Social media activism and Egyptians' use of social media to combat sexual violence: an HiAP case study

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SUMMARY

This paper represents a case study of how social media activists have harnessed the power of Facebook, Twitter and mobile phone networks to address sexual harassment in Egypt. HarassMap plots reports of sexual harassment on a Google Map and informs victims of support services. Tahrir Bodyguard and Operation Anti-Sexual Harassment (OpAntiSH) protect female protestors who have been vulnerable to sexual aggression at the hands of unruly mobs and by agents of the state. Activists have access to an Android app called 'I'm Getting Arrested' or 'Byt2ebed 3alia' in Egyptian Arabic. The app sends the time and GPS coordinates of an arrest to family, fellow activists, legal counsel and social media outlets. The hope is the initiatives described in this paper could inspire public health ministries and activist NGOs to incorporate crowdsourcing social media applications in the spirit of health in all policies (HiAP). To that end, this paper will begin by defining social media activism from the perspective of the communications discipline. This paper will then demonstrate the significance of sexual harassment as a public health issue, and describe several social media efforts to document incidents and protect victims. The paper will conclude with discussion regarding how these innovations could be integrated into the HiAP approach.

Key words: Egypt; sexual violence; women; media

PURPOSE AND OUTLINE

This paper represents a case study of how social media activism is being used to address a significant, high-profile health issue: sexual harassment in Egypt. The hope is the initiatives described in this paper could inspire public health ministries and activist NGOs to incorporate crowdsourcing social media applications in the spirit of health in all policies (HiAP). Operating under the assumption that most readers are likely to come to this topic with a health policy background, this paper emphasizes social media activism as it is understood in the scholarly discipline of mass communications. A few social media-based health initiatives from around the world will be surveyed very briefly in order to evoke the broad range of health issues that may be addressed through social media. This paper will then demonstrate the significance of sexual harassment as a public health issue in Egypt, and engage in more detailed descriptions of several social media efforts to document incidents and protect victims. The paper will conclude with speculation about how these innovations could be integrated into the HiAP approach.

SOCIAL MEDIA HEALTH ACTIVISM

Zoller ([Zoller, 2005](#)) observed that, while health activists in the USA have achieved significant social and policy changes, ranging from the adoption of Medicare legislation in 1965 to the sea change of public attitudes and regulation regarding second-hand smoke in recent years, 'health activism' remains an uncommon umbrella term. She argues that health activism should rightfully be examined as an important form of health

communication, by employing a critical lens that focuses on issues of power, conflict, inequality and social determinants of health. Unlike health advocacy, which typically aims to *educate* individuals to work *within* the *status quo*, health activism aims to *disrupt* the *status quo*, and is therefore resistance based rather than education based. Health activists may coalesce into Health Social Movements (HSMs), which Brown and Zavestoski (Brown and Zavestoski, 2004) define as 'collective challenges to medical policy, public health policy and politics, belief systems, research and practice which include an array of formal and informal organizations, supporters, networks of co-operation and media'. HSMs affect society by demanding changes in health-care delivery, social policy and regulation; by insisting on alternative hypotheses and methodologies in medical research and by pushing to democratize the institutions and interests that drive policy priorities.

The first decade of the 21st century has witnessed a rapid expansion of information channels, from satellite television, to blogs, to social media sites like Facebook and Twitter, and the improved technological capacity of low-cost mobile phones. Social media applications, such as Facebook, Twitter and even text messaging services, have the ability to amplify the effectiveness of health activism, building the ranks of activists, document the need for social change and organize for real-world action. Howard and Parks (Howard and Parks, 2012) offer a usefully broad definition of social media as consisting of '(a) the information infrastructure and tools used to produce and distribute content that has individual value but reflects shared values; (b) the content that takes the digital form of personal messages, news, ideas, that becomes cultural products and (c) the people, organizations, and industries that produce and consume both the tools and the content'.

Digital and social media have had a positive impact on the ability of HSMs to challenge powerful stakeholders and influence policy. Scientific knowledge is readily available in online via medical databases, research studies and news coverage. Online support and self-help groups have emerged online around a multitude of diseases, conditions and concerns. These groups share information and can serve as springboards to collective action to address or redress systemic inequities or culpability.

