

## THE PUBLIC POLICY HUB

# Making Small Families a Social Notion in Egypt A Policy Paper



Prepared by\*  
**Alaa Abdelaziz**  
**Menna Roshdy**  
**Omar Zein**  
**Souraya El Assiouty**

Under the supervision of:  
**Dr. Rasha Allam**

June 2021



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**Souraya El Assiouty**

Under the supervision of:

**Dr. Rasha Allam**

Assistant Professor and Associate Chair

Department of Journalism and Mass Communication

The School of Global Affairs and Public Policy (GAPP)

The American University in Cairo

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*\*Names are listed in alphabetical order\**

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**Project Director:**

Dr. Laila El Baradei, Professor of Public Administration

**Project Co-Director:**

Dr. Shahjahan Bhuiyan, Associate Professor and Associate Dean  
for Administration and Undergraduate Studies

**Senior Project Manager:**

Mohamed Kadry, MPP

**Senior Project Specialist:**

Waleed Wagdy El-Deeb

**Senior Communication & Outreach Specialist:**

Ghadeer Ahmed Ali

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# List of Abbreviations

<b>CAPMAS</b>	Central Agency for Public Mobilization and Statistics
<b>DHS</b>	Demographic Health Survey
<b>EDHS</b>	Egyptian Demographic and Health Survey
<b>FP</b>	Family Planning
<b>GoV</b>	Government of Vietnam
<b>GSF</b>	Government Social Franchise Model
<b>KPI</b>	Key Performance Indicator
<b>MoHP</b>	Ministry of Health and Population
<b>MoSS</b>	Ministry of Social Solidarity
<b>NPC</b>	National Population Council
<b>NCCM</b>	National Council for Childhood and Motherhood
<b>NCW</b>	National Council for Women
<b>SBCC</b>	Social Behaviour Change Communications
<b>TFR</b>	Total Fertility Rate
<b>UNICEF</b>	United Nations Children's Fund
<b>UNFPA</b>	United Nations Fund for Population Agency
<b>USAID</b>	United States Agency for International Development
<b>WHO</b>	World Health Organization

## Executive Summary

Population growth and fertility rates have witnessed fluctuations over the years in Egypt. The government's efforts to manage the rising trend were not sustainable, leading the total population to 101 million in October 2020. Such a rising trend risks aggravating the pressure on the country's resources, threatens to undermine improvements in overall economic progress and decrease opportunities for prosperity. Although Egypt is currently enjoying a demographic window with a youth bulge with 60% of its population being below the age of 30, this age group requires tailored services which translates to high demand for health and family planning services, education, and employment opportunities.

Looking at population policies and strategies, family planning remains a strong policy that is essential to tame the exponential population growth, but it goes beyond the orthodox contraceptives methods, and entails a com-

prehensive reform agenda that tackles both the supply and demand sides of the problem. Programs in various developing countries, including Iran, India, Vietnam, and Brazil yielded positive results that could be formulated and adapted to the Egyptian context, with the reliance on the private sector and civil society as important players for successful policy formulation and implementation.

This paper presents three policy alternatives that simultaneously work on the supply and demand sides of FP and are based on social marketing principles to change the behavior of Egyptians and shift their preferences towards smaller families. It does so by offering guiding principles to engage with multiple stakeholders and leveraging on existing government programs and platforms for a sustainable and efficient policy implementation.

## Introduction

Of the number of challenges that Egypt faces, overpopulation remains to be one of the leading challenges that the country has struggled to address and control. In October 2020, the Central Agency for Public Mobilization and Statistics (CAPMAS) announced that Egypt's population reached 101 million, an increase of approximately 1 million people in 8 months since its last milestone in February 2020. CAPMAS further revealed that since February, the population has been increasing by 177 people per hour. The Egyptian Prime Minister Mostafa Madbouly has alluded to the fact that there is a newborn every 13.5 seconds and that the annual increase in population has now become equivalent to that of Italy, France, Spain, UK, Sweden, and Belgium combined. Even with the National Population Strategy, the population growth has remained higher than the target figure by an estimated 7 million people as Egypt was expected to reach 94 million by 2020 and 110

million in 2030. With the current rate, it is expected to reach 118.9 million in 2030.

This issue plays a critical role in a multitude of other issues that all put pressure on the state's budget. For one, the implications of an uncontrolled population growth make the government's support seem trivial as the provision of government services yields substantial benefit to many Egyptians. Hence, the public cannot fully benefit from the provision of a service (e.g., roads and bridges) with the high usage rates and deterioration rates. Other possible implications for this unregulated growth could lead to further water security and food scarcity pressures, especially with the forecasted impact of climate change, and other political challenges.

## Introduction

Furthermore, the challenges that overpopulation poses are not only limited to population size increase, but also transcend to the population's distribution and characteristics. With the majority of the population residing close to the Nile river, the population density becomes further exaggerated with any population spurt and a population maldistribution continues to grow. In terms of characteristics, the country is experiencing a youth bulge, with high illiteracy rates especially among females. Thus, most newborns have unmet basic needs, which would eventually incur a cost on the government's budget, whether in health and education receipts or with lower productivity levels that lead to lower competitiveness levels with other markets, thereby exacerbating the domestic pressures. Therefore, such increases require more resources to cover the needs of the emerging population in order to achieve adequate social welfare. This issue, however, depends on the citizens' understanding of population growth and its potential implications.

Indeed, different governmental agencies have attempted various methods to counter the unregulated population growth, including but not limited to the provision of contraceptive methods; educating women on contraceptives and family planning (FP), training doctors, launching communication campaigns with TV and radio ads, providing health units and community workers to specific locations, etc. The outcomes of those interventions were mixed, as presented later in this paper, yet the problem persists. This policy paper attempts to present the main challenges faced by the Government of Egypt towards controlling population growth and aims to propose multiple policy alternatives that are based on international experiences and uses a multi-media intervention to promote 'A Smaller Family' notion. The proposed policy will focus on reaching out to a youth-targeted audience, ranging from 15 to 35 years, with the proposed policies incorporating different communication strategies that are not strictly digitally centric, in order

to account for a differentiated messaging that caters to a multitude of youth based on their geographic location, age, gender, etc., and expand and amplify its outreach. When the citizens become more aware of the implications of the evolving problem and what is at stake, they ultimately become more perceptive to change. ***The objective of this policy paper is to offer alternative solutions to change the behavior of Egyptians towards smaller families and boost the demand for FP with a focus on social marketing approach.***

## Problem Background

With a population reaching approximately 100 million people in 2019, Egypt was ranked by the World Bank as the 14th largest population globally and the largest in the Arab world. Egypt's population growth had its ups and downs over the ages starting from the 1960s to 2019 with certain factors playing into each period's performance.

### A. Context

Egypt's population growth rate grew at a slow pace from 1897 to 1947 with an average rate of 1.3% per annum. However, it later accelerated from 1950 to 1970 to reach around 2.5%, when it decreased to 2.2% (Figure 1).

