

# **Positioning the population challenges and their recommended policies in the New Egypt: A Policy Report<sup>1</sup>**

Egypt is facing a number of population challenges in terms of size, distribution and characteristics. It is a populous country given its used or inhabited land. Egypt is ranked the fifteenth worldwide with a population size that exceeds 80 million in 2011. Population density is reaching very striking figures. Land wise, Egypt is ranked twenty ninth globally in square area. However, as Egyptians mostly reside around the Nile, its rank jumps to almost 130 worldwide in used land. Characteristics wise, the population is experiencing a youth bulge, high illiteracy rates especially among females, mal-distribution of population, inevitable increase in population size, a demographic window of opportunity. At the same time, there are, as well, structural/administrative challenges that face the governance population of policies and programs. All these challenges pose the need for a different approach of thinking and performance in dealing with the population challenge in its entirety, namely distribution, characteristics and size given the available natural resources with the purpose of achieving better quality and sustainable life for Egyptians. The main population challenges are as follows:

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- Egypt's population will dramatically increase regardless of what population scenario we will follow. From 80 million in early 2010s, the population will increase inevitably. The Egyptian population is projected to exceed one hundred million in the next two decades. In 2030, the population size is projected to range between 97 to 110.3 million. The increase will be around 17- 30 million. By 2050, the population size is projected to reach 151 million if the current fertility levels (around 3) remained unchanged. Under the most optimistic but unrealistic scenario of reaching replacement level by 2017 and then leveling off, the population will reach almost 111.1 million, a difference of about 40 million which is almost Egypt's population size in 1976. This difference is equivalent to the 2011 population size of Canada, Algeria, Morocco, surpasses the population size of Malaysia, and twice that of Netherlands. Egypt's population will dramatically increase regardless of what population scenario we will follow. Population size will continue to grow for a longer period but the main question is the size of such expected increase.
- Factors such as the inevitable population momentum, the general fertility preference that is higher than the ideal replacement level, and the shortcoming of the family planning services challenge the resources and

success of any potential progress. One example of resource pressure is the per capita water share. Owing to the alarming population increases and the constant Egypt's share of water, the per capita share of water in Egypt is currently far below the water poverty line of 1000 cubic meters of water per year and will reach by 2020 almost half that water poverty line.

- These past two challenges pose a valid question. Is development the best framing to the population problem or tackling the population problem within a wider framework that takes various dimensions including development as one arm is the optimal way? It is worth acknowledging that the framing of the population problem is currently under crucial scrutiny, where some forces place the population problem exclusively under a developmental paradigm. At the same time, evidence shows that the population problem is in great need of direct actions to work on the overflowing growth and bad characteristics, hand in hand with development initiatives.
- Almost one third of the population is illiterate and this puts Egypt among the top ten countries with respect to illiteracy. The situation is worse for Egypt's female and rural populations, with almost half girls and women over the age of 15 years-old being illiterate. Studies repeatedly note the considerable gender gap, which is in turn exacerbated by regional and urban-rural gaps. Rural girls and women are, without exception, the worst hit.

Although there are some indications of marginal improvements over the past decade, there remains a gender gap in favor of males. For rural women, the problem is doubly difficult to get around. The majority of female rural household heads are illiterate. A general lack of financial resources, added to a culture in which rural women's roles are limited to the domestic sphere and farm work, seriously hampers their access to education. Illiteracy is the main source for the lagging position of Egypt on the scale of human development.

- Less than one-third of the population is under 15 years of age, 65 percent in the working ages 15-64, and just below 4 percent is 65 and above. This reflects that almost one person in the dependency ages (less than 15 and 65 and above) is dependent on almost two individuals in the working ages (15-64). This implies two challenges. First, Egypt is passing through a youth bulge. Second, Egypt will be very soon within the demographic window of opportunity. These two interrelated challenges focus attention to the issue of working on our human capital or human resource development.
- Egypt has been experiencing since the beginning of this century a leveling-off in fertility levels around three children. At the same time, the average desired number of children remains around three children per woman (15-49) regardless of education, residence, and working status. This reflects a

difficult obstacle; when the desired and actual fertility level off at the same level just above the targeted replacement level (2.1 children per women). This raises a valid debate and that is how to coincide between the macro or the country targets and the micro or the individual objectives.

