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Women’s Sexual Health Rights in Egypt

By Mira Ayman¹

Abstract
The Egyptian youth makes up 60% of the Egyptian population. Accessing proper reproductive health information still continues to be one of the main issues that the youth in Egypt faces, especially the unmarried fragment. This situation is largely due to religious conservatism. Because this issue remains a taboo, information on STI’s, FGM, contraception, sexual consent and other sexual health-related issues remain very limited. Private hospitals and clinics in Egypt do not offer youth-friendly services and only focuses on activities that would generate income (antenatal care and delivery). The lack of knowledge leads curious young adults to refer to online sources that reflect sexual health inaccurately and inappropriately which puts women and girls at particular risk.

Keywords: Sexual health, Sexual rights, Sex Education, Violence, Women’s rights, Egypt

¹ Mira Ayman is a Media and Communications student majoring in Visual Communications at the University of Wollongong in Dubai. Issues caused by conservatism and the patriarchy have always interested her, especially the impact of the patriarchal society on women and their rights. Recently, she has researched the lack of knowledge on sexual health, a basic and crucial feature of human life that is not openly discussed. In her previous research on women’s sexual health rights in Egypt, she created a digital art collage poster that contained symbols to raise awareness on the importance of sexual health and sex education. She wishes to continue down this path where she explores the violence that women face because of the traditions and customs of some Arab cultures. Email: mira.hanafi2013@gmail.com.
Introduction
Sexual health has traditionally been an under-discussed topic in Middle Eastern societies, including Egypt. Moreover, offering sexual education for single adolescents is culturally unacceptable in most Muslim communities. Authors Cortínez-López, Cuesta-Lozano and Luengo-González (2021, p.2) argue that sex education programs are needed to educate adolescents so that they can establish healthy and respectful social and sexual relationships in the future. Abd El Mawgod (2020, p.3) contends that there is clear evidence that current health systems are insufficient in fulfilling adolescents’ knowledge on sexual health. According to Latifnejad Roudsari’s (2013, p.104) research about socio-cultural challenges to sexual health education for female adolescents in Iran, stigma and embarrassment were the two main reasons to avert sexual discourse at the household level. The lack of sexual knowledge among Muslim women fosters misconceptions, barriers to contraception use, as well as negative attitudes towards contraceptive methods (Alomair, Alageel, Davies and Bailey, 2020, p.1). Matswetu and Bhana, (2018, p.3 underscore that, in countries like Egypt and Georgia, the social importance of virginity is vital to such an extent that men demand medical proof of their future wives’ virginity status. In most Muslim cultures, the hymen is taken as an irrefutable proof of a woman’s (lack of) historical sexual experiences. It has a sociocultural importance as a sign of purity and upright womanhood (Matswetu and Bhana, 2018, p.2).

My research aims to investigate the nature and characteristics of Egyptian youth’s access to sexual health information in Egypt. It also seeks to break the stigma around sexual health in the Arab world, as well as other Muslim countries that consider sexual health to be a shameful subject. In reality, sexual health is a part of mental health, and they are both surrounded by stigma. By conducting a focus group with two young adult Egyptians and obtaining answers from the survey I disseminated to over 60 people, I aimed to understand how the nature of Egyptians’ mindset affects youths’ (aged 18 to 21) access to proper sexual health information that they lack regarding virginity, contraception, sex, etc. My major objective was to bring to light the effect of the lack of sexual education on Egyptian women’s rights. This includes their right to be free of torture, their privacy rights and personal decision making, their right to health, information and education (UNFPA, DIHR, UN, 2014, p.19). To achieve my objective, I chose to make a digital art collage using Photoshop in which I combine numerous symbols that would help convey my message effectively and forthrightly. As I mainly focus on women in Egypt, I use the Egyptian dialect language in my poster to approach the research from their perspective.
The Problem