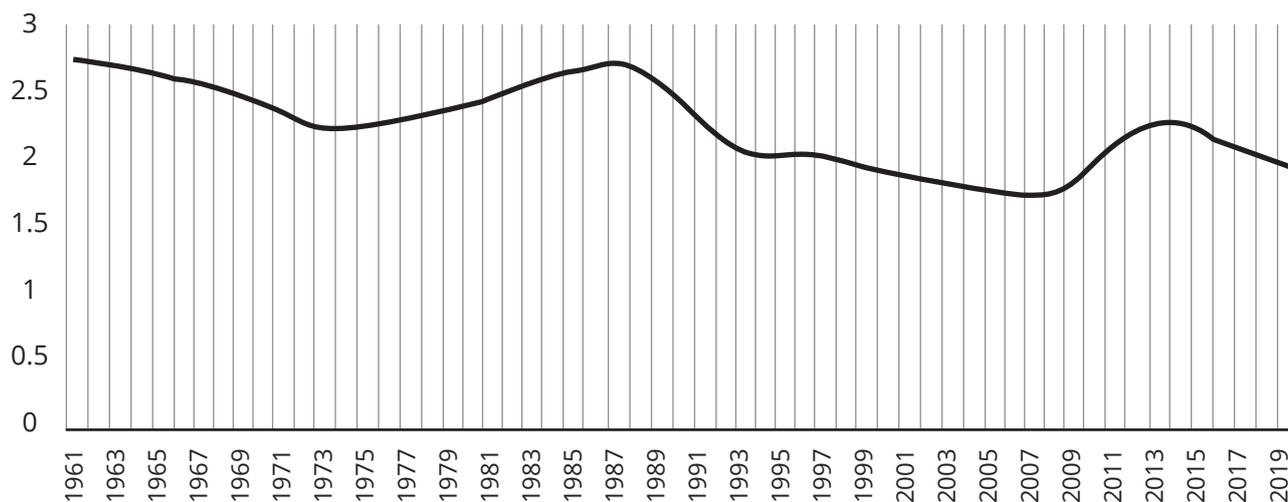


Figure 1. Egypt Population Growth Rate (Annual %), 1961-2019

Source: World Bank Database

### Fertility and Mortality Rate:

It is argued that Egypt's population situation transpired mostly from it once having high fertility and high mortality rates to being one with high fertility rates but low mortality rates due to advances in medicine. This was similarly experienced in other developing countries that underwent a "population explosion" in the second half of the 20th century particularly due to a death rate decline being quite faster and unaccompanied with a similar birth rate decline (Bavel, 2013). Following the end of WWII, Egypt saw the death rates greatly decline, mainly behind the decline in war-related deaths, and significant improvements in nutrition, medicine, and public health, including immunization and sanitation (Awad and Zohry, 2005). Thus, this rapid population growth was behind the wide gap existing between birth rates and death rates.

Other studies argue that the military background of the multitude of the serving officers held a strong belief in the power of larger populations (Ibrahim and Ibrahim, 1998). In addition, the other factors attributed to this influx of births were cultural, where people favored having more children in order to help with the family labor and as a form of contingency plan in case of the death of another offspring. This cultural mindset was indirectly further incentivized by the socio-economic developments occurring on the educational and housing fronts, where good quality services were provided for no or relatively low prices.

## Problem Background

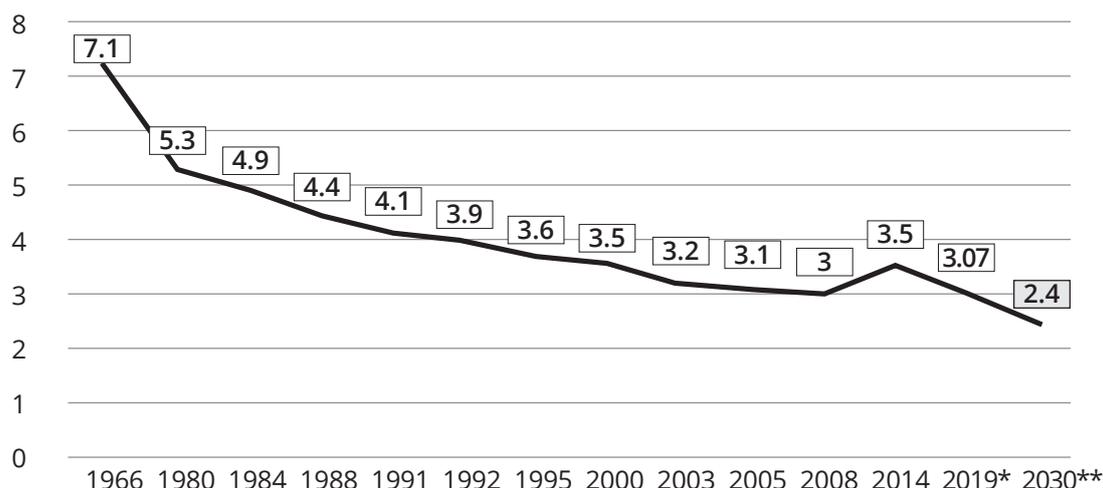
### Egypt's National Charter:

In 1962, Egypt adopted the 'National Charter' that stipulated the country's basic guiding principles and highlighted that high unregulated population growth is a threat to the country's development, in addition to launching an official FP program, the National Population Program in 1965. Even with the program in place, the population issue was not given sufficient and consistent political support, which led fertility rates to remain high until the 1980s (Makhlouf, 2003).

The drop exhibited in population growth rates between 1967 till 1980 was influenced in part by the resurgence of wars that Egypt was part of, including the 1973 war which led to slight fertility reductions, the postponement of marriage, and certain changes in age structure, similar to what was experienced during WWII. In addition, even though the FP program was at work, it had little impact on the population as the slowest fertility decline occurred between 1970 and 1986. It was argued that such limited impact was due to the diffusion of the population agenda within the overarching development objective (Ibrahim and Ibrahim, 1998). Hence, the decline in

population growth rates during 1967 to 1980 was not due to the existence of a FP program and campaign, but due to the aforementioned factors of wars, marriage delay, etc.

After 1980, however, the population growth rate rebounded once the aforementioned factors were no longer at play, with the increased urbanization, and women's education and employment contributing to this period's population decline. Fortunately, at that time, serious attention was given to FP communication. In 1979, the government conducted FP campaigns through the newly established Information, Education and Communication Center (IEC) of the State Information Service (SIS), with the support of the United States Agency for International Development (USAID). Between 1977 and 2006, approximately more than USD 370 million were allocated by the USAID to improve FP in terms of quality and access, in addition to information and services on reproductive health. These efforts led to a steady fall in the population rates and the total fertility rate (TFR)<sup>1</sup>, thus highlighting the grand impact of these programs (Figure 2)



**Figure 2.** Trends in Egypt Total Fertility Rate, 1988-2019

**Source:** EDHS 2014, National Population Council, *El-Zanaty and Way, 2009, Table 4.4*

\* This figure is an estimate that was provided by the National Population Council to the authors.

\*\* This figure represents the targeted TFR.

<sup>1</sup> According to the Egyptian Demographic and Health Survey (EDHS), the total fertility rate is a useful measure for examining the overall level of fertility as it is interpreted as the number of children that a woman would have by the end of her childbearing years (if she were to pass through those years bearing children at the currently observed rates). The EDHS calculates the TFR by summing the age-specific fertility rates for women age 15-49.

## Problem Background

In fact, the TFR decreased from 5.3 in 1980 to 3.0 in 2008, compared to what it was in the 1960s when the TRF was 7 to 8 babies per woman (Robinson and El-Zanaty, 2006). There is, however, a critical implication to such positive fertility decline since 1980 in that the current youth cohort is considered to be larger than other birth cohorts, thus creating a youth bulge (Barsoum, 2013).

