

**Study Report**

**Population Stabilization Policies and Programs in  
Egypt**

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## 1- INTRODUCTION AND BACKGROUND

Egypt has faced major challenges to stabilize its population policies and programs in the last three decades. The government of Egypt has a consciousness of the overpopulation risks with its dimensions and the demographic problem since the 1960s. The policy leader assured that the annual increase in population growth rate will be the main obstacle to the efforts of the government in achieving the economic growth and development. Therefore, Egypt has identified three dimensional population problems, "1- the increase of population growth rate, 2- the unbalanced distribution of population over the land and 3- the decrease in population traits". From this respect, the government of Egypt has considered the population and family planning as one of its national priorities.

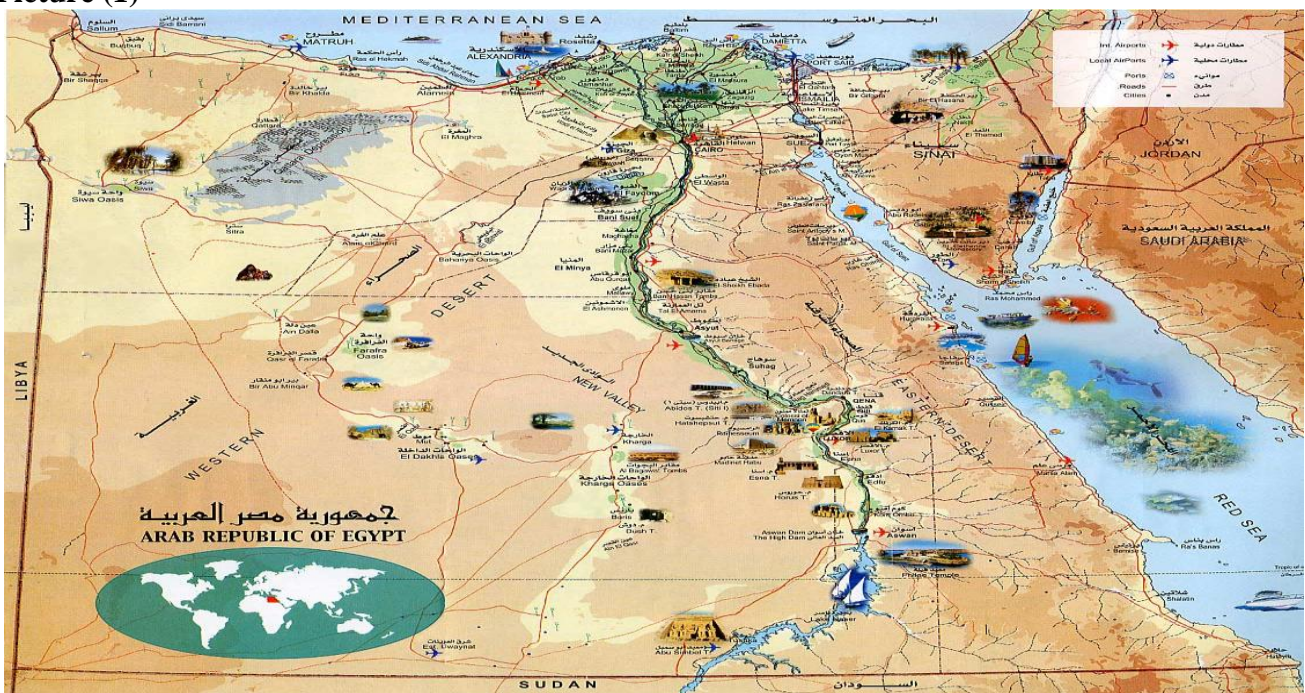
Despite the efforts exerted over the past decades, and the successes achieved in lowering the population growth rate from 2.8% in 1986 to 1.6% in 2008, the total fertility rate from 5.3 in 1980 to 3 in 2008, the crude birth rate from 39/1000 in 1986 to 26.6/1000 in 2007, the maternal mortality rate from 174/100000 in 1993 to 68/100000 in 2004, Egypt has still a long way to go to overturn the population trend. (EDHS. 2008)

**This report will cover** the population events and policies throughout three different eras, "What Was Egypt in the Past", "Where is Egypt Right Now", and "What is the Prospective View and future strategic plan of Egypt".

### A- Geography of Egypt

Egypt is located in the northeast corner of the African continent. It is bordered by Libya to the west, Sudan to the South, the Red Sea to the east and the Mediterranean Sea to the north.

Picture (1)



Egypt has the largest, most densely settled population among the Arab countries. The total area of the country covers approximately one million square kilometers. However, much of the land is desert, and six percent only of Egypt's area inhabited. Despite the efforts of the Egyptian Government in adopting a policy of land reclamation and fostering of new settlements in the desert, the majority of Egyptians lives either in the Nile Delta or in the Nile Valley extended from Upper Egypt in Aswan to Lower Egypt in Rasheed and Damietta which are located on the Mediterranean Sea.

## **B- Population Size and Structure**

The latest population census in Egypt was carried out in November 2006. According to the results, Egypt has a de facto population of 72.2 million. This number excludes the roughly 3.9 million Egyptians who are living abroad. The internal immigration of Egyptian citizens from rural areas to urban ones represents also a great problem of over condensation of population in big cities like Cairo (39 thousands / square kilometer). It was noticed that the population pyramids of Egypt in sequential different times has always showing broad base. This means that Egypt is suffering from unbalanced age structure (About 55% of the peoples are below 25 years old, while about 34% of the peoples are below 15 years old" these figures would clarify that the work power represents 21.8 million only from the peoples which may cause a stress burden on Egypt Governorate to achieve the economical development and welfare. However, Egyptians had made civilization and built the pyramids with a population of only two million. Our population at the early 20th Century was 10 million, twofold increased to 20 million by mid-century and threefold at the end of the century hitting 64 million in 2000.

**Picture (2)**



By the beginning of 2008, it is estimated that population had increased by around one and half million to reach 74.3 million (CAPMAS 2008). Today Egypt ranks sixteenth on the list of the most populous countries worldwide. Our population is approaching 80 million, with an annual increase of about 1.3 million births a year which means 108333 monthly increase 3610 daily increase and one increase in birth rate per 23.4 second.

## **2- THE SITUATION OF EGYPT POPULATION IN THREE DIFFERENT ERAS**

### **“What was Egypt in the Past”.**

This part of the report describes the past events of family planning and population and covers the progress made to date. It clarifies also the policies which had been carried out by policy makers and stakeholders during the ancient times relative to the situation of Egypt now and the future vision and strategic plan.

### **2.1- History Profile on Population Evolution in Egypt**

The ancient Egyptians among the firsts who think in family planning and population.

The Egyptian papyrus of the 19th Pharaonic Family, indicate that family planning practices started 2000 years before Christ (BC). These papyrus mentioned multiple descriptions for contraception as local methods.

Population problem in Egypt started since **1930s**.

**In 1935**, A discussion about family planning was carried out in the Egyptian Medical Association Committee.

**In 1937**, The Mofti who was the head of Islamic religion declared that family planning was legal and not prohibited.

**In 1939**, a non governmental organization called Maady Child Association was established to provide antenatal care and family planning services.

**In 1947**, the first family planning center was established.

- At that time they were using sponge, salts and grape leaves as contraceptive methods.

- Then vaginal rings (diaphragm), male condoms and family planning booklets, were provided by Pathfinder Association

**In 1952**, the association for population studies was established to cover the demographic researches.

**In 1953**, the national population committee established.

**In 1960's** consciousness of demographic problem arose, where directions to develop the Supreme Council for Family Planning had been given, considered and taken into action. At that time Egypt had a population of 26 million people.

**In 1962**, the announcement of the first official governmental support for family planning indicating the real birth of the population policy in Egypt.

From this respect the ministry of health introduced the family planning national plan of action in three phases:

1. To provide different cafeteria of family planning methods.
2. To develop well equipped clinics for family planning services.
3. To support the costs of family planning methods.

**1965**, The Government of Egypt decided to consider that the population problem was a national one which a key constraint to development.

**1973-1982**, The Government of Egypt (GOE) announced its national population policy for ten years.

**In 1984**, The first national conference for family planning was held in Cairo to set the goals and objectives of the national population council which was established in 1985 to put the recommendations of the solution of population explosion into action.



**1992-1997, Government of Egypt put its five years strategic plan which adopted the fertility reduction goals:**

- Long term target of reducing the population growth rate to 1.8% and total fertility rate (TFR) to 2.7% by the year 2007.
- Intermediate target of reducing population growth rate to 2.0% and total fertility rate to 3.5% by the 1997.

**5 years achievements and taken actions during (1992-1997) to solve the population problem:**

- Political commitment & support for family planning services & programs.
- National strategic plan for family planning.
- Developing & production of the national F.P. guidelines which were the basis of national quality assurance program.
- Establishment of national F.P. service delivery network.
- Developing the Regional Center for Training in F.P. & its national network of satellite training centers.
- Introduction of new contraceptive technologies to Egypt.
- Establishment of the national FP research program.
- Introduction to information, education & communication programs.
- Decentralization policy & strategy which lead to effective implementation of
- FP projects in the governorates of upper and Lower Egypt.
- Developing active private & NGO sectors in FP service delivery.
- Introduction to reproductive health & family planning diploma through faculty of Medicine, Ain Shams University.
- Establishment of national management information system which monitors the progress of family planning implementation in Egypt.

**2.2- Dimensional Population Problems of Egypt**

**“Where is Egypt Right Now”**

**A- Population Growth Rate**

Egypt government has considered the population growth rate is the first dimension of its population problem. Censuses have been known since ancient times. The government takes a census of the Egyptian population every ten years. Records of the living and the dead were taken periodically and a centralized archive (the Royal Archive) was established to keep track of official documents.

**The first census was carried out in 1882** where the total number of population at that time was 6.7 million. The censuses held throughout the Twentieth Century show Egypt's population growing constantly. While the 1897 count put the number at 9.7 million, in 1947 it multiplied to 19 million. In 1976, it stood at 36.6 million, double the 1947 figure. The census conducted in 1996 put the number of population at 59.3 million.

**The 2006 census is the thirteenth** to be held by the Central Agency for Mobilization and Statistics (CAPMAS). According to the 2006 census figures, the population (including those living abroad) is estimated to have reached 76.5 million at a growth rate of 37% over the 1996 figure.

Population in urban areas increased by 40.22 per cent and is now standing at 30,949,689; population in rural areas rose by 64.22 per cent and is put at 41,629,341.

Cairo is the governorate with the largest reported population growth percentage (11.1%); followed by Giza (8.1%) and Sharqiya (7.3%). Meanwhile, the governorates with the lowest population increase rates are Southern Sinai (0.1), the New Valley (0.2) and the Red Sea (0.3).

Males have increased at 51.1%; and females at 48.88%.

Meanwhile, the average number of family members is down to 4.18%. Family members under 6-years of age stand at (14.09% of the entire population).

The number of 6 to 10 year olds are put at (6.95%), 10 to 15-year olds at (10.7%), 15 to below 45 year olds at (48.2%), 45 to below 60 year olds at (13.75%); and 60 year olds and above at (6.27%).

**Total Population in Egypt 1990-2009**  
**Percentage Living in Urban and Rural Areas**

This table (1) shows the total population rate between 1990 and 2008 in the size of Egypt's population and in the distribution Of the population by urban-rural residence.

The urban record shows (43,4 in 1990) and (43.0 in 2008) while the rural record shows (56.6 in 1990) and (57,0 in 2008).

The table shows that the total Egypt's

Population increased during this period by more than 40 percent. (51,911 in 1990 to 75,225 in 2008) and **(76,054 in 2009) as shown in the following chart (1)**

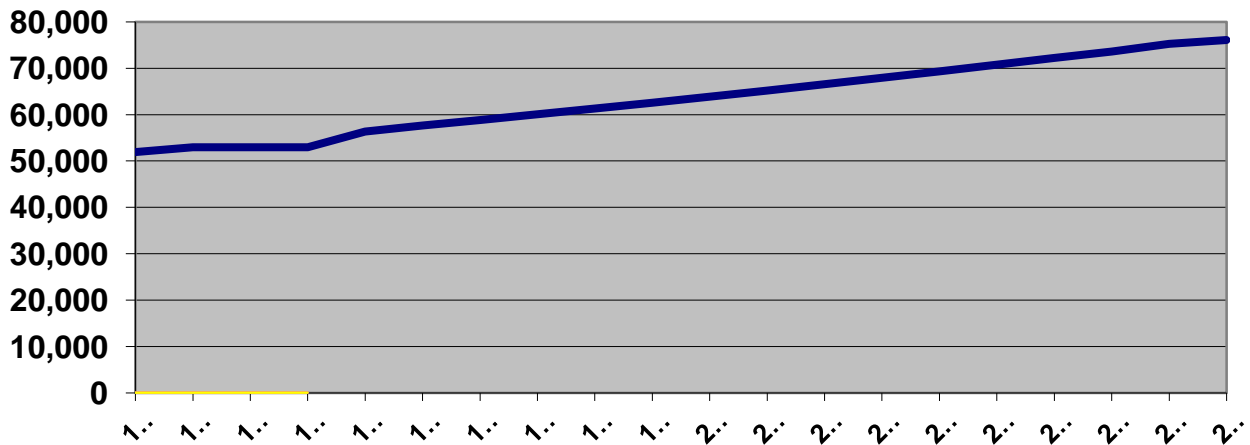
Despite the sizeable population expansion, the percentage of the Egyptian population living in areas classified as urban remained virtually unchanged during the period.

T.(1)

Years	Total Population (millions)	Place of Residence	
		Urban	Rural
1990	51,911	43,4	56,6
1991	52,985	43,2	56,8
1992	54,082	43,2	56,8
1993	55,201	43,1	56,9
1994	56,344	43,1	56,9
1995	57,642	42,9	57,1
1996	58,835	42,6	57,4
1997	60,053	42,6	57,4
1998	61,296	42,6	57,4
1999	62,565	42,5	57,5
2000	63,860	42,5	57,5
2001	65,182	43,1	56,9
2002	66,531	42,9	57,1
2003	67,908	42,9	57,1
2004	69,313	42,8	57,2
2005	70748	42,7	57,3
2006	72,212	42,5	57,5
2007	73,608	43,1	56,9
2008	75,225	43,0	57,0

**These figures exclude Egyptians living abroad----- Source: CAPMAS**

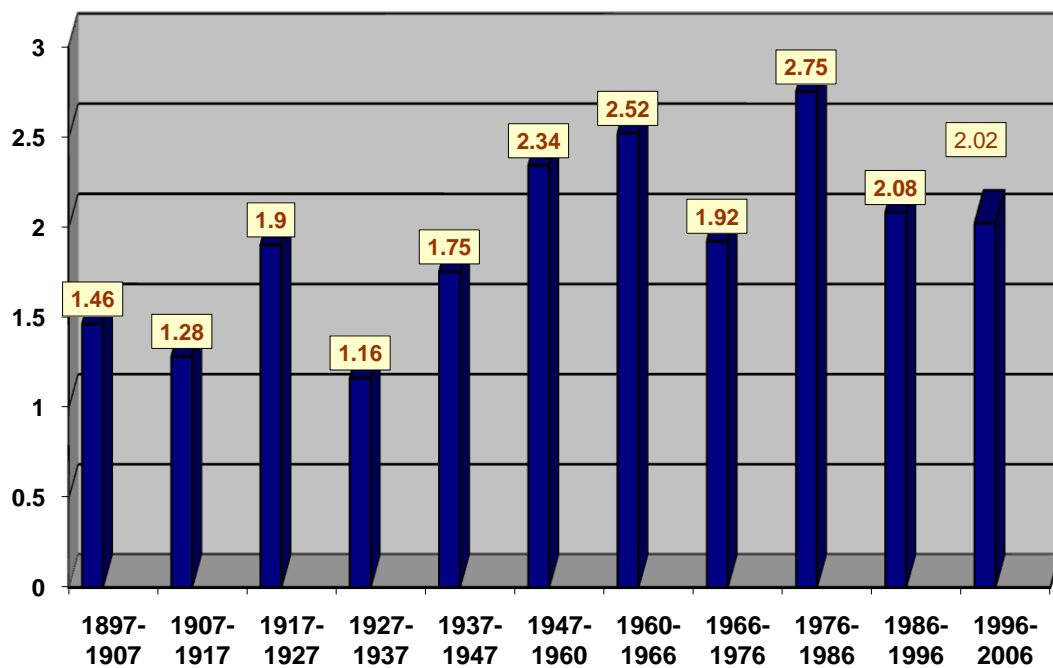
**Population Growth Rate 1990- 2009 - Ch(1)**



The following chart (3) shows population growth rates in percentage during the period 1897-2006.

