

The Determinants of Fertility Plateau in Egypt and their Policy Implications

Executive Summary

The objective of this report is to understand the determinants of the fertility plateau in Egypt and to discuss the policy options that are available if further declines are being targeted. This report provides a summary of the main findings of a research activity conducted by SRC in partnership with UNFPA/ASRO and UNFPA Cairo office. The details of this activity, including the scientific papers, drawn upon to prepare this report, are provided in the resource site of this project that is available at http://www.aucegypt.edu/research/src/Pages/PopConf_studies.aspx.

The framework adopted in this report is guided by a reproductive health paradigm that understands that the rationale for national goals is its contribution to individual wellbeing. The framework prioritizes that every person should have the right and an equitable opportunity to live a healthy, productive, and fulfilling life and that every family should have the freedom of choice to have the number of children desired. The framework also seeks healthy satisfaction of reproductive intentions, and recognizes the importance of informed and responsible choices.

The report is divided into four sections. The first section provides an analysis of fertility profile in Egypt investigating the recent trend and their proximate determinants, the level of fertility desires and their satisfaction, and the unhealthy features of the fertility pattern. The second focuses on the regional variations in fertility levels and trends and key determinants explaining this variation. The third probes the structural determinants governing both fertility desires and the ability of the family planning program to achieve its goal of healthy satisfaction of reproductive intentions. The fourth section discusses the challenges and opportunities associated with both population growth in Egypt and the changing political context and the policy implications of the findings.

Recent fertility trends in Egypt are showing a deceleration of fertility decline and are plateauing around a total fertility rate (TFR) of 3.0 according to the latest 2008 Egypt Demographic and Health Survey. Patterns of fertility behavior in Egypt is not uniform among regions. Urban areas are showing significant stagnation in fertility levels. Rural Lower Egypt is starting to show the same pattern. Rural Upper Egypt, to a large extent, is the only region that still shows decline in fertility levels but with a very slow pace of decline. Analyzing the proximate determinants of fertility indicates a major inhibiting role of contraceptives, while the influence of marriage hardly changed since the late eighties. In terms of proximate determinants at the regional level, clearly the weight of contraception and marriage in shaping fertility level and its trend is quite different for different regions and for different periods. Hence in analyzing past fertility trends, the story of the determinants of fertility decline is different for different geographic regions.

The unexpected stagnating pace of fertility change in urban areas was shown to be mainly due to the fact that urban settings host heterogeneous groups with different and conflicting demographic goals. Within urban settings, some areas in Egypt are considered urban areas while their characteristics are greatly different from the other characteristics of an urban setup. Clearly, a reduction in socio-economic disparities in urban settings would support a lower fertility levels for such areas.

The data also indicate unhealthy reproductive patterns. Almost 40 percent of the annual live births (2.4 million live births) are of order 4 and above, or are to mothers below age 20 or above age 40 years, or born within a birth interval which is less than two years. This clearly is considered unhealthy patterns of reproductive behavior according to WHO standards. Supporting women to have their births during the age group 20-39 will certainly affect TFR of Egypt. It was calculated that TFR will decline to 2.67 if births of women aged below 20 years and above 40 years were avoided.

The current national fertility level is sustained by two driving forces, a uniform relatively higher desire (higher than the national goal of 2.1 by 2017) as well as missed opportunities for family planning practices. The relatively high desire of fertility (almost 3) is matched by an actual fertility level not very different from it. This average consistency is concealing the fact that for many groups in the society actual and desired fertility do not match. The detailed analysis indicates that in many instances, fertility desires for a lower number of children are not achieved. If unwanted births are avoided, a decline of around 0.31 births is expected and TFR of 2.69 live births will be achieved. If these unwanted births are coupled with the avoidance of births from unhealthy patterns, fertility levels are expected to reach as low as 2.4 which is very close to replacement level.

Clearly, a family planning program that supports women to achieve their fertility desires (avoid unwanted births) and to avoid unhealthy patterns of reproduction would contribute to lower fertility.

Socio-economic development, particularly women empowerment, is known to influence the scope of opportunities available to females and to empower them to achieve their fertility desires as well as support lower fertility desires. Education is among the most commonly identified sources of empowerment among females. In Egypt, the effect of education on fertility preference does not show up unless the level of education reaches secondary level or higher. When it comes to female employment as a main source of empowerment, no evident difference shows for working or non working women with respect to actual fertility, except with certain features of female employment. Women who have ever worked and have low level of education have larger average of children ever born than those who have never worked. When job characteristics are explored, it is found that a higher percent of respondents with low job quality (security) have four or more children compared to those who have never worked before. Secured jobs i.e. permanent jobs or contracted jobs with social security are relatively more associated with lower fertility behavior and desires and more with women who achieve their fertility desires. It is clear that in order for education and employment to impact fertility, they need to be qualified by certain characteristics.