This stride in lowering fertility rates, however, was impeded after 2008 for multiple reasons, primarily due to the gradual aid withdrawal of the USAID, which led the government to step in its place. Additionally, the preserved decline in the media campaigns and the role of the specialized centres negatively impacted the declining fertility rates. Adding on that, the data also show that modern contraceptive use declined slightly between 2008 and 2014, from 57.6% to 56.9%. An article in the Guardian attributed this population increase to the population issue falling off the agenda during the last years of Hosni Mubarak's rule (Guardian, 2014). The FP program was negatively impacted after the 2011 revolution due to the undergoing political changes that caused health services disruptions, and decreased resources and investments in training and supervision.

Following this period came the ascension of the Muslim Brotherhood and the increased strength of conservative groups, which led to further activity disruptions in the FP program. It was argued that the issue was exacerbated with former President Mohamed Morsi (2012-2013) repeatedly remarking that the country's large population is considered an asset that should be encouraged, thus highlighting a lower commitment to the program from the government's side (Abdel-Tawab et al., 2016). All these factors contributed to make the TRF reach 3.5 births per woman in 2013, when it was on a declining trend and previously settled at 3.0 in 2008.

### The 2014 Egyptian Constitution:

On the positive side, the 2014 Constitution stipulates the government's commitment to balancing the population growth as highlighted in Article 41: *"the State is committed to implementing a population program that ensures a balance between population growth rates and available resources and the maximization of investment in human resources and enhancing population characteristics within the framework of sustainable development."* Additionally, President Abdel Fattah El-Sisi has previously highlighted that the uncontrolled population growth is a national security threat, adding that the economic growth benefits cannot be reaped without the population growth rate being slowed down. Moreover, the government aims with its Population Strategy 2015-2030 to make the TFR reach 2.4 by 2030, close to the desired 2.1 replacement rate<sup>2</sup>.

It is worth noting that the immediate regulation of the population growth rate will not instantly lead to the decline of population growth. Even after Egypt's fertility rates reach the replacement level, momentum<sup>3</sup> will still lead the population to rise. Hence, the total births can still increase even with a falling TFR. Thus, the sooner the growth is controlled, the shorter the period it will be for this momentum to be drawn out.

<sup>2</sup> According to the UN Population Division, the replacement rate is the total fertility rate at which women give birth to enough children to sustain population levels, thus two children replacing two parents when the latter die. This rate is considered to be about 2.1.

<sup>3</sup> A population momentum happens when a substantial number of women are in their childbearing years.

## Problem Background

### B. International Best Practices

Given that the population crisis is not an exclusive issue for Egypt alone, other countries have developed means to regulate population growth and foster FP programs. This section aims to highlight the successful interventions that had a positive impact on promoting the concept of FP. The four examples selected provide a deep insight on the use of different communication strategies and policy measures that contributed to the success in raising awareness and changing the public perception on FP. Consequently, the proposed policy alternatives are derived from the experiences mentioned in this section, and hence it is imperative to review this section to fully understand the potential benefits of each policy alternative.

- **Public-Private Partnership: Vietnam's Government Social Franchise Model (GSF)**

Social franchising is an emerging form of vertical or horizontal non-profit cooperation with the objective of enhancing social programs and services as well as strengthening the linkages of social organizations (Ziókowska, 2017). In the healthcare sector, social franchise is usually formed by an alliance of the private sector and non-profit organizations that mutually work together to deliver beneficial social health services with a common franchise brand; the services range from clinical training, marketing promotion, and quality assurance (HIP).

Upon researching different social franchise interventions, the most relevant module that would be suitable for implementation in Egypt is the Vietnamese GSF module. The Government of Vietnam (GoV) had the desire to strengthen the capacity of its healthcare service via the Commune Health System (CHS) in the field of reproductive health via the development of a GSF. The new social franchise model included networking and branding public clinics to provide clinical ser-

vices (Ngoet al., 2010).

A study conducted on the effectiveness of the GSF found a positive correlation between the GSF franchised clinics and the increased client volume. The GSF clinic membership was associated with a remarkable 40% increase of reported client volumes compared to others. This could be attributed to the extensive marketing activities to promote interest that included road shows, media tours, and print media. Furthermore, the recruitment of brand ambassadors had an influential role in swaying public interest in clinics via face-to-face communications to encourage targeted segments to visit and get referrals (Ngoet al., 2010).

## Problem Background

- **Edutainment via Mass Media: MTV Shuga's Impact on Nigerians Drama Series in the Combat against HIV**

The use of drama series to address sensitive topics such as the spread of HIV has proven to be an effective communication channel. In 1998, the number of reported HIV cases reached 21 million in sub-Saharan Africa (Report on the Global HIV/AIDS epidemic, June 1998). In response to the serious concern regarding the rise of HIV infections in Africa, MTV Staying Alive Foundation premiered its first episode of a drama series titled MTV Shuga in 2009. The drama series featured educational storylines that raised awareness of HIV/AIDS via tackling viewers' sexual knowledge, attitudes, and behavior. A study conducted in Nigeria, reported as the second highest country with HIV/AIDS at the time of the study, illustrated the powerful impact that Shuga had on viewers' behaviors. For instance, Shuga viewers were 10% more likely to interact with HIV- positive people such as a 10% increase as they were more willing to buy products from an HIV positive shopkeeper. Furthermore, it was reported that Shuga viewers were twice as likely willing to get HIV-tested, the chances of getting STDs such as chlamydia dropped among women, and people were 14% less likely to have concurrent sexual partners. (Banerjee, Abhijit, La Ferrera, and Orozco, 2018).

- **Dispelling Misconceptions on Family Planning: Pakistan's FALAH Module Offers an Islamic Perspective on Smaller Families**

Between 2007-2012, the USAID-sponsored a FP project entitled "FALAH" (Family Advancement for Life and Health) was executed in 20 districts. The project was based on developing a module that encourages an Islamic and scientific approach towards FP. The module also encouraged an interactive discussion between participants and healthcare providers as a method to counter common misconceptions that act as barriers towards FP. To achieve the objective of the program,

35,000 facility-based health care providers, managers, and medical college faculty members were provided with a capacity building program that used an Islamic perspective towards family planning (Population Council, 2013).

- **Youth Empowerment for Social Change-Kenya's Shujaaz Multimedia Platform as a Model for SBCC**

Shujaaz, a two-time Grammy award-winning multimedia platform, is another module of a SBCC program that uses analogue and digital media to promote positive change of norms, attitudes and behaviors among youth in topics related to population issues, sexual behaviors and job creation. Established in Kenya in 2010, Shujaaz is a network of social ventures. It is a community-dialogue platform that was created for youth to empower them to discuss and take action on sensitive matters. Shujaaz's methodology is to enforce social behavior change through the creation of authentic, recognizable and audience friendly content by utilizing youths' experiences as story narratives and fostering a community that closely identifies with them. The materials were circulated using an integrated omni-channel design that included nationally distributed comics, a weekly radio show, and digital media to broadcast fiction and non-fiction that Kenyan youth can emotionally relate to and interact with (Hutchinson, Murzoyants and Leyton, 2019).

# Problem Background

The success of the campaign in promoting behavioral change was staggering. Shujaaz’s use of digital media was linked with an 18.1% increase in contraceptives’ usage and 19% increase in referrals for the use of contraceptives (condoms) to friends and partners. Furthermore, according to Hutchinson, the evaluation revealed that users of the Shujaaz digital platform that were exposed to the campaign for one year were 23.9% more likely to have conversations related to contraception, and 25.9% more likely to use modern contraception. Additionally, the platform has also improved income-generating outcomes for youth (2019).

