



# Youth Reproductive Health Policy

## *Country Brief Series* No. 4

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# Egypt:

## Youth Champions Working for Policy Implementation

### Youth in Egypt

Total population, all ages	73.4 million
Population ages 10–24	31.3%
Gross national income in purchasing power parity (GNI PPP) per person	\$3,810
Human Development Index rank	120
Average births per woman	3.2
Teen pregnancy rate	47 per 1,000
Infant death rate	38 per 1,000
Secondary school enrollment (M/F)	91/85%
Women 15–49 using any contraception	60%
Married young women 15–24 using contraception	44%
HIV/AIDS youth prevalence (M/F)	n.a.
Median age at first marriage (F)	19 years
Median age at first birth	22.1
% of women who have undergone FGC	97%

Data from 2003–2005 period. Sources available on request from the POLICY Project.

Although Egypt has seen recent significant improvements in youth reproductive health, many policy and program gaps remain. This brief describes how advocates in Egypt successfully carried out a youth-led effort to raise awareness of reproductive health needs and to strengthen the involvement of youth in policymaking and implementation. The Youth Champions initiative has significantly deepened the commitment of Egypt’s Ministry of Youth to addressing population and reproductive health issues.

### The Status of Youth in Egypt

Young people ages 10–24 make up almost one-third of Egypt’s population—about 23 million. Educational attainment has increased for both girls and boys in the last decade, but slightly fewer girls than boys attend school at every level. Young

men make up most of the adolescent labor force, yet young women have much higher rates of unemployment. Marriage is socially important and proving fertility is paramount for couples when they first marry. In 2000, young women ages 15–24 contributed nearly 800,000 births to Egypt’s total fertility and that number will continue to rise. Contraceptive use has risen for all married women (from 47 percent in 1992 to 60 percent in 2003) and for married adolescents. Meanwhile, unmet need for family planning has declined by more than half among young women 15–24 and is currently about 10 percent.

## Policy and Program Environment

Egypt has many important policies affecting adolescents, but differing definitions and a lack of operational coordination among various official institutions have resulted in policies and programs that are not fully responsive to the needs of young people. Egypt's constitution provides for the protection of mothers, children, and youth and guarantees the right of women to medical, physical, psychological, and social healthcare. Egypt's population policy explicitly addresses young adults only through provisions for healthcare for girls prior to marriage and premarital exams and counseling. What limited reproductive and sexual health education young people have received has been the responsibility of families. The School Health Insurance System does not systematically include reproductive healthcare for students, and no comparable program exists for out-of-school youth. Despite the legal ban on female genital cutting (FGC), it is still practiced widely. State policy accords great importance to marriage and motherhood. The legal age for marriage is 16 years for girls and 18 for boys, although the median age at marriage for females is now 19. Egypt's first lady has publicly stated her support for eliminating gender discrimination and girls' illiteracy, improving girls' education and healthcare, and increasing legal age for marriage for girls to 18.

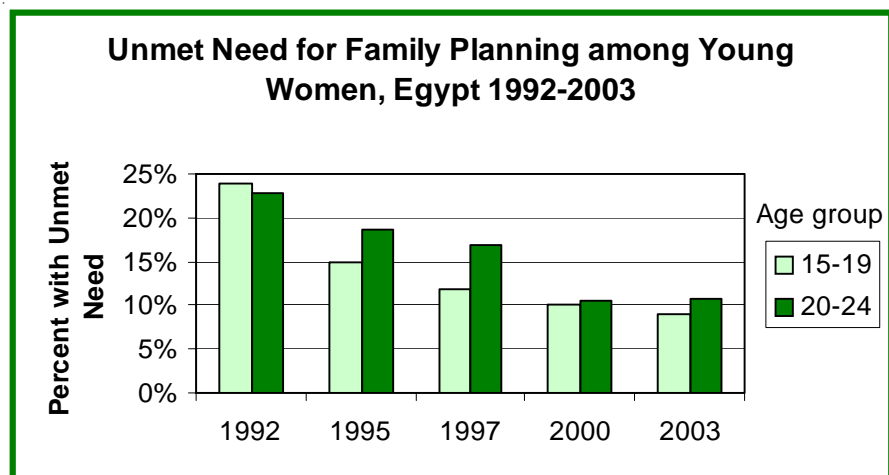
In this relatively supportive policy environment, several promising initiatives are underway to reach young people with reproductive health information and services. The high-level political support that currently exists in Egypt heightens the potential for the success of these initiatives. Nevertheless, important gaps in service provision still exist, particularly in the case of unmarried

youth. Many women marry while still in their teens and enter into marriage with only vague information on reproductive health. For the most part, women are not seen for family planning services until they have had their first child. However, the Ministry of Health and Population recently established eight youth-friendly clinics within teaching hospitals in different parts of Egypt to respond to the needs of both male and female youth.

