

Shadow NGO Report on Egypt's fourth and fifth Combined Periodic Report to

The Committee on the Elimination of Discrimination against women

For submission to the CEDAW Session

Prepared by the Alliance for Arab Women (AAW)

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Table of Contents

	Page
Executive summary	
Introduction	
Article 11	5
Article 12	9
Article 16	16
Conclusions	19

Executive Summary:

Egypt has submitted its 3rd and combined 4th and 5th reports in 2001 to the CEDAW Committee. Since then it has not submitted any reports. Reasons behind the delay in submitting CEDAW reports are not known especially that Egypt was scheduled to discuss its report in 2006. We believe that the government should be keen on being on schedule in submitting its reports. The National Council for Women which is the government body responsible for that has all the information and statistics that can produce periodic CEDAW national reports.

During the submission of Egypt's last report in 2001, the CEDAW committee commended the establishment of the National Council for Women and the legal reform in the domain of the personal status law. However the committee noted the persistence of patriarchal attitudes and stereotypical behavior with respect to the role of women and men in the family and society and the stereotypical portrayal of women in the media. Therefore the Alliance for Arab Women considers that the intended reform of the family law should help in changing the stereotypical patriarchal values by changing the legal base of the law in order to move from "the man provides and the woman obeys". This assumption has ceased to be true since tens of years. The majority of Egyptian women are engaged in hard work and do spend their incomes on the family as much as men do.

The CEDAW committee has also noted the very little information on rural women. The work of the Alliance in villages of Egypt has shown that beside gender discrimination, there is geographical discrimination against rural women. Very few services in the domains of education, and employment are provided by the government in rural areas. There are very scarce economic investments in rural areas and this results in very limited number of job opportunities for women in rural areas. Rural women have less health services than urban women especially in the fields of family planning and occupational health. In addition, rural women suffer from deprivation of inheritance and this is clear from available statistics on land ownership. They are also have very little access to credit and therefore cannot establish micro or small businesses easily. Support to rural women in training, marketing and establishing links with different networks is almost absent.

Introduction:

This shadow report focuses on three articles of CEDAW; article 12 on equal rights of access to health services and article 11 on equal rights to employment and article 16 on equal rights in marriage and family relations. The reason behind focusing on these three articles is that the Alliance for Arab Women has been implementing for the past two years, a project which monitors the implementation of the first two articles in five locations in sub national level in Egypt; two villages in an Upper Egypt's governorate and two villages and one town in a Lower Egypt's governorate. The villages are Shakshouk and Ebshawai in Fayoum governorate and El Robemia and Bishet Amer villages and Menia El Kamh city in Al Sharkia. governorate

The Alliance for Arab Women has been working with women in these five locations to study their health and their work conditions, help them to assess the quality of health services and employment opportunities provided to them by the government. The Alliance has also helped to build a bridge between women who can voice their concerns about these services and government concerned departments in these locations in order to improve the quality of these services. The project has used CEDAW as a monitoring tool.

In addition and in view of the importance of article 16 of CEDAW on equal rights inside the family, and in view of the fact that the Alliance for Arab Women is active at the national level lobbying and mobilizing other women's groups and NGOs in Egypt to reform the existing Egyptian family law which unfortunately reinforces gender discrimination in the family and deprives Egyptian women from many of their human rights, this report will also address article 16 of CEDAW.

Instead of providing a comprehensive or exhaustive list of issues with regard the obstacles and the shortcomings related to the implementation of CEDAW in Egypt, it focuses on a number of critical issues related to specific articles of the Convention. The Alliance is in a good position to provide first hand information on the shortcomings in the implementation of these three articles addressed in this shadow report. The report has adopted an innovative approach which is providing information on the situation of women at a local level in order to show the combination of gender and geographical disparities in Egypt.

ARTICLE 11:

States parties shall take all appropriate measures to eliminate discrimination against women in the field of employment in order to ensure on basis of equality of men and women, the same rights.

The last decade's developments show that public sector employment (government and state owned enterprises) ceased to offer the same number of jobs it used to offer for both male and female job seekers. Except for an average limited number of new job offers, the rest of the labour market new entrants have to find jobs in the private sector. Finding work in the private formal or informal sectors is not an easy job for females. Women in Egypt lack the skills needed in the private sector and the private formal sector managers usually prefer to hire males. They believe that they take substantive risks by hiring females who discontinue work when they get children or they cost higher than men if they have to bear the cost of maternity leave. The Egyptian labour law gives women workers the right of paid maternity leave, breast feeding breaks and two years unpaid leave to take care of children and the right to have a nursery at the work place if the number of women workers is not less than 100. Therefore several private sector owners and managers refuse hiring female wage-workers as they consider their employment becomes an expensive venture.