## C. Strategic Marketing

Marketing is the activity to identify, anticipate, create, communicate, deliver, and exchange valuable offerings that satisfy clients, audiences, partners, and society at large (Serfat, 2017). With the growing modernization of societies, expectations have consequently risen on the public sector organizations to perform and deliver greater outcomes. One method to meet this demand is to effectively use marketing to cater to the public’s needs

and to reduce the ever-mounting pressure on performance.

Consequently, the public sector must be equipped with cutting edge expertise to provide it with the necessary tools to exponentially improve its understanding of the targeted public audience. For one, the data collection is vital for any media campaign to work; this includes identifying media channels that audiences use, an empathy map that highlights the emotions of the target audience, and the public’s perception of particular issues.

Accordingly, the following step would entail developing a marketing objective and plan that outlines the goal of the intervention. The marketing plan represents a managerial process that facilitates the marketing function’s concentration on its capabilities and the suitability of marketing objectives (Chae and Hill, 2000). A simple method of developing a well-designed marketing approach would be using the 5 W’s marketing technique. The below diagram illustrates the use of Arkadium of the 5W’s as a means of analyzing customers’ data.



Figure 3. The 5 W Strategy for Arkadium  
Source: Arkadium<sup>4</sup>

<sup>4</sup> <https://visual.ly/community/Infographics/gaming/-5ws-social-game-purchases>

## Problem Background

The proposed approach that this policy paper recommends according to the examples illustrated in the international best practices section uses a mix of social marketing and social behavior change programs.

Social marketing is defined as “the adaptation of commercial marketing technologies to programs designed to influence the voluntary behavior of target audiences to improve their personal welfare and that of the society of which they are a part” (Meyer and Dearing, 1996). A simplified explanation of social marketing is the targeting a couple that would like to a family that are aiming not to conceive a child but aren’t using contraceptives through providing them with relevant information to make an informed decision about using contraceptives (Waisbord, 2000). Social marketing has drawn much criticism from participatory theorists and practitioners. They consider social marketing as a top-down approach that treats people as consumers rather than protagonists and does not engage communities to decide the problem and their course of action. (Waisbord, 2000).

The realization that a more participatory approach was needed led to the development of Social Behaviour Change Communication (SBCC). SBCC is the use of communication approaches to advocate for changes in knowledge, attitudes, norms, beliefs and behaviors related to health. It uses communication to promote and facilitate behavior change and support the requisite social change for the purpose of improving health outcomes. SBCC works at one or more levels: the behavior or action of an individual, collective actions taken by groups, social and cultural structures, and the enabling environment (Manoff Group, 2012).

The most successful period of FP campaigning in Egypt was during the period from 1986 to 1992, as the Knowledge and Social Change Model was used in formulating FP communication in Egypt. The campaigns during this period focused on combating misinformation on FP and focused on promoting the use

of contraceptive methods. It can be assumed that the use of the Knowledge and Social Change approach had a remarkable impact on the decrease in the population growth by more than 24% (El Kamel, 2020).

### D. Stakeholder Analysis

- **Key Stakeholders**

Given the interdisciplinary nature of population issues in general, and FP in particular, stakeholders working on this issue are quite diverse. The primary stakeholders have a well-established grass-rooted presence in the local communities through their programs and offices and given the services they provide to citizens.

The key stakeholder is the **National Population Council** that was established in 1985 by Presidential Decree No. 19 for the year 1985 and has the mandate of primarily raising awareness on population and development issues such as reproductive health in order to mobilize support and resources for the implementation of programs. It does so by coordinating the efforts to implement the policies and programs across sectoral ministries; advocating for population issues; and conducting research and monitoring and evaluation to better understand the dynamics of population issues vis-à-vis reproductive health, gender equality, and development goals. The NCP is currently an extended arm of the MoHP to ensure that the supply and demand side of population issues are harmonized.

## Problem Background

### • Primary Stakeholders

**The Ministry of Health and Population** is responsible for the service delivery of FP. It has a designated department for population and FP issues. It covers mainly the supply side through the procurement, distribution, and provision of the main contraceptives, and FP services and products in healthcare units, centers, and hospitals. Currently, the National Population Council is under the supervision of the MoHP. The MoHP is a main governmental partner in UNFPA's "Your Right to Plan" campaign that aims to provide access to family planning and reproductive health services, raise community awareness and increase demand for family planning services.

**The Ministry of Social Solidarity** is responsible for many social protection programs administered in Egypt, most importantly the Takaful and Karama cash transfer program. The MoSS has also launched "Two is Enough" campaign in an effort to advocate for smaller families and encourage the usage of contraceptive and FP methods.

**The National Council for Women** is one of the national women machinery in Egypt and has local branches in all governorates across the country. The NCW developed its strategy around 4 pillars: Political Empowerment, Economic Empowerment, Social Empowerment and Protection Against All Forms of Violence. Under its mandate, the NCW conducts various advocacy campaigns through door-to-door visits and regular interactions with the local community during which FP is discussed as part of the women empowerment and advocacy efforts.

**The National Council for Childhood and Motherhood** is another stakeholder that is directly working on FP issues, through their different programs with women and children. It prepared the Childhood Strategy 2017-2022 to ensure child protection,

health, and access to social services, including health and education.

**The Ministry of Information:** the newly re-established ministry is in charge of media and information plays a fundamental role in formulating the media messages and provides guidance to media creators at large. Their engagement on this agenda is essential given their strong regulatory and supervisory role.

### • Secondary Stakeholders

International donors and development organizations play an important role in the FP and productive health programs in Egypt. The UNFPA, WHO, and UNICEF are among the most active on this agenda.

Other government entities and ministries are secondary stakeholders and could play a vital role on the population growth problem with different degrees. For example, the Ministry of Youth and Sports hosts youth centers and sports clubs across Egypt, the Ministry of Higher Education could facilitate access to university students and graduates and the Ministry of Endowment has been responsible for mobilizing religious leaders to address the population issues with the people.

# Significance of the Problem

## A. Implications

The unregulated growth of Egypt's population has various detrimental impediments that affect the people in specific and the economy at large when it is not coupled with a sufficient increase in production. These implications

exert significant pressure on the country's infrastructure and the public goods provided.



Figure 4. Population Growth Implications

### • Political Impact

It is evident that the size of the population imposes a direct impact on the state's budget, precisely its spending on public goods and social services that include but are not limited to education, housing and utilities, food subsidies, social safety nets, public health, etc. A higher population growth rate leads to a larger number of children and adults that demand the provided services, thereby straining the government's

expenditures. Prime Minister Madbouly highlighted that a newborn costs the state 12,000 LE per year until they reach the age of 20 (Youm7, 2020). This issue causes frustration for both the public and the government, where the former gets aggravated with the deteriorating quality of services, while the latter spends huge resources to improve the living conditions.

## Significance of the Problem

- **Condensed Population Distribution**

The majority of Egypt's population is living within the Nile Basin and Delta because most of the land is almost desert.. Such an aspect leads to severe congestion, with one paper highlighting that 96% of Egypt's population lives on 4% of the land (El-Sadek, 2010). On the one hand, rural populations exert pressure on the country's natural resources in terms of land and water (El-Ramady et al., 2013). On the other hand, urbanization and urban encroachment decreases the amount of agricultural land available, leading to pressure on food security. Hence, the country's natural resources of agricultural land are at high risk of deterioration with the tumultuous population growth.

- **Scarce Water Resources and Water Security**

Egypt was classified as a water scarce country as it has less than 1000 m<sup>3</sup> of freshwater per year per capita—the international water poverty line that is set by the United Nations — due to the rapid growth of population (El-Sadek, 2010). Even though the population is growing, the amount of available water has not. As the data shows, Egypt's share of water from the Nile, approximately 55.5 billion m<sup>3</sup> per year, has not changed since 1954 despite a 3 time increase in population (Allam et al., 2005; Nour El-Din, 2013).