**The Population Growth Rate (%)  
From 1897-2006  
CAPMAS-2009**

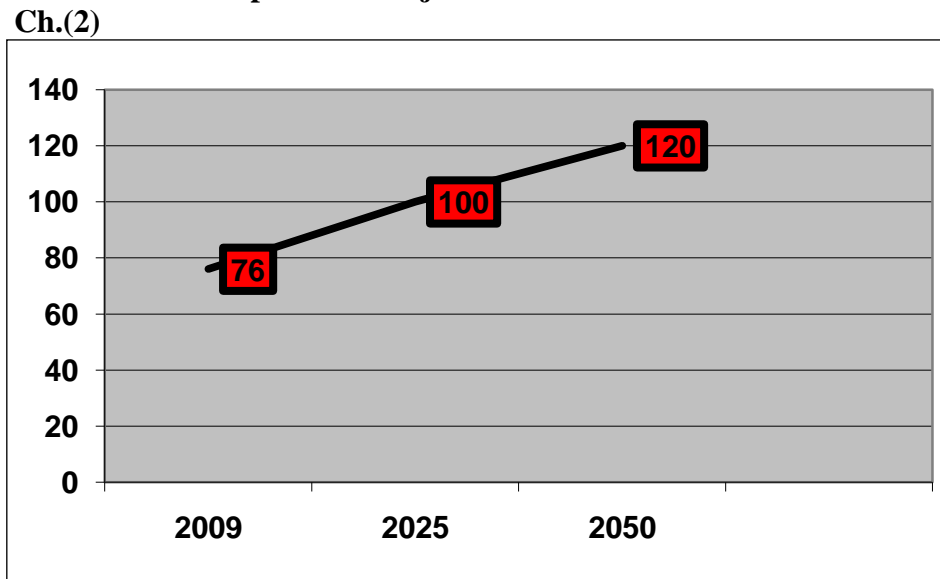
Ch.(3)



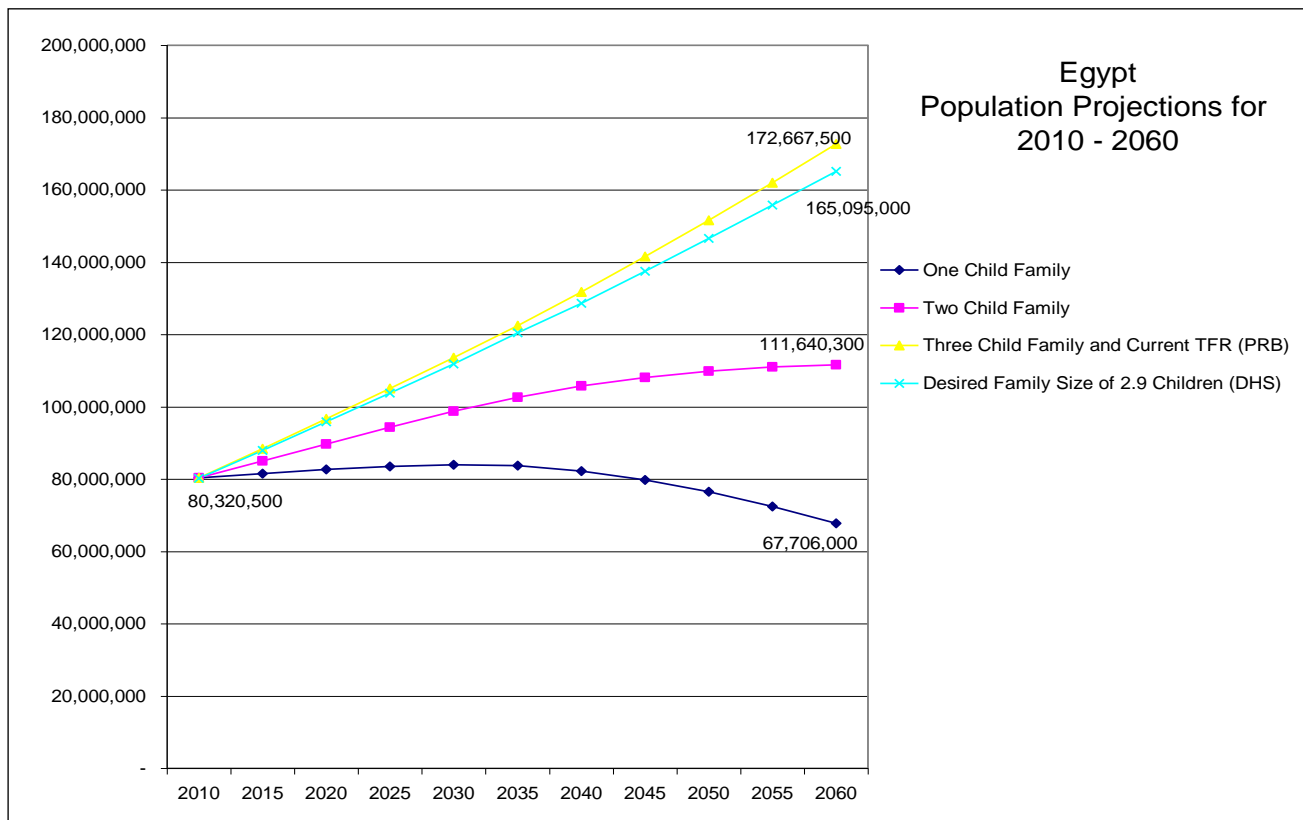


The international demographers expect our population to reach to about 100 million people in 2025. They further expect our population to reach about 120 million people in 2050. (Talk of Egypt's President). The following chart (2) shows the population projection till 2025 and 2050 as expected.

**Population Projection 2009-2025- 2050**

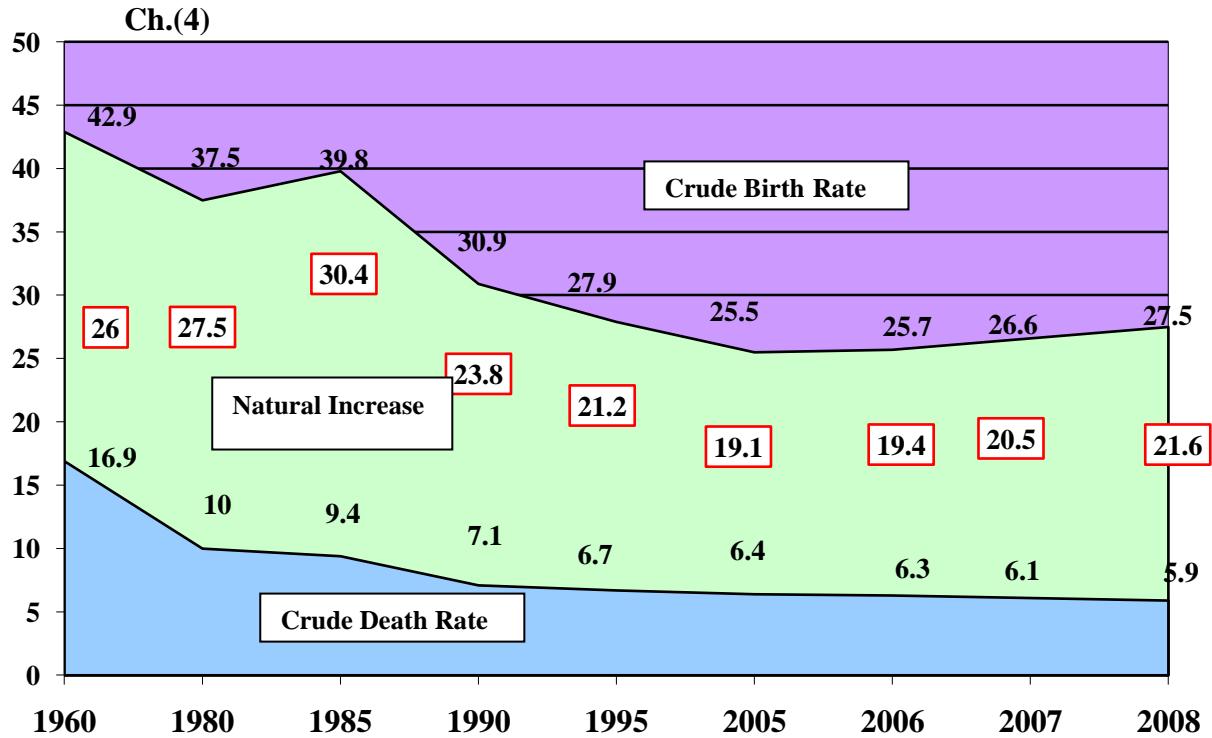


**Population Projections of Egypt  
2010-2060**



### Rate of Natural Increase

This natural increase rate represents the difference between the level of births and deaths in a population during years 1960 - 2008. It indicates the fast population growth and the account of these two natural events. The following chart (4) shows that the rate of natural increase has been declining in Egypt since 1990.



Most of the decline in the rate of natural increase has been the result of changes in fertility behavior. The crude birth rate (CBR) dropped from a level 42.9 per thousand populations in 1960 to 26.6 per thousand by 2007. The previous figure shows the decline leveled off in the mid-1990, with the CBR fluctuating around a level of 27 births per thousand until the end of the decade. At that point CBR resumed declining although slowly reaching a level of 25.7 in 2006 and then rising slightly to 26.6 in 2007 and 27.5 in 2008. The crude death rate at a comparably low level in 1990 also declined further in the period although the pace of decline was slow and erratic with the level of 5.9 in 2008.

### The Current Situation of Egypt's Population Growth Rate

The figures reached in May 1, 2008 (78.7 million including those living abroad), (74,8 million without those living abroad) and (76,054 in 2009 without those living abroad ) according to final results of that year's census as announced by the Central Agency for Public Mobilization and Statistics (CAPMAS 2006- 2008- 2009).

The males numbers recorded were 37.2 million from the total population (up 22.6 percent from the 30.4 million in 1996), while 35.6 million are females which is (22.9 percent more from their 1996 count estimated at 29 million).

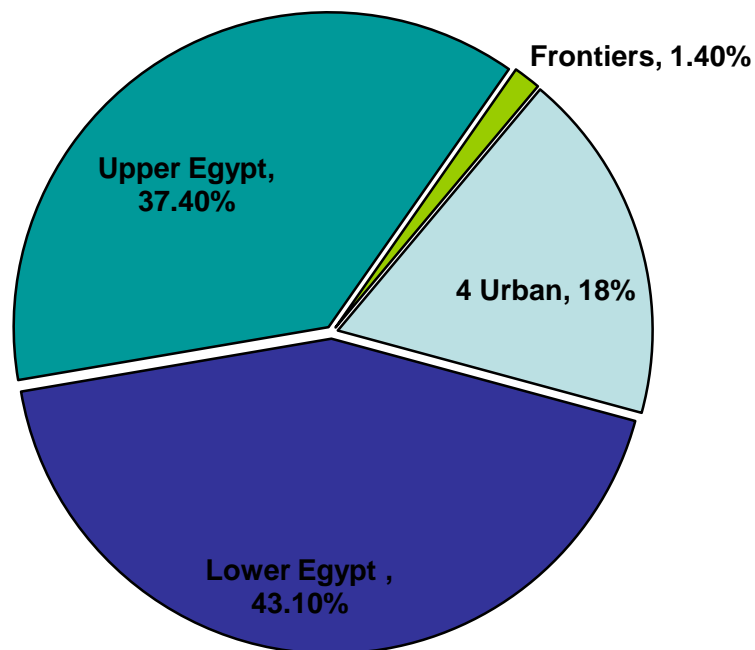
### B- Unbalanced Distribution

The unbalanced distribution of Egypt's population over the land is the second dimension of the population problem. Population is condensed in only 6% of the total area of Egypt which is one million square kilometers.

The following chart pie (5) shows the percentage demographic distribution of the population in different governorates. Governorates of upper Egypt represents 37.4%, governorates of Lower Egypt represents 43.1%, the four urban governorates represents 18% and the frontiers represents 1.4%.

**The Demographic Distribution of the Population  
In Egypt's Governorates  
(2006 CAPMAS)**

**Ch.(5)**



### C- Population Traits (Characteristics)

The followings are the declining of the population traits which is the third dimension of Egypt's population problems.

#### C-1 Population Characteristics

- The young-age structure of the population.

#### C-2 Health Characteristics

- Fertility.
- Mortalities: Neonatal, infant, child and maternal.
- Life expectancy.

#### C-3 Educational Characteristics

- High illiteracy and declining educational level.

#### C-4 Social Characteristics

- Decrease of woman's participation in labor force.
- Unemployment rate.
- Marital Status.

#### C-5 Economic Characteristics

- Population and Resources

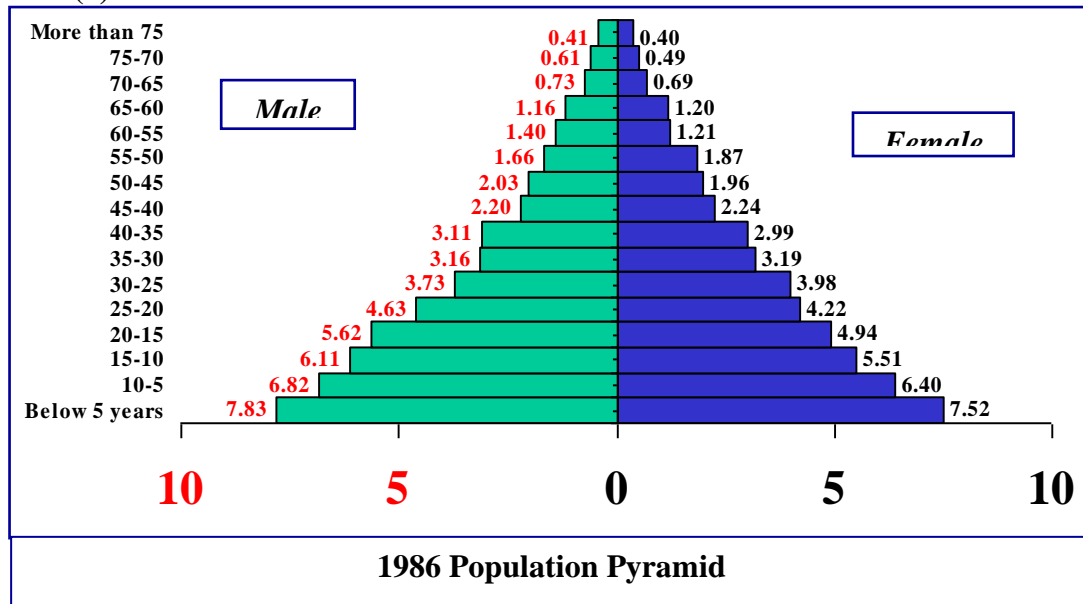
### C-1 Population Characteristics

#### Age Structure

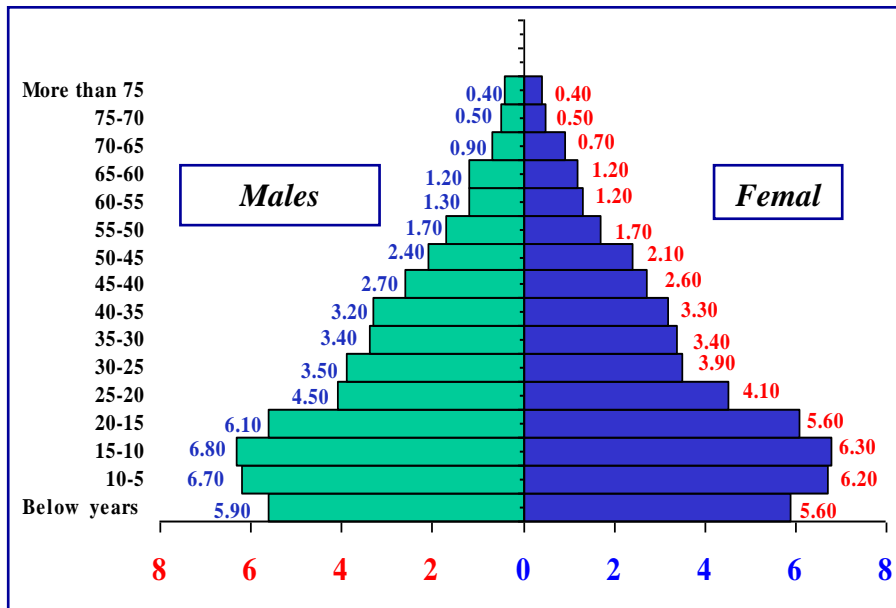
The age structure of the de facto household population reflects the effects of past demographic trends in Egypt, particularly high fertility. The following charts showing the differences between population pyramids during different periods (1986, 1996, 2000, 2004 and 2008).

This difference is an outcome of lower fertility over the past several decades in urban and rural areas.

Ch. (6)



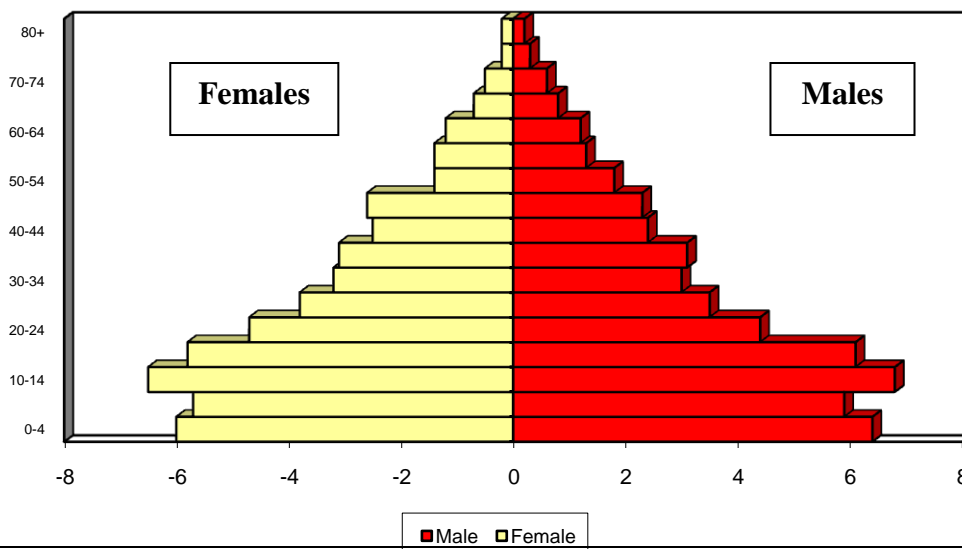
The population pyramid of year 1986, showed a broad base of age structure (5 years and below) which resembled 15.2% from the total population, while the age structure below 25 years resembled 51.7% of the total population. The numbers of the population census at that time indicated that 50% of Egypt's population is suffering from illiteracy. The participation of women in work power between the ages of 12-64 years was estimated by about 18% only in 1986. The unemployment rate was 10.7% of the total population work power.