The chances of female workers in finding formal jobs are limited, which leaves the private informal sector as their only refuge. The informal sector job is by nature an unsecured sector as it does not offer a work contract, social nor medical insurance.

Gender wage differentials are also high, and female job opportunities are quite limited, and associated with discrimination and sometimes harassment.

Since finding jobs in both the public and the private sectors has become almost impossible, many women seek to start their own businesses. Females decide to become self-employed as a last resort option. However, lacking the necessary skills, experience and connections or finance, they usually find themselves working in marginal retail trade or service activities.

Privatization has created a rise in unemployment for both males and females but had a relatively stronger negative impact on female workers. Unemployment rate among

women are double that among men. Females were found to be vulnerable because they lose their jobs easily since they generally occupy overstaffed positions, such as clerical and secretarial work where this makes them more vulnerable to being laid off. Secondly, the early retirement system encourages women much more than men to retire. The number of women who resorted to an early retirement since 1992 reached 43.260 which present 47% of total number of working women in the public sector.

Because women lack skills necessary to be economically active, and because of difficulty of combining the different productive and reproductive roles women's economic participation is low. In rural areas these are also coupled with cultural belief that women should stay at home to take care of their husbands and children and if they work for the family in the agricultural sector they should not be paid. Women who work for pay are 21% among non-married ones and only 9% among married ones.

Rural women who are occupied in gender specific labour tasks are exposed to diseases related to water, cultivation, and domestic roles. Poor education affects women further negatively by making them unaware that they are suffering from ill health. Women's access to health care is constrained by several factors such as time constraints, intra-household resource allocation, legal, and socio-cultural constraints.

Women's work in the informal sector increases vulnerability. There are no formal contracts or agreements concluded and this means that workers must bear the risk of business cycle shocks by themselves. Informal sector workers do not receive benefits, nor are they protected by any laws. Pay in the informal sector is also low. Moreover, the informal sector is characterized by small-scale establishments, modest investments, primitive technology and family-based production organization. It normally operates without governing laws nor is it supervised by the government. In addition, women workers in small unregistered establishment suffer from sexual harassment and they are liable to be fired if they complain or ask to join any workers unions or syndicates.

Women's engagement in the informal sector differs from men's. Whereas most men in the informal sector are either wage workers or employers, women are primarily non-wage workers contributing in various ways to household production and family businesses

Substantial differences among women also exist, with rural women being more likely to be self-employed, while urban women are more likely to be engaged in non-wage family labour. Most women in the informal sector work in agriculture, with agriculture continuing to account for one third of all female employment. While women make important contributions to the rural economy, their productivity is limited due to lack of access to land, to credit, networks, marketing and information, as well as their heavy work load due to household responsibilities. Although 20% of agricultural workers are women, only 5.7% of landholders are women. Women's land holdings also tend to be small. Women hold about 6.% of the cultivated area in Lower Egypt and 4% in Upper Egypt. This in spite of the fact that women inherit as much as men in some cases and half of what men inherit in other cases.

In the five locations where the Alliance worked, 70% of working women in the formal sector occupied clerical jobs compared to 40% of men. Very few women reached any supervisory job. This is due to the fact that most of women had an intermediate education only. Both men and women who applied for government jobs had to wait between 4-8 years.

The majority of women in the five locations work in the informal sector. Women who worked in the informal sector suffer from low or no pay, being uncovered by social security or health insurance. They also suffer from occupational ill health. In Shakshouk village in Fayoum, 2200 women work in cleaning shrimps. They suffer from skin diseases, respiratory infections and their children who are breastfed during their mothers work suffered from a number of diseases. Besides, the wage paid to these women is minimal. In brief, the exploitation of women in such establishments is disturbing.

In the five locations, very few women have access to micro or small loans. A small number of NGOs exist in these locations and only one or two offer loans and they prefer to offer them to men who have collateral.

Women, who are engaged in agricultural activities, are not provided with any training or facilities such as marketing.

Due to the spread of illiteracy among women in the five locations, few women are able to get employment in the formal sector.