- **Deteriorating Quality of Human Resources (Health and Education):**

The rising population burdens the adequate provision of social services, which then leads to other social problems. One of the burdens of inadequate social services is the public education system in the country, where high rates of children in school age cause severe pressure on the system, thereby leading to congested classrooms and overall lower education quality. Hence, parents are forced to either utilize private tutoring, which is costly, or leave the children with a low educational

level. Additionally, this influx of students leads to a further pressure on the higher education system, which already produces graduates with mismatched skills to the needs of the labor market. Hence, reducing the proportion of school-age reduces in turn the burden on schools and allows both the government and parents to invest in more education and improve the labor force quality.

- **Diminishing Health**

Another indirect implication of high fertility rate is its impact on female health and development. Families with insufficient incomes and many children are more likely to withdraw their children from school, mostly girls, for financial reasons. Whenever the circumstances turn dire, girls' education is the easiest for the families to sacrifice as girls, traditionally, help with the household chores and care for younger siblings. The future implications on women who are uneducated or have not finished their education are grand and extend beyond their life to include the life choices of their future children and their upbringing.

### **B. Significance**

These implications and extent of high population growth rates and fertility rates hinder economic progress and development from being foreseen for their true value and diminish the quality of the public services and infrastructure. Hence, regulating population growth, especially with the latest increase in fertility rates becomes dire from a rights-based approach, may come in the form of educating the public, health workers, doctors, etc. on the importance of FP and the usage of contraception, in addition to guaranteeing access to FP measures and procedures for those involved.

## Significance of the Problem

According to a study analyzing the costs and benefits of Egypt's FP Program, EGP 56.12 was the average return on each pound spent on the FP program during the period 2014-2050. Conducted by the MoHP, the Center for Economic and Financial Research Studies (CEFRS) at Cairo University and the UNFPA, the study noted that the country could lessen social spending by nearly EGP 450 billion as a result of implementing FP program over the next 35 years. Accordingly, the government may use the savings generated on the provision of social services that improve the quality of health, education, and housing. *Hence, the significance of FP programs lies in the financial investment yielded by the high internal rate of return.*

### • Demand-side Problems

One of the ways to elevate the demand on FP and reproductive health services is to incentivize the public to adopt the notions of smaller families and the importance of child spacing, which can be accomplished by information, education, and communication (IEC) programs. The media was mostly responsible for IEC programs and for disseminating FP messages to the public. However, the phasing out of USAID's support in funding such programs played a role in the halt of social marketing campaigns and the resulting decreased awareness on new FP methods. In fact, the EDHS (1995-2014) revealed that 'women's exposure to FP messages through mass media' declined to reach 47% in 2014 from an initial 100% in 1995.

Additionally, consistent messaging and incessantly showing FP campaigns served as reminders for the public, but the silence and/or mixed messages led to a deterioration in fertility rates. Previous social marketing campaigns used to rectify misconceptions regarding specific methods and enabled the introduction to new methods. However, the lack of awareness on some reproductive health methods, in addition to certain negative attitudes towards others, led to a reduc-

tion in physicians prescribing them and the public requesting them. This in turn eventually led to a cessation in that method by the importing/distributing company. Likewise, the role that civil society groups played in raising awareness and providing FP services has also diminished.

In addition, in the past, the state television enabled a free airtime to the National FP Program, which is not feasible anymore due to the state television's budget deficits, in addition to the pharmaceutical companies not being eligible for free airtime behind the common perception of being 'profit-making entities'. The diversity of communication channels, from TV and radio to internet and social media, has made it more difficult for FP campaigns to have a reach similar to the one accomplished in the past when there was a limited number of TV and radio channels. Moreover, the increased privatization of the media industry made the TV become over-dominated by privately-owned channels that prefer profitable commercial advertising over public health announcements and awareness (USAID, 2011).

### • Supply-side Problems

From another perspective, creating a demand for FP is important but it needs the adequate provision of contraceptives and counselling to generate the desired outcome. After the 2011 Revolution, the irregular provision of FP services, the reduction in the resources available for the provision of basic services, and the shortage in capacity building programs, monitoring and evaluation impeded the population number and the TFR from reaching their desired targets that were set in the National Population Strategy.

## Significance of the Problem

However, the lack of resources is not the only problem as there is still a shortage of health personnel that is trained to provide reproductive health services and to encourage women to use birth control. Additionally, female doctors and nurses in conservative areas experience severe shortage, as women in these areas tend to favor female doctors/nurses and feel awkward going to male doctors.

Another supply-side challenge is the high unmet need for contraceptives, which the EDHS

2014 showed .6%, a 1 en compared to that of 2008. The implications of such a challenge, coupled with the increasing number of women reaching childbearing age show that FP programs are still needed. In fact, some studies highlight that FP programs still need to boost their efforts to meet the unmet need in addition to providing counselling on contraceptive services.

## Problem Statement

The following section aims to pinpoint the struggles of previous communication programs in changing the perception of the Egyptian population. There are several challenges which include the insufficient existence of data, coordination between governmental agencies, and inadequate communication planning and implementation. The NPC is looking for new innovative methods to reach out to youth via digital media. However, the proposition of new digital solutions, as explained in the alternative section below, will not be enough to guarantee the success of such an intervention. The research has illustrated that the best examples rely on using evidence-based approaches and multimedia channels to amplify the outreach and ensure effective messaging.

### **A. Public Perception on FP and Efforts to Address Population Issues**

There is limited data that is available to the public on the outcomes of previous FP campaigns. However, the data provided by the NPC on the 'Survey on the Awareness of Egyptians on population issues in Governorates' (Al-Sharqia, Al-Ismailia, Port Said, Sohag, Qena) illustrates that there was little satisfaction with the services and media campaigns on the population issue. In addition, the impact on awareness showed mixed re-

sults. The survey revealed that approximately more than 60% of the interviewees were aware of the population issue in Egypt but a large number of the interviewees had a shared belief that the population issue was never a priority on the government's agenda. The survey revealed that 57% of the respondents were not aware of the four awareness mechanisms whereas 71.5% could not identify a media celebrity that addressed the population crisis. Furthermore, 64.1% have not viewed movies or series addressing the population issue.

In addition, another study conducted by Ba-seera revealed that 42% of those surveyed believed that 3 is the ideal number of children and that a low percentage of Egyptians believe that using contraceptives contradicts religious beliefs (UNFPA, 2016). However, another study revealed that 88.7% of women had at least one out of five misconceptions on contraceptives; the most common being that contraceptives can cause cancer (Eshak, 2018).

# Problem Statement

## B. Challenges

### 1. Insufficient Data Collection:

The Demographic Health Survey (DHS) was one of the largest and most critical data sources that covered fertility rates, patterns of contraceptives use, and maternal and child health status. However, the survey was discontinued after 2014 and there are no credible alternatives to the DHS. Furthermore, there is no accurate knowledge on consumption methods (for women) through the private sector. This indicates a severe insufficiency on the data available that can be used to measure the impact of family planning programs or campaigns in Egypt (Azab, 2020).