**Ch. (7) 1996 Population Pyramid**

The population pyramid of year 1996 showed a disturbed figure of age structure. The indicators showed an increase in the ratio of child percentage between 5-10 years. It was noticed that there was a little improve in decreasing the percentage of illiteracy from 50% in year 1986 to 39% during year 1996. The participation of women in work power between the ages of 12-64 years increased to 22% in 1997 and settled to 21.6% in year.2002. The unemployment rate was about 8.9% of the population work power. However, the figures of unemployment rate started to increase to record 9% in year 2000 and 9.9% in year 2003.

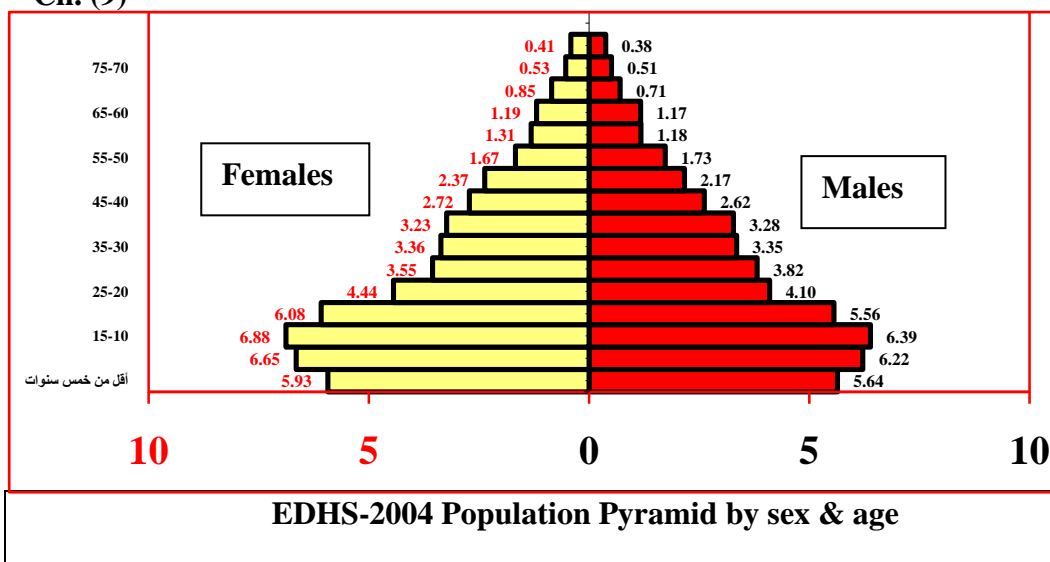
**Ch. (8)**



**Population Pyramid by sex & age Egypt 2000**

There was a clear declining of population traits during year 2000. The population pyramid showed a wide base representing the young-age structure of the population between 10-14 years and below. There were also high illiteracy, declining educational level, decrease of woman’s participation in labor force and increase of unemployment rate to 9%.

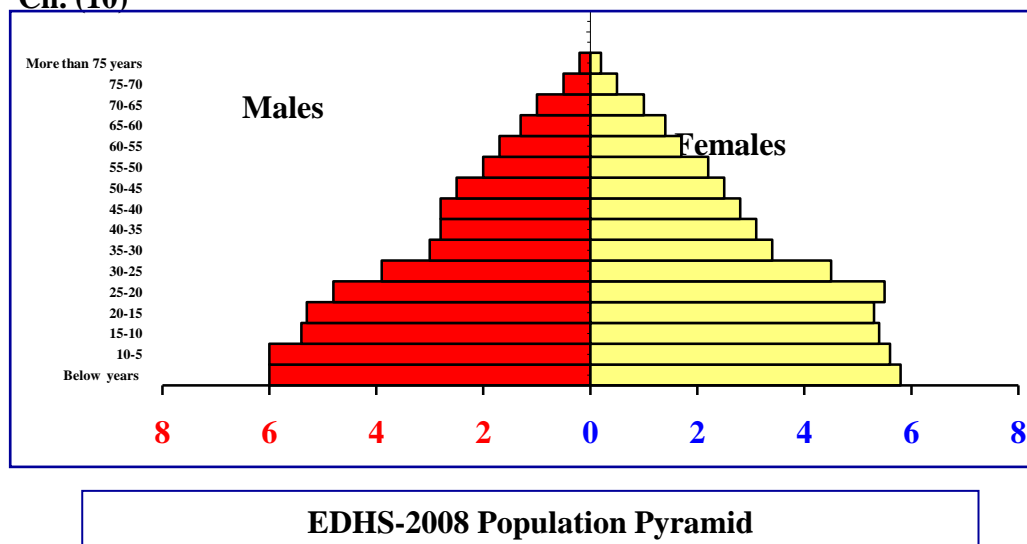
### Ch. (9)



The 2004 Pyramid base shows an obvious shrinkage. The comparison between the population pyramid 1986 and the population pyramid 2004 shows the followings:

- Declining the age structure below 5 years to 11.5% in 2004 relative to 15% in the pyramid 1986.
- The population percentage for the age below 15 years in pyramid 2004 shows 37% relative to 40% in population pyramid 1986.
- The wide population base of pyramid 1986 (below 5 years) became the population target of family planning program in 2004 (16 years difference).
- There was an obvious increase in the percentage of females in the reproductive age to be 26% during the 2004 relative to 23% during the year 1986

### Ch. (10)



The population pyramid 2008 was constructed using the sex and age distribution of the household population. The age structure of the de facto household population reflects the effects of past demographic trends in Egypt, particularly high fertility. The majority of the household population pyramid is broadly – based with the young and soon to be married representing 55 percent was less than 25 years old. The proportion under age 15 was greater in the rural population (37 percent) than in the urban population (30 percent). Despite that there is a clear shrinkage of the pyramid base relative to the previous pyramids, still has a wide base. This pattern is typical of countries that have experienced relatively high fertility in the recent past.

## C-2 Health Characteristics

### Fertility

The total fertility rate is a usual measure for examining the overall level of fertility. It is interpreted as the number of children a woman would have by the end of her childbearing years.

The level of current fertility is one of the most important topics in this report because of its direct relevance to population policies and programs. This part shows different levels and trends in current and cumulative fertility in Egypt. The following table (2) and chart (11) presents the current total fertility rate for age group 15-49 years old in rural and urban areas of the governorates of Egypt during year 2008. It shows also that there is clear declining in total fertility rates of areas in Lower Egypt and frontiers governorates rather than Upper Egypt in particularly the rural areas rather than the urban ones.(EDHS-2008)

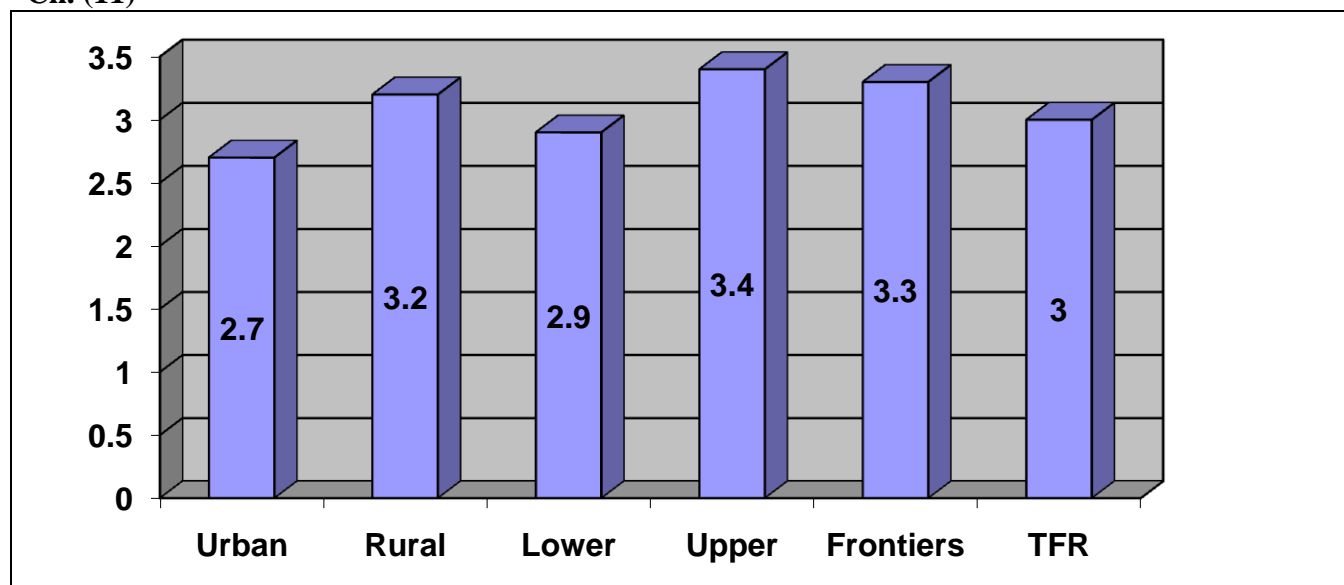
### Current Fertility Rates by Residence

T. (2)

Age Group	Urban	Rural	Urban GOV.	Lower Egypt			Upper Egypt			Frontier GOV.	TOTAL
				Total	Urban	Rural	Total	Urban	Rural		
TFR 15-49	2.7	3.2	2.6	2.9	2.6	3.0	3.4	3.0	3.6	3.3	3.0

### Total Fertility Rate by Place of Residence

Ch. (11)





### **Age Specific Fertility Rate in Selected Years 1980 – 2008**

The age structure has a very important impact on TFR changes in Egypt. The following table (3) shows the different female age groups (Per 1000 women in reproductive age) along eleven years from 1980 to 2008. The table shows that the higher numbers between age groups during years from 1980-2008 is always the age group 25-29 years old then followed by the numbers of age groups 20-24 years old which are reflecting the direct cause of broad base of the population pyramids. All the ages below 25 years will be the fertile women after 10-15 years which affects annual TFR.

However, there is a clear decline in TFR from 5.3 during 1980 to 3.0 during 2008 with exceptional fluctuation during year 1998 where it started to rise to be 3.4 and during year 2000 where it reached 3.5. Then TFR has declined almost continuously till it reached 3 births per woman during year 2008. This fluctuation is quite noticed in the detailed table of age specific fertility and the TFR curve during 1980 – 2008.

The results also in the following table (3) and curve (chart12) indicate that all age groups have shared in TFR decline. However, the decline has been more rapid among older women than younger women. Age specific fertility rates among women age 30 and over, fell by around 50% or more between 1980 Egyptian Fertility Society (EFS) and 2008 EDHS. In contrast, fertility rates among women under age 30 declined by around one-third during this period. As a result of the differences in the pace of fertility changes across various age groups, childbearing has become somewhat more concentrated among women under age 30. Currently, a woman will have an average of 2 births by her 30<sup>th</sup> birthday, roughly two-thirds of her life time births.

According to the national strategic plan of Egypt government (2007-2012 and 2012 – 2017), Egypt policy makers are looking forward to reach 2.1 TFR by year 2017 which is the replacement figure of population annual increase.

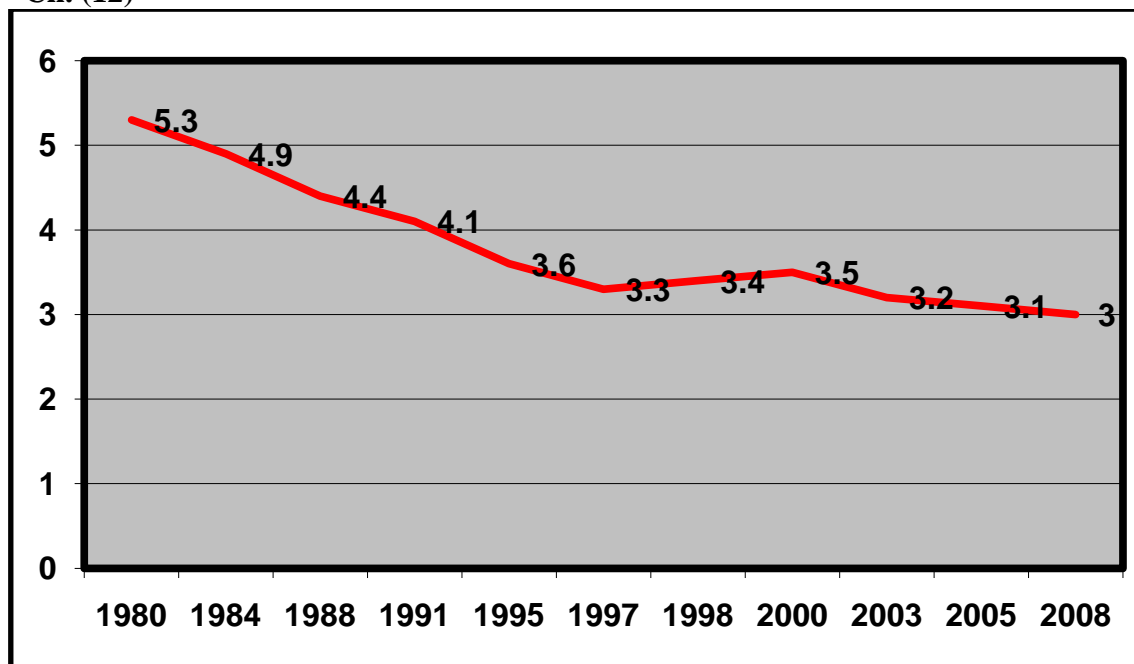
**Age Specific Fertility Rate in Selected Years 1980 – 2008**  
(Per 1000 women in reproductive age)

T. (3)

Age Groups	1980	1984	1988	1991	1995	1997	1998	2000	2003	2005	2008
15-19	78	73	72	73	61	32	64	51	47	48	50
20-24	256	205	220	207	200	186	192	196	185	175	169
25-29	280	265	243	235	210	189	194	208	190	194	185
30-34	239	223	182	158	140	135	135	147	128	125	122
35-39	139	151	118	97	81	65	73	75	62	63	59
40-44	53	42	41	41	27	13	22	24	19	19	17
45-49	12	13	6	14	7	5	1	4	6	2	2
TFR	5.3	4.9	4.4	4.1	3.6	3.3	3.4	3.5	3.2	3.1	3.0

**The Curve of Total Fertility Rate**

Ch. (12)



## Mortalities

- Neonatal Mortality
  - Infant Mortality
  - Child (Under 5 years) Mortality
  - Maternal Mortality
- 

This part presents fifteen-year period preceding the EDHS-2008 information of neonatal, infant and under 5 years old child mortality. The figures describe the current level of mortality in Egypt. The following table (4) clarifies the different levels of mortality for the periods 0-4, 5-9 and 10-14 years preceding EDHS-2008. It was noticed that the maternal and child national program of Egypt has succeeded to decline the mortality rates of the neonatal, infant and child (under 5 years) over the last fifteen years before 2008. The under five mortality for the period 0-4 years was 28 deaths per 1000 births. At this level, about one in thirty – six Egyptian children will die before the fifth birthday. The infant mortality rate was 25 deaths per 1000 births, and the neonatal mortality rate was 16 deaths per 1000 births. This indicates that about 87% of early childhood deaths in Egypt are taking place before a child's first birthday, with more than half (58%) occurring during the first month of life.

### **Early Childhood Mortality Rates**

**T.(4)**

<b>Neonatal, Infant and Under Five Years Child</b>			
<b>Years Preceding 2008</b>	<b>Neonatal Mortality</b>	<b>Infant Mortality</b>	<b>Under 5-years Mortality</b>
<b>0-4</b>	<b>16.3</b>	<b>24.5</b>	<b>28.3</b>
<b>5-9</b>	<b>18.6</b>	<b>32.7</b>	<b>38.5</b>
<b>10-14</b>	<b>21.4</b>	<b>40.6</b>	<b>54.0</b>

The following table (5) shows the neonatal, infant and under 5 years mortality rates from various selected surveys during 1965-2008. It was noticed that the results suggest that early childhood mortality levels have declined steadily over the past 15 years. Infant mortality decreased by around 40%, from a level of 41 deaths per 1000 births during the period 10-14 years before the survey (1994-1998) to a level of twenty five deaths per 1000 in the five year period preceding the EDHS (2004-2008). Under five, mortality declined from 54 deaths per 1000 births during the period (10-14) years before the survey to 28 deaths in the 5 year period before the survey.

