

# PREVENTING ADOLESCENT MARRIAGE AND CHILDBEARING IN EGYPT

**Capitalize on the enrollment of girls in primary and secondary schools to provide health education.** The government of Egypt should lead the way in mandating compulsory age-appropriate health education for all students. Programs on reproductive health will provide young women with critical information not available to them from other sources, including information on the consequences of early marriage and childbearing and the benefits of child spacing. Holding only one or two seminars is far less successful than systematic, compulsory courses integrated into the school curricula and included in teacher training programs.

**Make child marriage a topic for open discussion and debate at all levels of society.** Most Egyptian households have television, making this medium ideal for reaching families and communities and for opening a public dialogue on adolescent marriage. Various approaches to providing information and modeling healthy behavior can be used on television. These include simple scientific discussions of the short- and long-term risks of early marriage on the mother and child, and serial dramas that address girls' health and social problems, and promote the norms of later marriage and family planning.

**Continue to conduct research on girls and adolescents, and disseminate results to bolster effective, evidence-based policies.** The EDHS and other research on youth provide essential information to shape policies and programs. The National Population Council must advocate for publicly funded studies on girls to collect much-needed information on their knowledge, attitudes, and practices regarding health, marriage, education, and lifestyles.

**Scale up successful programs.** Along with population-based research, it is important to monitor and evaluate interventions aimed at helping girls to complete secondary school. Programs proven to be successful should be scaled up to the national level, so every girl will complete her education in keeping with the requirements of the national constitution. In addition, the National Council for Women and the National Council for Childhood and Motherhood must disseminate research studies and promote success stories for programs that demonstrate the experiences of girls who overcome the culture of early marriage and ending education.

*This policy brief was prepared during a workshop to disseminate and utilize data of the 2014 Egypt Demographic and Health Survey (EDHS) and organized by the Ministry of Health and Population with El-Zanaty & Associates. The contributors are experts in health and population research and policies. The 2014 Egypt Demographic and Health Survey (EDHS) was conducted on behalf of the Ministry of Health and Population by El-Zanaty and Associates. The 2014 EDHS is part of The DHS Program, which is funded by the United States Agency for International Development (USAID). USAID/Egypt was the main contributor of funding for the survey. Support for the survey also was provided by The United Nations Children's Fund (UNICEF) and The United Nations Population Fund (UNFPA).*

Additional information about the 2014 EDHS may be obtained from the Ministry of Health and Population, Magles El Shaab Street, Cairo, Egypt; Telephone: 20-2-27948555; Fax: 20-2-27924156



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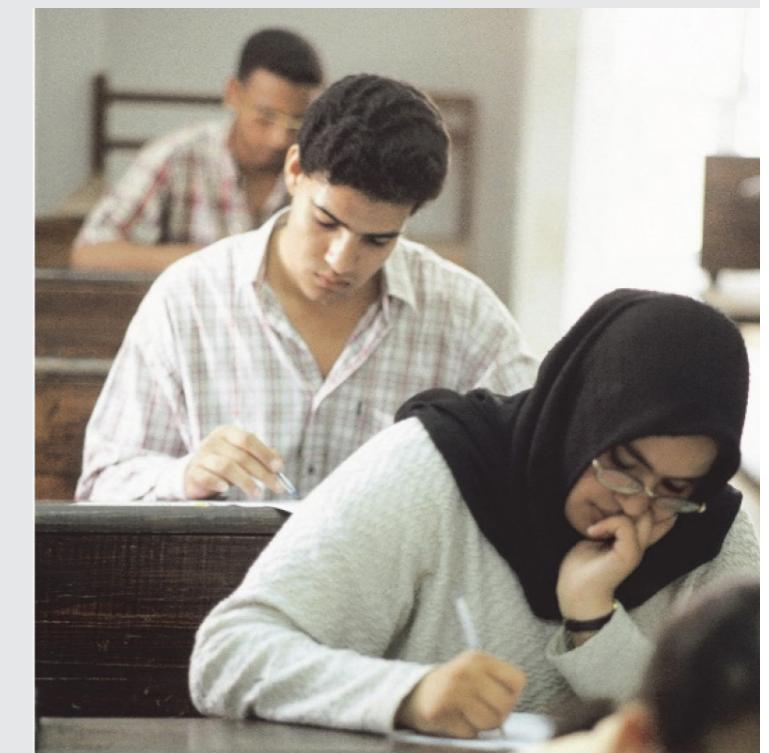
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## Introduction