As social media have been lionized as the hammer that has toppled repressive regimes, they have also been derided as vehicles for 'slacktivism' or 'clicktivism.' According to Gladwell (Gladwell, 2010) faith in social media activism runs the risk of replacing the hard, dangerous real-word work of boycotts, protests and feet-on-the-pavement organizing with virtual clicking, liking and sharing. However, the fact that relatively uninvolved and uninterested individuals may in fact assuage their weaker sense of civic obligation through social media sharing does not preclude activists from using the same tool effectively. Social media activism is effective when it is used as a tool to coordinate real-world action rather than as a replacement for it (Shirky, 2011). For example, in 2008, South Korean teenagers used social media to launch and sustain the 'Candlelight Protests' against the resumption of beef imports from the USA, without sufficient Mad Cow screen procedures (Ok, 2011).

Furthermore, especially when the disruptive potential of activism is most potent, such as in the context of an authoritarian regime, digital activism carries real risk and enormous potential. By getting word out to a very large networked population, social media can help activists attract large crowds to a protest, for example, right from the beginning. As Tufecki and Wilson (Tufecki and Wilson, 2012) demonstrate, most of the Egyptians who attended the first day of the 25 January 2011 protests against the Mubarak regime found out about the protest through social media.

> Participation on the first day is a crucial indicator. Under an autocracy, the riskiest kind of dissent is that which fails and the most dangerous protest is one that is small. Smaller protests have a higher likelihood of being effectively censored, isolated, or repressed in authoritarian regimes. A slow build-up in attendance is more plausible in democratic societies where small initial protests are less likely to be repressed. Thus, in authoritarian regimes, high participation on the first day is often necessary to initiate the larger cascade that ultimately results in the uprising's success.

CROWDSOURCING HEALTH SOLUTIONS

Another way social media can be used to amplify health activism is through 'citizen journalism' or 'crowdsourcing.' Tufecki and Wilson documented that almost half (48.2%) of the 1200 respondents they surveyed who had participated in the 18-day rising against the Mubarak regime had used their mobile phones to produce and disseminate the events over Facebook and Twitter. In many cases,

traditional media outlets picked up and rebroadcast these reports, thereby deepening the level of detail and the breadth of their coverage.

Just as traditional media outlets can benefit from 'citizen journalists', health policy can benefit from real-time, localized data obtained directly from large, dispersed populations through sensible use of mobile communication technologies. The open-source Ushahidi platform is a crowdsourcing technology that is increasingly applied to crisis and health. It was developed in Kenya in the aftermath of the contested 2007 election to collect eyewitness reports of violence and plot them on a Google Map to provide accountability and transparency. Crisis responders used the platform in the aftermath of the devastating January 2010 earthquake in Port-au-Prince, Haiti to geolocalize reports of victims and survivors.

Frontline SMS is a platform that allows for two-way interactions between remote populations and skilled health-care providers. It has been used in Malawi to allow community health workers to communicate with patients via text, improving patient adherence to treatment protocols and increasing capacity for a tuberculosis treatment program (Mahmud *et al.*, 2010).

The city of Louisville, Kentucky, in the USA, has partnered with a private firm, Propeller Health, to provide a GPS-enabled sensor to asthma inhalers, providing patients, doctors and public health officials accurate data regarding respiratory disease triggers in the community. City managers plan to use the data to identify priorities and build support for air quality regulation (Friefeld *et al.*, 2010)

THE UBIQUITY OF SEXUAL HARASSMENT IN EGYPT

Sexual harassment is a grim, daily reality for Egyptian women. According to a 2013 survey conducted by the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women, 2013a,b), 99.3% of Egyptian women say that they have been subject to sexual harassment, 49.2 of them say it happens daily. About half, 48.9% say that sexual harassment happens more since the 2011 Revolution, but 44% say that it is about the same as before. It did not matter what the women were wearing—conservatively dressed women, with or without makeup reported 94.4% of the incidences of sexual harassment. The respondents felt 'frightened and deeply hurt'

(44%) or angry (35.9%), confused (9.4%) or blamed themselves (7.8%) after the incident. They say sexual harassment happens frequently in all public spaces, such as parks, public transportation and shopping malls, as well as via mobile phones. The most common form of harassment reported was whistling or verbal catcalling (87.7%), but 62% reported stalking and 59.5% reported being touched by their harassers. Of the women who said they requested help from security forces on the scene, 93.4% they received no help.

Given the breadth and scope of the problem, numerous activist groups have sprung up to attempt to reduce sexual harassment and violence against women to undermine the social acceptability of sexual harassment and to protect and support victims. Sexual harassment is a particularly sensitive topic in a society like Egypt, where even school-based sexual education is essentially nonexistent (El Zahraa Geel, 2012). Survivors of sexual violence often face blame for dressing inappropriately or being out in public places, and many also blame themselves. Speaking frankly about sexual violence, and acting publicly on a large scale are, by nature, pushing the boundaries of convention. Given that sexual harassment is a threat to the physical and mental health of victims, activism in this area may properly be considered health activism. Egyptian organizations are engaging in social media health activism, to document sexual harassment, organize responses to abuse in real time and to mobilize support for change.