- Fertility trends are different among the regions in Egypt. Urban areas are showing significant stagnation in fertility levels. Rural lower Egypt is starting to show the same symptoms. Rural Upper Egypt, to a large extent, is the only region that still shows decline in fertility levels but with seriously slowing trends. This clearly calls for regional policies that takes into consideration regional disparities.
- According to the latest 2009 vital statistics data, there are 2.2 million live births per year. This figure is almost double that of Japan and 50-70 percent more than the numbers in Turkey and Iran. This figure has been showing increasing acceleration since 2006. Almost 40 percent of this 2.2 million live births are of order 4 and above, or are to mothers below age 20 or above age 40 years, or born after a birth interval which is less than two years. According to the WHO, this poses great health risks to both the mother and the child.
- In many instances, fertility desires are not achieved. Almost 14 percent of births that occurred in the five-year period before 2008 EDHS were not

wanted. This percentage clearly increases dramatically by birth order. Almost one third of the births with order 4 and above are not wanted. Almost twenty percent of actual fertility of three is not wanted. This percentage goes as high as 28 percent in rural Upper Egypt and as low as 15 percent in the Urban Governorates. When studying the level of consistency among women who, contrary to the average norm, have desired two children and the profile of those who succeeded in fulfilling their desires, results reveal that the level of attachment to two children is weak among women at the end of their reproductive career. On average, only one third of this group who preferred two children during their entire life achieved so. In contrast, ninety five percent of their peers who preferred more than two children achieved so and even more than they desired.

- A significant proportion of women stop using contraception after a short period of use as well as there is more demand and need, than the satisfied, for contraceptive services especially in rural areas. These two reasons helped significantly in the stagnation of contraceptive levels around the level of 60 percent contraceptive prevalence rate during the last decade. Almost one quarter of users discontinue during the first twelve months of use. The main reasons contributing to about 50 percent of this discontinuation rate are the presence of side effects/health reasons followed by method failure. The

total unmet need in Egypt is 9.2 percent. The likelihood of having unmet need is highest among women who have no education, live in rural areas especially rural Upper Egypt, belong to the lowest wealth quintile.

- It seems that the current prevailing education and employment types and levels among women do not support further declines in fertility towards replacement levels and towards helping women achieve their demographic goals. Effect of female education on fertility preference does not show up unless the level of education reaches secondary level or higher. When it comes to female employment, no evident difference shows for working or non working women with respect to fertility. Furthermore, females 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 was 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. Job quality is measured in terms of whether the job is permanent, inside an establishment, sector of employment, having a contract and social security. These jobs do not support women to compromise the number of children with their employment but rather provide an extra source of income to help provide for their children and also have more children.

- It is evident that ideational changes among young people to accept and seek replacement level family size have not been achieved. Ideals of large families persist among youth thus slowing the adoption of family planning methods. Regional disparity in mean ideal number of children persists. Young people living in rural Upper Egypt have the highest mean ideal number of children.
- Religious based interpretations are negatively affecting desires/practices. While FP practice is socially acceptable, it is not acceptable according to some religious points of views but acceptable by others. This disagreement clearly confuses reproductive desires and behavior among Egyptian families. 20% of women think that religion is against the use of family planning methods.
- An important concern for the family planning program in Egypt is the timing of the first use of contraception as a way of helping women achieve their goals. The idea of using contraception before having any children is widely resisted in Egypt. The idea of postponing the first child is resisted across all groups of ever-married women. Around six in ten women begin use of family planning after having their first child.



- 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.
  
- Women who successfully achieved their intended fertility of two children ‘achievers of 2’ or ‘achievers’ are highly selected with regard to most of the demographic, socio-economic and reproductive health factors that influence fertility. They marry, on average, at old age. While in Egypt still delaying marriage, especially after age 30 is not welcomed, considerable fraction of the achievers married at age above 30. They have short duration of marriage before reaching the end of their reproductive career. They are enjoying successful child survival much more than their peers, and they do not have strong son preference. Achievers have favorable socio-economic characteristics; they are highly educated, have high rate of participation in the labor market, and have high standard of living and are living in urbanized areas. Furthermore, they are marrying to better off husbands in terms of the level of occupational skills and level of education. They are

notably better with regard to two indicators; place of child birth and husband's desire for more children. None of the achievers delivered their babies at their homes and fewer husbands desire more than two children.