Recommendations:

More efforts need to be exerted to eliminate illiteracy among rural women so that more employment opportunities could be available to them.

The government has to design a program to promote economic initiatives for poor rural women to integrate them into local markets and improve their income. Encourage more private investments to create jobs in rural areas

There are severe constraints faced by rural women in accessing financial resources, therefore there should be a coordinated delivery programs of financial resources through government, NGOs and private foundations as primary capital.

Both government and NGOs should help connect rural women with existing micro finance institutions.

NGOs should develop specific training modules for rural women, including addressing their self esteem, gendered division of labour, entrepreneurship and decision making.

There is a need to strengthen the role of professional syndicates in rural areas and ensure the accessibility of rural working women to the services provided by them

NGOs and the media should help in changing customs and traditions that enforce the strict gender division of labour

There is a need to provide necessary skills to rural women who have intermediate education in order to be able to match demand and supply of jobs (training on languages, computer. Public relations skills)

Support should be provided to productive women in rural areas engaged in petty household production and petty trading to grow by providing credit, training, marketing....etc.

Article 12:

1. States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.

2. Notwithstanding the provisions of paragraph I of this article, States Parties shall ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.

There are still major obstacles confronting reproductive health and family planning in Egypt as reproductive health remains very much women-centered. Sexual health is one central dimension of reproductive health that has not been embraced as a well-being concern in Egypt. There should be more government concerted efforts to address sexual health in schools. Besides, despite nearly universal family planning knowledge and approval, there are significant differentials in use. Use rates are higher in the urban governorates than in the rural areas. Only 45% of ever-married women in rural areas in Upper Egypt use contraceptives. 55% of women who never went to school and 62% of women who have secondary or above education use one method to control birth. Therefore, use rates were directly associated with a woman's educational level. Majority of women have no education in villages and therefore their usage is low. In rural areas, the level of teenage fertility is almost twice the level in urban areas. Upper Egypt has the highest level of teenage childbearing, reaching 13% in rural areas. Adolescents in both rural and urban areas, lack appropriate reproductive health knowledge.

A little over 50% of women who use contraceptives go to government health centers whereas more than 7 out of each 10 women who use pills go to pharmacies. Family planning providers in both government health facilities and private sector are still not offering women adequate information to enable them to make an informed choice about the method best suited to their contraceptive needs. Many users are not offered a choice of methods. This is due to the little monitoring that takes place from the part of the Ministry of Health on the quality of services of family planning providers.

Family planning providers are also not counseling women about side effects in spite of the fact that side effects cause many users to discontinue. For example only 2 in 5 users who obtained their method from a clinical provider reported that they had not been told about methods other than the one that they adopted or about the side effects that they might experience. There is even less information exchange between pill users and the pharmacists from which they obtain their methods. Fewer than 1 in 7 users who obtained the pill from a pharmacy received information about other methods or about the side effects they might have in using the pill.

Many Egyptian women are having more births than they consider ideal. Overall, 5% of births were reported to be mistimed, that is, wanted later and 13% were unwanted. More than one in ten currently married women was considered to have an immediate need for family planning. This group includes women who were not using family planning but wanted either to wait two or more years for the next birth (4%) or wanted no more children (8%). Two-thirds of women defined as having unmet need for family planning lived in rural areas and a similar proportion had less than a primary education. Opportunities to provide advice to these women about family planning are being missed in many cases. If Egyptian women were to have the number of children they consider ideal, the total fertility rate would fall from 3.1 births to 2.3 births per woman.

Many pregnancies are un-wanted, they therefore result in abortion. Some studies reported an induced abortion rate of at least 14/100 pregnancies. Given the illegal nature of abortion and well-known differential access to safe abortion by social class, the accuracy of the figures around the practice of unsafe abortion is questionable.

A woman's residence and education status are strongly associated with the receipt of maternity care. For example, the percentage of urban births through which the mother received regular antenatal care is 75% while only 49% of rural births received care. Coverage of maternity care services is especially low in rural Upper Egypt, where regular antenatal care is received for slightly less than fifth of birth and slightly less than two-fifths of deliveries are medically assisted. Mothers with secondary or higher education are more than three times as likely to have regular antenatal care and more than twice as likely to have been assisted at delivery by trained medical personnel as mothers who never attended school.

The above-mentioned shortcomings in the reproductive health programs in Egypt, particularly the unmet need for family planning, the high contraceptive discontinuation rates, and the large proportions of mistimed and unwanted births call for the adoption of gender sensitive strategies to support women to achieve their reproductive rights and to adopt more favourable productive patterns.

