Egypt's deteriorating economic*

growth since the Arab spring had driven away tourists and foreign investors, and the nation's unemployment rate only dipped below 12 in the second quarter of 2017 for the first time since 2011. Female participation in the workforce fell to 23 percent in 2016 from 26 percent in 1990, according to World Bank figures.” (Thomson Reuters Foundation, 2017).



**Artwork: “Ici A Commencé L'histoire” by Egyptian artist, Lotfi Abou Sariya. (Oil on Canvas)**

Today's Egypt needs a wake-up call; one that challenges past beliefs, customs and stigma; a wake-up call that targets the youths, educates them and allow for efforts nationally and internationally to raise awareness of the much-needed sexual health care services. This is needed now more than ever because of the increase of sexually transmitted diseases, poor access to services, lack of education and the rise of untreated cases. Egyptians, post-revolution, for everything that they have accomplished since protesting in Tahrir square calling for a fairer and just system deserve to see that their needs are met, their health prioritised and, most of all, their lives valued.

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## **Call for Next Issue...**

The theme for the Winter Publication (*Volume 2* – Issue 4) will be:

**“The Philosophy of Gender”.**

Submission deadline for the next issue is: **20<sup>th</sup> November 2018.**

Contributions are welcomed for all three sections of the next issue which

shall be published on: **20<sup>th</sup> December 2018.**

All contributions should be submitted via e-mail to:

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