HARASSMAP

HarassMap is an Arabic- and English-language initiative founded in 2010, using the Ushahidi platform to document sexual harassment and provide support to victims. Ultimately, HarassMap's goal is to undermine the climate of social acceptability for sexual harassers. When an individual experiences or witnesses sexual harassment, he or she can make a report via text message, Facebook, Twitter, email or on harassmap.org. HarassMap plots the incidents of sexual harassment on an interactive map, in which each incident appears as a red dot. By clicking on a dot, others can read the report. HarassMap staff read all the reports to verify whether they ring true before adding them to the database. Reports are also coded by type of harassment.

For example, here is a report that occurred in a south Cairo neighborhood:

Taxi driver starts masturbating

00:58 16 December 2012 alley between Road 200 and 199, Maadi, Cairo

Indecent Exposure Stalking or Following

Description

Was walking home late at night and a taxi driver pulled up in front of me, parked the car, got out and unzipped his pants and started touching himself. I turned the corner and pretended to go into one of the buildings, and he drove past slowly to see if I went inside.

Each report receives an automated response, directing the victim or witness to resources for counseling, self-defense classes and legal assistance to deal with the aftermath of the harassment.

The data from the reports also serve as evidence to break down myths about sexual harassment, many of which serve to justify the harassment, blame the victim or make light of it. These myths include the idea that sexual harassment only happens to foreign or indecently dressed women; that men who harass are just flirting, uneducated or sexually frustrated because economic conditions prevent them from marrying; or that the daily verbal encounters women face on the street are mere annoyances, not serious violence like groping or rape. HarassMaps's data have even challenged the founders' own preconceptions about sexual harassment, encouraging them to adopt a 'less pink' and more 'gender neutral' approach to victims, as reports described how young boys and men were also targeted by harassers (IDRC, 2013).

HarassMap also trains volunteers in 21 communities throughout Egypt to go into their own neighborhoods to talk to shopkeepers, police officers, doormen, restaurant and café owners about sexual harassment. Using the reports as evidence that sexual harassment occurs in their own neighborhood, volunteers ask community members to begin intervening when they see incidences of sexual harassment. When people agree, HarassMap gives them a 'Harassment

Free Zone' sticker to place on their window or kiosk to signal that their business represents a safe haven against harassment.

SEXUAL HARASSMENT AS A TOOL OF POLITICAL REPRESSION

In December 2011, a YouTube video ([JusufElbhar, 2011)](#) of a women in jeans and a blue bra, her black niqab pulled her over head, being dragged and beaten by members of the security forces became an icon of the sexual violence perpetrated against female protesters. Amnesty International ([Amnesty International, 2013](#)) has documented the alarming rise of sexual violence during the protests that have marked Tahrir Square since 25 January 2011. Women attending the protests report being surrounded by groups of men, having their clothes and skin cut, their bodies groped and beaten, sometimes penetrated with knives and fingers.

The Amnesty report states, 'Several women's rights activists and others believe that the sexual assaults on women are organized and coordinated—possibly by state actors—with the aim of silencing them, excluding them from public spaces and the political events shaping Egypt's future, and breaking the resistance of the opposition [([Amnesty International, 2013](#)), p. 8].' This assertion would align with Amar's ([Amar, 2011](#)) explanation that, beginning in the 2000's, Egyptian authorities began hiring 'thugs' to mix with protestors, call out extremist slogans and wreak havoc, in order to terrorize the legitimate protestors and discredit their message. Protestors countered this trend by including women prominently among their ranks, particularly women whose appearance marked them as pious or educated, thereby lending an air of respectability to the protest. Extending 'thuggish' behavior to include sexual assault would, then, serve dual purposes. Not only could the threat of sexual violence dissuade would-be female protestors from attending protests, it could also to undermine the respectability of women who would dare to put themselves at risk of such humiliation.

The Amnesty report was released before the 30 June 2013 protests that led to the ouster of Mohammed Morsi, and during which >80 sexual assaults were reported. When news of the assaults started circulating on social media, the Muslim Brotherhood's Twitter response was to use the assaults to discredit the protestors ([Miller, 2013](#)).