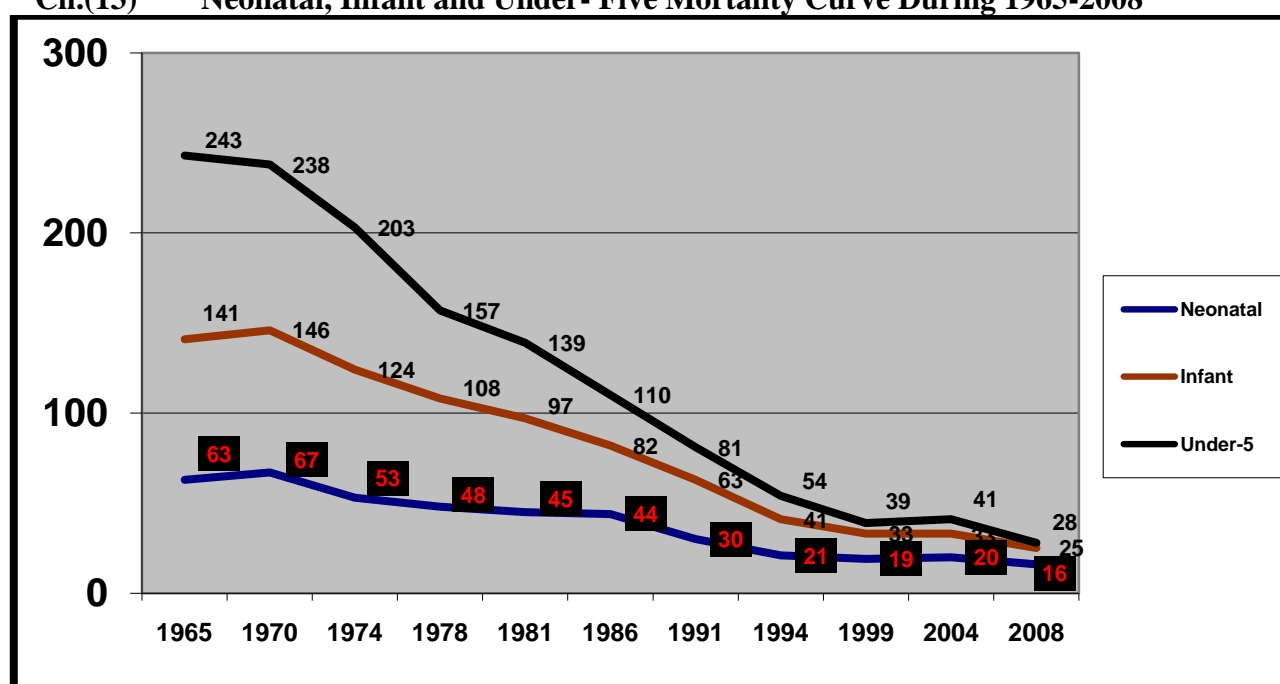
The estimated mortality presented in the following chart (13) confirms that early childhood mortality has fallen significantly in Egypt during the past three decades. An Egyptian child was almost six times as likely to die before the fifth birthday in the mid-1960s as in the early 2000s. The overall rates decreased mortality is increasingly concentrated in the earliest months of life. In the mid-1960s, around 40% of deaths occurred after the child's first birthday, by the time of the 2008 EDHS, only 14% of all deaths under age five took place after the first 12 months of life.

### Neonatal, Infant, Under-Five Mortality from Various Selected Surveys During 1965-2008 in Egypt

T.(5)

Preference period	Survey	Neonatal mortality	Infant mortality	Under-five mortality
2004-2008	2008 EDHS	16	25	28
1999-2003	2008 EDHS	19	33	39
1994-1998	2008 EDHS	21	41	54
1991-1995	EDHS-95	30	63	81
1986-1990	EDHS-95	44	82	110
1981-1985	EDHS-95	45	97	139
1978-1982	EDHS-92	48	108	157
1974-1978	EDHS-88	53	124	203
1970-1974	EFS-80	67	146	238
1965-1969	EFS-80	63	141	243

Ch.(13) Neonatal, Infant and Under- Five Mortality Curve During 1965-2008



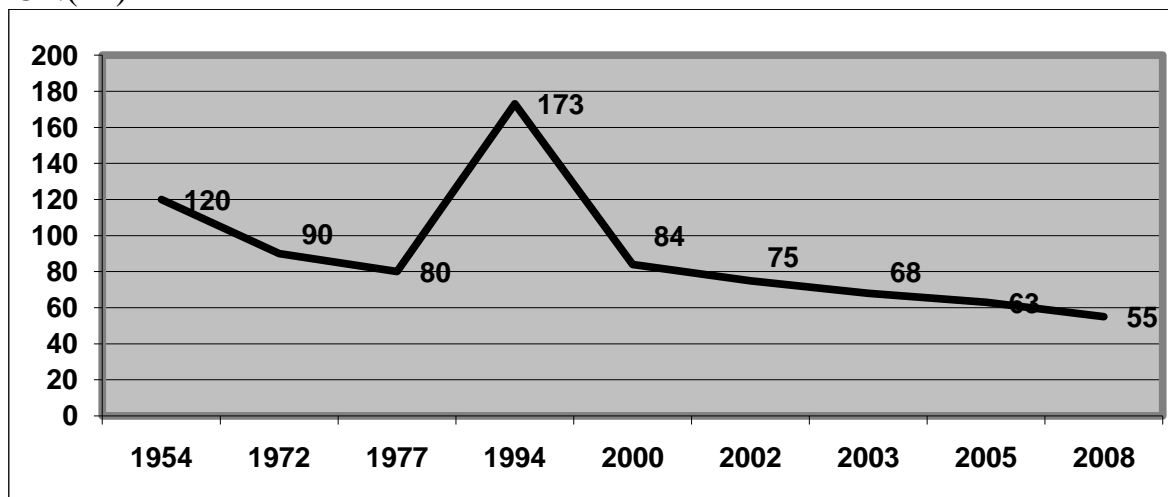
The previous curve shows a clear declining in under-five year mortality rate from 243/1000 in 1965 to 28/1000 in 2008, the infant mortality rate decreased from 141/1000 in 1965 to 25/1000 in 2008 and the neonatal mortality rate decreased from 63/1000 in 1965 to 16/1000 in 2008.

• Maternal Mortality

The maternal mortality rate in Egypt has changed many times over the past five decades. The data collected of maternal deaths per live births in 1954 indicated that the maternal mortality rate was 120/100,000. In 1972 the figures decreased to 90/100,000 and continued decreasing to 80/100,000 in 1977. Then in 1994, the Egyptian National Maternal Mortality Study (ENMMS 1992/93) summarized the data collected and reported an overall maternal mortality ratio (MMR) of 174/100,000. The Egypt National Maternal Mortality Study 2000 (ENMMS 2000) revealed a dramatic drop of 52% in maternal deaths to an MMR of 84/100,000. The figure continued in declining to be 75/100,000 in 2002. Due to the huge efforts of Egypt Governorate and policy makers, MMR declined in year 2003 to 68/100,000, then 63/100,000 in 2005 and reached to 55/100,000 in 2008. Ch.(14)

**The Maternal Mortality Rate Curve of Egypt During 1954-2005**

Ch.(14)



As in many other countries, the risk of maternal death was higher in mothers aged more than 40 years and in women who had already had five or more children.

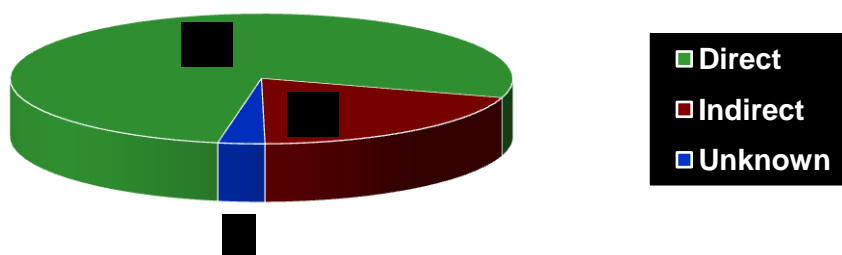
Most maternal deaths occurred during delivery and the 24 hours after delivery (49%), or during the six weeks after delivery (27%). Women who died were more likely to have delivered in a health facility and less likely to have delivered at home than women who died in childbirth in Egypt in general; and 62% of maternal deaths took place in health facilities, 29% at home, and 9% during transportation. The majority of women who died sought medical help when they experienced problems (93%).

### Primary Medical Causes of Maternal Death

Medical causes of death were classified into two categories, direct causes and indirect causes. Based on the single main cause of death determined by local advisory groups, direct obstetric causes were responsible for 77% of maternal deaths and indirect causes for 20% of maternal deaths. It was not possible to determine a cause of death for 3%. Ch.(15)

### Classification of Maternal Deaths

Ch.(15)



### Direct causes

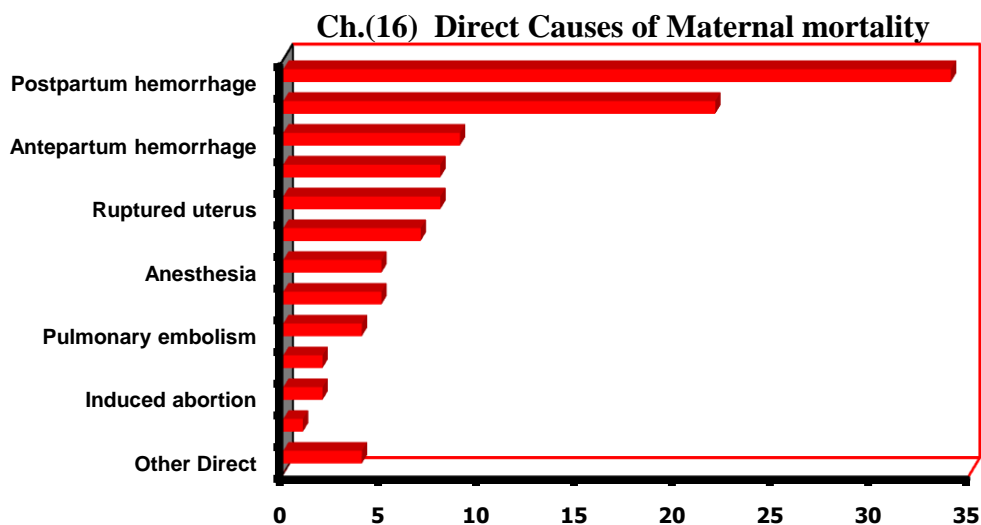
Hemorrhage before and after delivery was the leading direct cause of maternal death (43%), with most hemorrhage deaths due to postpartum hemorrhage. The records showed that there were 32 maternal deaths from hemorrhage per 100,000 live births.

The figure of other important direct obstetric causes of maternal death was hypertensive diseases of pregnancy (22%) which almost means that the MMR for hypertensive diseases was 18/100,000.

The MMR due to sepsis (8%) which means 7 maternal deaths per 100,000.

The Records for ruptured uterus was (8%) which presented 7 maternal deaths per 100,000, cesarean section (7%) which means 6 maternal deaths per 100,000. The obstructed labor recorded (5%) which represented 4 maternal deaths per 100,000, anesthesia (5%) and unsafe abortion (2%).

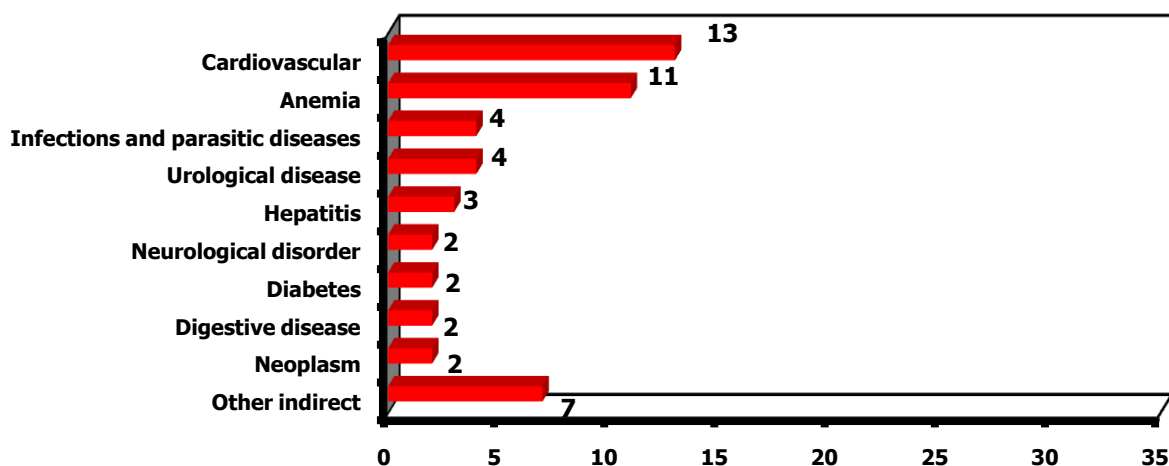
A disproportionate number of postpartum hemorrhage and cesarean section deaths occurred in private facilities, possibly due to lack of blood, poor back-up, or delays in transferring patients to the hospital. The MMR due to lack of transportation was 4/100,000 in 2000, compared to 7/100,000 in 1992-93.



### Indirect Causes

Cardiac disease was the leading indirect cause of maternal death (13%) which recorded 11 maternal deaths per 100,000 and the most common cardiac problem was rheumatic heart fever. Anemia was the second most important indirect cause of maternal death (11%) which presented 9 maternal deaths per 100,000. The other factors that can affect MMR are shown in the following chart like infections, urological diseases, hepatitis, diabetes and neurological disorders. etc.

**Ch.(17) Indirect Causes of maternal Deaths**

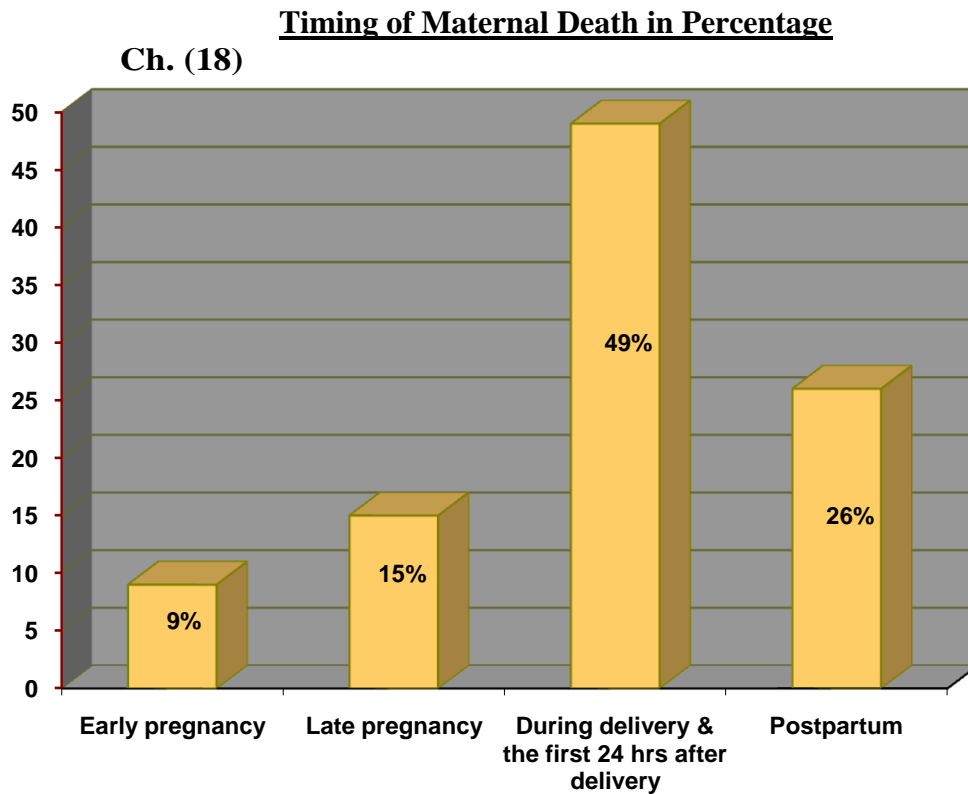


The Egyptian national maternal mortality (ENMMS 2000) also found that mortality in infants of women who die from maternal causes has declined. In 50% of cases of maternal death in 2000, the fetus or infant also died, whereas the figure for 1992-1993 was 57%. When maternal death occurred during delivery or postpartum, 34% of infants died at birth or soon after, compared to 43% in 1992-1993, suggesting that there may have been improvements in the care of newborns.

### **Timing of Maternal Death in Percentage during Pregnancy and Postpartum Periods**

The Egyptian national maternal mortality (ENMMS 2000) noticed that there are different percentage figures of death time relative to pregnancy and postpartum periods. Ch.(18)

- 9% of pregnant women died during the early pregnancy period (before 6 months).
- 15% died in the late pregnancy period (6-9 months).
- 49% died during labor or 24 hours immediately after delivery.
- 26% died during puerperal sepsis period (11% in the first week after delivery, 7% in the second week and 8% in the third week).