### 2. Lack of Coordination

The lack of coordination can be viewed in two different cases where two simultaneous campaigns were launched by different governmental organizations and international agencies. In 2008, the government launched the 'Wakfa Masrya' campaign, overlapping with the Communication for Healthy Living program (CHL) that was implemented with the support of the USAID. (El Kamel, 2020). Later, the same incident occurred in 2018 with the launch of the "Two is Enough" campaign by the MoSS concurrently with the UNFPA and MoHP's "Your Right to Plan" campaign. The MoSS campaign advocates for state regulations on family size, whereas the UNFPA and MoHP is another program to ostensibly guarantee women's reproductive health rights (Abuelsoud, 2020).

### 3. Reliance on Top-Down Approach

In 2008, the "Wakfa Masrya" campaign resorted to the same tactics of the early 1980s and used slogans that were too general; indirectly blaming the Egyptian population for the crisis. The campaign drew criticism from Doriya Sharaf Eldin, former spokesperson of the NCW, noting the campaign's failure to

reach the target audience (El Kamel, 2020). In 2018, despite having different approaches and messages, the two campaigns, "Two is Enough" and the "Your Right to Plan", shared a top-down approach and cast women as recipients of awareness messaging, rather than as active decision makers (Abuelsoud, 2020).

### 4. Unclear Communication Plan:

The current media communication plan that was developed as part of the National Population Strategy for 2015-2030 needs to be reviewed and reformulated. For instance, the objectives are centered around the increase in media coverage and public mobilization to support population issues. However, as the research paper has highlighted, without adequate marketing objectives, there will be severe problems in the effectiveness of the campaign. An increased media coverage cannot always guarantee a cost-effective strategy that increases public awareness. Furthermore, the Review of the Executive plan for 2015-2030 highlights the necessity for the objectives to reflect the concept of development-based empowerment to raise the population characteristics. For instance, the implementation plan for media communication did not address women empowerment (the fifth pillar) (Sayed, 2020).

### 5. Lack of Monitoring and Evaluation Mechanisms

The Review of the Executive Plan for the 2015 Population Strategy highlighted that it faced critical challenges to complete its evaluation: "reports do not allow for ratio calculation since they are consolidated data or for only a few months (there is no baseline). The data was not coded nor analyzed (in the form of rough tables), [and] there was only a brief account of the activity without a reflection on the indicators or their linkage to the Executive plan" (Sayed, 2020).

## Problem Statement

This can be illustrated in the MoSS's statements regarding the "Two is Enough" media campaign. The MoSS announced the success of this media campaign in late 2019 based on the high viewership indicating more than 30 million viewers (Al Watan, 2019). However, this campaign drew heavy criticism from social media users as they found the messages to be a gross misrepresentation of the

Upper Egyptian population, and disrespectful (Agam, 2019). Hence, the real impact of the campaign, especially on the TFR, cannot be measured merely by social media views. Therefore, a more comprehensive Key Performance Indicator (KPI) must be developed in order to measure the impact of each campaign

## Policy Alternatives

### A. Alternatives

The proposed cross-cutting interventions to serve this growing societal problem include political commitment, coordination of resources, civic engagement and participation, media and social awareness, monitoring and evaluation, and innovation

and effectiveness. For this paper, the below three policy alternatives are presented to support the government and the NPC in achieving their objectives through innovative approaches.

#### Policy Alternative 1: Partnership with the Private Sector - Developing a new social brand

Description	<p>Developing a new brand for providing family planning services has shown satisfactory results in Vietnam. The proposed approach of creating a new brand would not only allow the government to tap into new resources but it would also create a demand for FP services. The proposed partnership with the private sector could be done on two fronts to address both the supply and demand side of FP:</p> <ul style="list-style-type: none"> <li>◇ Partnering with pharmaceutical/healthcare companies to produce and market FP. The government can benefit from the companies' marketing and advertising efforts in creating and meeting the demand for FP by facilitating the work of the product suppliers, relieving the constraints on the production of contraceptives, and allowing the promotion of products and services on different media platforms including national TV channels and radio. Furthermore, it would allow the private sector to invest more in FP clinics as a method to promote FP services.</li> <li>◇ Fostering partnership with the media and arts ecosystem to insinuate positive FP messages using various content created in the audio-visual industry, thereby encouraging the consumption of contraceptive methods.</li> </ul>
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## Policy Alternatives

Forecasted Consequences	Covering the supply as well as the demand will ensure better results to tackle FP.
Advantages	<ol style="list-style-type: none"> <li>1. Cost efficient as the private sector will bear the financial cost of producing FP products, services, and marketing;</li> <li>2. The private sector's creativity and experience in marketing might prove effective in reaching out to the target group.</li> <li>3. Rebranding FP services and products can potentially increase CCR and reduce TFR.</li> <li>4. Hiring professional storytellers and artists that have an experience in reaching target audience and promoting SBC.</li> <li>5. Engagement with media and arts will ensure a continued yet subtle awareness effort.</li> <li>6. The profit-maximizing model of the private sector will guarantee a growing FP demand and sufficient FP supply.</li> </ol>
Disadvantages	<ol style="list-style-type: none"> <li>1. Public skepticism towards motivation of private sector engagement.</li> <li>2. The possibility of miscoordination between private sector and public sector (slowing down progress and implementation capacity).</li> <li>3. The public sector's commitment might vary depending on the income/revenue generated from this initiative.</li> <li>4. Resistance from the public sector due to lack of trust.</li> </ol>
Constraints	Red tape regarding both the products production and ads airing in traditional media channels (TV/Radio)
Level of Impact	<p>For the supply side, the private sector will cover the unmet demand which currently stands at 14% (DHS 2014).</p> <p>As for the demand side, the media and arts will reach all segments of population specially youth, according to the utilized channel (including digital platforms).</p>

## Policy Alternatives

<p><b>Suggested Actions/ Activities</b></p>	<ol style="list-style-type: none"> <li>1. Developing a new social brand that engages pharmaceuticals/ healthcare companies and media agencies.</li> <li>2. Conducting a comprehensive research on FP (including qualitative and quantitative research on the target audience) to develop a new marketing campaign that is tailored to the Egyptian public (based on their geographic location/socio- economic status) etc.</li> <li>3. Recruiting influential social media influencers and media professionals as brand ambassadors.</li> <li>4. Creating a prototype for campaign materials before launching to the public in order to test the public's understanding of the message and avoid sensitivity backlashes.</li> <li>5. Developing a potentially award-winning drama series for Egypt that brings to the audience the real struggle of large families (similar to MTV Shuga).</li> <li>6. Creating art competitions for youth (especially in rural areas) to raise awareness on smaller families.</li> <li>7. Monitoring and evaluating the successes of the campaign based on the KPIs.</li> </ol>
<p><b>Target Group</b></p>	<p>For pharmaceutical/healthcare companies: Primary target group: married couples aged 15-35 in areas with high TFR.</p> <p>Secondary target group: married couples that do not want another child but are against contraceptives.</p> <p>For media and arts: youth 18-35 years old.</p>
<p><b>Timeframe</b></p>	<p>For the supply side, engaging with the private sector could be a quick-win to cover the unmet demand.</p> <p>As for raising awareness to lower fertility, it is a long process, and the results could be materialized over a longtime frame (minimum of 5-10 years).</p> <ul style="list-style-type: none"> <li>• Successful campaigns (as illustrated in the international best practices) managed to achieve an estimated 8-10% change in behavior towards becoming more receptive of family planning/smaller family/sexual reproductive health.</li> </ul>
<p><b>Resources (Human and Financial)</b></p>	<ul style="list-style-type: none"> <li>• The private sector will bear the financial cost.</li> <li>• The public sector will provide the human expertise in FP and access to primary healthcare units.</li> </ul>

## Policy Alternatives

### Policy Alternative 2: Community-based Approach

Engaging with the community is another approach that is found to be relevant to the societal problem at hand. In India, for example, the social marketing and

community-based distribution model was cost effective and yielded positive results in comparison to developing countries such as Iran and Pakistan (Black, 1976; Talwar, 1979).