It is evident that ideational changes among young people to accept and seek replacement level family size have not been achieved. Ideals of families above 2 children persist among youth thus slowing the adoption of family planning methods.

The family planning program in Egypt has articulated its mandate, guided by a reproductive health paradigm, states its goals as provision of family planning methods and services, adoption

of the reproductive right approach, and advocacy concerned with women's health. This is a very positive feature that needs to be drawn upon to allow the program to achieve its goals. It should be noted, however, that the indicators of performance remain centered around the achievements with reference to the level of TFR and does not include detailed indicators covering the many aspects related to the healthy achievement of reproductive desires.

The family planning program in Egypt clearly has unsatisfied potential role in further reducing fertility. A significant proportion of women stop using contraception after a short period of use although they still do not want to have more children. Also, there is more demand and need, than the satisfied, for contraceptive services especially in rural areas. Meeting these demands will certainly impact current levels of fertility. It is expected that TFR will decline around 20 percent, if unmet need and discontinuation is satisfied.

Exposure to family planning (FP) messages is one of the variables that affect contraceptive use and, hence, fertility levels. This type of exposure decreased during the past years. The past means of exposure are no longer able to reach the population. The local media used to be the most direct way to deliver FP messages, the high domination of satellite television in the common Egyptian home has diminished its effectiveness and thus its consistency.

These past challenges are growing in an environment that has problematic features of organizational and administrative structure in terms of the high level body capable of translating these strategic directions into effective plans and of following up the implementation of such plans. There is frequent restructuring of such a body and changing its affiliation of the population issues between different ministries is impeding such needed efforts. The large number of times such institutional framework has been changed in Egypt was coupled by a change in chairmanship, mandate and administrative position within the hierarchy of the Government. These changes meant frequent revisit of vision, mission and objectives for such a key organ.

The absence of a system for monitoring and evaluation is among the prevailing challenges that are hampering periodic assessment of progress at all levels. This is also highly linked to the establishment of population databases and eliminating the contradiction between data from various sources. The major source of data for assessing the situation were obtained through the implementation of the successive series of the Demographic and Health Surveys that started in 1988 and continued to be carried out regularly up to 2008 under the financial support of USAID. There is a need for ensuring an adequate information system supported by a skilled and systematic analytical effort to provide timely assessment of the current situation, especially after the pull out of USAID support to the health component as part of Egypt's graduation in that respect.

After the 25th of January revolution in Egypt, there is a great deal of ambiguity regarding the population size and fertility policies. Such an issue is not given the priority it deserves and the right framing. No one rarely talks about the topic, its linkages with the economy and development and how population dynamics is part and parcel of our vision for Egypt. The current level of TFR suggests that the national goal of TFR of 2.1 by 2017 as stated in Egypt population strategy will not be achieved and that, assuming no future changes in both fertility

(TFR=3) and mortality levels, the population of Egypt will reach around 150 million in 2050, according to United Nations projections. Egypt's population size will increase regardless of what population scenario we will follow. This fact cannot be avoided. According to the latest figures from vital registration, there are more than two million births annually (almost 2.4 million births) in 2011. This figure has been showing increasing acceleration since 2006. This inevitable population growth and the growing aspirations for improved well being and social justice pose serious and increasing demands on the available resources and their growth potential.

The current discourse appears to suggest that Egypt population challenges will solve themselves through focusing on socio-economic development. This is clearly not substantiated by the current analysis. It should be noted that the potentials of a well functioning family planning program have not been fully satisfied. The data indicate service challenges in satisfying the current fertility choices of families, in ensuring healthy mothers and children and in meeting the growing aspiration of an increasing population. Socio-economic policies need to target the inequitable distribution of opportunities, need to address gender concerns and need to recognize the interactive relations between population and development. An efficient family planning program and an influential and capable population council are a corner stone of an overall development plan in Egypt.

The report concludes with detailed recommendations for future policy options under three dimensions:

- ***Prioritizing population challenges and full integration within overall development plan emphasizing gender and children values and rights:*** Among the recommendations, the articulation of a clear and unified vision and a consensus around the nature of the population challenges facing Egypt and the approaches to deal with these challenges, the adoption of an overall development approach recognizing reproductive health, gender values, and the importance of children rights especially to education, women provision with potential sources of sustainable empowerment, and the support of a renewed focus on ideational changes especially among youth.
- ***Improved performance of the family planning program:*** this includes building on the current RH approach, enforcing the FP component to ensure the right of families to achieve their informed reproductive desires in a healthy pattern, expanding FP/RH coverage, improving quality of services, and ensuring integration of FP/RH within primary health care.
- ***An effective National Population Council for population planning:*** Among the recommendations, developing and presenting evidence-based population strategies, adopting a disaggregated approach, sustaining and improving population data, reviewing FP messages, assigning clear roles and responsibilities for all stakeholders, monitoring and evaluating, and updating the population objectives and approaches according to achievements.