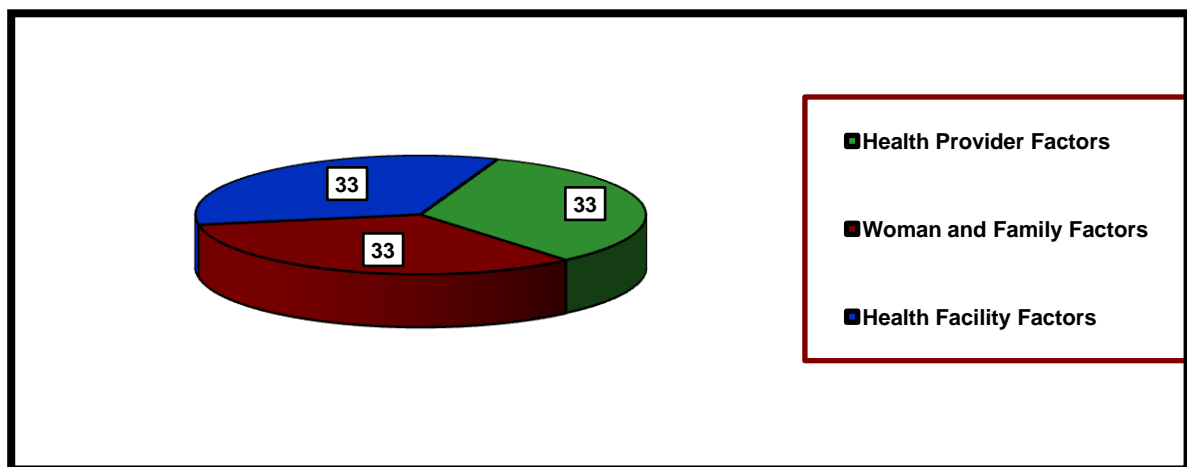
## Main Avoidable Factors Contributing to Maternal Death

**Avoidable factors contributing to maternal death were classified into three categories: health provider factors, health facility factors, and woman and family factors.**

Further, the information of Egyptian emergency obstetric care protocols (CEOC) showed that the two main avoidable factors of death were substandard care on the part of health care providers (59%) and delays in seeking care on the part of the woman and her family (42%). (Note: A woman's death may have been caused by more than one factor). Although the proportion of births attended by a skilled health provider has increased significantly since 1992-93, substandard care by health providers-in particular obstetricians and general practitioners-remains the most important avoidable factor, contributing to 54% of maternal deaths. Substandard care in the private sector is of particular concern, since deliveries in the private sector (26%) have overtaken deliveries in the public sector (22%).  
Ch. (19)

### Main Avoidable Factors

Ch.(19)



**In 2000 one or more avoidable factors contributed to 81% of maternal deaths (93% in 1992)**

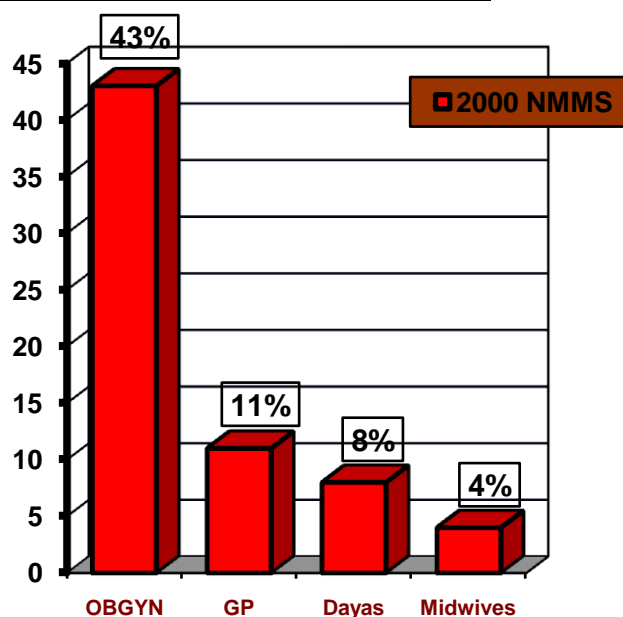
### Maternal Deaths Attributable to Substandard Care by Providers

Ch.(20)

#### Health Provider Factors

**Due to low quality service delivery**

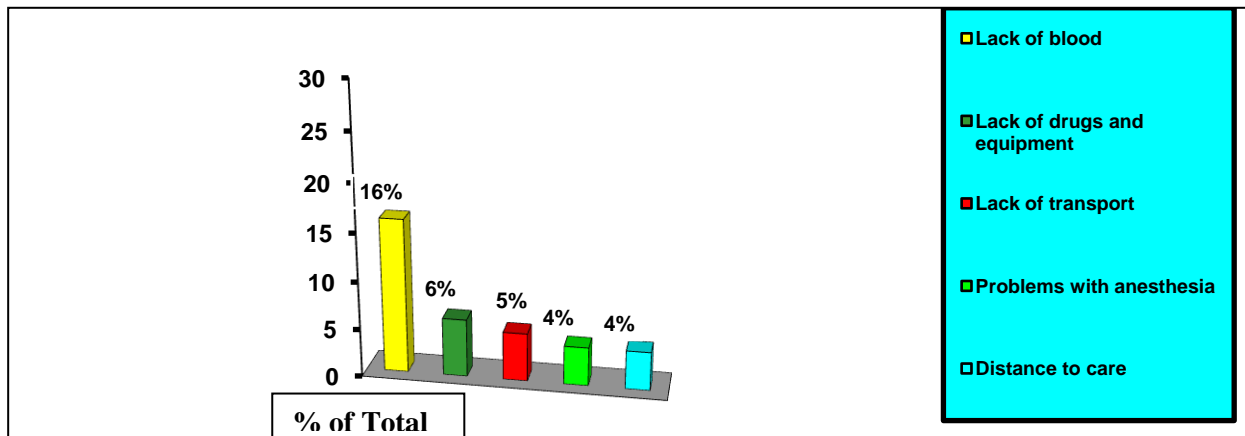
- General practitioners presents 11%
- OB/GYN represents 43%
- Dayas represent 8%
- Midwives and delivery assistants 4%



### Health Facility Factors

- Shortage of blood packages contributed by 16% in maternal deaths.
- Shortage of essential drugs contributed by 6% in maternal death.
- Shortage of transportation and access to the hospital presents 5%.
- Problems with anesthesia present 4%.
- Distance to care presents 4%.

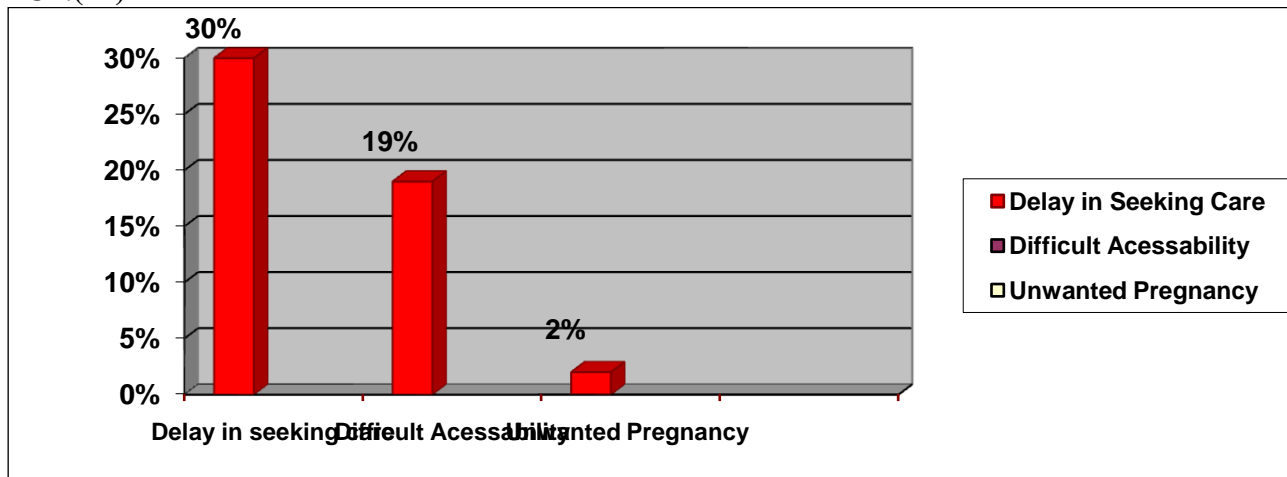
**Ch.(21) Health Facility Factor**



### Women and Family Factors

- Delay in the detection of healthy problems contributed by 30% of maternal deaths.
- Difficulty in gaining easy services presented 19%.
- Unwanted pregnancy presented 2%

**Ch.(22)**



The previous mentioned figures of avoidable factors show disproportionately to maternal deaths, possibly due to delays in referral of women with obstetric complications and misuse of drugs used to speed up labor. In contrast, midwives and dayas made a positive contribution, with the exception of sepsis deaths, where the risk was higher for home deliveries attended by a daya.

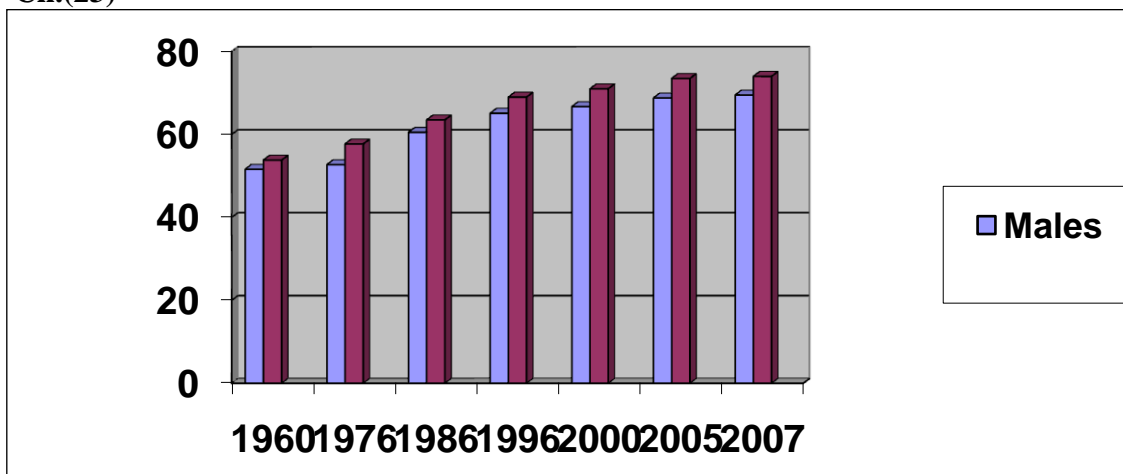
Shortage of blood was the most frequent avoidable health facility factor, contributing to 16% of maternal deaths and playing an especially important role in deaths from hemorrhage, ruptured uterus, and complications of cesarean section. Delay in seeking care, mainly because of failure to recognize danger signs during pregnancy or delivery, was the most frequent patient and family factor, contributing to 30% of maternal deaths. Delay was also associated with initially seeking care from general practitioners and private practitioners who were unable to manage obstetric emergencies or delayed referral to the hospital.

- **Life Expectancy**

The life expectancy was estimated in 1960 by 51.6 (Males) and 53.8 (Females) while in 1976 it increased to reach 52.7 (Males) and 57.7 (Females). In 1986 the life expectancy reached 60.5 (Males) and 63.5 (Females). During 1996 the figures continued in rising where it became 65.1 for (males) and 69 for (females), then in 2000 it was estimated as 66.7 (Males) and 71 (Females). In 2005 it reached 68.8 (males) and 73.5 for (females). In 2007 it increased to be 69.5 for (males) and 74.0 for (females). This means that life expectancy increased 20.2 years for females and 17.9 years for males between 1960-2007. The reason for this obvious increase was a result of providing high quality integrated health care services by Egypt governorate and preventing attacks of fatal disease (through applying standards of infection prevention control and high level of hygiene health services) for all citizens. These health services were in the form of family medicine which covers health care for all family members, primary health care which covers antenatal care, neonatal care, infant care and family planning services, health services through the hospitals of health insurance, the governmental hospitals, teaching hospitals and university hospitals. The umbrella of health insurance has played a very important role of saving life because the system is designed to cover the health care services for school students, university students, employees at governmental and private sectors and retired peoples as well. Most of the previous mentioned health care services were based on quality standards and accreditation. Ch.(23)

**The Life Expectancy during 1960-2007**

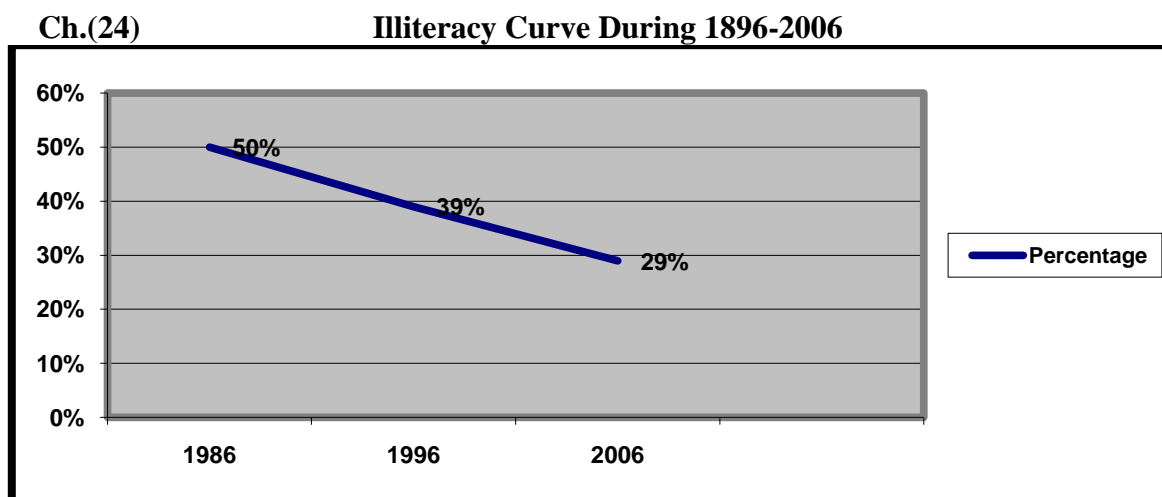
Ch.(23)



### C-3 Educational Characteristics

#### A- Illiteracy

The estimated number of illiterates in 1986 presented 50%. In 1996 the figure decreased to 39% while it is estimated to have reached down to 29% of the entire population in 2006. A count has been taken for first time of the number of school drop-outs in the age group of 6 to 18 years old. The 2006 census figures put them at 884,776 (4.24); of which 391,563 cases have been reported in urban areas and 493,213 in rural areas. The following chart (24) clarifies the declining of illiteracy curve between 1986-2006.



#### B- Education Levels and Attainment

The following table (6) shows the background characteristics of different age groups for women relative to the levels of education from Primary to more than secondary levels. It shows also the percent of different age of women who are not educated. It was noticed that the level of education decreases with increasing age among respondents age 25 and over. It shows also that age 20- 29 had a higher level of education than in the 15-19 age group. This pattern was unexpected because the participation in schooling has been steadily rising among Egyptian women. The explanation lies in the fact that women who marry early typically leave school at a younger age than women who marry latter.

**Educational Attainment- Percent of Women Age 15-49**

T.(6)

EDHS-2008

Background Characteristic	Highest Level of schooling attended or Completed						TOTAL
	No Education	Some Primary	Completed Primary	Some Secondary	Completed Secondary	More Than Secondary	
Age 15-19	25.4	4.8	4.8	30.3	32.6	2.2	100
20-24	21.2	4.8	3.5	13.2	46.0	11.3	100
25-29	22.3	6.9	3.7	10.8	40.8	15.4	100
30-34	26.9	7.5	3.4	13.6	34.8	13.9	100
35-39	36.1	9.0	2.8	9.7	31.2	11.3	100
40-44	42.9	12.3	4.3	6.4	24.4	9.7	100
45-49	50.9	12.2	6.2	4.3	16.8	9.6	100

## C-4 Social Characteristics

### Labor Force

The participation of women aged 12-64 in work power presented 18% in 1984. This figure increased to reach 22% in 1997 and steadied at 21.6% in 2002. The labor force was estimated by 21.8 million in 2006 and was expected to be 29 million in 2021. This means that about 7.200 million will be added to labor force in 2021 which indicates that 478 thousand labor opportunities are annually requested. The CAPMAS-2010 announced that the labor force increased to be 25.2 million in the last estimated quarter of 2009 where 72.5% represents the participation of males from the total work power and 23% for females. (T. 7- Ch.25)

### Unemployment

The estimated figures of unemployment were 10.7% from total population work power in 1986. The figure decreased in 1997 to reach 8.3%. Then it increased to 8.93% in 2000 and 9.22% in 2001. It continued in rising to reach 11.0% in 2003. A little decrease is noticed in 2004 to be 10.32, and then it increased in 2005 to be 11.24%. The figure continued in declining to reach 8.7% in 2008. Finally the CAPMAS-2010 announced that the unemployment number is estimated 2.37 million where 22.85% represents the females and 5.27% represents the males in 2009. The CAPMAS also announced that the unemployment percentage rates increased to reach 9.4% in the last quarter of year 2009.