In order to meet the FP/RH needs of women and their families, women must know the benefits of family planning and reproductive health care and that they can make reproductive health choices. The barriers that prevent un-empowered women from seeking these benefits and making informed choices must be eliminated.

There is a need for increasing the availability, attractiveness, and quality of services offered, and expanding consumer choices. Increasing demand refers to increased information, knowledge and empowerment of women including decision-making power. This requires:

- Focusing on priority groups including youth, newlyweds, low parity couples, postpartum and post-abortion patients, couples living in geographically underserved areas, and un-empowered women
- Targeting information, education, and communication to specific audiences with particular messages,
- Providing a balanced mix of providers, including more community-based projects through NGOs, and greater participation from the commercial sector, including pharmacists and private physicians

- Making higher quality services available for the customer through better integration of services at clinic level and continuous quality improvement and training.

There is a need to strengthen the links between population on one hand, and economic and social development, on the other hand. The government's strategic objective is to increase the use of sustainable, quality family planning and reproductive health services and healthy practices through clinical and non-clinical programs.

In order to achieve this, gender responsiveness to reproductive health activities should be in place. Gender roles, and the differing powers attached to them, affect the access and control that men and women have over resources and opportunities, including those needed to achieve and maintain good reproductive health.

In the locations where the Alliance has been active, the majority of women mention the obstacles they face to obtain good quality health care as follows: regular absence of the health care provider, shortage of needed drugs, absence of women physician, difficulty to have the means to cover the cost of treatment. Rural women also did not want to go alone to the health centers and find difficulty in finding companion. They complained about non-availability of good transportation. They also have to take the husband's permission.

The Alliance's work in the five locations showed that the majority of women were aware of the existence of governmental health services that exist in their villages such as the government hospital or the government health centers. However, they preferred going to private health service facilities when they got sick. For example, around less than 50% of women go to the government health facility for information on family planning. Women criticized the quality of service provided and mentioned that they feel neglected by health care providers. They mentioned that doctors are usually absent and there is no female specialized physician. They also criticized the fact that there was lack of medicines and drugs in government facilities.

Women were also aware of the problem of abortion that happens frequently and

Explained that it happens due to the hard work they have to undertake as well as their general weak health condition. They mentioned also that some women have to resort to abortion as a means of family planning. In general women in the five locations have no information on abortion from the health care providers. In addition, abortion is done illegally in private clinics.

Many of the women examined through the Alliance's project suffered from anemia, reproductive health problems beside high blood pressure and diabetes. There is a high maternal mortality rate in view of lack of adequate health services. Women were very vocal in determining what they needed in terms of good health facilities, they needed a hospital where operations could be done, a laboratory, and Mother& Child centre dialysis unit and specialized physicians.

At the national level, 8 out of each 10 ever-married women have heard about HIV/AIDS. However only 6% know how this disease is being transmitted or how to be protected from it. Women in rural areas in particular and in these locations were not provided with any information with regard how to protect themselves from HIV/AIDS. Around 7% of women mention that their husbands force them to practice sex with them and 4% said they experience marital rape before the marriage was consummated. So marital rape is exercised in 11% of cases.

FGM practice in 2005 reached 96% among ever married women; it is a bit less reaching 90% in urban areas. Girls are circumcised younger in rural areas than in urban areas. 75% of circumcision was done by trained health workers. FGM is widely practiced in the five locations. Women believed in the merit of FGM and they prefer to take their daughters to a female physician in a private clinic to do the operation. The government has announced the intention of issuing a new law prohibiting FGM in Egypt especially after cases of death of girls while doing the operation on the hands of medical doctors were publicly announced.

Women in the two villages in Fayoum support FGM (92% in the first village and 74% in the second). They prefer to have it done by female physician in a private clinic. In the three other places in El Sharkia, women also supported FGM (94%), (90%) and (83%) They said that it is part of their tradition, and sanctioned by religion.

Because immunization was widely publicized in these five locations and because it is done free of charge, women were aware of the immunization campaigns and they took their children to be immunized.

25% of ever married women in rural areas and 19% of same in urban areas experienced violence. It is more spread among women with lower education. 6% of pregnant women were battered at a national level.