This is consistent with the February 2013 statement from a member of the Egyptian Human Rights Committee assertion that, 'Girls who join [the protests] do so knowing they are in the middle of thugs and street types. She must protect herself before asking the Ministry of Interior to do so. Sometimes a girl contributes 100% to her rape because she puts herself in those circumstances ([Operation Anti-Sexual Harassment, 2012](#))'.

It is clear that, in the context of protests against the state, the state security apparatus and police cannot be trusted to ensure women's safety from sexual aggression. Citizen initiatives Tahrir Bodyguard and Operation Anti-Sexual Harassment (OpAntiSH) have sprung up to meet this urgent need ([Abou Bakr 2013](#)). During protests, members of these groups distribute cards with a hotline number, while scanning the press of people in the square for sexual assaults. When they receive a call for help via text or Twitter, coordinators use social media and mobile phones to direct groups of 6–15 volunteers to the site of the assault. Male volunteers, wearing bright yellow jackets to identify themselves to the victims, form a human chain around the victims, while female volunteers move in to comfort the victim. The teams carry spare clothes, and remove the victim to a safer location. It is important to note that the volunteers intervene at great risk to themselves, as mobs have been known to turn on would-be rescuers, even to the point of sexually assaulting the men. On the other hand, these groups are essentially vigilante security and justice groups, which could raise accountability issues in terms of their use of force, as well as the risk of infiltration and impersonation by sexual aggressors.

In addition to the sexual violence women may face during mass protests, some women have alleged sexual assault while in state custody. According to a report by Human Rights Watch ([Human Rights Watch, 2011](#)), after the security forces cleared the remaining protestors in Tahrir Square in March 2011, seven of the women who were arrested claimed to have been subjected to 'virginity tests' while in custody. One woman, Samira Ibrahim, filed a formal complaint against Dr Ahmed Adel, the doctor responsible. According to Egyptian law, all cases related to the military are investigated by the military police, tried by a military prosecutor and decided in a military court. In March 2012, Adel was cleared of all charges ([Johnson, 2012](#)).

Protecting men and women from sexual assault while in state custody may be beyond the ken of social media health activism. However, activists who are also Android users have access to an app called 'I'm Getting Arrested' or 'Byt2ebed 3alia' in Egyptian Arabic (Mackenzie, 2014). Egyptian Badr Muharram developed the app in 2011. At the press of a button, and another press to verify, the app will alert a pre-programmed list of contacts that the individual has been arrested, with information about the time and GPS coordinates. Since late 2013, the information could also be pushed to social media platforms. With this kind of technology, the hope is that family, fellow activists and legal counsel may be able to respond to the arrest in a timely manner.

MERITS OF THE SOCIAL MEDIA ACTIVISM FROM AN HIAP PERSPECTIVE

Activism, including its social media incarnation, is by its very nature a bottom-up approach to policy change and so implementing it through policy is a bit of a paradox. That said, social media activism has unique potential for enhancing partnerships with new stakeholders, bringing activists into the process of setting health priorities, as well as implementing and monitoring health policies (WHO 2013).

The HiAP Framework for Country Action (WHO 2014) highlights the need to identify and involve key groups or communities who may be affected by policies, as well as to identify and include individuals who can contribute to policy discussion. The document acknowledges that online alternatives to formal, face-to-face meetings may be an effective means to accomplish this. Social media activists and their platforms, especially mobile applications, do indeed represent one avenue for eliciting involvement from populations that are otherwise difficult to reach.

Egypt is emblematic of mobile technology's reach and potential in the developing world. Though only 38% of the population receives Internet via ADSL, the mobile phone penetration is >100% (meaning that some portion of the population actually has multiple mobile phone lines). According to a 2013 survey conducted by Northwestern University in Qatar, Egyptians reported spending an average of 3 h per day accessing social networking sites on mobile devices, including Facebook (94%), Google+ (30%) and Twitter (27%) (Wood *et al.*, 2013). In terms of HiAP, Friefeld *et al.* (Friefeld *et al.*, 2010) point out that mobile phones are commonly carried accessibly at all times, function in remote locations, allow for real-time data collection and can be used for point-of-care education.

As shown on the HarassMap, social media outreach has a far greater geographic range than most awareness and support efforts might be able to attain, with victims in small Nile Valley villages and desert oases able to report sexual harassment and receive support via mobile devices. One powerful indication of the effectiveness of this social media activism is that some victims who have reported sexual harassment have subsequently sought training and become HarassMap community volunteers. Because the initial reports are anonymous, the organization does not have data about the frequency of this victim-to-volunteer transformation, but anecdotally they are aware of instances.

Given the merits of the technology from an HiAP perspective, it is worth examining the ways in which social media health activism can be fostered through policy.