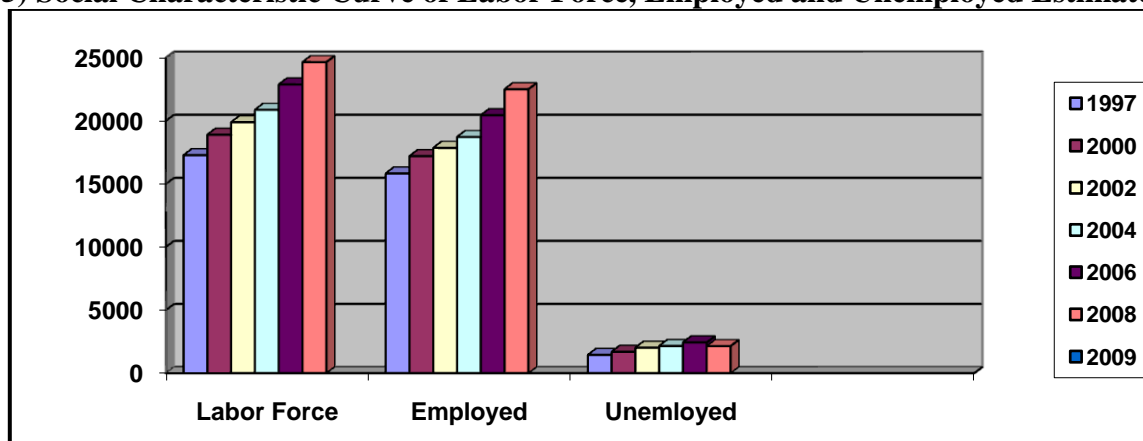
### Annual Estimates of Labor Status and Unemployment Rate 1997- 2008

T.(7)

Years	Labor Force	Employed	Unemployed	Unemployment Rate %
1997	17277	15830	1446	8.37
1998	17631	16183	1448	8.21
1999	18230	16750	1480	8.12
2000	18901	17203	1693	8.93
2001	19340	17556	1783	9.22
2002	19887	17856	2021	10.17
2003	20360	18119	2241	11.01
2004	20872	18718	2154	10.32
2005	21792	19342	2450	11.24
2006	22878	20444	2434	10.64
2007	23859	21724	2135	8.95
2008	24651	22507	2144	8.70
2009				9.40

CAPMAS: 2009-2010

### Ch.(25) Social Characteristic Curve of Labor Force, Employed and Unemployed Estimates



### The Marital Status

Marriage is one of the most important topics since it is a primary indicator of women's exposure to the risk of pregnancy. From the respect that the early age at first marriage in a population is usually associated with a longer period of exposure to the risk of pregnancy and thus higher fertility levels.

The current marital status is totally estimated according to age 15-49 by 64.5% where the age groups 35-39 recorded 89.7% which is the highest figure while the age groups 15-19 recorded 13.1% which represents the lowest figure. The estimated records of women who never married were 30.7%. The most highest figure of never married women were 86.6% which represents the age groups between 15-19 relative to the lowest figure 1.9% which represents the age groups 45-49. The divorced cases were recorded by 1.5%, the separated 0.5% while the widowed cases were recorded 2.8%. EDHS-2008

### **C-5 Economic Characteristics**

The government of Egypt has announced that the over population is a burden on economic growth and development. The current imbalance between population and resources is the largest imbalance; the largest challenge and topmost priority. As a result of this problem, the demand of importing the essential goods to compensate the community needs has increased, the size of agricultural lands decreased and the housing crises happened (in about 67% cases and more, you may find three persons are living in one bed room). There are also excess needs for hospitals, roads, traffics, transportation and all infrastructures. However, the government has introduced new agricultural lands for youth to cultivate them with consequent increase in the production of agricultural crops, but still the resources are not sufficient to cover the number of population which is an obstacle in front economic growth.

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### **3- POPULATION AND FAMILY PLANNING**

Family planning (FP) is one of Egypt's national priorities. The population problem which covers population growth, demographic distribution and population characteristics stands one of the major challenges to be met if the effects of development are to be felt. The family planning policies and strategies in Egypt has passed through different phases since 1960s. Egypt's government announced the decree of the first official governmental support for family planning indicating the real birth of the population policy in 1962. Therefore, the ministry of health introduced the family planning national plan of action which aimed to provide different cafeteria of family planning methods, develop well equipped clinics for family planning services and support the costs of family planning methods. Then the national program of family planning started In 1980s. Its policies and strategies aimed to spread out family planning services with consequent increase the numbers of well renovated and equipped models of family planning clinics for about 50% (3900 clinics in 1981 to 6000 clinics in 2005).

There was also growth in the number of pharmacists by about 700% (3880 pharmacy in 1978 to 27000 outlets in 2004- CAPMAS). Those pharmacists participated in widening the scale of contraceptive methods provision and distribution. The expansion in clinical and pharmacy capacity was accompanied by an increase in the number of contraceptives distributed as measured by couple-years of protection (CYPs). The indicator that measures the approximate number of couples who are protected for one year by the use of all methods of contraception shared to increased CYPs from 1.1 million in 1980 to 6.5 million in 2004 which was an average increase of more than 600%.

In 1990s policies and strategies of the national program of Egypt have been modified, and updated to let the family planning services based on standard protocol and to be more accessible, more affordable and safe. In 1994 the Government of Egypt introduced the integrated health care system (family planning, reproductive health, maternal and child health) as new era of providing high quality service delivery in health care outlets (primary health care units, governmental hospitals, private sectors, teaching hospitals and university hospitals). The national family planning program and most of the

family planning projects in Egypt were funded by United States Agency for International Development, USAID. In 1995 all the funded projects started the phase out of fund and put their implementation plans for sustainability. This fund sopped by the end of September, 2008.

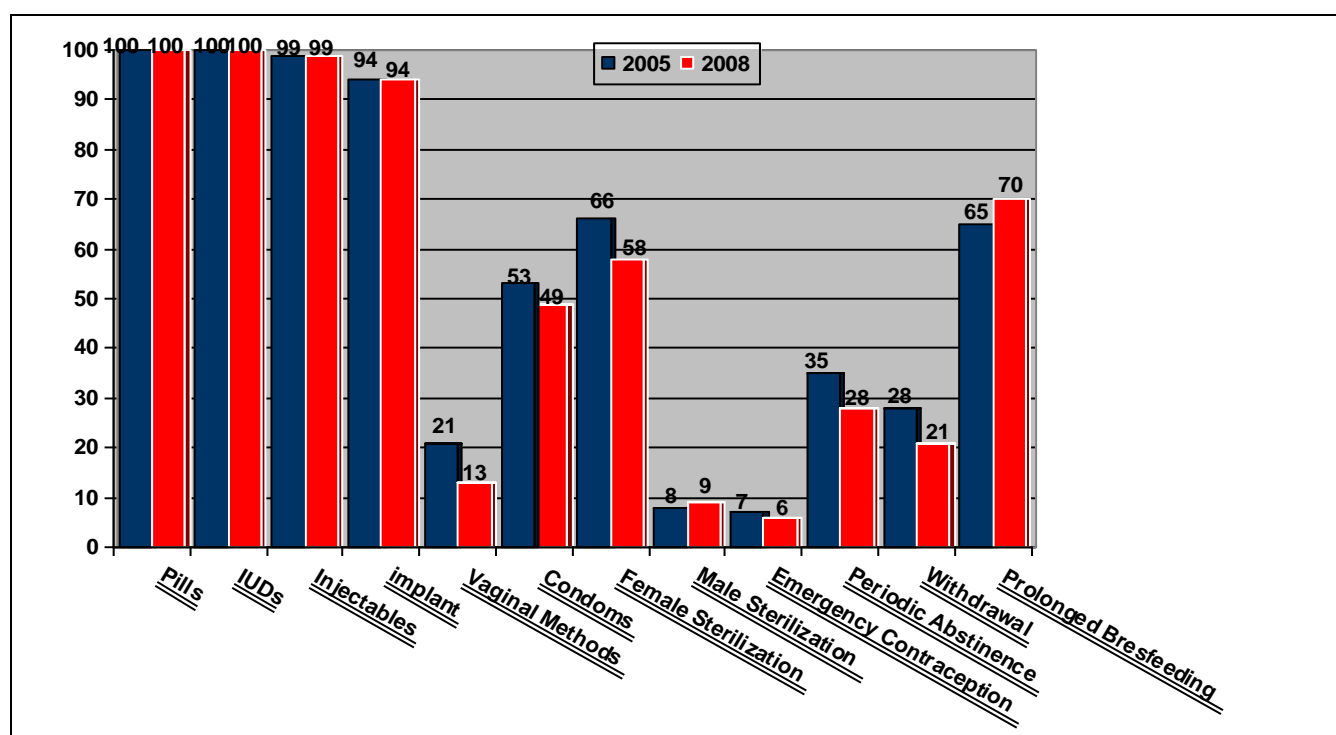
This part of the report covers the progress achieved to date in the family planning program of Egypt. Actually, the overall Egypt's demography has followed a classic transition from high fertility and mortality to lower fertility and mortality with consequent declining in total fertility rate in the last century. Declining the numbers of population annual increase by more than 12 million people. The proportional age distribution shows about 10 million young age group (15 years old and below). Declining in maternal deaths with 17,000 mothers' lives saved. The contraceptive prevalence rate has increased from 24.2% in 1980 to 60.3% in 2008 with consequent increase in the numbers of service delivery outlets. It is clear that the increase in family planning use have been a significant factor in this decline. This proves the great successful achievements of family planning program in Egypt in the last 28 years.

### **Knowledge of Family Planning**

Awareness of family planning methods is crucial in decisions on weather to use a contraceptive method and which method to use. The results of EDHS-2008 show that the knowledge of family planning methods is universal among currently married women in Egypt. Almost all currently married women age 15-49 knew about the pills, IUDs and injectables. While 94% knew about implant, 58% knew about female sterilization and 50% knew about the condom. The other methods were less widely recognized. Only 13% knew about vaginal methods, 9% knew about male sterilization and 6% knew about emergency contraception. It was noticed that prolonged breastfeeding was the most commonly recognized traditional method (70%). The following chart (26) compares the different level of specific methods knowledge during the period 2005-2008.

**Trends in Family Planning Knowledge  
Egypt 2005-2008**

Ch.(26)



### **Family Planning Contraceptive Method Use**



### **Trends in Ever Use of Family Planning**

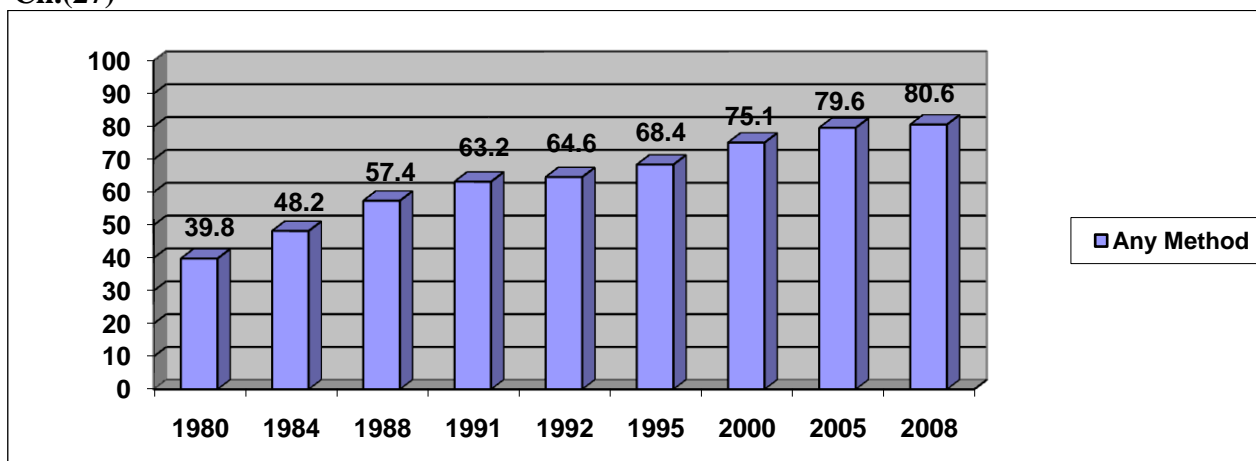
The ever use of contraceptive methods describe the overall family planning percentages use between (currently married women, previously married and became widowed or divorced; previously using women and recently stopped for any reason). The results indicate that 82% of married women had used a family planning method at some time. The highest level of ever use of any family planning method was 92% among currently married women between 35-39 age group, while the lowest level was found 31% among women age 15-19. The results also indicates that the level of ever use of any method increased from 40% in 1980 to 81% in 2008, with an average of 1.5% points per year. The following table (8) and chart (27) show the level of ever use of family planning among ever married women during 1980-2008.

#### **T.(8)**

<b>Trends in ever use of family planning methods during 1980-2008 (Table)</b>									
Years Surveys	1980 EFS	1984 ECPS	1988 EDHS	1991 EMCHS	1992 EDHS	1995 EDHS	2000 EDHS	2005 EDHS	2008 EDHS
Any Method	39.8	48.2	57.4	63.2	64.6	68.4	75.1	79.6	80.6

**Trends in ever use of family Planning during 1980-2008 (Chart)**

#### **Ch.(27)**



### **Trends in Current Use of Family Planning**

The level and pattern of contraceptive methods use have changed during the last 28 years in Egypt. The average use doubled during the 11-year period between 1980-1991 (from 24% to 48%). The use rate continued to rise over the next 12 years although at a slower pace, where it reached a level of 60% in 2003 and remained virtually unchanged. The following table (9) shows the changes that have occurred in the use of specific methods over the past several decades. The IUD use rose from 4% in 1980 to 36% in 2000, where it has remained essentially stable. There was a significant increase in the use of the injectables after the method became available in 1990s, with the rate rising from less than 1% in 1992 to nearly 8% in 2003. According to EDHS-2008 the use rate did not increase between 2003-2008. However, the use of pills declined from a rate of 17% in 1980 to 9% in 1998, where it remained essentially stable until 2005. It started to increase again to reach modestly 12% during 2005-2008. (Chs.28 & 29)

**T.(9)**

**The Percentage Distribution of Currently Married Women 15-49  
by FP Method Currently Used during 1980-2008**

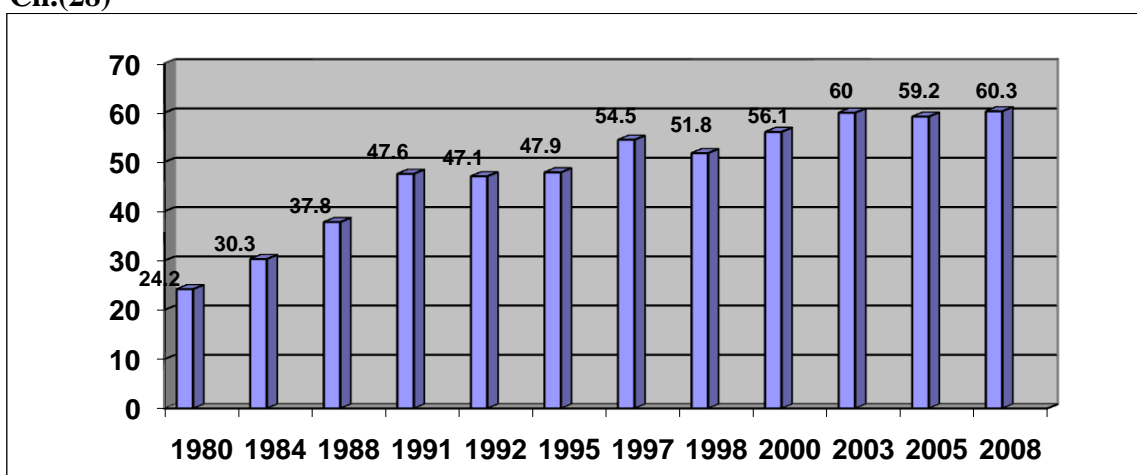
Method	1980 EFS	1984 ECPS	1988 EDHS	1991 EMCHS	1992 EDHS	1995 EDHS	1997 EIDHS	1998 EIDHS	2000 EIDHS	2003 EIDHS	2005 EDHS	2008 EDHS
<b>All Methods</b>	<b>24.2</b>	<b>30.3</b>	<b>37.8</b>	<b>47.6</b>	<b>47.1</b>	<b>47.9</b>	<b>54.5</b>	<b>51.8</b>	<b>56.1</b>	<b>60.0</b>	<b>59.2</b>	<b>60.3</b>

**By Method**

Pill	16.6	16.5	15.3	15.9	12.9	10.4	10.2	8.7	9.5	9.3	9.9	11.9
IUD	4.1	8.4	15.7	24.2	27.9	30.0	34.6	34.3	35.5	36.7	36.6	36.1
Injectables	-	0.3	0.1	-	0.5	2.4	3.9	3.9	6.1	7.9	7.0	7.4
Implants	-	-	-	-	0.0	0.0	0.1	0.0	0.2	0.9	0.8	0.5
Diaphragm Foam	0.3	0.7	0.4	-	0.4	0.1	0.2	0.1	0.2	0.1	0.0	0.0
Condom	1.1	1.3	2.4	-	2.0	1.4	1.5	1.1	1.0	0.9	1.0	0.7
F. Sterilization	0.7	1.5	1.5	-	1.1	1.1	1.4	1.3	1.4	0.9	1.3	1.0
Abstinence	0.5	0.6	0.6	-	0.7	0.8	0.6	0.8	0.6	0.8	0.7	0.4
Withdrawal	0.4	0.3	0.5	-	0.7	0.5	0.4	0.3	0.2	0.4	0.3	0.2
Breast feeding	-	0.6	1.1	-	0.9	1.0	1.5	1.1	1.2	2.1	1.6	2.0

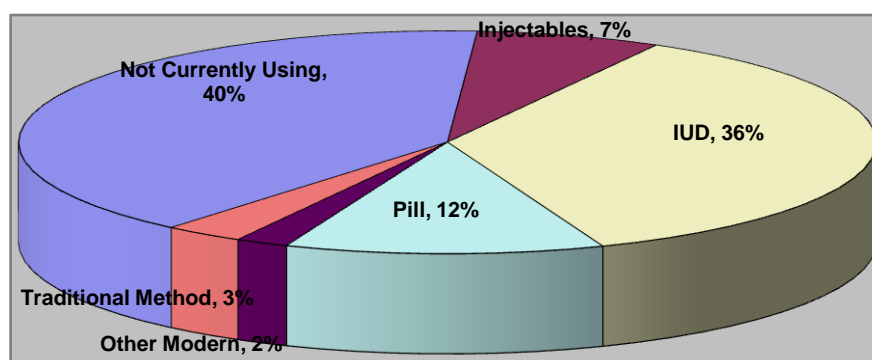
**Trends in Current Contraceptive Use in Egypt During 1980-2008**