Today’s youth continue to struggle with accessing sexual health facilities. Because of the sexual health taboo, adolescents fear being observed by family members or people who might recognize them, seeking access to sexual health services (Abd El-Mawgod et al., 2020, p.2). The gender of the healthcare provider can also be a major barrier for adolescents, since most women struggle being comfortable with men health providers. The preference of going to a woman doctor is leading to problems in rural Upper Egypt where there are only a few women doctors available, therefore, limiting the accessibility of sexual health services (Oraby, 2015, p.4). For 64.1% of those who took my survey, they claimed that they never visited a gynecologist before, whereas, the American College of Obstetricians and Gynecologists (ACOG) advises the first gynecologic visit to take place between 13 and 15 years of age (Bryan and Chor, 2018, p.479). Due to cultural beliefs, accessing sexual health information and services is comprehended by society as being engaged in unlawful sexual practices or a factor that might lead to high-risk sexual behaviors (Abd El-Mawgod et al., 2020, p.4). As a result, young adults seek other sources to gain information about sexual health. Only 5.8% of women referred to gynecologists for information, 11.8% referred to parents, 15.7% asked their friends, and 49% chose movies and the internet as their main source of sexual health information. This is why many young adults grow up having misconceptions regarding sexual well-being. If sexual and reproductive health programs were implemented in schools, young adults, especially males, wouldn’t refer to sources that reflect sexual health information inaccurately and inappropriately (i.e., pornography). After conducting a study to understand Egyptian adolescents’ knowledge and attitudes towards sexual and reproductive health, Menshawy (2020, p.242) noticed the exaggerated answers of young adults on the duration of intercourse. The author hypothesized that these answers result from either local superstitions or watching pornography. As a consequence, these actions later impact sexual behavior, like using medically unjustified drugs to enhance sexual performance or violence against women (i.e., marital rape). Considering the conservative nature of Egyptian society, “If a girl walks into an obstetrics and gynecology clinic, people will be suspicious and wonder why she is going.”, confessed a young female focus group participant in Oraby’s (2015, p.3) assessment study.

My research project draws on previous feminist and scientific studies to emphasize the patriarchal and sociocultural values that result in the violation of women’s rights and lead to concealed psychological harm to women. For generations, women in Egypt have been taught to fear their wedding night, the first sexual experience between a bride and a groom, because it is a test of their virginity (Ghannam, 2017, p.61). The importance of virginity is reflected in referring to the blood resulting from the first intercourse as “the woman’s honor” or “sharaf” in Arabic. The fear also results from the family’s prolonged tradition of demanding to see the blood on a cloth as proof of the bride’s honor (Ibid, p.62). To ensure that a woman is still pure and untouched, women experience an examination known as virginity testing, also known as hymen/two-fingers/vaginal examination (Olson and García-Moreno, 2017, p.1). Despite the fact that Mishori (2019, p.1) underscores that the examination of the hymen (a small membranous tissue outside of the vaginal canal that has no known biological function), is not an accurate test of any historical sexual activity (or its absence), some clinicians still believe that changes to the hymen or a “broken” hymen is a result of pre-marital sexual activities. This test has been denounced as a human rights issue; however, nurses, midwives as well as gynecologists perform the examination upon requests from the family, largely due to widespread patriarchal and conservative societal values that exist in Egypt (Mishori et al., 2019; Rasoul and Gaber, 2019). Rasoul and Gaber’s (2019, p.1031) cross-sectional study of 100 married and 100 unmarried women to investigate soci-cultural attitudes
toward female sexuality found that, 65% married and 82% unmarried women in Egypt did not know that forced virginity tests without a woman’s consent are strictly prohibited. The most frequently found effects of forced virginity testing among women have been found to be self-blaming, decreased self-esteem, and depression (see also Zeyneloğlu et al, 2013, p.112). Mishori et al remarks: “The exam itself can be painful and psychologically distressing to the women subjected to it” (2019, p.2). Since previous medical studies have proved that the hymen is a bloodless membrane and might not bleed significantly if torn, it is likely that a lack of lubrication and forced penetration, mainly resulting from the lack of sexual education, is responsible for the “blood-stained bed sheets” (Awad Hegazy and O Al-Rukban, 2012; Mishori et al., 2019).