BUILDING CAPACITY AND TECHNICAL ASSISTANCE

The spread of mobile technology makes crowdsourcing health activism more and more accessible. New versions of crowdsourcing software even have the ability to work with verbal reports, essential for interacting with illiterate populations. However, setting up crowdsourcing media does require a certain level of technical expertise, as well as staff with time. Since 2012, HarassMap partnership with Canada's International Development Research Center (IDRC) has allowed HarassMap to move from a volunteer-only organization to include 10 paid staff members.

HARNESSING RESEARCH, INFORMATION AND EVIDENCE

One way in which policy-making organizations can support social media activism is by helping activists validate and refine their activities as research methods for the social sciences. Canada's International Development Research Center (IDRC) has been partnering with HarassMap to validate the data collected through social media

crowdsourcing (IDRC 2012). Data collection related to sensitive topics is notoriously challenging, due to barriers ranging from stigma to fear of retaliation to marginalization of impacted populations. Social media technologies may offer an alternative that limits the impact of these barriers through anonymity and real-time reporting.

From a research perspective, crowdsourced data from social media activist platforms is very strong in terms of scalability, coverage, timeliness and transparency. As the HarassMap experience demonstrates, mobile technology allows a relatively small number of activists with modest resources to reach a large and far-flung population. The reports of harassment are timely, the raw data are readily available for anyone to view and evaluate. Reports can be meaningfully aggregated almost instantaneously, representing a huge usability advantage over traditional data collection and reporting systems.

On the other hand, such data present potential drawbacks in terms of control, corroboration and verification. It is possible that the victims of sexual harassment to report to HarassMap's differ systematically from the general population in some important way. Due to anonymity, which is key to the success of the project, it is also unknowable. HarassMap's findings from its own data have been intriguing, including the fact that pre-adolescent boys account for 14% of harassers. However, the non-random data collection method does not permit the assumption that 14% of all harassment is Egypt is perpetrated by pre-adolescent boys. Finally, there is no fail-safe method for corroborating or verifying reports. Currently, HarassMap staff vet each report for credibility and eliminate reports that seem unreliable or pornographic in nature. However, the method for coding content as 'credible' or 'unreliable' is presently unscientific, and the need for trained human coders could become overwhelming if the volume of reports increased dramatically.

That said, all social science research methods have inherent flaws, and it is conceivable that at least some of these issues could be resolved through capacity-building partnerships with research institutes, like the one between IDRC and HarassMap. If the data collected by social media activists gain acceptance as a valid means of monitoring social determinants of health, evaluating interventions and setting policy priorities, it would encourage the spread of the approach. One example of how this could work is the application similar to HarassMap launched by UN

Safe Cities Initiative in Rio de Janiero in March 2013. By plotting locations where sexual harassment is particularly likely to occur, authorities can use the data to increase deterrent police presence. Pictures taken on mobile phones could be used to identify priorities for improvements to lighting and walking route infrastructure.

POTENTIAL LIMITATIONS

Some of these efforts, like Ushahidi, are open-source, while others technological innovations come from the private sector. This represents opportunity for partnership as well as potential pitfalls. The private sector can be an engine of innovation, and entrepreneurs may raise capital to bring innovations to market more quickly than public health entities. On the other hand, governments must be wary of the profit motivation of private corporations, as well its fraternal twin, corruption. This is underscored in the Helsinki Statement's call on governments to 'Establish conflict of interest measures that include effective safeguards to protect policies from distortion by commercial and vested interests and influence'.

COMPILATION OF EXPERIENCE AND BEST PRACTICE

Supporting peer-to-peer mentoring on this approach through conferences and travel grants would also be useful. So far, HarassMap has received requests to coach similar organizations in 25 countries.

Bringing social media activists together builds their technological capacity and introduces synergies into their application of the tools of social media activists, as well as building real-life ties that sustain communities in action. For example, Tufecki and Wilson note that many of the activists who played prominent roles in the Arab Spring had previously met at the Global Voices conference, Arab Techies Collective in Cairo, Arab Bloggers Summits in Beirut in 2008 and 2009, and the Republica Digital Media Conference in Berlin.

By spreading the word about open-source technologies like Ushahidi as widely as possible, activists working on a wide range of health issues from tobacco control to marketing of breastmilk substitutes may be inspired to apply the tool in their own areas. Articles like this one, describing the ways and means to harness the power of social

media for health promotion, promote diffusion of innovation among NGOs and other activists.

CONFLICT OF INTEREST

None to declare.

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