The Egypt National Strategy for Sustainable Development 2030 emphasizes the importance of youth as the cornerstone of society.<sup>1</sup> Young women and men age 15-19 are the face of Egypt's future. Young women comprise about 5% of Egypt's population, yet today they face many challenges. These include early marriage and childbearing, unequal participation in personal and family decisions, lack of access to health information and health care, and an increasing risk of obesity. The Egypt 2030 strategy includes two policies that will protect and improve young women's lives and futures—one is to prevent early marriage of young women, and the other is to ensure they finish their education. Special governmental and nongovernmental organizations work to support girls economically and socially. These organizations include the National Council for Women (NCW), National Population Council (NPC), National Council for Childhood and Motherhood (NCCM), and various political parties. Ministries that focus on adolescents' welfare are the Ministry of Education and Technical Education, Ministry of Social Solidarity, Ministry of Health and Population, Ministry of Youth and Sports, and El-Awkafo. The Egypt Demographic and Health Survey 2014 (2014 EDHS) provides considerable information to help these institutions assess their own success at safeguarding the future of young women. The current data and trends identified by this survey also help them to identify new priorities.



## Key Findings

**Early marriage.** The percentage of women who marry in their teenage years has declined in Egypt over the past decade. The results of the 2014 EDHS show that among women age 24-49, 25% had married by age 18, down from 30% of women in the same age group in 2005.

Despite this evidence of progress, too many young women still marry and have children before they are physically and emotionally mature. According to the 2014 EDHS, 15%, or about one in seven girls age 15-19, are currently married. Of concern is the finding from the 2015 Egypt Health Issues Survey (EHIS) that there is considerable support for early marriage among young women themselves with nearly one-third of them agreeing is ideal for a girl to marry before age 20.

Young women who marry before age 20 are much more likely than unmarried women to drop out of school and less likely to achieve educational and economic goals.

**Teenage childbearing.** Early marriage leads to early childbearing, which is risky for both mothers and babies. Nationwide, 11% of women age 15-19 are pregnant or already mothers. Teenage pregnancy is considerably more common in rural areas where one in seven teenagers (14%), has started childbearing

<sup>1</sup> "Sustainable Development Strategy". Egypt's vision 2030 And Planning Reform," <https://sustainabledevelopment.gov.eg>.

Figure 1. Teen pregnancy and motherhood



of older mothers (Figure 2). Closely spaced births, less than two years apart, also are associated with early childhood deaths. Yet around two in five young women consider a birth interval of two years or less as ideal, according to the 2015 EHIS.

Teenage childbearing involves other risks. The Cesarean section (C-section) rate among teenage mothers is 46%, much higher than what WHO indicates is normal in response to fetal or maternal distress—about 10%-15%.<sup>2</sup> C-sections significantly increase morbidity and mortality for both the mother and the baby<sup>3</sup>.

**Access to reproductive health care.** Like older women, most young mothers receive antenatal care and deliver in health care facilities. However, 13% of young mothers do not see a health provider for regular antenatal care during pregnancy, and around 1 in 7 births to pregnant women under age 20 (14%) take place at home.

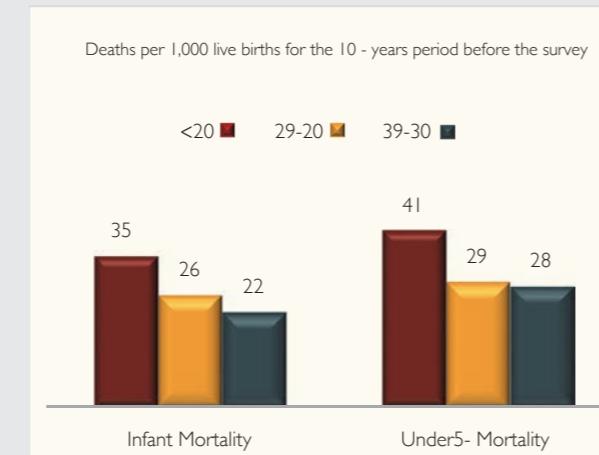
While virtually all young married women can name a method of family planning, only 46% have been exposed to family planning messages, most often through television, in the 6 months before the 2014 EDHS. This reflects a substantial decline since 2005 when around 90 percent of young married women were