The most notable and hypocritical aspect of sociocultural and patriarchal values of conservative nations, is the emphasis on female virginity while not placing equal pressure on men’s virginity. This behavior contributes to the prolongation of unequal gender relations and produces sexual double standards (Matswetu and Bhana, 2018, p.2). The importance of the hymen is also linked to menstrual products (mostly the menstrual cup and tampon), two symbols that I add at the bottom center of the artwork, given that most Egyptian households utterly forbid their daughters from using tampons and menstrual cups to avoid breaking their hymen. While the blood inside the vagina symbolizes the importance of the blood on the first vaginal sex experience after marriage, it also serves to break stigma around menstruation. In addition to that, the lunar cycle (the phases of the moon at the top of the art work) adds to the empowerment and awareness of the menstrual cycle as one new moon to the next takes about 29 days and the menstrual cycle is also about 29 days long. The uterus symbolizes womanhood, feminism and beginning of life. It is surrounded by flowers to celebrate female sexuality against the prevailing social and cultural norms in Egypt. However, education and awareness are prerequisites to the celebration of women’s sexuality and women’s emancipation.

In my artwork, I add the FGM symbol to shed light on this ongoing traditional practice in Egypt that is a violation of women’s rights and physical integrity. According to the latest national data, almost 7 out of 10 women in Egypt have undergone FGM (UNICEF, UNFPA 2019). Although there are welcoming signs that this is decreasing, Egypt has the highest rate of medicalized FGM compared to other countries that also perform this practice (Ibid, 2019). Parental education status plays an important role in influencing the practice. Van Rossem and Meekers (2020, p.3) hypothesized that girls born to better educated, higher social class parents or from more marginalized (i.e., non-Muslim) families will be less likely to be cut than those born in more traditional families. The more educated the parents are about the harmful side effects of FGM, the less likely they will agree to go through with the operation. According to demographic data collected by UNICEF (2017, p.2), around 34.4% (females) and 25.6% (males) of the Egyptian youth (aged 18-29) are illiterate. While FGM is widespread in African countries that are not primarily Muslim, I add its symbol next to the Islamic symbol (the green crescent moon and star on the bottom left) because of the common misbelief among Muslims in Egypt that Islam encourages this practice to prevent adultery. Notice how this also produces double standards of sexual behavior as the society only focuses on preventing women from performing adultery. However, in 2017, there seemed to have been a little decrease in the number of individuals who believe that FGM is encouraged by their religion, but the decline in belief is higher among women than men (28 too many, 2017, p.64).

My project draws on feminist theory as it analyzes gender inequality with respect to sexual practice. It also strives to highlight how serious and yet undermined the issue of marital rape is in most societies. A study done by Guimei, Fikry and Esheiba (2012, p.332) in Alexandria, Egypt
showed that 70% of pregnant women were sexually abused by their current husbands. Furthermore, they found that women living in rural areas in Egypt are more likely to excuse marital rape, as 54% percent of rural women agreed that a man has the right to have sex any time he desires (Ibid, 2012, p.335). This is because of cultural beliefs that a woman is supposed to be available for sex without limit or excuse. There is a limited body of literature in Egypt, on the dangers of spousal rape, because it is viewed as less severe than other forms of rape and it isn’t considered a crime (Gul and Schuster, 2020, p. 343). Kaplan, Khawaja and Linos (2011, p.1467) hypothesized that a husband’s level of control is associated with forced intercourse. Their study findings proved the strong relationship between a husband’s jealousy, controlling behavior, and forced sex. Some studies show that men tend to show more control of their wives when their earnings are greater and positions have more status than their wives’ (Ibid, p.1473).

To conclude, I am interested in engaging more with this topic by researching the lack of sexual health education for married adult women (aged 25-35), as well as to contribute to expanding available literature on marital rape. Marital rape is an under-discussed issue in the Middle East in general, not just in Egypt, that needs time and effort to be recognized as a crime. Such artwork, illustrations, and symbols can be the beginning of ending the stigma around a topic as important as sexual health and to end harm against women sexually and emotionally. Ministries of Education can implement sexual health programs and acknowledge the annual World Health Organization’s event “World Sexual Health Day” (https://www.who.int/news-room/events/detail/2021/09/04/default-calendar/world-sexual-health-day) to promote education and awareness for students. These programs will in turn initiate questions between curious children and their parents at home and result in the comfortability of talking about sex and sexual violence at a household level. My artwork is an example of how to raise awareness on the importance of sexual education in the Arab world and strive to end the stigma around this wrongfully termed “shameful topic”.
References

