Child rights in Egypt

The world’s largest Arab nation, Egypt had an estimated 75 million inhabitants in 2007, an estimated 39 per cent of them under 18. Its landscape is dominated by the Nile Valley, the Nile Delta and the desert. Just 5 per cent of its geographical area is fit for human settlement.

One of six countries to convene the World Summit for Children in 1990, Egypt ratified the Convention in September of that year. Since then, it has achieved outstanding gains in the areas of health and education through ample government investment.

Considerable progress in child survival and development
Between 1992 and 2008, the under-five mortality rate declined by two thirds, falling from 85 to 28 deaths per 1,000 live births over the period. Neonatal mortality dropped by one half between 1992 and 2008; maternal mortality declined to 130 deaths per 100,000 live births, largely owing to rising antenatal care coverage and skilled health personnel attending births.

Public campaigns to promote the use of oral rehydration salts have lowered infant mortality associated with diarrhoeal diseases, once among the most serious threats to child survival, while routine immunization reached 98 per cent by 2007.

Although progress in gender parity in education has been slower than other child development indicators, ratios of girls to boys in primary and secondary schools have shown some improvement.

Disparities remain wide
At the national level, Egypt is on track to achieve most of the Millennium Development Goals. The provincial level, however, is marked by increasing disparities. The Egyptian Government’s historically centralized approach to welfare provision has not always prioritized extending programmes to rural and remote populations. Upper Egypt, home to more than one third of the country’s population, lags behind Lower Egypt in income and social development indicators. Between 2005 and 2008, while poverty declined by 20 per cent nationally, the reduction in rural Upper Egypt was around one third of the national average. By 2008, poverty in rural Upper Egypt was as high as 40 per cent, more than twice the national average.

In the sparsely populated areas of northern Egypt, some communities lack access to schools, health care and water. Bedouin children of South Sinai have a high incidence of wasting, stunting and urinary tract infections, all three preventable with basic preventive and curative measures.

Disparities among girls are considerable, depending on their geographical residence and parents’ level of education, among other factors. In Upper Egypt, for example, the incidence of female genital mutilation/cutting (FGM/C) exceeds 85 per cent, while in private urban schools the rate dips below 10 per cent. According to the 2008 Egypt Demographic and Health Survey, 24 per cent of girls under 18 have undergone female genital mutilation, with rates rising to 75 per cent among girls aged 15–17 years.

In 2008, following the death of a 12-year-old girl undergoing genital cutting the previous year, the Government amended the 1997 child protection law, banning FGM/C and reinforcing the ban with fines and imprisonment for any breaches. The practice continues despite the ban, but it has noticeably declined, mostly as a result of public education campaigns.

In addition to banning FGM/C, Egypt’s child protection law prevents children in conflict with the law from being tried on the same basis as adults, ensures birth certificates for children of unwed mothers, restricts corporal punishment and raises the earliest age for marriage to 18. Implementation of this protective legislation has brought child and youth issues to the forefront, generating intense debate among conservative Islamists, moderates and secularists about the role of state, religion and families in child welfare.

In one area – water supply – Egypt faces a grave threat to both human and child development. According to the United Nations Development Programme’s Egypt Human Development Report 2008, “One of the greatest challenges facing Egypt today is the number of rural and urban households in need of basic infrastructure (mainly water supply and sewage)”. As part of its 2007–2012 national development plan, the Government of Egypt has set aside approximately $13 billion to expand water supply service for all Egyptians, but even with this massive investment, it is estimated that only 40 per cent of Egyptian villages will have a sewage system.

Challenges ahead
Egypt has many successful past experiences on which to base future programmes to meet the needs of all its citizens, especially children and young people. The country still confronts many challenges – particularly in addressing disparities and strengthening child protection. Reaching children in remote and rural areas will remain a key challenge for the Government in its attempts to fulfil the rights of all children. Further progress on child rights will also require greater inclusion of all domestic stakeholders, as well as strong international cooperation.

See References, pages 90–92.