<b>Description</b>	<p>Engage with several users of young men and women in a community to share their experience as advocates for small families, to community leaders, opinion influencers, practitioners, and health workers. The objective is to engage with different types of influencers to change the perception of the youth around FP. It is important to distinguish the socio-economic and cultural characteristics that are unique to the youth cohort (i.e., the profile of influencers needed to resonate with the audience at hand).</p> <p>The reliance on the existing pool of community health workers is essential as they usually resort to door-to-door campaigns to pass information on FP, contraceptive methods, and general maternal and neonatal health. Their methods of communication could be shifted by using digital platforms to ensure that personalized messages are still maintained but in a more efficient manner.</p>
<b>Forecasted Consequences</b>	<p>Boost the demand for FP, alter the behavior of youth towards smaller families, and correct wrong FP misconceptions</p>
<b>Advantages</b>	<ol style="list-style-type: none"> <li>1. Buy-in and endorsement of the local community.</li> <li>2. Strong civic engagement.</li> <li>3. Confidence in the message content and its provision.</li> </ol>
<b>Disadvantages</b>	<p>Slight resistance from local communities and lack of expertise and interest to participate in these activities.</p>
<b>Constraints</b>	<ol style="list-style-type: none"> <li>1. Limited resources to mobilize advocates and influencers.</li> <li>2. Institutional capacity to roll-out and manage the community-based interventions with proper follow-ups.</li> </ol>
<b>Level of Impact</b>	<p>This approach will mainly work on stirring the demand on FP methods and change the behavior and perception on family size.</p>

## Policy Alternatives

<b>Suggested Actions/Activities</b>	<ol style="list-style-type: none"> <li>1. Training community workers using a tested and tailored module (similar to the FALAH module) to increase access to productive health services.</li> <li>2. Providing basic communication trainings for community leaders and public opinion leaders to mobilize them to disseminate positive messages around small families and spacing births.</li> <li>3. Launching a social media campaign encouraging local leaders, social media influencers and local religious leaders to speak to youth about smaller families.</li> <li>4. Launching competitions and workshops in sports clubs and universities through a youth-to-youth engagement.</li> </ol>
<b>Target Group</b>	Youth aged 18-35 years old.
<b>Timeframe</b>	It takes a long period of time to change the behavior of individuals, and it is anticipated to be a medium-long term approach that could expand over 5-8 years.
<b>Resources (Human and Financial)</b>	<p>The different government entities including the NPC, the MoHP, the MoSS, and the NCW have a pool of community workers that could cover the human expertise needed for the success of this policy.</p> <p>As for the financial resources, a cross support from other government programs, and/or donors' projects would be essential to cover the cost of running the community-based activities.</p>

### Policy Alternative 3: Family Planning Community Alternative Education

Community education revolves mainly around the different activities that aim to increase the level of community awareness and lead to behavioral change. Community education is an outreach method that is interconnected with social marketing and advertising (Carter, Tregear & Moskosky, 2015). FP alternative education can be

utilized through different innovative channels like social media platforms, mass media or "interpersonal methods in community settings".

## Policy Alternatives

<b>Description</b>	<p>This policy aims to leverage the existing resources to engage in community education through:</p> <ul style="list-style-type: none"> <li>• Capitalizing on pre-existing platforms like “Mawaddah” to enable the NPC to provide educational materials that are tailored to the targeted group. Mawaddah is an unutilized opportunity to inform the community about FP using courses. Furthermore, potential target group can interact with health professionals online via Mawaddah Facebook page.</li> <li>• Launching a new hotline (replacing 08008880800 hotline) for FP information and consultancy as a form of interpersonal method in a community setting that can reach a wide range of population regardless of their geographic distribution. It can also be used to answer personal questions regarding FP.</li> </ul>
<b>Forecasted Consequences</b>	<p>Engage youth in the FP discussion and provide more age specific and personalized messages and advice. It will also help in raising awareness and avoid unwanted pregnancy.</p>
<b>Advantages</b>	<ol style="list-style-type: none"> <li>1. Unlike TV ads, these kinds of channels have the capacity to fully refute misconceptions and clarify the FP information.</li> <li>2. Low-cost community intervention that is also convenient and easy to modify and update.</li> </ol>
<b>Disadvantages</b>	<ol style="list-style-type: none"> <li>1. The course, which is around 1-2 hours, would require visuals and interactions to encourage users to finish the course (applying influencers marketing and publishing FP content in the most influential pages on Facebook could encourage people to take the course).</li> <li>2. The hotline has a limitation as it cannot reach out for people; it only answers the inquiries of those who are already aware of the need of FP and proactively express their need for FP information.</li> </ol>
<b>Constraints</b>	<p>The course would require users to have access to stable internet connection, while the hotline call center personnel would need to be trained on FP topics and the correct delivery of the message.</p>
<b>Level of Impact</b>	<p>The tools proposed entail a different level of impact, where the course would have an impact on the majority of those with internet access, while the hotline will be able to reach a wide range of population regardless of the geographic distribution.</p>

# Policy Alternatives

<p><b>Suggested Actions/ Activities</b></p>	<ol style="list-style-type: none"> <li>1. Partner with the MoSS to use Mawaddah website.</li> <li>2. Produce course content to educate the target group about FP using youth friendly language.</li> <li>3. Encourage youth to share stories of their experiences in FP and create comics/animations using fictional characters.</li> <li>4. Create a comfort zone for youth to discuss SRH related topics.</li> <li>5. Train the team working on the hotline on how to maintain a professional yet friendly way in communicating with the users.</li> <li>6. Launching a new family planning hotline.</li> <li>7. Have M&amp;E plan in action to measure the level of impact of each suggested method.</li> </ol>
<p><b>Suggested KPIs</b></p>	<ol style="list-style-type: none"> <li>1. Decrease in the number of unintended pregnancies.</li> <li>2. Increase the number of additional users of modern methods of contraception.</li> <li>3. Increase in the number of FB followers on the Mawaddah website.</li> <li>4. Increase in the number of youths with a certification for the completion of the course.</li> <li>5. Increase in number of youth stories created and disseminated.</li> </ol>
<p><b>Target Group</b></p>	<p>Youth in their reproductive age (18-35).</p>
<p><b>Timeframe</b></p>	<ul style="list-style-type: none"> <li>• Changing a societal behavior is a lengthy process that requires several years of sustainable, consistent, and effective messaging.</li> <li>• The hotline is supposed to have a quick effect as it aims to educate couples who do not oppose FP and hope to control their fertility due to the lack of knowledge or limited access. The hotline help prevent an unwanted pregnancy.</li> </ul>
<p><b>Resources (Human and Financial)</b></p>	<ol style="list-style-type: none"> <li>1. The courses will be aired through a pre-existing channel.</li> <li>2. The NPC would contribute with their expertise in FP to produce an effective course.</li> </ol>

# Policy Alternatives

## B. Policy Analysis

This policy paper utilizes two criteria in order to assess the application and impact of all the proposed policies. On the one hand, the equity criteria would be used to measure the amount of people that are going to benefit from each approach across different socio-economic classes and geographic scopes. On the other hand, the technical criteria would aid in understanding the extent of FP

behavioral change that each policy alternative would be able to encourage. Accordingly, the paper uses a cost-benefit analysis as its decision rule in settling on the most effective policy that has the best combination of cost efficiency and a wide outreach.