**Ch.(28)**



**Current Use By Method – 2008**

**Ch.(29)**



### Trends in Family Planning Method Mix

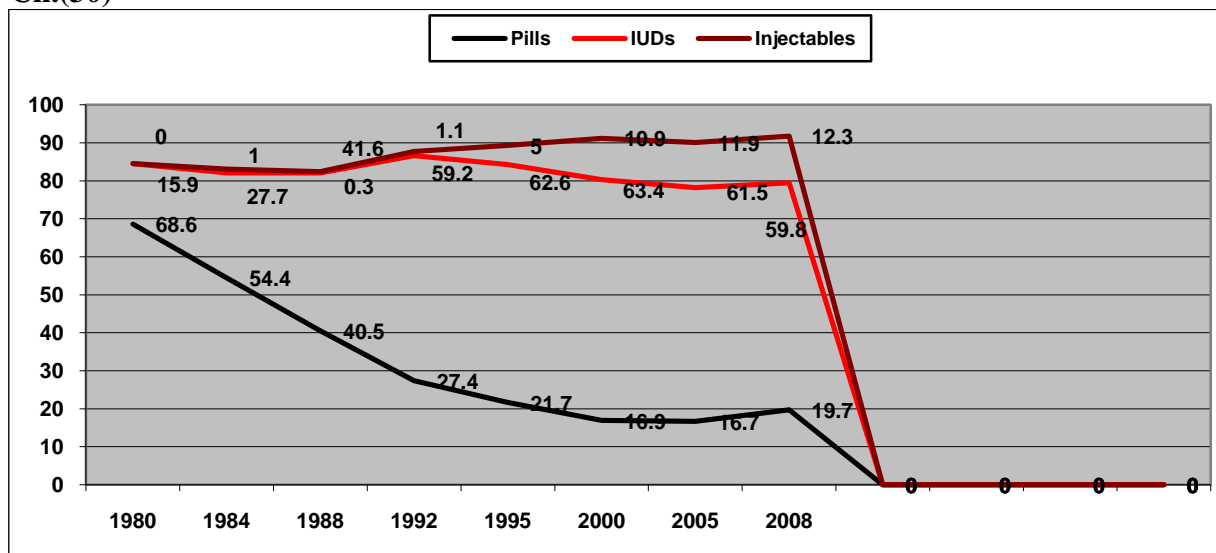
The following table (10) of method mix shows the dramatic shift from pill to IUD use which occurred during the past two decades. Almost 70% of current users relied on the pills in 1980 more than 4 times the percentage of users who relied on the IUDs. By 2008, about 60% of current users relied on the IUDs compared to 20% who employed the pills. It was noticed that there was also relatively rapid expansion of the use of injectables, where it shared to 12% of current users in 2008, compared with 5% in 1995 and only 1% in 1992.

**T.(10)**

Trends in Family Planning Method Mix								
Percent Distribution of Currently Married Women 15-49 Who are using Any Family Planning Method By Method Used in Egypt During 1980- 2008								
Method	1980 EFS	1984 ECPS	1988 EDHS	1992 EDHS	1995 EDHS	2000 EDHS	2005 EDHS	2008 EDHS
Pills	68.6	54.4	40.5	27.4	21.7	16.9	16.7	19.7
IUDs	15.9	27.7	41.6	59.2	62.6	63.4	61.5	59.8
Injectables	0.0	1.0	0.3	1.1	5.0	10.9	11.9	12.3

**Trends in Family Planning Method Mix**  
**Percentage Distribution of Currently Married women**  
**Age Group 15-49 who are using any FP/Method by the Method Used**  
**1980-2008**

**Ch.(30)**

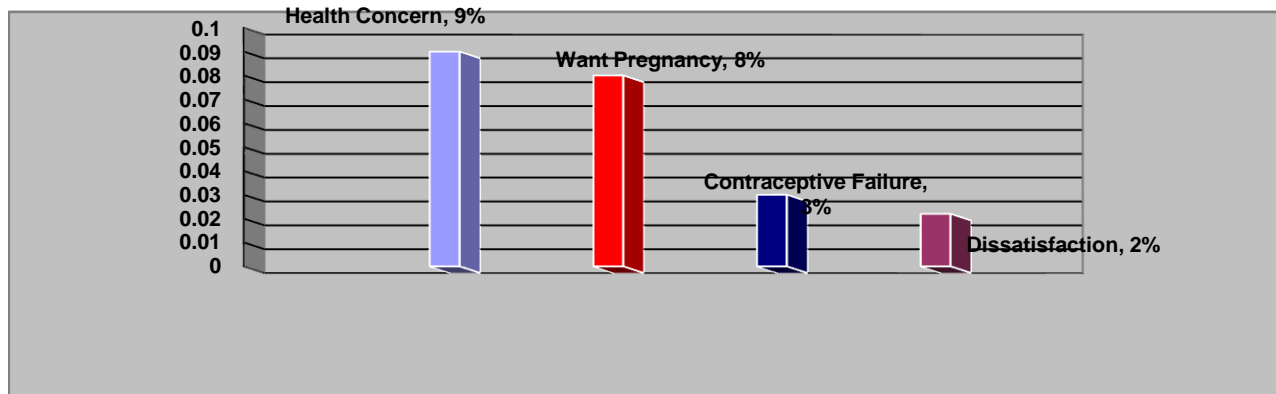


### Discontinuation Rates

A key concern for the family planning program in Egypt is the rate at which users discontinue use of contraception and the reasons for such discontinuations. The following figures in chart (31) show that women stopped using a method within 12 months of starting use during the five year period to 2008-EDHS. The users may discontinue because they want another child (8%), dissatisfaction with the method (including lack of access/too far/costs too much/inconvenient) presented (2.2%), contraceptive failure (3%) and health concerns (9%) and this may expose them to an unintended pregnancy.

**Percentage of discontinuation for Different Reasons EDHS-2008**

Ch.(31)



### Unmet Need

One of the major concerns of family planning programs is to define the size of the potential demand for contraception and to identify women who are the most in need of contraceptive services. The following estimates of unmet need for family planning services in Egypt including:

1- Currently married women who are in need of family planning for spacing purposes (3.4%), Including,

- Pregnant women whose pregnancy wanted later
- Amenorrheic women whose last birth was mistimed
- Nonusers who are neither pregnant nor amenorrheic and want to delay the next birth two or more years.

2- Currently married women who are in need of family planning for limiting purposes (5.8%), Including,

- Pregnant women whose pregnancy is unwanted
- Amenorrheic women whose last child was unwanted
- Nonusers who are neither pregnant nor amenorrheic and want no more children

According to 2008-EDHS figures, the total unmet need in Egypt was 9%. About third of this need represented a desire to space the next birth (3.4%), the remainder represented an interest in limiting births (5.8%).

#### **4- PROGRESSES TWARD POPULATION STABILIZATION**

The government of Egypt has considered the overpopulation problem as a national problem which is given top priority. The policy makers plan to implement new strategies to reform the population policies and address the root causes of the overpopulation problem to seek sound solutions. They considered the success achieved in controlling population growth should be viewed as a basis for efficiently dealing with the other dimensions of the problem, improving the demographic characteristics with a view to achieving integrated development, and ensuring balanced population distribution. Therefore, the policy makers formulated the principles of national population policy and strategies in Egypt.

#### **The Statement on Population Stabilization**

The Statement on Population Stabilization was presented at the United Nations Population Conference in 1984, at the 40th anniversary of the United Nations in 1985, at the International Conference on Population and Development in 1993, and at the 50th anniversary of the United Nations in 1995. The following activities have been used to support the Statement:

A publicity campaign was conducted in each of the countries, including mailing the Statement to national leaders. A checklist was prepared for cabinet members, parliamentarians, the judiciary, the media, business leaders and donors on population stabilization policies.

National leaders in the largest signatory countries have been challenged to give recommendations on how they could fulfill the mandate of the Statement. The Statement has been used to prepare local population stabilization statements that have been signed by leading politicians, scientists, and professionals. In the largest signatory countries, population stabilization targets and timetables have been obtained. In each of the largest nations, population projections have been prepared based on total fertility rates of 1, 2, and 3 children, the current total fertility rate (TFR) and desired family sizes as measured by the latest knowledge-attitude-practice (KAP) survey.

The following considerations need to be reviewed before national plans of population stabilization can be formulated:

- What is the status of the existing family planning program? What additional program inputs would be needed to prevent unwanted pregnancies? What are the contraceptive training and supply needs?
- What modifications of national program reviews presented at the ICPD can provide the basis for formulating the policies and actions needed to achieve replacement size families? What percentage of the population has achieved replacement size families? What policies and actions are needed before couples have no more than two children?
- What are the legal issues that focus on improving the status of women, providing access to contraceptive services, increasing the age at marriage, etc?
- What are the legislative issues that need to be addressed? What is the potential of moving beyond family planning to prevent teenage pregnancies, increase the age at marriage, reinforce the spacing of births, and reach the one or two child goal? What actions need to be taken to improve the status of women, substitute for the workforce utility of children, and provide for security in old age?
- What level of education, especially for girls, and health services, is needed for replacement level fertility?
- What surveys of the public and national leaders could determine the actions needed to achieve replacement size families?
- Will there be opposition from religious or political leaders?

The eventual goal is to prepare national reports that prescribe the actions needed to achieve population stabilization in a given country. In India, these plans will be prepared for each state. Several states have already established population stabilization timetables and targets. The population stabilization reports will be presented to the heads of government, the cabinet, the legislators, governor-generals, the judiciary, the media, and key professional groups such as business, labor, medical, and education leaders.

As countries move towards population stabilization, the plans will be revised each year and distributed by mail. Thailand has a TFR (1.7) that would eventually result in population stabilization. In Brazil, without a formal population policy, the TFR of 2.4 is close to replacement. Mexico (TFR of 2.6), Bangladesh (TFR of 3.0), and Indonesia (TFR of 2.6) are all moving in a direction that could possibly achieve replacement level fertility within 15-20 years. In India, Andhra Pradesh, Tamil Nadu and Kerala have replacement level fertility. The Philippines (3.5) has a goal of reaching replacement level fertility by 2015-2020. Pakistan, with a TFR of 4.8, and Nigeria, with a TFR of 5.9, remain many years away from achieving population stabilization. With experience learned over the last 40 years, the reports will describe within and beyond family planning, the actions needed to prevent unwanted pregnancies, lower infant mortality, decrease adolescent pregnancy, increase age at marriage, the spacing of births and ultimately reinforce the two-child family. The reports will address the disparity between the rights and opportunities of men and women within the cultural, economic, religious, health, education and economic settings. The reports will also address the pressures for high fertility, such as the desire for sons and the lack of opportunities for women outside the home. Beyond the broad development factors, the reports will explore the environmental problems, and sustainable development strategies.

### **Principles of the national population policy**

The followings are the policies that have been addressed in Egypt:

- The family has the right to determine the most appropriate child numbers.
- The family has the right to get the correct information and materials that can enable it to carryout its decision within the legal channels, religious instructions and community culture.
- The Egyptian citizen has the right to immigrate internally and externally.
- The production capability of people should be upgraded and developed.
- Enhancing the decentralization system in the implementation of FP programs.
- Emphasizing the role of NGOs and private sectors in the management and implementation of FP programs.
- Enhance the equity and equality between genders.
- Achieve women empowerment and prevent harmful practices against women.

### **The national population strategies**

The followings are the identified strategies of Egypt policy:

- Family planning and reproductive health strategy.
- Child health and child survival strategy.
- Literacy and education strategy.
- Improving women status strategy.
- Adolescent and youth strategy.
- Family support and protection strategy.
- Information, education and communication Strategy.
- Environment protection strategy.

### **Objectives of the national population policy**

- Lower the population growth rate
- Achieve the balanced demographic distribution of the people.
- Progress the population traits and characteristics.
- Decline the demographic, social and economic gaps between the population groups and different geographic areas.

### **Taken Actions**

Egypt policy makers have called for unconventional solutions, among which has been the merging of the health and population portfolios in a single cabinet-ministry which has since marked the beginning of a real attempt at integrating population policies.

The Ministry of Health and Population strategy was focusing mainly on the population problem as a collective responsibility of all government and non-government agencies working in the field. This strategy in 1996, aimed to provide FP services to all members of the community at affordable prices; and with services evenly distributed between rich and poor peoples at urban and rural communities.

The achievements that have been mentioned in the previous different parts of this report till 2009 shared that Egypt has always modifying, updating and promoting its policies and strategies according to the newly changeable circumstances and events. Egypt has faced the challenges to achieve the objective of its strategic plan which is replacement fertility level of 2.1 children per woman by 2017.

### **The challenges**

- The population pyramid is broadly-based with the young-and-soon-to-be-married representing 40 per cent, which calls for double the amount of services presently made available.
- Birth rates are changing from one year to the other with death rates declining and family planning prevalence rates stabilizing between 48%-60% over the past three successive years.
- In-depth studies are required to lower birth rates and increase family planning prevalence rates to slow down population growth rates.
- Family planning methods, while available, are limited, falling short of fulfilling clients' needs.
- New modern methods should be made available.
- The private sector and NGOs have been instrumental in providing FP services and implementing population characteristic-improving programs.
- Despite that the media has played a leading role in the population and family planning area and the information published in newspapers and broadcast on radio and television, the family planning prevalence rates have remained not satisfactory.
- A revision of the role of the media is called for so as to keep abreast of the social, cultural and behavioral changes in the community.
- Many obstacles have impeded a real partnership between all agencies working in the field.

**In 2000, the government, attempting to face up to those challenges by** revising the 1986 National Population Policy and introducing a fourth goal to bridge the demographic social and economic gap between population groups in the various regions. An unconventional strategy was also adopted with the purpose of slowing down birth rates and reducing fertility rates in order to raise the standards of living of the people in both the rural and urban communities with special emphasis on low-income groups.

**The government has also introduced the National Population Strategy for the period 2002 to 2010.**

The national population policy adopted with a clear vision and with an eye on introducing the latest in the world of scientific development, the policy aimed to:

- Promote family planning practices.
- Focus on women's health in their pre- and post reproductive years and help couples achieve their reproductive goals.
- Cooperate with the other agencies with the purpose of improving population characteristics.
- Promote the redistribution of Egypt's population.
- Provide health care to women at all ages.
- Provide services to remote and unattended areas.

- Provide modern family planning methods to service recipients.
- Provide high quality training to family planning service providers.
- Provide training for the private sector and NGOs in coordination with government agencies.
- Make family planning services available to all.
- Factor reproductive health and family planning into the state-provided health package.
- Ensure an international presence for Egypt at world forums to highlight the country's leading role.



### **The indicators which have been presented as a result of aggressive state intervention outcome:**

- A clear strategy was developed whereby the program's strengths and weaknesses could be identified.
- Inter-agency cooperation has been achieved at all levels.
- The actual needs of each and every region were identified, and activities intensified in the areas with the most need.
- External relations and family planning given the progress made in achieving its population goals.
- Egypt has occupied a prominent place among countries across the world and its voice has been heard in the workshops held to follow up the implementation of the 1994 Conference on Population and Development.
- Egypt is one of the 24 member states of Partners in Population and Development (a vehicle of South-South cooperation), which together hold more than one third of the world's population.
- Egypt has also signed population cooperation protocols with Morocco, Tunisia, Pakistan, Mexico and Thailand.
- In cooperation with donor countries, Egypt has developed a number of population programs and activities designed to serve Egyptian in their natural habitat.

### **The Actions Taken by the State**

The government of Egypt proposed pronged action plan that can achieve an economic growth rate that far exceeds the population growth. This plan can also help in lowering population growth rates to give Egyptians the chance to live their life with dignity. The policy leaders have emphasized on calling the community to adopt the concept of a small family of two children as a basis for the national strategy for controlling the overpopulation crisis.

### **From this respect the government of Egypt declared certain assignments for:**

**Ministries of economic development and local administration** to consider demographic dimension a key element in carrying out executive plans and programs at the various levels.

**Ministry of investment in cooperation with business organizations** to work for encouraging business and private sectors to contribute in domains related to solving overpopulation problems and support demographic activities.

**Ministry of finance** to provide the needed budget for the national family planning programs and to support carrying out the plans and strategies of the national population council for confronting overpopulation in the coming five years.

**The Executive Committee of the National Population Council** to organize a national conference on population regularly every two years to examine population conditions, assess the achievements of the Strategic Plan 2007 – 2012 and examine ways of overcoming obstacles and challenges.

**Ministry of Education** to introduce the Egypt demography, population problem and the family planning information as main topics in the contents of the curricula of schools.

**Ministry of Religious Endowments and Coptic Cathedral / Coptic Associations** to revise the religious messages in mosques and churches towards population problem and to encourage peoples to get benefit from family planning programs and their related services.

**Ministry of Health and Population** to draw up a full dressed map to tackle overpopulation problem and to immediately accelerate the establishment of an independent national authority to offer health services needed by the national family planning program, emphasize on the importance of adopting responsible practice of reproductive rights and the balancing of individual choices against the societal is a must if social justice and equality are to be realized and Promote the concept of a small family with a 3-5 year spacing period which is essential to achieving population goals.