- These past challenges are growing in an environment that has problematic features of organizational and administrative structure. There is frequent restructuring and changing the affiliation of the population issues between different ministries. There exist absence of an integrated approach and inter-sectoral collaboration. Furthermore, on the administrative level the reproductive health model as a notion is perceived as a competitor to the family planning program. In addition, the social determinants of health are generally overlooked. The large number of times such institutional framework has been changed in Egypt, was mainly because of changing chairmanship, mandate and administrative position within the hierarchy of the Government. These changes reflect the lack of vision, mission and objectives for such organ.
- The absence of full scale package 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. A similar process need to be put in place 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. The continuity of such sporadic activities within the context of a well coordinated monitoring and evaluation plan is also a major challenge to be able take corrective measures, as needed.

## **Policy directions towards a better and sustainable quality of life for Egyptians**

- The need to have a clear and unified vision and a consensus around the population challenges facing Egypt and the approaches, strategies, policies, programs and tools to deal with these challenges.
- Support a renewed political commitment and the revisiting of the existing structure and paradigm. A shift from the narrow focus on family planning to reproductive health approach is needed that focus on narrowing the disparities with a justice approach.

- Initiate contacts with all parties, coalitions, fractions to raise their awareness towards the population challenges and get their consensus around a unified vision towards population.
- The need to support a human development approach. Human capital development includes improved education access, equality and quality, and raising labor market efficiency. Fostering the nation's human capital will boost productivity in all key sectors, allow more equitable resource distribution and enable higher levels of innovation and creativity, and ultimately will help Egyptians fulfill their demographic goals. Integrate RH plans within other development plans.
- Provide women with potential sources of sustainable empowerment; namely higher education and more secured employment opportunities will certainly help them achieve their reproductive desires. It is suggested, for example, that micro credits need to incorporate forms that support women, for instance, to work in empowering jobs outside homes, in attempt to influence their reproductive desires and behaviors
- Sustain and Improve national and sub-national data on population issues and analyze their underlying social determinants of health at local levels.

- Adopt a disaggregated approach to deal with population challenges in different geographical areas and prioritize under-served populations and regions.
- Emphasize decentralization of population plan would also lead to customizing programs to local conditions and accordingly enhance potential success.
- A renewed focus on ideational changes particularly for youth is highly needed and the continuing engagement with religious leaders.
- There is a need to review family planning messages to convince couples of the importance and benefits of the small family and the health consequences of repeated childbearing on mother and birth especially in rural area.
- Diversify the mass media messages and find new and different message delivery approaches to reach women in different areas in order to promote the adoption of the small family policy.
- There is a great need to increase the number of health units that provide FP/RH services especially in rural Upper Egypt. Focus on strengthening service delivery at the local levels. Improve management, supervision and feedback to deliver better quality service.

- Improve the quality of services provided in the units and ensure the existence of a female health provider in each unit. Training courses should be provided to doctors working in health units that provide RH services to enable them to serve women with better quality.
- Offer a variety of family planning methods to be available in health units especially in rural areas. The advertising for safe methods is very important to ease the fear of side effects and to correct misconceptions about contraceptive methods.
- Improve services provider effectiveness and expand counseling. For improving services provider capacity, it is recommended to support training for physicians, specially females, health workers, and midwives on family planning methods.
- For counseling on family planning/reproductive program, it should be expanded to encourage women on using contraceptive methods. This message needs to be propagated during various missed opportunities such as antenatal and postnatal care and times of children vaccination.
- Enforce one message/vision but also ensure efficient implementation by all relevant stakeholders. Assign clear roles and responsibilities for all stakeholders to instrumentally contribute to changing the current stalling

situation.

- Monitor and evaluate using quality performance indicators to evaluate process and impact in the field and at local levels.