## Recent Advances in Policy Formulation and Implementation

The multisectoral nature of youth reproductive health challenges in Egypt has recently prompted advocates to look to broader policy arenas for strengthening policymaking and implementation initiatives. Recognizing the need to strengthen the commitment of the Ministry of Youth (MOY) for family planning and reproductive health activities, the POLICY Project helped design the Youth Champions initiative. By involving young people in advocacy, the initiative aims to incorporate a youth perspective into reproductive health issues, create links for policy action at the national level, and ensure that national and regional plans are responsive to the needs and priorities of young people. A collaboration between the POLICY Project and the MOY that began in 2003, the initiative encompasses a series of activities that emphasize a youth-to-youth approach.

*Youth advocacy events.* In January 2003, youth champions held a national conference on youth and population, attended by 150 youth from different governorates. The positive experience persuaded the MOY to make



population issues a permanent agenda item for its national gatherings and to make population the theme of its 2004 annual conference for youth volunteer clubs. Youth champions also participated in diverse youth events at centers and camps in 11 different governorates, reaching more than 1,000 young people. Champions prepared their own evidence-based presentations to their peers and led discussions on priority reproductive health issues. In February 2004, the Minister of Youth committed to extending the Youth Champions initiative to an additional 15 governorates. By mid-2005, almost 400 young people had been qualified as champions, with the group split roughly between males and females.

*Establishment of the National Youth Task Force.* Another outcome of the Youth Champions initiative was the establishment in April 2004 of the National Youth Task Force, under the auspices of the MOY. The goal of the task force is to set priorities for reproductive health issues and advocate for their inclusion in various national plans. The National Youth Task Force includes multisectoral representation from young people, the NGO community, and key ministries.

*Improving advocacy skills.* In June 2004, youth champions received additional training to enhance their advocacy capacities and update their knowledge base with the most recent information concerning the population situation in Egypt. Facilitators prepared training materials based on the *Networking for Policy Change: An Advocacy Training Manual* and its *Youth Supplement*. Champions were also equipped with a toolkit for communicating messages to various advocacy audiences. Youth champions from all Upper Egypt governorates, where an urgent need still exists to create a supportive environment for population, reproductive health, and family planning issues, have advocated among their peers in almost 100 youth events. Some of the issues addressed include the need for youth-friendly reproductive healthcare and the small family size norm.

## Lessons Learned

The Youth Champions initiative has successfully secured youth participation in the national policy dialogue on reproductive health. The formation of the National Youth Task Force is a significant recognition of the need for young people's contribution to the policymaking process.

*A youth-led advocacy approach is important.* The youth-to-youth approach to advocacy has been instrumental in allowing young people to communicate their pressing reproductive health needs so that they resonate with policymakers and program managers.

*Young advocates require special support.* Young people have special insight and effectiveness as advocates for their age group. They do, however, require special support to be effective. This support includes updating their knowledge of statistical data and evidence; providing general information of the experiences of other countries; providing guidance about the best approach to tackle some specific questions, especially related to religion; and enhancing networking and meetings to avoid contradictory messages and to exchange experiences.

*Formal agreements breed sustainability.* The Youth Champions initiative operates under an official agreement with the MOY. By formalizing the commitment of the MOY, such an agreement enhances the potential sustainability of advocacy efforts, in particular through the National Youth Task Force. Moreover, to ensure sustainability of the youth advocacy program, the MOY instructed all Youth Directorates at the governorate level to include such activities in their regular programs and allocated relevant funds in the 2005/2006 budget.

The activities of the youth champions complement other POLICY-supported work in Egypt, especially its support for reform of legal age for marriage.

## Sources

This brief draws on a number of documents, especially *Adolescent and Youth Reproductive Health in Egypt: Status, Issues, Policies, and Programs*, available on the POLICY Project website, [www.policyproject.com](http://www.policyproject.com) or upon request. For more information, contact Egypt Country Director Hussein Abdel-Aziz Sayed, at [countrydirector@policyegypt.com](mailto:countrydirector@policyegypt.com). Contact the POLICY Project at [yrh@policyproject.com](mailto:yrh@policyproject.com) for answers to other questions regarding youth reproductive health. Visit [www.youth-policy.com](http://www.youth-policy.com) for full-text youth reproductive health policies from more than 45 countries and for related tools and information.

## About the *Country Brief Series*

This series highlights experiences in advancing youth reproductive health policy in developing countries, specifically in those countries where the POLICY Project has been an active partner in policy change. James E. Rosen prepared this brief under the direction of Nancy Murray, head of the POLICY Project's Adolescent Working Group. We are grateful to the reviewers of earlier versions. To see other briefs in this series, go to [www.policyproject.com](http://www.policyproject.com).

## About the POLICY Project

The POLICY Project works with developing country governments and civil society organizations to promote a more supportive policy environment for family planning/reproductive health, HIV/AIDS, and maternal health programs and services. The POLICY Project is funded by USAID under Contract No. HRN-C-00-00-00006-00. It is implemented by Futures Group in collaboration with The Centre for Development and Population Activities (CEDPA) and Research Triangle Institute (RTI).

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