## **The government of Egypt has taken actions also toward the following issues:**

### **Civil society role**

The General Federation of NGOs is charged with devising a map to:

- Broaden the scope of FP service providing by NGOs, in accordance with the specified priorities with the purpose of achieving the strategic goals of the national population and family planning program.
- Encourage NGOs to advocate the small family concept and promote FP practices.
- Have the ministry of health and population in cooperation with the general federation of NGOs.
- Establish the foundations and devise a support program to provide FP services in priority areas with the quality required and at suitable prices.
- Help the Executive Committee of the National Council on Population devise the mechanisms necessary to coordinate between the various agencies concerned with population-related NGOs.

### **Advocacy**

The National Youth Council in cooperation with the Ministry of Health and Population are charged with:

- Devising and implementing a program in the areas where young people gather (youth centers, sporting clubs etc.) whereby public awareness of the population problem could be raised.
- Supplying accurate information about reproductive health, reproductive rights, counseling, and pre-marital examination.
- Training youth on inter-personal communication, peer pressure, and using modern methods of communications such as the internet to promote positive trends towards a small family.

### **The role of local administration in the governorates of Egypt**

- The Ministry of Local Administration is urged to activate the provisions in existing laws which relate to decentralization and to speed up the promulgation of the new local administration code.
- The governors are called upon to devise strategies and plans that would help deal with population conditions in their respective governorates, giving special attention to the rural areas of Upper Egypt.
- The regional population councils should be promoted and should be made to play a greater role in planning population programs.
- Local Community Councils should participate in the process of FP programs' implementation.

### **Illiteracy & population education**

- The General Authority for Literacy and Adult Education is urged in cooperation with the governorates to intensify the efforts made to root out illiteracy, especially among women, and to incorporate population education in their curricula.
- The Ministries of Education and Higher Education are charged with incorporating population education issues into the various stages of education.
- Al-Azhar University is charged with incorporating population education into the curriculum of Muslim preachers.
- The religious establishments are urged to hold meetings in which an agreement could be reached over specific population messages that reflect the essence of true religion.

### **Marital Status**

The government of Egypt declared a law to prevent early marriage below 18 years old. Therefore, it rose the age of girls' marriage from 16 to 18 years old, the same as the boys. It focused also on the pre-marital examination for both couples to detect any diseases.

### **Media policies**

The Ministry of Information is urged to:

- Sustain the current national population campaign with the purpose of maintaining the population question at the center of community attention and to incorporate population themes as principal components of media policies.
- Use multiple media approaches when dealing with the population question and when addressing different target audiences.
- Use scientific methods in the various stages of planning, assessing and following up on media campaigns.
- Use radio and television drama to capitalize on positive population trends.

### **Empowering women**

- The National Council for Women (NCW) is urged to expand the scope of women's choices, boost their potentials and improve their basic skills in order for them to play an active role in the family and in society.
- The Ministry of Health and Population and the NCW should raise women's awareness of health issues and promote the concept of a small family using peer advocacy.
- The NCW is called upon to cooperate with the National Council on Childhood and Motherhood (NCCM) with the purpose of explaining population issues to people in the areas with the most need.
- The NCW is urged to cooperate with the Social Fund for Development in order to empower women by improving their professional skills and increasing their work opportunities through training.

### **The unbalanced distribution**

The government has put in its policy the development and building of new communities for youth to enable them to have suitable housing. The government planned also to give areas of desert lands and agricultural lands to be cultivated by the youth. By this way the inhabited areas will be expanded to readjust the unbalanced distribution on the lands.

### **The unemployment**

The government has assigned ministry of investment in collaboration with ministry of industry to encourage private sectors, public associations and NGOs to invest their money in expanding the industrial activities like building factories. The development of such new companies and factories will provide very good opportunities for work market which will positively affect the rates of labor force and unemployment rate.

### **Establishing a new Ministry of Family and Population**

The Government of Egypt has believed that further efforts on the part of our popular councils, reproductive health units and rural outreach workers should be existed to enhance the proceeding of the National Population Program in Egypt.

Therefore in a year 2009 the state developed and established the Ministry of Family and Population to hardly monitor, supervise, evaluate and promote responsibilities of the national population council, the national council for addiction and the national council for childhood and motherhood to achieve the goal of family welfare. The ministry has been assigned to follow up the implementation of the Strategic Plan 2007 – 2012 and to coordinate between ministries and partners at all levels.

The ministry of family and population has assigned the technical secretariat of the national population council to be charged in cooperation with the central agency for mobilization and statistics and with the cabinet's information and decision-support center to provide accurate and updated databases to help promptly review and revise policies applied. The ministry announced that the executive committee is urged to submit a proposal for the establishment of independent research unit to support the national population program of Egypt.

### **The Ministry of Health and Population has Achieved the Followings:**

- Charting an integrated map of required outlets of family planning services (like clinics, mobile units and non governmental organizations) geographically distributed to absorb potential prevalence rate increases in governorates of Egypt.
- Spread out the availability and accessibility of FP services through health care units and mobile units in-particularly the areas that have poor services.
- Adopting strategies and activities likely to improve the quality of family planning services.
- Broadening the scope of interpersonal communication to promote the concept of a small family with consequent emphases on child spacing to a period of 3-5 years.
- Marketing FP methods through health teams and raedat reefiyat (health outreach workers).
- Cooperating with the Ministry of Finance to provide the resources needed for supplying FP methods and services given the fact that foreign funding is diminishing.
- Setting up an independent national authority mandated with accrediting FP service providers and establishing quality control standards.
- The ministry of health has put in its policies a complete support for the sustainability of FP contraceptive methods availability.
- The ministry of health and population focused on capacity building which will enable service providers to provide high quality service delivery as the followings:
  1. Develop the national FP clinical guidelines which include the information about different types of all contraceptive methods, method specific counseling and infection prevention control.
  2. Upgrade the capabilities and skills of well selected OB/GYN physicians and nurses in governorates of Egypt to be a cadre of FP master trainers who are capable to train FP service providers.
  3. Conduct special tailored training courses for service providers (physicians, nurses, social workers, midwives called Raida Refia, mass media peoples and statisticians) on national FP/RH/MCH integrated health care clinical guidelines.
  4. Conduct special training courses for religious peoples on FP/RH understanding.
- The ministry of health developed a hot line to answer any question about FP/RH clinical services with consequent focus on counseling of contraceptive method in-particularly for premarital couples.
- Enhancing the provision of advocacy activities through workshops, seminars and conferences for youth, religious peoples, community leaders, private sectors and NGOs on FP/RH and population problem.
- Publishing the definition of reproductive wrights between community peoples and policy makers.

## 5- HOW DO THE SAVING COMPARE WITH THE COST OF FAMILY PLANNING

The data shows the significant cost saving in three key sectors, education, immunizations and food due to application of family planning programs during the period 1980-2006. This study was funded by USAID and published by Policy Project in Egypt and The Future Group International in collaboration with Research Triangle Institute, and Center for Development and Population Activities (CEDPA) in 2006.

### Family Planning Expenditures

The government of Egypt in-collaboration with USAID commissioned a series of cost studies over the last 10 years before 2006. The table (11) shows the estimate from 1980-2005 of a total LE 2,402 million spent on family planning, the government of Egypt spent LE 1,214 million, donors spent LE 978 million, sponsoring agencies and clients spent LE 210 million.

T.(11)

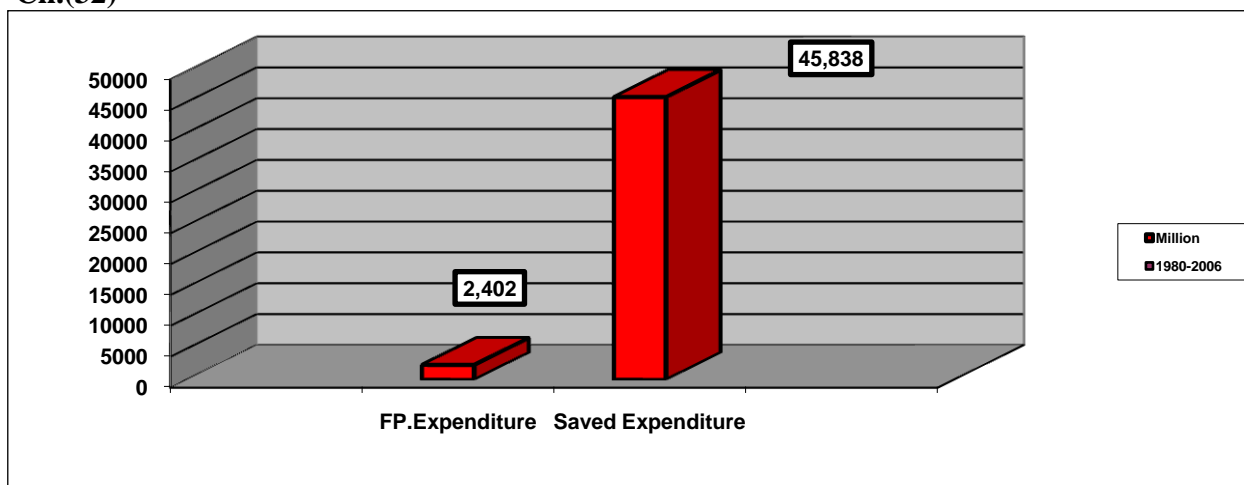
Estimated Family Planning Financing – (LE million)			
Financing Source	1980-1988	2003	2005
Egypt Government	271	943	1,214
Donor	258	720	978
Sponsoring Agency and Client Pay	51	159	210
TOTAL	580	1,676	2,402

### Comparing family planning with sector saving

The total cumulative saving over the 25 years period for the three sectors of interest, education, immunizations and food was LE 45,838 million in total cost savings for the sectors to a figure that exceeds by far the 2,402 million spent on family planning program during the same period. Ch.(32)

### Expenditures on Family Planning Programs -VS. Expenditures Saved

Ch.(32)



In 2008 ministry of health and population has earmarked L.E. 480 million for supporting the family planning programs and carrying out the plans and strategies of the National Population Council to confront overpopulation for five years.

The policy makers mentioned that the strategy of a two - child family would save L.E. 170 million annually until the year 2030.

## **6- PRIORITIES FOR FUTURE POLICIES AND STRATEGIES**

### **"What is the prospective view of Egypt"**

This part of the report covers the future plane of Egypt. The National Council for Population has developed a strategic plan for population from 2007 to 2017 to reinforce the national efforts in facing population increase. The plan aims to achieve the total fertility rate to 2.4 children per woman in 2012 and 2.1 children per woman by 2017, which will contribute to rationalize the levels of population growth and redouble the community's ability to deal with the expected population rates of increase. The strategic plan of Egypt is deigned to be carried out through adopting four main axes; each of them includes a number of operational objectives and strategies which are as follows:

#### **The first axis**

**Improve the quality of reproductive health (RH) services and ensure its availability within the frame of primary health care.** The objective which will be implemented to achieve this axis ensures the accessibility of all those who need the RH/FP services and methods to high quality services in accordance to their preferences at the right time and with affordable prices. This requires that the contraceptive prevalence rate among married women in the reproductive age group reaches 68.5% in 2012 which means providing the service to about 10 million women. There will be four main strategies to achieve the previous objective, integration of RH/FP services within the frame of PHC programs at all levels, targeting vulnerable groups and geographic areas that have more need, enhancing the quality and effectiveness of RH/FP services and adopting an effective strategy to secure the provision of RH/FP services and methods.

#### **The second axis**

**Change the attitudes to adopt the concept of the small family and meet the growing demands for RH/FP services. The objective of the second axis is to** continue with the efforts to convince the Egyptian family to adopt –voluntarily- the concept of a two child family and to ensure that this objective will be achieved through avoiding unwanted pregnancies and seeking the use of reproductive health services. This means that the percentage of women wanting two children only reaches 75% as opposed to the current rate of 60%. This objective will go through three strategies, activating Advocacy and IEC Strategies/tools to promote the concept of Small Family and Women Health, promoting the role of the religious leaders and clarify the language of religious advocacy and targeting youth (male & female) to influence their reproductive behavior

#### **The third axis**

**Strengthen the linkages between the population dimensions and comprehensive development frameworks.** The objective of the third axis is to integrate the population dimension within sustainable development frameworks in order to maximize its effect on the success of the National Population and Family Planning Program. The main six strategies which will achieve the objective of the third axis are human development health by continuing promotion of mother and child care to increase life expectancy, increasing the enrollment rates in primary education especially for girls and support illiteracy eradication programs, economic dimensions and poverty by supporting women's social and economic development, supporting the participation of women and women's empowerment in the society, activating laws to integrate the population dimensions in the currently applied laws and conducting updates/revision to suit Egypt's national & international commitments and geographic distribution for local development and reshaping the population map.

### **The Fourth axis**

#### **To apply Monitoring and Evaluation System effectively to the National Strategy Proposed.**

The objective of the fourth axis is the study and the evaluation of changes in the population indicators which show the state of reaching the national goal so that corrective measures can be taken when necessary.

The objective of the fourth axis will be implemented throughout four main strategies, improving coordination systems and mechanisms by collecting data related to population activities for all partners in this area, analysis and evaluation of data and indicators related to population issues and measuring progress, applying transparency and accessibility to information and indicators relevant to population status and designing evaluation systems and mechanisms.

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## **7- CONCLUSION**

Egypt has played a great role and contributed much to stabilize the population status. The policy leaders, policy makers and stakeholders are doing their utmost to maintain and sustain the achieved rates and have ambitious aspirations to enhance their achievements in all infrastructure, production and service sectors. This population increase challenges all efforts to provide more and better-quality services, create job opportunities and curb unemployment. It also undermines the pursuit of Egypt government for improved standard of living and even goes far beyond to pose a threat to Egypt's social stability and national security. The previous mentioned figures, indicators and achievements along this report prove that the population policies and national programs of Egypt have already fared well; otherwise the population rate would have increased by about 12 million over the current level. However, there is clear declining of death rate and mortality rates with consequent increase in life expectancy due to continuous providing high quality health care for all ages of Egyptian citizens. Therefore, Egypt is considering its frequent success towards population stabilization polices and programs a long journey and not final destination.

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## **8- DEFINITIONS OF CERTAIN ABBREVIATIONS**

**CAPMAS:** Central Agency of Public Mobilization and Statistics.

**Ch.** Chart ( )

**EDHS:** Egyptian Demographic Health Survey.

**EIDHS:** Egyptian Interim Demographic Health Survey.

**EMCHS:** Egyptian Maternal Child Health Survey, 1991.

**ENMMS:** Egyptian National Maternal Mortality Survey, 1992/1993.

**EEOCP:** Egyptian Emergency Obstetric Care Protocols, CEOC.

**EFS:** The Egyptian Fertility Survey.

**FP:** Family Planning.

**MCH:** Maternal and Child Health.

**MOHP:** Ministry of Health and Population.

**NPC:** National Population Council.

**PHC.** Primary Health care.

**T.** Table ( )

**TRF:** Total Fertility Rate.

**RH.** Reproductive Health.

## **9- REFERENCES**

- Abdel-Azeem, F., S. Farid, and A.M, Khalifa. 1993. Egypt Maternal and Child Health Survey, Cairo, Egypt: CAPMAS- Egypt and Pan Arab Program for Child Development (Arab League).
- Blackburn, R.D., J.A. Cunkelman, and V.M. Zlidar. 2000. Oral contraceptives-An update. Population Report, Series A. No,9. Baltimore, Maryland, USA: Johns Hopkins University School of Public Health, Population Information Program.
- Central Agency of Public Mobilization and Statistics CAPMAS. Egypt 2006- 2009- 2010.
- Chao, Dennis. April 2004. Family Planning in Egypt is a sound Financial Investment. Washington DC: POLICY Project.
- Egyptian Demographic Health survey, EDHS. 1988-2008
- Egyptian Maternal Child Health Survey, 1991.
- Egyptian National Maternal Mortality Survey, 1992/1993.
- Egyptian Emergency Obstetric Care Protocols, EEOC.
- History of Family Planning and Circumcision Since Ancient Times, Professor Dr. Mahmoud Karim, first edition, June 2009, I.S.B.N. 977-17-7023-3.
- Hallouda, A.M., S.Z. Amin, and S. Farid, eds. 1983. The Egyptian Fertility Survey. 4 vols. Cairo, Egypt.
- Ibrahim,S. 1995. State, women, and civil society: An evaluation of Egypt's population policy in family, gender and population in the Middle East: Policies in context, ed. CM. Obermeyer.Cairo, Egypt: American University Press.
- International Food Policy Research Institute (IFPRC), 2001.  
The Egyptian Food Subsidy System : Structure, Performance and Options for Reform.  
Washington, DC.
- Moreland, Scott, ed. 1996. Investing in Egypt's Future. Cairo: RAPID Project.
- National Population Council 1981-2010
- Policy Project in Egypt and The Future Group International in collaboration with Research Triangle Institute, and Center for Development and Population Activities (CEDPA) in 2006.
- Sayed, H.A.A., M. Osama, F. El- Zanaty, and A. Way. 1989, Egypt Demographic and Health Survey 1988. Columbia, Maryland,USA: National Population Council, Egypt and Institute for Resource Development/Macro Systems Inc.
- Robison, Warren C., and Fatma H. El Zanaty, 1995. The impact of Policy and Program on Fertility in Egypt: The Egyptian Family Planning Success Story. Washington, DC: OPTION II Project.
- Robison, Warren C., and, Fatma H. El Zanaty, 2005. The Demographic revolution in Modern Egypt, Lanham, MD: Lexington Books.



United Nations Development Group (UNDG). 2003. Indicators for monitoring the Millennium Development Goals: Definitions, rationale, concepts and sources. New York: United Nation General Assembly.