Feasibility		
Policy Alternatives	Technical	Equity
Partnership with the Private Sector	This option relies on the technical knowledge and expertise to produce the products/services for the family and design informative and accurate messages for media engagement.	The main target group (youth between 18-35 years) are mainly covered, but also a spillover effect is expected to reach other age groups, leading to a wider outreach.
Community-based Approach	This approach will need experts to facilitate the medical messages and correct the misconceptions around the different contraception methods.	This policy ensures the equity dimension as it targets the sub-population mostly impacted and affected by FP.
Family Planning Community Alternative Education	Preparing FP courses requires the technical expertise that is already utilized by the NPC. The content will be launched on an already existing channel (Mawaddah). There are various available platforms that provide FP online free courses; for example, Family 101 course on Global Health e-Learning Centre could be translated and contextualized to meet the Egyptian society's needs and standards.	The online courses would reach all the target groups who have access to the internet, while the hotline will be used by everyone interested in FP.

## Policy Alternatives

The implied costs and the ultimate benefit of each proposed alternative impose limitations on the policies' effectiveness. For one, partnering with the private sector yields a low cost and high benefit option, as it shifts the cost from the government to the private sector, thus alleviating the government's burden, and ensures that the benefit is grand with the private sector's profit maximizing model. The private sector continuously aims to expand its consumer base in order to cater to more clients that demand their services (FP in this case), thus increasing the generated revenues and guaranteeing that the FP messages and services are continuously provided.

The second policy alternative suggesting a community-based approach has a high cost and medium benefit potential if applied. The costs for implementing such a strategy are predictably high given the need for experts, influencers, storytellers, in addition to coordination amongst the parties, and logistical implications. The benefits, however, are influential as the messages delivered from

influencers and opinion leaders carry more confidence and trust, thus the strategy is the most effective one in reaching the targeted group, delivering a tailored message, and guaranteeing a significant behavioral change.

Finally, the third alternative proposing community alternative education has a medium cost and medium to high benefit potential. For one, the technologies suggested are either already in place (Mawadah) or the government has previously utilized them (FP hotline), hence the know-how is available and the resources to be used only need to be leveraged to encompass the proposed solutions. In terms of the benefits granted, they are expected to be high for the hotline proposal and medium for the Mawadah proposal. The reason is that a hotline has a high reach to all the population but has a grave limitation in that only people with FP awareness would contact the hotline, whereas leveraging Mawadah would reach strictly those with internet access.

## Conclusion and Recommendation

Given the socio-economic dynamics of the FP issue in Egypt and the interdisciplinary nature of the problem, a strong political will and buy-in are essential from both the bottom-up and top-down angles. The policy-makers see the importance of addressing the exponential population growth. However, the resistance and lack of awareness coupled with the limited supply of FP methods did not lead to the desired results. The challenge is to offer feasible policy options to address the above-mentioned challenges in an efficient manner by tackling the supply and demand sides simultaneously. Engaging with the private sector is crucial given the width and depth of the actions that are needed to be taken, whereas the community-based solutions carry more trust from the public.

According to our analysis on the policy alternatives, we can conclude that the **'Partnership with the private sector'** is the most effective policy that we can recommend behind its relatively low cost, high reach, and ultimate benefit. Partnering with the private sector, especially with the pharmaceutical sector is a low-hanging fruit that could help in addressing the shortage in supply and marketing for FP methods. Pharmaceutical companies that produce FP products should be allowed to create campaigns to promote the small family concept besides marketing for their products (Tay et al., 2017). The private sector has the resources to socially mobilize the public for the cause if the right tools are used. With the government's support and the private sector's resources, the pharmaceutical companies will be able to conduct the required "client-focus" research and market segmentation (Armandet al., 2007). The pharmaceutical companies are capable of sustaining social marketing campaigns and fund creative advertisements to best reach different segments of the society with tailored messages to convince them (Abdel-Tawab, 2016). It is a lucrative sector, and it is a smart investment for these firms. This is also aligned with the government's efforts to ex-

pand the private sector engagement in the medical field in general, and in the pharmaceutical industries in specific.

In addition, building partnerships with the media and arts scene will help in addressing the demand side by raising awareness, changing the youth's behavior towards FP and the promotion of small families in the content created and aired in the different media platforms, with a focus on digital channels that are appealing to the youth.

If trust and confidence in FP messages from public/government-affiliated sources play a huge role in the public's acceptance of the notion of small families and the importance of FP, then the other alternatives would prove to be extremely beneficial, but at the cost of a high budget burden on the service providers. The second proposed policy option suggests utilizing alternative education through capitalizing on pre-existing platforms like "Mawaddah" and launching a hotline for FP information and consultancy. Through a partnership with the MoSS, the NPC can add a course or series of online courses tackling issues related to FP and promoting the importance of adopting the small family concept (Mahamed, Parhizkar & Raygan, 2012). It is an opportunity to inform the community in detail about the importance of FP, the services available and their locations (Carter, Tregear & Moskosky, 2015). These courses can be offered on a voluntary basis or they could be a prerequisite to getting married. Launching a FP hotline is a form of interpersonal method in community setting that can guide users with the right information and respond to rumors concerning contraceptives (Hardee, Croce-Galis & Gay, 2017).

## Conclusion and Recommendation

Finally, **community-based solutions** ensure the objective of engaging with different types of influencers to change the perception of the youth around FP.

It is crucial to distinguish the socio-economic and cultural characteristics which are unique to the youth cohort and therefore the profile of influencers needed to resonate with the audience at hand. In rural areas, the community leaders and the opinion leaders are able to reach their community; they have established their credibility, have a strong trust belief, and have a great influence passing on

information and messages to their community. In urban settings and with the rise of digital technology, reliance on social media is rather more attractive than the traditional methods. Community health workers who would usually resort to door-to-door campaigns to pass on information on FP, contraceptive methods, and general maternal and neonatal health, could shift their methods of communication by using digital platforms to ensure the personalized messages are still maintained but in a more efficient manner.



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# THE PUBLIC POLICY HUB

Where Rigour Meets Creativity

The Public Policy HUB is an initiative that was developed at the School of Global Affairs and Public Policy (GAPP) in October 2017. It was designed to fill in the policy research gap in Egypt. It provides the mechanism by which the good ideas, plausible answers, and meaningful solutions to Egypt's chronic and acute policy dilemmas that are proposed by the country's best minds, the experienced and the creative from different age brackets, can be nurtured, discussed, debated, refined, tested and presented to policymakers in a format that is systematic, highly-visible and most likely to have a lasting impact.

It is designed to develop a cadre of well-informed and seasoned policy developers and advocates, while simultaneously fostering and promoting creative solutions to the challenges facing Egypt today. The project provides a processing unit or hub where policy teams are formed on a regular basis, combining experienced policy scholars/mentors with young creative policy analysts, provide them with the needed resources, training, exposure, space, tools, networks, knowledge and contacts to enable them to come up with sound, rigorous and yet creative policy solutions that have a greater potential to be effectively advocated and communicated to the relevant policymakers and to the general public.

Since its establishment, the Public Policy HUB has been supported by Carnegie Corporation of New York, UNICEF Egypt, and Oxfam. The Hub had partnerships with different ministries and governmental institutions like the Ministry of Social Solidarity, Ministry of Planning, Ministry of Health, Ministry of Trade and Industry, Ministry of Local Development, Ministry of Education, Ministry of Environment, National Council for Childhood and Motherhood, National Population Council, and General Authority For Transportation Projects Planning.

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