Women accept being battered in rural areas than in urban areas. Women of lower economic status accept being battered by husband than those of higher economic status. Women believe that they could be beaten up by their husbands in one of five cases: if they burned the food, if they leave the house without the husband's permission, if they argued with husbands, if neglected the children or if she refused sex.

Recommendations:

The government must link reproductive health to other projects that improve women's status. In order to meet the FP/RH needs of women and their families, women must know the benefits of family planning and reproductive health care and they should be enabled to make reproductive health choices. The barriers that prevent un-empowered women from seeking these benefits and making informed choices must be eliminated.

The government's mission in rural Egypt should be to strengthen the links between population on one hand, and economic and social development, on the other hand. Its strategic objective is to increase the use of sustainable, quality family planning and reproductive health services and healthy practices through clinical and non-clinical programs.

The government must address the geographical disparities in the health sector as well as in other sectors and adopt a more equitable redistribution development approach and provide rural women with health services that address their needs.

The government must improve the quality of health services provided to rural women and ensure the monitoring of the quality of services by health service providers in rural areas.

There should be targeting of information, education, and communication to specific rural audiences with particular messages

Both government and NGOs should provide a balanced mix of providers, including more community-based projects through NGOs, and greater participation from the commercial sector, including pharmacists and private physicians

Government hand in hand with NGOs must provide rural women with knowledge and counseling on HIV/AIDS. The number of NGOs that address this issue in their programs must increase in villages of Egypt.

Government must provide young men and women in rural Egypt with more education and job creation opportunities when addressing FGM.

School teachers, religious leaders and other community leaders who advocate the continuation of FGM should be subjected to disincentives in order to discourage them from doing so.

Provide rural working women with support such as nurseries.

Study the reasons responsible for non accessibility of women to land ownership including women's prevention from their religious and legal rights to land inheritance.

Article 16:

- 1. States Parties shall take all appropriate measures to eliminate Discrimination against women in all matters relating to marriage and family relations and in particular shall ensure, on a basis of equality of men and women:**

The legal system in Egypt carries a major contradiction because in many cases, it guarantees women's rights in the public arena, but restricts them to a great extent in the private sphere. The personal status law still permits polygamy, the right of the husband to divorce his wife verbally and to evade compensating her financially for the sudden divorce, the father's automatic guardianship of children, and the expulsion of the woman from the marital residence if she has no children or the children are beyond the age of fifteen (the mother's right to child custody). Divorced women are also deprived from guardianship of their children both financially and education-wise.

The personal status law also focuses on the reproductive role of women and on the responsibility of men to provide for their family. The legal structure considers men the sole providers who should enjoy certain privileges that accompany this role such as demanding the obedience of their wives. This results in many problems faced by both men and women. Obedience means that the husband should not spend on his family if the wife is not obedient. It also means that the husband is the only one responsible for providing the maintenance money for children in case of separation. Within the existing law, violence exercised on wives is also legally and socially tolerated in many cases.

The law does not recognize "Orfi" marriage (i.e. unregistered marriage) except in giving the woman the right to divorce. As a consequence, there are tens of thousands of children born out of this kind of marriage and are denied paternity. Hence, they cannot have birth certificate, cannot be immunized in government health facilities and cannot join schools.

The problem is not only with the discriminatory family law but also with the application of the law. Access to justice is still a problem for many poor women. The cost of hiring lawyers is high, the time spent in court to get a court ruling on personal status issue is long, and the implementation of many of the court rulings especially on issues like alimony and others becomes impossible.

The majority of judges in Egypt are men. Only recently thirty women judges were appointed. Men also dominate all police forces. Male judges and police staff in Egypt have their biases when it comes to issues such as a woman initiating a divorce or a woman complaining about violence exercised by her husband. They are influenced by the strong patriarchal biases that exist in society. They are also rarely challenged by the media or the religious discourse. On the contrary both the media and the religious interpretation reinforce the patriarchal biases.

The focus on the right of the man to control women's sexuality has also been an obstacle to women's practice of their rights. Religious extremists put on women alone the responsibility of keeping high morality in society. Women are therefore pressured in many cases, to veiling, to practice FGM and to prove virginity. Media and school curricula play a major role in preserving the traditional stereotyping of men and women. They show women as weak, emotional, dependent and always in need of protection.

Sexual harassment is often practiced against women in public spaces. Very little is done by the police to punish perpetrators. The National Council for Women has not taken any serious steps to protect women from sexual harassment nor have they taken any stand against the police that closes its eyes to such harassment. The Council has not addressed the issue of sexual harassment in the workplace which discourages women from working.