compared with only 5% of young women in urban areas. Teenage childbearing varies by residence from a low of 4% in the Urban Governorates to a high of 14% in Rural Upper Egypt and Rural Lower Egypt (Figure 1).

DHS surveys in Egypt show a slow but steady increase in teenage childbearing in the last decade. The percentage of young women age 15-19 who are pregnant or who have already given birth rose from 9% in 2005 to 10% in 2008, and then rose again to 11% in 2014.

Childbearing among young mothers is risky for children. According to the 2014 EDHS children born to mothers younger than age 20 are much more likely to die before age 5 than children

Figure 2. Childhood mortality by mother's age at birth



exposed to family planning messages. Far fewer women have received information or counseling about family planning. Only 10% of young married women who were not using a method of family planning talked about family planning with a fieldworker or a provider in the 6 months before the 2014 EDHS compared with 15-17% of nonusing women age 20-34.

## Policy Recommendations

The amended Child Law No. 126 of 2008 set the legal age for marriage in Egypt as age 18.<sup>4</sup> The law prohibits but does not criminalize child marriages. In 2014 a National Strategy to End Child Marriage was developed.<sup>5</sup> The strategy called for a rightsbased approach to protect young women and a collaborative effort among government, civil society, and the private sector to end early marriage. It is clear that government laws and policies must be reinforced by efforts to change attitudes and social norms among families, religious leaders, and young women themselves.

**Support the government of Egypt in the fight against early marriage.** Policymakers must review the current law, revise it as needed, and develop strategies for enforcement. As noted in the 2014 National Strategy to End Child Marriage, combined efforts from public and private organizations are needed to change the social, cultural, and legal environment to protect young women. Special focus is needed in geographical areas with high rates of early marriage, such as rural Upper Egypt, where half of women age 25-49 married before age 19. While national laws and policies are essential, advocacy and education programs must take place in the community with support of local political and religious leaders to bring about social change.



**Keep young women in school longer.** Empowering young women through education is essential to change attitudes toward early marriage. The right to education for young women and men is set forth in the Egyptian constitution. Education gives girls other options than early marriage. It also provides the information, skills, and confidence needed to raise healthier families and to achieve success in the work force. According to the 2014 EDHS, more than one in six ever-married girls (17%) age 15-19 have either no education or have not finished primary school. Girls from the poorest families have much less education than those from the wealthiest families and also marry earlier than girls from wealthier families. The government of Egypt, in collaboration with civil society and religious organizations, needs to develop approaches and provide funds to keep young girls in school through both legal mechanisms and a comprehensive strategy of behavior change programs that focus on girls and their parents.

<sup>2</sup> "WHO Statement on Caesarean Section Rates," [http://www.who.int/reproductivehealth/publications/maternal\\_perinatal\\_health/cs-statement/en/](http://www.who.int/reproductivehealth/publications/maternal_perinatal_health/cs-statement/en/) (Accessed July 2016).

<sup>3</sup> Villar, J., et al.2007. "Maternal and Neonatal individual Risks and Benefits Associated with Caesarean Delivery: Multicentre Prospective Study," BMJ 335, doi: <http://dx.doi.org/10.1136/bmj.39363.706956.55>.

<sup>4</sup> "Universal Periodic Review – Human Rights Council Unicef Inputs – Egypt," [http://lib.ohchr.org/HRBodies/UPR/Documents/Session7/EG/UNICEF\\_UPR\\_EGY\\_S07\\_2010\\_UnitedNationsChildrensFund.pdf](http://lib.ohchr.org/HRBodies/UPR/Documents/Session7/EG/UNICEF_UPR_EGY_S07_2010_UnitedNationsChildrensFund.pdf) (Accessed July 2016).