The number of court cases concerning the personal status law is on the increase. Cases taken with the Family Courts in less than one year end of 2004 until beginning of 2005 reached 795,755 cases. Number of requests presented to offices of settling legal disputes (which are the first step taken before going to family courts) amounted to 114,912 during the same period.

There is no legal aid provided by government to poor women or men. Few NGOs provide a limited service in such domain. The Ombudsman office of the National Council for Women provided legal aid to around 2000 women and followed their cases in courts. 44% of these court cases were about alimony and maintenance money for children, 18% concerning divorce, 14% concerning Khule, 6% on marital residence, 4% on disposition of marital property, 5% on child custody, 4% on inheritance, 3% on fathers' recognition of paternity, and .2% on child visitation. The Ombudsman office has also dealt with around 150 complaints of women who were subject to physical violence exercised against them by husbands or ex-husbands and they were unable to be protected or even to register these acts with the police authorities.

At present, the National Council for Women and the Women's committee of the ruling party are attempting to change the personal status law in Egypt. However, they both have no intention of involving women's NGOs in any of the drafting committees. This in spite of the fact that NGOs deal directly with women who have family problems and many of them provide legal aid to these women. NGOs are more aware of the many loopholes in the existing laws than the National Council of Women or the Ruling Party. The consultation with NGOs can be very beneficial in reforming the family law in Egypt.

Recommendations:

- 1) Governmental bodies such as the National Council for Women, the Ministry of Justice and the ruling party should include women's NGOs in all drafting committees of the new family law in Egypt.**
- 2) The new family law should make use of other good practices of Islamic countries that have reformed their family law. Morocco is one good example that changed the principle of the man is the provider and the woman has to obey to the principle of shared responsibilities between the two spouses. This does not represent any contradiction with Islamic Sharia**
- 3) Both government and NGOs should provide free of charge legal aid to poor women who need to access justice.**

- 4) **Sexual harassment in the streets, in public buses and other public places should be stopped and perpetrators should be severely punished.**
- 5) **The National Council for Women should address with other government authorities the problem of sexual harassment in the work place.**
- 6) **DNA should be applied to prove paternity of children who are born within unregistered marriages. Children should not be punished under any circumstances.**

Conclusions:

Although Egypt has not made reservations on article 11 and on article 12 of CEDAW, yet the implementation of these two articles in rural areas are characterized by obvious discrimination against rural women. Both health services and employment opportunities are very much limited in villages where the Alliance has been working. The quality of health services is much below the satisfaction of rural women. Due to the modest educational level of women in these villages and the spread of female illiteracy, rural women have very little chance of accessing adequately paid jobs. Most of the salaried women work in the formal government sector in clerical jobs with very low pay. They have no chance of reaching any better positions in the government sector. Rural women who work in the informal sector suffer from low or no pay, interrupted work, lack of any work contracts, lack of any supervision by the State and are uncovered by any social security or health insurance. In addition, they suffer from many occupational health hazards.

As for article 16, Egypt has made a reservation on it and is insisting to keep it by stating that according to the Islamic Sharia women have more privileges when entering the marriage, for instance the man has to provide a dowry and an engagement present and he has to provide a marital residence. According to Sharia, the man has to provide for his wife and his children as

long as she is married to him and she does not have to share in this. Also when he divorces her without a good reason, he has to compensate her with monetary compensation. The government of Egypt knows quite well that the Majority of Egyptian women now share financial responsibility in the marriage and the assumption that the man is the sole bread winner and the sole provider in the family is not valid anymore according to statistics and also in view of the fact that the family cannot live on one salary only. The law has to address the reality and should be inscriptive and not descriptive. The existing family law also assumes that because the man is the one who provides, the wife has to obey her husband. In many cases husbands abuse this and deprive their wives from work, from education and from even going out without their permission. Morocco which has reformed its family law recently and also on basis of Sharia has successfully changed this assumption and based its law on shared responsibility of the two spouses. Algeria is also changing its law the same way did Morocco.

The Egyptian government also does not want to lift the reservation on the right of the mother to have financial guardianship on her children in case of divorce or death of the father because it is also the assumption that the grandfather from the father side is the one responsible for providing for the children in case of the death of the father.

The Alliance for Arab Women and several other women's NGOs in Egypt believe that the new Family Law should be based on realities and within enlightened interpretation of Islam and Christianity.

